Annex A

TITLE 28. HEALTH AND SAFETY

PART VII. EMERGENCY MEDICAL SERVICES

CHAPTER 1001. ADMINISTRATION OF THE EMS SYSTEM

Subchapter A. GENERAL PROVISIONS

GENERAL INFORMATION

§ 1001.1. Purpose.

The purpose of this part is to plan, guide, assist and coordinate the development of regional EMS systems into a unified Statewide system and to coordinate the system with similar systems in neighboring states, and to otherwise implement the Department's responsibilities under the act consistent with the Department's rulemaking authority.

§ 1001.2. Definitions.

The following words and terms, when used in this part, have the following meanings, unless the context clearly indicates otherwise:

ACLS course--Advanced cardiac life support course--A course in advanced cardiac life support sanctioned by the American Heart Association.

ALS ambulance service--Advanced life support ambulance service--An entity licensed by the Department to provide ALS services by ambulance to seriously ill or injured patients. The term includes mobile ALS ambulance services that may or may not transport patients.

ALS service medical director--Advanced life support service medical director--A medical command physician or a physician meeting the equivalent qualifications in § 1003.5 (relating to ALS service medical director) who is employed by, contracts with or volunteers with, either directly, or through an intermediary, an ALS ambulance service to make medical command authorization decisions, provide medical guidance and advice to the ALS ambulance service, and evaluate the quality of patient care provided by the prehospital personnel utilized by the ALS ambulance service.

ALS services--Advanced life support services--The advanced prehospital and interhospital emergency medica1 care of serious illness or injury by appropriately trained health professionals and EMT-paramedics.

APLS course--Advanced pediatric life support course--A course in advanced pediatric life support sanctioned by the American Academy of Pediatrics and the American College of Emergency Physicians.

ATLS course--Advanced trauma life support course--A course in advanced trauma life support sanctioned by the American College of Surgeons Committee on Trauma.

Act--The Emergency Medical Services Act (35 P. S. §§ 6921--6938).

Air ambulance--A rotorcraft specifically designed, constructed or modified and equipped, used or intended to be used, and maintained or operated for the purpose of providing emergency medical care to, and air transportation of, patients.

Air ambulance medical director--A medical command physician or a physician meeting the minimum qualifications in § 1003.5 who is employed by, or contracts with, or volunteers with, either directly, or through an intermediary, an air ambulance service to make medical command authorization decisions, provide medical guidance and advice to the air ambulance service, and evaluate the quality of patient care provided by the prehospital personnel utilized by the air ambulance service.

Air ambulance service--An agency or entity licensed by the Department to provide transportation and ALS care of patients by air ambulance.

Aircraft operator--The person, company or agency, certified by the FAA, under 14 CFR Part 135 (relating to air taxi operators and commercial operators), to conduct air taxi operations.

Ambulance--A vehicle specifically designed, constructed or modified and equipped, used or intended to be used, and maintained or operated for the purpose of providing emergency medical care to patients, and the transportation of patients if used for that purpose. The term includes ALS or BLS vehicles that may or may not transport patients.

Ambulance attendant--An individual who possesses the qualifications in § 1003.21(b) (relating to ambulance attendant).

Ambulance identification number--A number issued by the Department to each ambulance operated by an ambulance service.

Ambulance service--An entity which regularly engages in the business or service of providing emergency medical care and transportation of patients in this Commonwealth. The term includes ALS ambulance services that may or may not transport patients.

Ambulance service affiliate number--A unique number assigned by the Department to an ambulance service, the first two digits of which designate the county in which the ambulance service maintains its primary headquarters.

BLS ambulance service--Basic life support ambulance service--An entity licensed by the Department to provide BLS services and transportation by ambulance to patients.

BLS services--Basic life support services--The basic prehospital or interhospital emergency medical care and management of illness or injury performed by specially trained, certified or licensed personnel.

Basic rescue practices technician--An individual who is certified by the Department to possess the training and skills to perform a rescue operation as taught in a basic rescue practices technician program approved by the Department.

Basic vehicle rescue technician--An individual who is certified by the Department to possess the training and skills to perform a rescue from a vehicle as taught in a basic vehicle rescue technician program approved by the Department.

Board certification--Current certification in a medical specialty or subspecialty recognized by either the American Board of Medical Specialties or the American Osteopathic Association.

CPR--Cardiopulmonary resuscitation--The combination of artificial respiration and circulation which is started immediately as an emergency procedure when cardiac arrest or respiratory arrest occurs.

CPR course--Cardiopulmonary resuscitation course--A course of instruction in CPR, meeting the Emergency Cardiac Care Committee National Conference on CPR and Emergency Cardiac Care standards. The course shall encompass one and two-rescuer adult, infant and child CPR, and obstructed airway methods.

Commonwealth Emergency Medical Director--A medical command physician or a physician meeting the equivalent qualifications in § 1003.1 (relating to Commonwealth Emergency Medical Director) and approved by the Department to advise, formulate and direct policy on matters pertaining to EMS.

