EXHIBIT C

WEST VIRGINIA
SECRETARY OF STATE
NATALIE E. TENNANT
ADMINISTRATIVE LAW DIVISION

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OFFICE WEST VIRGINIA
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Form #6

NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE

AGENCY: DHHR - Bureau for Public Health TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES X NO ___

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 48

TITLE OF RULE BEING AMENDED: EMERGENCY MEDICAL SERVICES

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: ___

TITLE OF RULE BEING PROPOSED: ___

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) 295

SECTION §64-5-1(e), PASSED ON March 18, 2011

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE FOLLOWING DATE: April 21, 2011

M. J. Lewis

Authorized Signature

TITLE 64

LEGISLATIVE RULE

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

SERIES 48

EMERGENCY MEDICAL SERVICES

§64-48-1. General.

§64-48-2. Definitions.

§64-48-3. Systems/ Operations.

§64-48-4. Agencies.

§64-48-5. Vehicles.

§64-48-6. Personnel.

§64-48-7. Investigative/Disciplinary Actions.

§64-48-8. Education.

§64-48-9. Medical Direction.

§64-48-10. EMS Personnel in Emergency Departments.

§64-48-11. Administrative Due Process.

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OFFICE WEST VIRGINIA
SECRETARY OF STATE

TITLE 64

LEGISLATIVE RULE

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

SERIES 48
EMERGENCY MEDICAL SERVICES

§64-48-1. General.

1.1. Scope -- This rule is intended to ensure adequate provision of emergency medical services to the citizens of West Virginia and to meet the purposes set out in WV Code §16-4C-2; to provide clear direction to emergency medical services (EMS) personnel and agencies in West Virginia.

1.2. Authority -- WV Code §§16-1-4, 16-4C-6, 16-4C-14 and 16-4C-23.

1.3. Filing Date -- April , 2011

1.4. Effective Date – April , 2011

1.5. Repeal and Replacement of Former Rules -- This legislative rule repeals and replaces Bureau for Public Health rule, Emergency Medical Services, 64CSR48. Additionally, this rule repeals and supersedes two existing Legislative rules filed as: Division of Health rule, Specialized Multipatient Medical Transport, 64CSR29; and Division of Health rule, Fire Department Rapid Response Services Licensure, 64CSR44. All statutorily required elements of those rules are included in and addressed by this rule.

1.6. Applicability -- The provisions of this rule are not intended to limit the scope of practice of any person who is a duly licensed health care provider under other pertinent provisions of this code and who is acting within the scope of his or her license. This rule applies to all persons or entities defined in WV Code §§16-4C-14 and 16-4C-3 and to all other persons or entities engaging in the provision of emergency medical services in West Virginia; including, but not limited to; the following:

1.6.a. Emergency medical services agencies;

1.6.b. Emergency medical services personnel;

1.6.c. Emergency medical services providers;

1.6.d. Emergency medical services line officers;

1.6.e. Medical command; and

1.6.f. Small emergency medical services providers.

1.7. Enforcement -- This rule is enforced by the Commissioner of the Bureau for Public Health.

§64-48-2. Definitions.

2.1. ACT -- A person certified as an Advanced Care Technician

2.2. Advanced Life Support (ALS) -- A level of emergency medical services which includes, but is not limited to; the assessment, treatment and transportation of sick and injured persons, invasive and non-invasive medical procedures, the administration of medications and basic life support procedures as approved for the appropriate level of certification by the OEMS Medical Direction System.

2.3. Air Ambulance -- An aircraft configured and medically equipped to transport patients by air. The patient care compartment of air medical ambulances shall be staffed by a certified medical crew meeting the requirements of this rule.

2.4. Agency Medical Director -- A West Virginia licensed physician who meets the requirements of subdivision 9.1.e. of this rule, and accepts responsibility for providing medical oversight, medical performance review and extending privilege to practice to a licensed EMS agency and its personnel under the guidelines established by OEMS.

2.5. Basic Life Support (BLS) -- A level of emergency medical services which includes, but is not limited to, assessment, treatment and transportation of sick and injured persons; including medical procedures, the administration of limited medications, basic life saving procedures and continuous medical supervision as approved for the appropriate level of certification by the OEMS Medical Direction System.

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

2.7. Certification Transfer -- The issuance of certification through reciprocity, legal recognition, challenge, or equivalency based on prior training, certification or licensure in another state, commonwealth, territory or the United States military.

2.8. Communications Center -- A facility that receives calls for emergency assistance and dispatches the appropriate responders to EMS incidents for a particular geographic area. These facilities include, but are not limited to 911 centers, stand alone dispatch centers and other public safety answering points.

2.9. Credentialing -- The total process of becoming certified and authorized to practice EMS in West Virginia.

2.10. Critical Care Transport -- A level of sophisticated, specialized medical care and transportation requiring specifically trained, skilled and equipped personnel operating under guidelines established by the OEMS Medical Direction System.

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

2.12. Driver -- A person who possesses appropriate qualifications, as specified by the Commissioner pursuant to this rule, that is responsible for the operation of a ground EMS vehicle.

2.13. Emergency Medical Services Vehicle (EMS vehicle) -- EMS transportation vehicles including: ambulances, air ambulances and other patient transportation vehicles; and non-transporting, medically equipped vehicles operated by licensed EMS agencies as described in this rule. EMS vehicles include any private or publicly owned vehicle or craft intended to provide on-scene emergency medical services or patient transportation.

2.14. EMD -- A person certified as an Emergency Medical Dispatcher.

2.15. EMR -- A person certified as an Emergency Medical Responder.

2.16. EMS Data System -- An electronic system designated by OEMS for the collection, storage, and retrieval of all information relating to the provision of EMS including, but not limited to electronic patient care records, the credentialing information system (CIS), the state medical asset resource tracking tool (SMARTT), EMS toolkits, medical command data, and other specialized data collections.

2.17. EMS Incident -- An event which generates a request to provide emergency medical services assessment, treatment or transportation by EMS agencies and personnel. EMS incidents include, but are not limited to 911 response, non-emergency transportation, inter-facility transport, patient refusals of care, no care needed or provided and standby in support of other emergency responses or emergency events.

2.18. EMS Medical Director -- A West Virginia licensed physician, board certified in emergency medicine, with substantial experience in emergency medicine, appointed by the Commissioner, to oversee all medical aspects of the WV Emergency Medical Services (OEMS) System.

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

2.20. EMT-M -- A person certified as an Emergency Medical Technician – Miner.

2.21. EMVO -- A person certified as an Emergency Medical Vehicle Operator.

2.22. Inspector – A person authorized by OEMS to inspect EMS agencies, vehicles, training

institutions, or other facilities as necessary.

2.23. Investigator -- A person authorized by OEMS to conduct investigations on behalf of the Commissioner.

2.24. Local EMS System -- A coordinated arrangement of resources organized to provide emergency ambulance service within a defined geographical area. The systems are provided under the authority of either a county commission, statutory ambulance authority or other legislatively-established entity charged with the responsibility for providing the service.

2.25. Medical Command Center -- A designated facility staffed by paramedic communications specialists, operating under medical supervision, who provide on-line advice and direction to EMS personnel for specific EMS incidents regarding treatment, triage and destination decisions under the guidelines of the EMS Medical Direction System.

2.26. Medical Command Physician (MCP) -- A West Virginia licensed physician operating as part of a medical command center who provides on-line medical direction to EMS personnel using patient care treatment, triage and transportation protocols and guidelines approved by the Office of EMS. The MCP has ultimate authority and responsibility for patient care activities provided on a specific EMS incident.

2.27. Medical Direction System -- The aggregate medical resources responsible for the establishment of policies and procedures governing all aspects of the operation of the on-line and off-line medical direction for all EMS activities in West Virginia.

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

2.29. Medical Policy and Care Committee (MPCC) -- The MPCC is composed of each regional medical director and may include physicians representing specialty areas such as pediatrics, trauma cardiology and others as necessary. The committee serves as the primary policy making body and advisory body to the state EMS Medical Director concerning medical issues involving the OEMS system. The committee shall meet at least bi-annually, or more frequently as necessary.

2.30. Mobile Critical Care Nurse (MCCN) -- A person possessing a valid, unrestricted Registered Nurse license in West Virginia who meets OEMS requirements for paramedic certification and who has completed additional state-approved education and meets other requirements to provide Critical Care Transport.

2.31. Mobile Critical Care Paramedic (MCCP) -- A person certified as a paramedic who has completed additional state-approved education and meets other requirements to provide Critical Care Transport.

2.32. Non-Public EMS Response Entity – A licensed EMS agency which provides EMS to a specific population and geographic area, including, but not limited to industrial sites and military operations. The service is not accessible by or available to the general public.

2.33. OEMS -- The Office of Emergency Medical Services under the Commissioner of the Bureau for Public Health as created by statute in WV Code §16-4C-4.

2.34. Official Representative – An individual assigned by the licensed EMS agency with signature authority to represent the licensed EMS agency.

2.35. Off-Line Medical Direction -- The component of medical oversight provided to EMS personnel and agencies including, but not limited to; medical treatment protocols and guidelines, triage protocols, destination protocols, policies and procedures, determination of EMS personnel scopes of practice, privilege to practice, medical command center operation, and other issues of a medical nature.

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

2.37. Paramedic -- A person certified as a Paramedic.

2.38. Patient Transportation -- Movement or transfer of a patient from any location to another by an EMS vehicle licensed by OEMS.

2.39. Pilot-in-Command -- A person who possesses appropriate Federal Aviation Administration credentials and who, pursuant to this rule, is responsible for the operation of an air ambulance

2.40. Primary Patient Caregiver -- A person certified pursuant to this rule that has primary authority and responsibility for the care of patients with respect to the provision of emergency medical services on a particular EMS incident.

2.41. Privilege to Practice – Authority to perform those skills and procedures defined within the scope of practice established by the OEMS Medical Direction System for a particular level of certification granted by the agency medical director with concurrence of the State EMS Medical Director.

2.42. Protocol -- A document developed and approved by the Medical Policy and Care Committee that describes the diagnostic procedures, treatment procedures, medication administration and patient care practices that shall be completed by EMS personnel within their scope of practice based upon the assessment of a patient, and the scope of practice of the primary patient caregiver.

2.43. Rapid Response -- A form of EMS designed to provide an initial response service to improve EMS incident response time and patient outcome. Rapid response services shall be

coordinated as part of a local EMS system or licensed EMS agency. Rapid response EMS personnel operating under the OEMS Medical Direction System, provide on-scene assessment, intervention and treatment without patient transportation.

2.44. Recertification -- The process by which EMS personnel renew an EMS certificate for which they are or were certified in this State.

2.45. Regional EMS Medical Director – A West Virginia licensed physician, recommended by a regional EMS Board of Directors and by the EMS Medical Director, appointed by the Commissioner to oversee medical aspects of EMS within a particular geographic region of the state.

§64-48-3. Systems and Operations.

3.1. Local EMS Systems -- WV Code §7-15-1, et seq., establishes the duty of county commissions to provide emergency ambulance service. That service may be provided directly, through private enterprise, by its designees, by contracting, by creation of an ambulance authority or other legislatively-established entity charged with the responsibility for providing the service.

3.1.a. County commissions shall establish local EMS systems which:

3.1.a.1. Define a geographical service area, the minimum size of which shall be one (1) county; and

3.1.a.2. Establish the minimum level of service required within the service area and ensures the established level of care is available to all citizens within that service area 24 hours per day and 365 days per year.

3.1.b. Each county shall develop an EMS plan describing how the local EMS system will address:

3.1.b.1. The dispatch, coordination and oversight of all agencies and personnel operating within the local EMS system;

3.1.b.2. The provision of sufficient numbers of permitted and staffed ambulances to provide emergency ambulance coverage to the service area 24 hours per day;

3.1.b.3. The establishment, monitoring and reporting of system response time standards;

3.1.b.4. The integration of EMS with other county emergency management entities in the county's all-hazard disaster plan; and

3.1.b.5. The establishment of an EMS communication system that provides for:

3.1.b.5.A. Public access using the telephone number 9-1-1 within the public telephone network as the primary method to request EMS assistance;

3.1.b.5.B. An emergency communications system operated by public safety telecommunicators with training in the management of calls for emergency medical assistance available 24 hours per day;

3.1.b.5.C. Dispatch of the most appropriate EMS agency or EMS vehicle to any request for assistance in accordance with a written plan for management and deployment of EMS resources, including requests for mutual aid; and

3.1.b.5.D. Two-way voice communications from within the defined service area to the emergency communications center or Public Safety Answering Point (PSAP).

