VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Table of Contents
General Provisions

Enforcement Procedures.

Complaints.

EMS Agency, EMS Vehicle and EMS Personnel Standards.

EMS Agency Licensure and Requirements.

Emergency Medical Services Vehicle Permit.

Emergency Medical Services Vehicle Classifications and Requirements.

Air Medical Regulations, Rotor and Fixed Wing Operations.

EMS Personnel Requirements and Standard of Conduct.

EMS Education and Certification.

Certification Process and Practice.

Educational Programs and Management.

Certification Testing.

BLS Programs.

ALS Programs.

EMT Instructor, ALS Coordinator and EMS Education Coordinator.

EMS Training Fund.

Accreditation of EMS Programs.

12VAC5-31-1660. Repealed.

12VAC5-31-1670. Repealed.

12VAC5-31-1680. Repealed.

12VAC5-31-1690. Repealed.

12VAC5-31-1700. Repealed.

12VAC5-31-1710. Repealed.

12VAC5-31-1720 to 12 VAC5-31-1790. (Reserved.)

EMS Physician Regulations.

12VAC5-31-1800. Requirement for EMS physician endorsement.

12VAC5-31-1810. Qualifications for EMS physician endorsement.

12VAC5-31-1820. Application for EMS physician endorsement.

12VAC5-31-1830. Conditional endorsement.

12VAC5-31-1840. Lapse of EMS physician endorsement.

12VAC5-31-1850. Change in EMS physician contact information.

12VAC5-31-1860. Renewal of endorsement.

12VAC5-31-1870. Service by an EMS physician.

12VAC5-31-1880. Agreement to serve as an operational medical director.

12VAC5-31-1890. Responsibilities of operational medical directors.

12VAC5-31-1900. OMD and EMS agency conflict resolution.

12VAC5-31-1910. Change of operational medical director.

12VAC5-31-1920. Responsibilities of physician course directors.

12VAC5-31-1930. Compliance with training regulations.

12VAC5-31-1940. Physician course director responsibility to students.

12VAC5-31-1950. Physician endorsement exemptions.

12VAC5-31-1960 through 12VAC5-31-1990. (Reserved.)

Designated Regional EMS Councils.

Financial Assistance for Emergency Medical Services.

CHAPTER 31

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Part I

General Provisions

Article 1

Definitions

12VAC5-31-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise.

"Abandonment" means the termination of a health care provider-patient relationship without assurance that an equal or higher level of care meeting the assessed needs of the patient's condition is present and available.

"Accreditation" means approval granted to an entity by the Office of Emergency Medical Services (EMS) after the institution has met specific requirements enabling the institution to conduct basic or advanced life support training and education programs. There are four levels of accreditation: interim, provisional, full, and probationary.

"Accreditation cycle" means the term or cycle at the conclusion of which accreditation expires unless a full self-study is performed. Accreditation cycles are typically quinquennial (five-year) but these terms may be shorter, triennial (three-year) or biennial (two-year), if the Office of EMS deems it necessary.

"Accreditation date" means the date of the accreditation decision that is awarded to an entity following its full site visit and review.

"Accreditation decision" means the conclusion reached about an entity status after evaluation of the results of the onsite survey, recommendations of the site review team, and any other relevant information such as documentation of compliance with standards, documentation of plans to correct deficiencies, or evidence of recent improvements.

"Accreditation denied" means an accreditation decision that results when an entity has been denied accreditation. This accreditation decision becomes effective only when all available appeal procedures have been exhausted.

"Acute" means a medical condition having a rapid onset and a short duration.

"Acute care hospital" means any hospital that provides emergency medical services on a 24-hour basis.

"Administrative Process Act" or "APA" means Chapter 40 (§ 2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Advanced life support" or "ALS" means the provision of care by EMS personnel who are certified as an Emergency Medical Technician (EMT) - Enhanced, Advanced EMT, Intermediate, or Paramedic or equivalent as approved by the Board of Health.

Advanced life support in the air medical environment is a mission generally defined as the transport of a patient who receives care during a transport that includes an invasive medical procedure or the administration of medications, including IV infusions, in addition to any noninvasive care that is authorized by the Office of EMS.

"Advanced life support certification course" means a training program that allows a student to become eligible for a new ALS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the respective advanced life support curriculum. Initial certification courses include:

1. Emergency Medical Technician-Enhanced;
2. Advanced EMT;
3. Advanced EMT to Intermediate Bridge;
4. EMT-Enhanced to Intermediate Bridge;
5. Intermediate;
6. Intermediate to Paramedic Bridge;
7. Paramedic;

8. Registered Nurse to Paramedic Bridge; and

9. Other programs approved by the Office of EMS.

"Advanced life support (ALS) coordinator" means a person who has met the criteria established by the Office of EMS to assume responsibility for conducting ALS training programs.

"Advanced life support transport" means the transportation of a patient who is receiving ALS level care.

"Affiliated" means a person who is employed by or a member of an EMS agency.

"Air medical specialist" means a person trained in the concept of flight physiology and the effects of flight on patients through documented completion of a program approved by the Office of EMS. This training must include but is not limited to aerodynamics, weather, communications, safety around aircraft/ambulances, scene safety, landing zone operations, flight physiology, equipment/aircraft familiarization, basic flight navigation, flight documentation, and survival training specific to service area.

"Ambulance" means (as defined by § 32.1-111.1 of the Code of Virginia) any vehicle, vessel or craft that holds a valid permit issued by the Office of EMS and that is specially constructed, equipped, maintained and operated, and intended to be used for emergency medical care and the transportation of patients who are sick, injured, wounded, or otherwise incapacitated or helpless. The word "ambulance" may not appear on any vehicle, vessel or aircraft that does not hold a valid EMS vehicle permit.

"Approved locking device" means a mechanism that prevents removal or opening of a drug kit by means other than securing the drug kit by the handle only.

"Assistant director" means the Assistant Director of the Office of Emergency Medical Services.

"Attendant-in-charge" or "AIC" means the certified or licensed person who is qualified and designated to be primarily responsible for the provision of emergency medical care.

"Attendant" means a certified or licensed person qualified to assist in the provision of emergency medical care.

"Basic life support" or "BLS" means the provision of care by EMS personnel who are certified as First Responder, Emergency Medical Responder (EMR), or Emergency Medical Technician or equivalent as approved by the Board of Health.

Basic life support in the air medical environment means a mission generally defined as the transport of a patient who receives care during a transport that is commensurate with the scope of practice of an EMT. In the Commonwealth of Virginia care that is provided in the air medical environment must be assumed at a minimum by a Virginia certified Paramedic who is a part of the regular air medical crew. (fixed wing excluded)

"BLS certification course" means a training program that allows a student to become eligible for a new BLS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the respective basic life support curriculum. Initial certification courses include:

1. EMS First Responder;
2. EMS First Responder Bridge to EMT;
3. Emergency Medical Responder;
4. Emergency Medical Responder Bridge to EMT;
5. Emergency Medical Technician; and
6. Other programs approved by the Office of EMS.

"Board" or "state board" means the State Board of Health.

"Candidate" means any person who is enrolled in or is taking a course leading toward initial certification.

"Candidate status" means the status awarded to a program that has made application to the Office of EMS for accreditation but that is not yet accredited.

"CDC" means the United States Centers for Disease Control and Prevention.

"Certification" means a credential issued by the Office of EMS for a specified period of time to a person who has successfully completed an approved training program.

"Certification candidate" means a person seeking EMS certification from the Office of EMS.

"Certification candidate status" means any candidate or provider who becomes eligible for certification testing but who has not yet taken the certification test using that eligibility.

"Certification examiner" means an individual designated by the Office of EMS to administer a state certification examination.

"Certification transfer" means the issuance of certification through reciprocity, legal recognition, challenge or equivalency based on prior training, certification or licensure.

"Chief executive officer" means the person authorized or designated by the agency or service as the highest in administrative rank or authority.

"Commercial mobile radio service" or "CMRS" as defined in §§ 3 (27) and 332 (d) of the Federal Telecommunications Act of 1996, 47 USC § 151 et seq., and the Omnibus Budget Reconciliation Act of 1993, Public Law 103-66, 107 USC § 312. It includes the term "wireless" and service provided by any wireless real time two-way voice communication device, including radio-telephone communications used in cellular telephone service or personal communications service (e.g., cellular telephone, 800/900 MHz Specialized Mobile Radio, Personal Communications Service, etc.).

"Commissioner" means the State Health Commissioner, the commissioner's duly authorized representative, or in the event of the commissioner's absence or a vacancy in the office of State Health Commissioner, the Acting Commissioner or Deputy Commissioner.

"Continuing education" or "CE" means an instructional program that enhances a particular area of knowledge or skills beyond compulsory or required initial training.

"Course" means a basic or advanced life support training program leading to certification or award of continuing education credit hours.

"Course coordinator" means the person identified on the course approval request as the coordinator who is responsible with the physician course director for all aspects of the program including but not limited to assuring adherence to the rules and regulations, office polices, and any contract components.

"Critical care" or "CC" in the air medical environment is a mission defined as an interfacility transport of a critically ill or injured patient whose condition warrants care commensurate with the scope of practice of a physician or registered nurse.

"Critical criteria" means an identified essential element of a state practical certification examination that must be properly performed to successfully pass the station.

"Defibrillation" means the discharge of an electrical current through a patient's heart for the purpose of restoring a perfusing cardiac rhythm. For the purpose of these regulations, defibrillation includes cardioversion.

"Defibrillator -- automated external" or "AED" means an automatic or semi-automatic device, or both, capable of rhythm analysis and defibrillation after electronically detecting the presence of ventricular fibrillation and ventricular tachycardia, approved by the United States Food and Drug Administration.

"Defibrillator -- manual" means a monitor/defibrillator that has no capability for rhythm analysis and will charge and deliver a shock only at the command of the operator. For the purpose of compliance with these regulations, a manual defibrillator must be capable of synchronized cardioversion and noninvasive external pacing. A manual defibrillator must be approved by the United States Food and Drug Administration.

"Designated infection control officer" means a liaison between the medical facility treating the source patient and the exposed employee. This person has been formally trained for this position and is knowledgeable in proper post exposure medical follow up procedures and current regulations and laws governing disease transmission.

"Designated emergency response agency" means an EMS agency recognized by an ordinance or a resolution of the governing body of any county, city or town as an integral part of the official public safety program of the county, city or town with a responsibility for providing emergency medical response.

"Director" means the Director of the Office of Emergency Medical Services.

"Diversion" means a change in the normal or established pattern of patient transport at the direction of a medical care facility.

“Emergency medical services” or “EMS” means health care, public health, and public safety services used in the medical response to the real or perceived need for immediate medical assessment, care or transportation and preventive care or transportation in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

"EMS Advisory Board" means the Emergency Medical Services Advisory Board as appointed by the Governor.

"EMS education coordinator" means any EMS provider, registered nurse, physician assistant, doctor of osteopathic medicine, or doctor of medicine who possesses Virginia certification as an EMS education coordinator. Such certification does not confer authorization to practice EMS.

"Emergency medical services agency" or "EMS agency" means any person engaged in the business, service, or regular activity, whether or not for profit, of transporting or rendering immediate medical care and providing transportation to persons who are sick, injured, or otherwise incapacitated or helpless and that holds a valid license as an emergency medical services agency issued by the Commissioner in accordance with §32.1-111.6.

"EMS agency status report" means a report submitted on forms specified by the Office of EMS that documents the operational capabilities of an EMS agency including data on personnel, vehicles and other related resources.

"Emergency medical services personnel" or "EMS personnel" means individuals who are employed by or members of an emergency medical services agency and who provide emergency medical services pursuant to an emergency medical services agency license issued to that agency by the Commissioner and in accordance with the authorization of that agency’s operational medical director.

"Emergency medical services physician" or "EMS physician" means a physician who holds current endorsement from the Office of EMS and may serve as an EMS agency operational medical director or training program physician course director.

"Emergency medical services provider" or "EMS provider" means any person who holds a valid certificate as an emergency medical services provider issued by the Commissioner.

“Emergency medical services system” or “EMS system” means the system of emergency medical services agencies, vehicles, equipment, and personnel; health care facilities; other health care and emergency services providers; and other components engaged in the planning, coordination, and delivery of emergency medical services in the Commonwealth, including individuals and facilities providing communications and other services necessary to facilitate the delivery of emergency medical services in the Commonwealth.

"Emergency medical services vehicle" or "EMS vehicle" means any vehicle, vessel, aircraft, or ambulance that holds a valid emergency medical services vehicle permit issued by the Office of EMS that is equipped, maintained or operated to provide emergency medical care or transportation of patients who are sick, injured, wounded, or otherwise incapacitated or helpless.

"Emergency medical services vehicle permit" means an authorization issued by the Office of EMS for any vehicle, vessel or aircraft meeting the standards and criteria established by regulation for emergency medical services vehicles.

"Emergency medical technician instructor" means an EMS provider who holds a valid certification issued by the Office of EMS to announce and coordinate BLS programs.

"Emergency vehicle operator's course" or "EVOC" means an approved course of instruction for EMS vehicle operators that includes safe driving skills, knowledge of the state motor vehicle code affecting emergency vehicles, and driving skills necessary for operation of emergency vehicles during response to an incident or transport of a patient to a health care facility. This course must include classroom and driving range skill instruction. An approved course of instruction includes the course objectives as identified within the U.S. Department of Transportation Emergency Vehicle Operator curriculum or as approved by OEMS.

"Exam series" means a sequence of opportunities to complete a certification examination with any allowed retest.

"FAA" means the U.S. Federal Aviation Administration.

"FAR" means Federal Aviation Regulations.

"FCC" means the U.S. Federal Communications Commission.

"Financial Assistance Review Committee" or "FARC" means the committee appointed by the EMS Advisory Board to administer the Rescue Squad Assistance Fund.

"Full accreditation" means an accreditation decision awarded to an entity that demonstrates satisfactory compliance with applicable Virginia standards in all performance areas.

"Fund" means the Virginia Rescue Squad Assistance Fund.

"Institutional self study" means a document whereby training programs seeking accreditation answer questions about their program for the purpose of determining their level of preparation to conduct initial EMS training programs.

"Instructor" means the teacher for a specific class or lesson of an EMS training program.

"Instructor aide" means providers certified at or above the level of instruction.

"Interfacility transport" in the air medical environment means as a mission for whom an admitted patient (or patients) was transported from a hospital or care giving facility (clinic, nursing home, etc) to a receiving facility or airport.

"Interim accreditation" means an accreditation decision that results when a previously unaccredited EMS entity has been granted approval to operate one training program, for a period not to exceed 120 days, during which its application is being considered and before a provisional or full accreditation is issued, providing the following conditions are satisfied: (i) a complete application for accreditation is received by the Office of EMS and (ii) a complete institutional self study is submitted to the Office of EMS. Students attending a program with interim accreditation will not be eligible to sit for state testing until the entity achieves official notification of accreditation at the provisional or full level.

"Invasive procedure" means a medical procedure that involves entry into the living body, as by incision or by insertion of an instrument.

"License" means an authorization issued by the Office of EMS to provide emergency medical services in the state as an EMS agency.

"Local EMS resource" means a person recognized by the Office of EMS to perform specified functions for a designated geographic area. This person may be designated to perform one or more of the functions otherwise provided by regional EMS councils.

"Local EMS response plan" means a written document that details the primary service area and responding interval standards as approved by the local government and the operational medical director.

"Local governing body" or "governing body" means members of the governing body of a city, county, or town in the Commonwealth who are elected to that position or their designee.

"Major medical emergency" means an emergency that cannot be managed through the use of locally available emergency medical resources and that requires implementation of special procedures to ensure the best outcome for the greatest number of patients as determined by the EMS provider in charge or incident commander on the scene. This event includes local emergencies declared by the locality's government and states of emergency declared by the Governor.

"Medical care facility" means (as defined by § 32.1-102.1 of the Code of Virginia) any institution, place, building or agency, whether licensed or required to be licensed by the board or the Department of Behavioral Health and Developmental Services, whether operated for profit or nonprofit and whether privately owned or privately operated or owned or operated by a local governmental unit, by or in which health services are furnished, conducted, operated or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical.

"Medical control" means the direction and advice provided through a communications device (on-line) to on-site and in-transit EMS personnel from a designated medical care facility staffed by appropriate personnel and operating under physician supervision.

"Medical direction" means the direction and supervision of EMS personnel by the Operational Medical Director of the EMS agency with which he is affiliated.

"Medical emergency" means the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in (i) serious jeopardy to the mental or physical health of the individual, (ii) danger of serious impairment of the individual's bodily functions, (iii) serious dysfunction of any of the individual's bodily organs, or (iv) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

"Medical practitioner" means a physician, dentist, podiatrist, licensed nurse practitioner, licensed physician's assistant, or other person licensed, registered or otherwise permitted to distribute, dispense, prescribe and administer, or conduct research with respect to, a controlled substance in the course of professional practice or research in this Commonwealth.

"Mutual aid agreement" means a written document specifying a formal understanding to lend aid to an EMS agency.

"Neonatal" or "neonate" means, for the purpose of interfacility transportation, any infant who is deemed a newborn within a hospital, has not been discharged since the birthing process, and is currently receiving medical care under a physician.

"Nonprofit" means without the intention of financial gain, advantage, or benefit as defined by federal tax law.

"OSHA" means the U.S. Occupational Safety and Health Administration or Virginia Occupational Safety and Health, the state agency designated to perform its functions in Virginia.

"Office of EMS" means the Office of Emergency Medical Services within the Virginia Department of Health.

"Operational medical director" or "OMD" means an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency and personnel.

"Operator" means a person qualified and designated to drive or pilot a specified class of permitted EMS vehicle.

"Patient" means a person who needs immediate medical attention or transport, or both, whose physical or mental condition is such that he is in danger of loss of life or health impairment, or who may be incapacitated or helpless as a result of physical or mental condition or a person who requires medical attention during transport from one medical care facility to another.

"Person" means (as defined in the Code of Virginia) any person, firm, partnership, association, corporation, company, or group of individuals acting together for a common purpose or organization of any kind, including any government agency other than an agency of the United States government.

"Physician" means an individual who holds a valid, unrestricted license to practice medicine or osteopathy in the Commonwealth.

"Physician assistant" means an individual who holds a valid, unrestricted license to practice as a physician assistant in the Commonwealth.

"Physician course director" or "PCD" means an EMS physician who is responsible for the clinical aspects of emergency medical care training programs, including the clinical and field actions of enrolled students.

"Prehospital patient care report" or "PPCR" means a document used to summarize the facts and events of an EMS incident and includes, but is not limited to, the type of medical emergency or nature of the call, the response time, the treatment provided and other minimum data items as prescribed by the board. "PPCR" includes any supplements, addenda, or other related attachments that document patient information or care provided.

"Prehospital scene" means, in the air medical environment, the direct response to the scene of incident or injury, such as a roadway, etc.

"Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 of the Code of Virginia to issue a prescription.

"Primary retest status" means any candidate or provider who failed his primary certification attempt. Primary retest status expires 90 days after the primary test date.

"Primary service area" means the specific geographic area designated or prescribed by a locality (county, city or town) in which an EMS agency provides prehospital emergency medical care or transportation. This designated or prescribed geographic area served must include all locations for which the EMS agency is principally dispatched (i.e., first due response agency).

"Private Mobile Radio Service" or "PMRS" as defined in § 20.3 of the Federal Communications Commission's Rules, 47 CFR 20.3. (For purposes of this definition, PMRS includes "industrial" and "public safety" radio services authorized under Part 90 of the Federal Communications Commission's Rules, 47 CFR 90.1 et seq., with the exception of certain for-profit commercial paging services and 800/900 MHz Specialized Mobile Radio Services that are interconnected to the public switched telephone network and are therefore classified as CMRS.)

"Probationary status" means the Office of EMS will place an institution on publicly disclosed probation when it has not completed a timely, thorough, and credible root cause analysis and action plan of any sentinel event occurring there. When the entity completes an acceptable root cause analysis and develops an acceptable action plan, the Office of EMS will remove the probation designation from the entity's accreditation status.

"Provisional accreditation" means an accreditation decision that results when a previously unaccredited entity has demonstrated satisfactory compliance with a subset of standards during a preliminary on-site evaluation. This decision remains in effect for a period not to exceed 365 days, until one of the other official accreditation decision categories is assigned based upon an a follow-up site visit against all applicable standards.

"Public safety answering point" or "PSAP" means a facility equipped and staffed on a 24-hour basis to receive requests for emergency medical assistance for one or more EMS agencies.

"Quality management program" or "QM" means the continuous study of and improvement of an EMS agency or system including the collection of data, the identification of deficiencies through continuous evaluation, the education of personnel and the establishment of goals, policies and programs that improve patient outcomes in EMS systems.

"Reaccreditation date" means the date of the reaccreditation decision that is awarded to an entity following a full site visit and review.

"Recertification" means the process used by certified EMS personnel to maintain their training certifications.

"Reentry" means the process by which EMS personnel may regain a training certification that has lapsed within the last two years.

"Reentry status" means any candidate or provider whose certification has lapsed within the last two years.

"Regional EMS council" means an organization designated by the board that is authorized to receive and disburse public funds in compliance with established performance standards and whose function is to plan, develop, maintain, expand and improve an efficient and effective regional emergency medical services system within a designated geographical area pursuant to § 32.1-111.11 of the Code of Virginia.

"Regional trauma triage plan" means a formal written plan developed by a regional EMS council or local EMS resource and approved by the commissioner that incorporates the region's geographic variations, trauma care capabilities and resources for the triage of trauma patients pursuant to § 32.1-111.3 of the Code of Virginia.

"Registered nurse" means a person who is licensed or holds a multistate privilege under the provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia to practice professional nursing.

"Regulated medical device" means equipment or other items that may only be purchased or possessed upon the approval of a physician and that the manufacture or sale of which is regulated by the U.S. Food and Drug Administration (FDA).

"Regulated waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or potentially infectious materials and are capable of releasing these materials during handling; items dripping with liquid product; contaminated sharps; pathological and microbiological waste containing blood or other potentially infectious materials.

"Regulations" means (as defined in the Code of Virginia) any statement of general application, having the force of law, affecting the rights or conduct of any person, promulgated by an authorized board or agency.

"Rescue" means a service that may include the search for lost persons, gaining access to persons trapped, extrication of persons from potentially dangerous situations and the rendering of other assistance to such persons.

"Rescue vehicle" means a vehicle, vessel or aircraft that is maintained and operated to assist with the location and removal of victims from a hazardous or life-threatening situation to areas of safety or treatment.

"Responding time" means the elapsed time in minutes between the time a call for emergency medical services is received by the PSAP until the appropriate emergency medical response unit arrives on the scene.

"Responding time standard" means a time standard in minutes, established by the EMS agency, the locality and OMD, in which the EMS agency will comply with 90% or greater reliability.

"Response obligation to locality" means a requirement of a designated emergency response agency to lend aid to all other designated emergency response agencies within the locality or localities in which the EMS agency is based.

"Revocation" means the permanent removal of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, EMS education coordinator, EMS physician endorsement or any other designation issued by the Office of EMS.

"Safety apparel" means personal protective safety clothing that is intended to provide conspicuity during both daytime and nighttime usage and that meets the Performance Class 2 or 3 requirements of the ANSI/ISEA 107–2010 publication entitled "American National Standard for High-Visibility Safety Apparel and Headwear."

"Secondary certification status" means any candidate or provider who is no longer in primary retest status.

"Secondary retest status" means any candidate or provider who failed their secondary certification attempt. Secondary retest status expires 90 days after the secondary test date.

"Sentinel event" means any significant occurrence, action, or change in the operational status of the entity from the time when it either applied for candidate status or was accredited. The change in status can be based on but not limited to one or all of the events indicated below:

Entering into an agreement of sale of an accredited entity or an accreditation candidate.

Entering into an agreement to purchase or otherwise directly or indirectly acquire an accredited entity or accreditation candidate.

Financial impairment of an accredited entity or candidate for accreditation, which affects its operational performance or entity control.

Insolvency or bankruptcy filing.

Change in ownership or control greater than 25%.

Disruption of service to student body.

Discontinuance of classes or business operations.

Failure to report a change in program personnel, location, change in training level or Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) accreditation status.

Failure to meet minimum examination scores as established by the Office of EMS.

Loss of CoAEMSP or Commission on Accreditation of Allied Health Education Programs (CAAHEP) accreditation.

Company fine or fines of greater than $100,000 for regulatory violation, marketing or advertising practices, antitrust, or tax disputes.

"Special conditions" means a notation placed upon an EMS agency or registration, variance or exemption documents that modifies or restricts specific requirements of these regulations.

"Specialized air medical training" means a course of instruction and continuing education in the concept of flight physiology and the effects of flight on patients that has been approved by the Office of EMS. This training must include but is not limited to aerodynamics, weather, communications, safety around aircraft/ambulances, scene safety, landing zone operations, flight physiology, equipment/aircraft familiarization, basic flight navigation, flight documentation, and survival training specific to service area.

"Specialty care mission" in the air medical environment means the transport of a patient requiring specialty patient care by one or more medical professionals who are added to the regularly scheduled medical transport team.

"Specialty care provider" in the air medical environment means a provider of specialized medical care, to include but not limited to neonatal, pediatric, and perinatal.

"Standard of care" means the established approach to the provision of basic and advanced medical care that is considered appropriate, prudent and in the best interests of patients within a geographic area as derived by consensus among the physicians responsible for the delivery and oversight of that care. The standard of care is dynamic with changes reflective of knowledge gained by research and practice.

"Standard operating procedure" or "SOP" means preestablished written agency authorized procedures and guidelines for activities performed by affiliated EMS agency.

"Supplemented transport" means an interfacility transport for which the sending physician has determined that the medically necessary care and equipment needs of a critically injured or ill patient is beyond the scope of practice of the available EMS personnel of the EMS agency.

"Suspension" means the temporary removal of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, EMS education coordinator, EMS physician endorsement or any other designation issued by the Office of EMS.

"Test site coordinator" means an individual designated by the Office of EMS to coordinate the logistics of a state certification examination site.

"Training officer" means an individual who is responsible for the maintenance and completion of agency personnel training records and who acts as a liaison between the agency, the operational medical director, and a participant in the agency and regional quality assurance process.

"Trauma center" means a specialized hospital facility distinguished by the immediate availability of specialized surgeons, physician specialists, anesthesiologists, nurses, and resuscitation and life support equipment on a 24-hour basis to care for severely injured patients or those at risk for severe injury. In Virginia, trauma centers are designated by the Virginia Department of Health as Level I, II or III.

"Trauma center designation" means the formal recognition by the board of a hospital as a provider of specialized services to meet the needs of the severely injured patient. This usually involves a contractual relationship based on adherence to standards.

"Triage" means the process of sorting patients to establish treatment and transportation priorities according to severity of injury and medical need.

"USDOT" means the United States Department of Transportation.

"Vehicle operating weight" means the combined weight of the vehicle, vessel or craft, a full complement of fuel, and all required and optional equipment and supplies.

"Virginia Statewide Trauma Registry" or "Trauma Registry" means a collection of data on patients who receive hospital care for certain types of injuries. The collection and analysis of such data is

primarily intended to evaluate the quality of trauma care and outcomes in individual institutions and trauma systems. The secondary purpose is to provide useful information for the surveillance of injury morbidity and mortality.

Article 2

Purpose and Applicability

12VAC5-31-20. Responsibility for regulations; application of regulations.

A. These regulations shall be administered by the following:

1. State Board of Health. The Board of Health has the responsibility to promulgate, amend, and repeal, as appropriate, regulations for the provision of emergency medical services per Article 2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia.

2. State Health Commissioner. The commissioner, as executive officer of the board, will administer these regulations per § 32.1-16 of the Code of Virginia.

3. The Virginia Office of EMS. The director, assistant director and specified staff positions will have designee privileges for the purpose of enforcing these regulations.

4. Emergency Medical Services Advisory Board. The EMS Advisory Board has the responsibility to review and advise the board regarding EMS policies and programs.

B. These regulations have general application throughout Virginia to include:

1. No person may establish, operate, maintain, advertise or represent themselves, any service or any organization as an EMS agency or as EMS personnel without a valid license or certification, or in violation of the terms of a valid license or certification issued by the Office of EMS.