Continuing education--Learning activities intended to build upon the education and experiential basis of prehospital personnel for the enhancement of practice, education, administration, research or theory development, to strengthen the quality of care provided.

Continuing education sponsor--An entity or institution that is accredited by the Department as a sponsor of continuing education courses.

Council--The Board of Directors of the Pennsylvania Emergency Health Services Council.

Critical care specialty receiving facility--A facility identified by its capability of providing specialized emergency and continuing care to patients, including, in one of the following medical areas: poisoning, neonatal, spinal cord injury, behavioral, burns, cardiac and trauma.

Department--The Department of Health of the Commonwealth or a designee.

Department identification number--A number issued by the Department that identifies an individual who participates in the Statewide EMS system and who has been certified, recognized or otherwise assigned an identification number by the Department.

Direct support of EMS systems--Activities, equipment and supplies that are involved in the planning, initiation, maintenance, expansion or improvement of EMS systems.

EMSOF--Emergency Medical Services Operating Fund--Moneys appropriated to the Department under section 14(c) of the act (35 P. S. § 6934(c)) and which are not assigned to the Catastrophic Medical and Rehabilitation Fund.

EMS--Emergency medical services--The services utilized in responding to the needs of an individual for immediate medical care to prevent loss of life or aggravation of physiological or psychological illness or injury.

EMS patient care report--A report that provides standardized data and information relating to patient assessment and care.

EMS system--The arrangement of personnel, facilities and equipment for the effective and coordinated delivery of EMS required in the prevention and management of incidents which occur either as a result of a medical emergency or of an accident, natural disaster or similar situation.

EMS training institute--Emergency medical services training institute--An institute accredited by the Department to provide a course required for the certification or recognition of a prehospital practitioner.

EMS training manual--Emergency medical services training manual--A manual adopted by the Department and reviewed biennially by the Council to aid ALS service medical directors in determining whether EMT-paramedics and prehospital registered nurses have demonstrated competency in the knowledge and skills necessary to be granted or maintain medical command authorization.

EMT--Emergency medical technician--An individual trained to provide prehospital emergency medical treatment and certified as such by the Department in accordance with the current EMT-NSC, as set forth in this part.

EMT-NSC--Emergency medical technician-National standard curriculum--An outline of knowledge and skills recommended for the education and training of EMTs, as adopted by the United States Department of Transportation.

EMT-paramedic--Emergency medical technician-paramedic--An individual who is trained to provide prehospital emergency medical treatment at an advanced level and certified as such by the Department in accordance with the current EMT-paramedic NSC, as set forth in this part.

EMT-paramedic NSC--Emergency medical technician-paramedic National standard curriculum--An outline of knowledge and skills recommended for the education and training of EMT-paramedics, as adopted by the United States Department of Transportation.

Emergency--A combination of circumstances resulting in a need for immediate medical intervention.

Emergency department--An area of the hospital dedicated to offering emergency medical evaluation and initial treatment to individuals in need of emergency care.

FAA--The Federal Aviation Administration.

FAA certification number--An air taxi/commercial operator operating certificate number assigned by the FAA, authorizing the certificate holder to operate aircraft as required by 14 CFR Part 135.

Facility--A hospital.

Federal KKK standards--The minimum standards and specifications for ambulance vehicles adopted by the United States Department of Transportation.

Federally declared emergency--A state of emergency declared by the President of the United States, upon the request of a governor. Once the President declares the situation a "major disaster," the Federal government supplements State and local efforts to meet the crisis.

First responder--An individual who is certified by the Department as a first responder.

Health professional--A physician who has education and continuing education in ALS services and prehospital care or a prehospital registered nurse.

Hospital--An institution having an organized medical staff which is primarily engaged in providing to inpatients by or under the supervision of physicians, diagnostic and therapeutic services or rehabilitation services for the care or rehabilitation of injured, disabled, pregnant, diseased, sick or mentally ill persons.

The term includes a facility for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not a facility caring exclusively for the mentally ill.

Invalid coach--A vehicle primarily maintained, operated and intended to be used for routine transport of persons who are convalescent or otherwise nonambulatory and do not ordinarily require emergency medical treatment while in transit. The term does not include an ambulance or another EMS vehicle.

Medical advisory committee--An advisory body, composed of a majority of physicians, to advise a regional EMS council or the Council on issues that have potential impact on the delivery of emergency medical care.

Medical audit--A mechanism to evaluate patient care.

Medical command--An order given by a medical command physician to a prehospital practitioner in a prehospital, interfacility, or emergency care setting in a hospital, to provide immediate medical care to prevent loss of life or aggravation of physiological or psychological illness or injury, or to withdraw or withhold treatment.

Medical command authorization--Permission given by the ALS service medical director, including an air ambulance medical director, to an EMT-paramedic or a prehospital registered nurse under § 1003.28 (relating to medical command authorization) to perform, on behalf of an ALS ambulance service, ALS services under medical command or in accordance with Department approved regional EMS council transfer and medical treatment protocols when medical command cannot be secured, is disrupted or is not required under the approved regional EMS council transfer and medical treatment protocols.