3.1.c. A local EMS system may use one (1) or more licensed EMS agencies within the established service area.

3.1.d. County commission statutory ambulance authorities or other statutory entities charged with the responsibility for providing the service shall designate those transporting and non-transporting EMS agencies which are affiliated with the local EMS system. Air ambulance agencies and non-public response agencies are exempt from this requirement.

3.1.d.1. Affiliation shall be evidenced by a contract, franchise agreement or other written documentation.

3.1.e. Local EMS Systems shall designate an official contact person who shall be the primary contact for OEMS in all matters relating to the local EMS System.

3.2. EMS Data System

3.2.a. OEMS shall participate in the National EMS Information System (NEMSIS) electronic data collection project. OEMS shall establish and publish a minimum EMS data set required for collection on all EMS incidents. An EMS data dictionary shall be established describing the definitions of each data element. All data collection systems shall be certified NEMSIS compliant for all state required data elements. OEMS shall maintain a list of collection programs approved for use in the state. Additionally, state approved collection programs shall be certified NEMSIS compliant for each EMS agency.

3.2.b. EMS agencies shall collect, maintain and report accurate patient data for all EMS incidents. Agencies shall complete a patient care report (PCR) for all EMS incidents. PCRs shall be completed and submitted to the West Virginia Prehospital Information System (PreMIS) following the conclusion of providing EMS services to a patient, in accordance with policies and guidelines established by OEMS.

3.2.c. When an ambulance transports a patient to a medical facility's emergency room or department, at a minimum a patient handoff report as specified by OEMS, shall be provided to

the facility prior to departing. Within seventy-two (72) hours of the conclusion of providing EMS services to a patient, the EMS agency shall make a copy of the complete PCR available to the receiving facility, either electronically or written, which shall serve as the official record of the EMS incident.

§64-48-4. Agencies.

4.1. The Commissioner shall evaluate EMS agencies according to this rule.

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

4.3. License Required. -- A person or entity shall not establish or operate and maintain or advertise any service or organization as an EMS agency without a valid OEMS license.

4.4. Display of License. -- The license shall be displayed publicly in the headquarters of the agency.

4.5. Licensed Service Types. -- EMS licenses shall be issued for one or more of the following EMS services:

4.5.a. Rapid response. -- basic life support;

4.5.b. Rapid response. -- advanced life support;

4.5.c. Basic life support;

4.5.d. Advanced life support;

4.5.e. Critical care transport;

4.5.f. Rotary wing transport;

4.5.g. Fixed wing transport;

4.5.h. Specialized multi-patient medical transport. This type of service may not be licensed unless the agency provides at least basic life support service; and

4.5.i. Fire Department Rapid Response – This applies only to fire departments certified by the State Fire Commission.

4.5.i.1. A fire department rapid response service that charges a fee for its medical services or transports patients is subject to all licensure requirements and applicable standards of this rule, including the payment of fees.

4.5.i.2. A fire department rapid response service that does not charge a fee for its

medical services or transport of patients shall obtain one of the following:

4.5.i.2.A. A license subject to all requirements and applicable standards of this rule, including full inspection and payment of fees; or

4.5.i.2.B. A license subject to requirements and applicable standards of this rule as outlined in subdivision 4.9.a. of this rule.

4.5.i.3. A certified fire department is not subject to licensure as described in this rule if it only provides CPR and AED services, manpower or other non-medical assistance at EMS incidents.

4.6. Advertising. -- EMS agencies shall not advertise, in print, electronic or other media for public consumption, any service for which they are not licensed. Aeromedical agencies shall not solicit direct flight requests for service from the general public. Agencies may advertise for personnel or other community-oriented activities.

4.7. Application.

4.7.a. The EMS agency shall submit an application to OEMS for a license, in a format specified by the Commissioner, prior to agency inspection.

4.7.b. Any EMS agency seeking to make changes in the level of service, service area, station locations or number of vehicles shall submit an application in a format specified by the Commissioner, prior to making the change.

4.7.c. Management of an EMS agency includes those serving as Official Representative, Medical Director or Training Officer. Any changes to Management require a revised application to be submitted within ten (10) days of the change.

4.8. Verification. -- The Commissioner may use any lawful investigatory means necessary to verify information contained in an application.

4.9. License Issuance. -- The Commissioner shall determine whether an applicant shall be issued a license based upon: the applicant's previous record of performance in the provision of a similar service; the resources available to the applicant for the provision of services; an objective measurement of the applicant's compliance with requirements and standards of this rule; and evidence of the applicant's current compliance with all state, local and federal obligations, included, but not limited to; taxes and worker's compensation obligations.

4.10. Inspection. -- The Commissioner may inspect all places of operation of an EMS agency or proposed EMS agency, at any time, for compliance with this rule. The inspection shall be in addition to other federal, state or local inspections required by law. The inspection shall include all places of operations and all records of the EMS agency or proposed EMS agency. The Commissioner may inspect, but not copy or maintain, records of a protected status.

4.10.a. Fire department rapid response agency inspection:

4.10.a.1. The Official Representative of the agency, as indicated on the application, shall verify the applicant's compliance with the requirements of this rule and sign and attest to compliance before a notary public.

4.10.a.2. The Commissioner may inspect all places of operation of an existing or proposed fire department rapid response service for compliance with this rule. The inspection shall be in addition to other federal, state, or local inspections required by law. The Commissioner may inspect, but not copy or maintain, records of a protected status.

4.10.a.3. Inspections shall be conducted at no cost to the applicant.

4.11. Place of Operations. -- EMS agencies shall comply with the following requirements pertaining to all places of operations:

4.11.a. Storage. -- The EMS agency shall provide adequate and clean storage spaces in an enclosed area for equipment and supplies. These storage spaces shall be constructed to permit thorough cleaning;

4.11.b. Supplies. -- The EMS agency shall maintain medical supplies required for all the classes of vehicles operated by the agency;

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

4.11.d. Living Quarters. -- If crews are required to work twenty-four (24) hour or greater length shifts, appropriate quarters shall be provided. These quarters shall meet standards established by WV Code §21-3-1, Safety and Welfare of Employees, and others established by the Commissioner; and

4.11.e. Medical Waste. -- All forms of medical waste shall be stored and disposed of according to WV Code §20-5J-1, et seq. and Division of Health Legislative Rule, Infectious Medical Waste, 64CSR56.

4.12. Operational Policies and Procedures. -- EMS agencies shall maintain current written operational policies and procedures which are subject to inspection by the Commissioner. Required policies and procedures include, but are not limited to: operation and maintenance of services; equipment and facilities management; health and safety practices for EMS personnel; patient safety; a medication management plan compliant with federal and state requirements; infection control practices; anti-harassment; vehicle operations; and personnel management. Additional aeromedical agency requirements include: a contemporaneous flight following plan used in all phases of flight operations; a notification policy for requesting agencies and facilities which includes estimated time of arrival, any changes in time or flight status; a routinely drilled post accident/incident plan; a policy to reduce "helicopter shopping" including appropriate pre-flight screening and cooperation with other aeromedical providers; and a customer education program addressing patient preparation, landing zone management, and customer safety around the aircraft & equipment.

4.13. Records. -- EMS agencies are responsible for the preparation and maintenance of records. All records are subject to inspection by the Commissioner. Records shall be stored in a manner as to provide reasonable safety from water and fire damage and from disclosure to persons other than those authorized by law. Secure storage shall be provided for all medical records. EMS agencies shall comply with data collection and reporting requirements in subsection 3.2. of this rule. The EMS agency shall prepare and maintain for a period of not less than seven (7) years the following records:

4.13.a. Personnel records for EMS personnel and other staff documenting training, qualifications and certifications for positions held;

4.13.b. Records for each EMS vehicle including vehicle registration records, records of safety inspections, repair and crash incident reports as specified by the Commissioner;

4.14. Insurance. -- Each EMS agency shall have in effect, maintain and furnish proof of errors and omissions insurance as required by WV Code §16-4C-16, and current insurance policies for all EMS vehicles operated by the agency.

4.15. Non-Discrimination. -- EMS agencies shall maintain a written policy to prohibit the refusal of emergency response, treatment and transportation of patients to the nearest appropriate facility on EMS incidents with potentially critical illness or injury, regardless of the patient's age, sex, ethnicity or ability to pay for services.

4.16. Public Access. –An EMS agency shall provide a publicly listed telephone number to receive requests for service from the general public within its regular operating area.

4.16.a. The primary emergency number shall be 911.

4.16.b. Secondary telephone numbers may be provided for the provision of non-emergency services.

4.16.c. An EMS agency that, according to written policy, does not respond to calls from the general public and responds only to calls from a defined, closed population, such as the population of an institution, an industrial plant, facility or a university, is not required to provide a publicly listed telephone number. These agencies shall provide a telephone number that is known to the defined population served and is answered during all periods when that population may require service.

4.17. Availability -- EMS agencies shall ensure that service for which they are licensed is available to the public or population served within their regular operating area on a twenty-four (24) hour continuous basis either by providing the service themselves or by written agreement with another licensed EMS agency.

4.18. Communications -- EMS communication systems shall comply with state and federal rules, regulations, policies and protocols.

4.19. Performance Improvement – EMS agencies shall comply with the minimum performance improvement program established by the Commissioner.

4.20. Standards -- In addition to the requirements set forth in this rule, the Commissioner shall score the EMS agency or proposed EMS agency according to the following standards:

4.20.a. Applicability of Standards. -- Certain standards, as determined by the Commissioner, may not apply to an EMS agency depending on the type of service provided or population served.

4.21. Level of Service. EMS Agencies that have been licensed by the Commissioner are subject to a rating system based upon the following evaluations and point scores.

4.21.a. ALS staffed and equipped EMS vehicles are dispatched on all emergency requests for service, or; a tiered response is dispatched based on criteria from an OEMS recognized Emergency Medical Dispatch program. Fifteen (15) points.

4.21.b. ALS services are available only on a part-time basis. Ten (10) points.

4.21.c. BLS services only are available. Five (5) points.

4.22. Medical Accountability.

4.22.a. Off-Line Medical Direction.

4.22.a.1. The medical director has a written contract with the EMS agency outlining duties and responsibilities and is actively involved with the agency through direct participation in activities, included, but not limited to; oversight of training, skills maintenance and recertification; equipment selection; clinical performance evaluation and the performance improvement process as evidenced by documented participation in quarterly, or more frequent, meetings with agency officials and personnel. Ten (10) points; or

4.22.a.2. The medical director has a written contract with the EMS agency outlining duties and responsibilities with minimal evidence of active involvement with the agency. Five (5) points.

4.22.b. Performance Improvement – The EMS agency demonstrates superior commitment to performance improvement as evidenced by activities substantially exceeding state minimum requirements described in subsection 4.18. of this rule. Fifteen (15) points.

4.23. Rapid Response.

4.23.a. The EMS agency has a rapid response program which routinely places trained and equipped personnel on the scene of potential life-threatening emergencies prior to the arrival of

an ambulance, in accordance with policies and guidelines established by OEMS. Five (5) points; or

4.23.b. The EMS agency has formalized rapid response capabilities provided irregularly, or is not available in all parts of the service area. Two (2) points.

4.24. Public Education and Information

4.24.a. The EMS agency has community presence which is documented through provision of EMS public education and community service programs for the covered population. The EMS agency offers the activities quarterly, or more often and actively participates with outside organizations and groups. Five (5) points; or

4.24.b. The EMS agency provides limited or intermittent education or service programs within the community. One (1) point.

4.25. Disaster Capability

4.25.a. Disaster Plan. The EMS agency has a current, written all-hazards plan for disaster response which is integrated with adjacent providers and emergency management officials. The plan is compliant with current federal and state emergency planning and operational standards. Five (5) points.