2. A person providing EMS to a patient received within Virginia whether treated and released or transported to a location within Virginia must comply with these regulations unless exempted in these regulations.

12VAC5-31-30. Powers and procedures of regulations not exclusive.

The board reserves the right to authorize any procedure for the enforcement of these regulations that is not inconsistent with the provisions set forth herein or the provisions of Article 2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia.

Article 3

Exceptions, Variances, and Exemptions

12VAC5-31-40. Exceptions.

Exceptions to any provision of these regulations are specified as part of the regulation concerned. Any deviation not specified in these regulations is not allowed except by variance or exemption.

12VAC5-31-50. Variances.

A. The commissioner is authorized to grant variances for any part or all of these regulations in accordance with the procedures set forth herein. A variance permits temporary specified exceptions to these regulations. An applicant, licensee, or permit or certificate holder may file a written request for a variance with the Office of EMS on specified forms. If the applicant, licensee, or permit or certificate holder is an EMS agency, the following additional requirements apply:

1. The written variance request shall be submitted for review and recommendations to the governing body or chief administrative officer of the jurisdiction in which the principal office of the EMS agency is located prior to submission to the Office of EMS.

2. An EMS agency operating in multiple jurisdictions will be required to notify all other jurisdictions in writing of conditions of approved variance requests.

3. Issuance of a variance does not obligate other jurisdictions to allow the conditions of such variance if they conflict with local ordinances or regulations.

4. Both the written request and the recommendation of the governing body or chief administrative officer shall be submitted together to the Office of EMS.

B. If the applicant for a variance is an affiliated provider who is certified or a candidate for certification, the following requirements shall apply:

1. The written variance request shall be submitted for review and recommendations to the operational medical director and the head of the agency with which the provider is affiliated.

2. Both the written request and the recommendation of the operational medical director and the agency head shall be submitted to the Office of EMS.

C. Those providers who are not affiliated with an EMS agency shall submit their variance request to the commissioner for consideration. The commissioner may request additional case-specific endorsements or supporting documentation as part of the application.

12VAC5-31-60. Issuance of a variance.

A request for a variance may be approved and issued by the commissioner provided all of the following conditions are met:

1. The information contained in the request is complete and correct;

2. The agency, service, vehicle or person concerned is licensed, permitted or certified by the Office of EMS;

3. The commissioner determines the need for such a variance is genuine, and extenuating circumstances exist;

4. The commissioner determines that issuance of such a variance would be in the public interest and would not present any risk to, or threaten or endanger the public health, safety or welfare;

5. If the request is made by an EMS agency, the commissioner will consider the recommendation of the governing body or chief administrative officer provided all of the above conditions are met;

6. If the request is made by an affiliated provider who is certified or a candidate for certification, the Office of EMS will consider the recommendation of the operational medical director and the agency head for which the provider is affiliated; and

7. The person making the request will be notified in writing of the approval and issuance within 30 days of receipt of the request unless the request is awaiting approval or disapproval of a

license or certificate. In such case, notice will be given within 30 days of the issuance of the license or certificate.

12VAC5-31-70. Content of variance.

A variance shall include but not be limited to the following information:

1. The name of the agency, service or vehicle to which, or the person to whom, the variance applies;

2. The expiration date of the variance;

3. The provision of the regulations that is to be varied and the type of variations authorized; and

4. Any special conditions that may apply.

12VAC5-31-80. Conditions of variance.

A variance shall be issued and remain valid with the following conditions:

1. A variance will be valid for a period not to exceed one year unless and until terminated by the commissioner; and

2. A variance is neither transferable nor renewable under any circumstances.

12VAC5-31-90. Termination of variance.

A. The commissioner may terminate a variance at any time based upon any of the following:

1. Violations of any of the conditions of the variance;

2. Falsification of any information;

3. Suspension or revocation of the license, permit or certificate affected; or

4. A determination by the Office of EMS to the commissioner that continuation of the variance would present a risk to or threaten or endanger the public health, safety or welfare.

B. The commissioner will notify the license, permit or certificate holder of the termination by certified mail to his last known address.

C. Termination of a variance will take effect immediately upon receipt of notification unless otherwise specified.

12VAC5-31-100. Denial of a variance.

A request for a variance will be denied by the commissioner if any of the conditions of 12VAC5-31-60 fail to be met.

12VAC5-31-110. Exemptions.

A. The board is authorized to grant exemptions from any part or all of these regulations in accordance with the procedures set forth herein. An exemption permits specified or total exceptions to these regulations for an indefinite period.

B. Request. A person may file a written request for an exemption with the Office of EMS on specified forms. If the request is made by an EMS agency, the following additional requirements apply:

1. The written request for exemption must be submitted for review and recommendation to the governing body of the jurisdiction or chief administrative officer in which the principal office of the EMS agency is located before submission to the Office of EMS.

2. The written request must be submitted to the Office of EMS a minimum of 30 days before the scheduled review by the governing body or chief administrative officer. At the time of submission, the agency or service must provide the Office of EMS with the date, time and location of the scheduled review by the governing body or chief administrative officer.

3. Issuance of an exemption does not obligate other jurisdictions to allow the conditions of such exemption if they conflict with local ordinances or regulations.

4. Both the written request and the recommendation of the governing body or chief administrative officer shall be submitted together to the Office of EMS.

C. If the applicant for an exemption is an affiliated provider who is certified or a candidate for certification, the following requirements shall apply:

1. The written exemption request shall be submitted for review and recommendations to the operational medical director and the head of the agency with which the provider is affiliated.

2. Both the written request and the recommendation of the operational medical director and the agency head shall be submitted to the Office of EMS.

D. Those providers who are not affiliated with an EMS agency shall submit their exemption request to the commissioner for consideration. The commissioner may request additional case-specific endorsements or supporting documentation as part of the application.

12VAC5-31-120. Public notice of request for exemption.

Upon receipt of a request for an exemption, the Office of EMS will cause notice of such request to be posted on the Office of EMS section of the Virginia Department of Health's website.

12VAC5-31-130. Public hearing for exemption request.

If the board determines that there is substantial public interest in a request for an exemption, a public hearing may be held.

12VAC5-31-140. Issuance of an exemption.

A. A request for an exemption may be approved and an exemption issued provided all of the following conditions are met:

1. The information contained in the request is complete and correct.

2. The need for such an exemption is determined to be genuine.

3. The issuance of an exemption would not present any risk to, threaten or endanger the public health, safety or welfare of citizens.

B. If the request is made by an EMS agency, the board may accept the recommendation of the governing body or chief administrative officer provided all of the conditions in subsection A of this section are met.

C. If the request is made by an affiliated provider who is certified or a candidate for certification, the board will consider the recommendation of the operational medical director and the agency head with which the provider is affiliated.

D. The person making the request will be notified in writing of the approval or denial of a request.

12VAC5-31-150. Content of exemption.

An exemption includes but is not limited to the following information:

1. The name of the agency, service or vehicle to which, or the person to whom, the exemption applies;

2. The provisions of the regulations that will be exempted; and

3. Any special conditions that may apply.

12VAC5-31-160. Conditions of exemption.

A. An exemption remains valid for an indefinite period of time unless and until terminated by the commissioner, or unless an expiration date is specified.

B. An exemption is neither transferable nor renewable.

12VAC5-31-170. Termination of exemption.

A. The commissioner may terminate an exemption at any time based upon any of the following:

1. Violation of any of the conditions of the exemption;

2. Suspension or revocation of any licenses, permits or certificates involved; or

3. A determination by the commissioner that continuation of the exemption would present risk to, or threaten or endanger the public health, safety or welfare.

B. The commissioner will notify the person to whom the exemption was issued of the termination by certified mail to his last known address.

C. Termination of an exemption takes effect immediately upon receipt of notification unless otherwise specified.

12VAC5-31-180. Denial of an exemption.

A request for an exemption will be denied by the commissioner if any of the conditions of these regulations fail to be met.

12VAC5-31-190. General exemptions from these regulations.

The following are exempted from these regulations except as noted:

1. A person or privately owned vehicle not engaged in the business, service, or regular activity of providing medical care or transportation of persons who are sick, injured, wounded, or otherwise disabled;

2. A person or vehicle assisting with the rendering of emergency medical services or medical transportation in the case of a major medical emergency as reasonably necessary when the EMS agencies, vehicles, and personnel based in or near the location of such major emergency are insufficient to render the services required;

3. An EMS agency operated by the United States government within this state. Any person holding a United States government contract is not exempt from these regulations unless the person only provides services within an area of exclusive federal jurisdiction;

4. A medical care facility, but only with respect to the provision of emergency medical services within such facility;

5. Personnel employed by or associated with a medical care facility that provides emergency medical services within that medical care facility, but only with respect to the services provided therein;

6. An EMS agency based in a state bordering Virginia when requested to respond into Virginia for the purpose of providing mutual aid in the primary service area of a designated emergency response agency with the following conditions:

a. This agency must comply with the terms of a written mutual aid agreement with the EMS agency; and

b. This agency must comply with applicable EMS regulations of its home state.

7. An EMS agency that operates in Virginia for the exclusive purpose of interstate travel.

Article 4

Enforcement Procedures

12VAC5-31-200. Right to enforcement.

A. The Office of EMS may use the enforcement procedures provided in this article when dealing with any deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations.

B. The Office of EMS may determine that a deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations occurred.

C. The enforcement procedures provided in this article are not mutually exclusive. The Office of EMS may invoke as many procedures as the situation may require.

D. The commissioner empowers the Office of EMS to enforce the provisions of these regulations.

E. An agency and all places of operation shall be subject to inspection by the Office of EMS for compliance with these regulations. The inspection may include any or all of the following:

1. All fixed places of operations, including all offices, stations, repair shops, or training facilities.

2. All applicable records maintained by the agency.

3. All EMS vehicles and required equipment used by the agency.

12VAC5-31-210. Enforcement actions.

An enforcement action must be delivered to the affected person and must specify information concerning the violations, the actions required to correct the violations and the specific date by which correction must be made as follows:

1. Warning: a verbal notification of an action or situation potentially in violation of these regulations.

2. Citation: a written notification for violations of these regulations.

3. Suspension: a written notification of the deactivation and removal of authorization issued under a license, permit, certification, endorsement or designation.

4. Civil penalty: The commissioner or designee may impose a civil penalty on an agency or entity that fails or refuses compliance with these regulations. Civil penalties may be assessed up to $1,000 per offense. Violations shall be single, different occurrence for each calendar day the violation occurs and remains uncorrected.

5. Action of the commissioner: the commissioner may command a person operating in violation of these regulations or state law pursuant to the commissioner's authority under § 32.1-27 of the Code of Virginia and the Administrative Process Act to halt such operation or to comply with applicable law or regulation. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice to the offender.

6. Criminal enforcement: the commissioner may elect to enforce any part of these regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have criminal sanctions imposed. The violation of any of the provisions of these regulations constitutes a misdemeanor. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice by the commissioner to the offender.

12VAC5-31-220. Suspension of a license, permit, certificate, endorsement or designation.

A. The commissioner may suspend an EMS license, permit, certificate, endorsement or designation without a hearing, pending an investigation or revocation procedure.

1. Reasonable cause for suspension must exist before such action is taken by the commissioner. The decision must be based upon a review of evidence available to the commissioner.

2. The commissioner may suspend an agency or service license, vehicle permit, personnel certificate, endorsement or designation for failure to adhere to the standards set forth in these regulations.

3. An EMS agency license or registration may be suspended if the agency, service or any of its vehicles or personnel are found to be operating in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare.

4. An EMS vehicle permit may be suspended if the vehicle is found to be operated or maintained in a manner that presents a risk to, threatens, or endangers the public health, safety or welfare, or if the EMS agency license has been suspended.

5. EMS personnel may be suspended if found to be operating or performing in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare.

6. An EMS training certification may be suspended if the certificate holder is found to be operating or performing in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare.

B. Suspension of an EMS agency license shall result in the simultaneous and concurrent suspension of the vehicle permits.

C. The commissioner will notify the licensee, or permit or certificate holder of the suspension in person or by certified mail to his last known address.

D. A suspension takes effect immediately upon receipt of notification unless otherwise specified. A suspension remains in effect until the commissioner further acts upon the license, permit, certificate, endorsement or designation or until the order is overturned on appeal as specified in the Administrative Process Act.

E. The licensee, or permit or certificate holder shall abide by any notice of suspension and shall return all suspended licenses, permits and certificates to the Office of EMS within 10 days of receipt of notification.

F. The Office of EMS may invoke any procedure set forth in this part to enforce the suspension.

12VAC5-31-230. Revocation of a license, permit or certificate.

A. The commissioner may revoke an EMS license, permit, certificate, endorsement, or designation after a hearing or waiver thereof.

1. Reasonable cause for revocation must exist before such action by the commissioner.

2. The commissioner may revoke an EMS agency license, EMS vehicle permit, vehicle permit, certification, endorsement or designation for failure to adhere to the standards set forth in these regulations.

3. The commissioner may revoke an EMS agency license, an EMS vehicle permit, or EMS personnel certificate for violation of a correction order or for engaging in or aiding, abetting, causing, or permitting any act prohibited by these regulations.

4. The commissioner may revoke an EMS training certificate for failure to adhere to the standards as set forth in these regulations or for lack of competence at such level as evidenced by lack of basic knowledge or skill, or for incompetent or unwarranted acts inconsistent with the standards in effect for the level of certification concerned.

5. The commissioner may revoke an EMS agency license for violation of federal or state laws resulting in a civil monetary penalty.

B. Revocation of an EMS agency license shall result in the simultaneous and concurrent revocation of vehicle permits.

C. The commissioner will notify the holder of a license, certification, endorsement or designation of the intent to revoke by signed receipt in person or certified mail to his last known address.

D. The holder of a license, certification, endorsement or designation will have the right to a hearing.

1. If the holder of a license, certification, endorsement or designation desires to exercise his right to a hearing, he must notify the Office of EMS in writing of his intent within 10 days of

receipt of notification. In such cases, a hearing must be conducted and a decision rendered in accordance with the Administrative Process Act.

2. Should the holder of a license, certification, endorsement or designation fail to file such notice, he will be deemed to have waived the right to a hearing. In such case, the commissioner may revoke the license or certificate.

E. A revocation takes effect immediately upon receipt of notification unless otherwise specified. A revocation order is permanent unless and until overturned on appeal.

F. The holder of a license, certification, endorsement or designation shall abide by any notice of revocation and shall return all revoked licenses, permits and certificates to the Office of EMS within 10 days of receipt of the notification of revocation.

G. The Office of EMS may invoke any procedures set forth in this part to enforce the revocation.

12VAC5-31-240. Correction order.

A. The Office of EMS may order the holder of a license, certification, endorsement or designation to correct a deficiency, cease any violations or comply with these regulations by issuing a written correction order as follows:

1. Correction orders may be issued in conjunction with any other enforcement action in response to individual violations or patterns of violations.

2. The Office of EMS will determine that a deficiency or violation exists before issuance of any correction order.

B. The Office of EMS will send a correction order to the licensee or permit or certificate holder by a signed receipt in person or certified mail to his last known address. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS.

C. A correction order takes effect upon receipt and remains in effect until the deficiency is corrected or until the license, permit, certificate, endorsement or designation is suspended, revoked, or allowed to expire or until the order is overturned or reversed.

D. Should the licensee or permit, certificate, endorsement or designation holder be unable to comply with the correction order by the prescribed date, he may submit a request for modification of the correction order with the Office of EMS. The Office of EMS will approve or disapprove the request for modification of the correction order within 10 days of receipt.

E. The licensee or permit, certificate, endorsement or designation holder shall correct the deficiency or situation within the period stated in the order.

1. The Office of EMS will determine whether the correction is made by the prescribed date.

2. Should the licensee or permit, certificate, endorsement or designation holder fail to make the correction within the time period cited in the order, the Office of EMS may invoke any of the other enforcement procedures set forth in this part.

12VAC5-31-250. Judicial review.

A. The procedures of the Administrative Process Act controls all judicial reviews.

B. A licensee; permit, certificate, endorsement or designation holder; or applicant has the right to appeal any decision or order of the Office of EMS except as may otherwise be prohibited, and provided such a decision or order was not the final decision of an appeal.

C. The licensee; permit, certificate, endorsement or designation holder; or applicant shall abide by any decision or order of the Office of EMS, or he must cease and desist pending any appeal.

D. If the person who sought the appeal is aggrieved by the final decision, that person may seek judicial review as provided in the Administrative Process Act.

Article 5

Complaints

12VAC5-31-260. Submission of complaints.

Any person may submit a complaint. A complaint is submitted in writing to the Office of EMS, signed by the complainant and includes the following information:

1. The name and address of the complainant;

2. The name of the agency, service or person involved;

3. A description of any vehicle involved; and

4. A detailed description of the complaint, including the date, location and conditions and the practice or act that exists or has occurred.

12VAC5-31-270. Investigation process.

A. The Office of EMS may investigate complaints received about conditions, practices, or acts that may violate any provision of either Article 2.1 of Chapter 4 (§ 32.1-111.1 et seq.) of Title 32.1 of the Code of Virginia or provision of these regulations.

B. If the Office of EMS determines that the conditions, practices, or acts cited by the complainant are not in violation of applicable sections of the Code of Virginia or these regulations, then the Office of EMS will investigate no further.

C. If the Office of EMS determines that the conditions, practices, or acts cited by the complainant may be in violation of applicable sections of the Code of Virginia or these regulations, then the Office of EMS will investigate the complaint fully in order to determine if a violation took place.

D. The Office of EMS may investigate or continue to investigate and may take appropriate action on a complaint even if the original complainant withdraws his complaint or otherwise indicates a desire not to cause it to be investigated to completion.

E. The Office of EMS may initiate a formal investigation or action based on an anonymous or unwritten complaint.

12VAC5-31-280. Action by the Office of EMS.

A. If the Office of EMS determines that a violation has occurred, it may apply all provisions of these regulations that it deems necessary and appropriate.

B. At the completion of an investigation and following any appeals, the Office of EMS will notify the complainant.

12VAC5-31-290. Exclusions from these regulations.

A. Any person or privately owned vehicle not engaged in the business, service, or regular activity of providing medical care or transportation of persons who are sick, injured, wounded, or otherwise disabled.

B. Any person or vehicle rendering emergency medical services or medical transportation in the case of a major medical emergency when the EMS agencies, vehicles and personnel based in or near the location of such major emergency are insufficient to render services required.

C. EMS agencies, vehicles or personnel based outside of Virginia, except that any agency, vehicle or person responding from outside Virginia to an emergency within Virginia and providing emergency medical services to a patient within Virginia, whether or not the service includes transportation, shall comply with the provisions of these regulations.

D. An agency of the United States government providing emergency medical services in Virginia and any EMS vehicles operated by the agency.

E. Any vehicle owned by an EMS agency used exclusively for the provision of rescue services.

F. Any medical facility, but only with respect to the provision of emergency medical services within the facility.

G. Personnel employed by, or associated with, a medical facility who provides emergency medical services within the medical facility, but only with respect to the services provided therein.

H. Wheelchair interfacility transport services and wheelchair interfacility transport service vehicles that are engaged, whether or not for profit, in the business, service, or regular activity of and exclusively used for transporting wheelchair bound passengers between medical facilities in the

Commonwealth when no ancillary medical care or oversight is necessary. However, such services and vehicles shall comply with Department of Medical Assistance Services regulations regarding the transportation of Medicaid recipients to covered services.

Part II

EMS Agency, EMS Vehicle and EMS Personnel Standards

Article 1

EMS Agency Licensure and Requirements

12VAC5-31-300. Requirement for EMS agency licensure and EMS certification.

No person may establish, operate, maintain, advertise or represent themselves or any service or organization as an EMS agency or as EMS personnel without a valid license or certification, or in violation of the terms of a valid license or certification, issued by the Office of EMS.

12VAC5-31-310. Provision of EMS within Virginia.

A person providing EMS to a patient received within Virginia and transported to a location within Virginia shall comply with these regulations.

12VAC5-31-320. General applicability of the regulations.

These regulations have general application throughout Virginia for an EMS agency and an applicant for EMS agency licensure.

12VAC5-31-330. Compliance with regulations.

A. A person shall comply with these regulations.

B. An EMS agency, including its EMS vehicles and EMS personnel, shall comply with these regulations, the applicable regulations of other state agencies, the Code of Virginia, and the United States Code.

12VAC5-31-340. EMS agency name.

A person may not apply to conduct business under a name that is the same as or misleadingly similar to the name of a person licensed or registered by the Office of EMS.

12VAC5-31-350. Ability to pay.

In the case of an emergency illness or injury, an EMS agency may not refuse to provide required services including dispatch, response, rescue, life support, emergency transport and interfacility transport based on the inability of the patient to provide means of payment for services rendered by the agency. An EMS agency's decision to refer or refuse to provide service must be based upon the "prudent layperson" standard for determination of the existence of a medical emergency as defined under "emergency services" in § 38.2-4300 of the Code of Virginia.

12VAC5-31-360. Public access.

An EMS agency shall provide for a publicly listed telephone number to receive calls for service from the public.

1. The number must be answered in person on a 24-hour basis.

2. Exception: An EMS agency that does not respond to calls from the public but responds only to calls from a unique population shall provide for a telephone number known to the unique population it serves. The number must be answered during all periods when that population may require service and at all other times must direct callers to the nearest available EMS agency.

12VAC5-31-370. Designated emergency response agency.

An EMS agency that responds to medical emergencies for its primary service area shall be a designated emergency response agency. A designated emergency response agency shall provide services within its primary service area as defined by the local EMS response plan.

12VAC5-31-380. EMS agency availability.

A. An EMS agency shall provide service within its primary service area as defined by the local EMS response plan.

B. Licensed EMS agencies that meet the criteria stated in 12VAC5-31-370 but that operate under special conditions, i.e., time of year, etc., must also meet the criteria outlined in 12VAC5-31-430 A 2 and C 4.

12VAC5-31-390. Destination to specialty care hospitals.

An EMS agency shall follow specialty care hospital triage plans established in accordance with § 32.1-111.3 of the Code of Virginia.

12VAC5-31-400. Nondiscrimination.

An EMS agency shall not discriminate due to a patient's race, gender, creed, color, national origin, location, medical condition or any other reason.

12VAC5-31-410. EMS agency licensure classifications.

An EMS agency license may be issued for any combination of the following classifications of EMS services:

1. Nontransport first response.
    a. Basic life support.
    b. Advanced life support.
2. Ground ambulance.
    a. Basic life support.
    b. Advanced life support.
3. Neonatal ambulance.
4. Air ambulance.

12VAC5-31-420. Application for EMS agency license.

A. An applicant for EMS agency licensure shall file a written application specified by the Office of EMS.

B. The Office of EMS may use whatever means of investigation necessary to verify any or all information contained in the application.

C. An ordinance or resolution from the governing body of each locality where the agency maintains an office, stations an EMS vehicle for response within a locality or is a Designated Emergency Response Agency as required by § 15.2-955 of the Code of Virginia confirming approval.

This ordinance or resolution must specify the geographic boundaries of the agency's primary service area within the locality.

D. The Office of EMS will determine whether an applicant or licensee is qualified for licensure based upon the following:

1. An applicant or licensee must meet the personnel requirements of these regulations.

2. If the applicant is a company or corporation, as defined in § 12.1-1 of the Code of Virginia, it must clearly disclose the identity of its owners, officers and directors.

3. An applicant or licensee must provide information on any previous record of performance in the provision of emergency medical service or any other related licensure, registration, certification or endorsement within or outside Virginia.

4. The applicant must submit a written agreement with the local governing body that states the applicant agency will assist in mutual aid requests from the local government if EMS personnel, vehicles, equipment, and other resources are available.

E. An applicant agency and all places of operation shall be subject to inspection by the Office of EMS for compliance with these regulations. The inspection may include any or all of the following:

1. All fixed places of operations, including all offices, stations, repair shops or training facilities.

2. All applicable records maintained by the applicant agency.

3. All EMS vehicles and required equipment used by the applicant agency.

12VAC5-31-430. Issuance of an EMS agency license.

A. An EMS agency license may be issued by the Office of EMS provided the following conditions are met:

1. All information contained in the application is complete and correct; and

2. The applicant is determined by the Office of EMS to be eligible for licensure in accordance with these regulations.

3. The applicant is determined by the Office of EMS to provide emergency medical services to the citizens of the Commonwealth in accordance with this chapter.

B. The issuance of a license hereunder may not be construed to authorize any agency to operate any emergency medical services vehicle without a franchise or permit in any county or municipality which has enacted an ordinance pursuant to § 32.1-111.14 of the Code of Virginia making it unlawful to do so.

C. An EMS agency license may include the following information:

1. The name and address of the EMS agency;

2. The expiration date of the license;

3. The types of services for which the EMS agency is licensed; and

4. Any special conditions that may apply.

D. An EMS agency license will be issued and remain valid with the following conditions:

1. An EMS agency license is valid for a period of no longer than two years from the last day of the month of issuance unless and until revoked or suspended by the commissioner.

2. An EMS agency license is not transferable.

3. An EMS agency license issued by the Office of EMS remains the property of the Office of EMS and may not be altered or destroyed.

12VAC5-31-440. Display of EMS agency license.

An EMS agency license is publicly displayed in the headquarters of the EMS agency and a copy displayed in each place of operations.

12VAC5-31-450. EMS agency licensure renewal.

A. An EMS agency license renewal may be granted following an inspection as set forth in these regulations based on the following conditions:

1. The renewal inspection results demonstrate that the EMS agency complies with these regulations.

2. There have been no documented violations of these regulations that preclude a renewal.

B. If the Office of EMS is unable to take action on a renewal application of a license before expiration, the license remains in full force and effect until the Office of EMS completes processing of a renewal application.

12VAC5-31-460. Denial of an EMS agency license.

A. An application for a new EMS agency license or renewal of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations.

B. An application for a new agency license or renewal of an EMS agency license shall not be issued by the Office of EMS to any firm, corporation, agency, organization, or association that does not intend to provide emergency medical services as part of its operation to the citizens of the Commonwealth.

12VAC5-31-470. Modification of an EMS agency license.

A. Any change in the classifications of the EMS vehicles or medical equipment packages permitted to an EMS agency or in any of the conditions that may apply to the EMS agency requires the notification of the Office of EMS and the modification of the EMS agency license.

B. The procedure for modification of a license is as follows:

1. The licensee shall request the modifications in writing on a form prescribed by the Office of EMS.

2. The Office of EMS may use the full provisions of these regulations in processing a request as an application.

3. Upon receiving a modified license, an EMS agency shall return the original license to the Office of EMS within 15 days and destroy all copies.

4. The issuance of a modified license hereunder may not be construed to authorize an EMS agency to provide emergency medical services or to operate an EMS vehicle without a franchise in any county or municipality that has enacted an ordinance requiring it.

C. A request for modification of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations.

12VAC5-31-480. Termination of EMS agency licensure.

A. An EMS agency terminating service shall surrender the EMS agency license to the Office of EMS.

B. An EMS agency terminating service shall submit written notice to the Office of EMS at least 90 days in advance. Written notice of intent to terminate service must verify the following:

1. Notification of the applicable OMDs, regional EMS councils or local EMS resource agencies, PSAPs and governing bodies of each locality served.

2. Termination of all existing contracts for EMS services, Mutual Aid Agreements, or both.

3. Advertised notice of its intent to discontinue service has been published in a newspaper of general circulation in its service area and to be posted on the Office of EMS section of the Virginia Department of Health's website.

C. Within 30 days following the termination of service, the EMS agency shall provide written verification to the Office of EMS of the following:

1. The return of its EMS agency license and all associated vehicle permits to the Office of EMS.

2. The removal of all signage or insignia that advertise the availability of EMS to include but not be limited to facility and roadway signs, vehicle markings and uniform items.

3. The return of all drug kits that are part of a local or regional drug kit exchange program or provision for the proper disposition of drugs maintained under a Board of Pharmacy controlled substance registration.

4. The maintenance and secure storage of required agency records and prehospital patient care reports for a minimum of six years from the date of termination of service.

12VAC5-31-490. EMS agency insurance.

A. An EMS agency shall have in effect and be able to furnish proof on demand of contracts for vehicular insurance as follows:

1. Insurance coverage for emergency vehicles shall meet or exceed the minimum requirements as set forth in § 46.2-920 of the Code of Virginia.

