

SYNOPSIS OF PROPOSED RULE CHANGES

RULES OF DEPARTMENT OF COMMUNITY HEALTH PUBLIC HEALTH

CHAPTER 290-5-30 (REPEAL) AND CHAPTER 111-9-2 (NEWLY ADOPT)

EMERGENCY MEDICAL SERVICES

STATEMENT OF PURPOSE AND MAIN FEATURES OF PROPOSED RULE

The Section of Emergency Preparedness and Response's Office of Emergency Medical Services and Trauma (OEMS) requests the promulgation of the attached proposed Rules and Regulations in order to facilitate the implementation of the revised standards and scopes of practice for the EMS profession. Implementation of the new standards and scopes of practice is a significant step forward for Georgia's EMS community as it will assure consistency with national standards and examinations and provide an infrastructure to enhance the professionalism and competency of Georgia's EMS workforce. These proposed rules will not create an additional standard or cost for any currently licensed EMS personnel.

In 2010, the Georgia EMS Advisory Council (EMSAC) voted unanimously to support the revised standards and scopes of practice, and on February 22, 2011, EMSAC voted unanimously to recommend to the Department of Community Health that it proceed with the immediate promulgation of all rules and regulations necessary to implement the new standards and scopes. In addition, this initiative is supported by the Georgia Association of EMS as well as the EMS education community.

The specific revisions that are required include adding definitions for the levels of Emergency Medical Technician and Advanced Emergency Medical Technician in Section 290-5-30-.02 (Definitions) and including those terms in the text of the rules under Section 290-5-30-.01 (Purpose), Section 290-5-.07-.09 (Licensure of Services), Section 290-5-30.12 (Initial Licensing of Emergency Medical Services Personnel), Section 290-5-30-.13 (License Renewal for Emergency Medical Services Personnel), 290-5-30-.14 (Reciprocity of Emergency Medical Services Personnel) and under Section 290-5-30.17 (Standards for Emergency Medical Service Instructors). If the Board adopts the rules for EMS as proposed in May 2010, the sections will change to the respective sections in Chapter 111-9-2.

In addition, pursuant to O.C.G.A. § 31-11-110 through 31-11-116, the Office of EMS and Trauma requests the promulgation of Rules and Regulations in order to facilitate the designation of primary stroke centers and remote treatment stroke centers and to require designated trauma centers to submit data to the state trauma registry in a manner and frequency determined by the department. This data submission requirement is currently established in policy and procedures; however, including this requirement in rules and regulations achieves consistency with other designation processes and clarifies the requirement. Both revisions are supported by the hospital community and the currently designated trauma centers.

The specific revisions that are proposed include adding the definition for Specialty Care Centers in Section 111-9-2-.02 (Definitions), changing the name of the current section from Designation of Trauma Centers to Designation of Specialty Care Centers and including the statutorily mandated language related to the designation of stroke centers in the newly named section in Rule 111-9-2-.04 (Designation of Specialty Care Centers).

DIFFERENCES BETWEEN EXISTING AND PROPOSED RULES

Rules in Chapter 290-5-30 are being repealed in their entirety and new rules are being adopted in Chapter 111-9-2.

Rule 111-9-2-.01(1) new language is added to include “advanced emergency medical technician”.

Rule 111-9-2-.02 new definitions were added to include “advanced emergency medical technician”, “emergency medical technician”, and “specialty care center” and other definitions were modified to include the use of the new definitions. Also, all references to the Department/Board of Human Resources were changed to “Community Health”.

Rule 111-9-2-.03 no additions or changes

Rule 111-9-2-.04 name of section was changed from “Designation of Trauma Centers” to “Designation of Specialty Care Centers” and new language was added to facilitate the designation of primary stroke centers and remote treatment stroke centers. Also, language was added to require trauma centers to submit data to the Georgia Trauma Registry.

Rule 111-9-2-.05 no additions or changes

Rule 111-9-2-.06 no additions or changes

Rule 111-9-2-.07 new language added to include “advanced emergency medical technician” and “emergency medical technician” to (6)(c).

Rule 111-9-2-.08 new language added to include “advanced emergency medical technician” and “emergency medical technician” to (5)(g)3.

Rule 111-9-2-.09 new language added to include “advanced emergency medical technician and “emergency medical technician” to (6)(a) and (h).

Rule 111-9-2-.10 no changes or additions

Rule 111-9-2-.11 no changes or additions

Rule 111-9-2-.12 new language added to include “emergency medical technician and “advanced emergency medical technician”, “cardiac technician”, “paramedic” to (1) and language was revised from “department approval” to “being licensed by the department”.

Rule 111-9-2-.13 new language added to change “EMT” to “EMS” in (1)(a) and revised language in (8) to clarify intent of the rule.

Rule 111-9-2-.14 new language added to include “emergency medical technician and “advanced emergency medical technician”, “cardiac technician”, “paramedic” to (1) and language was revised from “department approval” to “being licensed by the department”. Also, a reference to DHR was changed to DCH.

Rule 111-9-2-.15 no changes or additions

Rule 111-9-2-.16 no changes or additions

Rule 111-9-2-.17 new language added to include “advanced emergency medical technician” in (1)(a)2 and (b)1; (3)(b)1; and both “advanced emergency medical technician” and “emergency medical technician” were added to (6)(a).

Rule 111-9-2-.18 new language added to include “specialty care center”.

290-5-30-.01 Purpose. Repealed.

~~(1) Under the authority of the O.C.G.A. Chapter 31-11, these rules establish standards for ambulance services, medical first responder services, neonatal transport services, designation of trauma centers and base station facilities, training and licensing requirements for medics, instructor licensing and course approval requirements for emergency medical technician, cardiac technician and paramedic training programs, and others as may be related to O.C.G.A. Chapter 31-11. These rules shall be reviewed at a minimum of every four years by the State Office of EMS and revised as necessary.~~

~~(2) The Director or Medical Director of the Office of Emergency Medical Services/Trauma has the authority to waive any rule, procedure, or policy in the event of a public health emergency in order to provide timely critical care and transportation to the injured or ill. Such waiver shall be in writing and filed with the Director of the Division of Public Health.~~

Authority O.C.G.A. Secs. 31-2-4, 31-11-1, 31-11-2, 31-11-5.

290-5-30-.02 Definitions. Repealed.

~~The following definitions shall apply in the interpretation of these standards:~~

~~(a) "Advanced Cardiac Life Support (ACLS)" means current successful completion of a course utilizing nationally recognized advanced cardiac care standards as approved by the Department.~~

~~(b) "Advanced Life Support" (ALS) means the assessment, and if necessary, treatment and/or transportation by ambulance, utilizing medically necessary supplies and equipment provided by at least one individual licensed above the level of Emergency Medical Technician-Basic.~~

~~(c) "Advanced Life Support (ALS) Assessment" means an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment.~~

~~(d) "Advanced Life Support (ALS) Intervention" means a procedure that is, in accordance with state and local laws, beyond the scope of authority of the Emergency Medical Technician-Basic.~~

~~(e) "Ambulance – Air" means a rotor-wing airship registered by the department that is specially constructed and equipped and is intended to be used for air medical emergency transportation of patients.~~

~~(f) "Ambulance – Ground" means a motor vehicle registered by the department that is specially constructed and equipped and is intended to be used for emergency transportation of patients.~~

~~(g) "Ambulance Provider – Air" means an agency or company providing ambulance service with rotor-wing aircraft that is operated under a valid license from the department. The terms "Ambulance Provider – Air" and "Air Ambulance Service" are synonymous.~~

~~(h) "Ambulance Provider – Ground" means an agency or company providing ambulance service with ground based vehicles that is operated under a valid license from the department.~~

~~(i) "Ambulance Service" means the providing of emergency care and transportation on the public streets and highways, or airways of this state for a wounded, injured, sick, invalid, or incapacitated human being to or from a place where medical care is furnished.~~

~~(j) "Approved" means acceptable to the department based on its determination as to conformance with existing standards.~~

~~(k) "Authorized Agent" means the person with the legal authority to sign on behalf of the legal owner of the service designated.~~

- (l) "Base of Operations" means the primary location at which administration of the service occurs and where records are maintained. An EMS Provider must designate one Base of Operations location within the State of Georgia.
- (m) "Base Station Facility" means a facility responsible for providing direct physician control of emergency medical services.
- (n) "Basic Life Support" (BLS) means treatment and/or transportation by ground ambulance vehicle and/or treatment with medically necessary supplies and services involving non-invasive life support measures.
- (o) "Board" means the Board of Human Resources.
- (p) "Cardiac Technician" means a person who has been licensed by the department after having successfully completed a cardiac technician training program approved by the department.
- (q) "Clinical Preceptor" means a licensed emergency medical technician, paramedic, IV team member, registered nurse, physician's assistant, allied health professional or physician who meets the requirements for preceptors as established by the department.
- (r) "Commissioner" means Commissioner of the Department of Human Resources.
- (s) "Communication Protocols" means guidelines that specify which emergency interventions require direct voice order from medical control in the rendering of prehospital emergency medical care to a patient and may include other guidelines relative to communication between medics and medical control.
- (t) "CPR Certification" means successful completion of a course in cardiopulmonary resuscitation approved by the department.
- (u) "Department" means the Department of Human Resources.
- (v) "District Emergency Medical Services Medical Director" means a person, having approval of the Regional EMS Council and Office of Emergency Medical Services, who is: a physician licensed to practice medicine in this state; familiar with the design and operation of prehospital emergency services systems; experienced in the prehospital emergency care of acutely ill or injured patients; and experienced in the administrative processes affecting regional and state prehospital emergency medical services systems. The terms "District Emergency Medical Services Medical Director" and "Regional Medical Director" are synonymous.
- (w) "Emergency" means responding immediately to a request for a non-planned response or an emergency as perceived by a prudent layperson.
- (x) "Emergency Medical Service" or "EMS" means ambulance services, medical first responder services, and/or neonatal transport services licensed by the department.
- (y) "Emergency Medical Service Advisory Council" or "EMSAC" means an advisory council established pursuant to the provisions of O.C.G.A. Section 50-4-4 and Georgia Department of Human Resources Administrative Order No. 9, the purpose of which is to advise the department in matters essential to its operations with respect to emergency medical services.
- (z) "Emergency Medical Service Instructor - Level I" means an individual qualified and licensed to teach continuing education, community education, and first responder programs.
- (aa) "Emergency Medical Service Instructor - Level II" means an individual qualified and licensed to teach and coordinate Emergency Medical Technician-Basic and Emergency Medical Technician - Intermediate and/or Advanced Emergency Medical Technician courses, in addition to the courses taught at Level I.
- (bb) "Emergency Medical Service Instructor - Level III" means an individual qualified and licensed to teach and coordinate Emergency Medical Technician - Paramedic courses, in addition to the courses taught at Level I and Level II.
- (cc) "Emergency Medical Services Medical Directors Advisory Council" (EMSMDAC) means a council established by the Department to advise the Office of Emergency Medical Services on issues essential to its operation related to medical direction of the EMS system.

~~(dd) "Emergency Medical Services Personnel" means any first responder, licensed emergency medical technician-basic, licensed emergency medical technician—intermediate, licensed cardiac technician, or licensed emergency medical technician—paramedic.~~

~~(ee) "Emergency Medical Systems Communications Program" means any program established pursuant to Public Law 93-154, entitled the Emergency Medical Services Systems Act of 1973, which serves as a central communications system to coordinate the personnel, facilities, and equipment of an emergency medical services system and which:~~

- ~~1. Utilizes emergency medical telephonic screening;~~
- ~~2. Utilizes a publicized emergency telephone number; and~~
- ~~3. Has direct communication connections and interconnections with the personnel, facilities, and equipment of an emergency medical services system. The terms "Emergency Medical Systems Communications Program" and "Regional Ambulance Zoning Plan" are synonymous.~~

~~(ff) "Emergency Medical Technician-Basic" or "EMT-B" means a person who has been licensed by the department after having successfully completed an emergency medical technician-basic training program approved by the department.~~

~~(gg) "Emergency Medical Technician—Intermediate and/or Advanced Emergency Medical Technician " or "EMT-I AND/OR ADVANCED EMT" means a person who has been licensed by the department after having successfully completed an Emergency Medical Technician—Intermediate and/or Advanced Emergency Medical Technician training program approved by the department.~~

~~(hh) "Emergency Medical Technician-Paramedic" means a person who has been licensed by the department after having successfully completed an emergency medical technician—paramedic training program approved by the department. The term "Emergency Medical Technician-Paramedic" is synonymous with the term "Paramedic".~~

~~(ii) "First Responder" means an individual who has successfully completed an appropriate first responder course approved by the department and otherwise meets the eligibility requirements set forth in this chapter.~~

~~(jj) "First Responder Vehicle" means a motor vehicle registered by the department for the purpose of providing response to emergencies by medical first responders.~~

~~(kk) "Guidelines" (See "medical protocol").~~

~~(ll) "Health District" means the geographical district designated by the department in accord with O.C.G.A. Section 31-3-15. It may also mean emergency medical services region.~~

~~(mm) "Inactive Status" in the context of a license or designation issued by the department means said license, or designation is no longer valid due to failure to meet current required standards.~~

~~(nn) "Infant" means a child up to one year of age.~~

~~(oo) "Invalid Car" means a non-emergency transport vehicle used only to transport persons who are convalescent, or otherwise non-ambulatory, and do not require medical care during transport.~~

~~(pp) "License" when issued to a person signifies that its facilities, vehicles, personnel and operations comply with O.C.G.A. Chapter 31-11, Rules and Regulations, and policies of the department.~~

~~(qq) "License Officer" means the Commissioner of Human Resources or his designee.~~

~~(rr) "License Renewal Cycle" means a period of time established by the OEMS for renewal of licenses. The term recertification as it applies to individuals is synonymous with license renewal.~~

~~(ss) "Licensed Nurse" means an individual who is currently licensed or registered in the State of Georgia as a registered nurse, advanced practice registered nurse, nurse practitioner or licensed practical nurse.~~

~~(tt) "Local Coordinating Entity" means the public or nonprofit private entity designated by the board to coordinate and administer the emergency medical services system for each health~~

district, and make recommendations to the department on other EMS related issues. The terms "Local Coordinating Entity" and "Regional EMS Council" are synonymous.

(uu) "Local Medical Director" means a physician licensed to practice in this state, who provides medical direction to a service licensed by the department and is subject to the approval of the Regional EMS Council after interview by the District Emergency Medical Service Medical Director. The terms "Local Medical Director", "Ambulance Service Medical Director" and "Medical Advisor" are synonymous.

(vv) "Medic" means any licensed emergency medical technician - basic, Emergency Medical Technician - Intermediate and/or Advanced Emergency Medical Technician, cardiac technician or paramedic.

(ww) "Medical Advisor" (See "Local Medical Director").

(xx) "Medical Control" means (a) the immediate and concurrent clinical guidance from a physician to emergency medical services personnel regarding the prehospital management of a patient; or (b) the physician responsible for providing immediate and concurrent clinical guidance to emergency medical services personnel.

(yy) "Medical Control Physician" means the physician providing immediate and concurrent clinical guidance to emergency medical services personnel regarding the prehospital management of a patient.

(zz) "Medical Direction" means the administrative process of providing medical guidance and/or supervision by a physician to emergency medical services personnel. This may include system design, education, critique, and quality improvement.

(aaa) "Medical First Responder Provider" means an agency or company duly licensed by the department that provides on-site care until the arrival of the department's designated ambulance provider. The terms "Medical First Responder Provider" and "Medical First Responder Service" are synonymous.

(bbb) "Medical First Responder Service" means the providing of prehospital emergency medical care on the public streets and highways of this state for a wounded, injured, sick, invalid, or incapacitated human being until the arrival of a registered ambulance. The terms "Medical First Responder Service" and "Medical First Responder Provider" are synonymous.

(ccc) "Medical Protocol" means a prehospital treatment guideline, approved by the local EMS medical director, used to manage an emergency medical condition in the field by outlining the permissible and appropriate medical treatment that may be rendered by emergency medical services personnel to a patient experiencing a medical emergency. Portions of the medical protocol may be initiated by the EMS personnel as standing orders, while other portions of the medical protocol may require direct on-line medical control contact for authorization, as specified in the protocol.

(ddd) "Neonatal Transport Personnel" means licensed or certified health care professionals specially trained in the care of neonates.

(eee) "Neonatal Transport Provider" means an agency or company providing facility-to-facility transport for neonates that is operated under a valid neonatal transport license from the department. The terms "Neonatal Transport Provider" and "Neonatal Transport Service" are synonymous.

(fff) "Neonatal Transport Service" means an agency or company duly licensed by the department that provides emergency care and transportation of a neonate to a place where specialized neonatal medical care is furnished. The terms "Neonatal Transport Service" and "Neonatal Transport Provider" are synonymous.

(ggg) "Neonatal Transport Vehicle" means a motor vehicle registered by the department that is equipped for the purpose of transporting neonates to a place where medical care is furnished.

(hhh) "Neonate" means an infant 0 - 184 days of age, as defined by the Georgia Regional Perinatal Care Program.

(iii) "Office of Emergency Medical Services" (OEMS) means the regulatory subdivision of the Georgia Department of Human Resources, Division of Public Health directly responsible for the Statewide Emergency Medical Services system working in conjunction with and through Regional EMS Offices.

(jjj) "Patient Care Report (PCR)" means the documentation that contains the data set required by the department, either written or electronic that records the information regarding a request for a response. This includes, but is not limited to: Agency responding, vehicle identity, medics on the call, date of the call, times pertinent to the call, care rendered, treatment and transport information, pertinent patient information such as vital signs, and symptoms. The term "Patient Care Report" is synonymous with the term "Prehospital Care Report."

(kkk) "Prehospital Care Report (PCR)". See "Patient Care Report."

(lll) "Reasonable Distance" means that distance established by the local medical director based on the ambulance service's geographical area of responsibility, the ambulance service's ability to maintain emergency capabilities and hospital resources.

(mmm) "Recertification Cycle " (See "License Renewal Cycle").

(nnn) "Regional Ambulance Zoning Plan" (See "Emergency Medical Systems Communications Program").

(ooo) "Regional Emergency Medical Services Communications Plan" means a plan for the purpose of consolidating and coordinating applicable telecommunications services and facilities into an integrated system within a health district, which insures that the goals and objectives of the State Emergency Medical Services Communication Plan are addressed.

(ppp) "Regional Emergency Medical Services Council" (See "Local Coordinating Entity").

(qqq) "Regional Medical Director" (See "District Emergency Medical Services Medical Director").

(rrr) "Registered Agent – Corporation" means the person designated by the corporation with the Georgia Secretary of State's Office to receive official communication on its behalf. Further information is available in O.C.G.A. 14-2-501 (profit) or 14-3-501 (nonprofit).

(sss) "Reserve Ambulance" means a registered ambulance that temporarily does not meet the standards for ambulance equipment and supplies in these rules and policies of the OEMS.

(ttt) "Satellite Station" means a fixed location owned or leased and used by the EMS Provider from which emergency vehicles respond. Such location(s) must be on record with the State and Regional EMS Offices.

(uuu) "Specialty Care Transport" means transportation in a registered ambulance or neonatal unit between health care facilities during which certain special skills above and beyond those taught in state approved initial paramedic education are utilized. Nothing in this section authorizes a medic to operate beyond his/her scope of practice.

(vvv) "Standing Order" means the prior written authorization by the local EMS medical director for EMS personnel within that service to provide certain elements of a medical protocol to a patient experiencing a medical emergency prior to establishing direct voice communication with medical control. Standing orders commonly authorize the use of certain medications or invasive procedures, and they are a subset of a medical protocol.

(www) "State Emergency Medical Services Communication Plan" means a plan approved by the Georgia Technology Authority or its successor agency, for the purpose of consolidating and coordinating telecommunications services and facilities into an integrated system for the state of Georgia.

Authority O.C.G.A. Secs. 31-2-4, 31-11-1, 31-11-2, 31-11-5, 50-4-4.

290-5-30-.03 Emergency Medical Services Advisory Council. Repealed.

(1) Emergency Medical Services Advisory Council (EMSAC).