4.25.b. Disaster Drills

4.25.b.1.The EMS agency conducts, or participates in, disaster drills with adjacent EMS agencies, other emergency response entities and county emergency management agencies at least annually. Five (5) points.

4.26. Mutual Aid

4.26.a. The EMS agency maintains current written mutual aid agreements addressing all aspects of reciprocal service provision with all adjacent EMS agencies, or operates under written mutual aid guidelines established by the local EMS system. Five (5) points.

4.26.b. The EMS agency has limited-scope mutual aid agreements or does not have them with all adjacent EMS agencies. One (1) point.

4.27. Personnel

4.27.a. Job Descriptions – The EMS agency maintains current written job descriptions for all positions within the agency. Three (3) points.

4.27.b. Recruitment – The EMS agency uses a formal, documented recruitment program to actively recruit new personnel. Three (3) points.

4.27.c. Personnel Screening – The EMS agency screens and selects applicants with a formal, documented, objective process. Three (3) points.

4.27.d. Orientation – The EMS agency uses a formal orientation process with documented completion of specific stated objectives. Documentation of completion is maintained in each personnel file. Three (3) points.

4.27.e. Retention – The EMS agency uses a formal, documented retention program to aid in retention of qualified personnel. Three (3) points.

4.28. Education and Training

4.28.a. Personnel Education

4.28.a.1. The EMS agency provides EMS education for all EMS personnel levels within the agency. Educational offerings exceed minimum recertification requirements and include at least one program leading to original certification. Fifteen (15) points;

4.28.a.2. The EMS agency provides, or makes available, in-house training activities meeting all minimum recertification requirements for all EMS personnel levels within the agency. Ten (10) points; or

4.28.a.3. The EMS agency provides some in-house training activities meeting some recertification requirements for EMS personnel. Five (5) points.

4.28.b. Training Officer's Program. The EMS agency participates fully in the state approved training officers' program with a qualified designated agency training officer and offers in-house continuing education programs a minimum of two (2) time per year. Ten (10) points.

4.29. Financial – the following shall be prepared according to generally accepted accounting practices:

4.29.a. Budget – The EMS agency shall have an approved, written operating and capital expenditures budget which includes projected income and expenses, actual income and expenses, and an accounting of budget variances. Budget reports are provided quarterly, at a minimum, to the agency's governing body or ownership, management personnel and other significant stakeholders. Five (5) points.

4.29.b. Financial Stability – The EMS agency is financially viable as evidenced by:

4.29.b.1. A full financial audit or quarterly articulated financial statements provided by an independent accounting firm during the license period. Ten(10) points;

4.29.b.2. A financial review conducted by an independent entity within the license period. Five (5) points; and

4.29.b.3. Interim articulated financial statements. Two (2) points.

4.29.c. Financial Responsibility – The EMS agency has formally designated individuals with financial responsibility. Individuals with financial responsibility shall be appropriately insured or bonded. Five (5) points.

4.30. Facilities and Equipment

4.30.a. Facilities Maintenance Program -- The EMS agency uses a documented, comprehensive program of routine inspection and preventive maintenance for all agency facilities. Five (5) points.

4.30.b. Vehicle Maintenance Program – The EMS agency uses a documented, comprehensive program of routine inspection and preventive maintenance performed by qualified personnel for all EMS vehicles. Five (5) points.

4.30.c. Medical Equipment – The EMS agency uses a documented, comprehensive program of routine inspection and preventive maintenance performed by qualified personnel for all EMS medical equipment. Five (5) points.

4.31. Accountability and Stability

4.31.a. Government Support and Recognition:

4.31.a.1. The responsible county commission statutory ambulance authority or other statutory entity charged with the responsibility for providing the service formally recognizes the agency as part of the local EMS system and provides sufficient resources to support of agency operations. Five (5) points; or

4.31.a.2. The agency is formally recognized by the responsible county commission, statutory ambulance authority or other statutory entity charged with the responsibility for providing the service as part of the local EMS system but receives minimal support. One (2) points;

4.31.b. Organization and Management:

4.31.b.1. The agency is formally and legally organized with clear lines of managerial authority and responsibility as evidenced by an agency charter or articles of incorporation, current written by-laws, current registration with the Secretary of State, current organizational charts, policies, etc. Five (5) points.

4.31.b.2. Management Education – EMS agency management personnel have documented education in EMS management practices and procedures. Continuing education in management practice is required and participation of current management personnel is documented. Five (5) points.

4.32. The Commissioner may issue a license according to WV Code §16-4C-4a, provided the information contained in the application is complete and correct, and the applicant is determined eligible for licensure by the Commissioner in accordance with this rule.

4.33. The Commissioner shall notify the EMS agency in writing of the findings of the inspection and, if the inspection is approved, issue an EMS agency license within sixty (60) days of receipt of application and completion of agency and vehicle inspections.

4.34. An EMS agency license shall include the following information:

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

4.34.b. The name of the official representative of the EMS agency;

4.34.c. All levels of service for which the agency is licensed; and

4.34.d. The issue and expiration dates of the license.

4.35. The standards ratings and renewal periods are determined as follows:

4.35.a. "A" rating – a score of ninety percent (90%) or higher of applicable points. A four (4) year license shall be issued.

4.35.b. "B" rating – a score of between eighty percent (80%) and eighty-nine percent (89%) of applicable points. A three (3) year license may be issued.

4.35.c."C" rating – a score of between seventy percent (70%) and seventy-nine percent (79%) of applicable points. A two (2) year license may be issued.

4.35.d. "F" rating – a score of less than seventy percent (70%) of applicable points. No license shall be issued.

4.35.e. "Provisional" rating – a score of greater than seventy percent (70%) of applicable points earned by a new agency. Six (6) months license may be issued; and

4.35.f. Extension of license – The Commissioner may extend, as necessary, an agency license for a period of not greater than six (6) months from the date of expiration.

4.36 Review of Preliminary Agency Inspection Findings.

4.36.a. When a preliminary inspection report is completed, the OEMS inspector and the agency official representative shall meet to discuss the findings.

4.36.a.1. The agency official representative shall either concur with the findings or present documentation or facts disputing any portion of the preliminary inspection report.

4.36.b. In the case of disputed findings the OEMS inspector may concur with the information provided and revise the findings appropriately, or refer the preliminary inspection report, along with all documentation presented by the official representative to the Director of OEMS for review.

4.36.b.1. The Director may either uphold the inspector's findings or modify the findings based on the facts presented.

4.36.b.2. The Director shall communicate his or her action to the agency principal official within ten (10) days of receiving the preliminary inspection report and associated documentation.

4.37. Plan of Improvement.

4.37.a. An EMS Agency may submit a plan of improvement to improve the rating upon receipt of a final license inspection report.

4.37.b. A plan of improvement shall only be applicable to the standards section of a final license inspection report.

4.37.c. The agency has ten (10) working days from receipt of the final license inspection report to notify OEMS of intent to submit a plan of improvement.

4.37.d. The proposed plan of improvement shall be submitted within fifteen (15) days of initial notification.

4.37.e. Plans of improvement shall include:

4.37.e.1. Standards to be addressed;

4.37.e.2. Specific improvement strategies to be implemented;

4.37.e.3. The desired outcome of the proposed improvements; and

4.37.e.4. A proposed implementation period.

4.37.f. The Commissioner has ten (10) working days to approve or reject the plan.

4.37.g. The agency shall specify the areas of the plan he or she rejected.

4.37.h. In the event the plan is rejected, the agency may submit a revised plan within ten (10) working days of receipt of notice of the plan's rejection.

4.37.i. Once an improvement plan is approved, the agency shall complete the proposed improvements within the agency's specified implementation period.

4.37.j. Upon completion of the improvement period, OEMS shall re-inspect the specific standards proposed for improvement.

4.37.k. If, as a result of re-inspection, standards ratings improve, the Commissioner shall issue a new license reflecting the change.

4.37.l. If, as a result of re-inspection, there is no improvement, the original license rating shall stand without opportunity for further review until the next inspection period.

4.38. Alternative Licensing Method.

4.38.a. In lieu of the requirements set forth in this section, the Commissioner may recognize an agency evaluation by a nationally recognized EMS agency accrediting body as meeting State licensing requirements; provided that the nationally recognized EMS agency meets or exceeds State requirements, as determined by the Commissioner;

4.38.b. An OEMS inspector shall accompany accreditation officials during the site visit to the EMS agency;

4.38.c. The accrediting body shall provide a copy of the findings of the accreditation site visit directly to OEMS; and

4.38.d. Agencies seeking alternative licensing are subject to the fees set forth in subsection 4.39. of this rule.

4.39. Agency Fees– Non-refundable fees for agency license and vehicle permits are due upon receipt of the invoice. Fees are:

4.39.a. Original agency license application, five hundred dollars ($500.00).

4.39.b. Renewal fee for each agency licensing period, three hundred dollars ($300.00), except that no additional fee shall be charged to provisional licensees.

4.39.c. Yearly EMS vehicle permit, two hundred dollars ($200.00) per vehicle. Non-transporting vehicles are exempt from this fee.

4.39.d. Agency license modification, including revision based upon a plan of improvement, one hundred dollars ($100.00). A change of official representative, medical director, training officer, postal address or other contact information is exempt from this fee.

4.39.e. Fees shall be paid to the West Virginia Bureau for Public Health in a manner specified by the Commissioner.

§64-48-5.Vehicles.

5.1. General Requirements.

5.1.a. Unless specified differently herein, ground ambulances shall meet applicable US Government Services Agency KKK-A-1822 or subsequent federally approved specifications at the time of the vehicle's manufacture.

5.1.b. Each EMS vehicle shall be maintained in good repair and operating condition and shall have a current state inspection if required by the state issuing the vehicle license.

5.1.c. EMS vehicles shall not be maintained or operated except by a licensed EMS agency. United States government EMS vehicles are exempt from this requirement.

5.1.d. The EMS agency may exercise emergency operating privileges, including the use of audible and visible emergency warning devices, only during response to the location of an emergency call, while at the location, and during transportation of a patient. Operation of these devices shall be in compliance with the WV Code §17C-2-5.

5.1.e. All drivers of ground EMS vehicles shall meet the requirements of paragraphs 6.7.a.9., 6.7.a.10. and 6.7.a.11. of this rule, in addition to minimum standards established for the individual's level of certification.

5.1.f. Sanitation. -- The following requirements for sanitary conditions apply to all EMS vehicles:

5.1.f.1. The interior of EMS vehicles, including all storage areas, linens, equipment, and supplies shall be clean and sanitary;

5.1.f.2. Freshly laundered linen or disposable sheets and pillow cases shall be used during the transporting of patients and shall be changed after each use;

5.1.f.3. Pillows and mattresses used in EMS vehicles shall be clean and in good repair;

5.1.f.4. Plastic bags, covered containers or compartments shall be used for the storage of soiled supplies and used disposable items. Biohazard bags clearly marked with the biohazard symbol shall be used for infectious waste;

5.1.f.5. Exterior surfaces shall be clean;

5.1.f.6. Blankets used in EMS vehicles shall be clean and replaced after use;

5.1.f.7. Single use devices or supplies shall be stored in a sterile manner and appropriately disposed of after use. Reusable items shall be sterilized in accordance with current medical practices;

5.1.f.8. Waterless antibacterial hand cleaner shall be available on each EMS vehicle;

5.1.f.9. A bleach or disinfectant solution, approved by the United States Centers for Disease Control, shall be available on EMS vehicles for cleaning purposes;

5.1.f.10. A disposal container for used sharp items shall be available on each EMS vehicle; and

5.1.f.11. The EMS agency shall ensure that, when EMS vehicles are used to transport a patient with an infectious disease, all interior contact surfaces shall be cleaned and disinfected prior to being occupied by another patient.

5.1.g. Equipment and Supplies. -- The EMS agency shall ensure that each EMS vehicle has all required equipment and supplies necessary for the level of service being provided while en route to an EMS incident, at the scene and during transport of a patient.

5.1.g.1. The EMS agency shall ensure that vehicle equipment is maintained in good working operation at all times.