2. Insurance coverage for nonemergency vehicles shall meet or exceed the minimum requirements as set forth in § 46.2-472 of the Code of Virginia.

3. Insurance coverage for both classes of aircraft shall meet or exceed the minimum requirements as set forth in § 5.1-88.2 of the Code of Virginia.

B. Nothing in this section prohibits an authorized governmental agency from participating in an authorized "self-insurance" program as long as the program provides for the minimum coverage levels specified in this section.

12VAC5-31-500. Place of operations.

A. An EMS agency shall maintain a fixed physical location. Any change in the address of the primary business location and any satellite location require notification to the Office of EMS before relocation of the office space.

B. Adequate, clean and enclosed storage space for linens, equipment and supplies shall be provided at each place of operation.

C. The following sanitation measures are required at each place of operation established by the CDC and the Virginia occupational safety and health laws (Title 40.1 of the Code of Virginia):

1. All areas used for storage of equipment and supplies shall be kept neat, clean, and sanitary.

2. All soiled supplies and used disposable items shall be stored or disposed of in plastic bags, covered containers or compartments provided for this purpose. Regulated waste shall be stored in a red or orange bag or container clearly marked with a biohazard label.

12VAC5-31-510. Equipment and supplies.

A. An EMS agency shall hold the permit to an EMS vehicle or have a written agreement for the access to and use of an EMS vehicle. An EMS agency that does not use an EMS vehicle shall maintain the required equipment and supplies for a nontransport response vehicle.

B. Adequate stocks of supplies and linens shall be maintained as required for the classes of vehicles in service at each place of operations. An EMS agency shall maintain a supply of at least 25 triage tags of a design approved by the Office of EMS on each permitted EMS vehicle.

12VAC5-31-520. Storage and security of drugs and related supplies.

A. An area used for storage of drugs and administration devices and a drug kit used on an EMS vehicle shall comply with requirements established by the Virginia Board of Pharmacy and the applicable drug manufacturer's recommendations for climate-controlled storage.

B. Drugs and drug kits shall be maintained within their expiration date at all times.

C. Drugs and drug kits shall be removed from vehicles and stored in a properly maintained and locked secure area when the vehicle is not in use unless the ambient temperature of the vehicle's interior drug storage compartment is maintained within the climate requirements specified in this section.

D. An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, drug delivery devices, or other regulated medical devices from an agency facility or vehicle. Notification shall be made within 15 days of the discovery of the occurrence.

E. An EMS agency shall protect EMS vehicle contents from climate extremes.

12VAC5-31-530. Preparation and maintenance of records and reports.

An EMS agency is responsible for the preparation and maintenance of records that shall be available for inspection by the Office of EMS as follows:

1. Records and reports shall at all times be stored in a manner to ensure reasonable safety from water and fire damage and from unauthorized disclosure to persons other than those authorized by law.

2. EMS agency records shall be prepared and securely maintained at the principal place of operations or a secured storage facility for a period of not less than five years.

12VAC5-31-540. Personnel records.

A. An EMS agency shall have a current personnel record for each individual affiliated with the EMS agency. Each file shall contain documentation of certification, training and qualifications for the positions held.

B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange and the National Crime Information Center via the Virginia State Police, a driving record transcript from the individual's state Department of Motor Vehicles office, and any documents required by the Code of Virginia, no more than 60 days prior to the individual's affiliation with the EMS agency.

12VAC5-31-550. EMS vehicle records.

An EMS agency shall have records for each vehicle currently in use to include maintenance reports demonstrating adherence to manufacturer's recommendations for preventive maintenance, valid vehicle registration, safety inspection, vehicle insurance coverage and any reportable motor vehicle collision as defined by the Motor Vehicle Code (Title 46.2 of the Code of Virginia).

12VAC5-31-560. Patient care records.

A. An original PPCR shall specifically identify by name the personnel who meet the staffing requirements of the EMS vehicle.

B. The PPCR shall include the name and identification number of all EMS Personnel on the EMS vehicle and the signature of the attendant-in-charge.

C. The required minimum data set shall be submitted on a schedule established by the Office of EMS as authorized in § 32.1-116.1 of the Code of Virginia. This requirement for data collection and submission shall not apply to patient care rendered during local emergencies declared by the locality's government and states of emergency declared by the Governor. During such an incident, an approved triage tag shall be used to document patient care provided unless a standard patient care report is completed.

12VAC5-31-570. EMS Agency Status Report.

A. An EMS agency must submit an "EMS Agency Status Report" to the Office of EMS within 30 days of a request or change in status of the following:

1. Chief executive officer.

2. Training officer.

3. Designated infection control officer.

B. The EMS agency shall provide the leadership position held, to include title, term of office, mailing address, home and work telephone numbers, other available electronic addresses for each individual, and other information as required.

12VAC5-31-580. Availability of these regulations.

An EMS agency shall have readily available at each station a current copy of these regulations for reference use by its officers and personnel.

12VAC5-31-590. Operational Medical Director requirement.

A. An EMS agency shall have a minimum of one operational medical director (OMD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS.

An EMS agency shall enter into a written agreement with an EMS physician to serve as OMD with the EMS agency. This agreement shall at a minimum specify the following responsibilities and authority:

1. This agreement must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved pursuant to 12VAC5-31-1910.

2. This agreement must identify the specific responsibilities of each EMS physician if an EMS agency has multiple OMDs.

3. This agreement must specify that EMS agency personnel may only provide emergency medical care and participate in associated training programs while acting with the authorization of the operational medical director and within the scope of the EMS agency license in accordance with these regulations.

4. This agreement must provide for EMS agency personnel to have access to the agency OMD in regards to discussion of issues relating to provision of patient care, application of patient care protocols or operation of EMS equipment used by the EMS agency.

5. This agreement must ensure that the adequate indemnification or insurance coverage exists for:

a. Medical malpractice; and

b. Civil claims.

B. EMS agency and OMD conflict resolution.

1. In the event of an unresolved conflict between an EMS agency and its OMD, the issues involved shall be brought before the regional EMS council or local EMS resource's medical direction committee (or approved equivalent) for review and resolution.

2. When an EMS agency determines that the OMD presents an immediate significant risk to the public safety or health of citizens, the EMS agency shall attempt to resolve the issues in question. If an immediate risk remains unresolved, the EMS agency shall contact the Office of EMS for assistance.

C. Change of operational medical director.

1. An EMS agency choosing to secure the services of another OMD shall provide a minimum of 30 days advance written notice of intent to the current OMD and the Office of EMS.

2. An OMD choosing to resign shall provide the EMS agency and the Office of EMS with a minimum of 30 days written notice of such intent.

3. When extenuating circumstances require an immediate change of an EMS agency's OMD (e.g., death, critical illness, etc.), the Office of EMS shall be notified by the OMD within one business day so that a qualified replacement may be approved. In the event that the OMD is not capable of making this notification, the EMS agency shall be responsible for compliance with this requirement. Under these extenuating circumstances, the Office of EMS will make a determination whether the EMS agency will be allowed to continue its operations pending the approval of a permanent or temporary replacement OMD.

4. When temporary circumstances require a short-term change of an EMS agency's OMD for a period not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.), the Office of EMS shall be notified by the OMD within 15 days so that a qualified replacement may be approved.

5. The Office of EMS may delay implementation of a change in an EMS agency's OMD pending the completion of any investigation of an unresolved conflict or possible violation of these regulations or the Code of Virginia.

12VAC5-31-600. Quality management reporting.

An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency's mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.

12VAC5-31-610. Designated emergency response agency standards.

A. A designated emergency response agency shall develop or participate in a written local EMS response plan that addresses the following items:

1. The designated emergency response agency shall develop and maintain, in coordination with their locality, a written plan to provide 24-hour coverage of the agency's primary service area with the available personnel to achieve the approved responding interval standard.

2. A designated emergency response agency shall conform to the local responding interval, or in the absence of a local standard the EMS agency shall develop a standard in conjunction with OMD and local government in the best interests of the patient and the community. The EMS agency shall use the response time standard to establish a time frame the EMS agency complies with on a 90% basis within its primary service area (i.e., a time frame in which the EMS agency can arrive at the scene of a medical emergency in 90% or greater of all calls).

a. If the designated emergency response agency finds it is unable to respond within the established unit mobilization interval standard, the call shall be referred to the closest available mutual aid EMS agency.

b. If the designated emergency response agency finds it is able to respond to the patient location sooner than the mutual aid EMS agency, the EMS agency shall notify the PSAP of its availability to respond.

c. If the designated emergency response agency is unable to respond (e.g., lack of operational response vehicle or available personnel), the EMS agency shall notify the PSAP.

d. If a designated emergency response agency determines in advance that it will be unable to respond for emergency service for a specified period of time, it shall notify its PSAP.

B. A designated emergency response agency shall have available for review a copy of the local EMS response plan that shall include the established EMS Responding Interval standards.

C. A designated emergency response agency shall document its compliance with the established EMS response capability, unit mobilization interval, and responding interval standards.

D. A designated emergency response agency shall document an annual review of exceptions to established EMS response capability and time interval standards. The results of this review shall be provided to the agency's operational medical director and local governing body.

12VAC5-31-630. Designated emergency response agency mutual aid.

A. A designated emergency response agency shall provide aid to all other designated emergency response agencies within the locality.

B. A designated emergency response agency shall maintain written mutual aid agreements with adjacent designated emergency response agencies in another locality with which it shares a common border. Mutual aid agreements shall specify the types of assistance to be provided and any conditions or limitations for providing this assistance.

Article 2

Emergency Medical Services Vehicle Permit

12VAC5-31-640. EMS vehicle permit requirement.

A. A person may not operate or maintain any motor vehicle, vessel or craft as an EMS vehicle without a valid permit or in violation of the terms of a valid permit.

B. An EMS agency shall file written application for a permit on forms specified by the Office of EMS.

C. The Office of EMS may verify any or all information contained in the application before issuance.

D. The Office of EMS shall inspect the EMS vehicle for compliance with the vehicle requirements for the class in which a permit is sought.

E. An EMS vehicle permit may be issued provided all of the following conditions are met:

1. All information contained in the application is complete and correct.

2. The applicant is an EMS agency.

3. The EMS vehicle is registered or permitted by the Department of Motor Vehicles or approved equivalent.

4. The inspection meets the minimum requirements as defined in these regulations.

5. The issuance of an EMS vehicle permit does not authorize any person to operate an EMS vehicle without a franchise or permit in any county or municipality that has enacted an ordinance requiring one.

F. An EMS vehicle permit may include but is not be limited to the following information:

1. The name and address of the agency.

2. The expiration date of the permit.

3. The classification and type of the EMS vehicle.

4. The motor vehicle license plate number of the vehicle.

5. Any special conditions that may apply.

G. An EMS vehicle permit may be issued and remain valid with the following conditions:

1. An EMS vehicle permit remains the property of the Office of EMS and may not be altered or destroyed.

2. An EMS vehicle permit is valid only as long as the EMS agency license is valid.

3. An EMS vehicle permit is not transferable.

4. An EMS agency must equip an EMS vehicle in compliance with these regulations at all times unless the vehicle is permitted as "reserved." A designated emergency response Agency may be issued a "reserved" permit by the Office of EMS.

12VAC5-31-650. Temporary EMS vehicle permit.

A. A temporary EMS vehicle permit may be issued for a permanent replacement or additional EMS vehicle pending inspection. A temporary EMS vehicle permit will not be issued for a vehicle requesting a "reserved" permit.

B. An EMS agency shall file written application for a temporary permit on forms specified by the Office of EMS. Submission of this application requires the EMS agency to attest that the vehicle complies with these regulations.

C. The Office of EMS may verify any or all information contained in the application before issuance.

D. The procedure for issuance of a temporary EMS vehicle permit is as follows:

1. An EMS agency requesting a temporary permit shall submit a completed application for an EMS vehicle permit attesting that the vehicle complies with these regulations.

2. The Office of EMS may inspect an EMS vehicle issued a temporary permit at any time for compliance with these regulations and issuance of an EMS vehicle permit.

E. A temporary EMS vehicle permit may include but not be limited to the following information:

1. The name and address of the EMS agency.

2. The expiration date of the EMS vehicle permit.

3. The classification and type of the EMS vehicle.

4. The motor vehicle license plate number of the vehicle.

5. Any special conditions that may apply.

F. A temporary EMS vehicle permit will be issued and remain valid with the following conditions:

1. A temporary EMS vehicle permit is valid for 180 days from the end of the month issued.

2. A temporary EMS vehicle permit is not transferable.

3. A temporary EMS vehicle permit is not renewable.

4. A temporary EMS vehicle permit shall be affixed on the vehicle to be readily visible and in a location and manner specified by the Office of EMS. An EMS vehicle may not be operated without a properly displayed permit.

12VAC5-31-660. Denial of an EMS vehicle permit.

A. An application for an EMS vehicle permit shall be denied by the Office of EMS if any conditions of these regulations fail to be met.

B. The Office of EMS will notify the applicant or licensee of the denial in writing in the event that a permit is denied.

12VAC5-31-670. Display of EMS vehicle permit.

A. An EMS vehicle permit shall be affixed on the EMS vehicle, readily visible, and in a location and manner specified by the Office of EMS.

B. An EMS vehicle may not be operated without a properly displayed EMS vehicle permit.

12VAC5-31-680. EMS vehicle advertising.

An EMS vehicle may not be marked or lettered to indicate a level of care or type of service other than that for which it is permitted.

12VAC5-31-690. Renewal of an EMS vehicle permit.

A. Renewal of an EMS vehicle permit may be granted following an inspection if the EMS agency and EMS vehicle comply with these regulations.

B. If the Office of EMS is unable to take action on renewal of an EMS vehicle permit before expiration, the permit will remain in effect until the Office of EMS completes processing of the renewal inspection.

Article 3

Emergency Medical Services Vehicle Classifications and Requirements

12VAC5-31-700. EMS vehicle safety.

An EMS vehicle shall be maintained in good repair and safe operating condition and shall meet the same motor vehicle, vessel or aircraft safety requirements as apply to all vehicles, vessels or craft in Virginia:

1. Virginia motor vehicle safety inspection, FAA Airworthiness Permit or Coast Guard Safety Inspection or approved equivalent must be current.

2. Exterior surfaces of the vehicle including windows, mirrors, warning devices and lights shall be kept clean of dirt and debris.

3. Ground vehicle operating weight shall be no more than the manufacturer's gross vehicle weight (GVW) minus 700 pounds (316 kg).

4. Emergency operating privileges including the use of audible and visible emergency warning devices shall be exercised in compliance with the Code of Virginia and local motor vehicle ordinances.

5. The use of any and all tobacco products is prohibited in EMS transport vehicles at all times.

12VAC5-31-710. EMS vehicle occupant safety.

A. An occupant shall use mechanical restraints as required by the Code of Virginia. Stretcher patients shall be secured on the stretcher utilizing a minimum of three straps unless contraindicated by patient condition.

B. Equipment and supplies in the patient compartment shall be stored within a closed and latched compartment or fixed securely in place while not in use.

12VAC5-31-720. EMS vehicle sanitation.

The following requirements for sanitary conditions and supplies apply to an EMS vehicle in accordance with standards established by the Centers for Disease Control and Prevention (CDC) and the Virginia Occupational Safety and Health Law:

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

2. Linen or disposable sheets and pillowcases or their equivalent used in the transport of patients shall be changed after each use.

3. Blankets, pillows and mattresses used in an EMS vehicle shall be intact and kept clean and in good repair.

4. A device inserted into the patient's nose or mouth that is single-use shall be disposed of after use. A reusable item shall be sterilized or high-level disinfected according to current CDC

guidelines before reuse. If not individually wrapped, this item shall be stored in a separate closed container or bag.

5. A used sharp item shall be disposed of in a leakproof, puncture-resistant and appropriately marked biohazard container (needle-safe device/sharps box) that is securely mounted.

6. Following patient treatment/transport within the vehicle and before being occupied by another patient:

a. Contaminated surfaces shall be cleaned and disinfected using a method recommended by the Centers for Disease Control and Prevention.

b. All soiled supplies and used disposable items shall be stored or disposed of in plastic bags, covered containers or compartments provided for this purpose. Regulated waste shall be stored in a red or orange bag or container clearly marked with a biohazard label.

12VAC5-31-740. EMS vehicle inspection.

A. An EMS vehicle is subject to, and shall be available for, inspection by the Office of EMS or its designee, for compliance with these regulations. An inspection may be in addition to other federal, state or local inspections required for the EMS vehicle by law.

B. The Office of EMS may conduct an inspection at any time without prior notification.

12VAC5-31-750. EMS vehicle warning lights and devices.

An EMS vehicle shall have emergency warning lights and audible devices as approved by the Superintendent of Virginia State Police, Virginia Department of Game and Inland Fisheries or the Federal Aviation Administration (FAA) as applicable.

1. A ground EMS vehicle shall have flashing or blinking lights installed to provide adequate visible warning from all four sides.

2. A ground EMS vehicle shall have flashing or blinking red or red and white lights installed on or above the front bumper and below the bottom of the windshield.

3. A ground EMS vehicle shall have an audible warning device installed to project sound forward from the front of the EMS vehicle.

12VAC5-31-760. EMS vehicle communications.

A. An EMS vehicle shall have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle, other EMS vehicles of the same agency, and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP). This communication capability must be available within the agency's primary service area. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but shall have direct and immediate communications via push-to-talk technology.

B. An ambulance transporting outside its primary service area shall have fixed or portable communications equipment that provides two-way voice communications capabilities between the EMS vehicle and either the agency's base of operations (dispatch point) or PSAP during the period of transport. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS). When operating outside the agency's area of routine responsibility or in areas where CMRS is not available, the requirement for direct and immediate communications via push-to-talk technology does not apply. If an agency is licensed as a DERA, it is required to have direct and immediate communications via push-to-talk technology for either the agency's base of operations, dispatch point, or PSAP for which the EMS agency vehicle is used for emergency response to the public in the jurisdiction where a memorandum of understanding or memorandum of agreement is in place or is contractually obligated to provide emergency response.

C. An ambulance or an advanced life support-equipped, nontransport response vehicle shall have communications equipment that provides two-way voice communications capabilities between the EMS vehicle's attendant-in-charge and the receiving medical facilities to which it regularly transports or a designated central medical control on one or more of the following frequencies:

155.340 MHz (statewide HEAR);

155.400 MHz (Tidewater HEAR);

155.280 MHZ (Inter-Hospital HEAR);

462.950/467.950 (MED 9 or CALL 1);

462.975/467.975 (MED 10 or CALL 2);

462.950-463.19375/467.950-468.19375 (UHF MED CHANNELS 1-10); and

220 MHz, 700MHz, 800MHz, or 900MHz frequency and designated talkgroup or channel identified as part of an agency, jurisdictional, or regional communications plan for ambulance to hospital communications.

1. Patient care communications with medical facilities may not be conducted on the same frequencies or talkgroups as those used for dispatch and on-scene operations.

2. Before establishing direct push-to-talk communications with the receiving medical facility or central medical control, EMS vehicles may be required to dial an access code. Radios in ambulances or advanced life support-equipped, nontransport response vehicles must be programmed or equipped with encoding equipment necessary to activate tone-coded squelched radios at medical facilities to which they transport on a regular basis.

3. Nothing herein prohibits the use of CMRS for primary or secondary communications with medical facilities, provided that the requirements of this section are met.

D. Mutual aid interoperability. An EMS vehicle must have communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and EMS vehicles of other EMS agencies within the jurisdiction and those EMS agencies with which it has mutual aid agreements. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but requires direct and immediate communications via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The means of communications interoperability must be identified in any mutual aid agreements required by these regulations and must comply with the Virginia Interoperability Plan as defined by the Governor's Office of Commonwealth Preparedness.

E. Air ambulance interoperability. A nontransport EMS vehicle or ground ambulance must have communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and air ambulances designated to serve its primary response area by the State

Medevac Plan. An air ambulance must have fixed communications equipment that provides direct two-way voice communications capabilities between the air ambulance, other EMS vehicles in its primary response area, and public safety vehicles or personnel at landing zones on frequencies adopted in accordance with this section. Radio communications must be direct and immediate via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The frequencies used for this purpose will be those set forth by an agreement among air ambulance providers and EMS agencies for a specific jurisdiction or region, and must be identified in agency, jurisdictional, or regional protocols for access and use of air ambulances. Any nontransport EMS vehicle or ground ambulance not participating in such an agreement must be capable of operating on VHF frequency 155.205 MHz (carrier squelch), which is designated as the Statewide EMS Mutual Aid Frequency. An air ambulance must be capable of operating on VHF frequency 155.205 MHz (carrier squelch) in addition to any other frequencies adopted for jurisdictional or regional interoperability.

F. FCC licensure. An EMS agency shall maintain appropriate FCC radio licensure for all radio equipment operated by the EMS agency. If the FCC radio license for any radio frequency utilized is held by another person, the EMS agency shall have written documentation on file of their assigned authority to operate on such frequencies.

G. In-vehicle communications. An ambulance shall have a means of voice communications (opening, intercom, or radio) between the patient compartment and operator's compartment.

12VAC5-31-770. Ground EMS vehicle markings.

A. The vehicle body of a nontransport response vehicle, a ground ambulance or a neonatal ambulance must be marked with a reflective horizontal band permanently affixed to the sides and rear of the vehicle body. This horizontal reflective band must be of a material approved for exterior use, a minimum of four inches continuous in height.

B. The following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with the surrounding vehicle background. Lettering must comply with the restrictions and specifications listed in these regulations.

1. Nontransport response vehicle. The name of the EMS agency that the vehicle is permitted to shall appear on both sides of the vehicle body in reflective lettering.

Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name.

2. Ground ambulance:

a. The name of the EMS agency that the vehicle is permitted to must appear on both sides of the vehicle body in reflective lettering.

Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name.

b. The word "AMBULANCE" in reverse on the vehicle hood or bug deflector.

c. The word "AMBULANCE" on or above rear doors.

3. Neonatal Ambulance:

a. The name of the EMS agency to which the vehicle is permitted must appear on both sides of the vehicle body in reflective lettering.

b. "NEONATAL CARE UNIT" or other similar designation, approved by the Office of EMS, must appear on both sides of the vehicle body.

12VAC5-31-780. Air Ambulance markings.

A. On a primary air ambulance, the following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with its surrounding background. Lettering must comply with the restrictions and specifications listed in these regulations.

1. The name of the EMS agency that the aircraft is permitted to must appear on both sides of the aircraft body. This lettering may appear as part of an organization logo or emblem as long as the agency name appears in letters of the required height.

Exception: A Designated Emergency Response Agency must have the approval of the Office of EMS for a vehicle to display an alternate name.

2. Agency or FAA assigned unit/vehicle identification number must appear on both sides of the aircraft.

B. The Star of Life emblem may appear on an air ambulance. If used, the emblem (14-inch size minimum) shall appear on both sides, and/or front and rear of the air ambulance.

12VAC5-31-790. EMS vehicle letter restrictions and specifications.

A. The following specifications apply to an EMS vehicle: the EMS agency name must appear in lettering larger than any optional lettering on an EMS vehicle, other than "Ambulance," the unit identification number or any lettering on the roof. Optional lettering, logos or emblems may not appear on an EMS vehicle in a manner that interferes with the public's ability to readily identify the EMS agency to which the EMS vehicle is permitted.

1. Additional lettering, logos or emblems must not advertise or imply a specified patient care level (i.e., Advanced Life Support Unit) unless the EMS vehicle is so equipped at all times.

2. The terms "Paramedic" or "Paramedical" may only be used when the EMS vehicle is both equipped and staffed by a state certified Paramedic at all times.

B. A nontransport response vehicle with a primary purpose as a fire apparatus or law-enforcement vehicle is not required to comply with the specifications for vehicle marking and lettering, provided the vehicle is appropriately marked and lettered to identify it as an authorized emergency vehicle.

C. An unmarked vehicle operated by an EMS agency is not eligible for issuance of an EMS vehicle permit except a vehicle used and operated by law-enforcement personnel.

12VAC5-31-800. Nontransport response vehicle specifications.

A. A vehicle maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level (excluding patient transport) shall be permitted as a nontransport response vehicle.

A nontransport response vehicle may not be used for the transportation of patients except in the case of a major medical emergency. In such an event, the circumstances of the call shall be documented.

B. A nontransport response vehicle must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.

A nontransport response vehicle used for the delivery of advanced life support must have a locking storage compartment or approved locking bracket for the security of drugs and drug kits. When not in use, drugs and drug kits must be kept locked in the required storage compartment or approved bracket at all times. The EMS agency shall maintain drugs and drug kits as specified in these regulations.

1. Sedan/zone car must have an approved locking device attached within the passenger compartment or trunk, inaccessible by the public.

2. Utility vehicle/van must have an approved locking device attached within the vehicle interior, inaccessible by the public.

3. Rescue vehicle/fire apparatus must have an approved locking device attached within the vehicle interior or a locked compartment, inaccessible by the public.

C. A nontransport response vehicle must have a motor vehicle safety inspection performed following completion of conversion and before applying for an EMS vehicle permit.

12VAC5-31-810. Ground ambulance specifications.

A. A vehicle maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level and for the transportation of patients shall be permitted as a ground ambulance.

B. A ground ambulance must be commercially constructed and certified to comply with the current federal specification for the Star of Life ambulance (U.S. General Services Administration KKK-A-1822 standards) as of the date of vehicle construction, with exceptions as specified in these regulations.

C. A ground ambulance must be constructed to provide sufficient space for the safe storage of all required equipment and supplies. A ground ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of drugs and drug kits that is accessible from within the patient compartment. Drugs and drug kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain drugs and drug kits as specified in these regulations.

12VAC5-31-820. Advanced life support equipment package.

A. An EMS agency licensed to operate nontransport response vehicles or ground ambulances with ALS personnel shall maintain a minimum of one vehicle equipped with an ALS equipment package of the highest category licensed. ALS equipment packages consist of the following categories:

1. ALS – EMT-enhanced equipment package; and

2. ALS – Advanced-EMT/Intermediate/Paramedic equipment package.

B. ALS equipment packages shall consist of the equipment and supplies as specified in these regulations.

12VAC5-31-830. Neonatal ambulance specifications.

A. A vehicle maintained and operated exclusively for the transport of neonatal patients between medical facilities shall be permitted as a neonatal ambulance. A neonatal ambulance shall not be used for response to out-of-hospital medical emergencies.

B. A neonatal ambulance must be commercially constructed and certified to comply with the current U.S. General Services Administration KKK-A-1822 standards as of the date of vehicle construction.

C. A neonatal ambulance must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.

1. A neonatal ambulance must be equipped to transport two incubators using manufacturer-approved vehicle mounting devices.

2. A neonatal ambulance must have an installed auxiliary power unit that is capable of supplying a minimum of 1.5 Kw of 110VACelectric power. The auxiliary power unit must operate independent of the vehicle with starter and power controls located in the patient compartment.

3. A neonatal ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of drugs and drug kits that is accessible from within the patient compartment. Drugs and drug kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain drugs and drug kits as specified in these regulations.

4. Required equipment and supplies specified in these regulations must be available for access and use from inside the patient compartment.

12VAC5-31-840. (Repealed.)

12VAC5-31-850. EMS vehicle equipment requirements.

In addition to the items otherwise listed in this article, an EMS vehicle must be equipped with all of the items required for its vehicle classification and any ALS equipment package it carries as listed in 12VAC5-31-860.

12VAC5-31-860. Required vehicle equipment.

A. A nontransport vehicle shall carry the following:

1. Basic life support equipment.

a. Automated external defibrillator (AED) with two sets of patient pads. This may be a combination device that also has manual defibrillation capability (1).

b. Pocket mask or disposable airway barrier device with one-way valve (2).

c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (1 each).

d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).

e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult and child sizes (1).

f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (1).

2. Oxygen apparatus.

a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).

b. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (2 each).

c. Oxygen nasal cannula in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (2 each).

3. Suction apparatus.

a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (1).

b. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2 each).