~~(a) Purpose. Pursuant to the provisions of O.C.G.A. Section 50-4-4 and Department of Human Resources Administrative Order #9 there is established an Emergency Medical Services Advisory Council to the department. The purpose of this council is to advise the department in matters essential to its operations with respect to emergency medical services system.~~

~~(b) General Provisions:~~

- ~~1. Council recommendations are advisory and are not binding on the department or agencies under contract to the department.~~
- ~~2. The Council shall be composed of members who collectively are knowledgeable in the field of emergency medical service systems and all components thereof, who represent a broad section of Georgia's citizens, including consumers of services, providers of services, and recognized experts in the field.~~
- ~~3. Members shall be appointed by the commissioner, subject to approval of the board, for a term specified in the council bylaws.~~
- ~~4. The Council shall adopt bylaws for its self-government subject to the approval of the department and shall conduct its business according to established rules of order in keeping with the Georgia Open Records Act. Said bylaws shall address frequency of meetings, recording of minutes, creation and function of committees, and other issues relevant to the function of an advisory council.~~
- ~~5. Staff assistance and expenses essential to the operations of the Council shall be provided from the resources of the Division of Public Health and are subject to the Division's approval.~~
- ~~6. Responsibilities shall include, but not be limited to: reviewing and providing comment on legislative activities, standards, and policies which affect these persons, services, or agencies regulated under these rules and O.C.G.A. Chapter 31-11; and, participating as an advocacy body to improve Georgia's statewide emergency medical services systems and all components thereof.~~

~~(2) **Emergency Medical Services Medical Directors Advisory Council (EMSMDAC).**~~

~~(a) Purpose. The Department shall establish an Emergency Medical Services Medical Directors Advisory Council (EMSMDAC) to advise the OEMS on issues essential to its operation related to medical direction of the EMS system.~~

~~(b) General Provisions:~~

- ~~1. The council members shall be appointed by the commissioner, subject to approval of the Board, for a term specified in council bylaws.~~
- ~~2. The Council shall be composed of physician members who collectively are knowledgeable in the field of EMS systems and all components thereof, and who represent a broad section of the Georgia's EMS programs and the medical community.~~
- ~~3. The Council shall adopt bylaws for its self-government subject to the approval of the department and shall conduct its business according to established rules of order, in keeping with the Georgia Open Records Act. Said bylaws shall address frequency of meetings, recording of minutes, creation and function of committees, and other issues relevant to the function of an advisory council.~~

~~(c) Responsibilities of EMSMDAC shall include, but not be limited to:~~

- ~~1. Act as a liaison with the medical community, medical facilities, and appropriate governmental entities;~~
- ~~2. Advise and provide consultation to OEMS on practice issues related to the care delivered by entities and personnel under the jurisdiction of the OEMS;~~
- ~~3. Advise on and review matters of medical direction and training in conformity with accepted emergency medical practices and procedures;~~
- ~~4. Recommend and review policies and procedures affecting patient care rendered by Emergency Medical Services personnel;~~

5. Advise on the scope and extent of EMS practice for the emergency medical services of Georgia;
6. Advise on the formulation of medical, communication and emergency transportation protocols; and
7. Advise on quality improvement issues related to patient care rendered by Emergency Medical Services personnel.

(3) ~~Regional Emergency Medical Services Council.~~

~~(a) Purpose. The board shall have the authority on behalf of the state to designate a public or nonprofit local entity to coordinate and administer the regional ambulance zoning plan (Emergency Medical Systems Communication Program), provide the guidance for developing the regional emergency medical services communication plan, make recommendations for the designation of base station facilities, make recommendations for the designation of trauma centers and to serve in an advisory capacity to the department and to perform other duties as directed by the department. Upon approval of the regional EMS council bylaws, the board will ensure that the council will be composed of individuals who are both knowledgeable and/or interested in the emergency medical services system and representative of the interest of a broad cross-section of the health district's citizens including consumers, private health care providers, public health care providers, and governmental entities.~~

~~(b) Duties of the Regional EMS Council shall include:~~

1. Recommend to the board or its designee the Regional Ambulance Zoning Plan.
2. Develop the Regional Emergency Medical Services Communications Plan.
3. Recommend to the board or its designee the designation of Base Station Facilities.
4. Recommend to the Board or its designee the designation and re-designation of Trauma Centers as specified in department policy and in these Rules.
5. Make other recommendations or provide other functions as directed by the department, rules and regulations or statute.
6. Recommendations. Regional EMS council recommendations directed to the department are advisory and not binding to the department unless expressly stated otherwise in statute or these rules and regulations.

Authority O.C.G.A. Secs. 31-2-4, 31-11-1, 31-11-5, 31-11-60.1, 50-4-4.

290-5-30-.04 Designation of Trauma Centers. Repealed.

~~(1) Applicability.~~

~~(a) This section shall not prevent any hospital or medical facility from providing medical care to any trauma patient.~~

~~(b) No hospital or medical facility shall hold itself out or advertise to be a designated trauma center without first meeting the requirements of these rules.~~

~~(2) Designation.~~

~~(a) The OEMS shall define in policy the process for trauma center designation and re-designation.~~

~~(b) The OEMS has the authority to review, enforce and recommend removal of trauma center designation for trauma centers failing to comply with applicable statutes, Rules and Regulations and department policy.~~

~~(c) Designation will be for a period of three (3) years.~~

~~(d) Each designated trauma center will be subject to periodic review.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-11-1 to 31-11-7, 31-11-9, 31-11-30 to 31-11-36, 31-11-50, 31-11-53.1, 31-11-60.1, 40-6-6, 50-4-4.

290-5-30-.05 Reserved Repealed.

290-5-30-.06 Licensure of Air Ambulance Services. Repealed.

(1) Applicability.

~~(a) No person shall operate, advertise, or hold themselves out to be an air ambulance service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the department. However, this Rule shall not apply to the following:~~

- ~~1. An air ambulance or air ambulance service operated by an agency of the United States government;~~
- ~~2. A vehicle rendering assistance temporarily in the case of a major catastrophe or disaster which is beyond the capabilities of available Georgia licensed air ambulance services;~~
- ~~3. An air ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;~~
- ~~4. An air ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia unless such air ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport;~~
- ~~5. An air ambulance licensed in a state adjacent to Georgia that is responding to a request from a Georgia Licensed provider;~~
- ~~6. An air ambulance or air ambulance service owned and operated by a governmental entity whose primary role is not to transport patients by air ambulance, and who is not receiving payment for such services;~~
- ~~7. An air ambulance or air ambulance service owned and operated by a charity not for hire.~~

~~(2) Application for a license or provisional license shall be made to the license officer in the manner and on the forms approved by the license officer.~~

~~(3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.~~

(4) Standards for Air Ambulances.

(a) General:

- ~~1. Must have appropriate and current FAA approval to operate an air ambulance service;~~
- ~~2. Air Ambulances must be maintained on suitable premises that meet the county health code and/or the department's specifications. The OEMS is authorized to establish policy to define minimal standards for suitable premises and base of operations.~~
- ~~3. The air ambulance must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein and be maintained and operated so as to contribute to the general well-being of patients. The aircraft must have an appropriate system for ensuring an adequate temperature environment suitable for patient transport.~~
- ~~4. All air ambulances must be equipped with approved safety belts and restraints for all seats.~~

- ~~5. Prior to use, air ambulances must be inspected and approved by the department and so registered by affixing a department decal at a location specified by the department.~~
- ~~6. Prior to disposal by sale or otherwise, an air ambulance removed from service must be reported to the department and have the department's decal removed.~~
- ~~7. The department shall utilize the airframe's "N" number issued by the FAA to identify each registered air ambulance. The name of the service shall be on each side of the air ambulance in at least 3-inch lettering for proper identification.~~
- ~~8. Whenever an air ambulance provider utilizes an unregistered air ambulance as a backup air ambulance, the air ambulance provider must contact the OEMS within 48 hours of placing said air ambulance in service to provide the following information:~~

- ~~(i) Make and Model of Aircraft~~
- ~~(ii) N Number~~
- ~~(iii) Color and any descriptive markings~~
- ~~(iv) Expected length of service.~~

~~(b) Insurance:~~

- ~~1. The air ambulance provider must have bodily injury, property damage, and professional liability insurance coverage that meets or exceeds 14 C.F.R. § 205.~~
- ~~2. No air ambulance shall be registered nor shall any registration be renewed unless the air ambulance has current insurance coverage as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each air ambulance license.~~
~~Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as he may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the air ambulance service license.~~
- ~~3. Air ambulance providers must maintain files as required by the FAA.~~

~~(c) Service License Fee:~~

- ~~1. Every air ambulance service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall pay an annual license fee to the license officer in an amount to be determined by the Board of Human Resources. The amount of said license fee may be periodically revised by said board. Said license fee shall become due and payable upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.~~

~~(d) Communication:~~

- ~~1. Each registered air ambulance shall be equipped with a two-way communication system that provides air ambulance to hospital communications.~~
- ~~2. Each registered air ambulance shall have two-way communication with the location receiving requests for emergency service.~~

~~(e) Infectious Disease Exposure Control:~~

- ~~1. Each air ambulance provider shall have a written exposure control plan approved by their medical director.~~
- ~~2. Air ambulance providers and emergency medical services personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease control procedures.~~

~~(f) Equipment and Supplies :~~

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed.
2. Expiration dates must be adhered to.
3. In order to substitute any item for the required items, written approval must be obtained from the OEMS. The OEMS shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.
4. The OEMS shall establish through policy the minimum equipment and supplies required on each air ambulance; however, other equipment and supplies may be added as desired.

(5) Records of Air Ambulance Providers.

(a) Records of each air ambulance response shall be made by the air ambulance provider in a manner, frequency and on such printed or electronic prehospital care report forms as approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and/or completed by the EMS provider. These prehospital care reports must contain the signature of the flight crew and the licensed physician or licensed nurse or paramedic receiving the patient. When orders are received or standing orders/protocols implemented, the prehospital care report shall state the name of the physician used for medical control. When a designated base station is used, recording of the medical control patient log number on the prehospital report may substitute for the physician's signature.

Such records shall be available for inspection by the department, or its authorized agents during reasonable business hours. If a PCR is not left with the patient at the time of transfer of patient care; documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twelve (12) hours of receiving the patient. An electronic file of all responses, in a format approved by the department, or a copy of all prehospital care reports for responses each month must be forwarded to the department by the tenth (10th) of the following month. The department will define a subset of the data that must be provided.

(b) Training records for each employee containing pertinent information regarding their licensure, and any other department required courses shall be maintained and readily available for the department, or its authorized agents, upon request at the base location.

(c) A dispatch record shall be maintained on all calls received. The record shall be maintained for a minimum of three (3) years and shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;
2. Time call received;
3. Source of call;
4. Call back telephone number;
5. Location of patient;
6. Apparent problem(s);
7. Unit dispatched and time of dispatch;
8. Time arrived at scene;
9. Time left scene;
10. Time arrived at patient's destination; and
11. Destination of patient.

~~(6) General Provisions for Air Ambulance Services.~~

~~(a) No person shall operate an air ambulance service in the state of Georgia without having a valid license or provisional license issued by the license officer pursuant to the provisions of this chapter.~~

~~(b) No person shall make use of the words "air ambulance" to describe any air transportation or facility or service associated therewith which such person provides or to otherwise hold oneself out to be an air ambulance service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter.~~

~~(c) Each air ambulance while in service shall be staffed by two Georgia licensed personnel:~~

~~1. When responding to an emergency scene at least one of the personnel shall be a registered nurse, physicians assistant, nurse practitioner, or physician and the second person must be a paramedic, all of whom must be licensed in Georgia;~~

~~2. When responding for an interfacility transfer, at least one of the personnel shall be a registered nurse, nurse practitioner, physicians assistant, or physician and the second person must be a paramedic, registered nurse, nurse practitioner, respiratory therapist, physicians assistant or physician, all of whom must be licensed in Georgia;~~

~~3. Personnel shall have successfully completed training specific to the air ambulance environment;~~

~~4. Personnel shall neither be assigned, nor assume the cockpit duties of the flight crew members concurrent with patient care duties and responsibilities;~~

~~5. Personnel shall have documentation of successful completion of training specific to patient care in the air ambulance transport environment in general and licensee's operation, in specific, as required by the OEMS; and~~

~~6. When a paramedic possesses an additional Georgia healthcare provider license, the paramedic may perform to the higher level of training for which he/she is qualified under that license when directed to do so by a physician, either directly or by approved protocols.~~

~~(d) When an air ambulance transport is requested for an inter-hospital transfer, such transfer shall be conducted by licensed air ambulance providers utilizing registered air ambulances.~~

~~(e) Air ambulance services shall be provided on a twenty-four hour, seven-day-a-week basis unless weather or mechanical conditions prevent safe operations.~~

~~(f) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.~~

~~(g) Medical Direction for Air Ambulance Providers.~~

~~1. To enhance the provision of emergency medical care, each air ambulance provider, shall be required to have a medical director who is currently licensed in Georgia and meets a minimum set of qualifications as recommended by EMSMDAC.~~

~~2. The air ambulance medical director shall serve as medical authority for the air ambulance provider, serving as a liaison between the air ambulance provider and the medical community, medical facilities and governmental entities.~~

~~3. It will be the responsibility of the air ambulance medical director, to provide for medical direction, specifically to ensure there is a plan to provide medical oversight of patient care delivered by air medical personnel during transport, to include on-line medical control or off-line medical control (written guidelines and/or policies) and also to participate in training for the air ambulance~~

personnel, in conformance with acceptable air ambulance emergency medical practices and procedures.

4. Duties of the air ambulance medical director shall include but not be limited to the following:

- (i) The approval of policies and procedures affecting patient care;
- (ii) The development and approval of medical guidelines or protocols;
- (iii) The formulation and evaluation of training objectives;
- (iv) Continuous quality improvement of patient care.

5. All air ambulance personnel shall comply with appropriate policies, protocols, requirements, and standards of the air ambulance medical director, provided such policies are not in conflict with these Rules and Regulations or other state statutes.

(h) Air ambulance providers shall not misrepresent or falsify any information filed with the department as a result of any air ambulance response.

(i) Air ambulance providers shall not employ, continue in employment, or use as EMS personnel any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.

(j) The ambulance provider administration shall report incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the OEMS.

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-9-2, 31-9-3, 31-11-1, 31-11-5 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 31-12-8, 40-6-6.

290-5-30-.07 Licensure of Ground Ambulance Services. Repealed.

(1) Applicability.

(a) No person shall operate, advertise, or hold themselves out to be an ambulance service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the department. However, this Rule shall not apply to the following:

1. An ambulance or ambulance service operated by an agency of the United States government;
2. A vehicle rendering assistance temporarily in the case of a major catastrophe or disaster which is beyond the capabilities of available Georgia licensed ambulance services;
3. An ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;
4. An invalid car or the operator thereof.
5. An ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia unless such ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport.

(b) No provision of these rules shall be construed as prohibiting or preventing a municipality from fixing, charging, assessing or collecting any license fee or registration fee on any business or profession or anyone engaged in any related profession governed by the provisions of these rules, or from establishing additional regulations regarding ambulance service as long as there is no conflict with these rules.

(2) Application for a License or provisional license shall be made to the license officer in the manner and on the forms approved by the license officer.

~~(3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.~~

~~(4) Standards for Ambulances.~~

~~(a) General:~~

~~1. Ambulances must be maintained on suitable premises that meet the county health code and/or the department's specifications. The OEMS is authorized to establish policy to define minimal standards for suitable premises and base of operations. Ambulances including raised roof van or modular type, must be of a design approved by the department that meets a 60-inch headroom requirement in the patient compartment. The interior of the patient compartment shall provide a minimum volume of 30 cubic feet of enclosed and shelf storage space that shall be conveniently located for medical supplies, devices, and installed systems as applicable for the service intended. The ambulance must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein and be maintained and operated so as to contribute to the general well-being of patients. Heat and air conditioning must be available and operational in both the patient compartment and driver compartment.~~

~~2. All ambulances must be equipped with approved safety belts for all seats.~~

~~3. Prior to their use, ambulances must be inspected and approved by the department and so registered by affixing a department decal at a location specified by the department.~~

~~4. Each ambulance service may place one-third (rounded to nearest whole number) of its registered ambulances in reserve status, e.g.:~~

~~2 to 4 registered ambulances - 0 to 1 may be reserve ambulances~~

~~5 to 7 registered ambulances - 0 to 2 may be reserve ambulances~~

~~8 to 10 registered ambulances - 0 to 3 may be reserve ambulances~~

~~11 to 13 registered ambulances - 0 to 4 may be reserve ambulances
et cetera.~~

~~When a reserve ambulance is placed in service (ready to respond to an emergency call) it must meet the provisions of these rules and policies of the OEMS.~~

~~5. Prior to disposal by sale or otherwise, an ambulance removed from service must be reported to the department and have the department's decal removed.~~

~~6. All registered ambulances shall have on both sides of the vehicle an identification number designated by the department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification.~~

~~(b) Insurance:~~

~~1. Every ambulance operated by persons engaged in providing ambulance service shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.~~

~~2. No ambulance shall be registered nor shall any registration be renewed unless the ambulance has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each ambulance license.~~

~~Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as he may specify, by all licensees required to provide proof of such insurance under this section. Any~~

~~lapse in insurance coverage will lead to immediate revocation of the ambulance service license.~~

~~3. EMS providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.~~

~~(c) Service License Fee:~~

~~1. Every ambulance service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall pay an annual license fee to the license officer in an amount to be determined by the Board of Human Resources. The amount of said license fee may be periodically revised by said board. Said license fee shall become due and payable upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.~~

~~(d) Communication:~~

~~1. Each registered ambulance shall be equipped with a two-way communication system that provides ambulance-to-hospital communication that meets the standard set in the Regional EMS Communication Plan in which they operate.~~

~~2. All ambulance providers shall have two-way communication between each ambulance and the location receiving requests for emergency service.~~

~~3. The ambulance communication system shall be able to operate within the regional emergency medical services communications plan.~~

~~(e) Infectious Disease Exposure Control:~~

~~1. Each ambulance service shall have a written exposure control plan approved by the local medical director.~~

~~2. Ambulance providers and emergency medical services personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease control procedures.~~

~~(f) Equipment and Supplies:~~

~~1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed.~~

~~2. Expiration dates must be adhered to.~~

~~3. In order to substitute any item for the required items, written approval must be obtained from the OEMS. The OEMS shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.~~

~~4. The OEMS shall establish through policy the minimum equipment and supplies required on each ambulance; however, other equipment and supplies may be added as desired.~~

~~(5) Records of Ambulance Services.~~

~~(a) Records of each ambulance response shall be made by the ambulance service in a manner, frequency and on such printed or electronic prehospital care report forms as approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and/or completed by the EMS provider. These prehospital care reports must contain the signature of the medics and the licensed physician or licensed nurse or paramedic receiving the patient. When orders are received or standing orders/protocols implemented, the prehospital care report shall be signed by the physician except when a designated base station facility is used for medical control. When a designated base station is used, recording of the medical control patient log number on the prehospital care report may substitute for the physician's signature. If a PCR is not left with the~~

~~patient at the time of transfer of patient care; documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twelve (12) hours of receiving the patient. Such records shall be available for inspection by the department, or its authorized agents, during reasonable business hours. An electronic file of all responses, in a format approved by the department, or a copy of all prehospital care reports for ambulance responses each month must be forwarded to the department by the tenth (10th) of the following month. The department will define a subset of the data that must be provided.~~

~~(b) Training records for each employee containing pertinent information regarding licensing as a medic, and any other department required courses shall be maintained and readily available for the department, or its authorized agents, upon request at the base location.~~

~~(c) A dispatch record shall be maintained on all calls received. The record shall be maintained for a minimum of three (3) years and shall contain at a minimum, when applicable, but not be limited to, the following:~~

- ~~1. Date call received;~~
- ~~2. Time call received;~~
- ~~3. Source of call;~~
- ~~4. Call back telephone number;~~
- ~~5. Location of patient;~~
- ~~6. Apparent problem(s);~~
- ~~7. Unit dispatched and time of dispatch;~~
- ~~8. Time arrived at scene;~~
- ~~9. Time left scene;~~
- ~~10. Time arrived at patient's destination; and~~
- ~~11. Destination of patient.~~

~~(6) General Provisions for Ambulance Services.~~

~~(a) No person shall operate a ground ambulance service in the state of Georgia without having a valid license or provisional license issued by the license officer pursuant to the provisions of this chapter.~~

~~(b) No person shall make use of the word "ambulance" to describe any ground transportation or facility or service associated therewith which such person provides or to otherwise hold oneself out to be an ambulance service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter.~~