5.1.g.2. The EMS agency shall ensure that supplies are restocked as necessary to maintain the minimum requirements during each response.

5.1.h. The operator's compartment shall accommodate safe operation of the EMS vehicle.

5.1.i. Safety belts shall be available and operational for all seat positions in EMS vehicles, no shoulder harness-type restraints are allowed on side-facing seat positions.

5.1.j. All EMS vehicles shall have a lockable storage compartment for a medications in accordance with policies established by OEMS.

5.1.k. Exterior Vehicle Marking Requirements:

5.1.k.1. All ground ambulances purchased on or after January 1, 2012, shall have the following retro reflective marking:

5.1.k.1.A. A four inch (4") wide stripe running the length of the sides of the vehicle at or below the level of the bottom of the windshield;

5.1.k.1.B. Rear facing vertical surfaces 50% of which have a forty-five (45) degree down-and-away chevron pattern of contrasting-color 6" stripes;

5.1.k.1.C. A four inch (4") wide stripe on 25% of the width of the front of the vehicle;

5.1.k.1.D. A two inch (2") wide vehicle side and rear boundary contour or edge markings; and

5.1.k.1.E. A twelve inch (12") "Star of Life" emblems on both sides and the rear of the vehicle.

5.1.k.2. The name of the agency shall appear on both sides and the back of the vehicle in four inch (4") minimum height letters. Clearly readable logos or emblems are acceptable.

5.1.k.3. An EMS vehicle may only be lettered with the terms "Paramedic", "Advanced Life Support", "Critical Care Transport" or similar service-level designations when the vehicle is both equipped and staffed by appropriately certified EMS personnel.

5.1.k.4. The public access emergency telephone number 9-1-1 shall be displayed on the ambulance. Specialized Multi Patient Medical Transport (SMPMT) and non-public access EMS vehicles may display a different number.

5.1.k.5. Emergency warning lights shall be visible from all four sides of the vehicle.

5.1.k.6. One (1) or more audible warning devices shall be installed to provide adequate audible warning.

5.1.k.7. All EMS vehicles shall have communications equipment which provides voice communication between the vehicle and its dispatch center, other EMS vehicles of the same EMS agency, and medical command. Communication equipment shall be operational and compatible with the EMS communication system and comply with state and federal rules, regulations, policies and protocols.

5.1.l. Inspection. -- All EMS vehicles are subject to inspection by the Commissioner for compliance with this rule at any time and without prior notification. This inspection shall be in addition to other inspections required for EMS vehicles by Federal, State, or local law, rules, and regulations.

5.2. Non-Transporting EMS Vehicles.

5.2.a. The EMS Agency may use non-transporting EMS vehicles intended for the immediate movement of EMS personnel and equipment to the location of an EMS incident. Personally Owned Vehicles (POVs) may be used for similar purposes and are exempt from this rule, provided that they are authorized by the official representative of the licensed EMS agency.

POVs and their operators are subject to requirements of the Division of Motor Vehicles and OEMS Emergency Vehicle Permit program.

5.2.b. Non-transporting EMS vehicles shall not be used for the transportation of patients, except in the case of a disaster.

5.3. Transporting EMS Vehicles, excluding Specialized Multi Patient Medical Transport vehicles, shall meet the following requirements:

5.3.a. Transporting EMS vehicles are used for the delivery of basic or advanced life support or critical care transport. The equipment, supplies, and staffing required are dependent upon the level of service being provided on a particular EMS incident as specified in the Medical Direction System's policy, protocols and scope of practice.

5.3.b. Staffing is dependent upon the level of service being provided on a particular EMS incident as specified in the Medical Direction system's policy, protocols and scope of practice and appropriate staff shall be onboard at all times during patient treatment and transport:

5.3.b.1. Basic life support – at a minimum a certified EMVO and EMT;

5.3.b.2. Advanced life support – at a minimum a certified EMVO and ACT or Paramedic, provided that individual protocols may specify alternative staffing as specified by the OEMS Medical Direction System.

5.3.b.3. Critical care transport – at a minimum a certified EMVO and two (2) MCCPs, or one (1) MCCP and one (1) MCCN as required by treatment guidelines and policies specific to the individual patient's care requirements as specified by the OEMS Medical Direction System. Hospital-based specialty medical personnel may replace one of the certified EMS personnel for the purpose of providing a higher level of care required by a particular patient.

5.3.b.4. The minimum equipment and supplies required are dependent upon the level of service being provided on a particular EMS incident as specified in OEMS's policy, protocols and scope of practice and shall be onboard at the time of response and during patient treatment and transport.

5.4. Air Ambulance. -- There shall be two (2) categories, one (1) for rotary wing aircraft and one (1) for fixed wing aircraft. All EMS agencies engaging in air ambulance service under this rule shall operate under Federal Aviation Administration (FAA) Part 135 rules.

5.4.a. Rotary Winged Aircraft.

5.4.a.1. An EMS rotary winged aircraft is intended for response to the location of an EMS incident or for interfacility transportation of patients.

5.4.a.2. The aircraft patient compartment shall accommodate at least two (2) medical personnel who shall have access to the patient's head and upper body from a seat-belted position

while in flight and at least one (1) stretcher patient, and:

5.4.a.2.A. Provide necessary space to insure that the patient's airway is maintained and to provide adequate ventilator support from a secured, seat-belted position of medical personnel, and;

5.4.a.2.B. Be configured to allow medical personnel to have full-body patient view and access, and access to equipment and supplies to initiate basic, advanced, and critical care life support emergency procedures while in flight.

5.4.a.3. The cockpit shall be configured so that flight controls and pilot communications equipment are protected from intended or accidental interference by the patient or medical equipment and supplies.

5.4.a.4. Door openings shall accommodate the loading of a stretcher without compromising the stability of the patient or the functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation.

5.4.a.5. A visible warning device may be installed on the underside of the aircraft to provide adequate day and night emergency warning. An audible warning device may be installed to provide adequate emergency warning and external voice communications.

5.4.a.6. Patient area lighting shall not interfere with the safe operation of the aircraft.

5.4.a.7. The aircraft shall have communications equipment which provides voice communications between the aircraft and its base of operation, between the aircraft and other EMS aircraft of the same EMS agency for which this requirement applies and between the aircraft and a WV Medical Command Center. The communications equipment shall be operational and compatible with the EMS communications system and comply with state and federal rules, regulations, policies and protocols.

5.5. An EMS Agency may use EMS rotary winged aircraft for the delivery of critical care transport. The equipment, supplies, and staffing required are dependent upon the level of service being provided on a particular EMS incident as specified in the Medical Direction System's policy, protocols, guidelines and scope of practice.

5.5.a. Staffing requirements are determined by the level of service being provided on a particular EMS incident as specified in the Medical Direction System's policy, protocols and scope of practice. The following shall be onboard at all times during patient treatment and transport:

5.5.a.1. Critical care transport – a minimum of a pilot-in-command and one (1) MCCP and one (1) MCCN. Hospital-based specialty medical personnel may replace one of the certified EMS personnel for the purposes of providing a higher level of care required by a particular patient;

5.5.a.2. The minimum equipment and supplies as defined by OEMS policy is determined by the level of service being provided on a particular EMS incident and shall be onboard at the time of response and during patient treatment and transport.

5.5.b. Fixed Wing Aircraft.

5.5.b.1. An EMS fixed wing aircraft is primarily intended for extended air transport between medical facilities within the state or across state boundaries.

5.5.b.2. The aircraft patient compartment shall accommodate at least two (2) medical personnel who shall have access to the patient's head and upper body from a seat-belted position while in flight and at least one (1) stretcher patient and:

5.5.a.2.A. Provide necessary space to insure that the patient's airway is maintained and to provide adequate ventilator support from a secured, seat-belted position of medical personnel.

5.5.a.2.B. Be configured to allow medical personnel to have full-body patient view and access, and access to equipment and supplies to initiate basic, advanced, and critical care life support emergency procedures.

5.5.b.3. The cockpit shall be configured so that flight controls and pilot communications equipment are protected from intended or accidental interference by the patient or medical equipment and supplies.

5.5.b.4. Door openings shall accommodate the loading of a stretcher without compromising the stability of the patient or the functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation.

5.5.b.5. Patient area lighting shall not interfere with the safe operation of the aircraft.

5.5.b.6. All EMS aircraft shall have communications equipment which provides voice communications between the aircraft and its base of operation and voice communications between the aircraft and other EMS aircraft of the same EMS agency for which this requirement applies and between the aircraft and its Medical Command Center. The communications equipment shall be operational and compatible with the EMS communications system and comply with state and federal rules, regulations, policies and protocols.

5.5.b.7. Staffing is determined by the level of service being provided on a particular EMS incident as specified by Medical Direction System's policy, protocols and scope of practice and appropriate staff shall be onboard at all times during patient treatment and transport:

5.5.b.7.A. Basic life support – a minimum of a pilot-in-command and an EMT;

5.5.b.7.B. Advanced life support – at a minimum of a pilot-in-command and

Paramedic, provided that individual protocols may specify alternative staffing as specified by the OEMS Medical Direction System.

5.5.b.7.C. Critical care transport – a minimum of a pilot-in-command and two (2) MCCPs, or one (1) MCCP and one (1) MCCN based on treatment guidelines and policies as specified by the OEMS Medical Direction System. Hospital-based specialty medical personnel may replace one of the certified EMS personnel for the purpose of providing a higher level of care required by a particular patient.

5.5.b.7.D. The minimum equipment and supplies as defined by OEMS policy is determined by the level of service being provided on a particular EMS incident and shall be onboard at the time of response and during patient treatment and transport.

5.6 Specialized Multi Patient Medical Transport (SMPMT) vehicles:

5.6.a. A specialized multi patient medical transport (SMPMT) vehicle is used to transport patients, with a medical history and no apparent immediate need for any level of medical supervision, to and from scheduled medical appointments.

5.6.b. SMPMT vehicles shall be maintained in good repair and operating condition and shall have a current state inspection, if required by the state issuing the vehicle license.

5.6.c. The interior of SMPMT vehicles, including all storage areas, equipment, and supplies shall be clean and sanitary;

5.6.d. Safety belts shall be available and operational for all seat positions in SMPMT vehicles.

5.6.e. SMPMT vehicles shall not be equipped with any form of stretcher.

5.6.f. An EMS agency may not use a SMPMT vehicle for delivery of basic or advanced life support, except in the case of a disaster.

5.6.g. SMPMT vehicle specifications include the following:

5.6.g.1. The vehicle may be a commercial passenger van or specially modified passenger van. Passenger sedans, limousines, recreational vehicles and sport utility vehicles with less than three (3) passenger doors and a wheelbase of less than one hundred (100) inches are not permitted.

5.6.g.2. The name of the agency shall appear on both sides and the back of the vehicle in four inch (4") minimum height letters. Clearly readable logos or emblems are acceptable.

5.6.g.3. A contact phone number, other than 911, may appear on the vehicle

5.6.g.4. Neither the word ambulance nor other EMS emergency designation shall appear on the vehicle, provided that such appearing as part of the name of the agency shall be exempt.

5.6.g.5. A Star of Life is not permitted on the vehicle.

5.6.h. Equipment and supplies for SMPMT vehicles include:

5.6.h.1. Communications equipment which provides voice communications between the vehicle and its dispatch center; and

5.6.h.2. The minimum equipment and supplies required are as specified in OEMS's policy.

5.6.i. All SMPMT vehicles shall be inspected by OEMS.

5.6.j. SMPMT vehicles shall be staffed with one (1) EMS personnel who shall be certified, at a minimum, as an Emergency Medical Vehicle Operator pursuant to subsection 6.7. of this rule.

§64-48-6. Personnel.