4. Patient assessment equipment.

a. Stethoscope in adult size (1).

b. Stethoscope in pediatric size (1).

c. Sphygmomanometer in child, adult, and large adult sizes (1 each).

d. Vinyl triage tape rolls of red, black, green, and yellow (1 each).

e. 25 OEMS approved triage tags.

f. Penlight (1).

g. Medical protocols (1).

5. Dressing and supplies.

a. First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part (1).

b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (4).

c. 4" x 4" gauze pads, sterile and individually wrapped (24).

d. Occlusive dressings, sterile 3" x 8" or larger (4).

e. Roller or conforming gauze of assorted widths (12).

f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).

g. Medical adhesive tape, rolls of 1" and 2" (4).

h. Trauma scissors (1).

i. Emesis basin containers or equivalents (2).

j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (1).

k. Oral glucose (1).

6. Obstetrical kit (one). It must contain the following:

a. Pairs of sterile surgical gloves (2).

b. Scissors or other cutting instrument (1).

c. Umbilical cord ties (10" long) or disposable cord clamps (4).

d. Sanitary pads (1).

e. Cloth or disposable hand towels (2).

f. Soft-tipped bulb syringe (1).

7. Personal protection equipment.

a. Waterless antiseptic hand wash (1).

b. Exam gloves, nonsterile, pairs in sizes small though extra large (5 each).

c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style (2).

d. Face shield or eyewear (2).

e. Infectious waste trash bags (2).

8. Linen and bedding.

a. Towels, cloth (2).

b. Blankets (2).

9. Splints and immobilization devices.

Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric (2 each). If adjustable type collars are used, then a minimum of three are sufficient.

10. Safety equipment.

a. "D" cell battery or larger flashlight (1).

b. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket (1).

c. Safety apparel (2).

d. Sharps container (1).

11. Tools and hazard warning devices.

a. Adjustable wrench, 10" (1).

b. Screwdriver, regular #1 size blade (1).

c. Screwdriver, Phillips #1 size blade (1).

d. Spring loaded center punch (1).

e. Hazard warning devices such as a reflective cone, triangle, or approved equivalent (3 each).

f. Current USDOT approved Emergency Response Guidebook (1).

B. A ground ambulance shall carry the following:

1. Basic life support equipment.

a. Automated external defibrillator (AED) with two sets of patient pads. This may be a combination device that also has manual defibrillation capability (1).

b. Pocket mask or disposable airway barrier device with one-way valve (2).

c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (1 each).

d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).

e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult and child sizes (1 each).

f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (1).

2. Oxygen apparatus.

a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).

b. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device (1).

c. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (4 each).

d. Oxygen nasal cannula in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (4 each).

3. Suction apparatus.

a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (1).

b. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation (1).

c. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2 each).

4. Patient assessment equipment.

a. Stethoscope in adult size (2).

b. Stethoscope in pediatric size (1).

c. Sphygmomanometer in child, adult, and large adult sizes (1 each).

d. Vinyl triage tape rolls of red, black, green, and yellow (1 each).

e. 25 OEMS approved triage tags.

f. Penlight (1).

g. Medical protocols (1).

5. Dressing and supplies.

a. First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part (1).

b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (four).

c. 4" x 4" gauze pads, sterile and individually wrapped (24).

d. Occlusive dressings, sterile 3" x 8" or larger (4).

e. Roller or conforming gauze of assorted widths (12).

f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).

g. Medical adhesive tape, rolls of 1" and 2" (4).

h. Trauma scissors (1).

i. Alcohol preps (12).

j. Emesis basin containers or equivalents (2).

k. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (4).

l. Oral glucose (2).

6. Obstetrical kit (2). It must contain the following:

a. Pairs of sterile surgical gloves (2).

b. Scissors or other cutting instrument (1).

c. Umbilical cord ties (10" long) or disposable cord clamps (4).

d. Sanitary pads (1).

e. Cloth or disposable hand towels (2).

f. Soft-tipped bulb syringe (1).

7. Personal protection equipment.

a. Waterless antiseptic hand wash (1).

b. Exam gloves, nonsterile, pairs in sizes small though extra large (10 each).

c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style (4).

d. Face shield or eyewear (4).

e. Infectious waste trash bags (4).

8. Linen and bedding.

a. Towels, cloth (2).

b. Pillows (2).

c. Pillow cases (2).

d. Sheets (4).

e. Blankets (2).

f. Male urinal (1).

g. Bedpan with toilet paper (1).

9. Splints and immobilization devices.

a. Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric (3 each). If adjustable type collars are used, then a minimum of three are sufficient.

b. Traction splint with ankle hitch and stand in adult and pediatric size (1 each) or an equivalent traction splint device capable of adult and pediatric application.

c. Padded board splints or equivalent for splinting fractures of the upper extremities (2).

d. Padded board splints or equivalent for splinting fractures of the lower extremities (2).

e. Long spine boards 16" x 72" minimum size with at least four appropriate restraint straps, cravats, or equivalent restraint devices for each spine board (2).

f. Short spine board 16" x 34" minimum size or equivalent spinal immobilization devices (1).

g. Pediatric immobilization device (1).

h. Cervical immobilization devices (i.e., set of foam blocks, towels or other approved materials) (2).

10. Safety equipment.

a. Wheeled ambulance cot with a minimum 350 lb. capacity, three restraint straps, and the manufacturer-approved vehicle mounting device (1).

b. "D" cell battery or larger flashlight (2).

c. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One must be accessible to the patient compartment (2).

d. Safety apparel (2).

e. Sharps container, mounted or commercially secured (1).

f. "No Smoking" sign located in the patient compartment (1).

11. Tools and hazard warning devices.

a. Adjustable wrench, 10" (1).

b. Screwdriver, regular #1 size blade (1).

c. Screwdriver, Phillips #1 size blade (1).

d. Spring loaded center punch (1).

e. Hazard warning device (i.e., reflective cone, triangle, or approved equivalent) (3 total).

f. Current USDOT approved Emergency Response Guidebook (1).

C. A neonatal ambulance shall carry the following:

1. Basic life support equipment.

a. Pocket mask or disposable airway barrier device with one-way valve (2).

b. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (2 each).

c. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).

d. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult size (1).

e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in child size with transparent masks in child size (1).

f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (1).

2. Oxygen apparatus.

a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).

b. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 30 minutes. This unit must be capable of

being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device (1).

c. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (4 each).

d. Oxygen nasal cannula in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (4 each).

3. Suction apparatus.

a. Battery-powered portable suction apparatus. A manually powered device does not meet this requirement (1).

b. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation (1).

c. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2 each).

4. Patient assessment equipment.

a. Stethoscope in adult size (1).

b. Stethoscope in pediatric size (1).

c. Stethoscopes in infant and neonate sizes (2 each).

d. Sphygmomanometer in child, adult, and large adult sizes (1 each).

e. Sphygmomanometer in infant size (2).

5. Dressing and supplies.

a. First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part (1).

b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (4).

c. 4" x 4" gauze pads, sterile and individually wrapped (24).

d. Occlusive dressings, sterile 3" x 8" or larger (4).

e. Roller or conforming gauze of assorted widths (12).

f. Medical adhesive tape, rolls of 1" and 2" (4).

g. Trauma scissors (1).

h. Alcohol preps (12).

i. Emesis basin containers or equivalents (2).

j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (4).

6. Obstetrical kit (2). It must contain the following:

a. Pairs of sterile surgical gloves (2).

b. Scissors or other cutting instrument (1).

c. Umbilical cord ties (10" long) or disposable cord clamps (4).

d. Sanitary pads (1).

e. Cloth or disposable hand towels (2).

f. Soft-tipped bulb syringe (1).

7. Personal protection equipment.

a. Waterless antiseptic hand wash (1).

b. Exam gloves, nonsterile, pairs in sizes small though extra large (10 each).

c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style (4).

d. Face shield or eyewear (4).

e. Infectious waste trash bags (4).

8. Linen and bedding.

a. Towels, cloth (2).

b. Sheets (4).

c. Blankets (2).

9. Splints and immobilization devices.

a. Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric (2 each). If adjustable type collars are used, then a minimum of three are sufficient.

b. Pediatric immobilization device (1).

10. Safety equipment.

a. "D" cell battery or larger flashlight (2).

b. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One must be accessible to the patient compartment (2).

c. Safety apparel (2).

d. Sharps container, mounted or commercially secured (1).

e. "No Smoking" sign located in the patient compartment (1).

11. Tools and hazard warning devices.

a. Adjustable wrench, 10" (1).

b. Screwdriver, regular #1 size blade (1).

c. Screwdriver, Phillips #1 size blade (1).

d. Spring loaded center punch (1).

e. Hazard warning devices (reflective cone, triangle or approved equivalent) (3 each).

f. Current USDOT approved Emergency Response Guidebook (1).

D. Advanced life support equipment package.

1. EMT-Enhanced package.

a. Drug kit with all controlled drugs authorized for use by the EMS agency's EMT-Enhanced personnel and other appropriately certified advanced level personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1).

b. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery devices and supplies as specified by the agency OMD (1).

2. Advanced-EMT/Intermediate/Paramedic package.

a. Electrocardiogram (ECG) monitor and manual defibrillator capable of synchronized cardioversion and noninvasive external pacing with capability for monitoring and defibrillating adult and pediatric patients (1).

b. ECG monitoring electrodes in adult and pediatric sizes as required by device used. (2 sets each).

c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (2 sets each).

d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, Intermediate, Paramedic and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1).

e. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery devices and supplies as specified by the agency OMD (1).

f. Pediatric assessment guides.

3. Neonatal ambulance.

a. ECG monitor and manual defibrillator capable of synchronized cardioversion and noninvasive external pacing with capability for monitoring and defibrillating adult and pediatric patients (1).

b. ECG monitoring electrodes in infant size as required by device used (2 sets).

c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (2 sets each).

d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, Intermediate, Paramedic and other authorized licensed personnel. The drug kit may

contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1).

e. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery devices and supplies as specified by the agency OMD (1).

4. Advanced airway equipment (EMT-Enhanced, Advanced EMT, Intermediate/Paramedic package).

a. Secondary airway device (e.g., combitube type or supra-glottic devices) or laryngeal mask airway (LMA) (one).

b. Intubation kit to include all of the following items as indicated:

(1) Laryngoscope handle with two sets of batteries, adult and pediatric blades in sizes 0-4 (1 set each).

(2) Magill forceps in adult and pediatric sizes (1 each).

(3) Single use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, and 2.5m or equivalent sizes (2 each).

(4) Rigid adult stylettes (2).

(5) 10 cc disposable syringes (2).

(6) 5 ml of water soluble surgical lubricant (1).

(7) Secondary confirmation device such as esophageal detection devices, colorimetric evaluation devices, or equivalent (2).

5. Advanced airway neonatal equipment. Intubation kit to include all of the following items as indicated:

a. Laryngoscope handle with two sets of batteries, blades in sizes 0-1 (1 set each).

b. Single-use disposable endotracheal tubes in sizes 4.0, 3.0, and 2.5mm or equivalent sizes (2 each).

c. 10 cc disposable syringes (2).

d. 5 ml of water soluble surgical lubricant (1).

e. Secondary confirmation device such as esophageal detection devices, colorimetric evaluation devices, or equivalent (2).

Article 4

Air Medical Regulations, Rotor and Fixed Wing Operations

12VAC5-31-870. Application for agency licensure.

A. General provisions. Air medial public service agencies will meet or exceed Federal Aviation Regulations, 14 CFR Part 91, and commercial operators will meet or exceed 14 CFR Part 135.

B. Interruption of service (rotor wing only). The air medical service shall notify the Office of EMS of temporary discontinuation of service from any base expected to last 24 hours or greater.

12VAC5-31-875. Operations and safety.

Operational policies must be present to address the following areas pursuant to medical flight personnel:

1. Hearing protection.

2. Protective clothing and dress codes relative to:

   a. Mission type; and

   b. Infection control.

3. Flight status during pregnancy.

4. Flight status during acute illness.

5. Flight status while taking medications.

12VAC5-31-880. Air medical service personnel classifications.

Air medical service personnel classifications are as follows:

1. Air medical crew (rotary).

   a. A pilot-in-command in accordance with current Federal Aviation Administration (FAA) requirements.

   b. An attendant-in-charge shall be an air medical specialist who must be one of the following:

   (1) Physician;

(2) Registered nurse or physician assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent training as identified in 12VAC5-31-885;

(3) Paramedic, certified for a minimum of two years with specialized air medical training; or

(4) Other health care personnel with equivalent training or experience as approved by the Office of EMS.

c. An attendant shall have specialized air training as identified in 12VAC5-31-885.

2. Air medical crew (fixed wing).

a. A pilot-in-command in accordance with current FAA requirements.

b. An attendant-in-charge shall be an air medical specialist who shall be one of the following:

(1) A physician;

(2) A registered nurse or physician assistant licensed for a minimum of two years with specialized air medical training;

(3) An emergency medical technician certified for a minimum of two years with specialized air medical training; or

(4) Any other health care personnel with equivalent training or experience as approved by the Office of EMS.

c. An attendant shall be a Paramedic or an equivalent approved by the Office of EMS.

3. Specialty care mission providers.

a. The agency shall have in place policies that identify the crew composition for each specialty mission type that it is willing to perform and are consistent with industry standards. These policies shall be approved by the agency OMD and have a method of continuously monitoring adherence to those policies.

b. The specialty care team must minimally consist of a physician, registered nurse or other specialists as the primary caregiver whose expertise must be consistent with the needs of the patient, per the agency's policy required in subdivision 3 a of this section.

c. All specialty care team members must have received an orientation to the air medical service that includes (i) in-flight treatment protocols, (ii) general aircraft safety and emergency procedures, (iii) operational policies, (iv) infection control, and (v) altitude physiology annually.

d. Specialty care mission personnel must be accompanied by at least one regularly scheduled air medical staff member of the air medical service.

4. Staffing for specific mission types.

a. Prehospital scene responses - consists of the pilot-in-command, attendant-in-charge who shall be a Paramedic and an attendant.

b. Inter-facility transports.

(1) ALS - consists of the pilot-in-command, attendant-in-charge, and an attendant.

(2) For fixed wing, the attendant may be a BLS provider.

(3) Critical care - consists of the pilot-in-command, attendant-in-charge, and an attendant. A member of the medical crew shall be a physician, physician assistant, or a registered nurse.

12VAC5-31-885. Training.

A. The air medical agency shall have a planned and structured program in which all medical transport personnel must participate. Competency and currency must be ensured and documented through relevant continuing education programs or certification programs listed in this section. Training and continuing education programs will be guided by each air medical transport service's mission statement and medical direction. Measurable objectives shall be developed and documented for each experience.

B. Pilot initial training requirements. In addition to FAA requirements pilots must have the following:

1. Orientation to the hospital or health care system associated with the air medical service.

2. Orientation to infection control, medical systems installed on the aircraft, and patient loading and unloading procedures.

3. Orientation to the EMS and public service agencies unique to the specific coverage area (fixed wing excluded).

C. Registered nurse training requirements.

1. Valid unrestricted license to practice nursing in Virginia.

2. Cardio-Pulmonary Resuscitation (CPR) - documented evidence of current CPR certification according to the American Heart Association (AHA) standards or equivalent as approved by OEMS.

3. Advanced Cardiac Life Support (ACLS) - documented evidence of current ACLS according to the AHA or equivalent as approved by OEMS.

4. Pediatric Advanced Life Support (PALS) - documented evidence of current PALS or equivalent education.

5. Neonatal Resuscitation Program (NRP) - documented evidence of current NRP according to the AHA or American Academy of Pediatrics (AAP) or equivalent education within one year of hire. (fixed wing, mission specific).

6. EMT or equivalent education within six months of hire (fixed wing excluded).

D. Paramedic training requirements.

1. Valid Virginia Paramedic certification.

2. CPR - documented evidence of current CPR certification according to the AHA standards or equivalent as approved by OEMS.

3. ACLS - documented evidence of current ACLS certification according to the AHA or equivalent as approved by OEMS.

4. PALS - documented evidence of current PALS or equivalent education.

5. NRP - documented evidence of current NRP according to the AHA or AAP or equivalent education. (fixed wing, mission specific).

E. Minimum initial training for air medical crew members.

1. Didactic component of initial education - shall be specific for the mission statement and scope of care of the medical transport service. Measurable objectives shall be developed and documented for each experience by the program.

Minimum training for all air medical crew members, including the OMD, shall include:

a. Altitude physiology and stressors of flight.

b. Air medical resource management.

c. Aviation - aircraft orientation, safety, in-flight procedures, and general aircraft safety including depressurization procedures for fixed wing.

d. Cardiology.

e. Disaster and triage.

f. EMS radio communications.

g. Hazardous materials recognition and response.

h. External pacemakers, automatic implantable cardiac defibrillator (AICD), and central lines.

i. High risk obstetric emergencies (bleeding, medical, trauma).

j. Infection control.

k. Mechanical ventilation and respiratory physiology for adult, pediatric, and neonatal patients as it relates to the mission statement and scope of care of the medical transport service specific to the equipment.

l. Metabolic or endocrine emergencies.

m. Multi-trauma (adult trauma and burns).

n. Neuro.

o. Pediatric medical emergencies.

p. Pediatric trauma.

q. Pharmacology (specialty application).

r. Quality management - didactic education that supports the medical transport services mission statement and scope of care of the medical transport service.

s. Respiratory emergencies.

t. Scene management, rescue and extrication.

u. Survival training.

v. Toxicology.

2. Additional training for critical care air medical crew members, including paramedics, RNs, MDs, and the air medical services OMD shall include within their mission profile:

a. Hemodynamic monitoring.

b. Intra-aortic balloon pump.

c. Pulmonary and arterial catheters.

d. Ventricular assist devices.

e. Extracorporeal membrane oxygenation (ECMO).

3. Clinical component of initial education. Clinical experiences shall include the following points (experiences shall be specific to the mission statement and scope of care of the medical transport service). Measurable objectives shall be developed and documented for each experience listed below reflecting hands-on experience versus observation only (fixed wing excluded).

a. Advanced airway management.

b. Basic care for pediatrics, neonatal and obstetrics.

c. Critical care.

d. Emergency care.

e. Invasive procedures on mannequin equivalent for practicing invasive procedures.

f. Pediatric critical care.

g. Prehospital care.

4. Annual continuing education requirements. Continuing education or staff development programs shall include reviews or updates for all air medical crew members and the agency OMD on the following areas:

a. Aviation safety issues.

b. Altitude physiology.

c. Air medical resource management.

d. Hazardous materials recognition and response.

e. Invasive procedures labs.

f. Management of emergency or critical care adults, pediatric, and neonatal patients (medical and trauma).

g. Survival training.

12VAC5-31-890. Equipment.

A. Aircraft equipment.

1. General aircraft inspection requirements.

a. Current FAA documented compliance.

b. Current EMS permit posted.

c. Interior and supplies clean and sanitary.

d. Exterior clean.

e. Equipment in good working order.

f. Current USDOT Emergency Response Book.

2. Aircraft warning devices.

180 degree controllable searchlight 400,000 candle power (fixed wing excluded).

3. Design and dimensions.

a. All interior edges and corners padded.

b. Surfaces easily cleaned and nonstainable.

c. Security restraints for stretcher to aircraft.

d. Climate controlled environment for operator and patient care compartments.

e. The service's mission and ability to transport two or more patients shall not compromise the airway or stabilization or the ability to perform emergency procedures on any on-board patient.

4. Aircraft markings.

a. Lettering is minimum three inches in height.

b. Name of agency aircraft is permitted on both sides, three inches in height, contrasting color.

5. Aircraft communications.

a. The aircraft shall be equipped with a functioning emergency locator transmitter (ELT).

b. Attendant-in-charge to medical control (fixed wing excluded).

c. Patient compartment to pilot.

d. The pilot must be able to control and override radio transmissions from the cockpit in the event of an emergency situation.

e. The flight crew must be able to communicate internally.

f. Cellular phones may not be used to satisfy these requirements.

6. Aircraft safety equipment.

a. Head strike envelope - Helmets shall be worn by all routine flight crews and scheduled specialty teams.

b. Seatbelts for all occupants.

c. Flashlight.

d. Fire extinguisher mounted in a quick release bracket or other FAA approved fire suppression system.

e. All items secured to prevent movement while the air ambulance is in motion.

f. "No Smoking" sign posted.

g. The aircraft shall be equipped with survival gear specific to the coverage area and the number of occupants.

h. Survival kit to include signaling capabilities and shelter.

i. Safety apparel. (3 minimum)

j. All items shall be capable of being secured.

B. Medical equipment. Any in-service air ambulance shall be configured in such a way that the medical transport personnel can provide patient care consistent with the mission statement and scope of care of the medical transport service.

1. General patient care equipment.

a. A minimum of one stretcher shall be provided that can be carried to the patient and properly secured to the aircraft as defined in FAR 27.785.

(1) The stretcher shall be age appropriate and full length in the supine position.

(2) The stretcher shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available. (1)

(3) The head of the stretcher shall be capable of being elevated for patient care and comfort.

b. Biohazard container for contaminated sharp objects (ALS), secured or mounted. (1)

c. Waterless antiseptic hand wash. (1)

d. Exam gloves, nonsterile, pairs in sizes small through extra large (small, medium, large, and extra large), if not one size fits all. (5)

e. Face shield or eyewear. (2)

f. Infectious waste trash bags. (2)

g. Linen: towels, blankets, and sheets. (2 each)

2. Basic life support air ambulance equipment requirements.

a. Roller or conforming gauze of assorted widths. (12)

b. Medical adhesive tape, rolls of 1" and 2". (4)

c. Trauma scissors. (1)

d. Trauma dressings, minimum of 8" x 10"-5/8 ply, sterile, individually wrapped. (2)

e. Sterile 4" x 4" gauze pads, individually wrapped. (10)

f. Occlusive dressings, sterile 3" x 8" or larger. (2)

g. Oropharyngeal airways, one of each sizes 0-5 wrapped or in closed container. (1 set)

h. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant. (1 set)

i. Bag valve mask with oxygen attachment, adult size, with transparent mask. (1)

j. Bag valve mask with oxygen attachment, child size, with transparent mask. (1)

k. BVM infant mask. (1)

l. Pocket mask. (1)

m. Portable O_2 unit containing a quantity of oxygen sufficient to supply the patient at the appropriate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 15 minutes. The unit must be manually controlled and have an approved flow meter.

n. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the approximate flow rate for the period of time it is anticipated oxygen will be needed, but not less than 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single use humidification device.

o. O_2 high concentrate mask and cannula, child and adult. (2 each)

p. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation. (1)

q. Battery powered portable suction apparatus. A manually powered device does not meet this requirement. (1)

r. Suction catheters, wrapped, rigid tonsil tip, FR18, FR14, FR8 and FR6. (2 each)

s. Stethoscope, adult, and pediatric sizes. (1 each)

t. BP cuff, pediatric, adult, and large adult. (1 each)

u. Obstetrics kit containing sterile surgical gloves (2 pair), scissors or other cutting instrument (1), umbilical cord ties (10" long) or disposable cord clamps (4), sanitary pad (1), cloth or disposable hand towels (2), and soft tip bulb syringe (1).

v. Emesis basin or equivalent container. (2)

w. Removable stretcher or spine board with a minimum of 3 restraint straps and manufacturer approved aircraft mounting device. (1)

x. Rigid cervical collars in small adult, medium adult, large adult, and pediatric sizes (1 each). If adjustable adult collars are utilized, a minimum of three.

y. Cervical immobilization device. (1)

z. Pediatric immobilization device. (1)

aa. Immobilization devices for upper and lower extremities. (1 each)

bb. First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part. (1)

3. Advanced life support air ambulance equipment requirements.

a. A drug kit with controlled medications authorized by the agency's OMD for use by paramedic personnel. (1)

b. Lockable storage for drug kit and supplies.

c. All drugs shall be in date.

d. Intubation kit with two sets of batteries, adult and pediatric blades and handles (sizes 0-4) (1 set), Magill forceps in adult and pediatric sizes (1 each), disposable tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, 2.5, or equivalent (2 each), rigid adult stylettes (2 each), 10cc disposable syringe (2), and 5ml of water soluble lubricant (1).

e. There shall be an approved secondary airway device as prescribed by the agency's OMD. (1)

f. Assorted IV, IM, subcutaneous, and other drug and IV fluid administration delivery devices and supplies as specified by agency's OMD.

g. IV infusion pump. (1)

h. Defibrillator, cardioversion and external pacing capable. (1)

i. EKG monitor. (1)

j. Monitor electrodes, with adult and pediatric defibrillation pads. (2 each)

k. Adult and pediatric external pacing pads. (2 each)

l. Noninvasive blood pressure monitoring device capable of adult and pediatric use. (1)

m. Continuous end tidal CO_2 monitoring device. (1)

n. Pulse oximetry monitoring device. (1)

4. Critical care package air ambulance equipment requirements. Items listed are in addition to the air ambulance ALS package.

a. Invasive pressure monitoring equipment. (1)

b. Internal pacemaker and pulse generator immediately available. (1)

c. Ventilator as appropriate for mission.

d. IV infusion pumps. (2)

Article 5

EMS Personnel Requirements and Standard of Conduct

12VAC5-31-900. General requirements.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel who are less than 16 years of age. This person is not allowed to participate in any EMS response or other activity that may involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.)

2. Be clean and neat in appearance;

3. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms.

4. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and communicate independently to perform appropriate patient care, physical assessments and treatments without the need for an assistant.

5. Provide to the Office of EMS within 15 days, any change in contact information to include mailing address, electronic notification such as email, or telephone number.

12VAC5-31-910. Criminal or enforcement history.

A. General denial. Application for or certification of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases:

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

2. Felonies involving the sexual or physical abuse of children, the elderly or the 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, or assault on an elderly or infirm person.

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

4. 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.

5. Has been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

B. Presumptive denial. Application for or current certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant or provider establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

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

2. Application for or certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction or five years have passed since release from custodial confinement whichever occurs later:

a. Crimes involving controlled substances or synthetics, including unlawful possession or distribution or intent to distribute unlawfully Schedule I through V drugs as defined by the Virginia Drug Control Act (§ 54.1-3400 seq. of the Code of Virginia).

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

c. Any other crime involving sexual misconduct.

3. Is currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

C. Permitted vehicle operations. Agencies are responsible for the monitoring of compliance with all driving criteria set forth in these regulations.

1. Personnel operating OEMS permitted vehicles shall posses a valid operator's or driver's license from his state of residence.

2. Personnel operating OEMS permitted vehicles shall not have been convicted on any charge as described in subsections A and B of this section.

3. Personnel who as the proximate result of having operated an OEMS permitted vehicle are (i) convicted of driving under the influence of alcohol or drugs or (ii) sentenced or assigned to any alcohol safety action program or any driver alcohol rehabilitation program pursuant to the Code of Virginia shall be prohibited from operating any OEMS permitted vehicle. Personnel or agencies shall be required to report these situations to OEMS.

4. Agencies shall develop and maintain policies that address driver eligibility, record review, and vehicle operation. Such policies must minimally address:

a. Driving education or training required for personnel to include information on the agency's policy content;

b. Safe operation of vehicles;

c. Agency driving record review procedures;

d. Requirement for immediate agency notification by personnel regarding any convictions, regardless of the state where an infraction occurred or changes to his operator's or driver's license. The immediate agency notification shall be defined as no more than 10 calendar days following the conviction date; and

e. Identification of internal mechanisms regarding agency level actions for driver penalties (i.e., probation or suspension of driving privileges).

D. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.

E. Agencies shall submit a report regarding items in this section to OEMS upon request.

12VAC5-31-920. [Reserved]

12VAC5-31-930. State and federal law compliance.

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

12VAC5-31-940. Drugs and substance abuse.

A. EMS personnel may not be under the influence of any drugs or intoxicating substances that impairs their ability to provide patient care or operate a motor vehicle while on duty or when responding or assisting in the care of a patient.

B. The EMS agency shall have a drug and substance abuse policy which includes a process for testing for drugs or intoxicating substances.

12VAC5-31-950. Disclosure of patient information.