~~(c) Each ambulance while transporting a patient shall be manned by not less than two Emergency Medical Services Personnel (emergency medical technician-basic, emergency medical technician-intermediate, cardiac technician, and/or paramedic), one of whom must be in the patient compartment. Only one individual licensed at the emergency medical technician – basic level can be used to satisfy this requirement. If advanced life support is being rendered, personnel qualified to administer the appropriate level of advanced life support must be in the patient compartment and responsible for patient care.~~

~~(d) When a medic possesses an additional Georgia healthcare provider license, the medic may perform to the higher level of training for which he/she is qualified under that license when directed to do so by a physician, either directly or by approved protocols.~~

~~(e) Interhospital transfers shall be conducted by licensed ambulance services in registered ambulances when the patient requires, or is likely to require, medical attention during transport. The transferring or receiving physician may request the highest level of~~

~~emergency medical services personnel available and/or additional qualified medical personnel to attend the patient during the interhospital transfer. If requested, the ambulance service must allow the highest level medical personnel available to attend to the patient during the interhospital transfer.~~

~~(f) Ambulance services shall be provided on a twenty four hour, seven day a week basis.~~

~~(g) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.~~

~~(h) Sufficient licensed personnel shall be immediately available to respond with at least one ambulance. When the first ambulance is on a call, ambulance providers shall respond to each additional emergency call within their designated geographic territory as requested provided that medics and an ambulance are available. If medics and an ambulance are not available, the ambulance provider shall request mutual aid assistance.~~

~~If mutual aid assistance is not available the ambulance provider shall respond with its next available ambulance.~~

~~(i) Medical Direction for Ambulance Services:~~

~~1. To enhance the provision of emergency medical care, each ambulance service, except those in counties with populations less than 12,000, shall be required to have a medical director. The local medical director shall be a physician licensed to practice medicine in the state of Georgia and subject to approval by the regional EMS council. The local medical director must have agreed in writing to provide medical direction to a specific ambulance service.~~

~~2. The local medical director shall serve as medical authority for the ambulance service, serving as a liaison between the ambulance service and the medical community, medical facilities and governmental entities.~~

~~3. It will be the responsibility of the local medical director to provide for medical direction and training for the ambulance service personnel in conformance with acceptable emergency medical practices and procedures.~~

~~4. Duties of the local medical director shall include but not be limited to the following:~~

~~(i) The approval of policies and procedures affecting patient care;~~

~~(ii) The formulation of medical protocols and communication protocols;~~

~~(iii) The formulation and evaluation of training objectives;~~

~~(iv) Performance evaluation;~~

~~(v) Continuous quality improvement of patient care; and~~

~~(vi) Development and implementation of policies and procedures for requesting air ambulance transport.~~

~~5. All emergency medical services personnel shall comply with appropriate policies, protocols, requirements, and standards of local medical director for that service, or the policies, protocols, requirements, and standards provided by the regional medical director for those services not having a medical director, provided that such policies are not in conflict with these Rules and Regulations or other state statutes.~~

~~(j) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transport. When a medic arrives at the scene of a medical emergency, and contact is made with medical control by that medic, a physician/patient relationship is established between the patient and the physician providing medical control. The physician is responsible for the management of the patient and the medic acts as an agent of medical control unless a patient's physician is present. When a physician other than the patient's physician on the scene of a medical~~

~~emergency properly identifies himself and demonstrates his willingness to assume responsibility for patient management and documents his intervention by signing the patient care report, the medic should place the intervening physician in communication with medical control. If there is disagreement between the intervening physician and the medical control physician, or if the intervening physician refuses to speak with medical control, the medic should continue to take orders from the medical control physician.~~

~~(k) Any ambulance that arrives at the scene of an emergency without having been requested or designated responsible by the regional zoning plan, shall provide the emergency medical care necessary to sustain and stabilize the patient until the arrival of the designated ambulance provider. A non-designated ambulance provider shall not transport a patient from the scene of a medical emergency except under the following conditions:~~

- ~~1. The designated ambulance is canceled by the appropriate dispatching authority with approval of the responding designated ambulance provider; or~~
- ~~2. Medical control determines that the patient's condition is life-threatening or otherwise subject to rapid and significant deterioration and there is clear indication that, in view of the estimated time of arrival of the designated ambulance the patient's condition warrants immediate transport. (In the event the medic is unable to contact medical control, the medic will make this decision.) The transporting ambulance service shall file a copy of the patient care report including an explanation of the incident to the department within seven (7) calendar days of the transport.~~

~~(l) Hospital Destination of Prehospital Patients.~~

~~1. When a patient requires initial transportation to a hospital, the patient shall be transported by the ambulance service to the hospital of his/her choice provided:~~

~~(i) The hospital chosen is capable of meeting the patient's immediate needs;~~

~~(ii) The hospital chosen is within a reasonable distance as determined by the medic's assessment in collaboration with medical control so as to not further jeopardize the patient's health or compromise the ability of the EMS system to function in a normal manner; and~~

~~(iii) The hospital chosen is within a usual and customary patient transport or referral area as determined by the local medical director.~~

~~2. If the patient's choice of hospital is not appropriate or if the patient does not, cannot, or will not express a choice, the patient's destination will be determined by pre-established guidelines. If for any reason the pre-established guidelines are unclear or not applicable to the specific case, then medical control shall be consulted for a definitive decision.~~

~~3. If the patient continues to insist on being transported to the hospital he/she has chosen, and it is within a reasonable distance as determined by the local medical director, then the patient shall be transported to that hospital after notifying local medical control of the patient's decision. The choice of hospital for the patient may be selected pursuant to O.C.G.A. Section 31-9-2.~~

~~4. If the patient does not, cannot, or will not express a choice of hospitals, the ambulance service shall transport the patient to the nearest hospital believed capable of meeting the patient's immediate medical needs without regard to other factors, e.g., patient's ability to pay, hospital charges, county or city limits, etc.~~

~~(m) Ambulance providers shall not misrepresent or falsify any information on forms filed with the department or completed as a result of any ambulance response.~~

~~(n) Ambulance providers shall not employ, continue in employment, or use as EMS personnel any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.~~

~~(o) The ambulance provider administration shall report incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the OEMS.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-9-2, 31-9-3, 31-11-1, 31-11-5 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 31-12-8, 40-6-6.

290-5-30-.08 Licensure of Neonatal Transport Services. – Repealed.

~~(1) Applicability.~~

~~(a) Any ambulance provider may utilize a registered ambulance for the transport of neonates.~~

~~(b) No person shall hold themselves out to be a licensed neonatal transport service, or advertise as such without meeting the following requirements and without being duly licensed by the department. However, the provisions of this chapter shall not apply to any neonatal transport vehicle operated by an agency of the United States government.~~

~~(2) Application for Neonatal Transport Service License Application for a License shall be made to the license officer in the manner and on the forms prescribed by the license officer.~~

~~(3) License Fee.~~

~~(a) As a condition of maintaining a valid license, every neonatal transport service, whether privately operated or operated by any political subdivision of the state or any municipality, shall pay an annual license fee to the license officer in an amount to be determined by the Board of Human Resources. The license fee may be periodically revised by the Board. The license fee shall become due and payable upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.~~

~~1. This fee shall not be applicable in cases where the provider is also licensed as an ambulance service, uses the vehicles for dual purposes, and pays the fee under the ambulance license.~~

~~(4) Renewal of License. Renewal of any license issued under the provisions of these rules shall require conformance with all the requirements of these rules as upon original licensing.~~

~~(5) Standards for Neonatal Transport Vehicles.~~

~~(a) General.~~

~~1. A registered neonatal transport vehicle is a special type of vehicle and must be maintained on suitable premises that meet the county health code and/or the department's specifications. The OEMS is authorized to establish policy to define minimum standards for suitable premises and base of operations.~~

~~2. The registered vehicle must be properly equipped, maintained, and operated in accordance with these rules and regulations so as to contribute to the general well-being of patients. Heat and air conditioning must be available and operational in both the patient compartment and driver compartment.~~

~~3. The vehicle must have sufficient floor space to accommodate two neonatal transport isolettes and a crew of three in the patient compartment.~~

~~4. Each vehicle must be equipped with an electrical generator of at least 3.0 kilowatt output and an electrical inverter or motor generator of at least 1000 watts capacity.~~

~~5. There must be at least one compressed air outlet and one oxygen outlet available to each isolette.~~

- ~~6. There must be at least one duplex electrical outlet available to each isolette.~~
- ~~7. There must be at least one electrical wall-mounted suction outlet in the vehicle.~~
- ~~8. All registered neonatal transport vehicles must be equipped with approved safety belts for all seats.~~
- ~~9. Registered neonatal transport vehicles must be inspected and approved by the department and so designated by affixing a department decal at a location specified by the department.~~
- ~~10. Prior to disposal by sale or otherwise, a registered neonatal transport vehicle removed from service must be reported to the department and have the department's decal removed.~~
- ~~11. All registered neonatal transport vehicles shall have on both sides of the vehicle an identification number designated by the department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification. In addition each vehicle shall have the words "neonatal" or "neonatal transport" prominently displayed on each side of the vehicle.~~

~~(b) Insurance.~~

- ~~1. Every registered neonatal transport vehicle shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.~~
- ~~2. No neonatal transport vehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each neonatal transport service license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license office, in such form as the license officer may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the neonatal transport service license.~~
- ~~3. Neonatal transport providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.~~

~~(c) Communication.~~

- ~~1. Each registered neonatal transport vehicle shall be equipped with a two-way communication system that provides ambulance-to-hospital communication that meets the standard set in the Regional EMS Communication Plan.~~
- ~~2. The neonatal transport vehicle shall be able to operate within the regional emergency medical services communication plan.~~

~~(d) Infectious Disease Exposure Control.~~

- ~~1. Each neonatal transport service shall have a written exposure control plan approved by the local medical director.~~
- ~~2. Neonatal transport providers and emergency medical services personnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.~~

~~(e) Equipment and Supplies.~~

- ~~1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and shall be readily accessible when needed.~~
- ~~2. Expiration dates must be adhered to.~~
- ~~3. In order to substitute any item from the required items, written approval must be obtained from the OEMS. The OEMS shall have authority to grant exceptions~~

~~and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.~~

~~4. Vehicles approved to operate as both a neonatal transport vehicle and an ambulance must be inspected as both.~~

~~5. The OEMS shall establish through policy the minimum equipment and supplies required for each neonatal transport unit while being used to transport neonates; however, other equipment may be added as desired.~~

~~(f) Supplies and Medications.~~

~~1. The types and quantities of supplies and medications to be carried in the vehicle while being used to transport neonates shall be determined by the medical director of the neonatal transport service in conformance with current medical standards of care in the treatment and transportation of neonates.~~

~~2. A listing of the supplies and medications shall be updated at least annually and signed by the medical director and a copy thereof is to be in the vehicle at all times. This list shall be used for any inspection purposes by the department.~~

~~(g) Personnel.~~

~~1. Neonatal transport personnel shall function under protocols developed by the medical director.~~

~~2. Neonatal transport personnel with appropriate skills to treat and transport a neonate must be in the patient compartment during transport. Documentation attesting to their qualifications shall be signed by the local medical director and on file at the base location.~~

~~3. The driver of the vehicle shall be a Georgia licensed medic (emergency medical technician-basic, Emergency Medical Technician – Intermediate and/or Advanced Emergency Medical Technician, cardiac technician, or paramedic).~~

~~4. A minimum of two (2) patient care personnel shall be in the patient compartment and shall consist of any combination of the following during initial transport to the tertiary care center as determined by the local medical director:~~

~~(i) Paramedic;~~

~~(ii) Registered Nurse;~~

~~(iii) Respiratory Care Technician;~~

~~(iv) Physician's Assistant; or~~

~~(v) Physician.~~

~~Only one (1) of the above shall be required in the patient compartment during transport back to the initial referring facility.~~

~~(h) Records of Neonatal Transport Response.~~

~~1. Records of each neonatal transport response shall be made by the neonatal transport service in a manner, frequency and on such prehospital care report forms as approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated by the neonatal transport provider. These prehospital care reports must contain the signature of the neonatal transport personnel and the licensed physician or licensed nurse or paramedic receiving the patient. When orders are received or standing orders and or protocols implemented, the prehospital care report shall be signed by the physician except when a designated base station facility is used for medical control. When a designated base station is used, recording of the medical control patient log number on the prehospital care report may substitute for the physician's signature. If a PCR is not left with the patient at the time of transfer of patient care; documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the~~

~~receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twelve (12) hours of receiving the patient. Such records shall be available for inspection by the department, or its authorized agents, during reasonable business hours. A detailed electronic file of all responses, in a format approved by the department, or a copy of all prehospital care reports for responses must be forwarded to the department by the tenth (10th) of the following month. The department will define a subset of the data that must be provided.~~

~~(i) A dispatch record shall be maintained on all calls received. The record shall contain at a minimum, when applicable, but not be limited to, the following:~~

- ~~1. Date call received;~~
- ~~2. Time call received;~~
- ~~3. Source of calls;~~
- ~~4. Call back telephone number;~~
- ~~5. Location of patient;~~
- ~~6. Apparent problem(s);~~
- ~~7. Unit dispatched and time of dispatch;~~
- ~~8. Time arrived at scene;~~
- ~~9. Time left scene;~~
- ~~10. Time arrived at transferring facility (if applicable);~~
- ~~11. Time left transferring facility (if applicable);~~
- ~~12. Time arrived at receiving facility; and~~
- ~~13. Destination of patient.~~

~~(6) General Provisions.~~

~~(a) The local medical director shall be a physician licensed to practice medicine in the state of Georgia, be a member of the staff of the neonatal intensive care facility from which the service originates or with which the service is contracted, and provide medical direction for the neonatal transport service.~~

~~(b) Neonatal transport services shall be provided on a twenty-four hour, seven-day-a-week basis.~~

~~(c) The neonatal transport provider administration shall report incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the OEMS.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5 to 31-11-7, 31-11-9, 31-11-30 to 31-11-36, 31-11-50, 31-11-53.1, 31-11-60.1, 31-12-8, 40-6-6.

290-5-30-.09 Licensure of Medical First Responder Services. Repealed.

~~(1) Applicability.~~

~~(a) No person shall hold himself out to be a medical first responder service, or advertise as such in the state of Georgia without first meeting the following requirements and being duly licensed by the department.~~

~~(b) However, the provisions of this chapter shall not apply to:~~

- ~~1. Any first responder unit operated by an agency of the United States government.~~
- ~~2. Any rescue organization duly licensed by the Georgia Emergency Management Agency to include its individual members.~~
- ~~3. Any person or designated first responder unit directly requested to the scene of an emergency by an appropriate public safety agency or ambulance service for the purpose of rendering on-site care, rescue and/or extrication, until the~~

~~arrival of a duly licensed ambulance service or duly licensed medical first responder service. This includes agencies routinely requested to the scene in this manner that cannot or chooses not to meet the requirements of these rules.~~

~~4. Any supervisory vehicle of a licensed ambulance service.~~

~~5. A person, rendering assistance temporarily in the case of a major catastrophe or disaster which is beyond the capability of licensed medical first responder services or licensed ambulance services.~~

~~(2) Application for a License.~~

~~(a) Application for a License shall be made to the license officer in the manner and on the forms approved by the license officer.~~

~~(3) Renewal of License. Renewal of any license issued under the provisions of the rules shall require conformance with all the requirements of these rules as upon original licensing.~~

~~(4) Standards for First Responder Vehicles.~~

~~(a) General.~~

~~1. Registered first responder vehicles must be maintained on suitable premises that meet the county health code and/or the department's specifications. The OEMS is authorized to establish policy to define minimum standards for suitable premises and base of operations. The registered vehicle must be properly equipped, maintained, and operated in accordance with other Rules and Regulations contained herein.~~

~~2. All registered first responder vehicles must be equipped with approved safety belts for all seats.~~

~~3. Registered first responder vehicles must be inspected and approved by the department and so designated by affixing a department decal at a location specified by the department.~~

~~4. Prior to disposal by sale or otherwise, a registered first responder vehicle removed from service must be reported to the department and have the department's decal removed.~~

~~5. All registered first responder vehicles shall have on both sides of the vehicle an identification number designated by the department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification.~~

~~(b) Insurance.~~

~~1. Every registered first responder vehicle shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.~~

~~2. No medical first responder vehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each medical first responder service license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as the license officer may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the medical first responder service license.~~

~~3. Medical first responder providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.~~

~~(c) Communication.~~

~~1. Each registered first responder vehicle shall be equipped with a two-way communication system that meets the standards set in the Regional EMS Communication Plan.~~

~~2. All medical first responder providers shall have two-way communication between the vehicle and the location receiving requests for emergency service.~~

~~(d) Infectious Disease Exposure Control.~~

~~1. Each medical first responder service shall have a written exposure control plan approved by the local medical director.~~

~~2. Medical first responder providers and emergency medical services personnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.~~

~~(e) Equipment and Supplies.~~

~~1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner and shall be readily accessible when needed.~~

~~2. Expiration dates must be adhered to.~~

~~3. In order to substitute any item from the required items written approval must be obtained from the OEMS. The OEMS shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.~~

~~4. The OEMS shall through policy establish the minimum equipment and supplies required on medical first responder units; however, other equipment and supplies may be added as desired.~~

~~(5) Records of Medical First Responder Services.~~

~~(a) Records of each medical first responder response shall be made by the medical first responder service in a manner, frequency and on such prehospital care report forms as may be approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and/or completed by the medical first responder provider. These prehospital care reports must contain the signature of the medic when orders are received, or standing orders and or protocols implemented, the prehospital care report shall be signed by the physician except when a designated base station facility is used for medical control. When a designated base station is used, recording of the medical control patient log number on the prehospital care report may substitute for the physician's signature. Such records shall be available for inspection by the department, or its authorized agents, during reasonable business hours. A detailed electronic file of all responses, in a format approved by the department, or a copy of all prehospital care reports for medical first responder responses must be forwarded to the department by the tenth (10th) of the following month. The department will define a subset of the data that must be provided.~~

~~(b) Training records for each employee containing pertinent information regarding licensing as a medic, and any other department required courses shall be maintained and readily available for the department, or its authorized agents, upon request, at the base location.~~

~~(c) A dispatch record shall be maintained on all calls received. The record shall contain at a minimum, when applicable, but not be limited to, the following:~~

~~1. Date call received;~~

~~2. Time call received;~~

~~3. Source of call;~~

~~4. Call back telephone number;~~

~~5. Location of patient;~~

~~6. Apparent problem(s);~~

7. Unit dispatched and time of dispatch; and
8. Time arrived at scene.

~~(6) General Provisions: Medical First Responder Services.~~

~~(a) Each registered first responder vehicle when on an emergency call shall be manned by at least one of the following: emergency medical technician-basic, Emergency Medical Technician – Intermediate and/or Advanced Emergency Medical Technician, cardiac technician, or paramedic. If advanced life support is being rendered, there must be at least one Emergency Medical Technician – Intermediate and/or Advanced Emergency Medical Technician, cardiac technician or paramedic responsible for patient care.~~

~~(b) Medical first responder services shall be provided on a twenty-four hour, seven day a week basis.~~

~~(c) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.~~

~~(d) Sufficient licensed personnel shall be immediately available to respond with at least one registered first responder vehicle. When the first registered first responder vehicle is on a call, providers shall respond to each additional emergency call within their designated geographic territory as requested providing a medic and a registered first responder vehicle are available. If a medic and a registered first responder vehicle are not available, the medical first responder service shall request mutual aid assistance. If mutual aid assistance is not available the provider shall respond with its next available registered vehicle.~~

~~(e) The driver of a registered first responder vehicle, when responding to an emergency call, is authorized to operate the vehicle as an emergency vehicle pursuant to the provisions of O.C.G.A. Section 40-6-6.~~

~~(f) Medical Direction for Medical First Responder Services.~~

~~1. To enhance the provision of emergency medical care, each medical first responder service, except those in counties with populations less than 12,000, shall be required to have a medical director. The medical director shall be a physician licensed to practice medicine in this state.~~

~~2. It will be the responsibility of the local medical director to provide medical direction and training when appropriate for the medical first responder service personnel in conformance with acceptable emergency medical practices and procedures. These responsibilities include: the formulation of policies and procedures affecting patient care; the formulation and evaluation of training objectives and performance; and quality control of patient care, including the evaluation of protocols, procedures and field techniques in accordance with department regulations.~~

~~3. The medical director of a medical first responder service must coordinate the medical protocols and procedures of the service with the medical director of a local licensed ambulance service.~~

~~4. The medical director of a medical first responder service is responsible for the development and implementation of policies and procedures for requesting air ambulance transport.~~

~~(g) Medical first responder services shall not misrepresent or falsify any information on forms filed with the department.~~

~~(h) Medical first responder services shall not employ, continue in employment, or use as medics (emergency medical technician-basics, intermediates, cardiac technicians or paramedics) individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these Rules and Regulations.~~

~~(i) Medical first responder services are required to notify the dispatch center designated by the regional ambulance zoning plan as responsible for distributing ambulance calls prior to departure on any direct calls received.~~

~~(j) The medical first responder provider administration shall report incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the OEMS.~~

~~(7) Provision of Part-time Medical First Responder Services. Medical first responder services may choose to provide part-time or less than a twenty-four hour, seven-day a week service by entering into contracts to provide such service with any operator of a public or private gathering place which is routinely open to the public during specified times but not a twenty-four hour, seven-day a week basis. In such case, medical first responder service must be provided during all times the gathering place is open to the public. However, in the case of a college or university, medical first responder service may be provided at such times the student enrollment or other considerations require. Owners and operators of such public or private gathering places may also provide their own medical first responder service, so long as provision of such service complies with the provisions of these rules. Each such provider shall file with the license officer and the designated ambulance service a report containing the time periods during which medical first responder service is to be provided. Any changes in such time periods must also be filed ahead of time with the license officer and the designated ambulance service. Such medical first responder services are subject to the Rules and Regulations governing medical first responder services except for the twenty-four hour, seven-day a week requirement.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5 to 31-11-7, 31-11-30 to 31-11-36, 31-11-50, 31-11-53 to 31-11-55, 31-11-59, 31-11-60, 31-11-60.1, 31-12-8, 40-6-6.