6.1. Minimum Eligibility Requirements. – An applicant for certification as EMS personnel, and certificate holders, shall:

6.1.a. Be at least eighteen (18) years of age. Emergency Medical Responder and Emergency Medical Technician minimum shall be sixteen (16) years of age. Persons under eighteen (18) years of age shall not serve as primary patient care attendant or driver of any EMS vehicle;

6.1.b. Be neat and clean in appearance;

6.1.c. Possess the ability to speak, hear, read and write the English language;

6.1.d. Possess physical and mental abilities to independently perform all relevant EMS skills including, but not limited to: performing physical assessments, providing appropriate patient care, calculating medication dosages, communicating effectively, and documenting patient care activities;

6.1.e. Possess manual dexterity and fine motor skills required to perform all patient care functions;

6.1.f. Possess the ability to bend, stoop, crawl, and walk on uneven surfaces; and

6.1.g. Meet minimum vision requirements to operate a motor vehicle in this state.

6.2. Standards of Conduct

6.2.a. EMS personnel shall comply with all applicable rules, policies and procedures implemented by the State Emergency Medical System.

6.2.b. EMS personnel shall comply with all federal, state, and local laws.

6.2.c. EMS personnel shall not be impaired by legal or illegal drugs or intoxicating substances while on duty, when responding to or operating at EMS incidents, and when engaged in any patient care activities.

6.2.d. EMS personnel shall not misrepresent themselves as authorized to perform a level of care for which they are not currently certified or authorized nor provide that care. However, students currently enrolled in an approved EMS education program when properly authorized and supervised may provide care for which they are trained.

6.2.e. EMS personnel shall not obtain, aid or encourage another person or entity to obtain agency licensure, vehicle permits, certification, endorsement or designation through fraud, deceit, forgery or other misrepresentation or falsification of information.

6.2.f. EMS personnel shall not make false statements or misrepresentations, file false credentials or conceal or omit information from OEMS regarding an application for agency licensure, vehicle permitting, certification, endorsement or investigation.

6.2.g. EMS personnel shall not alter or change the appearance or wording of any license, permit, certificate, endorsement, designation, patient care record, or other official documents for the purpose of fraud, deceit, forgery or other deliberate misrepresentation or falsification of information.

6.2.h. EMS personnel shall not possess, remove, use or administer any controlled substances, medications, medication delivery devices, or other regulated medical devices from any EMS agency, EMS vehicle, healthcare facility, academic institution or other location without documented authorization.

6.2.i. EMS personnel shall not discriminate in the provision of emergency medical services based on race, gender, religion, age, national origin, medical condition or any other reason prohibited by law.

6.2.j. EMS personnel shall not engage in illegal harassment of patients or coworkers.

6.2.k. EMS personnel shall not disclose medical information regarding any patient without that patient's consent, except that information required for continuation of treatment, for payment purposes or operations, including quality review investigations and training, or by mandate of a legally issued subpoena or lawful court order.

6.2.l. EMS personnel shall disclose illegal, unethical acts and conduct of EMS personnel or agencies to OEMS.

6.2.m. EMS personnel shall possess state issued certification credentials while on duty, when responding to or operating at EMS incidents, and when engaged in any patient care activities.

6.2.n. EMS personnel shall report to OEMS and to their affiliated EMS agencies within ten (10) days any arrest, indictment, misdemeanor or felony conviction, or revocation, suspension or other disciplinary sanction of a certificate or other privilege to practice any health care profession or occupation in any state or exclusion from federal reimbursement programs.

6.3. Certification Requirements. In addition to the requirements of subsection 6.1. of this rule, an applicant for Emergency Medical Vehicle Operator, Emergency Medical Dispatcher, Emergency Medical Responder, Emergency Medical Technician, Advanced Care Technician, Paramedic, Mobile Critical Care Paramedic or Mobile Critical Care Nurse certification shall:

6.3.a. Apply in a format prescribed by the Commissioner;

6.3.b. Submit the appropriate fees as described in subsection 6.9. of this rule;

6.3.c. Continuously meet all requirements for EMS personnel as described in this rule;

6.3.d. Disclose any limitations or exclusions by an EMS agency, EMS Medical Director or any other healthcare profession certification or licensing authority in any state. The limitations or exclusions may be considered by the Commissioner prior to issuance of certification in West Virginia;

6.3.e. Possess valid CPR certification prescribed by the Commissioner;

6.3.f. Apply for and be cleared by background checks as specified by the Commissioner, including, but not limited to: federal and state criminal background checks, a child support status check, sexual offender registry check, and a check of federal and state medical practice exclusions or restrictions;

6.3.f.1. Shall not have demonstrated an inability or unwillingness to comply with state laws, rules, procedures, etc.

6.3.f.2. Shall not pose a threat to public safety, health or welfare.

6.3.g. Successfully complete an education program appropriate for the level of certification as prescribed by the Commissioner;

6.3.h. Successfully complete a cognitive and skills examinations appropriate for the level of certification as prescribed by the Commissioner; and

6.3.i. Meet other requirements established by the Commissioner.

6.4. Recertification Requirements. An applicant for Emergency Medical Vehicle Operator, Emergency Medical Dispatcher, Emergency Medical Responder, Emergency Medical Technician, Advanced Care Technician, Paramedic, Mobile Critical Care Paramedic or Mobile Critical Care Nurse recertification shall:

6.4.a. Apply for recertification during the last year of his or her certification period, but no later than ninety (90) days prior to the end of the applicant's certification period;

6.4.b. Apply in a format prescribed by the Commissioner;

6.4.c. Submit the appropriate fees as described in subsection 6.9. of this rule;

6.4.d. Continuously meet all requirements for EMS personnel as described in this rule;

6.4.e. Disclose any limitations or exclusions by an EMS agency, EMS Medical Director or any other healthcare profession certification or licensing authority in any state. The limitations or exclusions may be considered by the Commissioner prior to issuance of recertification in West Virginia;

6.4.f. Possess valid CPR certification prescribed by the Commissioner;

6.4.g. Complete refresher and continuing medical education prescribed by the Commissioner appropriate for the level of certification;

6.4. h. Demonstrate continued competency via one of the following methods:

6.4.h.1. The applicant shall maintain continuous National Registry certification, if applicable, or

6.4. h.2. Successfully complete any state cognitive and skills examinations prescribed by the Commissioner appropriate for the level of certification; and

6.4.i. Meet other requirements established by the Commissioner.

6.5. Credential Transfer Requirements. -- The Commissioner may grant certification to an individual certified as an Emergency Medical Dispatcher, Emergency Medical Responder, Emergency Medical Technician, Advanced Care Technician, Paramedic, or equivalent levels, in another U. S. state or territory provided that the individual:

6.5.a. Meets all requirements for the EMS certification level for which he or she is applying as described in this rule;

6.5.b. Demonstrates current equivalent education and certification in another US state or territory, the US military or a federal agency;

6.5.c. Apply for and be cleared by background checks as specified by the Commissioner, including, but not limited to: federal and state criminal background checks, a child support status check, sexual offender registry check, and a check of federal and state medical practice exclusions or restrictions;

6.5.d. Demonstrates competency via one of the following methods:

6.5.d.1. The applicant shall possess current National Registry certification at the appropriate level;

6.5.d.2. Previous National Registry certification at the appropriate level with continuous, current, state certification with one (1) year or more remaining; or

6.5.d.3. Possess a valid state certification with one (1) year or more remaining, provided that the applicant may be required to successfully complete state cognitive and skills examinations prescribed by the Commissioner.

6.5.e. Completes training and education in West Virginia protocols and scope of practice at the appropriate level as prescribed by the Commissioner;

6.5.f. Meets other requirements established by the Commissioner; and

6.5.g. Disclose any limitations or exclusions by an EMS agency, EMS Medical Director or any other healthcare profession certification or licensing authority in any state. The limitations or exclusions may be considered by the Director or Commissioner prior to issuance of certification in any state.

6.6. Certification Period. -- Certification as an Emergency Medical Dispatcher, Emergency Medical Vehicle Operator, Emergency Medical Responder, Emergency Medical Technician, Advanced Care Technician, Paramedic, Mobile Critical Care Paramedic or Mobile Critical Care Nurse is valid for a period of two (2) years with expiration dates determined by the Commissioner.

6.7. Emergency Medical Vehicle Operator.

6.7.a. Certification Requirements. The applicant shall:

6.7. a.1. Apply in a format prescribed by the Commissioner;

6.7. a.2. Submit the appropriate fees as described in subsection 6.9. of this rule;

6.7.a.3. Be 18 years of age;

6.7.a.4. Possess valid CPR certification prescribed by the Commissioner;

6.7.a.5. Successfully complete hazardous materials awareness training meeting Department of Labor, Occupational Safety and Health Administration (OSHA) 1910.120 requirements or greater;

6.7.a.6. Successfully complete first aid training meeting United States Department of Labor, OSHA 1910.266, appendix B, requirements or greater;

6.7.a.7. Apply for and be cleared by background checks as specified by the Commissioner, including, but not limited to: federal and state criminal background checks, a child support status check, sexual offender registry check, and a check of federal and state medical practice exclusions or restrictions;

6.7.a.8. Disclose any limitations or exclusions by an EMS agency, EMS Medical Director or any other healthcare profession certification or licensing authority in any state. The limitations or exclusions may be considered by the Commissioner prior to issuance of certification credentials;

6.7.a.9. Possess and maintain a valid driver's license;

6.7.a.10. Not have been convicted of driving under the influence of alcohol or drugs, reckless driving or other vehicular violation causing bodily injury or death within the two (2) years prior to submitting an application; and

6.7.a.11. Successfully complete an emergency vehicle operator course approved by the Commissioner.

6.7.b. Recertification requirements. The applicant shall:

6.7.b.1. Apply in a format prescribed by the Commissioner;

6.7.b.2. Submit the appropriate fees as described in subsection 6.9. of this rule;

6.7.b.3. Possess valid CPR certification prescribed by the Commissioner;

6.7.b.4. Successfully complete hazardous materials awareness training meeting US Department of Labor OSHA 1910.120 requirements or greater;

6.7.b.5. Possess valid first aid certification meeting US Department of Labor OSHA 1910.266, appendix B requirements or greater; and

6.7.b.6. Possess and maintain a valid driver's license.

6.8. EMT-Miner. This certification is established in accordance with WV Code §22A-10-1, et seq.

6.8.a. Certification Requirements. The applicant shall:

6.8.a.1 Apply in a format prescribed by the Commissioner;

6.8.a.2. Submit the appropriate fees as described in subsection 6.10. of this rule;

6.8.a.3. Be 18 years of age;

6.8.a.4. Possess valid CPR certification prescribed by the Commissioner;

6.8.a.5. Successfully complete an education program, prescribed by the Commissioner;

6.8.a.6. Successfully complete cognitive and skills examinations prescribed by the Commissioner.

6.8.b. Certification is valid for a period of three (3) years.

6.8.c. Recertification requirements. The applicant shall:

6.8.c.1. Apply in a format prescribed by the Commissioner;

6.8.c.2. Submit the appropriate fees as described in subsection 6.10. of this rule;

6.8.c.3. Successfully complete a thirty-two (32) hour recertification course for three (3) year certification, or

6.8.c.4. Successfully complete eight (8) hours of specific training each year for one (1) year certification; and

6.8.c.5. Successfully complete cognitive and skills examinations prescribed by the Commissioner for the appropriate recertification method.

6.8.d. Practice as a certified EMT-Miner is only authorized during the certificate holder's active employment on mine property.

6.9. Fees. An applicant for Emergency Medical Vehicle Operator, Emergency Medical Responder, Emergency Medical Technician, Advanced Care Technician, Paramedic, Mobile Critical Care Paramedic or Mobile Critical Care Nurse applicants, to be deposited in the Emergency Medical Services Agency Licensure Fund, established by the provisions of WV Code §16-4C-6b, shall pay the following non-refundable certification fees:

6.9.a. Initial certification via National Registry or state examination, includes fingerprint processing: $50.00;

6.9.b. Recertification via National Registry maintenance or state process: $25.00;

6.9.c. Legal recognition: $100.00;

6.9.d. Reinstatement:

6.9.d.1. Certification expired beyond two (2) years, including fingerprint processing: $100.00;

6.9.d.2. Certification suspended or otherwise expired as a result of actions taken per subsection 7.5. of this rule: $100.00.

6.10. Fees for EMT-Miner and Emergency Medical Dispatcher applicants:

6.10.a. Initial certification: $25.00;

6.10.b. Recertification: $25.00.