EMS personnel may not share or disclose medical information concerning the names, treatments, conditions or medical history of patients treated. This information must be maintained as confidential, except:

1. To provide a copy of the prehospital patient care report completed by the attendant-in-charge to the receiving facility for each patient treated or transported;

2. To provide a copy of the prehospital patient care report completed by the attendant-in-charge for each patient treated to the agency that responds and transports the patients. The prehospital patient care report copy shall be released to the transporting agency upon request

after the patient transport to complete the transporting agency's records of all care provided to the patients transported;

3. To provide for the continuing medical care of the patient;

4. To the extent necessary and authorized by the patient or his representative in order to collect insurance payments due;

5. To provide continuing medical education of EMS personnel who provide the care or assistance when patient identifiers have been removed; or

6. To assist investigations conducted by the board, department or Office of EMS.

12VAC5-31-960. Misrepresentation of qualifications.

EMS personnel shall not misrepresent themselves as authorized to perform a level of care for which they are not currently qualified, licensed or certified. This requirement does not prohibit the performance of patient care by students currently enrolled in a training program when properly supervised as required by these regulations.

12VAC5-31-970. Interference or obstruction of investigation.

Any EMS agency, personnel, or entity who attempts knowingly or willfully to interfere or obstruct an Office of EMS investigation may be subject to enforcement action.

12VAC5-31-980. False application for license, permit, certificate, endorsement or designation.

EMS personnel may not obtain or aid another person in obtaining agency licensure, vehicle permitting, certification, endorsement or designation through fraud, deceit, forgery or deliberate misrepresentation or falsification of information.

12VAC5-31-990. False statements or submissions.

EMS personnel may not make false statements, misrepresentations, file false credentials or willfully conceal material information to the board, the department, or the Office of EMS regarding application for agency licensure, vehicle permitting, certification, endorsement or designation or in connection with an investigation conducted by the board, the department or the Office of EMS.

12VAC5-31-1000. Falsification of materials.

EMS personnel may not willfully alter or change the appearance or wording of any license, permit, certificate, endorsement, designation, prehospital patient care report, official agency documents, or any forms submitted to the Office of EMS.

12VAC5-31-1010. Misappropriation or theft of drugs.

EMS personnel may not possess, remove, use or administer any controlled substances, drug delivery devices or other regulated medical devices from any EMS agency, EMS vehicle, health care facility, academic institution or other location without proper authorization.

12VAC5-31-1020. Discrimination in provision of care.

EMS personnel may not discriminate in the provision of emergency medical services based on race, gender, religion, age, national origin, medical condition or any other reason.

12VAC5-31-1030. Sexual harassment.

EMS personnel may not engage in sexual harassment. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of:

1. The provision or denial of emergency medical care to a patient;

2. The provision or denial of employment or course advancement;

3. The provision or denial of promotions to a coworker;

4. For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or student or unreasonably interfering with a patient's ability to recover; or

5. For the purpose or effect of creating an intimidating, hostile or offensive classroom or working environment or unreasonably interfering with a coworker's or student's ability to perform his work.

12VAC5-31-1040. Operational medical director authorization to practice.

A. EMS personnel as defined in § 54.1-3408 of the Code of Virginia may only provide emergency medical care while acting under the authority of the operational medical director for the EMS agency for which they are affiliated and within the scope of the EMS agency license. Privileges to practice must be on the agency's official stationery or indicated in the agency records which are signed and dated by the OMD.

B. Agencies shall establish a written policy that identifies the selection, response criteria, utilization, and approval process for (i) EMS personnel to carry and administer an epinephrine auto injector or medically accepted equivalent for emergency cases of anaphylactic shock, and (ii) the possession and administration of oxygen carried on personally owned vehicles (POV). The policy shall also include:

1. Annual approval and authorization by EMS agency and OMD.

2. Drug storage criteria to include:

a. Compliance with all applicable temperature requirements specified by the Virginia Board of Pharmacy.

b. Requirements that describe how the cylinder or device is to be secured in a manner to prevent any free movement within the occupant or storage compartment of the vehicle.

c. Evidence of approval by personal vehicle insurance carrier must be on file with EMS agency for all EMS personnel authorized to carry oxygen on personally owned vehicles.

3. The personal vehicle utilized to carry oxygen may be subject to inspection by the Office of EMS.

12VAC5-31-1050. Scope of practice.

EMS personnel shall only perform those procedures, skills, or techniques for which he is currently licensed or certified, provided that he is acting in accordance with local medical treatment protocols and medical direction provided by the OMD of the licensed EMS agency with which he is affiliated

and within the scope of the EMS agency licenses as authorized in the Emergency Medical Services Procedures and Medications Schedule as approved by the board.

12VAC5-31-1060. (Repealed.)

12VAC5-31-1070. Extraordinary care outside of protocols.

In the event of an immediate threat to loss of life or limb, medical control may authorize an EMS provider with specific training to provide care not authorized under existing protocol. The circumstances must be documented on the patient care report.

12VAC5-31-1080. Inability to carry out medical control orders.

In the following circumstances, EMS personnel may refuse to perform specific procedures or treatments, provided medical control is informed of the refusal and the refusal of care is documented on the prehospital patient care report:

1. If not adequately trained and proficient to perform the procedure;

2. If the procedure is not fully understood; or

3. If the procedure is judged not to be in the best interests of the patient.

12VAC5-31-1090. Refusal of care.

A decision not to treat or transport a patient shall be fully documented on the prehospital patient care report.

12VAC5-31-1100. Consent or refusal.

A. Whenever care is rendered without first obtaining consent, the circumstances shall be documented on the prehospital patient care report.

B. Refusal of care must be obtained and documented on the prehospital patient care report.

12VAC5-31-1110. Transfer of patient care/patient abandonment.

EMS personnel may not leave a patient in need of emergency medical care without first providing for a level of care capable of meeting the assessed and documented needs of the patient's condition is present and available or a refusal is obtained.

12VAC5-31-1120. Provider disagreement over patient's needs.

In the event that responding EMS personnel at the scene of a medical emergency have made differing assessments as to a patient's treatment needs or transport destination, medical control shall be contacted to resolve the conflict.

12VAC5-31-1130. Attending of the patient during transports.

During transportation, the patient shall be attended in the patient compartment of the vehicle by the required attendant-in-charge. Where additional attendants are required by these regulations, they must attend the patient in the patient compartment of the vehicle during transportation unless otherwise allowed.

12VAC5-31-1140. Provision of patient care documentation.

A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated at the time of patient transfer. Should EMS personnel be unable to provide the full prehospital patient care report at the time of patient transfer, EMS personnel shall provide an abbreviated documented report with the critical EMS findings and actions at the time of patient transfer and the full prehospital patient care report shall be provided to the accepting facility within 12 hours.

12VAC5-31-1150. Emergency operation of EMS vehicle.

EMS personnel are only authorized to operate an EMS vehicle under emergency conditions, as allowed by § 46.2-920 of the Code of Virginia:

1. When responding to medical emergencies for which they have been dispatched or have witnessed.

2. When transporting patients to a hospital or other medical clinic when the attendant-in-charge has determined that the patient's condition is unstable or life threatening.

12VAC5-31-1160. Provision of care by mutual aid.

EMS personnel who have not been specifically requested to respond to a call may assist a responding EMS agency at the scene of a medical emergency if the provider is licensed or certified to provide a level of care at the scene that is required to meet the assessed needs of the patient, and

1. A response obligation to locality or a mutual aid agreement exists between the provider's EMS agency and the responding EMS agency, or

2. Medical control shall be contacted to obtain approval to provide patient care as the AIC. If contact with medical control is not possible or would unduly delay the provision of care, then the EMS provider may proceed with the indicated treatment with approval of the responding EMS agency's personnel on the scene. In such event, the circumstances of the incident must be documented on the prehospital patient care report.

12VAC5-31-1165. EMS agency mutual aid response.

An EMS agency providing resources, certified personnel, permitted vehicles, or equipment as a result of an Emergency Management Assistance Compact (EMAC), Federal Emergency Management Agency (FEMA), or any other out-of-state mutual aid request shall notify OEMS upon commitment of requested resources. Notification by direct verbal communication shall be made to the local OEMS program representative.

12VAC5-31-1170. Provision of care by students.

A student enrolled in an approved EMS certification training program may perform the clinical skills and functions of EMS personnel who are certified at the level of the course of instruction while participating in clinical and field internship training as provided for in these regulations when:

1. The student is caring for patients in the affiliated hospitals or other facilities approved by the training program's PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of a preceptor who is a physician, physician assistant, nurse practitioner, registered nurse or an

EMS provider certified at or above the level of the training program. The affiliated hospital or facility must approve preceptors.

2. The student is caring for patients during a required course internship program with an EMS agency approved by the training program's PCD and EMS agency's OMD, provided that the related didactic subject matter and practical skills laboratory have been completed and the student is under direct supervision of and accompanied by an EMS provider certified at or above the level of the training program, or under the direct supervision of a licensed physician.

3. Nothing in subdivision 1 or 2 of this section removes the obligation of the supervising hospital, facility or licensed EMS agency for ultimate responsibility for provision of appropriate patient care during clinical or internship training.

4. Nothing in subdivision 1 or 2 of this section may be construed to authorize a noncertified or unlicensed individual to provide care outside of the approved supervised settings of the training program in which they are enrolled.

5. Nothing in subdivision 1 or 2 of this section may be construed to authorize a noncertified or unlicensed individual to provide care or to operate an emergency medical services vehicle in a county or municipality that has enacted an ordinance pursuant to § 32.1-111.14 A 8 of the Code of Virginia making it unlawful to do so.

12VAC5-31-1180. Adequate response staffing.

An EMS agency shall provide for an adequate number of trained or certified EMS personnel to perform all essential tasks necessary for provision of timely and appropriate patient care on all calls to which the EMS agency responds.

1. A responding EMS vehicle shall be staffed with the appropriately trained and qualified personnel to fulfill the staffing requirements for its vehicle classification. An operator may respond alone with an EMS vehicle to a medical emergency if the required EMS providers is known to be responding to the scene.

2. An EMS agency shall respond with a sufficient number of agency or mutual aid agency personnel to lift and move all patients who are in need of treatment or transport.

12VAC5-31-1190. Attendant-in-charge authorization.

An attendant-in-charge shall be authorized by the EMS agency's OMD to use all skills and equipment required for his level of certification and the type of transport to be performed.

12VAC5-31-1200. Minimum age of EMS vehicle personnel.

A. EMS personnel serving in a required staffing position on an EMS vehicle shall be at a minimum 18 years of age.

B. An EMS agency may allow assistants or observers in addition to the required personnel. An assistant or observer must be at a minimum 16 years of age.

12VAC5-31-1210. Nontransport response vehicle staffing.

At a minimum, one person may satisfy both of the following requirements:

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed an approved emergency vehicle operator's course (EVOC) training course or an equivalent.

2. Attendant-in-charge shall be currently certified as an EMS first responder, emergency medical responder, or emergency medical technician or an equivalent approved by the Office of EMS.

12VAC5-31-1220. Transfer of ALS package.

Advanced life support equipment may be transferred from one EMS vehicle to another EMS vehicle not otherwise equipped to provide the needed level of ALS. When this equipment is transferred, the EMS vehicle shall have required EMS personnel in compliance with these regulations.

12VAC5-31-1230. Ground ambulance staffing requirements.

A ground ambulance transport requires a minimum of two persons:

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed an approved Emergency Vehicle Operator's Course (EVOC) training course or an equivalent.

2. An attendant-in-charge who must meet the requirements listed for the type of transport to be performed.

12VAC5-31-1240. Basic life support vehicle transport.

During a basic life support transport, the attendant-in-charge must be certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12VAC5-31-1250. Advanced life support vehicle transport.

Advanced life support transport requirements:

1. A ground ambulance equipped with an ALS equipment package. An ALS equipment package may be transferred to a ground ambulance not otherwise equipped to provide the needed level of ALS patient care from another appropriately equipped EMS vehicle. This transfer must include all items required for the type of ALS equipment package that the attendant-in-charge is authorized to use.

2. The attendant-in-charge must be certified as an advanced life support level provider or an equivalent approved by the Office of EMS.

3. An attendant must be certified as an emergency medical technician or an equivalent approved by the Office of EMS in addition to the attendant-in-charge. The attendant must not serve as the attendant-in-charge. An operator may serve as the attendant if certified as an emergency medical technician or an equivalent approved by the Office of EMS.

4. An ALS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The extenuating circumstances of the call must be documented in writing. Based on extenuating circumstances and documentation, the EMS agency or the EMS provider may be subject to enforcement action.

12VAC5-31-1260. Supplemented transport requirements.

A. Supplemented transports require the following:

1. An ambulance equipped with an ALS intermediate/paramedic equipment package;

2. A determination by the sending physician that the patient's medically necessary care exceeds the scope of practice of available personnel certified at an advanced life support level or an equivalent approved by the Office of EMS; or

3. A determination by the sending physician that the specific equipment needed to care for the patient exceeds that required for a ground ambulance equipped with an ALS Advanced EMT/intermediate/paramedic equipment package.

B. An attendant-in-charge who must be a physician, registered nurse or physician assistant who is trained and experienced in the care and the equipment needed for the patient being transported.

C. An attendant who must be certified as an emergency medical technician or an equivalent approved by the Office of EMS in addition to the attendant-in-charge. The attendant must be a third person who is not the Operator.

D. An EMS agency requested to perform a supplemented transport, is responsible for the following:

1. Obtaining a written statement from the sending physician detailing the specific nature of the patient's medical condition and the medical equipment necessary for the transport. The written statement may be in the form of transport orders documented in the patient's medical record.

2. Verifying that the individual acting as attendant-in-charge for the transport is experienced in the patient care required and the operation of all equipment to be used for the patient to be transported.

An EMS agency requested to perform a supplemented transport shall refuse to perform the transport if compliance with the requirements of this section cannot be satisfied. Refusal to provide the transport must be documented by the EMS agency.

12VAC5-31-1270. Neonatal transport requirements.

A. If a ground ambulance is utilized to perform an interfacility neonatal transport, the vehicle must be equipped with the additional items listed in 12VAC5-31-860 C, D 3, and D 5 and staffed in compliance with this section.

B. A minimum of three persons is required:

1. An operator who at a minimum possesses a valid motor vehicle operator's permit issued by Virginia or another state, and who has successfully completed an approved emergency vehicle operator's course (EVOC) training course or an equivalent approved by the Office of EMS.

2. An attendant-in-charge who must be one of the following:

a. Physician;

b. Registered nurse or physician assistant, licensed for a minimum of two years, with specialized neonatal transport training; or

c. Other health care personnel with equivalent training or experience as approved by the Office of EMS.

3. An attendant. The operator, attendant-in-charge or attendant must be certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12VAC5-31-1280. (Repealed.)

12VAC5-31-1290. (Repealed.)

12VAC5-31-1300. (Repealed.)

Part III

EMS Education and Certification

Article 1

Certification Levels

12VAC5-31-1305. EMS First Responder (FR).

This section will expire on October 10, 2016.

The certification is issued for a period of four years from the end of the month of issuance.

12VAC5-31-1307. Emergency Medical Responder (EMR).

The certification is issued for a period of four years from the end of the month of issuance.

12VAC5-31-1310. (Repealed.)

12VAC5-31-1315. Emergency Medical Technician (EMT).

The certification is issued for a period of four years from the end of the month of issuance.

12VAC5-31-1320. (Repealed.)

12VAC5-31-1325. Emergency Medical Technician-Enhanced (EMT-E).

This section will expire on April 10, 2016.

A. The certification is issued for a period of three years from the end of the month of issuance.

B. An EMS provider who possesses a valid EMT-E certification is simultaneously issued an EMT certification for an additional two years after his EMT-E expiration.

12VAC5-31-1330. (Repealed.)

12VAC5-31-1335. Intermediate.

A. The certification is issued for a period of three years from the end of the month of issuance.

B. An EMS provider who possesses a valid Intermediate certification is simultaneously issued an EMT certification for an additional two years after his Intermediate expiration.

12VAC5-31-1337. Advanced Emergency Medical Technician (AEMT).

A. The certification is issued for a period of three years from the end of the month of issuance,

B. An EMS provider who possesses a valid AEMT certification is simultaneously issued an EMT certification for an additional two years after his Advanced AEMT expiration.

12VAC5-31-1340. (Repealed.)

12VAC5-31-1345. Paramedic.

A. The certification is issued for a period of three years from the end of the month of issuance.

B. An EMS provider who possesses a valid Paramedic certification is simultaneously issued an EMT certification for an additional two years after his Paramedic expiration.

12VAC5-31-1350. (Repealed.)

12VAC5-31-1355. Emergency Medical Technician instructor.

This section will expire on October 10, 2016.

A. The certification is valid for a period of two years from the end of the month of issuance.

B. An EMS provider who possesses a valid instructor certification is simultaneously issued an EMT certification valid for an additional two years after his instructor expiration.

12VAC5-31-1360. (Repealed.)

12VAC5-31-1365. Advanced Life Support coordinator.

The certification is valid for a period of two years from the end of the month of issuance.

12VAC5-31-1370. (Repealed.)

12VAC5-31-1375. EMS education coordinator.

The certification is valid for a period of three years from the end of the month of issuance.

12VAC5-31-1380. (Repealed.)

Article 2

Certification Process and Practice

12VAC5-31-1385. Certification periods.

An EMS certification is valid for the prescribed period as defined in Article 1 of this part for each level of certification unless suspended or revoked by the commissioner.

12VAC5-31-1387. Virginia EMS certification is required to practice.

In order to function as an EMS provider in the Commonwealth of Virginia, providers must hold a valid certification as issued by the commissioner and as defined in 12VAC5-31-1040.

12VAC5-31-1389. Initial course certification.

A. Candidates must successfully complete an approved Virginia certification course to be eligible for the certification examination.

B. Candidates must then successfully complete the certification examination to receive Virginia certification at the level for which the course is approved.

12VAC5-31-1390. (Repealed.)

12VAC5-31-1391. Certification through reciprocity.

A person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia has a formal written agreement of reciprocity or possessing a National Registry certification at the EMR, EMT, Advanced EMT, Intermediate 99 or Paramedic level shall apply to the commissioner for reciprocity upon demonstration of Virginia residency, Virginia EMS agency affiliation, or a recognized need for Virginia EMS certification and demonstrate as defined by the Office of EMS eligibility for certification at the level sought in Virginia from the state in which the same level training program was held.

12VAC5-31-1393. Certification through legal recognition.

A person holding valid EMS certification from another state or a recognized EMS certifying body who does not meet the criteria in 12VAC5-31-1391 shall apply to the commissioner for legal recognition upon demonstration of Virginia residency, Virginia EMS agency affiliation, or a recognized need for Virginia EMS certification. Legal recognition may be issued for a period of one year or the duration of his current certification, whichever is shorter. Legal recognition is not available for any Virginia certification level if the Board of Health has determined that no equivalent exists at the level requested.

12VAC5-31-1395. EMT certification challenge.

A practical nurse, registered nurse to include those recognized through the Nurse Licensure Compact (§ 54.1-3030 et seq. of the Code of Virginia), physician assistant, dentist, or chiropractor who holds a current license to practice in Virginia; military corpsman with current credentials; and

third or fourth year medical students shall apply to the commissioner for authorization to challenge at the EMT level. Upon completing the requirements for the EMT recertification and receiving notification of testing eligibility the candidate must complete the written and practical examination. Examination waivers are not allowed.

12VAC5-31-1400. (Repealed.)

12VAC5-31-1401. General recertification requirements.

A. An EMS provider requesting recertification must complete the continuing education hour requirements, as identified in 12VAC5-31-1403, for the level at which the EMS provider is requesting to be recertified. The Office of EMS must receive documentation of the EMS provider's completion of continuing education within the issued certification period for the provider to maintain a current certification.

B. An EMS provider under legal recognition pursuant to 12VAC5-31-1393 must recertify by passing a Virginia written and practical EMS certification examination.

12VAC5-31-1403. EMS provider recertification required.

A. Recertification of EMS credentials requires each individual to complete continuing education requirements as approved by the Board of Health and fulfill the recertification process before the expiration date of an applicable certification or reentry period.

B. The Board of Health will determine the continuing education hour and topic category requirements for each certification level.

C. Evidence of completion of the continuing education requirements must be received by the Office of EMS prior to the certification expiration.

12VAC5-31-1405. Documentation of continuing education (CE).

A. Continuing education credit is only awarded to courses announced to the Office of EMS in a format as approved by the Office of EMS prior to the course being conducted and other programs approved by the Office of EMS for award of CE.

B. Award of credit for attendance in a CE program shall be submitted in a format approved by the Office of EMS.

12VAC5-31-1407. Recertification through reentry.

A. Individuals whose certification has expired may regain certification through completion of the reentry program within two years of the specific certification's expiration date. To reenter the person must fulfill the requirements as applicable in this chapter including all required testing within the two-year reentry period.

B. Individuals failing to complete the reentry process by the end of the two-year period following certification expiration will be required to complete an initial training program for the level lost.

Article 3

Educational Programs and Management

12VAC5-31-1409. Course curriculum.

A. Course coordinators (EMT instructor, ALS coordinator, or EMS education coordinator) shall utilize curricula or educational standards authorized and approved by the Office of EMS when conducting EMS education programs.

B. CE topics must be submitted for review and approval in a format as approved by the Office of EMS.

12VAC5-31-1410. (Repealed.)

12VAC5-31-1411. BLS certification programs.

BLS certification programs authorized for issuance of certification in Virginia are:

1. EMS First Responder.
2. EMS First Responder Bridge to EMT.
3. Emergency Medical Responder (EMR).
4. Emergency Medical Responder Bridge to EMT.
5. Emergency Medical Technician (EMT).

12VAC5-31-1413. Advanced life support certification programs.

ALS certification programs authorized for issuance of certification in Virginia are:

1. EMT-Enhanced.
2. EMT -Enhanced Bridge to Intermediate.
3. Advanced EMT.
4. Advanced EMT Bridge to Intermediate.
5. Intermediate.
6. Intermediate Bridge to Paramedic.
7. Paramedic.
8. RN Bridge to Paramedic.

12VAC5-31-1415. Nationally recognized continuing education programs.

A. In order for a provider to receive continuing education in Virginia for an auxillary program, the national parent organization must be recognized by the Board of Health.

B. The instructor approved by the national parent organization referenced in subsection A of this section may award Category 1 continuing education credit for providers successfully completing an approved course. The instructor is not required to be an EMT instructor, ALS coordinator, or an EMS education coordinator in order to submit for course approval.

12VAC5-31-1417. Approved courses in cardio-pulmonary resuscitation.

A. Recognized programs for certification in cardiopulmonary resuscitation (CPR) for the purposes of testing for all certification levels are based upon programs approved by the Board of Health.

B. Completion of an approved course that tests the following skills is required:

1. One and two rescuer CPR - adult, child, infant resuscitation.
2. Complete airway obstruction - unconscious victim - adult, child, infant.
3. Complete airway obstruction - conscious victim - adult, child, infant.
4. Automated external defibrillation.

12VAC5-31-1419. Continuing education programs.

The programs must utilize the approved format for the corresponding level of certification as designed by the Office of EMS:

1. Category 1 (required) are topic areas that are required as part of the recertification criteria.

2. Category 2 (approved) are topic areas that support EMS activities.

3. Category 3 are topic areas that are delivered through a multimedia format as approved by the Board of Health.

12VAC5-31-1420. (Repealed.)

12VAC5-31-1421. Teaching materials and approved texts.

A. EMT instructor, ALS coordinator, or an EMS education coordinator shall use teaching materials and textbooks that reflect current EMS practices.

B. All textbooks and primary teaching materials utilized in a program shall be reviewed and receive written approval prior to the start of the program by the physician course director (PCD) or OMD and shall be maintained with other course records in accordance with the Virginia Public Records Act (Chapter 7 (§ 42.1-76 et seq.) of Title 42.1 of the Code of Virginia).

12VAC5-31-1423. Course announcement requirements.

A. BLS certification courses and continuing education programs that award Category 1 (required) continuing education credits shall be announced by an EMT instructor or EMS education coordinator. An EMT instructor or EMS education coordinator shall be present in the classroom at all times except:

1. In courses offered by the Office of EMS accredited programs, or

2. In BLS continuing education programs.

B. ALS certification courses and continuing education programs that award Category 1 (required) continuing education credits shall be announced by an ALS coordinator or EMS education coordinator.

12VAC5-31-1425. EMT instructor, ALS coordinator, or EMS education coordinator responsibilities as employee or contractor.

A. An EMT instructor, ALS coordinator, or EMS education coordinator conducting training programs as an employee or contractor for any other person as defined in § 1-230 of the Code of Virginia, whether or not for profit, shall retain responsibility for compliance with the Office of EMS regulations.

B. Any other person as defined in § 1-230 of the Code of Virginia who operates an organization for the purpose of providing an EMS training program that employs or contracts with an EMT instructor, ALS coordinator, or EMS education coordinator to conduct a training program may not vary from or direct the EMT instructor, ALS coordinator, or EMS education coordinator to vary from compliance with Office of EMS regulations.

12VAC5-31-1427. Course approval request submission.

A. An EMT instructor, ALS coordinator, or EMS education coordinator shall submit a course approval request in a format approved by the Board of Health prior to the beginning date of a certification or continuing education course.

1. Any approved course requesting funding through the EMS training fund requires that the course approval request and funding contract must be post marked or received, and date and time stamped, by the Office of EMS no less than 45 days prior to the begin date for the course.

2. Courses shall not start prior to receiving course number and topic or topics from the Office of EMS.

B. The EMT instructor, ALS coordinator, or EMS education coordinator shall use only those topic numbers assigned for the course as approved by the Office of EMS.

12VAC5-31-1429. Course approval request changes.

The course coordinator shall immediately notify the Office of EMS in writing of any changes in the information submitted on the Course Approval Request form.

12VAC5-31-1430. (Repealed.)

12VAC5-31-1431. Student course enrollment.

For courses leading to certification at a new or higher level, the EMT instructor, ALS coordinator, or EMS education coordinator shall have each student complete a "Virginia EMS Training Program Enrollment" form at the first meeting of the course.

1. These forms must be reviewed by the EMT instructor, ALS coordinator, or EMS education coordinator and submitted to the Office of EMS no later than five business days following the first meeting of the course.

2. Any student who starts the program at a later date shall complete an enrollment form the first date of attendance providing 15% or more of the entire course has not been completed.

12VAC5-31-1433. Instructor participation records.

The EMT instructor, ALS coordinator, or EMS education coordinator shall maintain the following information: instructor/provider level, subject taught, and participation of each certified EMT instructor, ALS course coordinator, EMS education coordinator, or other individual who instructs in the program.

12VAC5-31-1435. Student records for certification courses.

A. The EMT instructor, ALS coordinator, or EMS education coordinator shall maintain records of class dates, topics instructed, attendance and performance for all students attending a certification course.

B. Student records shall be maintained in accordance with the Virginia Public Records Act (Chapter 7 (§ 42.1-76 et seq.) of Title 42.1 of the Code of Virginia) from the end date of the program and shall include but not be limited to:

1. Signed student acknowledgment forms collected upon completion of review of the appropriate BLS or ALS enrollment requirements.

2. Student signed class rosters.

3. Scores on all course quizzes, exams, and other didactic knowledge or practical skill evaluations.

4. Skill proficiency records in a format as approved by the Office of EMS:

a. For BLS programs, BLS individual age and clinical and skill performance verification information in a format as approved by the Office of EMS.

b. For ALS coordinator or EMS education coordinator programs, on forms or documents as approved by the ALS coordinator, EMS education coordinator, or an accredited program.

5. All hospital or field internship activities including dates, locations, competencies performed, student evaluations, preceptor name and certification level as applicable.

6. All corrective or disciplinary actions taken during the training program to include dates, findings supporting the need for corrective or disciplinary action, and all applicable details of steps taken to determine the degree and nature of the actions taken.

7. Copy of the course student disposition report (CSDR).

8. All other records requested to be maintained by the PCD or OMD for the program.

9. Any other records or reports as required by the Office of EMS.

12VAC5-31-1437. Continuing education record submission.

The course coordinator shall submit the CE records in a format approved by the Office of EMS within 15 days of the student's attendance.

12VAC5-31-1439. Verification of student course completion.

Verification of student eligibility on the Course Student Disposition Record by the EMT instructor, ALS coordinator, or EMS education coordinator for certification testing requires that each student successfully complete a certification program that meets the competency and performance requirements contained within the applicable course requirements and all other guidelines and procedures for the course and state certification testing eligibility.