290-5-30-.10 Procurement, Control, Handling, and Accountability of Pharmaceuticals. Repealed.

~~(1) Procurement of Pharmaceuticals. Medical directors of licensed ambulance services, medical first responder services, or neonatal transport services are authorized to contract with Georgia licensed pharmacies to furnish dangerous drugs and controlled substances for the vehicles of their particular services. Such dangerous drugs and controlled substances shall be furnished, secured, and stored in the manner provided for in O.C.G.A. Section 26-4-116.~~

~~(2) Storage of Pharmaceuticals. Pharmaceuticals shall not be left unattended on vehicles unless such vehicles are maintained in environmentally controlled facilities, or the pharmaceuticals are kept in environmentally controlled boxes in the patient compartment or in the patient compartment when the compartment is maintained at a temperature within the range specified by pharmaceutical manufacturers, and such vehicles are locked. Pharmaceuticals shall not be left outside of kits on open shelves or compartments. Narcotics must be maintained in accordance with Georgia Pharmacy Regulations. The theft of any pharmaceuticals must be reported immediately to the proper local and state authorities, as well as to the OEMS.~~

~~(3) Accountability of Pharmaceuticals. All licensed emergency medical services must have a written policy, signed by the administrative director of the EMS, the local medical director of the EMS, and the pharmacist from whom pharmaceuticals are obtained. The policy shall address at a minimum the following areas: procurement, par levels, receiving, storage, distribution, accountability, inventory check frequency, waste/expiration, handling of inventory discrepancies, and other issues deemed important by any of the signees.~~

Authority O.C.G.A. Secs. 26-4-116, 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-6, 31-11-9, 31-11-34, 31-11-53 to 31-11-55, 31-11-59, 31-11-60, 31-11-60.1.

290-5-30-.11 Inspections of Ambulance Services, Neonatal Transport Services, and Medical First Responder Services. Repealed.

~~(1) The department and its duly authorized agents are hereby authorized to enter upon and inspect licensed emergency services, including registered vehicles, facilities, records applicable to licensure, call logs, vehicle maintenance records, patient care reports, communication tapes, and personnel licensing records in a reasonable manner in regards to the operation of emergency medical services. Inspections will be made during reasonable business hours. The OEMS is authorized to set policy for such inspections and records.~~

~~(a) Inspections of each service will be made at least annually each registered vehicle must be inspected at least once annually.~~

~~(2) When the department conducts an inspection, the findings shall be recorded on an inspection report form provided for this purpose. The provider or authorized representative shall sign a form acknowledging the inspection. Signing this form does not indicate agreement with the findings thereon. A copy of the inspection form shall be furnished to the provider within 10 business days.~~

~~(3) Inspections of pharmaceuticals will be handled in accordance with policies established by the department and state and federal laws and regulations where applicable.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-6, 31-11-9, 31-11-30 to 31-11-36.

290-5-30-.13 License Renewal for Emergency Medical Services Personnel. Repealed.

~~(1) Licensed emergency medical services personnel, on a schedule and in the manner established by the OEMS, shall submit a non-refundable license renewal fee pursuant to these rules and provide evidence satisfactory to the department of having met the continuing education requirements of this section. Failure to do so may be cause for immediate license revocation.~~

~~(a) The continuing education requirement shall be met by completing approved continuing education of not less than forty (40) contact hours for each 24-month period of the license renewal cycle, with subject matter that includes cardiac care, pediatric care and trauma care. All continuing education must be consistent with the appropriate level EMT course curriculum or above. Training to maintain CPR certification shall be in addition to the continuing education requirement. Training to maintain ACLS or equivalent shall be in addition to the forty (40) required biennial hours of continuing education, but only has to be taken one time during each two-year period.~~

~~(b) Continuing education that meets the requirements of this section must be approved in writing by the department, a regional medical director or local medical director. The local medical director may approve continuing education for the emergency medical services personnel within the ambulance service for which he/she is responsible. If approved by the local medical director, a description of the training shall be filed with the regional EMS office prior to the beginning of the continuing education on a form approved by the department.~~

~~(c) Individuals who become licensed or reinstated as emergency medical services personnel during any license renewal cycle shall be considered to have satisfied the requirements of this section for that license renewal cycle.~~

~~(d) Licensed emergency medical services personnel shall make available, upon request, all continuing education documents to the department.~~

~~(e) EMS personnel are not required to maintain registration by the National Registry of Emergency Medical Technicians after the initial license renewal period.~~

- ~~(2) Individuals seeking license renewal must submit a statement as to alcohol or drug non-dependency and a current national criminal record history report generated no earlier than twelve (12) months prior to submitting an application for license renewal on a schedule and in the manner and type as established by the OEMS;~~
- ~~(3) The OEMS is authorized to perform random audits of license renewal documentation during each license renewal cycle.~~
- ~~(4) EMS personnel failing to submit required license renewal documents by the specified date will not be permitted to perform the duties of a licensed individual.~~
- ~~(5) A license shall be expired if the holder of the license fails to furnish the department with evidence that he/she has met the continuing education requirements during the license renewal cycle.~~
- ~~(a) The penalty period for late renewal is the six (6) month period immediately following the expiration date for the last license renewal cycle. During this period, a penalty fee for late renewal applies. The penalty fee shall be double the established fee for the level of licensure or \$100.00, which ever is greater.~~
- ~~(b) EMS personnel shall not practice after the expiration date of the license.~~
- ~~(c) Following the expiration of the penalty period, the department shall revoke the license of any EMS personnel for failure to renew. Such revocation removes all rights and privileges to practice in this State. Revocation for failure to renew may be reported to the public and to other state licensing boards, and will be reported as a revocation for failure to renew and will not be treated as a disciplinary revocation.~~
- ~~(d) A license that has been so revoked for a period not greater than four years may be reinstated upon the holder providing evidence of training equivalent to the continuing education requirements of this section, successfully challenging the required tests approved and administered by the department, submitting a current national criminal record history report, and paying the applicable penalty fee for each license renewal cycle. An individual seeking reinstatement, who fails any of the required tests on the first attempt, must complete the initial licensure process beginning with the emergency medical technician training course. A license that has been so revoked for a period greater than four years may be reinstated upon the holder completing the initial licensure process beginning with the emergency medical technician training course.~~
- ~~(6) The OEMS has the authority to mandate a specific license renewal cycle and/or continuing education module(s).~~
- ~~(7) The department shall be authorized to waive the continuing education requirements in cases of hardship, disability, illness, military deployment or under such other circumstances as the department deems appropriate.~~
- ~~(8) Upon request, the department shall be authorized to place a license in retired status after which the medic will be permitted to continue to use the former licensure level title and number with "(Ret.," after it. A medic in retired status will not be permitted to perform as an EMT at any level.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51, 31-11-52, 31-11-53.1, 31-11-56 to 31-11-58, 31-11-58.1.

~~290-5-30-.14 Reciprocity of Emergency Medical Services Personnel. – Repealed.~~

- ~~(1) No person shall practice as an Emergency Medical Technician – Basic, Emergency Medical Technician – Intermediate and/or Advanced Emergency Medical Technician, or Emergency Medical Technician – Paramedic without department approval.~~
- ~~(2) Applicants seeking reciprocity must possess current registration as required by the Department, at the level for which reciprocity is sought.~~

~~(3) Applicants must comply with all provisions of DHR Rules and Regulations Chapter 290-5-30 and OEMS Policies.~~

~~(4) All applicants for licensure must provide information to the department on forms prescribed by the department.~~

~~(5) All applicants for licensure must also provide a current national criminal record history report generated no earlier than twelve (12) months prior to submitting an application for licensure in a manner and type as determined by the department.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51 to 31-11-55, 31-11-59 to 31-11-61.

290-5-30-.15 General Provisions for Emergency Medical Technicians. Repealed.

~~(1) Emergency medical services personnel shall at all times while on duty, wear visible identification to include name, company name and license level and may include the State EMS patch or embroidered facsimile, along with license level rocker. Patches of other certifying or licensing agencies are not an acceptable substitute.~~

~~(2) Emergency medical services personnel shall at all times while on duty have the official department issued identification on their person.~~

~~(3) Emergency medical services personnel who have, or who develop a substance abuse problem(s) are required to report such to the OEMS.~~

~~(4) Emergency medical services personnel who have been charged with, or convicted of a violation of state law that involves the illegal obtaining of drugs, theft of drugs, or substance abuse, or any felony must notify the OEMS in writing of such activity within ten (10) business days. Failure to report such charges or convictions may be grounds for immediate revocation.~~

~~(5) Emergency medical services personnel must notify the OEMS in writing of any change in their home or mailing address.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51 to 31-11-61.

290-5-30-.16 Standards for Emergency Medical Service Courses. Repealed.

~~(1) All emergency medical service courses must be approved in writing by the department prior to the course starting date.~~

~~(2) In order for any course to be approved, the course coordinator must be a currently licensed instructor at the applicable level.~~

~~(3) A complete course application must be submitted by the sponsoring agency to the department at least four weeks in advance of the actual starting date of the proposed course on forms prescribed by the department.~~

~~(4) Emergency medical service courses may be offered at hospitals, technical colleges or institutions, the Georgia Public Safety Training Center, regional EMS offices, and other institutions as approved by the department. The sponsoring agency of the course must establish contracts with the appropriate agencies to ensure that clinical requirements for the course will be met.~~

~~(5) The department shall establish standards for all emergency medical service courses.~~

~~(6) All approved courses are subject to monitoring by the department including unannounced on-site evaluations and other methods as deemed appropriate by the department.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51 to 31-11-61, 50-13-18.

290-5-30-.17 Standards for Emergency Medical Service Instructors. Repealed.

(1) Eligibility for Instructor Licensing. All applicants for instructor licensure must meet the following requirements:

(a) ~~Emergency Medical Services Instructor – Level I.~~

- ~~1. Written recommendation from the local medical director;~~
- ~~2. Current Georgia licensure as an Emergency Medical Technician – Intermediate and/or Advanced Emergency Medical Technician, cardiac technician, paramedic, registered nurse, physician’s assistant, or physician;~~
- ~~3. Current certification as a cardiopulmonary resuscitation instructor; and~~

(b) ~~Emergency Medical Services Instructor – Level II.~~

- ~~1. Current Georgia licensure as a cardiac technician, paramedic, registered nurse, physician’s assistant, or physician;~~
- ~~2. Current certification as a cardiopulmonary resuscitation instructor;~~
- ~~3. Successful completion of a department administered or approved course with curriculum specific to Georgia’s emergency medical service system; and~~
- ~~4. Demonstrate proficiency by the successful completion of practical and written examinations administered or approved by the department.~~

(c) ~~Emergency Medical Service Instructor – Level III.~~

- ~~1. Current Georgia licensure as a paramedic, registered nurse, physician’s assistant, or physician;~~
- ~~2. A minimum of an associate degree or ninety (90) quarter hours of college credit (or semester equivalent) from a regional or nationally accredited institution;~~
- ~~3. Current certification as a cardiopulmonary resuscitation instructor;~~
- ~~4. Current certification as an advanced cardiac life support instructor, pediatric advanced life support instructor, and basic trauma life support instructor, or equivalents as approved by the OEMS;~~
- ~~5. Successful completion of a department administered or approved course with curriculum specific to Georgia’s emergency medical service system; and~~
- ~~6. Demonstrate proficiency by the successful completion of practical and written examinations administered or approved by the department.~~

(2) Licensure of Instructors.

(a) ~~Candidates must complete an application form and provide other documentation as prescribed by the department.~~

(b) ~~No individual shall hold oneself out as an emergency medical service instructor at any level unless licensed by the department.~~

(c) ~~Initial licensure shall be for a period of time specified by the department.~~

(3) License Renewal for Emergency Medical Service Instructors.

(a) ~~Emergency medical service instructors shall provide satisfactory evidence of having met the license renewal requirements of this section in a manner, and on forms approved by the department. Failure to do so shall result in OEMS placing the instructor license in an inactive status.~~

(b) ~~The emergency medical service instructor – level I and emergency medical service instructor – level II must:~~

- ~~1. Maintain a license as an emergency medical technician, cardiac technician, paramedic, registered nurse, physician’s assistant or physician; and~~
- ~~2. Maintain certification as a cardiopulmonary resuscitation instructor.~~

(c) ~~The emergency medical service instructor – level III must:~~

- ~~1. Maintain a license as a paramedic, registered nurse, physician’s assistant, or physician;~~
- ~~and~~

~~2. Maintain certification as an advanced cardiac life support instructor.~~

~~(d) The instructor must teach a minimum of forty (40) hours per instructor license renewal period in approved courses during the license period.~~

~~(e) The instructor must participate in a minimum of twenty-four (24) hours per license renewal period of continuing education in instructional techniques approved by the department.~~

~~(4) Inactive Status for Instructors. Any instructor who does not meet the above requirements will be placed in an inactive status.~~

~~(5) Reinstatement of Instructor Status. Any instructor, whose license is placed in an inactive status for a period of not more than four (4) years, may be reinstated to an active status by meeting the following requirements:~~

~~(a) The eligibility for instructor licensure standards at the appropriate level;~~

~~(b) For each year of inactive status participate in a minimum of twelve (12) hours of continuing education in instructional techniques approved by the department;~~

~~(c) Demonstrate proficiency by the successful completion of practical and written examinations administered or approved by the department; and~~

~~(d) Instructors whose license has been inactive or revoked for four (4) years plus one day or more must complete all requirements anew.~~

~~(6) Clinical Preceptor.~~

~~(a) Clinical preceptors may precept paramedic, Emergency Medical Technician-Intermediate and/or Advanced Emergency Medical Technician, and emergency medical technician-basic students.~~

~~(b) Clinical preceptors can only be approved by the course coordinator and the course medical director after successfully completing a clinical preceptor training course approved by the department.~~

~~(c) The course coordinator must maintain student clinical records involving clinical preceptors for two years from the student's course completion.~~

Authority O.C.G.A. Secs. 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51 to 31-11-61.

111-9-2-01 Purpose.

(1) Under the authority of the O.C.G.A. Chapter 31-11, these rules establish standards for ambulance services, medical first responder services, neonatal transport services, designation of trauma centers and base station facilities, training and licensing requirements for medics, instructor licensing and course approval requirements for emergency medical technician, **advanced emergency medical technician**, cardiac technician and paramedic training programs, and others as may be related to O.C.G.A. Chapter 31-11. These rules shall be reviewed at a minimum of every four years by the State Office of EMS and revised as necessary.

(2) The Director or Medical Director of the Office of Emergency Medical Services/Trauma has the authority to waive any rule, procedure, or policy in the event of a public health emergency in order to provide timely critical care and transportation to the injured or ill. Such waiver shall be in writing and filed with the Director of the Division of Public Health.

Authority: O.C.G.A. §§ 31-2-4, 31-11-1, 31-11-2, 31-11-5.

111-9-2-02 Definitions. The following definitions shall apply in the interpretation of these standards:

(a) “Advanced Cardiac Life Support (ACLS)” means current successful completion of a course utilizing nationally recognized advanced cardiac care standards as approved by the Department.

(b) “Advanced Emergency Medical Technician” or “AEMT” means a person who has been licensed by the department after having successfully completed an Advanced Emergency Medical Technician training program approved by the department.

(bc) “Advanced Life Support (ALS)” means the assessment, and if necessary, treatment and/or transportation by ambulance, utilizing medically necessary supplies and equipment provided by at least one individual licensed above the level of Emergency Medical Technician. **Basic**

(ed) “Advanced Life Support (ALS) Assessment” means an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient’s reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment.

(de) “Advanced Life Support (ALS) Intervention” means a procedure that is, in accordance with state and local laws, beyond the scope of authority of the Emergency Medical Technician. **Basic**

(ef) “Ambulance – Air” means a rotor-wing airship registered by the department that is specially constructed and equipped and is intended to be used for air medical emergency transportation of patients.

(fg) “Ambulance – Ground” means a motor vehicle registered by the department that is specially constructed and equipped and is intended to be used for emergency transportation of patients.

(gh) “Ambulance Provider – Air” means an agency or company providing ambulance service with rotor-wing aircraft that is operated under a valid license from the department. The terms “Ambulance Provider – Air” and “Air Ambulance Service” are synonymous.

(hi) “Ambulance Provider – Ground” means an agency or company providing ambulance service with ground based vehicles that is operated under a valid license from the department.

(i) “Ambulance Service” means the providing of emergency care and transportation on the public streets and highways, or airways of this state for a wounded, injured, sick, invalid, or incapacitated human being to or from a place where medical care is furnished.

(j) “Approved” means acceptable to the department based on its determination as to conformance with existing standards.

(k) “Authorized Agent” means the person with the legal authority to sign on behalf of the legal owner of the service standards.

(l) “Base of Operations” means the primary location at which administration of the service occurs and where records are maintained. An EMS Provider must designate one Base of Operations location within the State of Georgia.

(m) “Base Station Facility” means a facility responsible for providing direct physician control of emergency medical services.

(n) “Basic Life Support (BLS)” means treatment and/or transportation by ground ambulance vehicle and/or treatment with medically necessary supplies and services involving non-invasive life support measures.

(o) “Board” means the Board of **Human Resources Community Health**.

(p) “Cardiac Technician” means a person who has been licensed by the department after having successfully completed a cardiac technician training program approved by the department.

(q) “Clinical Preceptor” means a licensed emergency medical technician, **advanced emergency medical technician, emergency medical technician-intermediate, cardiac technician,** paramedic, IV team member, registered nurse, physician’s assistant, allied health professional or physician who meets the requirements for preceptors as established by the department.

(r) “Commissioner” means Commissioner of the Department of **Human Resources Community Health**.

(s) “Communication Protocols” means guidelines that specify which emergency interventions require direct voice order from medical control in the rendering of prehospital emergency medical care to a patient and may include other guidelines relative to communication between medics and medical control.

(tu) "CPR Certification" means successful completion of a course in cardiopulmonary resuscitation approved by the department.

(tv) "Department" means the Department of ~~Human Resources~~ ~~Community Health~~.

(vw) "District Emergency Medical Services Medical Director" means a person, having approval of the Regional EMS Council and Office of Emergency Medical Services, who is: a physician licensed to practice medicine in this state; familiar with the design and operation of prehospital emergency services systems; experienced in the prehospital emergency care of acutely ill or injured patients; and experienced in the administrative processes affecting regional and state prehospital emergency medical services systems. The terms "District Emergency Medical Services Medical Director" and "Regional Medical Director" are synonymous.