6.11. Fee for certification modification: $5.00.

6.12. Card or certificate replacement: $5.00.

6.13. Late (within 90 days of expiration date) recertification application, additional $25.00.

§64-48-7. Investigative/Disciplinary.

7.1. The Commissioner may initiate investigations on his or her own motion, and shall, upon the written complaint of any person, cause investigations to be conducted to determine if disciplinary action is called for and impose the sanctions upon EMS personnel as described in WV Code §16-4C-9. Reasons for such actions include, but are not limited to:

7.1.a. Failure to comply with any requirements of subsections 6.1. or 6.2. of this rule;

7.1.b. Incompetent practice while providing emergency medical services;

7.1.c. Abuse or abandonment of a patient;

7.1.d. Willful preparation or filing of false medical reports or records, or the inducement of other persons to do so;

7.1.e. Destruction of medical records required to be maintained;

7.1.f. Failure to comply with patient care reporting requirements established by the Commissioner;

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

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

7.1.i. Improper disclosure of confidential patient information;

7.1.j. Violating a duty imposed by the EMS act, this rule or an order of the Commissioner previously entered in a disciplinary proceeding; or

7.1.k. Other reasons determined by the Commissioner which may pose a threat to the health and safety of the public or exposes the public to risk or loss of life or property.

7.2. The Commissioner may initiate complaints, investigations and impose the sanctions upon EMS agencies described in WV Code §16-4C-9. Reasons for such actions include, but are not limited to:

7.2.a. Failure to comply with any requirements of section 4 of this rule;

7.2.b. Operating EMS vehicles which fail to comply with section 5 of this rule;

7.2.c. Failure to comply with all applicable rules, policies and procedures of the OEMS;

7.2.d. Disclosure of medical or other information, if prohibited by Federal or State law;

7.2.e. Preparation or filing of false medical reports or records, or the inducement of other persons to do so;

7.2.f. Failure to disclose illegal, unethical acts and conduct of EMS personnel or agencies to OEMS;

7.2.g. Failure to report to OEMS, within ten (10) days any known arrest, indictment, misdemeanor or felony conviction, or revocation, suspension or other disciplinary sanction of a certificate or other authorization to practice any health care profession or occupation in any state for all EMS personnel affiliated with the agency;

7.2.h. Destruction of medical records required to be maintained;

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

7.2.j. Violating a duty imposed by the act, this rule or an order of the Commissioner previously entered in a disciplinary proceeding; or

7.2.k. Other reasons determined by the Commissioner which may pose a threat to the health and safety of the public or exposes the public to risk or loss.

7.3. Investigation. – The Commissioner shall conduct an investigation with the intent to

obtain appropriate resolution of complaint.

7.3.a. OEMS may conduct investigations in conjunction with licensed agencies or law enforcement personnel as well as conduct separate and distinct investigations.

7.3.b. OEMS shall investigate any and all matters within its jurisdiction, in accordance with established investigative protocols.

7.3.c. If it is determined that OEMS does not have jurisdiction over an investigative matter, OEMS may refer the complaint to another agency or organization having jurisdiction.

7.3.d. Initiation of an OEMS investigation does not release an EMS agency or other responsible entity from performing an internal investigation or imposing sanctions.

7.4. A person who files false or slanderous allegations against EMS personnel is subject to penalties for civil as well as criminal false reporting.

7.5. Disciplinary and Corrective Action -- The Commissioner may impose disciplinary or corrective measures in this rule upon EMS Agencies and EMS personnel for non-compliance with this rule. Disciplinary options may include, but are not limited to one or more of the following:

7.5.a. Administrative fines of up to $5,000 per violation;

7.5.b. Denial of certification;

7.5.c. Written reprimand;

7.5.d. Limitation on the certificate holder's authorization to practice;

7.5.e. Limitation of the EMS Agency's license to provide service;

7.5.f. Required refresher courses or other education at the individual's expense;

7.5.g. A consent agreement;

7.5.h. Probation;

7.5.i. Suspension;

7.5.j Revocation; and

7.5.k. Mandatory participation in a detoxification/rehabilitation program at the individual's expense.

7.5.l. The factors which may be considered by the Commissioner when determining the appropriate disciplinary action include, but are not limited to:

7.5.1.1. The nature and severity of the actions under consideration;

7.5.1.2. Any actual or potential harm to the public or public trust;

7.5.1.3. Any actual or potential harm to a patient;

7.5.1.4. The individual's prior disciplinary record;

7.5.1.5. Prior remediation;

7.5.1.6. The number or variety of the actions under consideration;

7.5.1.7. Any aggravating evidence;

7.5.1.8. Any mitigating evidence;

7.5.1.9. Any discipline imposed by the EMS agency or EMS Medical Director, if any, for the same occurrence; and

7.5.1.10. In cases of criminal conviction, compliance with the terms of the sentence or court ordered conditions, including the period of time elapsed since the act leading to the conviction occurred.

7.6. Administrative Fines -- OEMS may impose an administrative fine of up to five thousand dollars ($5,000.00) per violation on any licensee or certificate holder found by the preponderance of the evidence to have committed any of the infractions described by this rule.

7.6.a. In assessing fines, OEMS shall give due consideration to the appropriateness of the fine with respect to factors that include the gravity of the violation, the good faith of the licensee or certificate holder, the history of previous violations, and the totality of the discipline to be imposed.

7.6.b. Fines shall be paid in a manner prescribed by the Commissioner within sixty (60) days of receipt of notice of a fine.

7.7. The procedures for hearings, rights of appeal, judicial review apply as set forth in WV Code §16-4C-10.

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

7.7.b. Those persons adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the West Virginia Bureau for Public Health rule, 64CSR01, Rules of

Procedure for Contested Case Hearings and Declaratory Rulings, and the provisions of this rule.

7.8. Confidentiality of Proceedings.

7.8.a. Any action taken by the Commissioner prior to the completion of administrative remedies and procedures established by WV Code §16-4C-10 and §29-5-1 et seq. shall remain confidential to the greatest extent consistent with the public good and State law.

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

7.9. Filing Papers.

7.9.a. Written communications concerning proceedings under this rule shall be filed with the Commissioner by mailing the communications to the OEMS and the Commissioner shall consider the postmark on the communications to be the filing date of the communications.

7.9.b. The Commissioner shall furnish copies of the written communications to the affected individual, his or her EMS agency's official representative, the agency's medical director and the regional medical director for the region affected, and a notation shall be endorsed on the communications showing those persons who have been furnished copies.

7.10. Emergency Suspension. -- The Commissioner or Director may issue an emergency suspension order to any licensee or certificate holder if there is probable cause that the conduct or continued service or practice of any licensee or certificate holder may create danger to public health or safety.

7.10.a. An emergency suspension is effective immediately without a hearing or prior notice to the license or certificate holder. Notice to the license or certificate holder shall be presumed established on the date that a copy of the signed emergency suspension order is sent to the licensee or certificate holder via US certified mail, return receipt requested, at the address shown in the current records of OEMS or via personal service.

7.10.b. The Commissioner shall send a copy of the emergency suspension order to the licensee's or certificate holder's EMS agency's official representative and medical director and may send the order to other parties whose legitimate interests may be at risk;

7.10.c. Written request for a hearing shall be received within ten (10) days of the notification of suspension order. The written request shall specify the grounds for the appeal;

7.10.d. Upon receipt of the written request, OEMS shall respond to the request for a hearing within ten (10) days;

7.10.e. Hearing appeals are governed by WV Code §29-A-5.

§64-48-8. Education.

8.1. Endorsement of Sponsors of Continuing Education. – The Commissioner may grant endorsement to an applicant as a continuing education sponsor provided that the applicant meets the following requirements:

8.1.a. Entities and institutions shall apply in a format prescribed by the Commissioner;

8.1.b. Continuing education programs shall contribute directly to the professional competence, skills, and education of EMS personnel;

8.1.c. Lead instructors shall possess the necessary practical and academic skills to conduct the courses effectively and meet all standards specified by OEMS;

8.1.d. Visiting instructors shall possess the necessary practical and academic skills to present specific content effectively.

8.1.e. Continuing education program materials shall be written and distributed to attendees at or before the time offered, whenever practical;

8.1.f. Continuing education programs shall be presented in a suitable setting, including on-line or other distributive education methods, appropriate to the educational purpose of the specific course;

8.1.g. Continuing education programs shall be submitted and approved in a manner and time frame specified by OEMS;

8.1.h. If the continuing education sponsor is a licensed EMS agency, the agency shall be in compliance with the OEMS standards for Agency Training Officer Programs. The Agency Training Officer Program shall have at a minimum:

8.1.h.1. An Agency Training Coordinator – This individual shall meet the standards and policies set forth by OEMS; or

8.1.h.2. An Agency Training Officer – This individual shall meet the standards and policies set forth by OEMS

8.1.i. Endorsement of the continuing education sponsor is effective for five (5) calendar years, unless the program's endorsement is revoked under subsection 8.5. of this rule.

8.2. BLS Training Institutes. -- A BLS training institute shall be a secondary or post-secondary institution, or a consortium of secondary or post-secondary institutions or other entities determined by OEMS to be qualified to deliver EMS education. To qualify for endorsement as a BLS training institute, the entity shall comply with the following:

8.2.a. Criteria. -- The institute shall demonstrate the ability to conduct one (1) or more

of the following training programs:

8.2.a.1. An Emergency Medical Technician original course compliant with Department of Transportation (DOT) National EMS Education Standards or standards approved by OEMS;

8.2.a.2. An Emergency Medical Technician Refresher course compliant with DOT National EMS Education Standards or standards approved by OEMS;

8.2.a.3. An Emergency Medical Responder course compliant with DOT National EMS Education Standards or standards approved by OEMS;

8.2.a.4. An Emergency Medical Responder refresher course compliant with DOT National EMS Education Standards or standards approved by OEMS.

8.2.a.5. An Emergency Medical Dispatcher course compliant with DOT National Education Standards or standards approved by OEMS.

8.2.a.6. An Emergency Medical Technician-Miner course compliant with standards approved by OEMS.

8.2.a.7. Emergency Medical Technician-Miner refresher course compliant with standards approved by OEMS;

8.2.b. Personnel.

8.2.b.1. Medical Director. – The institute shall have a medical director who is a physician licensed in the State of West Virginia. The medical director shall be experienced in emergency medical care and shall assist with:

8.2.b.1.A. Practical skills development and testing;

8.2.b.1.B. Recruitment, selection and orientation of the training institute's faculty; and

8.2.b.1.C. Providing medical advice and assistance to the training institute's faculty and students; and

8.2.b.1.D. Provide medical oversight for student clinical practice.

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

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

8.2.b.2.B. Class scheduling and the assignment of instructors;

8.2.b.2.C. The provision and maintenance of required training equipment;

8.2.b.2.D. Requesting written and practical examinations;

8.2.b.2.E. The maintenance and submission of student records in a manner specified by OEMS;

8.2.b.2.F. The selection and supervision of qualified instructors and skills evaluators;

8.2.b.2.G. Management of the EMS budget for the institute; and

8.2.b.2.H. Administering the grievance procedure as outlined in paragraph 8.2.d.3. of this rule.

8.2.b.3. Lead Instructor. – A BLS training institute shall designate a lead instructor for each educational program conducted by the training institute. Lead instructors shall possess the necessary practical and academic skills to conduct programs effectively and comply with all instructor standards specified by OEMS. The lead instructor is responsible for the management and supervision of specific BLS educational programs offered by the training institute.

8.2.b.4. Visiting Instructors. -- ABLS training institute may use the services of adjunct faculty for specific portions of an educational program. The faculty shall have expertise in a particular area and are not required to be certified EMS personnel or have specific EMS experience. A visiting instructor is not eligible to be a lead instructor.

8.2.b.5. BLS Practical Skills Evaluator. -- This individual shall meet the standards and policies set forth by OEMS;

8.2.c. Facilities and Equipment. -- The institute shall maintain, or by agreement have available, facilities necessary for the provision of BLS training courses. The facilities shall include classrooms and space for equipment storage, and shall be a suitable setting devoted to the educational purpose of the course. The institute shall provide and maintain the essential equipment and supplies to provide all approved programs of instruction as determined by OEMS.