12VAC5-31-1440. (Repealed.)

12VAC5-31-1441. Communications with PCD or OMD.

A. The EMT instructor, ALS coordinator, or EMS education coordinator shall inform the PCD or OMD of the progress of the training program to include:

1. Any program schedule changes.

2. Individual student performances.

3. Any student or instructor complaints.

4. The general progress of program activities.

B. The EMT instructor, ALS coordinator, or EMS education coordinator will assist the PCD or OMD with fulfillment of their course duties as required by Office of EMS regulations.

12VAC5-31-1443. Alternative course presentation format.

EMS certification courses utilizing an approved alternative course presentation format using two-way video interactive technology shall comply with the following:

1. Use electronic media as real time two-way audio and video transmissions.

2. The EMT instructor, ALS coordinator, or EMS education coordinator must indicate in writing the desire to use such media which shall accompany the Course Approval Request form.

3. Any other requirements established by, but not limited to, the Office of EMS and, if applicable, the Virginia Community College System (VCCS) and the Virginia Department of Education.

4. For sites using one-way video and two-way audio, a proctor who is certified at or above the level of the program shall be present at each remote site during the entire broadcast for all didactic portions of the program.

5. Any lab activities at the remote site shall have direct on-site supervision by a course faculty member at or above the level of instruction. If the faculty member acts as the remote site proctor, he assumes the responsibility of the class roster.

6. In cases where the remote site proctor is absent or when the remote site electronics are not fully operational (transmit and receive audio or video) the students do not receive credit for attending and the session shall be rescheduled.

7. All course tests for the program whether at the origin or remote site must comply with subdivision 4 of this section.

8. The course coordinator must maintain records of student participation in the approved alternative presentation format and submit continuing education records for each involved student for programs used for continuing education purposes.

9. Noncompliance with these regulations shall result in removal of Office of EMS approval and students shall lose eligibility for certification testing at the level of program certification.

10. The Guidelines for Videobroadcasting of EMS Educational Programs document must be signed by the EMT instructor, ALS coordinator, or EMS education coordinator and PCD or OMD and accompany any request for electronic transmission of a program with the Course Approval Request form.

11. Letter of agreement from the remote site or sites confirming and agreeing to the guidelines.

12VAC5-31-1445. Course scheduling.

Courses schedules shall reflect the minimum hours for the course of instruction of all required lessons of the program's curriculum prior to the course end date as approved by the Office of EMS.

12VAC5-31-1447. Maximum BLS or ALS course enrollment.

A. Initial and bridge certification course size shall be limited to a maximum of 30 enrolled students.

1. Additional students seeking continuing education credit may be admitted as reasonably allowed by facility size and instructional staff availability.

2. The group size for practical or lab skill sessions shall not exceed six students per instructor aide (6:1 ratio).

B. Office of EMS accredited institutions or organizations may exceed the maximum of 30 enrolled students, with demonstrated resources to meet class size. The group size for practical or lab skill sessions shall not exceed six students per instructor aide (6:1 ratio).

12VAC5-31-1449. Lesson instructors.

A. In addition to the lead instructor for each lesson, arrangements must be made to provide for instructor aides to assist in all practical skill sessions. Instructor aides shall be providers certified at or above the level of instruction.

B. Course coordinators who are certified EMTs may be used for instruction of basic skill stations in advanced life support programs. Basic skills are those procedures not requiring invasive activities or use of ALS equipment.

12VAC5-31-1450. (Repealed.)

12VAC5-31-1451. Course monitoring.

All programs and courses approved for issuance of certification or award of continuing education shall allow unannounced monitoring by the Office of EMS. Failure to comply with such course monitoring may result in the following disciplinary actions to include, but not be limited to:

1. Revocation of the training program's course approval.

2. Suspension or revocation of the training program's authority to award continuing education credits.

3. Revocation of the enrolled student's eligibility for certification testing.

4. Suspension or revocation of the EMS instructor , ALS-coordinator, or EMS educational coordinator.

12VAC5-31-1453. EMT instructor, ALS coordinator, and EMS educational coordinator responsibilities for initial student testing.

A. An EMT instructor or EMS education coordinator for BLS programs shall ensure the following for documentation of eligibility for certification testing:

1. Submit a completed Course Student Disposition Report (CSDR) in a manner as prescribed by the Office of EMS.

2. Maintain with the course materials the completed individual parental permission form for students between 16 and 18 years of age on the beginning date of the course.

3. Maintain with the course materials the original copy of the completed and signed Basic Life Support Individual Age, Clinical and Skill Performance Verification Record.

B. An ALS coordinator or EMS education coordinator coordinating ALS programs shall submit the CSDR for certification testing eligibility.

Article 4

Certification Testing

12VAC5-31-1454. Admission to certification test.

A. The person desiring to take the certification examination must present the following:

1. The Virginia certification eligibility letter.

2. Current government issued photo identification.

3. If a retest, the latest testing results.

B. The person desiring to take the certification examination must be registered for the test site.

12VAC5-31-1455. Certification testing requirements.

A. An Office of EMS written and practical examination process is required by the following:

1. Any candidate who completes an initial program at the following levels:

a. First Responder/EMR.

b. Emergency Medical Technician.

c. Emergency Medical Technician-Enhanced.

d. Advanced EMT.

e. Intermediate provided National Registry no longer tests at this level.

2. Any candidate who is challenging the certification level.

3. Any certified EMS provider who received his current certification through legal recognition.

4. Any candidate who is in reentry for First Responder or Emergency Medical Technician.

B. An Office of EMS written examination only is required for the following:

1. Any provider who recertifies prior to his certification expiration except those who received his current certification through legal recognition.

2. Any candidate who is in reentry for EMT-Enhanced, Advanced EMT, Intermediate and Paramedic.

12VAC5-31-1457. General description of certification examination.

A. Office of EMS certification examinations are required by all providers unless otherwise described in these regulations.

B. Primary certification testing is the first attempt at the certification examination process.

1. This process includes both the written and practical examination for providers seeking a new or higher level of certification.

2. Primary testing must begin within 180 days of the course end date.

C. Primary retest requires the candidate to retest that portion of the primary test failed within 90 days of the primary test attempt.

D. Secondary certification testing (written and practical) occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within 90 days of the primary examination attempt. Secondary certification testing requires the candidate to submit as described in these regulations CE that satisfies the recertification requirements for the level of EMS certification sought.

E. Secondary retest requires the candidate to retest that portion of the secondary test failed within 90 days of the secondary test attempt.

F. Successful completion of the certification examination process must be completed within 365 days of the primary test attempt.

G. The certification examination process requires that certification testing be conducted and proctored in a manner approved by the Office of EMS.

12VAC5-31-1459. Certification eligibility.

Certification eligibility will be demonstrated by the possession of a valid eligibility letter from the Office of EMS by the candidate.

12VAC5-31-1460. (Repealed.)

12VAC5-31-1461. Prohibition of oral examinations.

A certification candidate may not use another person or any electronic or mechanical means to translate written certification examination material into an audible, tactile, or visual format.

12VAC5-31-1463. Candidates requirements for state recertification.

A. This section shall apply to individuals requesting state recertification who hold current certification at or below the level requested to be recertified (excluding those who gained their current certification through legal recognition).

B. Students requesting recertification must demonstrate eligibility as evidenced by completion of the continuing education requirements for the corresponding recertification program for the level to be recertified. Evidence of completion for the continuing education requirements shall be received by the Office of EMS in an approved method prior to certification expiration for the provider to be classified in current provider status.

12VAC5-31-1465. (Repealed.)

12VAC5-31-1467. Basic and advanced life support written examinations.

A. All state written examinations shall be conducted by the Office of EMS.

B. The Office of EMS standard for successful completion is defined as a minimum score of:

1. 70% on all basic life support certification examinations.

2. 80% on all EMT instructor and EMS education coordinator certification examinations.

3. 85% on all EMT instructor and EMS education coordinator pretest examinations.

4. 80% on all advanced life support certification examinations.

12VAC5-31-1469. Basic and advanced life support practical certification examinations.

A. Practical examinations shall be conducted by the Office of EMS or as approved for accredited training programs.

B. Candidates taking a practical examination conducted by the Office of EMS shall demonstrate proficiency on all practical stations required for the program level being tested. Grades of unsatisfactory will constitute failure of that station, requiring a retest.

C. Candidates failing any practical station examination conducted by the Office of EMS will have an opportunity to retest the station or stations failed.

D. If a primary retest is failed, the candidate examination conducted by the Office of EMS must complete the secondary retest requirements.

12VAC5-31-1470. (Repealed.)

12VAC5-31-1471. Examination retest.

A. Candidates failing to achieve a minimum passing score on any state administered written or practical examinations must retest within 90 days from the original exam date.

B. BLS and EMT Enhanced candidates failing one or more stations of the practical but passing the written examination are not required to repeat a successful written examination of a testing series. Likewise, a candidate failing the written examination would not be required to repeat a successful practical examination of a testing series.

C. If any retest is failed or a retest is not taken within the allowed 90-day retest period, the candidate will be considered to have failed the initial testing series and must complete secondary eligibility before secondary certification testing may be attempted.

D. Secondary certification testing eligibility requires:

1. Satisfaction of all requirements as set forth in the minimum continuing education requirements for the corresponding recertification CE program for the level being tested.

a. This training may not include any course or program completed before the initial series of testing.

b. This training may include those CE hours completed after the initial certification examination has been attempted.

c. This training must be submitted on CE cards or a format as approved by the Office of EMS.

2. Receipt of written notification from the Office of EMS of eligibility for secondary certification testing.

E. Upon notification of eligibility to test from the Office of EMS, a candidate who has previously failed a written or practical retest will be allowed one additional series of testing.

1. Candidates attempting a second series of testing are required to successfully complete both the written and practical examinations regardless of the results of the previous testing attempts.

2. This requirement for successful completion of both the written and practical examinations will apply equally to initial, recertification, and reentry candidates who have failed a previous series of testing.

3. All appropriate sections of these regulations will apply to the second series of testing.

F. Failure of any retest during the second series of testing will require the candidate to complete an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.

G. The requirements of this section including initial and secondary certification testing series must be completed within 365 days from the date of the initial certification test attempt (i.e., first test date) or prior to the enrollment expiration date for students attending an OEMS accredited program. Failure to complete this process within this prescribed period will require the candidate to repeat an entire

initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.

H. Future testing of candidates required to complete an entire initial basic training program under subsections F or G of this section will be processed in the same manner as any candidate completing a similar course for the first time.

12VAC5-31-1473. Candidate evidence of eligibility for retesting.

Candidates requesting to retest a failed written or practical exam or exams must demonstrate eligibility as evidenced by presentation of the letter of retest eligibility from the Office of EMS and the latest test results.

12VAC5-31-1475. Candidate evidence of eligibility for secondary testing.

Candidates requesting testing a second series of exams after failure of an initial testing series must demonstrate eligibility as evidenced by valid secondary eligibility notice from the Office of EMS.

12VAC5-31-1477. Examination security and review.

A. All Virginia examinations are the property of the Office of EMS. Individuals taking an examination may not copy or make recordings or reproduce in any other manner any material from the examination. Failure to return the examination will subject the individual to disqualification for certification.

B. Giving or obtaining information or aid prior to, during, or following any exam as evidenced by direct observation of the state examination administrator or administrators or subsequent analysis of examination results or engaging in other prohibited acts, may be sufficient cause to terminate candidate participation, to invalidate the results of a candidate's examination, to take enforcement action against other involved persons, or to take other appropriate action even if there is no evidence of improper conduct by the candidate. In these cases, the Office of EMS reserves the right to delay processing of examination results until a thorough and complete investigation may be conducted.

1. Unauthorized giving or obtaining information will include but not be limited to:

a. Giving unauthorized access to secure test questions.

b. Copying or reproducing all or any portion of any secure test booklet.

c. Divulging the contents of any portion of a secure test.

d. Altering candidate's responses in any way.

e. Making available any answer keys.

f. Providing a false certification on any test security form required by the Office of EMS.

g. Retaining a copy of secure test questions.

h. Falsely taking any examination, or part thereof, on behalf of another individual.

i. Participating in, directing, aiding, or assisting in any of the acts prohibited by this section.

2. For the purposes of this section the term "secure test" means any item, question, or test that has not been made publicly available by the Office of EMS.

3. Nothing in this section may be construed to prohibit or restrict the reasonable and necessary actions of the Office of EMS in test development or selection, test form construction, standard setting, test scoring and reporting, or any other related activities that in the judgment of the Office of EMS are necessary and appropriate.

C. Under no circumstances will written examinations and practical scenarios be provided to EMT instructor, ALS coordinator, EMS education coordinator, PCD or OMD, or candidates for their review at any time.

12VAC5-31-1480. (Repealed.)

12VAC5-31-1490. (Repealed.)

12VAC5-31-1500. (Repealed.)

Article 5

BLS Programs

12VAC5-31-1501. BLS certification course attendance.

A. Students must complete a minimum of 85% of the didactic and lab aspects of the course.

B. Students must complete all healthcare facility competency and field internship requirements for the program.

C. Students must successfully demonstrate competency to perform all required skills as specified by the Office of EMS for the level of the training program attended. Use of training manikin practice may not substitute for performance of skills involving actual patients in a clinical setting except as allowed by the Office of EMS.

12VAC5-31-1503. BLS course student requirements.

The enrolled student, certification candidate, or EMS provider must comply with the following:

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family, or bystander to determine a chief complaint, nature of illness or, mechanism of injury; assess signs and symptoms; and interpret protocols.

2. Be a minimum of 16 years of age at the beginning date of the certification program. If less than 18 years of age, the student must provide the EMT instructor or the EMS educational coordinator with a completed parental permission form as approved by the Office of EMS with the signature of a parent or guardian supporting enrollment in the course.

3. Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform patient care, physical assessments, and treatments.

4. Hold current certification in an approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification must also be current at the time of state testing.

5. If in a bridge certification program, the student must hold current Virginia certification at the EMS First Responder level through completion of the certification examination process.

12VAC5-31-1505. EMS First Responder certification program.

The EMS First Responder curriculum will be the current version of the Virginia Standard Curriculum or Virginia education standards for the EMS First Responder as approved by the Office of EMS and will consist of a minimum number of hours of didactic training.

12VAC5-31-1507. First Responder bridge to EMT.

The Virginia EMS First Responder Bridge curriculum will be based upon the National Standard Curriculum for the EMT and the bridge program curriculum approved by the Office of EMS.

12VAC5-31-1509. EMS First Responder bridge length.

The Virginia EMS First Responder Bridge will consist of a minimum number of hours of didactic training and competency.

12VAC5-31-1510. (Repealed.)

12VAC5-31-1511. First Responder bridge to EMT certification examinations.

Candidates completing the Virginia EMS First Responder Bridge program must complete the current EMT written and practical examinations administered by the Office of EMS.

12VAC5-31-1513. Emergency Medical Technician (EMT) certification.

The EMT curriculum will be based upon the current version of the National Standard Curriculum for the EMT or Virginia education standards and any additions, deletions, or other modifications as approved by the Office of EMS and will consist of a minimum number of hours of didactic training and competency.

12VAC5-31-1515. Emergency Medical Technician (EMT) certification examination.

Candidates completing the EMT training program must successfully complete the Office of EMS approved EMT written and practical examinations.

12VAC5-31-1520. (Repealed.)

Article 6

ALS Programs

12VAC5-31-1521. ALS course student requirements.

An enrolled student in an ALS certification program shall comply with the following:

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury, to assess signs and symptoms, and interpret protocols.

2. Be a minimum of 18 years of age at the beginning date of the certification program.

3. Certification as an EMT or higher EMS certification level.

4. Posses a high school or general equivalency diploma.

5. Have no physical or mental impairment that would render the student or provider unable to perform all practical skill required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments, and treatments.

6. If in a bridge certification program, the student shall be eligible for certification at the prerequisite lower ALS level at the beginning date of the bridge program and shall have obtained certification at the bridge program's prerequisite certification level before certification testing for the bridge level.

12VAC5-31-1523. EMT-Enhanced certification.

A. The EMT-Enhanced curriculum will be the current Virginia Standard Curriculum for the EMT-Enhanced as approved by the Office of EMS.

B. Certification for the EMT-Enhanced course will be awarded upon successful completion of written and practical examinations administered by the Office of EMS.

C. EMT-Enhanced certification practical testing will follow practical testing guidelines as approved by the Office of EMS.

12VAC5-31-1524. Advanced EMT certification.

A. The Advanced EMT curriculum will be the current Virginia Standard Curriculum for the Advanced EMT or Virginia education standards as approved by the Office of EMS.

B. Certification for the Advanced EMT course will be awarded upon successful completion of written and practical examinations administered by the Office of EMS.

C. Advanced EMT certification practical testing will follow practical testing guidelines as approved by the Office of EMS.

12VAC5-31-1525. Intermediate certification.

A. The Intermediate curriculum will be the U.S. Department of Transportation National Standard Curriculum for the EMT-Intermediate 99 or a bridge program curriculum or Virginia education standards as amended and approved by the Office of EMS.

B. Certification for the Intermediate course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.

C. When the National Registry of Emergency Medical Technicians no longer tests EMT-Intermediate 99, the Board of Health will assume testing responsibilities for this level.

12VAC5-31-1527. Paramedic certification.

A. The Paramedic curriculum will be the National Standard Curriculum for the Paramedic or a bridge program approved by the Office of EMS.

B. Certification for the Paramedic course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.

12VAC5-31-1529. Advanced life support bridge courses.

A. Bridge courses are designed to allow a candidate to advance from a lower level of ALS certification to a higher level of ALS certification or for a Virginia licensed registered nurse to bridge to the Paramedic certification level:

1. EMT-Enhanced to Intermediate Bridge.

2. Intermediate to Paramedic Bridge.

3. RN to Paramedic Bridge.

B. All bridge programs shall use the training curriculum approved by the Office of EMS for the certification level of the program.

12VAC5-31-1530. (Repealed.)

12VAC5-31-1531. Registered nurse to Paramedic bridge prerequisites.

RN to Paramedic students must be able to document compliance with the following prerequisites:

1. The candidate must be currently licensed as an RN in Virginia or as recognized through the Nursing Compact Agreement as approved by the Virginia Board of Nursing.

2. The candidate must currently hold certification as a Virginia EMT or higher certification.

3. The candidate must be currently participating as an EMS field provider or actively working as an RN.

12VAC5-31-1533. Registered nurse to Paramedic bridge program completion requirements.

A. The RN to Paramedic bridge curriculum shall be the National Standard Curriculum for the Paramedic or a bridge program derived from this curriculum approved by the Office of EMS.

B. The student will receive formal instruction in all the objectives listed in the Paramedic curriculum as recognized by the Office of EMS either through an accredited Paramedic course or through a nursing education program as recognized by the Virginia Board of Nursing.

C. Certification for the RN to Paramedic bridge course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.

12VAC5-31-1535. NREMT Paramedic endorsements.

A. Physician assistants (PA) or nurse practitioners (NP) may receive Virginia endorsement to sit for the National Registry of EMT's Paramedic written and practical examinations after providing verification of successful completion of the following criteria:

1. The PA or NP shall be currently Virginia certified as an EMT-Basic or may be allowed, with written permission from the Office of EMS, to complete the 36 hour EMT-Basic continuing education (CE) hours and successfully complete the EMT-Basic written and practical certification examination.

2. The PA or the NP shall receive endorsement from an EMS physician who verifies the candidate satisfies the paramedic competencies by completing a form as prescribed by the Office of EMS.

3. Team leader skills shall be completed and verified on a form as prescribed by the Office of EMS.

B. Third and fourth year medical students, and Virginia licensed dentists or chiropractors may receive Virginia endorsement to sit for the National Registry of EMT-Paramedic written and practical examinations after providing successful completion of the following criteria:

1. Must possess or have possessed pre-hospital ALS certification that must not have expired more than 60 months prior to submission.

2. Must be currently certified as a Virginia EMT-Basic.

3. Third and fourth year medical students shall submit a copy of their official medical school transcripts. Dentists or chiropractors shall submit to the Office of EMS a copy of their license to practice in Virginia.

12VAC5-31-1540. (Repealed.)

Article 7

EMT Instructor, ALS Coordinator, and EMS Education Coordinator

12VAC5-31-1541. (Reserved.)

12VAC5-31-1542. (Reserved.)

12VAC5-31-1543. EMT instructor recertification.

This section will expire on October 10, 2014.

A. The EMT instructor's certification shall be renewed every two years. To fulfill the recertification requirements, the EMT instructor must:

1. Instruct a minimum of 50 hours of EMT or First Responder subject material in approved courses within the two-year certification period. This requirement only may be met through instruction of standard Basic Life Support training courses or other programs approved for Basic Life Support (Category 1) continuing education credit.

2. Successfully complete a minimum of one EMS instructor update within the two-year certification period.

3. Successfully complete the EMT written certification examination with a minimum passing score of 80%. This examination may be completed at any time following attendance of an EMS instructor update. If the EMT instructor is affiliated with a licensed EMS agency, this examination may be waived by the EMS agency's OMD.

B. Have no physical or mental impairment that would render the instructor unable to perform and evaluate all practical skills and tasks required of an EMT.

12VAC5-31-1544. EMT instructor reentry.

This section will expire on October 10, 2014.

Individuals whose EMT instructor certification has expired may regain full certification through completion of the reentry program within two years of their previous expiration date provided:

1. If the EMT instructor has completed the teaching requirements but is unable to fulfill one or more of the remaining requirements, the remaining requirements for recertification shall be completed within two years following the expiration date. However, if the required EMT examination was not completed prior to expiration, this examination may not be waived by an EMS Agency OMD.

2. If the EMT instructor has not completed the teaching requirements, the following requirements will be necessary for reentry:

a. Successful completion of the EMT instructor written and practical pretest examinations.

b. Attendance of the administrative portions of an EMT instructor institute.

3. Upon completion of the applicable requirements for reentry, new EMT instructor credentials will be issued for a two-year period. Thereafter, all of the requirements for recertification under 12VAC5-31-1545 will apply.

12VAC5-31-1545. (Reserved.)

12VAC5-31-1546. (Reserved.)

12VAC5-31-1547. Renewal of Advanced Life Support coordinator.

A. An ALS coordinator must maintain current certification as a Virginia ALS provider or licensure as a doctor of medicine, doctor of osteopathy, registered nurse, or physician assistant.

B. An ALS coordinator must resubmit an ALS coordinator certification application before his expiration month.

C. Successfully complete a minimum of one EMS instructor update or an ALS coordinator meeting within the two-year certification period.

D. A individual whose ALS coordinator certification has expired may regain full endorsement through completion of the reentry program within two years of his previous expiration date provided he:

1. Submits a completed ALS coordinator certification application; and

2. Successfully completes a minimum of one EMS instructor update or an ALS coordinator meeting within the two-year certification period.

12VAC5-31-1548. EMS education coordinator.

A. The EMS education coordinator may announce and teach courses at or below his provider certification level. An EMS education coordinator who certifies at a higher level may not begin announcing or coordinating courses at that level until they have attained one year of field experience at that level.

B. Performance of any medical procedure is not permitted based upon EMS education coordinator certification.

C. Current EMT instructors and ALS coordinators will be transitioned to EMS education coordinator within four years of (the effective date of these regulations).

12VAVC-5-31-1549. EMS education coordinator prerequisites.

Prerequisites for certification as an EMS education coordinator are:

1. Be a minimum of 21 years of age.

2. Possess a high school diploma or equivalent.

3. Hold current Virginia EMS certifications as an EMT or higher level Virginia EMS certification.

4. Have three years medical experience with a minimum of two years verified field experience as an EMS provider at the appropriate EMS level or two years of current Virginia licensure as a registered nurse, physician assistant, doctor of osteopathic medicine, or doctor of medicine.

5. Must not have any EMS compliance enforcement actions within the previous five years.

12VAC5-31-1550. (Repealed.)

12VAC5-31-1551. EMS education coordinator certification process.

A. Eligible EMS education coordinator candidates will submit an application to include endorsement from an EMS physician.

B. Upon receipt and verification of the application, the eligible EMS education coordinator candidate will receive an eligibility to test letter and must complete a written and practical examination.

1. The EMS education coordinator application is valid for a period of two years from either primary test attempt date or 180 days after the application is approved, whichever is less. During this period of time, the candidate cannot submit another EMS education coordinator application.

2. An EMS education coordinator candidate written testing process shall have a primary and secondary attempt.

a. Primary written testing attempt is the first attempt at the EMS education coordinator written testing process.

b. Primary retest requires the candidate to retest the written test within 90 days of the date the primary test was attempted.

c. Secondary written testing occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within 90 days of the primary written attempt.

d. Secondary written test eligibility is initiated 90 days from the date of the failed primary retest or 180 days after the date of the failed primary test, whichever is less.

e. Secondary written retest requires the candidate to retest the written test within 90 days of the date the secondary test was attempted.

3. An EMS education coordinator candidate practical testing process shall have a primary and secondary attempt which cannot begin before the written primary test.

a. Primary practical testing attempt is the first attempt at the EMS education coordinator practical testing process.

b. Primary retest requires the candidate to retest that portion of the practical test failed. Same day retesting is allowed only if the candidate fails less than 75% of the practical test.

c. Secondary practical testing is initiated after practical primary retest failure and requires the candidate test all practical stations.

d. Secondary retest requires the candidate to retest that portion of the practical test failed. Same day retesting is allowed only if the candidate fails less than 75% of the secondary attempt on the practical testing.

C. After successfully completing the written and practical examination, the qualified eligible EMS education coordinator candidate shall attend training as required by OEMS.

D. All components of the EMS education coordinator certification process must be completed within two years from the end of the month of the primary test attempt or 180 days after approved and eligibility for testing is initiated, whichever is less.

12VAC5-31-1552. EMS education coordinator recertification process.

A. To be eligible to recertify, the EMS education coordinator shall:

1. Maintain his provider certification.

2. Teach a minimum of 50 hours of initial certification or Category 1 CE and provide documentation of completion submitted in a process established by OEMS.

3. Complete one EMS education coordinator update in the three-year certification period.

4. Submit an EMS education coordinator application to include endorsement from an EMS physician.

B. Upon completion of the recertification requirements, the EMS education coordinator will receive an "Eligibility Notice" and must take and pass the EMS education coordinator recertification examination.

C. All recertification requirements must be completed and submitted to OEMS prior to the certification expiration date.

12VAC5-31-1553. EMS education coordinator reentry.

A. If an EMS education coordinator does not complete or submit all recertification requirements prior to his expiration date, he will go into a two-year reentry period.

B. During the reentry, the EMS education coordinator will not be allowed to coordinate any certification or CE courses. Any current courses in progress at the time of loss of EMS education coordinator certification will be suspended.

C. All outstanding recertification requirements shall be completed during the reentry period.

D. Failure to complete all recertification requirements during the reentry period will require the provider to complete the entire certification process as prescribed in 12VAC5-31-1551.

12VAC5-31-1560. (Repealed.)

Article 8

EMS Training Fund

12VAC5-31-1561. EMS training fund.

The Board of Health has established the emergency medical services training fund (EMSTF) to support certification and continuing education for BLS and ALS programs. Funding for various approved training programs will be administered on a contract basis between the EMT instructor, ALS coordinator, or EMS educational coordinator and the Office of EMS.

12VAC5-31-1563. Contracting through the EMS training fund.

The Board of Health promulgates funding contracts for EMS training programs annually on July 1. Only EMT instructors, ALS coordinators, or EMS educational coordinators are eligible to submit funding contracts. The requirements of the funding contracts supersede these regulations as they are legal documents.

12VAC5-31-1565. (Reserved.)

12VAC5-31-1567. (Reserved.)

12VAC5-31-1570. (Repealed.)

12VAC5-31-1580. (Repealed.)

12VAC5-31-1590. (Repealed.)

12VAC5-31-1600. (Repealed.)

Article 9

Accreditation of EMS Programs

12VAC5-31-1601. Accreditation of EMS training programs.

A. Training programs that lead to eligibility for initial certification at the Advanced EMT, Intermediate and Paramedic level shall hold a valid accreditation issued by the Board of Health before any training programs are offered.