(wx) "Emergency" means responding immediately to a request for a non-planned response or an emergency as perceived by a prudent layperson.

(xy) "Emergency Medical Service" or "EMS" means ambulance services, medical first responder services, and/or neonatal transport services licensed by the department.

(yz) "Emergency Medical Service Advisory Council" or "EMSAC" means an advisory council established pursuant to the provisions of O.C.G.A. § 50-4-4 and Georgia Department of Human Resources Administrative Order No. 9, the purpose of which is to advise the department in matters essential to its operations with respect to emergency medical services.

(zaa) "Emergency Medical Service Instructor - Level I" means an individual qualified and licensed to teach continuing education, community education, and first responder programs.

(aab) "Emergency Medical Service Instructor - Level II" means an individual qualified and licensed to teach and coordinate Emergency Medical Technician-Basic, ~~Emergency Medical Technician, and~~ Emergency Medical Technician-Intermediate ~~courses, and Advanced Emergency Medical Technician courses,~~ in addition to the courses taught at Level I.

(abc) "Emergency Medical Service Instructor - Level III" means an individual qualified and licensed to teach and coordinate Emergency Medical Technician - Paramedic ~~and Paramedic~~ courses, in addition to the courses taught at Level I and Level II.

(edd) "Emergency Medical Services Medical Directors Advisory Council" (EMSMDAC) means a council established by the Department to advise the Office of Emergency Medical Services on issues essential to its operation related to medical direction of the EMS system.

(dee) "Emergency Medical Services Personnel" means any first responder, licensed emergency medical technician-basic, ~~licensed emergency medical technician,~~ licensed emergency medical technician-intermediate, ~~licensed advanced~~

emergency medical technician, licensed cardiac technician, or licensed emergency medical technician-paramedic, or licensed paramedic.

(eeff) "Emergency Medical Systems Communications Program" means any program established pursuant to Public Law 93-154, entitled the Emergency Medical Services Systems Act of 1973, which serves as a central communications system to coordinate the personnel, facilities, and equipment of an emergency medical services system and which:

1. Utilizes emergency medical telephonic screening;
2. Utilizes a publicized emergency telephone number; and
3. Has direct communication connections and interconnections with the personnel, facilities, and equipment of an emergency medical services system. The terms "Emergency Medical Systems Communications Program" and "Regional Ambulance Zoning Plan" are synonymous.

(gg) "Emergency Medical Technician" or "EMT" means a person who has been licensed by the department after having successfully completed an Emergency Medical Technician training program approved by the department.

(hh) "Emergency Medical Technician-Basic" or "EMT-B" means a person who has been licensed by the department after having successfully completed an emergency medical technician-basic training program approved by the department.

(gii) "Emergency Medical Technician-Intermediate" or "EMT-I" means a person who has been licensed by the department after having successfully completed an emergency medical technician - intermediate training program approved by the department.

(hji) "Emergency Medical Technician-Paramedic" means a person who has been licensed by the department after having successfully completed an emergency medical technician- paramedic training program approved by the department. The term "Emergency Medical Technician-Paramedic" is synonymous with the term "Paramedic".

(ikk) "First Responder" means an individual who has successfully completed an appropriate first responder course approved by the department and otherwise meets the eligibility requirements set forth in this chapter.

(j) "First Responder Vehicle" means a motor vehicle registered by the department for the purpose of providing response to emergencies by medical first responders.

(kmm) "Guidelines" (See "medical protocol").

(lnn) "Health District" means the geographical district designated by the department in accord with O.C.G.A. § 31-3-15. It may also mean emergency medical services region.

(mmoo) "Inactive Status" in the context of a license or designation issued by the department means said license, or designation is no longer valid due to failure to meet current required standards.

(napp) "Infant" means a child up to one year of age.

(oegg) "Invalid Car" means a non-emergency transport vehicle used only to transport persons who are convalescent, or otherwise nonambulatory, and do not require medical care during transport.

(pprr) "License" when issued to a person signifies that its facilities, vehicles, personnel and operations comply with O.C.G.A. Chapter 31-11, Rules and Regulations, and policies of the department.

(qqss) "License Officer" means the Commissioner of Human Resources Community Health or his/her designee.

(rftt) "License Renewal Cycle" means a period of time established by the OEMS for renewal of licenses. The term recertification as it applies to individuals is synonymous with license renewal.

(ssuu) "Licensed Nurse" means an individual who is currently licensed or registered in the State of Georgia as a registered nurse, advanced practice registered nurse, nurse practitioner or licensed practical nurse.

(ttvv) "Local Coordinating Entity" means the public or nonprofit private entity designated by the board to coordinate and administer the emergency medical services system for each health district, and make recommendations to the department on other EMS related issues. The terms "Local Coordinating Entity" and "Regional EMS Council" are synonymous.

(uuww) "Local Medical Director" means a physician licensed to practice in this state, who provides medical direction to a service licensed by the department and is subject to the approval of the Regional EMS Council after interview by the District Emergency Medical Service Medical Director. The terms "Local Medical Director", "Ambulance Service Medical Director" and "Medical Advisor" are synonymous.

(vxxx) "Medic" means any licensed emergency medical technician-basic, emergency medical technician, emergency medical technician-intermediate, advanced emergency medical technician, cardiac technician or paramedic.

(wwwy) "Medical Advisor" (See "Local Medical Director").

(xxzz) "Medical Control" means (a) the immediate and concurrent clinical guidance from a physician to emergency medical services personnel regarding the prehospital management of a patient; or (b) the physician responsible for providing immediate and concurrent clinical guidance to emergency medical services personnel.

(yyaaa) "Medical Control Physician" means the physician providing immediate and concurrent clinical guidance to emergency medical services personnel regarding the prehospital management of a patient.

(zzbbb) "Medical Direction" means the administrative process of providing medical guidance and/or supervision by a physician to emergency medical services personnel. This may include system design, education, critique, and quality improvement.

(aaaccc) "Medical First Responder Provider" means an agency or company duly licensed by the department that provides on-site care until the arrival of the departments designated ambulance provider. The terms "Medical First Responder Provider" and "Medical First Responder Service" are synonymous.

(bbddd) "Medical First Responder Service" means the providing of prehospital emergency medical care on the public streets and highways of this state for a wounded, injured, sick, invalid, or incapacitated human being until the arrival of a registered ambulance. The terms "Medical First Responder Service" and "Medical First Responder Provider" are synonymous.

(eeeee) "Medical Protocol" means a prehospital treatment guideline, approved by the local EMS medical director, used to manage an emergency medical condition in the field by outlining the permissible and appropriate medical treatment that may be rendered by emergency medical services personnel to a patient experiencing a medical emergency. Portions of the medical protocol may be initiated by the EMS personnel as standing orders, while other portions of the medical protocol may require direct on-line medical control contact for authorization, as specified in the protocol.

(ddfff) "Neonatal Transport Personnel" means licensed or certified health care professionals specially trained in the care of neonates.

(eeeggg) "Neonatal Transport Provider" means an agency or company providing facility-to-facility transport for neonates that is operated under a valid neonatal transport license from the department. The terms "Neonatal Transport Provider" and "Neonatal Transport Service" are synonymous.

(ffhhh) "Neonatal Transport Service" means an agency or company duly licensed by the department that provides emergency care and transportation of a neonate to a place where specialized neonatal medical care is furnished. The terms "Neonatal Transport Service" and "Neonatal Transport Provider" are synonymous.

(gggiii) "Neonatal Transport Vehicle" means a motor vehicle registered by the department that is equipped for the purpose of transporting neonates to a place where medical care is furnished.

(hhjjj) "Neonate" means an infant 0 - 184 days of age, as defined by the Georgia Regional Perinatal Care Program.

(#kkk) "Office of Emergency Medical Services" (OEMS) means the regulatory subdivision of the Georgia Department of **Human Resources Community Health**, Division of Public Health directly responsible for the Statewide Emergency Medical Services system working in conjunction with and through Regional EMS Offices.

(#jll) "Patient Care Report (PCR)" means the documentation that contains the data set required by the department, either written or electronic that records the information regarding a request for a response. This includes, but is not limited to: Agency responding, vehicle identity, medics on the call, date of the call, times pertinent to the call, care rendered, treatment and transport information, pertinent patient information such as vital signs, and symptoms. The term "Patient Care Report" is synonymous with the term "Prehospital Care Report."

(kkmmm) "Prehospital Care Report (PCR)". See "Patient Care Report."

(#hnn) "Reasonable Distance" means that distance established by the local medical director based on the ambulance service's geographical area of responsibility, the ambulance service's ability to maintain emergency capabilities and hospital resources.

(mmooo) "Recertification Cycle" (See "License Renewal Cycle").

(#nppp) "Regional Ambulance Zoning Plan" (See "Emergency Medical Systems Communications Program").

(#oqqq) "Regional Emergency Medical Services Communications Plan" means a plan for the purpose of consolidating and coordinating applicable telecommunications services and facilities into an integrated system within a health district, which insures that the goals and objectives of the State Emergency Medical Services Communication Plan are addressed.

(#pprr) "Regional Emergency Medical Services Council" (See "Local Coordinating Entity").

(qqsss) "Regional Medical Director" (See "District Emergency Medical Services Medical Director").

(#rttt) "Registered Agent - Corporation" means the person designated by the corporation with the Georgia Secretary of State's Office to receive official communication on its behalf. Further information is available in O.C.G.A. §§14-2-501 (profit) or 14-3-501 (nonprofit).

(#ssuu) "Reserve Ambulance" means a registered ambulance that temporarily does not meet the standards for ambulance equipment and supplies in these rules and policies of the OEMS.

(#tvvv) "Satellite Station" means a fixed location owned or leased and used by the EMS Provider from which emergency vehicles respond. Such location(s) must be on record with the State and Regional EMS Offices.

(www) "Specialty Care Center" means a licensed hospital dedicated to a specific sub-specialty care including, but not limited to, trauma, stroke, pediatric, burn and cardiac care.

(uuuxxx) "Specialty Care Transport" means transportation in a registered ambulance or neonatal unit between health care facilities during which certain special skills above and beyond those taught in state approved initial paramedic education are utilized. Nothing in this section authorizes a medic to operate beyond his/her scope of practice.

(wwwyy) "Standing Order" means the prior written authorization by the local EMS medical director for EMS personnel within that service to provide certain elements of a medical protocol to a patient experiencing a medical emergency prior to establishing direct voice communication with medical control. Standing orders commonly authorize the use of certain medications or invasive procedures, and they are a subset of a medical protocol.

(wwwzzz) "State Emergency Medical Services Communication Plan" means a plan approved by the Georgia Technology Authority or its successor agency, for the purpose of consolidating and coordinating telecommunications services and facilities into an integrated system for the state of Georgia.

Authority O.C.G.A. §§ 31-2-4, 31-11-1, 31-11-2, 31-11-5 and 50-4-4.

111-9-2-03 Emergency Medical Services Advisory Councils.

(1) Emergency Medical Services Advisory Council (EMSAC).

(a) Purpose. Pursuant to the provisions of O.C.G.A. § 50-4-4 and Department of Human Resources Administrative Order #9 there is established an Emergency Medical Services Advisory Council to the department. The purpose of this council is to advise the department in matters essential to its operations with respect to emergency medical services system.

(b) General Provisions.

1. Council recommendations are advisory and are not binding on the department or agencies under contract to the department.

2. The Council shall be composed of members who collectively are knowledgeable in the field of emergency medical service systems and all components thereof, who represent a broad section of Georgia's citizens, including consumers of services, providers of services, and recognized experts in the field.

3. Members shall be appointed by the commissioner, subject to approval of the board, for a term specified in the council bylaws.

4. The Council shall adopt bylaws for its self-government subject to the approval of the department and shall conduct its business according to established rules of order in keeping with the Georgia Open Records Act. Said bylaws shall address frequency of meetings, recording of minutes, creation and function of committees, and other issues relevant to the function of an advisory council.

5. Staff assistance and expenses essential to the operations of the Council shall be provided from the resources of the Division of Public Health and are subject to the Division's approval.

6. Responsibilities shall include, but not be limited to: reviewing and providing comment on legislative activities, standards, and policies which affect those persons, services, or agencies regulated under these rules and O.C.G.A. Chapter 31-11; and, participating as an advocacy body to improve Georgia's statewide emergency medical services systems and all components thereof.

(2) Emergency Medical Services Medical Directors Advisory Council (EMSMDAC).

(a) Purpose. The Department shall establish an Emergency Medical Services Medical Directors Advisory Council (EMSMDAC) to advise the OEMS on issues essential to its operation related to medical direction of the EMS system.

(b) General Provisions.

1. The council members shall be appointed by the commissioner, subject to approval of the Board, for a term specified in council bylaws.

2. The Council shall be composed of physician members who collectively are knowledgeable in the field of EMS systems and all components thereof, and who represent a broad section of the Georgia's EMS programs and the medical community.

3. The Council shall adopt bylaws for its self-government subject to the approval of the department and shall conduct its business according to established rules of order, in keeping with the Georgia Open Records Act. Said bylaws shall address frequency of meetings, recording of minutes, creation and function of committees, and other issues relevant to the function of an advisory council.

(c) Responsibilities of EMSMDAC shall include, but not be limited to:

1. Act as a liaison with the medical community, medical facilities, and appropriate governmental entities;

2. Advise and provide consultation to OEMS on practice issues related to the care delivered by entities and personnel under the jurisdiction of the OEMS;

3. Advise on and review matters of medical direction and training in conformity with accepted emergency medical practices and procedures;

4. Recommend and review policies and procedures affecting patient care rendered by Emergency Medical Services personnel;

5. Advise on the scope and extent of EMS practice for the emergency medical services of Georgia;

6. Advise on the formulation of medical, communication and emergency transportation protocols; and

7. Advise on quality improvement issues related to patient care rendered by Emergency Medical Services personnel.

(3) **Regional Emergency Medical Services Council.**

(a) Purpose. The board shall have the authority on behalf of the state to designate a public or nonprofit local entity to coordinate and administer the regional ambulance zoning plan (Emergency Medical Systems Communication Program), provide the guidance for developing the regional emergency medical services communication plan, make recommendations for the designation of base station facilities, make recommendations for the designation of trauma centers and to serve in an advisory capacity to the department and to perform other duties as directed by the department. Upon approval of the regional EMS council bylaws, the board will ensure that the council will be composed of individuals who are both knowledgeable or interested in the emergency medical services system and representative of the interest of a broad cross-section of the health district's citizens including consumers, private health care providers, public health care providers, and governmental entities.

(b) Duties of the Regional EMS Council shall include:

1. Recommend to the board or its designee the Regional Ambulance Zoning Plan.
2. Develop the Regional Emergency Medical Services Communications Plan.
3. Recommend to the board or its designee the designation of Base Station Facilities.
4. Recommend to the Board or its designee the designation and redesignation of Trauma Centers as specified in department policy and in these Rules.
5. Make other recommendations or provide other functions as directed by the department, rules and regulations or statute.
6. Recommendations. Regional EMS council recommendations directed to the department are advisory and not binding to the department unless expressly stated otherwise in statute or these rules and regulations.

Authority: O.C.G.A. §§ 31-2-4, 31-11-1, 31-11-5, 31-11-60.1, 50-4-5.

111-9-2-.04 Designation of Trauma Specialty Care Centers.

(1) Trauma Centers.

~~(1a)~~ Applicability.

~~(a)1.~~ This section shall not prevent any hospital or medical facility from providing medical care to any trauma patient.

~~(b)2.~~ No hospital or medical facility shall hold itself out or advertise to be a designated trauma center without first meeting the requirements of these rules.

(2)(b) Designation.

(a)1. The OEMS shall define in policy the process for trauma center designation and redesignation.

(b)2. The OEMS has the authority to review, enforce and recommend removal of trauma center designation for trauma centers failing to comply with applicable statutes, Rules and Regulations and department policy.

(c)3. Designation will be for a period of three (3) years.

(d)4. Each designated trauma center will be subject to periodic review.

5. Each designated trauma center shall submit data to the state trauma registry in a manner and frequency as prescribed by the department.

(2) Stroke Centers

(a) Applicability.

1. This section shall not prevent any hospital or medical facility from providing medical care to any stroke patient.

2. No hospital or medical facility shall hold itself out or advertise to be a designated stroke center without first meeting the requirements of these rules.

(b) Standards for Designation of Primary Stroke Centers.

1. Any hospital seeking designation and identification by the department as a primary stroke center must submit a written application to the department.

2. The application must include adequate documentation of the hospital's valid certification as a primary stroke center by the Joint Commission on Accreditation of Healthcare Organizations.

3. Each designated primary stroke center must submit data to the state annually in accordance with the requirements established in O.C.G.A. § 31-11-116.

4. The department may suspend or revoke a hospital's designation as a primary stroke center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirements of these rules and/or applicable statutes.

(c) Standards for Designation of Remote Treatment Stroke Centers.

1. Hospitals seeking designation as a remote treatment stroke center must submit a written application to the department.

2. The department shall define in policy the application process and establish a remote stroke center checklist outlining the requirements.

3. Upon receipt of a completed application, the department shall schedule and conduct an inspection of the applicant's facility no later than ninety (90) days after receipt of the application.

4. Hospitals will be evaluated on the standards and clinical practice guidelines established by the American Heart Association and American Stroke Association and must utilize current and acceptable telemedicine protocols relative to acute stroke treatment.

5. Each hospital seeking designation as a remote treatment stroke center must participate in the Georgia Coverdell Acute Stroke Registry prior to making application for designation and following designation, must submit data to the department on an annual basis in accordance with the requirements established in O.C.G.A. § 31-11-116, and must establish cooperating stroke care agreements with designated primary stroke centers.

6. The department may suspend or revoke a hospital's designation as a remote treatment stroke center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirements of these rules and/or applicable statutes.

Authority: O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1 to 31-11-7, 31-11-9, 31-11-30 to 31-11-36, 31-11-50, 31-11-53.1, 31-11-60.1, 31-11-110 to 31-11-119, 40-6-6 and 50-4-4.

111-9-2-05 Reserved.

Authority: O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-9-2, 31-9-3, 31-11-1 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 40-6-6 and 50-4-4.

111-9-2-06 Licensure of Air Ambulance Services.

(1) Applicability

(a) No person shall operate, advertise, or hold themselves out to be an air ambulance service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the department. However, this Rule shall not apply to the following:

1. An air ambulance or air ambulance service operated by an agency of the United States government;

2. A vehicle rendering assistance temporarily in the case of a major catastrophe or disaster which is beyond the capabilities of available Georgia licensed air ambulance services;

3. An air ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;

4. An air ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia unless such air ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport;

5. An air ambulance licensed in a state adjacent to Georgia that is responding to a request from a Georgia Licensed provider;

6. An air ambulance or air ambulance service owned and operated by a governmental entity whose primary role is not to transport patients by air ambulance, and who is not receiving payment for such services;

7. An air ambulance or air ambulance service owned and operated by a charity not for hire.

(2) Application for a license or provisional license shall be made to the license officer in the manner and on the forms approved by the license officer.

(3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

(4) Standards for Air Ambulances

(a) General:

1. Must have appropriate and current FAA approval to operate an air ambulance service;

2. Air Ambulances must be maintained on suitable premises that meet the county health code and/or the department's specifications. The OEMS is authorized to establish policy to define minimal standards for suitable premises and base of operations.

3. The air ambulance must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein and be maintained and operated so as to contribute to the general well-being of patients. The aircraft must have an appropriate system for ensuring an adequate temperature environment suitable for patient transport.

4. All air ambulances must be equipped with approved safety belts and restraints for all seats.

5. Prior to use, air ambulances must be inspected and approved by the department and so registered by affixing a department decal at a location specified by the department.

6. Prior to disposal by sale or otherwise, an air ambulance removed from service must be reported to the department and have the department's decal removed.

7. The department shall utilize the airframe's "N" number issued by the FAA to identify each registered air ambulance. The name of the service shall be on each side of the air ambulance in at least 3-inch lettering for proper identification.

8. Whenever an air ambulance provider utilizes an unregistered air ambulance as a backup air ambulance, the air ambulance provider must contact the OEMS within forty-eight (48) hours of placing said air ambulance in service to provide the following information:

(i) Make and Model of Aircraft

(ii) N Number

 (iii) Color and any descriptive markings

 (iv) Expected length of service.

 (b) Insurance:

 1. The air ambulance provider must have bodily injury, property damage, and professional liability insurance coverage that meets or exceeds 14 C.F.R. § 205.