8.2.d. Operating Procedures.

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

8.2.d.2. The institute shall maintain records on each enrolled student that include class performance, practical and written examination results, and reports made concerning the progress of the student during the training program.

8.2.d.3. The institute shall provide a mechanism by which students may appeal decisions made by the institute regarding dismissal or other disciplinary action.

8.2.d.4. The institute shall provide students with a clear description of the program and its content including learning goals, course objectives, and competencies to be attained.

8.2.d.5. The institute shall submit documentation of all educational programs in a manner specified by OEMS;

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

8.2.f. The endorsement of the BLS Training Institute is effective for five (5) calendar years, unless the program's endorsement is revoked under subsection 8.5. of this rule.

8.3. ALS Training Institutes. -- An ALS training institute shall be a post-secondary institution, or a consortium of post-secondary institutions and other entities determined by OEMS to be qualified to deliver EMS education. To qualify for endorsement as an ALS training institute, the entity shall comply with the following:

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

8.3.a.1. A paramedic course compliant with DOT National EMS Education Standards or standards approved by OEMS;

8.3.a.2. A paramedic refresher course compliant with DOT National EMS Education Standards or standards approved by OEMS;

8.3.a.3. An Advanced Care Technician (ACT) course, compliant with DOT National EMS Education Standards or standards approved by OEMS; or

8.3.a.4. An Advanced Care Technician (ACT) refresher course, compliant with DOT National EMS Education Standards or standards approved by OEMS;

8.3.b. Clinical Agreements. -- The ALS training institute shall maintain appropriate clinical agreements with hospitals and ALS prehospital care agencies for the provision of student clinical experiences;

8.3.c. Personnel.

8.3.c.1. Medical Director. -- An institute shall have a medical director who is a physician licensed in the State of West Virginia. The medical director shall be experienced in emergency medical care and shall assist with:

8.3.c.1.A. Practical skills development and testing;

8.3.c.1.B. Recruitment, selection and orientation of training institute faculty;

8.3.c.1.C. Providing medical advice and assistance to training institute faculty and students.

8.3.c.1.D. Providing medical oversight for student clinical practice;

8.3.c.1.E. Identifying and approving facilities and ALS services where students can fulfill clinical and field internship requirements;

8.3.c.1.F. Identifying and approving individuals to serve as field and clinical preceptors for supervising and evaluating student performance when fulfilling clinical and field internship requirements.

8.3.c.2. Program Director. -- The program director shall have a Bachelors Degree in a related field and at least three (3) years of experience in education administration and three (3) years of experience in ALS patient care. The responsibilities of the program director include:

8.3.c.2.A. Application processing and oversight of the student selection process;

8.3.c.2.B. Class scheduling and the assignment of instructors;

8.3.c.2.C. Provision and maintenance of required training equipment;

8.3.c.2.D. Requesting written and practical examinations;

8.3.c.2.E. Maintenance and submission of student records in a manner specified by OEMS; and

8.3.c.2.F. Selecting and supervising qualified course coordinators, instructors and skills evaluators.

8.3.c.2.G. Managing the EMS education budget for the institute.

8.3.c.2.H. Administering a grievance procedure as outlined in paragraph 8.2.d.3. of this rule.

8.3.c.3. Lead Instructor. -- The ALS training institute shall designate a lead instructor for each course of instruction conducted by the training institute. A lead instructor shall possess the necessary practical and academic skills to conduct programs effectively and comply with all instructor standards specified by OEMS. Specific duties of the lead instructor also include:

8.3.c.3.A. Scheduling and supervising course instructors;

8.3.c.3.B. Scheduling and supervising student clinical activities and field internships;

8.3.c.3.C. Maintenance and submission of student records in a manner specified by OEMS;

8.3.c.3.D. Providing counseling services for students; and

8.3.c.3.E. Development of course syllabi and instructional resources.

8.3.c.4. Clinical Preceptors. -- The ALS training institute shall ensure the availability of qualified clinical preceptors for each clinical rotation. The clinical preceptor is responsible for the supervision and evaluation of students while fulfilling clinical requirements in an approved facility.

8.3.c.5. Field Preceptors. -- The ALS training institute shall ensure the availability of qualified field preceptors for each student. The field preceptor is responsible for the supervision and evaluation of students while fulfilling field internships with an approved ALS service.

8.3.c.6. Visiting Instructors. – An ALS training institute may use adjunct faculty for specific portions of an educational program. The faculty shall have expertise in a particular area and are not required to be certified EMS personnel or have specific EMS experience. A visiting instructor is not eligible to be lead instructor.

8.3.c.7. ALS Practical Skills Evaluator. -- This individual shall meet the standards and policies set forth by OEMS;

8.3.d. Facilities and Equipment. -- The institute shall maintain, or by agreement have available, facilities necessary for the provision of ALS training courses. The facilities shall include classrooms and space for equipment storage, and shall be a suitable setting devoted to the educational purpose of the course. The institute shall provide and maintain the essential equipment and supplies to provide all approved programs of instruction as determined by OEMS;

8.3.e. Operating Procedures.

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

8.3.e.2. The institute shall maintain records on each enrolled student including class performance, practical and written examination results, and reports made concerning the progress of the student during the training program.

8.3.e.3. The institute shall provide a mechanism by which students may appeal decisions made by the institute regarding dismissal or any other disciplinary action.

8.3.e.4. The institute shall provide students with a clear description of the program and its content, including learning goals, course objectives, and competencies to be attained.

8.3.e.5. The institute shall submit documentation of all education programs in a manner specified by OEMS.

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

8.3.g. Endorsement of the ALS Training Institute is effective for five (5) calendar years, unless the program endorsement has been revoked under subsection 8.5. of this rule;

8.3.h. Alternative Recognition Method.

8.3.h.1. In lieu of the standards prescribed in subdivisions a through g of this section, OEMS may endorse any institute that is accredited by a nationally recognized accrediting agency for EMS educational programs, provided that the standards used by that agency meet or exceed state endorsement standards. In addition, the following conditions apply:

8.3.h.1.A An OEMS official shall accompany national accrediting agency officials during site visits to the ALS Training Institute; and

8.3.h.1.B . The accrediting agency shall forward a copy of the findings of the site visit directly to OEMS.

8.4. CCT Training Institutes. -- A CCT training institute shall be a post-secondary institution, or a consortium of post-secondary institutions and other entities determined to be qualified by OEMS to deliver EMS education. To qualify for endorsement as a CCT training institute, the entity shall comply with the following:

8.4.a. Training Programs. -- The institute shall demonstrate the ability to conduct the following training programs approved by the Commissioner:

8.4.a.1. A Critical Care Transport (CCT) course compliant with OEMS Standards; and

8.4.a.2. ACritical Care Transport (CCT) refresher course compliant with OEMS Standards;

8.4.b. The CCT training institute shall maintain appropriate clinical agreements with hospitals and ALS prehospital care agencies for the provision of student clinical experiences.

8.4.c. Personnel.

8.4.c.1. Medical Director. -- An institute shall have a medical director who is a

physician licensed in the State of West Virginia. The medical director shall be experienced in critical care medicine. The responsibilities of the medical director include:

8.4.c.1.A. Assuring that the course content is in compliance with standards set by OEMS;

8.4.c.1.B. Assisting with the recruitment, selection, and orientation of the training institute's faculty;

8.4.c.1.C. Providing technical advice and assistance to the training institute's faculty and students;

8.4.c.1.D. Approving the content of written and practical skills and participating in the final skills evaluation;

8.4.c.1.E. Identifying and approving facilities and CCT services where students can fulfill clinical and field internship requirements; and

8.4.c.1.F. Identifying and approving individuals to serve as qualified field and clinical preceptors.

8.4.c.2. Lead Instructor. -- The CCT training institute shall designate a lead instructor for each educational program conducted by the training institute. A lead instructor shall possess the necessary practical and academic skills to conduct programs effectively and comply with all instructor standards specified by OEMS. The lead instructor is responsible for the management and supervision of specific CCT educational programs offered by the training institute. The duties of the lead instructor include:

8.4.c.2.A. Application processing and oversight of the student selection process;

8.4.c.2.B. Class scheduling and the assignment of instructors;

8.4.c.2.C. Providing and maintaining required training equipment;

8.4.c.2.D. Requesting written and practical examinations;

8.4.c.2.E. Maintaining and submitting of student records in a manner specified by OEMS; and

8.4.c.2.F. Selecting and supervising qualified instructors and skills evaluators.

8.4.c.3. Clinical Preceptors. -- The CCT training institute shall ensure the availability of qualified clinical preceptors for each clinical rotation. The clinical preceptor is responsible for the supervision and evaluation of students while fulfilling clinical requirements in an approved facility.

8.4.c.4. Field Preceptors. -- The CCT training institute shall ensure the availability of qualified field preceptors for each student. The field preceptor is responsible for the supervision and evaluation of students while fulfilling field internships with an approved CCT service.

8.4.c.5. Visiting Instructor. – A CCT training institute may use adjunct faculty for specific portions of an educational program. The faculty shall have expertise in a particular area and are not required to be certified EMS personnel or have specific EMS experience. A visiting instructor is not eligible to be the lead instructor.

8.4.c.6. CCT Practical Skills Evaluator. -- This individual shall meet the standards and policies as set forth by OEMS;

8.4.d. Facilities and Equipment. -- The institute shall maintain, or by agreement have available, facilities necessary for the provision of CCT training courses. The facilities shall include classrooms and space for equipment storage, and shall be a suitable setting devoted to the educational purpose of the course. The institute shall provide and maintain the essential equipment and supplies to provide all approved programs of instruction as determined by OEMS;

8.4.e. Operating Procedures.

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

8.4.e.2. Records shall be maintained on each enrolled student which include class performance, practical and written examination results, and reports made concerning the progress of the student during the training program.

8.4.e.3. The institute shall provide a mechanism by which students may appeal decisions made by the institute regarding dismissal or any other disciplinary action.

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

8.4.e.5. The institute shall submit documentation of all educational programs in a manner specified by OEMS;

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

8.4.g. The endorsement of the CCT Training Institute is effective for five (5) calendar years, unless the program's endorsement is revoked under subsection 8.5. of this rule.

8.5. Renewal, Suspension, or Revocation of Endorsement.

8.5.a. Renewal: At least ninety (90) days prior to the expiration of the program's endorsement the institute shall reapply for endorsement in a format prescribed by the Commissioner. The Commissioner may renew the sponsor's endorsement if the sponsor meets the following requirements:

8.5.a.1. The sponsor has offered, within the five (5) year endorsement period, at least:

8.5.a.1.A. Sponsors of Continuing Education - Ten (10) approved educational courses; or

8.5.a.1.B. Providers of Original Certification Education (BLS, ALS & CCT) – Three (3) approved educational courses with a cumulative sixty percent (60%) completion rate for initially enrolled students; and,

8.5.a.2. The program has maintained continual compliance with all requirements of this rule appropriate for the educational programs it provides.

8.5.b. The Commissioner may suspend or revoke the endorsement of a training institute for one (1) or more of the following:

8.5.b.1. Failure to maintain compliance with all criteria, standards and policies set forth by OEMS;

8.5.b.2. Absence of completed programs or student enrollment in programs for two (2) consecutive years. This absence shall result in automatic revocation of program endorsement;

8.5.b.3. Failure to meet performance measures as established by OEMS;

8.5.b.4. Evidence of falsification of any program activity or student record;

8.5.b.5. Loss of independent program accreditation status, if applicable; or

8.5.b.6. Any other reasons determined by the Commissioner which may pose a threat to the health and safety of the public or exposes the public to risk or loss of life or property.

8.5.c. The Commissioner shall give written notice to the institute's administrative director thirty (30) days prior to withdrawing endorsement. The notice shall identify specific reasons for withdrawal of endorsement.

8.5.d. The institute has fifteen (15) days to respond to the notice. The Commissioner shall determine whether to verify or reconsider the withdrawal.

§64-48-9. Medical Direction.

9.1. Off-Line Medical Direction.

9.1.a. EMS Medical Director. -- The EMS Medical Director shall be a physician appointed by the Commissioner to be in charge of overseeing the medical aspects of the West Virginia EMS System.