B. All certification programs seeking accreditation in Virginia shall comply with these regulations and the current version of the Standards and Guidelines for an Accredited Educational Program for

the Emergency Medical Services Profession established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or an equivalent organization approved by the Board of Health.

C. The program director for an Advanced EMT, Intermediate, EMT-Enhanced (optional track) or EMT (optional track) program is exempt from the bachelor's degree requirement as specified by CoAEMSP standards.

D. The medical director required by CoAEMSP standards shall also meet the requirements for an OMD or PCD as required by these regulations.

E. All accredited programs shall notify the Board of Health immediately upon receiving notice about the following changes:

1. Program personnel to include:

a. The program director;

b. OMD or PCD; and

c. Primary faculty or instructional staff.

2. Additions or deletions to clinical site contracts and field site contracts.

3. Location.

4. Learning or teaching modalities.

5. Any sentinel event.

12VAC5-31-1603. Sentinel events.

In cases where a sentinel event occurs, the commissioner may:

1. Place a program on probationary accreditation until the sentinel event is satisfactorily resolved; or

2. Revoke accreditation for the program.

12VAC5-31-1605. Initial accreditation.

A. The initial accreditation process will begin upon the receipt by the Board of Health of an application for accreditation and a completed institutional self study.

B. EMT-Paramedic programs can obtain initial accreditation in one of two ways:

1. State accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years.

2. Programs achieving accreditation issued by CoAEMSP or an equivalent organization approved by the Board of Health shall apply to the Office of EMS for state accreditation. Full accreditation will be issued for a period concurrent with that issued by the CoAEMSP or other approved organization up to a maximum of five years.

C. Advanced EMT and Intermediate programs can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years.

D. EMT-Enhanced programs (optional track) can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years.

E. EMT programs (optional track) can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years.

F. The commissioner shall grant initial accreditation as follows:

1. The commissioner will issue full accreditation for a period of five years from the accreditation date if the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation outlined in the appropriate section of EMS regulations.

2. The commissioner will issue provisional accreditation if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site must receive full accreditation by correcting the deficiencies identified in the accreditation analysis and report.

3. The commissioner will issue an accreditation denied status to the applicant if the accreditation analysis and report identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.

12VAC5-31-1607. Renewal of accreditation.

A. Paramedic program applicants shall only be renewed by obtaining a valid accreditation from the Committee on Accreditation of Allied Health Education Programs (CAAHEP), CoAEMSP or an equivalent organization approved by the Board of Health.

B. Advanced EMT and Intermediate, or EMT-Enhanced or EMT as optional tracks programs shall apply for renewal of their program accreditation not less than 270 days before the end of their current accreditation cycle. Reaccreditation will require submitting a new application for accreditation and an updated institutional self study. The institutional self study will be reviewed by a site review team which will determine the program's performance and provide the commissioner with a recommendation as to whether program accreditation should be renewed.

1. The commissioner will issue full accreditation for a period of five years from the reaccreditation date if the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation outlined in the Virginia EMS regulations.

2. The commissioner will issue provisional reaccreditation if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site shall receive full accreditation by correcting the deficiencies identified at the reaccreditation date.

3. The commissioner shall issue an accreditation denied status to the applicant if the accreditation analysis identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.

12VAC5-31-1609. Accreditation of alternative locations and learning sites.

A. Accredited training programs in Virginia shall contact the Board of Health for accreditation of alternative training sites which differ from the site receiving initial accreditation.

B. Institutions that intend to operate entire programs or parts of programs at a different location or learning site shall prepare and submit on a form prescribed by the Board of Health for each additional location.

12VAC5-31-1610. (Repealed.)

12VAC5-31-1611. Appeal of site accreditation application results.

Appeals by a program concerning the (i) denial of initial or renewal of accreditation or (ii) issuance of probationary accreditation shall be submitted in writing within 10 days to the Office of EMS pursuant to § 2.2-4019 of the Virginia Administrative Process Act.

12VAC5-31-1613. Accreditation of Paramedic programs.

A. Paramedic programs with state accreditation shall be limited to one initial grant of state accreditation for a five year period.

B. Renewal of accreditation at the Paramedic level will be issued only upon verification of accreditation issued by CoAEMSP, CAAHEP, or another approved equivalent accreditation organization as specified in this chapter.

12VAC5-31-1615. Equivalent accreditation of EMS programs.

A. The commissioner may issue an equivalent accreditation to programs obtaining a valid accreditation from the CAAHEP, CoAEMSP, or an equivalent organization approved by the Board of Health.

B. As a condition for equivalent accreditation, a representative from the Board of Health must be included with each visit by the CoAEMSP or any other approved accreditation organization.

1. Programs with equivalent accreditation shall notify the Board of Health immediately upon receiving notice about the following changes:

a. Scheduling of site team visits to include:

(1) Dates;

(2) Times; and

(3) The agenda or schedule of events.

b. Changes in program personnel to include:

(1) The program director; and

(2) OMD or PCD.

c. Changes or additions to, or deletions from clinical site contracts and field site contracts.

d. Notice of revocation, removal, or expiration of accreditation issued by CoAEMSP.

e. Any sentinel event.

2. Accreditation issued by CoAEMSP or other organization approved by the Board of Health shall remain current during any certification training program that requires accreditation by the Board of Health. Revocation, removal, or expiration of accreditation issued by CoAEMSP or other another organization approved by the Board of Health shall invalidate the corresponding state accreditation of the training program.

12VAC5-31-1620. (Repealed.)

12VAC5-31-1630. (Repealed.)

12VAC5-31-1640. (Repealed.)

12VAC5-31-1650. (Repealed.)

12VAC5-31-1660. (Repealed.)

12VAC5-31-1670. (Repealed.)

12VAC5-31-1680. (Repealed.)

12VAC5-31-1690. (Repealed.)

12VAC5-31-1700. (Repealed.)

12VAC5-31-1710. (Repealed.)

12VAC5–31–1720 to 12VAC5–31–1790. [Reserved]

Part IV

EMS Physician Regulations

12VAC5-31-1800. Requirement for EMS physician endorsement.

A physician wishing to serve as an EMS agency operational medical director (OMD) or an EMS training program physician course director (PCD) shall hold current endorsement as an EMS physician issued by the Office of EMS.

12VAC5-31-1810. Qualifications for EMS physician endorsement.

A physician seeking endorsement as an EMS physician shall hold a current unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The applicant must submit documentation of his qualifications for review on a form prescribed by the Office of EMS. The documentation required shall present evidence of the following:

1. Board certification in emergency medicine or that applicant is in the active application process for board certification in emergency medicine issued by a national organization recognized by the Office of EMS, or board certification in family practice, internal medicine, or surgery or is in the active application process for board certification in family practice, internal medicine, or surgery issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must also submit documentation of successful course completion or current certification in ACLS, ATLS, and PALS or present documentation of equivalent education in cardiac care, trauma care, and pediatric care completed within the past five years.

2. Completion of an EMS medical direction program approved by the Office of EMS prior to submitting application for consideration of endorsement as an EMS physician.

3. In the event that an EMS agency or training program is located in a geographic area that does not have available a physician meeting the requirements stated in subdivisions 1 or 2 of this section, or if an EMS agency has a specific need for a physician meeting specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an available physician may submit his qualifications to serve as an EMS physician under these circumstances. An EMS

physician endorsed under this subsection by the Office of EMS is limited to service within the designated geographic area or agency.

A physician seeking endorsement under this section must provide documentation of successful course completion or current certification in cardiac care, trauma care, and pediatric care or equivalent education such as ACLS, ATLS and PALS completed within one year of endorsement. All or part of this requirement may be waived if the Office of EMS determines this training is not required due to the specialized nature of the EMS agency to be served.

12VAC5-31-1820. Application for EMS physician endorsement.

A. A physician seeking endorsement as an EMS physician must make application on forms provided by the Office of EMS.

B. The Office of EMS will review the application and the enclosed documents and notify the physician in writing of the status of his application within 30 days of receipt. Final disposition of an application may be delayed pending further review by the EMS Advisory Board Medical Direction Committee as applicable.

12VAC5-31-1830. Conditional endorsement.

Physicians will be issued a conditional endorsement for a period of one year pending the completion of the following requirements:

1. Upon verification of EMS medical direction program attendance at one four-hour "Currents" session within the one-year conditional endorsement, the Office of EMS will reissue endorsement with an expiration date five years from the date of original issuance.

2. If the conditional EMS physician fails to complete the required EMS medical direction program or the training pursuant to 12VAC5-31-1810 within the initial one-year period, his endorsement will lapse.

12VAC5-31-1840. Lapse of EMS physician endorsement.

A. If an EMS physician fails to reapply for endorsement prior to expiration, the Office of EMS will notify the EMS physician and any EMS agency or training course that the EMS physician is associated with of the loss of endorsement. Any training programs already begun may be completed under the direction of the involved EMS physician, but no other programs may be started or announced.

B. Any EMS agency notified of the loss of their OMD's EMS physician endorsement will be required to immediately obtain the services of another endorsed EMS physician to serve as operational medical director pursuant to Part II (12VAC5-31-300 et seq.) of these regulations.

C. Upon loss of EMS physician endorsement, a new endorsement may only be issued upon completion of the application requirements of these regulations.

12VAC5-31-1850. Change in EMS physician contact information.

An EMS physician must report any changes of his name, contact addresses and contact telephone numbers to the Office of EMS within 30 days.

12VAC5-31-1860. Renewal of endorsement.

A. Continued endorsement as an EMS physician requires submission of an application for renewal to the Office of EMS before expiration of the five-year endorsement period. Renewal of an EMS physician endorsement is based upon the physician's continuing to meet and maintain the qualifications specified in 12VAC5-31-1810.

B. Completion of equivalent related continuing education programs may be substituted for formal certification in ACLS, ATLS and PALS for the purposes of endorsement renewal. Acceptance of these continuing education hours is subject to approval by the Office of EMS.

C. An EMS physician must also attend a minimum of two "Currents" sessions as sponsored by OEMS within the five-year endorsement period.

12VAC5-31-1870. Service by an EMS physician.

A. An endorsed EMS physician may serve within the limits of his endorsement as an operational medical director (OMD) or as a physician course director (PCD), or both.

B. The Office of EMS may limit the number and type of agencies or training programs an EMS physician may oversee in order to insure that appropriate medical direction and clinical oversight is available.

12VAC5-31-1880. Agreement to serve as an operational medical director.

A. An EMS physician may serve as the sole operational medical director (OMD) or one of multiple OMDs required for licensure of an EMS agency.

B. The EMS physician shall enter into a written agreement to serve as OMD with the EMS agency. This agreement shall at a minimum incorporate the specific responsibilities and authority as defined in 12VAC5-31-590.

12VAC5-31-1890. Responsibilities of operational medical directors.

A. Responsibilities of the operational medical director regarding medical control functions include but are not limited to medical directions provided directly to prehospital providers by the OMD or a designee either on-scene or through direct voice communications.

B. Responsibilities of the operational medical director regarding medical direction functions include but are not limited to:

1. Using protocols, operational policies and procedures, medical audits, reviews of care and determination of outcomes for the purpose of establishing direction of education and limitation of provider patient care functions.

2. Verifying that qualifications and credentials for the agency's patient care or emergency medical dispatch personnel are maintained on an ongoing basis through training, testing and certification that, at a minimum, meet the requirements of these regulations, other applicable state regulations and including, but not limited to, § 32.1-111.5 of the Code of Virginia.

3. Functioning as a resource to the agency in planning and scheduling the delivery of training and continuing education programs for agency personnel.

4. Taking or recommending appropriate remedial or corrective measures for EMS personnel, consistent with state, regional and local EMS policies that may include but are not limited to counseling, retraining, testing, probation, and in-hospital or field internships.

5. Suspending certified EMS personnel from medical care duties pending review and evaluation. Following final review, the OMD shall notify the provider, the EMS agency and the Office of EMS in writing of the nature and length of any suspension of practice privileges that are the result of disciplinary action.

6. Reviewing and auditing agency activities to ensure an effective quality management program for continuous system and patient care improvement, and functioning as a resource in the development and implementation of a comprehensive mechanism for the management of records of agency activities including prehospital patient care and dispatch reports, patient complaints, allegations of substandard care and deviations from patient care protocols or other established standards.

7. Interacting with state, regional and local EMS authorities to develop, implement, and revise medical and operational protocols consistent with the Code of Virginia and dispatch protocols, policies, and procedures designed to deliver quality patient care. This function includes the selection and use of appropriate medications, supplies, and equipment.

8. Maintaining appropriate professional relationships with the local community including but not limited to medical care facilities, emergency departments, emergency physicians, allied health personnel, law enforcement, fire protection and dispatch agencies.

9. Establishing any other agency rules or regulations pertaining to proper delivery of patient care by the agency.

10. Providing for the maintenance of written records of actions taken by the OMD to fulfill the requirements of this section.

12VAC5-31-1900. OMD and EMS agency conflict resolution.

A. In the event of an unresolved conflict between the OMD and an EMS agency, the issues involved must be brought before the medical direction committee of the regional EMS council or local EMS resource for review and resolution.

B. When the EMS agency presents a significant risk to public safety or health, the OMD must attempt to resolve the issues in question. If a risk remains unresolved and presents an immediate threat to public safety or health, the OMD shall contact the Office of EMS for assistance.

12VAC5-31-1910. Change of operational medical director.

A. An OMD choosing to resign must provide the agency and the Office of EMS a minimum of 30 days written notice of intent. When possible, the OMD should assist the agency in securing a successor for this position.

B. An agency choosing to secure the services of another OMD must provide a minimum of 30 days advance written notice of intent to the current OMD and the Office of EMS.

C. When extenuating circumstances require an immediate change of an agency's OMD (e.g., death, critical illness, etc.), the Office of EMS must be notified by the OMD within one business day so that a qualified replacement may be approved. In the event that the OMD is not capable of making this notification, the EMS agency will be responsible for compliance with this requirement. Under these extenuating circumstances, the Office of EMS may authorize the EMS agency to continue its operations pending the approval of a permanent or temporary replacement OMD.

D. When temporary circumstances make an agency's OMD unavailable to serve for a period not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.), the OMD must notify the Office of EMS within 10 business days so that a qualified interim replacement may be approved. Any circumstances that make an agency's OMD unavailable to serve for a period expected to exceed one-year will require a change in the agency OMD as required by this section.

E. The Office of EMS may delay implementation of a change in an EMS agency's OMD pending the completion of any investigation of an unresolved conflict or possible violation of these regulations or the Code of Virginia.

12VAC5-31-1920. Responsibilities of physician course directors.

A. Every basic or advanced life support training program and course requesting the award of certification or "Required" (Category 1) continuing education (CE) credits must have a minimum of one physician course director (PCD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS.

B. The PCD will have the following responsibilities as they relate to the selection and training of basic and advanced life support personnel:

1. The PCD must verify that all students accepted into the course of training meet state, regional, and local prerequisites for certification.

2. The PCD must confirm that all instructors for the course are certified at or above the level being instructed or have expertise in the particular subject being taught.

3. The PCD must regularly monitor and confirm that the training program adheres to the following criteria:

a. Satisfaction of the minimum objectives prescribed in the Office of EMS-approved training curriculum for the course of instruction. Upon presentation of an individual's "Virginia EMS Certification Application" for the PCD's signature by the course coordinator (ALS Coordinator) of an advanced life support training program, the PCD should confirm the student's successful completion of the course including their assessed competency to perform all required skills;

b. Continuing education programs are based upon the objectives prescribed in the Office of EMS approved recertification curriculum;

c. Consistency is maintained with local medical direction protocols and guidelines;

d. Consistency is maintained with any other local guidelines established by the regional EMS council or local EMS resource; and

e. Any additional requirements imposed for programs conducted for a single EMS agency or other organization must comply with the minimum guidelines defined in subdivisions 3 a through d of this subsection.

12VAC5-31-1930. Compliance with training regulations.

A. The PCD must verify that the course coordinator and all instructors are aware that possession or distribution of study guides or other written materials obtained through reconstruction of any state or national registry of EMTs certification examination is not permitted.

B. Where violations of this section or any part of these regulations are suspected of any PCD, the Office of EMS may suspend the instruction of any ongoing courses, withhold issuance of certifications, or suspend certifications issued to the course's students, instructors, or the course coordinator until an investigation is concluded.

Investigations resulting in a finding of a violation of these regulations by a PCD may result in an enforcement action. The Office of EMS may report the results of any investigation to the State Board of Medicine for further review and action as deemed necessary.

12VAC5-31-1940. Physician course director responsibility to students.

A. PCD/student relationship. The PCD shall assure that students are made aware of the PCD's responsibilities for the course, and of how to contact and if possible meet the PCD during the first lessons of any certification course.

B. Hospital-based experiences and field internships. The PCD shall provide clinical oversight and operational authority for the field practice of students enrolled in an approved EMS certification training program while the students are participating in clinical and field internship training. During these training programs the enrolled students may perform the clinical skills and functions of EMS personnel who are certified at the level of the course of instruction when:

1. The students are caring for patients in the affiliated hospitals or other healthcare-related facilities approved by the PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of a preceptor who is a physician, physician's assistant, nurse practitioner, registered nurse or an EMS provider certified at or above the level of the training program. All preceptors must be approved by the affiliated hospital or facility.

2. The students are caring for patients during a required course field internship program with a licensed EMS agency approved by the PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of and accompanied by an EMS provider certified at or above the level of the training program, or under the direct supervision of a licensed physician.

Nothing in this subsection removes the obligation of the supervising hospital, facility or licensed EMS agency for ultimate responsibility for provision of appropriate patient care by students participating in clinical or internship training.

12VAC5-31-1950. Physician endorsement exemptions.

A. Endorsement as an EMS physician will be initially issued to each licensed physician currently recorded as having previously been endorsed to serve as an operational medical director by the Office of EMS. Issuance of an EMS physician endorsement will be subject to renewal pursuant to 12VAC5-31-1860.

B. EMS physicians initially endorsed through the "grandfather" clause who fail to request renewal before expiration will be subject to compliance with the full provisions of 12VAC5-31-1810 in order to regain endorsement as an EMS physician.

12VAC5-31-1960 to 12VAC5-31-1990. [Reserved]

12VAC5-31-2000 to 12VAC5-31-2260. [Repealed]

Part VII

Designated Regional EMS Councils

12VAC5-31-2300. Purpose of designated regional EMS councils.

For the purposes of these regulations regional EMS councils shall be designated by the Board of Health, adhere to policy direction established by the Office of EMS and carry out the development and implementation of an efficient and effective statewide regional EMS system.

12VAC5-31-2310. Provision of regional EMS council services within Virginia and compliance with these regulations.

An organization or person providing designated regional EMS council services within Virginia must comply with these regulations, the applicable regulations of other state agencies, the Code of Virginia and the United States Code. The Office of EMS will publish the Virginia Regional EMS Council Designation Manual, a document that describes and provides guidance on how to comply with these regulations.

12VAC5-31-2320. Requirement for regional EMS council designation.

Any organization or person establishing, operating, maintaining, advertising or representing itself or any services as a designated regional EMS council must have a valid designation issued by the Board of Health.

12VAC5-31-2330. Designation of a regional EMS council.

A. The Board of Health will designate a regional EMS council that satisfies the representation requirements in these regulations.

B. The designation of a regional EMS council will be based on:

1. The "Regional EMS Council Designation Manual" application process.

a. Completed application. Submitted applications missing any information requested will be considered incomplete and will not be processed for designation;

b. Completed Regional EMS Council Self-Assessment Checklist; comply with all indicated standards consistent with these regulations;

c. Current roster of the membership of the applicant organization's board of directors. The roster needs to show all members of the board of directors for the applicant, their addresses, e-mail addresses, phone numbers, and the constituency they represent;

d. Current approved bylaws. A copy of the most recently approved bylaws complete with adoption date;

e. Scope of services. This shall include data and information that demonstrates the qualifications of the applicant to plan, initiate, expand or improve the regional EMS delivery system;

f. Budget. A proposed budget for the first year of designation must illustrate costs associated with the applicant's proposed operations and programs as a designated regional EMS council;

g. EMS involvement. Documentation demonstrating how the applicant organization interacts with EMS agencies and personnel;

h. Policies and guidelines. Up-to-date policies and guidelines covering all aspects of the applicant's regional EMS councils operations, must show revision date of all changes made and be consistent with these regulations;

i. Directory of localities, hospitals and EMS agencies. A comprehensive directory of the localities, hospitals and EMS agencies the applicant organization will be serving.

2. A listing of all hospitals within the applicant's proposed geographic service delivery area.

3. The demonstrated capability to establish communitywide and regional programs.

4. An evaluation of prior performance as a designated regional EMS council.

C. The Office of EMS will evaluate the performance and effectiveness of a regional EMS council on a periodic basis.

12VAC5-31-2340. Application process for designation.

A. An applicant for regional EMS council designation shall file a written application specified by the Office of EMS.

B. If the applicant is a company or corporation as defined in § 12.1-1 of the Code of Virginia it must clearly disclose the identity of its owners, officers and directors.

C. An applicant must provide information on any previous record of performance in the provision of related EMS services or any other related licensure, registration, certification or endorsement within or outside Virginia.

D. Completed application packages must be received in the Office of EMS no later than October 1 to be considered for designation commencing July 1 of the following year.

E. The application and preliminary review process is to be completed prior to a site review visit.

F. The Office of EMS may use whatever means of investigation necessary to verify any or all information contained in the application.

G. If the applicant organization does not comply with the required standards for designation as a regional EMS council, the agent of the applicant organization will be notified of the deficiencies by the Office of EMS.

H. If the applicant organization complies with the required standards, the agent of the applicant organization will be notified and arrangements will be made for a site visit by a review team as designated by the Office of EMS.

I. The Office of EMS will conduct a site review of the applicant.

J. The applicant organization will receive the written report of the visiting team reviewing its findings and recommendations in accordance with the criteria.

K. If a deficiency is reported, the Office of EMS may order the designated regional EMS council to correct the deficiency by issuing a written correction order.

L. If a deficiency requires a revisit by a site review team, a fee commensurate with direct costs will be paid by the applicant.

M. The site review process will be completed prior to the Office of EMS forwarding a recommendation for designation or denial to the Board of Health.

N. The Office of EMS will then forward a recommendation for designation or denial to the Board of Health.

O. Acting upon the favorable recommendation of the site review team and the Office of EMS, the Board of Health may designate the applicant organization as a regional EMS council.

P. The Office of EMS may schedule unannounced site visits at its discretion.

12VAC5-31-2350. Inspection.

An applicant agency and all places of operation shall be subject to inspection by the Office of EMS for compliance with these regulations. The inspection may include any or all of the following:

1. All fixed places of operations, including all offices and training facilities;

2. All applicable records maintained by the applicant agency; and

3. All vehicles and required equipment used by the applicant agency.

12VAC5-31-2360. Designation approval.

A. The Office of EMS will review and make recommendations to the Board of Health determining whether an applicant is qualified for designation based upon the applicant meeting the requirements of these regulations.

B. The Board of Health will make the final determination on regional EMS designation.

C. The designated regional EMS council or applicant has the right to appeal any decision or order of the Board of Health regarding approval or denial of regional EMS designation in accordance with the Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

12VAC5-31-2370. Designation periods.

The designation is for a period of three years, effective July 1, after completion of the designation process.

12VAC5-31-2380. Regional EMS councils requesting undesignation.

Regional EMS councils desiring to become undesignated by the Board of Health must provide the Office of EMS a minimum of 30 days written notice of intent. Upon review the Office of EMS will forward the request to the Board of Health with its recommendation. Only the Board of Health can grant or remove regional EMS council designation.

12VAC5-31-2390. Powers and procedures of regulations not exclusive.

The Board of Health reserves the right to authorize any procedure for the enforcement of these regulations that is not inconsistent with the provisions set forth herein or the provisions of §§ 32.1-27 and 32.1-111.1 of the Code of Virginia.

12VAC5-31-2400. Exceptions.

Exceptions to any provision of these regulations are specified as part of the regulation concerned. Any deviation not specified in these regulations is not allowed except by variance or exemption.

12VAC5-31-2410. Variances.

A. The commissioner is authorized to grant variances for any part or all of these regulations in accordance with the procedures set forth herein. A variance permits temporary specified exceptions to these regulations. A designated regional EMS council may file a written request for a variance with the Office of EMS on specified forms.

1. The written variance request must be submitted for review and recommendations to the governing body of all localities in the service delivery area of the applicant or the designated regional EMS council prior to submission to the Office of EMS.

2. Issuance of a variance does not obligate localities to allow the conditions of such variance if they conflict with local ordinances or regulations.

B. Both the written request and the recommendation of the governing bodies must be submitted together to the Office of EMS.

12VAC5-31-2420. Issuance of a variance.

A request for a variance may be approved and issued by the commissioner provided all of the following conditions are met:

1. The information contained in the request is complete and correct;

2. The regional EMS council concerned is designated by the Board of Health;

3. The Office of EMS determines the need for such a variance is genuine, and extenuating circumstances exist;

4. The Office of EMS determines that issuance of such a variance would be in the public interest and would not present any risk to, or threaten or endanger the public health, safety or welfare;

5. The Office of EMS will consider the recommendation of the governing body provided all of the above conditions are met; and

6. The agent of the designated regional EMS council making the request will be notified in writing of the approval and issuance within 30 days of receipt of the request unless the request is awaiting approval or disapproval of a designation. In such case, notice will be given within 30 days of the issuance of the designation.

12VAC5-31-2430. Content of variance.

A variance shall include but not be limited to the following information:

1. The name of the designated regional EMS council to which the variance applies;

2. The expiration date of the variance;

3. The provision of the regulations that is to be varied and the type of variations authorized; and

4. Any special conditions that may apply.

12VAC5-31-2440. Conditions of variance.

A variance shall be issued and remain valid with the following conditions:

1. A variance will be valid for a period not to exceed one year unless and until terminated by the commissioner;

2. A variance is neither transferable nor renewable under any circumstances.

12VAC5-31-2450. Termination of variance.

A. The commissioner may terminate a variance at any time based upon any of the following:

1. Violations of any of the conditions of the variance;

2. Falsification of any information;

3. Suspension or revocation of the designation; and

4. A determination by the Office of EMS that continuation of the variance would present a risk to or threaten or endanger the public health, safety or welfare.

B. The Office of EMS will notify the agent of the designated regional EMS council of the termination by certified mail to his last known address.

C. Termination of a variance will take effect immediately upon receipt of notification unless otherwise specified.

12VAC5-31-2460. Denial of a variance.

A request for a variance will be denied by the commissioner if any of the conditions of 12VAC5-31-2430 fail to be met.

12VAC5-31-2470. Exemptions.

A. The Board of Health is authorized to grant exemptions from any part or all of these regulations in accordance with the procedures set forth herein. An exemption permits specified or total exceptions to these regulations for an indefinite period.

B. A designated regional EMS council may file a written request for an exemption with the Office of EMS on specified forms.

1. The written exemption request must be submitted for review and recommendations to the governing body of all localities in the service delivery area of the applicant or the designated regional EMS council prior to submission to the Office of EMS.

2. The written exemption request must be submitted to the Office of EMS a minimum of 30 days before the scheduled review by the governing bodies. At the time of submission, the applicant or designated regional EMS council must provide the Office of EMS with the date, time and location of the scheduled review by the governing bodies.

12VAC5-31-2480. Public notice of request for exemption.

Upon receipt of a request for an exemption, the Office of EMS will cause notice of such request to be published in a newspaper of general circulation in the area wherein the service delivery area of the applicant or designated regional EMS council making the request and in other major newspapers of general circulation in major regions of the Commonwealth. The cost of such public notices will be borne by the applicant or designated regional EMS council making the request.

12VAC5-31-2490. Public hearing for exemption request.

If the Board of Health determines that there is substantial public interest in a request for an exemption, a public hearing may be held.

12VAC5-31-2500. Issuance of an exemption.

A. A request for an exemption may be approved and an exemption issued provided all of the following conditions are met:

1. The information contained in the request is complete and correct;

2. The need for such an exemption is determined to be genuine; and

3. The issuance of an exemption would not present any risk to, threaten or endanger the public health, safety or welfare of citizens.

B. The Board of Health may accept the recommendation of the governing bodies provided all of the conditions in subsection A of this section are met.