 2. No air ambulance shall be registered nor shall any registration be renewed unless the air ambulance has current insurance coverage as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each air ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as he may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the air ambulance service license.

 3. Air ambulance providers must maintain files as required by the FAA

 (c) Service License Fee:

 1. Every air ambulance service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall pay an annual license fee to the license officer in an amount to be determined by the Board of Human Resources Community Health. The amount of said license fee may be periodically revised by said board. Said license fee shall become due and payable upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.

 (d) Communication:

 1. Each registered air ambulance shall be equipped with a two-way communication system that provides air ambulance-to-hospital communications.

 2. Each registered air ambulance shall have two-way communication with the location receiving requests for emergency service.

 (e) Infectious Disease Exposure Control:

 1. Each air ambulance provider shall have a written exposure control plan approved by their medical director.

 2. Air ambulance providers and emergency medical services personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease control procedures.

 (f) Equipment and Supplies:

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed.

2. Expiration dates must be adhered to.

3. In order to substitute any item for the required items, written approval must be obtained from the OEMS. The OEMS shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.

4. The OEMS shall establish through policy the minimum equipment and supplies required on each air ambulance; however, other equipment and supplies may be added as desired.

(5) Records of Air Ambulance Providers.

(a) Records of each air ambulance response shall be made by the air ambulance provider in a manner, frequency and on such printed or electronic prehospital care report forms as approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and/or completed by the EMS provider. These prehospital care reports must contain the signature of the flight crew and the licensed physician or licensed nurse or paramedic receiving the patient. When orders are received or standing orders/protocols implemented, the prehospital care report shall state the name of the physician used for medical control. When a designated base station is used, recording of the medical control patient log number on the prehospital report may substitute for the physician's signature. Such records shall be available for inspection by the department, or its authorized agents during reasonable business hours. If a PCR is not left with the patient at the time of transfer of patient care; documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twelve (12) hours of receiving the patient. An electronic file of all responses, in a format approved by the department, or a copy of all prehospital care reports for responses each month must be forwarded to the department by the tenth (10th) of the following month. The department will define a subset of the data that must be provided.

(b) Training records for each employee containing pertinent information regarding their licensure, and any other department required courses shall be maintained and readily available for the department, or its authorized agents, upon request at the base location.

(c) A dispatch record shall be maintained on all calls received. The record shall be maintained for a minimum of three (3) years and shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;
2. Time call received;
3. Source of call;
4. Call back telephone number;
5. Location of patient;
6. Apparent problem(s);
7. Unit dispatched and time of dispatch;

- 8. Time arrived at scene;
- 9. Time left scene;
- 10. Time arrived at patient's destination; and
- 11. Destination of patient.

(6) General Provisions for Air Ambulance Services

(a) No person shall operate an air ambulance service in the state of Georgia without having a valid license or provisional license issued by the license officer pursuant to the provisions of this chapter.

(b) No person shall make use of the words "air ambulance" to describe any air transportation or facility or service associated therewith which such person provides or to otherwise hold oneself out to be an air ambulance service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter.

(c) Each air ambulance while in service shall be staffed by two Georgia licensed personnel:

1. When responding to an emergency scene at least one of the personnel shall be a registered nurse, physicians assistant, nurse practitioner, or physician and the second person must be a paramedic, all of whom must be licensed in Georgia;

2. When responding for an interfacility transfer, at least one of the personnel shall be a registered nurse, nurse practitioner, physicians assistant, or physician and the second person must be a paramedic, registered nurse, nurse practitioner, respiratory therapist, physicians assistant or physician, all of whom must be licensed in Georgia;

3. Personnel shall have successfully completed training specific to the air ambulance environment;

4. Personnel shall neither be assigned, nor assume the cockpit duties of the flight crew members concurrent with patient care duties and responsibilities;

5. Personnel shall have documentation of successful completion of training specific to patient care in the air ambulance transport environment in general and licensee's operation, in specific, as required by the OEMS; and

6. When a paramedic possesses an additional Georgia healthcare provider license, the paramedic may perform to the higher level of training for which he/she is qualified under that license when directed to do so by a physician, either directly or by approved protocols.

(d) When an air ambulance transport is requested for an inter-hospital transfer, such transfer shall be conducted by licensed air ambulance providers utilizing registered air ambulances.

(e) Air ambulance services shall be provided on a twenty-four hour, seven day a week basis unless weather or mechanical conditions prevent safe operations.

(f) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.

(g) Medical Direction for Air Ambulance Providers

1. To enhance the provision of emergency medical care, each air ambulance provider, shall be required to have a medical director who is currently licensed in Georgia and meets a minimum set of qualifications as recommended by EMSMDAC.

2. The air ambulance medical director shall serve as medical authority for the air ambulance provider, serving as a liaison between the air ambulance provider and the medical community, medical facilities and governmental entities.

3. It will be the responsibility of the air ambulance medical director, to provide for medical direction, specifically to ensure there is a plan to provide medical oversight of patient care delivered by air medical personnel during transport, to include on-line medical control or off-line medical control (written guidelines and/or policies) and also to participate in training for the air ambulance personnel, in conformance with acceptable air ambulance emergency medical practices and procedures.

4. Duties of the air ambulance medical director shall include but not be limited to the following:

(i) The approval of policies and procedures affecting patient care;

(ii) The development and approval of medical guidelines or protocols;

(iii) The formulation and evaluation of training objectives;

(iv) Continuous quality improvement of patient care.

5. All air ambulance personnel shall comply with appropriate policies, protocols, requirements, and standards of the air ambulance medical director, provided such policies are not in conflict with these Rules and Regulations or other state statutes.

(h) Air ambulance providers shall not misrepresent or falsify any information filed with the department as a result of any air ambulance response.

(i) Air ambulance providers shall not employ, continue in employment, or use as EMS personnel any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.

(j) The ambulance provider administration shall report incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the OEMS.

Authority: O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-9-2, 31-9-3, 31-11-1, 31-11-5 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 31-12-8 and 40-6-6.

111-9-2-.07 Licensure of Ground Ambulance Services

(1) Applicability.

(a) No person shall operate, advertise, or hold themselves out to be an ambulance service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the department. However, this Rule shall not apply to the following:

1. An ambulance or ambulance service operated by an agency of the United States government;

2. A vehicle rendering assistance temporarily in the case of a major catastrophe or disaster which is beyond the capabilities of available Georgia licensed ambulance services;

3. An ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;

4. An invalid car or the operator thereof.

5. An ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia unless such ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport.

(b) No provision of these rules shall be construed as prohibiting or preventing a municipality from fixing, charging, assessing or collecting any license fee or registration fee on any business or profession or anyone engaged in any related profession governed by the provisions of these rules, or from establishing additional regulations regarding ambulance service as long as there is no conflict with these rules.

(2) Application for a License or provisional license shall be made to the license officer in the manner and on the forms approved by the license officer.

(3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

(4) Standards for Ambulances.

(a) General.

1. Ambulances must be maintained on suitable premises that meet the county health code and/or the department's specifications. The OEMS is authorized to establish policy to define minimal standards for suitable premises and base of operations. Ambulances including raised roof van or modular type, must be of a design approved by the department that meets a 60-inch headroom requirement in the patient compartment. The interior of the patient compartment shall provide a minimum volume of 30 cubic feet of enclosed and shelf storage space that shall be conveniently located for medical supplies, devices, and installed systems as applicable for the service intended. The ambulance must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein and be maintained and operated so as to contribute to the general well-being of patients. Heat and air conditioning must be available and operational in both the patient compartment and driver compartment.

2. All ambulances must be equipped with approved safety belts for all seats.

3. Prior to their use, ambulances must be inspected and approved by the department and so registered by affixing a department decal at a location specified by the department.

4. Each ambulance service may place one-third (rounded to nearest whole number) of its registered ambulances in reserve status, e.g.:

2 to 4 registered ambulances - 0 to 1 may be reserve ambulances

5 to 7 registered ambulances - 0 to 2 may be reserve ambulances

8 to 10 registered ambulances - 0 to 3 may be reserve ambulances

11 to 13 registered ambulances - 0 to 4 may be reserve ambulances

et cetera.

When a reserve ambulance is placed in service (ready to respond to an emergency call) it must meet the provisions of these rules and policies of the OEMS.

5. Prior to disposal by sale or otherwise, an ambulance removed from service must be reported to the department and have the department's decal removed.

6. All registered ambulances shall have on both sides of the vehicle an identification number designated by the department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification.

(b) Insurance:

1. Every ambulance operated by persons engaged in providing ambulance service shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.

2. No ambulance shall be registered nor shall any registration be renewed unless the ambulance has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as he may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the ambulance service license.

3. EMS providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.

(c) Service License Fee:

1. Every ambulance service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall

pay an annual license fee to the license officer in an amount to be determined by the Board of Human Resources Community Health. The amount of said license fee may be periodically revised by said board. Said license fee shall become due and payable upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.

(d) Communication:

1. Each registered ambulance shall be equipped with a two-way communication system that provides ambulance-to-hospital communication that meets the standard set in the Regional EMS Communication Plan in which they operate.

2. All ambulance providers shall have two-way communication between each ambulance and the location receiving requests for emergency service.

3. The ambulance communication system shall be able to operate within the regional emergency medical services communications plan.

(e) Infectious Disease Exposure Control:

1. Each ambulance service shall have a written exposure control plan approved by the local medical director.

2. Ambulance providers and emergency medical services personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease control procedures.

(f) Equipment and Supplies:

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed.

2. Expiration dates must be adhered to.

3. In order to substitute any item for the required items, written approval must be obtained from the OEMS. The OEMS shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.

4. The OEMS shall establish through policy the minimum equipment and supplies required on each ambulance; however, other equipment and supplies may be added as desired.

(5) Records of Ambulance Services.

(a) Records of each ambulance response shall be made by the ambulance service in a manner, frequency and on such printed or electronic prehospital care report forms as approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and/or completed by the EMS provider. These prehospital care reports must contain the signature of the medics and the licensed physician or licensed nurse or paramedic receiving the patient. When orders are received or standing orders/protocols implemented, the prehospital care report shall be signed by the physician except when a designated base station facility is

used for medical control. When a designated base station is used, recording of the medical control patient log number on the prehospital care report may substitute for the physician's signature. If a PCR is not left with the patient at the time of transfer of patient care; documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twelve (12) hours of receiving the patient. Such records shall be available for inspection by the department, or its authorized agents, during reasonable business hours. An electronic file of all responses, in a format approved by the department, or a copy of all prehospital care reports for ambulance responses each month must be forwarded to the department by the tenth (10th) of the following month. The department will define a subset of the data that must be provided.

(b) Training records for each employee containing pertinent information regarding licensing as a medic, and any other department required courses shall be maintained and readily available for the department, or its authorized agents, upon request at the base location.

(c) A dispatch record shall be maintained on all calls received. The record shall be maintained for a minimum of three (3) years and shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;
2. Time call received;
3. Source of call;
4. Call back telephone number;
5. Location of patient;
6. Apparent problem(s);
7. Unit dispatched and time of dispatch;
8. Time arrived at scene;
9. Time left scene;
10. Time arrived at patient's destination; and
11. Destination of patient.

(6) General Provisions for Ambulance Services.

(a) No person shall operate a ground ambulance service in the state of Georgia without having a valid license or provisional license issued by the license officer pursuant to the provisions of this chapter.

(b) No person shall make use of the word "ambulance" to describe any ground transportation or facility or service associated therewith which such person provides or to

otherwise hold oneself out to be an ambulance service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter.

(c) Each ambulance while transporting a patient shall be manned by not less than two (2) Emergency Medical Services Personnel (emergency medical technician-basic, emergency medical technician, emergency medical technician-intermediate, advanced emergency medical technician, cardiac technician, and/or paramedic), one of whom must be in the patient compartment. Only one (1) individual licensed at the emergency medical technician - basic level or emergency medical technician level can be used to satisfy this requirement. If advanced life support is being rendered, personnel qualified to administer the appropriate level of advanced life support must be in the patient compartment and responsible for patient care.

(d) When a medic possesses an additional Georgia healthcare provider license, the medic may perform to the higher level of training for which he/she is qualified under that license when directed to do so by a physician, either directly or by approved protocols.

(e) Interhospital transfers shall be conducted by licensed ambulance services in registered ambulances when the patient requires, or is likely to require, medical attention during transport. The transferring or receiving physician may request the highest level of emergency medical services personnel available and/or additional qualified medical personnel to attend the patient during the interhospital transfer. If requested, the ambulance service must allow the highest level medical personnel available to attend to the patient during the interhospital transfer.

(f) Ambulance services shall be provided on a twenty-four (24) hour, seven (7) day a week basis.

(g) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.

(h) Sufficient licensed personnel shall be immediately available to respond with at least one ambulance. When the first ambulance is on a call, ambulance providers shall respond to each additional emergency call within their designated geographic territory as requested provided that medics and an ambulance are available. If medics and an ambulance are not available, the ambulance provider shall request mutual aid assistance. If mutual aid assistance is not available the ambulance provider shall respond with its next available ambulance.

(i) Medical Direction for Ambulance Services.

1. To enhance the provision of emergency medical care, each ambulance service, except those in counties with populations less than 12,000, shall be required to have a medical director. The local medical director shall be a physician licensed to practice medicine in the state of Georgia and subject to approval by the regional EMS council. The local medical director must have agreed in writing to provide medical direction to a specific ambulance service.

2. The local medical director shall serve as medical authority for the ambulance service, serving as a liaison between the ambulance service and the medical community, medical facilities and governmental entities.

3. It will be the responsibility of the local medical director to provide for medical direction and training for the ambulance service personnel in conformance with acceptable emergency medical practices and procedures.

4. Duties of the local medical director shall include but not be limited to the following:

(i) The approval of policies and procedures affecting patient care;

(ii) The formulation of medical protocols and communication protocols;

(iii) The formulation and evaluation of training objectives;

(iv) Performance evaluation;

(v) Continuous quality improvement of patient care; and

(vi) Development and implementation of policies and procedures for requesting air ambulance transport.

5. All emergency medical services personnel shall comply with appropriate policies, protocols, requirements, and standards of local medical director for that service, or the policies, protocols, requirements, and standards provided by the regional medical director for those services not having a medical director, provided that such policies are not in conflict with these Rules and Regulations or other state statutes.

(j) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transport. When a medic arrives at the scene of a medical emergency, and contact is made with medical control by that medic, a physician/patient relationship is established between the patient and the physician providing medical control. The physician is responsible for the management of the patient and the medic acts as an agent of medical control unless a patient's physician is present. When a physician other than the patient's physician on the scene of a medical emergency properly identifies himself and demonstrates his willingness to assume responsibility for patient management and documents his intervention by signing the patient care report, the medic should place the intervening physician in communication with medical control. If there is disagreement between the intervening physician and the medical control physician, or if the intervening physician refuses to speak with medical control, the medic should continue to take orders from the medical control physician.

(k) Any ambulance that arrives at the scene of an emergency without having been requested or designated responsible by the regional zoning plan, shall provide the emergency medical care necessary to sustain and stabilize the patient until the arrival of the designated ambulance provider. A non-designated ambulance provider shall not transport a patient from the scene of a medical emergency except under the following conditions:

1. The designated ambulance is canceled by the appropriate dispatching authority with approval of the responding designated ambulance provider; or

2. Medical control determines that the patient's condition is life-threatening or otherwise subject to rapid and significant deterioration and there is clear indication that, in view of the estimated time of arrival of the designated ambulance the patient's condition warrants immediate transport. (In the event the medic is unable to contact medical control, the medic will make this decision.) The transporting ambulance service shall file a copy of the patient care report including an explanation of the incident to the department within seven (7) calendar days of the transport.

(l) Hospital Destination of Prehospital Patients.

1. When a patient requires initial transportation to a hospital, the patient shall be transported by the ambulance service to the hospital of his/her choice provided:

(i) The hospital chosen is capable of meeting the patient's immediate needs;

(ii) The hospital chosen is within a reasonable distance as determined by the medic's assessment in collaboration with medical control so as to not further jeopardize the patient's health or compromise the ability of the EMS system to function in a normal manner; and

(iii) The hospital chosen is within a usual and customary patient transport or referral area as determined by the local medical director.

2. If the patient's choice of hospital is not appropriate or if the patient does not, cannot, or will not express a choice, the patient's destination will be determined by pre-established guidelines. If for any reason the pre-established guidelines are unclear or not applicable to the specific case, then medical control shall be consulted for a definitive decision.

3. If the patient continues to insist on being transported to the hospital he/she has chosen, and it is within a reasonable distance as determined by the local medical director, then the patient shall be transported to that hospital after notifying local medical control of the patient's decision. The choice of hospital for the patient may be selected pursuant to O.C.G.A. § 31-9-2.

4. If the patient does not, cannot, or will not express a choice of hospitals, the ambulance service shall transport the patient to the nearest hospital believed capable of meeting the patient's immediate medical needs without regard to other factors, e.g., patient's ability to pay, hospital charges, county or city limits, etc.

(m) Ambulance providers shall not misrepresent or falsify any information on forms filed with the department or completed as a result of any ambulance response.

(n) Ambulance providers shall not employ, continue in employment, or use as EMS personnel any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.

(o) The ambulance provider administration shall report incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the OEMS.

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-9-2, 31-9-3, 31-11-1, 31-11-5 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 31-12-8, 40-6-6.

111-9-2-08 Licensure of Neonatal Transport Services

(1) Applicability.

(a) Any ambulance provider may utilize a registered ambulance for the transport of neonates.

(b) No person shall hold themselves out to be a licensed neonatal transport service, or advertise as such without meeting the following requirements and without being duly licensed by the department. However, the provisions of this chapter shall not apply to any neonatal transport vehicle operated by an agency of the United States government.

(2) Application for Neonatal Transport Service License Application for a License shall be made to the license officer in the manner and on the forms prescribed by the license officer.

(3) License Fee.

(a) As a condition of maintaining a valid license, every neonatal transport service, whether privately operated or operated by any political subdivision of the state or any municipality, shall pay an annual license fee to the license officer in an amount to be determined by the Board of **Human Resources Community Health**. The license fee may be periodically revised by the Board. The license fee shall become due and payable upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.

1. This fee shall not be applicable in cases where the provider is also licensed as an ambulance service, uses the vehicles for dual-purposes, and pays the fee under the ambulance license.

(4) Renewal of License. Renewal of any license issued under the provisions of these rules shall require conformance with all the requirements of these rules as upon original licensing.

(5) Standards for Neonatal Transport Vehicles.

(a) General.

1. A registered neonatal transport vehicle is a special type of vehicle and must be maintained on suitable premises that meet the county health code and/or the department's specifications. The OEMS is authorized to establish policy to define minimum standards for suitable premises and base of operations.

2. The registered vehicle must be properly equipped, maintained, and operated in accordance with these rules and regulations so as to contribute to the general well-being of patients. Heat and air conditioning must be available and operational in both the patient compartment and driver compartment.

3. The vehicle must have sufficient floor space to accommodate two (2) neonatal transport isolettes and a crew of three (3) in the patient compartment.

4. Each vehicle must be equipped with an electrical generator of at least 3.0 kilowatt output and an electrical inverter or motor generator of at least 1000 watts capacity.

5. There must be at least one (1) compressed air outlet and one (1) oxygen outlet available to each isolette.

6. There must be at least one (1) duplex electrical outlet available to each isolette.

7. There must be at least one (1) electrical wall-mounted suction outlet in the vehicle.

8. All registered neonatal transport vehicles must be equipped with approved safety belts for all seats.

9. Registered neonatal transport vehicles must be inspected and approved by the department and so designated by affixing a department decal at a location specified by the department.

10. Prior to disposal by sale or otherwise, a registered neonatal transport vehicle removed from service must be reported to the department and have the department's decal removed.

11. All registered neonatal transport vehicles shall have on both sides of the vehicle an identification number designated by the department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification. In addition each vehicle shall have the words "neonatal" or "neonatal transport" prominently displayed on each side of the vehicle.

(b) Insurance.

1. Every registered neonatal transport vehicle shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.

2. No neonatal transport vehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each neonatal transport service license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license office, in such form as the license officer may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the neonatal transport service license.

3. Neonatal transport providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.

(c) Communication.

1. Each registered neonatal transport vehicle shall be equipped with a two-way communication system that provides ambulance-to-hospital communication that meets the standard set in the Regional EMS Communication Plan.