9.1.a.1. The EMS Medical Director shall have:

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

9.1.a.1.B. Experience in emergency management of acutely ill or injured patients;

9.1.a.1.C. Experience in on-line medical direction of EMS personnel;

9.1.a.1.D. Experience in the education of EMS personnel;

9.1.a.1.E. Experience in the medical audit, review, and critique of EMS personnel and agencies;

9.1.a.1.F. Board certification in emergency medicine; and

9.1.a.1.G. Experience in medical administration and management.

9.1.a.2. The EMS Medical Director shall:

9.1.a.2.A. Act as the primary medical authority on all medical issues pertaining to the statewide EMS system;

9.1.a.2.B. Chair the Medical Policy and Care Committee (MPCC);

9.1.a.2.C. Review and recommend to the Commissioner the appointment of all regional EMS Medical Directors;

9.1.a.2.D. Establish and review all system-wide medical protocols and policies in consultation with the state Emergency Medical Policy and Care Committee;

9.1.a.2.E. Designate all regional medical command centers;

9.1.a.2.F. Consult with the Commissioner, as requested, concerning revocations of EMS personnel certification;

9.1.a.2.G. Assist OEMS in establishing certification, recertification, and continuing education requirements for EMS personnel;

9.1.a.2.H. Review and recommend the designation of specialty care centers to the

Commissioner;

9.1.a.2.I. Maintain liaison with the members of the Legislature on medical issues related to EMS;

9.1.a.2.J. Review state procedures, plans, and processes for compliance with current standards of emergency medical care;

9.1.a.2.K. Appoint physician specialists and other appropriate medical personnel to the MPCC;

9.1.a.2.L. Delegate portions of his or her authority to other qualified physicians; and

9.1.a.2.M. Perform other duties assigned by the Commissioner.

9.1.a.3. The EMS Medical Director has the following authority:

9.1.a.3.A. To make the final decision on all matters of a medical nature related to OEMS;

9.1.a.3.B. To restrict privileges of EMS personnel at any time in order to assure quality patient care;

9.1.a.3.C. To establish medical policies and procedures to carry out the activities outlined in this rule; and

9.1.a.3.D. Any other authority designated by the Commissioner.

9.1.b. Medical Policy and Care Committee (MPCC). -- The MPCC is composed of each regional medical director and may include physicians representing specialty areas such as pediatrics, trauma, cardiology and others as necessary. The committee serves as the primary policy making body and advisory body to the EMS Medical Director concerning medical issues involving the EMS system. The committee shall meet at least annually, or more frequently as necessary.

9.1.b.1. The MPCC shall:

9.1.b.1.A. Create, review, and approve treatment, triage and transportation protocols used within the state EMS system;

9.1.b.1.B. Determine medications and procedures used within OEMS;

9.1.b.1.C. Establish scopes of practice for all certified EMS personnel;

9.1.b.1.D. Act on and advise the EMS Medical Director on emergency health

related issues;

9.1.b.1.E. Establish policies and procedures governing categorization of individual facility medical capabilities in order to determine the appropriateness of EMS transport to that facility.;

9.1.b.1.F. Implement procedures necessary to carry out its duties; and

9.1.b.1.G. Perform other duties assigned by the EMS Medical Director or the Commissioner.

9.1.c. Regional Medical Director. -- The regional medical director shall be a physician, recommended by the regional board of directors, and appointed by the Commissioner in consultation with the EMS Medical Director to oversee medical aspects of a regional EMS system.

9.1.c.1. The regional medical director shall have:

9.1.c.1.A. A valid, unrestricted license to practice medicine in the State of West Virginia;

9.1.c.1.B. Experience in emergency management of acutely ill or injured patients;

9.1.c.1.C. Experience in on-line medical direction of EMS personnel;

9.1.c.1.D. Experience in the education of EMS personnel;

9.1.c.1.E. Experience in the medical audit, review, and critique of EMS personnel and agencies; and

9.1.c.1.F. Board certification in emergency medicine. This requirement may be waived by the EMS Medical Director.

9.1.c.2. The regional EMS Medical Director shall:

9.1.c.2.A. Serve as the medical liaison with the EMS Medical Director;

9.1.c.2.B. Serve as a member of the MPCC;

9.1.c.2.C. Serve as the primary medical authority on medical issues of the regional EMS system;

9.1.c.2.D. Review the appointments of all Agency Medical Directors;

9.1.c.2.E. Implement and monitor a regional performance improvement program;

9.1.c.2.F. Educate, train and monitor the medical command physicians who operate in the regional command centers;

9.1.c.2.G. Serve as medical director of the regional medical command center;

9.1.c.2.H. Establish and review protocols in conjunction with the MPCC;

9.1.c.2.I. Serve as medical liaison to the regional EMS board of directors;

9.1.c.2.J. Assist OEMS in ensuring that personnel in the regional EMS system comply with certification, recertification, credentialing and continuing education requirements established by OEMS;

9.1.c.2.K. Recommend to OEMS disciplinary actions involving EMS personnel;

9.1.c.2.L. Delegate portions of his or her authority to other qualified physicians as needed;

9.1.c.2.M. Review plans, procedures, and processes within the region for compliance with current standards of emergency care; and

9.1.c.2.N. Meet with the Agency Medical Directors within the region, at least annually, or when necessary to disseminate information regarding activities of the OEMS system.

9.1.c.3. Authority. -- The regional EMS Medical Director may restrict privileges of any prehospital personnel within the region at any time in order to assure quality patient care. This may be accomplished in conjunction with the Agency Medical Director. This restriction of privileges shall be according to guidelines established by OEMS.

9.1.d. Agency Medical Director -- The agency medical director, by written agreement with the Agency, and concurrence of the regional EMS Medical Director and State EMS Medical Director, oversees medical aspects of an EMS agency or local EMS system and extends or restricts the privilege to practice to EMS personnel associated with the agency.

9.1.d.1. Qualifications. -- The Agency Medical Director shall possess:

9.1.d.1.A. A valid, unrestricted license to practice medicine in the State of West Virginia;

9.1.d.1.B. Experience in prehospital and emergency department management of acutely ill or injured patients;

9.1.d.1.C. The Agency Medical Director shall have the following qualifications unless they are waived by the Regional Medical Director:

9.1.d.1.C.1 Experience in on-line medical direction of EMS personnel;

9.1.d.1.C.2. Experience in the education of EMS personnel;

9.1.d.1.C.3. Experience in the medical audit, review, and critique of EMS personnel and agencies; and

9.1.d.1.C.4. Board certification in emergency medicine.

9.1.d.2. Responsibilities. -- The Agency Medical Director shall:

9.1.d.2.A. Provide advice and guidance on all aspects of the medical care provided by the agency or county;

9.1.d.2.B. Be the physician on whose authority all medical care is administered by agency or county EMS personnel;

9.1.d.2.C. Grant, restrict or deny privileges for EMS personnel practice within the agency or county;

9.1.d.2.D. Oversee the medical review of patient care provided by the agency or county;

9.1.d.2.E. Serve as a member of the regional MPCC; and

9.1.d.2.F. Perform other duties assigned by the regional or EMS Medical Directors or the Commissioner.

9.1.d.3. Authority. -- The Agency Medical Director may restrict privileges of EMS personnel affiliated with the agency or county at any time in order to assure quality patient care. This restriction of privileges shall be according to guidelines established by OEMS.

9.2. On-line Medical Direction.

9.2.a. Regional Medical Command Centers are centers designated by the MPCC, and OEMS, with advice of the respective Regional EMS Board of Directors, to serve as the regional medical command center for all on-line medical control of EMS personnel operating in a particular region.

9.2.a.1. Requirements/ Designation. -- Regional medical command centers shall:

9.2.a.1.A. Be equipped with appropriate communication equipment, as specified by OEMS, to communicate with EMS vehicles and personnel and interface with the OEMS communications system;

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

9.2.a.1.C. Agree to abide by all policies and procedures contained in the state or regional communications syOEMS plan as established by OEMS; and

9.2.a.1.D. Agree to abide by medical treatment protocols or guidelines, triage and destination protocols or guidelines, and other policies and procedures approved by the OEMS Medical Direction System.

9.2.a.2. Staffing. -- The Regional Command Center shall be staffed twenty-four (24) hours per day, three hundred sixty-five (365) days per year by paramedic communication specialists and shall have ready access to medical command physicians at all times.

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

9.2.a.3.A. Serve as the authoritative medical command center for its primary designated area, but with the possibility of an expanded coverage area in the event of a disaster or the inoperability of other medical command centers;

9.2.a.3.B. Control and facilitate all communications of a medical nature for the EMS agencies and personnel operating in its region including ground and aeromedical EMS vehicles;

9.2.a.3.C. Serve as the final decision maker regarding the provision of patient care for all prehospital EMS incidents within the region, including, but not limited to interpretation and authorization of patient treatment, facility destination or diversion protocols and guidelines;

9.2.a.3.D. Assist EMS agencies and personnel with medical direction for interfacility transfer patient care, as needed;

9.2.a.3.E. Follow all procedures and guidelines governing delivery of medical command and direction of units as established by OEMS including, but not limited to, data collection and quality assurance;

9.2.a.3.F. Maintain a record keeping system as outlined by OEMS guidelines and make those records available to state or regional EMS Medical Directors, or OEMS investigators, for review as requested;

9.2.a.3.G. Perform other duties assigned by regional or EMS Medical Directors ; and

9.2.a.3.H. Provide on-line medical command to EMS personnel passing through the region who require medical direction.

9.2.a.4. Authority. -- The regional medical command center may implement

procedures necessary to carry out its duties outlined in this rule and OEMS guidelines.

9.2.a.5. Alternative Facilities. -- Regions may elect to have alternate command facilities in the event of equipment malfunction or when the primary center cannot be contacted for any reason. These backup facilities shall be approved by the EMS Medical Director and included in the regional communication plan. In the event none of the command facilities can be reached, then the receiving hospital may provide medical command as needed to EMS personnel.

§64-48-10. EMS Personnel in Emergency Departments.

10.1. EMS personnel employed by a hospital may, in the event of a life threatening emergency, perform their full scope of practice as outlined by the MPCC, within the hospital under the direct supervision of the attending physician.

10.2. In all other situations EMS personnel may only perform those services outlined in the written policy and procedures established by the local facility as outlined in subsection 10.3. of this section.

10.3. Any hospital using or employing EMS personnel to provide services within the hospital emergency room or department shall develop and implement written policies and procedures governing these activities. These policies and procedures shall:

10.3.a. Include the roles, responsibilities, and specific tasks or procedures which may be performed by EMS personnel;

10.3.b. Be developed jointly by the director of nursing of the emergency room and the medical director of the emergency room or department;

10.3.c. Allow for the direct supervision of the EMS personnel by a registered professional nurse and comply with all supervision guidelines established by the Board of Registered Professional Nurses;

10.3.d. Comply with the training requirements established by OEMS;

10.3.e. Contain specific procedures governing medical review and quality improvement of services provided by EMS personnel in the hospital setting and shall include the mechanisms for identification, correction, training, and disciplinary functions associated with these activities; and

10.3.f. Be approved by the Joint Care Committee as established in subsection 10.7. of this rule.

10.4. EMS personnel shall not exceed the scope of practice established by the MPCC for the individual's certification level.

10.5. EMS personnel shall maintain active EMS certification and meet all requirements for

contained in section 6 of this rule.

10.6. The medical facility shall maintain training records and in-service records of the EMS personnel in its employment and make the records available for inspection by OEMS and the Board of Examiners for Registered Professional Nurses.

10.7. The EMS Medical Director or designee and the President of the Board of Examiners for Registered Professional Nurses or his or her designee shall establish a Joint Care Committee for the purpose of establishing minimum guidelines for the policies and procedures to be used by the local facilities concerning the functioning of EMS personnel in the emergency room setting. These guidelines may include a list of specific procedures and activities performed by EMS personnel in the emergency room setting and shall also contain the definition of a life threatening emergency.

§64-48-11. Administrative Due Process.

Any person adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the Bureau for Public Health rule, Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64CSR1.