C. The agent of the designated regional EMS council making the request will be notified in writing of the approval or denial of a request.

12VAC5-31-2510. Content of exemption.

An exemption includes but is not limited to the following information:

1. The name of the applicant or designated regional EMS council to whom the exemption applies;

2. The provisions of the regulations that will be exempted; and

3. Any special conditions that may apply.

12VAC5-31-2520. Conditions of exemption.

A. An exemption remains valid for an indefinite period of time unless and until terminated by the Board of Health unless an expiration date is specified.

B. An exemption is neither transferable nor renewable.

12VAC5-31-2530. Termination of exemption.

A. The Board of Health may terminate an exemption at any time based upon any of the following:

1. Violation of any of the conditions of the exemption;

2. Suspension or revocation of designation; and

3. A determination by the Office of EMS that continuation of the exemption would present risk to, or threaten or endanger the public health, safety or welfare.

B. The Office of EMS will notify the agent of the designated regional EMS council to whom the exemption was issued of the termination by certified mail to his last known address.

C. Termination of an exemption takes effect immediately upon receipt of notification unless otherwise specified.

12VAC5-31-2540. Denial of an exemption.

A request for an exemption will be denied by the Board of Health if any of the conditions of these regulations fail to be met.

12VAC5-31-2550. Right to enforcement.

A. The Office of EMS may use the enforcement procedures provided in this article when dealing with any deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations.

B. The Office of EMS may determine that a deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations occurred.

C. The enforcement procedures provided in this article are not mutually exclusive. The Office of EMS may invoke as many procedures as the situation may require.

D. The commissioner empowers the Office of EMS to enforce the provisions of these regulations.

12VAC5-31-2560. Enforcement actions.

An enforcement action must be delivered to the agent of the affected designated regional EMS council and must specify information concerning the violations, the actions required to correct the violations and the specific date by which correction must be made as follows:

1. Warning: a verbal notification of an action or situation potentially in violation of these regulations.

2. Citation: a written notification for violations of these regulations.

3. Suspension: a written notification of the deactivation and removal of authorization issued under a designation.

4. Civil penalty: The commissioner (or designee) may impose a civil penalty to an agency or entity that fails or refuses compliance with these regulations. Civil penalties may be assessed up to $1,000 per offense. Violations shall be a single, different occurrence for each calendar day the violation occurs and remains uncorrected.

a. Subsequent violations of the same type may be subject to a civil penalty of $500 per calendar day, per violation.

b. Civil penalties will not exceed a combined total of $10,000.

5. Action of the commissioner: the commissioner may command a designated regional EMS council operating in violation of these regulations or state law pursuant to the commissioner's authority under § 32.1-27 of the Code of Virginia and the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) to halt such operation or to comply with applicable law or regulation. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice to the offender.

6. Criminal enforcement: the commissioner may elect to enforce any part of these regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have criminal sanctions imposed as authorized by § 32.1-27 of the Code of Virginia. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice by the commissioner to the offender.

12VAC5-31-2570. Correction order.

A. The Office of EMS may order the designated regional EMS council to correct a deficiency, cease any violations or comply with these regulations by issuing a written correction order as follows:

1. Correction orders may be issued in conjunction with any other enforcement action in response to individual violations or patterns of violations.

2. The Office of EMS will determine that a deficiency or violation exists before issuance of any correction order.

B. The Office of EMS will send a correction order to the agent of the designated regional EMS council by certified mail to his last known address or via personal service with written receipt. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS.

C. A correction order takes effect upon receipt and remains in effect until the deficiency is corrected or until the designation is suspended, revoked, or allowed to expire or until the order is overturned or reversed.

D. Should the designated regional EMS council be unable to comply with the correction order by the prescribed date, it may submit a request for modification of the correction order with the Office of EMS. The Office of EMS will approve or disapprove the request for modification of the correction order within 10 days of receipt.

E. The designated regional EMS council shall correct the deficiency or situation within the period stated in the order.

1. The Office of EMS will determine whether the correction is made by the prescribed date.

2. Should the designated regional EMS council fail to make the correction within the time period cited in the order, the Office of EMS may invoke any of the other enforcement procedures set forth in this part.

12VAC5-31-2580. Suspension of a designation.

A. The commissioner may suspend a designation without a hearing if the agency, organization or any of its personnel are found to be operating in a manner that presents a risk to, threatens, or endangers the public health, safety or welfare.

1. The commissioner may suspend the designation for failure to adhere to the standards set forth in these regulations.

2. The commissioner may suspend the designation for violation of federal or state laws resulting in a civil monetary penalty.

3. The commissioner may suspend the designation for conviction of criminal acts.

B. The Office of EMS will notify the agent of the designated regional EMS council of the suspension in person or by certified mail to his last known address.

C. A suspension takes effect immediately upon receipt of notification unless otherwise specified. A suspension remains in effect until the commissioner further acts upon the designation or until the order is overturned on appeal as specified in the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

D. The designated regional EMS council shall abide by any notice of suspension.

E. The commissioner may invoke any procedure set forth in this part to enforce the suspension.

12VAC5-31-2590. Revocation of a designation.

A. The Board of Health may revoke the designation of a regional EMS council after a hearing or waiver thereof. Reasonable cause for revocation must exist before such action by the Board of Health. The Board of Health may revoke designation for the following:

1. Failure to adhere to the standards set forth in these regulations;

2. Violation of a correction order or for engaging in or aiding, abetting, causing, or permitting any act prohibited by these regulations;

3. Violation of federal or state laws resulting in a civil monetary penalty; and

4. Conviction of criminal acts.

B. The Office of EMS will notify the agent of the designated regional EMS council of the intent to revoke by certified mail to his last known address.

C. The designated regional EMS council will have the right to a hearing.

1. If the designated regional EMS council desires to exercise its right to a hearing, it must notify the Office of EMS in writing of his intent within 10 days of receipt of notification. In such cases, a hearing must be conducted and a decision rendered in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

2. Should the designated regional EMS council fail to file such notice, he will be deemed to have waived the right to a hearing. In such case, the Board of Health may revoke the designation.

D. A revocation takes effect immediately upon receipt of notification unless otherwise specified. A revocation order is permanent unless and until overturned on appeal.

E. The designated regional EMS council shall abide by any notice of revocation.

F. The Office of EMS may invoke any procedures set forth in this part to enforce the revocation.

12VAC5-31-2600. Judicial review.

A. The procedures of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) control all judicial reviews.

B. The designated regional EMS council or applicant has the right to appeal any decision or order of the Office of EMS except as may otherwise be prohibited, and provided such a decision or order was not the final decision of an appeal.

C. The designated regional EMS council or applicant shall abide by any decision or order of the Office of EMS, or he must cease and desist pending any appeal.

D. If the designated regional EMS council or applicant who sought the appeal is aggrieved by the final decision, that person may seek judicial review as provided in the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

12VAC5-31-2610. Submission of complaints.

A. The Office of EMS will investigate complaints related to designation, operation and the delivery of services by regional EMS councils.

B. Any person may submit a complaint. A complaint is submitted in writing to the Office of EMS, signed by the complainant and includes the following information:

1. The name and address of the complainant;

2. The name of the designated regional EMS council or person involved; and

3. A detailed description of the complaint, including the date, location and conditions and the practice or act that exists or has occurred.

12VAC5-31-2620. Investigation process.

A. The Office of EMS may investigate complaints received about conditions, practices, or acts that may violate any provision of either Article 2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia or provision of these regulations.

B. If the Office of EMS determines that the conditions, practices, or acts cited by the complainant are not in violation of applicable sections of the Code of Virginia or these regulations; then the Office of EMS will investigate no further.

C. If the Office of EMS determines that the conditions, practices, or acts cited by the complainant may be in violation of applicable sections of the Code of Virginia or these regulations, the Office of EMS will investigate the complaint fully in order to determine if a violation took place.

D. The Office of EMS may investigate or continue to investigate and may take appropriate action on a complaint even if the original complainant withdraws his complaint or otherwise indicates a desire not to cause it to be investigated to completion.

E. The Office of EMS may initiate a formal investigation or action based on an anonymous or unwritten complaint.

12VAC5-31-2630. Action by the Office of EMS.

A. If the Office of EMS determines that a violation has occurred, it may apply all provisions of these regulations that it deems necessary and appropriate.

B. At the completion of an investigation and following any appeals, the Office of EMS will notify the complainant.

12VAC5-31-2640. (Reserved.)

12VAC5-31-2650. Composition of designated regional EMS councils.

A designated regional EMS council shall include, if available, representatives of the participating local governments, fire protection agencies, law-enforcement agencies, emergency medical services agencies, hospitals, licensed practicing physicians, emergency care nurses, mental health professionals, emergency medical technicians and other appropriate allied health professionals.

12VAC5-31-2660. Governing body of a designated regional EMS council.

A. A regional EMS council shall be organizationally independent of any other entity.

B. A regional EMS council shall be governed by a board.

C. Articles of incorporation and bylaws shall be in force that specify:

1. Designated regional EMS council representation;

2. Method of designated regional EMS council appointments and/or elections;

3. Governing board representation;

4. Method of governing board appointments and/or elections;

5. Tenure of representatives;

6. Officers, their roles, responsibilities and terms of office;

7. Quorum requirements;

8. Meeting attendance requirements and enforcement policies;

9. Indemnification of officers and directors; and

10. Dissolution of assets.

D. There shall be a minimum of five members with full voting privileges comprising a governing board.

12VAC5-31-2670. Regional EMS plan.

A designated regional EMS council, in cooperation with the Governor's EMS Advisory Board, shall develop, maintain, and distribute a comprehensive regional EMS plan for coordinating and improving the delivery of EMS in the regional service area, in accordance with §§ 32.1-111.3 and 32.1-111.11 of the Code of Virginia.

1. The plan shall be submitted for approval by the Office of EMS within one year of designation.

2. The approved plan shall be distributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS physicians within its service delivery area.

3. The plan shall be reviewed and revised, if necessary, every three years and redistributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS physicians within its service delivery area.

12VAC5-31-2680. Regional trauma triage plan.

A designated regional EMS council, in corporation with the Governor's EMS Advisory Board, shall develop, maintain, and distribute a regional trauma triage plan in accordance with §§ 32.1-111.3 and 32.1-111.11 of the Code of Virginia.

1. The plan shall be submitted for approval by the Office of EMS within one year of designation.

2. The approved plan shall be distributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS physicians within its service delivery area.

3. The plan shall be reviewed and revised, if necessary, every three years and submitted for approval by the Office of EMS.

4. The approved revisions shall be distributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS physicians within its service delivery area.

12VAC5-31-2690. (Reserved.)

12VAC5-31-2700. Financial assistance for emergency medical services.

A. A designated regional EMS council shall participate in the Virginia financial assistance for emergency medical services program and assist eligible EMS agencies and organizations needing funding within the service area.

B. The designated regional EMS council participation in the Virginia financial assistance for emergency medical services program process shall have written guidelines and procedures, approved by the Office of EMS, that meet the requirements stated in 12VAC5-31-2810 through 12VAC5-31-2900.

12VAC5-31-2710. Base funding of designated regional EMS councils.

A. Required services provided by a designated regional EMS council may be funded by the state.

B. A designated regional EMS council may receive annual base funding by the state to assist with infrastructure development and maintenance in providing required regional services.

C. A designated regional EMS council shall submit documentation, as required, demonstrating a 25% match for base funding to the Office of EMS. Moneys received directly or indirectly from the Commonwealth shall not be used as matching funds.

12VAC5-31-2720. Matching funds.

For the purposes of these regulations, approved matching funds are monetary and/or in-kind services as approved by the Office of EMS and only apply to base funding.

12VAC5-31-2730. Performance standards.

A. The Office of EMS may enter into performance-based contracts that establish standards for the delivery of specific identified services and projects with designated regional EMS councils. These services and projects shall include, but not be limited to, performance standards for:

1. Regional medical direction;
2. Regional EMS plan;
3. Trauma triage plan;
4. EMS performance improvement program;
5. Regional trauma performance improvement program;
6. Technical assistance and review for Rescue Squad Assistance Fund grant applications;
7. Regional infrastructure; and
8. Criteria for matching funds.

B. The contracts will be based upon the specific needs of the regional service delivery area and the requirements of the Office of EMS as described in § 32.1-111.11 of the Code of Virginia.

12VAC5-31-2740. Accountability for public funds.

A. A designated regional EMS council shall maintain a current operating statement, reflecting revenue and expenditures, available for review.

B. A designated regional EMS council shall have a current income and expenditure statement available at all governing board meetings.

C. A designated regional EMS council shall have an independent annual audit of financial records with management letters conducted by a certified public accountant.

D. A designated regional EMS council shall have an independent review of financial records conducted by a certified public accountant upon change of an executive director.

E. A designated regional EMS council shall retain all books, records, and other documents relative to public funds for six years after the close of the fiscal year the funds were received. The Office of EMS, its authorized agents, and/or state auditors shall have full access to and the right to examine any materials related to public funds during said period.

F. A designated regional EMS council shall follow generally accepted accounting principles for financial management.

G. A designated regional EMS council's governing board shall approve its annual fiscal year (July 1 through June 30) budget by July 15 of each year.

H. A designated regional EMS council shall comply with all appropriate federal and state tax-related reporting.

I. A designated regional EMS council shall follow generally accepted fund raising practices in the charitable field.

J. A designated regional EMS council shall have written policies that indicate by position, signatories of executed financial and contractual instruments.

12VAC5-31-2750. (Reserved.)

12VAC5-31-2760. (Reserved.)

12VAC5-31-2770. (Reserved.)

12VAC5-31-2780. (Reserved.)

12VAC5-31-2790. (Reserved.)

12VAC5-31-2800. (Reserved.)

Part VIII

Financial Assistance for Emergency Medical Services

12VAC5-31-2810. the Financial Assistance and Review Committee (Farc).

A. Financial Assistance and Review Committee appointments.

1. Appointments shall be made for terms of three years or the unexpired portions thereof in a manner to preserve, insofar as possible, the representation of the emergency medical services councils. No member may serve more than two successive terms. The chairman shall be elected from the membership of the FARC for a term of one year and shall be eligible for reelection.

2. The EMS Advisory Board may revoke appointment for failure to adhere to the standards set forth in this chapter, and the State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq. of the Code of Virginia).

3. Members serving on the FARC on January 1, 2008, shall complete their current terms of office.

4. Midterm vacancies shall be filled by nominations submitted from the affected designated regional EMS council.

B. Geographical representation.

1. Designated regional EMS councils shall be eligible to submit nominations to the EMS Advisory Board for representation on the FARC.

2. The eligible designated regional EMS council shall nominate three candidates to fill a vacancy on the FARC. The EMS Advisory Board shall make appointments from the nominations submitted by the designated regional EMS council.

3. A designated regional EMS council whose representative has completed two successive terms on FARC shall not be eligible to submit a nomination for one full term (three years).

C. Meetings and attendance.

1. The FARC shall meet at least four times annually at the call of the chairman or the commissioner.

2. Attendance at FARC Grant Review meetings is mandatory for all members.

3. A quorum for a meeting of the FARC shall consist of not fewer than four members.

12VAC5-31-2820. Rsaf General Grant Program Administration.

A. The FARC will administer the RSAF (Rescue Squad Assistance Fund) General Grant Program and the funding of RSAF General Grant awards using the Office of EMS approved pricing, applicant eligibility, award criteria, and priorities as approved by the EMS Advisory Board.

B. The Office of EMS shall approve and maintain a list that represents an average price of EMS vehicles, EMS equipment, communications equipment, and EMS education programs frequently requested under the RSAF General Grant Program. This list will be based on current market pricing and is not all-inclusive. RSAF General Grant awards for items maintained on this list shall not exceed the approved amount.

C. Funding priorities for RSAF General Grants shall be identified in the Virginia Statewide EMS Plan as stipulated in § 32.1-111.3 of the Code of Virginia or special initiatives as approved by the EMS Advisory Board.

12VAC5-31-2830. Award of Rsaf General Grants.

A. The requirements of this section shall apply to the disbursement of funds.

B. A nonprofit licensed EMS agency or other Virginia emergency medical service organization operating on a nonprofit basis exclusively for the benefit of the general public pursuant to § 32.1-111.12 of the Code of Virginia is eligible for an RSAF General Grant.

C. An applicant must be in compliance with this chapter.

D. Programs, services, and equipment funded by the RSAF must comply with the plans, policies, procedures, and guidelines adopted by the EMS Advisory Board. Grants may be approved for the following:

1. Establishment of a new EMS agency, program, or service where needed to improve emergency medical services offered in an area;

2. Expansion or improvement of an existing EMS agency, program, or service;

3. Replacement of equipment or procurement of new equipment; or

4. Establishment, expansion or improvement of EMS training programs.

12VAC5-31-2840. Rsaf Grant Award Cycle.

A. The grant period shall be for a period of 12 months from the date of award and there shall be two review cycles per year.

B. Deadline for submission of applications shall be March 15 and September 15 of each year. Applications must be received in the Office of EMS by 5 p.m. of the date of the deadline. In the event the deadline falls on a Saturday, Sunday, or state or federal holiday, the application must be received by 5 p.m. in the Office of EMS the next business day.

C. Applications shall be made to the Office of EMS on an approved application form.

D. Dates of award shall be July 1 and January 1 of each year.

E. Other dates in the award process shall be established by the Office of EMS.

12VAC5-31-2850. Emergency Awards.

A. The commissioner empowers the Office of EMS the ability to implement Emergency Grant Awards. The Office of EMS will advise the EMS Advisory Board and FARC of emergency grants awarded and the purpose(s) of disbursement of these funds.

B. Applications shall be made to the Office of EMS on an approved application form at any time.

C. The Emergency Grant Award will be made or rejected by the Office of EMS within 10 business days after receiving an application on an approved form.

D. Award of funds shall be based upon the demonstrated needs arising from a natural or man-made disaster as defined in § 44-146.16 of the Code of Virginia.

E. Award of funds shall be based upon incidents or circumstances involving the loss or potential loss of critical equipment or services.

12VAC5-31-2860. Ems System Initiative Awards.

EMS System Initiative Awards are based on priorities and needs identified by the EMS Advisory Board in consultation with the Office of EMS to meet EMS system objectives as stipulated in § 32.1-111.3 of the Code of Virginia.

1. The Office of EMS or FARC, in consultation with EMS Advisory Board, may implement EMS System Initiative Awards at any time. Examples of such awards would include medically advanced equipment with broad application (automated external defibrillation) and information technology to enhance communications and data (computers).

2. EMS System Initiative Award applications shall be submitted on the Office of EMS approved form, using approved pricing, application eligibility award criteria, and approved priorities.

3. The EMS System Initiative Award will be made or rejected by the Office of EMS within 30 business days after receiving an application on an approved form.

4. EMS System Initiative Awards may be granted for the following purposes, based upon the demonstrated need:

a. Establishment of a new EMS agency, program, or service where needed to improve emergency medical services offered in an area;

b. Expansion or improvement of an existing EMS agency, program, or service;

c. Replacement of equipment or procurement of new equipment; or

d. Establishment, expansion or improvement of EMS training programs.

12VAC5-31-2870. Responsibilities of the Grantee.

A. Grantee shall not discriminate in the provisions of its services or in the conduct of its business affairs on the basis of race, color, creed, religion, sex, national origin, or disability.

B. Grantee must comply with these regulations. The grantee shall be responsible for ensuring that item(s) purchased in whole or in part with the use of the state moneys comply with these regulations.

C. Grantee shall be responsible for the preparation and maintenance of proper accounting records that shall be maintained for a period of not less than five years from the end of the grant period.

12VAC5-31-2880. Application for Award.

A. Applications shall be made to the Office of EMS.

B. The Office of EMS will review applications for compliance with the EMS regulations and RSAF policies and procedures. The FARC reviews and grades applications and makes recommendations on general grant funding.

12VAC5-31-2890. (Reserved.)

12VAC5-31-2900. Awards.

A. The Office of EMS shall make awards as approved by the commissioner.

B. Grantees will be notified of their award.

C. Funds may be disbursed to the grantee at any time within the grant period. Agreement to the award and any attached conditions shall be secured prior to any disbursements.

12VAC5-31-2910. Amount of Grant Award.

A. The amount of RSAF General Grant award granted an applicant will not exceed 50% of the cost of the item(s) except in documented and approved cases of hardship. The amount of an RSAF General Grant award shall be based upon the amount requested for the item(s) and state approved pricing determined by the Office of EMS. The amount awarded will not exceed the amount requested by the applicant.

B. Additional funding may be recommended for those unique situations where the applicant has demonstrated the lack of reasonable capability to generate a 50% match (hardship). The additional funding above a 50% match will be determined by the FARC.

1. Awards identified on the notice of award as being "hardship" (above a 50% match level) require the grantee to purchase from available state contracts.

Awardees, able to demonstrate the ability to purchase at a cost equal to or less than the state contract price, may purchase outside the state contract with prior approval.

2. The FARC shall recommend the percentage of an RSAF General Grant award based upon the review of the application.

12VAC5-31-2920. Use of Funds.

A. Awards shall be made in accordance with § 32.1-111.12 of the Code of Virginia.

B. Funds shall be used only for the specific items, service, or programs for which they were awarded and in accordance with any conditions placed upon a grant award.

C. The grantee shall sign an agreement form attesting that the award funds shall be used as granted and the grantee meets all conditions placed upon the award.

D. Sale, trade, transfer, or disposal, within five years of vehicles or items specified by the Office of EMS in the notice of award purchased in whole or in part with the use of state moneys requires prior approval by the Office of EMS.

E. EMS vehicles purchased with funding from the RSAF shall meet the current state and federal standards for the type of vehicle purchased.

F. Funds shall not be used for expenditures or commitments made before the date of the grant award or after the conclusion of the grant period.

G. Funds shall not be approved or disbursed for:

1. Leased equipment or vehicle;

2. Equipment or vehicles secured by a lien;

3. Guarantees or warranties;

4. Used equipment or vehicles without prior approval; or

5. Fire suppression apparatus or law-enforcement equipment.

12VAC5-31-2930. Ownership.

All equipment, including EMS vehicles, shall be in the name of the organization to which the award has been made or in the name of the local jurisdiction or government entity in which the organization is located. This requirement shall apply to the ownership of equipment purchased in whole or in part with the use of these funds.

A copy of the title for each EMS vehicle shall be provided to the Office of EMS.

12VAC5-31-2940. Improper Expenditures.

A. An audit revealing expenditures not permitted by the conditions of the award will result in the grantee being required to reimburse the Office of EMS any funds received.

B. An agency providing false, misleading or improper information to the Office of EMS will be ineligible for future grants for a period of five years.

12VAC5-31-2950. Modification of an Award.

Any changes in the project, including any changes in the approved item(s), shall be permitted only by modification of the award.

1. The grantee must request in writing the specific modifications desired and the reasons and circumstances necessitating such a request to the Office of EMS.

2. The commissioner may modify, approve or deny the request for modification.

12VAC5-31-2960. Suspension of an Award.

A. The commissioner may suspend an award and all disbursements of funds attached pending an investigation and following an informal fact-finding conference as defined in the Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

B. There shall exist reasonable cause for suspension prior to such action by the commissioner. Such cause shall include:

1. Failure to comply with these regulations;

2. Violation of the terms of any conditions or agreements attached to an award; or

3. A reasonable belief by the commissioner that any such violations might otherwise continue unabated.

C. The Office of EMS shall notify the grantee of the suspension by certified mail to the last known address.

D. A suspension shall take effect immediately upon receipt of notification unless otherwise specified. A suspension shall remain in effect until reinstated or revoked by the commissioner.

12VAC5-31-2970. Revocation of an Award.

The commissioner may revoke an award and all disbursements of funds attached after an informal fact-finding conference as defined in the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) or waiver thereof.

1. Cause. There must exist reasonable cause for revocation prior to such action by the commissioner.

2. Notification. The Office of EMS must notify the grantee of the revocation by certified mail to the last known address.

3. Period of effect. A revocation shall be permanent unless and until overturned on appeal.

FORMS (12VAC5-31)

EMT Clinical Training Summary Record, EMS.TR.05 (rev. 8/2012)

Training Program Complaint Form, EMS.TR.30 (rev. 1/2011)

Course Approval Request, EMS.TR.01 (rev. 6/2011)

CTS Payment Request Form, EMS.TR.CTS.001 (rev. 6/2012)

EMS Variance/Exemption Application for Providers, EMS 6036 (rev. 6/2011)

EMS Variance/Exemption Application for Agencies, EMS 6037 (rev. 6/2011)

Course Summary Form, EMS.TR.03 (rev. 6/2011)

EMS Certification Application, Form A (undated)

EMS Training Program Enrollment Form, Form E (undated)

EMS Continuing Education Registration Card (undated)

Application for EMS Agency License (rev. 8/2012)

Application for EMS Vehicle Permit and Instructions (rev. 8/2012)

Complaint Report Form (rev. 11/2010)

Operational Medical Director Agreement (rev. 8/2012)

ALS-Coordinator Application, EMS.TR.31 (rev. 11/2011)

Emergency Medical Services Medical Record (rev. 6/2010)

BLS Course Student Information Package, EMS.TR.09 (rev. 5/2012)

ALS Course Student Information Package, EMS.TR.10 (rev. 5/2012)

BLS Individual Age, Clinical and Skill Performance Verification, EMS.TR.33 (rev. 1/2011)

Student Permission Form For BLS Students Less Than 18 Years Old, EMS.TR.07 (rev. 7/2011)

Physician Assistant & Nurse Practitioner Paramedic Challenge Competency Summary, EMS.TR.37 (rev. 2/2012)

Program Accreditation Application, Instructions and Self Study - Paramedic (rev, 7/2012)

Program Accreditation Application, Instructions and Self Study - Intermediate (rev. 7/2012)

Alternative Site Application for EMS Programs in Virginia (rev. 7/2012)

Rescue Squad Assistance Fund Grant Application, Office of Emergency Services (http://www.vdh.virginia.gov/OEMS/Agency/Grants/index.htm)

EMS System Initiative Award Application, Office of Emergency Services (http://www.vdh.virginia.gov/OEMS/Agency/Grants/index.htm)

OEMS Grant Program Memorandum of Agreement (rev. 1/2012)

Documents Incorporated by Reference (12VAC5-31)

Standards and Guidelines for an Accredited Education Program for the Accreditation of Educational Programs in the Emergency Medical Services Professions, adopted in 1978; revised in 1989, 1999, and 2005 by the American Academy of Pediatrics, American College of Cardiology, American College of Emergency Physicians, American College of Osteopathic Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, Commission on Accreditation of Allied Health Education Programs, National Association of Emergency Medical Services Educators, National Association of Emergency Medical Technicians, National Association of State Emergency Medical Services Directors, and National Registry of Emergency Medical Technicians.

American National Standard for High-Visibility Safety Apparel and Headwear, ANSI/ISEA 107–2010, revised 2010, International Safety Equipment Association.

Scope of Practice - Procedures for EMS Personnel, April 6, 2011, Virginia Office of Emergency Medical Services, Virginia Department of Health.

Scope of Practice - Formulary for EMS Personnel, April 6, 2011, Virginia Office of Emergency Medical Services, Virginia Department of Health.

Virginia Emergency Medical Services Education Standards, July 2012, Virginia Office of Emergency Medical Services, Virginia Department of Health.

EMT-Enhanced: Virginia Curriculum, revised June 2008, Virginia Office of Emergency Medical Services, Virginia Department of Health and U.S. Department of Transportation, National Highway Traffic Safety Administration:

Read Me Notes (revised June 2008)

Overview (revised June 2008)

Preparatory (revised June 2008)

Airway (revised June 2008)

Patient Assessment (revised June 2008)

Trauma (revised June 2008)

Medical (revised June 2008)

Assessment Based Management (revised June 2008)

Appendices A and B (revised June 2008)

Clinicals (October 18, 2001)

Alternative Course Presentation Format, T-070, effective July 1, 2012, Virginia Office of Emergency Medical Services, Virginia Department of Health.

Alternative Course Presentation Formats for Continuing Education Programming, T-855, effective May 1, 2009, Virginia Office of Emergency Medical Services, Virginia Department of Health.

Handbook for Webcasting of Continuing Education Programming, revised May 2012, Virginia Office of Emergency Medical Services, Virginia Department of Health.