2. The neonatal transport vehicle shall be able to operate within the regional emergency medical services communication plan.

(d) Infectious Disease Exposure Control.

1. Each neonatal transport service shall have a written exposure control plan approved by the local medical director.

2. Neonatal transport providers and emergency medical services personnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.

(e) Equipment and Supplies.

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and shall be readily accessible when needed.

2. Expiration dates must be adhered to.

3. In order to substitute any item from the required items, written approval must be obtained from the OEMS. The OEMS shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.

4. Vehicles approved to operate as both a neonatal transport vehicle and an ambulance must be inspected as both.

5. The OEMS shall establish through policy the minimum equipment and supplies required for each neonatal transport unit while being used to transport neonates; however, other equipment may be added as desired.

(f) Supplies and Medications.

1. The types and quantities of supplies and medications to be carried in the vehicle while being used to transport neonates shall be determined by the medical director of the neonatal transport service in conformance with current medical standards of care in the treatment and transportation of neonates.

2. A listing of the supplies and medications shall be updated at least annually and signed by the medical director and a copy thereof is to be in the vehicle at all times. This list shall be used for any inspection purposes by the department.

(g) Personnel.

1. Neonatal transport personnel shall function under protocols developed by the medical director.

2. Neonatal transport personnel with appropriate skills to treat and transport a neonate must be in the patient compartment during transport. Documentation attesting to their qualifications shall be signed by the local medical director and on file at the base location.

3. The driver of the vehicle shall be a Georgia licensed medic (emergency medical technician-basic, **emergency medical technician**, emergency medical technician - intermediate, **advanced emergency medical technician**, cardiac technician, or paramedic).

4. A minimum of two (2) patient care personnel shall be in the patient compartment and shall consist of any combination of the following during initial transport to the tertiary care center as determined by the local medical director:

- (i) Paramedic;
- (ii) Registered Nurse;
- (iii) Respiratory Care Technician;
- (iv) Physician's Assistant; or
- (v) Physician.

Only one (1) of the above shall be required in the patient compartment during transport back to the initial referring facility.

(h) Records of Neonatal Transport Response.

1. Records of each neonatal transport response shall be made by the neonatal transport service in a manner, frequency and on such prehospital care report forms as approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated by the neonatal transport provider. These prehospital care reports must contain the signature of the neonatal transport personnel and the licensed physician or licensed nurse or paramedic receiving the patient. When orders are received or standing orders and or protocols implemented, the prehospital care report shall be signed by the physician except when a designated base station facility is used for medical control. When a designated base station is used, recording of the medical control patient log number on the prehospital care report may substitute for the physician's signature. If a PCR is not left with the patient at the time of transfer of patient care; documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twelve (12) hours of receiving the patient. Such records shall be available for inspection by the department, or its authorized agents, during reasonable business hours. A detailed electronic file of all responses, in a format approved by the department, or a copy of all prehospital care reports for responses must be forwarded to the department by the tenth (10th) of the following month. The department will define a subset of the data that must be provided.

(i) A dispatch record shall be maintained on all calls received. The record shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;
 2. Time call received;
 3. Source of calls;
 4. Call back telephone number;
 5. Location of patient;
 6. Apparent problem(s);
 7. Unit dispatched and time of dispatch;
 8. Time arrived at scene;
 9. Time left scene;
 10. Time arrived at transferring facility (if applicable);
 11. Time left transferring facility (if applicable);
 12. Time arrived at receiving facility; and
 13. Destination of patient.
- (6) General Provisions.

(a) The local medical director shall be a physician licensed to practice medicine in the state of Georgia, be a member of the staff of the neonatal intensive care facility from which the service originates or with which the service is contracted, and provide medical direction for the neonatal transport service.

(b) Neonatal transport services shall be provided on a twenty-four (24) hour, seven (7) day a week basis.

(c) The neonatal transport provider administration shall report incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the OEMS.

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5 to 31-11-7, 31-11-9, 31-11-30 to 31-11-36, 31-11-50, 31-11-53.1, 31-11-60.1, 31-12-8, 40-6-6.

111-9-2-09 Licensure of Medical First Responder Services.

(1) Applicability.

(a) No person shall hold himself out to be a medical first responder service, or advertise as such in the state of Georgia without first meeting the following requirements and being duly licensed by the department.

(b) However, the provisions of this chapter shall not apply to:

1. Any first responder unit operated by an agency of the United States government.

2. Any rescue organization duly licensed by the Georgia Emergency Management Agency to include its individual members.

3. Any person or designated first responder unit directly requested to the scene of an emergency by an appropriate public safety agency or ambulance service for the purpose of rendering on-site care, rescue and/or extrication, until the arrival of a duly licensed ambulance service or duly licensed medical first responder service. This includes agencies routinely requested to the scene in this manner that cannot or chooses not to meet the requirements of these rules.

4. Any supervisory vehicle of a licensed ambulance service.

5. A person, rendering assistance temporarily in the case of a major catastrophe or disaster which is beyond the capability of licensed medical first responder services or licensed ambulance services.

(2) Application for a License.

(a) Application for a License shall be made to the license officer in the manner and on the forms approved by the license officer.

(3) Renewal of License. Renewal of any license issued under the provisions of the rules shall require conformance with all the requirements of these rules as upon original licensing.

(4) Standards for First Responder Vehicles.

(a) General.

1. Registered first responder vehicles must be maintained on suitable premises that meet the county health code and/or the department's specifications. The OEMS is authorized to establish policy to define minimum standards for suitable premises and base of operations. The registered vehicle must be properly equipped, maintained, and operated in accordance with other Rules and Regulations contained herein.

2. All registered first responder vehicles must be equipped with approved safety belts for all seats.

3. Registered first responder vehicles must be inspected and approved by the department and so designated by affixing a department decal at a location specified by the department.

4. Prior to disposal by sale or otherwise, a registered first responder vehicle removed from service must be reported to the department and have the department's decal removed.

5. All registered first responder vehicles shall have on both sides of the vehicle an identification number designated by the department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification.

(b) Insurance.

1. Every registered first responder vehicle shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.

2. No medical first responder vehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each medical first responder service license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as the license officer may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the medical first responder service license.

3. Medical first responder providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.

(c) Communication.

1. Each registered first responder vehicle shall be equipped with a two-way communication system that meets the standards set in the Regional EMS Communication Plan.

2. All medical first responder providers shall have two-way communication between the vehicle and the location receiving requests for emergency service.

(d) Infectious Disease Exposure Control.

1. Each medical first responder service shall have a written exposure control plan approved by the local medical director.

2. Medical first responder providers and emergency medical services personnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.

(e) Equipment and Supplies.

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner and shall be readily accessible when needed.

2. Expiration dates must be adhered to.

3. In order to substitute any item from the required items written approval must be obtained from the OEMS. The OEMS shall have authority to grant exceptions and substitutions

and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.

4. The OEMS shall through policy establish the minimum equipment and supplies required on medical first responder units; however, other equipment and supplies may be added as desired.

(5) Records of Medical First Responder Services.

(a) Records of each medical first responder response shall be made by the medical first responder service in a manner, frequency and on such prehospital care report forms as may be approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and/or completed by the medical first responder provider. These prehospital care reports must contain the signature of the medic when orders are received, or standing orders and or protocols implemented, the prehospital care report shall be signed by the physician except when a designated base station facility is used for medical control. When a designated base station is used, recording of the medical control patient log number on the prehospital care report may substitute for the physician's signature. Such records shall be available for inspection by the department, or its authorized agents, during reasonable business hours. A detailed electronic file of all responses, in a format approved by the department, or a copy of all prehospital care reports for medical first responder responses must be forwarded to the department by the tenth (10th) of the following month. The department will define a subset of the data that must be provided.

(b) Training records for each employee containing pertinent information regarding licensing as a medic, and any other department required courses shall be maintained and readily available for the department, or its authorized agents, upon request, at the base location.

(c) A dispatch record shall be maintained on all calls received. The record shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;
2. Time call received;
3. Source of call;
4. Call back telephone number;
5. Location of patient;
6. Apparent problem(s);
7. Unit dispatched and time of dispatch; and
8. Time arrived at scene.

(6) General Provisions: Medical First Responder Services.

(a) Each registered first responder vehicle when on an emergency call shall be manned by at least one (1) of the following: emergency medical technician-basic, emergency medical technician, emergency medical technician- Intermediate, advanced emergency medical technician, cardiac technician, or paramedic. If advanced life support is being rendered, there must be at least one (1) emergency medical technician – Intermediate, advanced emergency medical technician, cardiac technician or paramedic responsible for patient care.

(b) Medical first responder services shall be provided on a twenty-four (24) hour, seven (7) day a week basis.

(c) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.

(d) Sufficient licensed personnel shall be immediately available to respond with at least one registered first responder vehicle. When the first registered first responder vehicle is on a call, providers shall respond to each additional emergency call within their designated geographic territory as requested providing a medic and a registered first responder vehicle are available. If a medic and a registered first responder vehicle are not available, the medical first responder service shall request mutual aid assistance. If mutual aid assistance is not available the provider shall respond with its next available registered vehicle.

(e) The driver of a registered first responder vehicle, when responding to an emergency call, is authorized to operate the vehicle as an emergency vehicle pursuant to the provisions of O.C.G.A. § 40-6-6.

(f) Medical Direction for Medical First Responder Services.

1. To enhance the provision of emergency medical care, each medical first responder service, except those in counties with populations less than 12,000, shall be required to have a medical director. The medical director shall be a physician licensed to practice medicine in this state.

2. It will be the responsibility of the local medical director to provide medical direction and training when appropriate for the medical first responder service personnel in conformance with acceptable emergency medical practices and procedures. These responsibilities include: the formulation of policies and procedures affecting patient care; the formulation and evaluation of training objectives and performance; and quality control of patient care, including the evaluation of protocols, procedures and field techniques in accordance with department regulations.

3. The medical director of a medical first responder service must coordinate the medical protocols and procedures of the service with the medical director of a local licensed ambulance service.

4. The medical director of a medical first responder service is responsible for the development and implementation of policies and procedures for requesting air ambulance transport.

(g) Medical first responder services shall not misrepresent or falsify any information on forms filed with the department.

(h) Medical first responder services shall not employ, continue in employment, or use as medics (emergency medical technician-basics, **emergency medical technicians, emergency medical technician**-intermediates, **advanced emergency medical technicians**, cardiac technicians or paramedics) individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these Rules and Regulations.

(i) Medical first responder services are required to notify the dispatch center designated by the regional ambulance zoning plan as responsible for distributing ambulance calls prior to departure on any direct calls received.

(j) The medical first responder provider administration shall report incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the OEMS.

(7) Provision of Part-time Medical First Responder Services. Medical first responder services may choose to provide part-time or less than a twenty-four (24) hour, seven (7) day a week service by entering into contracts to provide such service with any operator of a public or private gathering place which is routinely open to the public during specified times but not a twenty-four (24) hour, seven (7) day a week basis. In such case, medical first responder service must be provided during all times the gathering place is open to the public. However, in the case of a college or university, medical first responder service may be provided at such times the student enrollment or other considerations require. Owners and operators of such public or private gathering places may also provide their own medical first responder service, so long as provision of such service complies with the provisions of these rules. Each such provider shall file with the license officer and the designated ambulance service a report containing the time periods during which medical first responder service is to be provided. Any changes in such time periods must also be filed ahead of time with the license officer and the designated ambulance service. Such medical first responder services are subject to the Rules and Regulations governing medical first responder services except for the twenty-four (24) hour, seven (7) day a week requirement.

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5 to 31-11-7, 31-11-30 to 31-11-36, 31-11-50, 31-11-53 to 31-11-55, 31-11-59, 31-11-60, 31-11-60.1, 31-12-8, 40-6-6.

111-9-2-10 Procurement, Control, Handling, and Accountability of Pharmaceuticals.

(1) Procurement of Pharmaceuticals. Medical directors of licensed ambulance services, medical first responder services, or neonatal transport services are authorized to contract with Georgia licensed pharmacies to furnish dangerous drugs and controlled substances for the vehicles of their particular services. Such dangerous drugs and controlled substances shall be furnished, secured, and stored in the manner provided for in O.C.G.A. § 26-4-116.

(2) Storage of Pharmaceuticals. Pharmaceuticals shall not be left unattended on vehicles unless such vehicles are maintained in environmentally controlled facilities, or the pharmaceuticals are kept in environmentally controlled boxes in the patient compartment or in the patient compartment when the compartment is maintained at a temperature within the range specified by pharmaceutical manufacturers, and such vehicles are locked. Pharmaceuticals

shall not be left outside of kits on open shelves or compartments. Narcotics must be maintained in accordance with Georgia Pharmacy Regulations. The theft of any pharmaceuticals must be reported immediately to the proper local and state authorities, as well as to the OEMS.

(3) Accountability of Pharmaceuticals. All licensed emergency medical services must have a written policy, signed by the administrative director of the EMS, the local medical director of the EMS, and the pharmacist from whom pharmaceuticals are obtained. The policy shall address at a minimum the following areas: procurement, par levels, receiving, storage, distribution, accountability, inventory check frequency, waste/expiration, handling of inventory discrepancies, and other issues deemed important by any of the signees.

Authority O.C.G.A. §§ 26-4-116, 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-6, 31-11-9, 31-11-34, 31-11-53 to 31-11-55, 31-11-59, 31-11-60, 31-11-60.1.

111-9-2-11 Inspections of Ambulance Services, Neonatal Transport Services, and Medical First Responder Services.

(1) The department and its duly authorized agents are hereby authorized to enter upon and inspect licensed emergency services, including registered vehicles, facilities, records applicable to licensure, call logs, vehicle maintenance records, patient care reports, communication tapes, and personnel licensing records in a reasonable manner in regards to the operation of emergency medical services. Inspections will be made during reasonable business hours. The OEMS is authorized to set policy for such inspections and records.

(a) Inspections of each service will be made at least annually each registered vehicle must be inspected at least once annually.

(2) When the department conducts an inspection, the findings shall be recorded on an inspection report form provided for this purpose. The provider or authorized representative shall sign a form acknowledging the inspection. Signing this form does not indicate agreement with the findings thereon. A copy of the inspection form shall be furnished to the provider within (ten) 10 business days.

(3) Inspections of pharmaceuticals will be handled in accordance with policies established by the department and state and federal laws and regulations where applicable.

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-6, 31-11-9, 31-11-30 to 31-11-36.

Amending 111-9-2-12

111-9-2-12 Initial Licensing of Emergency Medical Services Personnel.

(1) No person shall practice as an Emergency Medical Technician - Basic, **Emergency Medical Technician**, Emergency Medical Technician - Intermediate, **Advanced Emergency Medical Technician, Cardiac Technician, Paramedic** or Emergency Medical Technician-Paramedic without **department approval being licensed by the department.**

(2) All applicants for licensure must provide information to the department on forms prescribed by the department;

(3) All applicants for licensure must also provide a current national criminal record history report generated no earlier than twelve (12) months prior to submitting an application for licensure in a manner and type as prescribed by the department.

(4) Fees.

(a) All applications for initial licensure must be accompanied by a fee payable to the department in an amount and form determined by the department.

(b) Fees are not refundable after being submitted.

(5) Licensing of Convicted Individuals.

(a) The OEMS may refuse to issue a license to an applicant if said applicant has been convicted in any court of any felony or other criminal offense.

(b) Each case will be judged in accordance with the seriousness of the conviction.

1. General denial - licensing of individuals convicted of certain crimes presents an unreasonable risk to public health or safety.

2. Presumptive denial - applications for licensure by individuals will be denied except in extraordinary circumstances, and then will be granted only if the applicant establishes by clear and convincing evidence that licensure will not present an unreasonable risk to public health or safety.

3. Discretionary denial - applications for licensure by individuals convicted of any crimes including driving under the influence (DUI), but not including minor traffic violations, may be denied after consideration of all the relevant factors involved.

4. Convicted Felons – applications for licensure by individuals convicted of a felony will be denied until at least five years have passed after successfully completing their sentence. Five years and 1 day after completion of the sentence, an individual may submit an application for consideration.

5. Arrests – applicants for licensure by individuals with an unresolved felony arrest or indictment or charge are not eligible to apply for licensure until there has been a final disposition of the criminal matter.

(6) Any currently licensed emergency medical services personnel may voluntarily surrender a license by notifying the OEMS in writing in a manner as prescribed by the department.

(7) Except as provided herein or otherwise, the time period to reapply for licensure following a denial shall be determined by the Department based upon the circumstances surrounding the denial. Eligibility to reapply shall not exceed sixty (60) months, except where a pending criminal matter exceeds sixty (60) months; in which case the applicant will be eligible to reapply upon final disposition of the criminal matter.

(a) Final disposition of a criminal matter includes: the dismissal of the criminal matter, receipt of a pardon from the criminal matter, acquittal, and successful completion of all provisions of a court order and sentence, including, but not limited to fines, restitutions, community service, therapy, counseling, rehabilitative services, probation and confinement.

(8) The Department reserves the right to deny any application for licensure, if it determines that it is not in the best interest of the public safety and welfare to grant the application.

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51, 31-11-52, 31-11-56.

111-9-2-.13 Licensure Renewal for Emergency Medical Services Personnel.

(1) Licensed emergency medical services personnel, on a schedule and in the manner established by the OEMS, shall submit a non-refundable license renewal fee pursuant to these rules and provide evidence satisfactory to the department of having met the continuing education requirements of this section. Failure to do so may be cause for immediate license revocation.

(a) The continuing education requirement shall be met by completing approved continuing education of not less than forty (40) contact hours for each twenty-four (24) month period of the license renewal cycle, with subject matter that includes cardiac care, pediatric care and trauma care. All continuing education must be consistent with the appropriate level EMT EMS course curriculum or above. Training to maintain CPR certification shall be in addition to the continuing education requirement. Training to maintain ACLS or equivalent shall be in addition to the forty (40) required biennial hours of continuing education, but only has to be taken one (1) time during each two (2) year period.

(b) Continuing education that meets the requirements of this section must be approved in writing by the department, a regional medical director or local medical director. The local medical director may approve continuing education for the emergency medical services personnel within the ambulance service for which he/she is responsible. If approved by the local medical director, a description of the training shall be filed with the regional EMS office prior to the beginning of the continuing education on a form approved by the department.

(c) Individuals who become licensed or reinstated as emergency medical services personnel during any license renewal cycle shall be considered to have satisfied the requirements of this section for that license renewal cycle.

(d) Licensed emergency medical services personnel shall make available, upon request, all continuing education documents to the department.

(e) EMS personnel are not required to maintain registration by the National Registry of Emergency Medical Technicians after the initial license renewal period.

(2) Individuals seeking license renewal must submit a statement as to alcohol or drug non-dependency and a current national criminal record history report generated no earlier than twelve (12) months prior to submitting an application for license renewal on a schedule and in the manner and type as established by the OEMS;

(3) The OEMS is authorized to perform random audits of license renewal documentation during each license renewal cycle.

(4) EMS personnel failing to submit required license renewal documents by the specified date will not be permitted to perform the duties of a licensed individual.

(5) A license shall be expired if the holder of the license fails to furnish the department with evidence that he/she has met the continuing education requirements during the license renewal cycle.

(a) The penalty period for late renewal is the six (6) month period immediately following the expiration date for the last license renewal cycle. During this period, a penalty fee for late renewal applies. The penalty fee shall be double the established fee for the level of licensure or \$100.00, which ever is greater.

(b) EMS personnel shall not practice after the expiration date of the license.

(c) Following the expiration of the penalty period, the department shall revoke the license of any EMS personnel for failure to renew. Such revocation removes all rights and privileges to practice in this State. Revocation for failure to renew may be reported to the public and to other state licensing boards, and will be reported as a revocation for failure to renew and will not be treated as a disciplinary revocation.

(d) A license that has been so revoked for a period not greater than four years may be reinstated upon the holder providing evidence of training equivalent to the continuing education requirements of this section, successfully challenging the required tests approved and administered by the department, submitting a current national criminal record history report, and paying the applicable penalty fee for each license renewal cycle. An individual seeking reinstatement, who fails any of the required tests on the first attempt, must complete the initial licensure process beginning with the emergency medical technician training course. A license that has been so revoked for a period greater than four years may be reinstated upon the holder completing the initial licensure process beginning with the emergency medical technician training course.

(6) The OEMS has the authority to mandate a specific license renewal cycle and/or continuing education module(s).

(7) The department shall be authorized to waive the continuing education requirements in cases of hardship, disability, illness, military deployment or under such other circumstances as the department deems appropriate.

(8) Upon request, the department shall be authorized to place a license in retired status after which the medic will be permitted to continue to use the former licensure level title and number with "(Ret.)" after it. **An medic individual** in retired status will not be **permitted licensed** to perform **as an EMT at any level, the duties of medic as defined in this chapter.**

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51, 31-11-52, 31-11-53.1, 31-11-56 to 31-11-58, 31-11-58.1.

111-9-2-.14 Reciprocity of Emergency Medical Services Personnel.

(1) No person shall practice as an Emergency Medical Technician - Basic, Emergency Medical Technician, Emergency Medical Technician – Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, Paramedic, or Emergency Medical Technician – Paramedic without department approval being licensed by the department.

(2) Applicants seeking reciprocity must possess current registration as required by the Department, at the level for which reciprocity is sought.

(3) Applicants must comply with all provisions of DHR DCH Rules and Regulations Chapter 290-5-30 111-9-2 and OEMS Policies.

(4) All applicants for licensure must provide information to the department on forms prescribed by the department.

(5) All applicants for licensure must also provide a current national criminal record history report generated no earlier than twelve (12) months prior to submitting an application for licensure in a manner and type as determined by the department.

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51 to 31-11-55, 31-11-59 to 31-11-61.

111-9-2-.15 General Provisions for Emergency Medical Technician

(1) Emergency medical services personnel shall at all times while on duty, wear visible identification to include name, company name and license level and may include the State EMS patch or embroidered facsimile, along with license level rocker. Patches of other certifying or licensing agencies are not an acceptable substitute.

(2) Emergency medical services personnel shall at all times while on duty have the official department issued identification on their person.

(3) Emergency medical services personnel who have, or who develop a substance abuse problem are required to report such to the OEMS.

(4) Emergency medical services personnel who have been charged with, or convicted of a violation of state law that involves the illegal obtaining of drugs, theft of drugs, or substance abuse, or any felony must notify the OEMS in writing of such activity within ten (10) business days. Failure to report such charges or convictions may be grounds for immediate revocation.

(5) Emergency medical services personnel must notify the OEMS in writing of any change in their home or mailing address.

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51 to 31-11-61.

111-9-2-.16 Standards for Emergency Medical Service Courses

(1) All emergency medical service courses must be approved in writing by the department prior to the course starting date.

(2) In order for any course to be approved, the course coordinator must be a currently licensed instructor at the applicable level.

(3) A complete course application must be submitted by the sponsoring agency to the department at least four (4) weeks in advance of the actual starting date of the proposed course on forms prescribed by the department.

(4) Emergency medical service courses may be offered at hospitals, technical colleges or institutions, the Georgia Public Safety Training Center, regional EMS offices, and other institutions as approved by the department. The sponsoring agency of the course must establish contracts with the appropriate agencies to ensure that clinical requirements for the course will be met.

(5) The department shall establish standards for all emergency medical service courses.

(6) All approved courses are subject to monitoring by the department including unannounced on-site evaluations and other methods as deemed appropriate by the department.

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51 to 31-11-61, 50-13-18.

111-9-2-.17 Standards for Emergency Medical Service Instructors.

(1) Eligibility for Instructor Licensing. All applicants for instructor licensure must meet the following requirements:

(a) Emergency Medical Services Instructor - Level I.

1. Written recommendation from the local medical director;

2. Current Georgia licensure as an emergency medical technician – intermediate, advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant, or physician;

3. Current certification as a cardiopulmonary resuscitation instructor; and

(b) Emergency Medical Services Instructor - Level II.

1. Current Georgia licensure as an advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant, or physician;

2. Current certification as a cardiopulmonary resuscitation instructor;

3. Successful completion of a department administered or approved course with curriculum specific to Georgia's emergency medical service system; and

4. Demonstrate proficiency by the successful completion of practical and written examinations administered or approved by the department.

(c) Emergency Medical Service Instructor - Level III.

1. Current Georgia licensure as a paramedic, registered nurse, physician's assistant, or physician;

2. A minimum of an associate degree or ninety (90) quarter hours of college credit (or semester equivalent) from a regional or nationally accredited institution;

3. Current certification as a cardiopulmonary resuscitation instructor;

4. Current certification as an advanced cardiac life support instructor, pediatric advanced life support instructor, and basic trauma life support instructor, or equivalents as approved by the OEMS;

5. Successful completion of a department administered or approved course with curriculum specific to Georgia's emergency medical service system; and

6. Demonstrate proficiency by the successful completion of practical and written examinations administered or approved by the department.

(2) Licensure of Instructors.

(a) Candidates must complete an application form and provide other documentation as prescribed by the department.

(b) No individual shall hold oneself out as an emergency medical service instructor at any level unless licensed by the department.

(c) Initial licensure shall be for a period of time specified by the department.

(3) License Renewal for Emergency Medical Service Instructors.

(a) Emergency medical service instructors shall provide satisfactory evidence of having met the license renewal requirements of this section in a manner, and on forms approved by the department. Failure to do so shall result in OEMS placing the instructor license in an inactive status.

(b) The emergency medical service instructor - level I and emergency medical service instructor - level II must:

1. Maintain a license as an emergency medical technician, **advanced emergency medical technician**, cardiac technician, paramedic, registered nurse, physician's assistant or physician; and

2. Maintain certification as a cardiopulmonary resuscitation instructor.

(c) The emergency medical service instructor - level III must:

1. Maintain a license as a paramedic, registered nurse, physician's assistant, or physician; and

2. Maintain certification as an advanced cardiac life support instructor.

(d) The instructor must teach a minimum of forty (40) hours per instructor license renewal period in approved courses during the license period.

(e) The instructor must participate in a minimum of twenty-four (24) hours per license renewal period of continuing education in instructional techniques approved by the department.

(4) Inactive Status for Instructors. Any instructor who does not meet the above requirements will be placed in an inactive status.

(5) Reinstatement of Instructor Status. Any instructor, whose license is placed in an inactive status for a period of not more than four (4) years, may be reinstated to an active status by meeting the following requirements:

(a) The eligibility for instructor licensure standards at the appropriate level;

(b) For each year of inactive status participate in a minimum of twelve (12) hours of continuing education in instructional techniques approved by the department;

(c) Demonstrate proficiency by the successful completion of practical and written examinations administered or approved by the department; and

(d) Instructors whose license has been inactive or revoked for four (4) years plus one day or more must complete all requirements anew.

(6) Clinical Preceptor.

(a) Clinical preceptors may precept paramedic, emergency medical technician – Intermediate, advanced emergency medical technician, emergency medical technician, and emergency medical technician-basic students.

(b) Clinical preceptors can only be approved by the course coordinator and the course medical director after successfully completing a clinical preceptor training course approved by the department.

(c) The course coordinator must maintain student clinical records involving clinical preceptors for two years from the student's course completion.

Authority O.C.G.A. §§ 31-2-4, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51 to 31-11-61.

(Amending this section)

111-9-2-.18 Administrative Action, Fines, Probation, Suspension, Summary Suspension and/or Revocation of the License, Designation of EMS Providers, EMS Personnel, Ambulance Zones, Specialty Care Centers and/or Base Stations.

(1) Any emergency medical service license, emergency medical services personnel license, emergency medical service instructor license, **specialty care center**, and base station may be fined, placed on probation, suspended, summarily suspended, or revoked for failure to comply with and maintain compliance with O.C.G.A. Chapter 31-11, these Rules and regulations, ambulance zoning plans, and/or OEMS Policy, after notice and an opportunity for a hearing pursuant to the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13, as amended, if the department finds such applicant, licensee and/or designee is non-compliant. A provider is not entitled to a hearing when probation is not restrictive or where the Commissioner or designee has issued a summary suspension. The term "license" as used herein also includes certificates issued to emergency medical services personnel or emergency services instructors in accordance with Article 3 of Chapter 31-5. All notices from the Georgia Department of Community Health ("Department") concerning proposed disciplinary action are to be served by registered mail with delivery confirmation, certified mail or statutory overnight delivery to the licensee's last known address unless the licensee provides a different address upon which notice is to be served. A licensee must give notice of his/her appeal of any proposed disciplinary action within ten (10) days of receipt of notice to the address designated by the Georgia Department of Community Health. The appeal does not apply to instances where the licensee is not entitled to a hearing.

(a) Notwithstanding, the above, an emergency medical service license, emergency medical services personnel license, emergency medical service instructor license or certificate may be summarily suspended without hearing upon a finding by the Commissioner or his/her designee that pursuant to O.C.G.A. § 50-13-18(c)(1), the public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order in which case summary suspension of a license may be ordered pending proceedings for revocation or other action, which proceeding shall be promptly instituted and determined.

(2) The department and its agents are authorized to enforce compliance with O.C.G.A. Chapter 31-11 and DHR Rules and Regulations for Emergency Medical Services Chapter 290-5-30 as provided in O.C.G.A. Chapter 31-5, and in connection therewith to enter upon and inspect during reasonable business hours and in a reasonable manner the premises of persons providing licensed services. All inspections shall be in compliance with the provisions of O.C.G.A. Chapter 31-5. The department is also authorized to enforce compliance with this chapter, including but not limited to, compliance with the EMS Program and furnishing of emergency services within designated territories, by imposing fines as provided in paragraph (6) of subsection (c) of O.C.G.A. Section 31-2-6. Such enforcement action shall be conducted under the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13.

(3) Any person who has exhausted all administrative remedies available within the department and who is aggrieved or adversely affected by a final order or final action of the license officer relating to the licensure of ambulance services is entitled to judicial review and an appeal to superior court pursuant to O.C.G.A. Section 31-11-36.

(4) Any emergency medical service personnel or provider whose license application is denied or whose license is revoked for failure to comply with or to maintain compliance with the applicable provisions of O.C.G.A. Chapter 31-11 and these Rules and Regulations, shall not be entitled to be licensed or be a party to a like service under any other license for a period of at least sixty (60) months unless the Department, in its discretion, determines a shorter time period is merited. This provision shall also be

applicable to officers, directors, and stockholders of corporate providers of emergency medical services. This provision does not apply to those EMS Personnel who have been revoked for failure to renew their license.

(5) Licenses issued to emergency medical services personnel and emergency medical service instructors pursuant to O.C.G.A. Chapter 31-11 and these Rules and Regulations may be revoked for good cause, as set forth in these Rules and Regulations, by the department after notice to the license holder of the charges and an opportunity for a hearing. Such proceedings shall be conducted in accordance with the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13.

(6) Designations issued to base stations and/or trauma centers or for ambulance zones pursuant to O.C.G.A. Chapter 31-11 and these rules may be revoked for good cause, as set forth in these Rules and Regulations, by the department after notice to the designee of the charges and an opportunity for hearing. Such proceedings shall be conducted in accordance with the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13.

(7) If the department proposes to revoke, suspend, summarily suspend or probate a license or designation, and/or levy a fine, the department shall notify the provider by registered mail with delivery confirmation, certified mail or statutory overnight delivery and it shall be sufficient if sent to the provider's last known address as shown in the department's records. The notice must state the alleged facts or conduct to warrant the action, and if applicable state that the provider has an opportunity to request a hearing in accordance with the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13. A provider is not entitled to a hearing when a probation is not restrictive.

(8) Administrative action that may be taken by the department.

(a) Revocation of a license, or designation.

1. Any license or designation may be revoked for failure to comply with and maintain compliance with O.C.G.A. Chapter 31-11, these Rules and Regulations, and/or OEMS Policy, after notice and an opportunity for a hearing pursuant to O.C.G.A. § 31-11-36, O.C.G.A. 31-5, and/or the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13.

2. During the course of the investigation, the department has the right to change the penalty from a revocation to a suspension and/or probation, with or without fines and conditions.

3. When issuing the revocation order, the Department shall specify the time period after which the EMS provider will be eligible to reapply for a provider license, said period not to exceed sixty (60) months. Upon expiration of the time period referenced herein, the provider may petition the department, in writing, for application of an EMS provider license. However, the department may deny the application if the Department finds that it is not in the best interest of the public safety and welfare to issue the license and/or the reason for the revocation continues to exist or for any other failure to meet the requirements of O.G.C.A Chapter 31-11 or these Rules and Regulations.

(b) Suspension and summary suspension of a license or designation.

1. Suspension

(i) Any license or designation may be suspended for failure to comply with and maintain compliance with O.C.G.A. Chapter 31-11, these Rules and Regulations, and or OEMS Policy, after notice and an opportunity for a hearing pursuant to O.C.G.A. Section 31-11-36, O.C.G.A. 31-5, and/or the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13.

(ii) Any license or designation may be suspended where the licensee has been arrested, charged, indicted, or incarcerated for crimes with underlying conduct which the Department determines would present a potential danger to the public health, safety and welfare. However, in the event the charge(s) are dropped, if a nolle prosequi is entered, if the charge(s) are placed on a "dead docket", or in the event that the licensee is acquitted on all counts, then, at such time, the licensee is eligible to apply for reinstatement and shall have all due process afforded under the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13 with regard to reinstatement.

(iii) Any license or designation may be suspended where the Department determines that the provider has engaged in unethical conduct or conduct which will present a danger to the public health, safety and welfare.

2. Summary Suspension.

(i) Licenses, certificates or designations, issued to emergency medical services, personnel and emergency medical service instructors pursuant to O.C.G.A. Chapter 31-11 and these Rules and Regulations may be summarily suspended without hearing upon a finding by the Commissioner or his/her designee that pursuant to O.C.G.A. § 50-13-18(a)(c)(1), the public health, safety and welfare imperatively requires emergency action and incorporates a finding to that effect in its order in which case summary suspension of a license, certificate or designation may be ordered pending proceedings for revocation or other action, which proceeding shall be promptly instituted and determined. A provider is not entitled to a hearing on the summary suspension.

(ii) If the Department orders summary suspension, the order remains in effect until final disposition of the revocation or other action instituted by the Department unless rescinded or modified by the Administrative Law Judge, the Department, or other Court as provided by law.

(iii) Any holder of a license that has been summarily suspended shall not operate under that license while the license is suspended.

3. During the course of the investigation, the department has the right to change the penalty from a suspension to a revocation and/or probation, with or without fines and conditions.

4. A provider whose license or designation expires during the period of suspension may apply for new reinstatement of the license or designation on the day following the expiration of the suspension.

(c) Probate of a license or designation.

1. Any license or designation may be placed on probation for failure to comply with and maintain compliance with O.C.G.A. Chapter 31-11, these Rules and Regulations, and or OEMS Policy, after notice and an opportunity for a hearing pursuant to O.C.G.A. Section 31-11-36, O.C.G.A. 31-5, and/or the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13. A provider is not entitled to a hearing when probation is not Restrictive.

2. During the course of the investigation, the department has the right to change the penalty from probation to revocation and/or suspension, with or without fines and conditions.

3. For good cause presented by the provider, the department may probate a suspension and may specify the terms of the probation which may include but not be limited to:

(i) That if a provider violates Georgia Code, these Rules and Regulations, and/or Office of EMS Policy during the probation period, revocation may result;

(ii) Any terms or conditions required for provider licensure and/or designation; or

(iii) The length of time of the probation.

(d) Fines.

1. Any license holder or designee may be fined for failure to comply with and maintain compliance with O.C.G.A. Chapter 31-11, these Rules and Regulations, and or OEMS Policy, as per O.C.G.A. § 31-11-9, after notice and an opportunity for a hearing pursuant to O.C.G.A. § 31-11-36, O.C.G.A. 31-5, and/or the Georgia Administrative Procedure Act, O.C.G.A. Chapter 50-13.

2. Fines may be levied by the OEMS.

3. During the course of the investigation, the department has the right to change the penalty from a simple fine to revocation, suspension and/or probation, with or without fines and conditions.

4. The schedule of fines shall be established by the OEMS and approved by the Board of Community Health.

(e) The department may refuse to issue a license and/or designation to an applicant or may take disciplinary action against a license holder or designee, including, but not limited to fines, probation, suspension, summary suspension and/or revocation for, but not limited to, any of the following reasons:

1. Failure to comply with any of the provisions of O.C.G.A. Chapter 31-11, DHR Chapter 290-5-30 and DCH Chapter 111-9-2 of the Rules and Regulations for Emergency Medical Services, or policies established by the OEMS;

2. Obtaining or attempting to obtain a license, or designation by fraud, forgery, deception, misrepresentation, or subterfuge;

3. Issuing a check to the department or its agents that has been returned for insufficient funds;
4. Tamper with, alters, or changes any license issued by the department;
5. Fails to cooperate with the department and/or its authorized agents during the course of an inspection or an investigation, and/or fails to give the department and/or its authorized agents true information upon request, regarding an alleged or confirmed violation;
6. Disciplinary action imposed by another state or other lawful licensing or certifying authority;
7. Provides false or misleading advertising;
8. Provides an unauthorized level of service;
9. Provides any service while the license, or designation is under suspension;
10. Provider allows an employee, volunteer, and/or agent(s) of any service to perform the duties of any licensed emergency medical services personnel while such license is under suspension;
11. Continues to disregard violations noted by the department during inspections and/or has not corrected deficiencies noted on inspections as required in Chapter 290-5-30 of these Rules and Regulations, or fails to correct all deficiencies during a period of suspension;
12. Failure to maintain clean, functional equipment, including licensed emergency vehicles in proper operating condition, as required by department Rules and Regulations and OEMS Policies;
13. Intentionally falsifies a patient record, or any other document required by Georgia Code, these Rules and Regulations, and/or OEMS Policies;
14. Obtains any fee or reimbursement in the course of EMS business by intentional fraud or misrepresentation;
15. Failure to submit, on time and/or upon request, any and all records or documents to the department as required by OEMS policy, departmental Rules and Regulations, and/or Georgia Code;
16. Knowingly allowing EMS providers to operate impaired while under the influence of mind altering substances, intoxicants or illegal drugs while on duty;
17. Use of fewer than the requisite number of licensed individuals applicable to the license issued;
18. Gross disregard for the safety of patients or the public in the operation of a licensed emergency vehicle, including operating or allowing the operation of vehicle warning devices unnecessarily and/or in a manner that endangers the patient(s) or public safety;

19. Aiding and abetting the unlicensed practice of emergency medical care;
20. Intentional violation of a regional ambulance zoning plan by a licensed service or any person associated with a licensed service;
21. Violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative affect on the health or safety of a patient, including mistreatment and/or abandonment of a patient;
22. Accepting remuneration in any form for patient referral;
23. Failure to pay an administrative penalty in full within the thirty (30) day time limit;
24. Failure to display proper identification, including Georgia level of licensure;
25. Breach of confidential patient information;
26. Failure of an EMS instructor to maintain student records in accordance with department Rules and Regulations and Policies established by the OEMS;
27. Failure of EMS instructor to meet license renewal requirements;
28. Failure of EMS instructor to receive a satisfactory evaluation after being monitored by the department on two occasions within a twelve (12) month period;
29. Any conduct or attempted conduct which is criminal in nature and/or any conduct which is in violation of any criminal statute including but not limited to homicide, assault, battery, stalking, terroristic threats, sexual offenses, offenses against or involving minors, child (minor) pornography, theft, fraud, controlled substances, and/or DUI/DWI;
30. Discriminates in the provision of services based on national origin, race, color, creed, religion, sex, sexual preference, age, physical or mental disability, or economic status;
31. Violating any statute, Rules and Regulations, or Policy of the state of Georgia, any other state, the United States, or any other lawful licensing authority, which statute, rule, regulation, or policy relates to or in part relates to or regulates emergency medical services, when the license holder knows or should know that such action is in violation of such statute, Rule or Regulation, or Policy;
32. Violating any lawful order of the department;
33. Performing, or attempting to perform the duties of a licensed medic while in an impaired state;
34. Any arrest, indictment or conduct wherein the Department determines that the circumstances surrounding the same are such that the public health, safety and welfare imperatively requires the suspension or revocation of the subject license; or

35. Any conviction, current indictment, information, or arrest for a felony or another crime involving moral turpitude, drugs, or gross immorality.

Authority O.C.G.A. §§ 31-2-4, 31-2-6, 31-11-1, 31-11-5, 31-11-6, 31-11-9, 31-11-30, 31-11-36, 31-11-56, 31-11-57, 50-13-18.