Medical Command Course--The course adopted by the Department for medical command physicians and ALS service medical directors which provides an overview of the medical command system.

Medical command facility--The distinct unit within a facility that contains the necessary equipment and personnel, as prescribed in § 1009.1 (relating to operational criteria) for providing medical command to and control over prehospital personnel when providing medical command.

Medical command facility medical director--A medical command physician who meets the criteria established by the Department to assume responsibility for the direction and control of the equipment and personnel at a medical command facility.

Medical command physician--A physician who is approved by a regional EMS council to provide medical command.

Medical coordination--A system which involves the medical community in all phases of the regional EMS system and consists of the following elements:

(i) Designation of a regional medical director.

(ii) Responsibility for oversight to assure implementation of all medical requirements, with special emphasis on patient triage and medical treatment protocol.

(iii) Effective emergency medical planning and recommendation for Department recognition of online command facilities with medical command physicians who give orders to prehospital patient care providers.

(iv) Transfer and medical treatment protocols.

(v) Technologic innovations which support the training and operations of the physicians giving orders to prehospital patient care providers.

(vi) Technologic innovations which support the training and operations of the EMS program and an effective process for accountability--for example, records, case review and audits.

Medical record--Documentation of the course of a patient's condition and treatment, maintained to provide communication among health care providers for current and future patient care.

Medical treatment protocols--Written prescribed medical procedures.

NSC--National Standard Curriculum.

PALS course--Pediatric advanced life support course--A course in advanced pediatric life support sanctioned by the American Heart Association and the American Academy of Pediatrics.

PSAP--Public safety answering point--A communications center established to serve as the first point at which calls by or on behalf of patients are received requesting emergency medical assistance.

Patient--An individual who is believed to be sick, injured, wounded or otherwise incapacitated and helpless and in need of immediate medical attention.

Pennsylvania Trauma Systems Foundation--A nonprofit Pennsylvania corporation whose function is to accredit trauma centers in this Commonwealth.

Physician--An individual who has a currently registered license to practice medicine or osteopathic medicine in this Commonwealth.

Prehospital personnel--The term includes any of the following prehospital practitioners:

(i) Ambulance attendants.

(ii) First responders.

(iii) EMTs.

(iv) EMT-paramedics.

(v) Prehospital registered nurses.

(vi) Health professional physicians.

Prehospital registered nurse--An individual who is recognized by the Department as such under § 1003.25b (relating to prehospital registered nurse).

Providers of EMS--A facility, BLS ambulance service or ALS ambulance service, or a QRS.

QRS--Quick response service--An entity recognized by the Department to respond to an emergency and to provide EMS to patients pending the arrival of the prehospital personnel of an ambulance service.

Receiving facility--A fixed facility that provides an organized emergency department, with a physician who is trained to manage cardiac, trauma, pediatric, medical and behavioral emergencies, and is present in the facility and available to the emergency department 24 hours-a-day, 7 days-a-week, and a registered nurse who is present in the emergency department 24 hours-a-day, 7 days-a-week. The facility shall also comply with Chapter 117 (relating to emergency services).

Regional EMS council--A nonprofit incorporated entity or appropriate equivalent whose function is to plan, develop, maintain, expand and improve

EMS systems within a specific geographical area of this Commonwealth and which is deemed by the Department as being representative of health professions and major private and public and voluntary agencies, organizations and institutions concerned with providing EMS in the region.

Registered nurse--An individual who has a current original or renewed license to practice nursing in this Commonwealth as a registered nurse.

Rescue vehicle--A vehicle which is designed or modified and equipped for rescue operations to release persons from entrapment and which is not routinely used for emergency medical care or transport of patients.

Residency program--Training approved or recognized by the State Board of Medicine or the State Board of Osteopathic Medicine as a program of graduate medical training for physicians.

Rural area--An area outside urbanized areas as defined by the United States Bureau of the Census.

Scope of practice--Those emergency medical services that an individual who is certified or recognized by the Department is permitted to perform under the certification or recognition, provided the individual has medical command authorization, if required.

Secretary--The Secretary of the Department.

Service area--The area in which an ambulance service routinely provides services.

Special care unit--An appropriately equipped area of the hospital where provision has been made for a concentration of physicians, registered nurses and others who have special skills and experiences to provide medical care for critically ill patients.

Special event--A planned and organized activity or contest, which will place participants or attendees, or both, in a defined geographic area in which the potential need for EMS exceeds local EMS capabilities, or where access by emergency vehicles might be delayed due to crowd or traffic congestion at or near the event.

Special vehicle rescue technician--An individual who is certified by the Department to possess the training and skills to perform special rescue operations as taught in the special vehicle rescue training program approved by the Department.

State declared emergency--An emergency declared by the Governor.

Statewide BLS medical treatment protocols--Written medical treatment protocols adopted by the Department that have Statewide application to the delivery of BLS services by prehospital personnel.

Trauma center--A facility accredited as a trauma center by the Pennsylvania Trauma Systems Foundation.

Volunteer ambulance service--A nonprofit chartered corporation, association or organization located in this Commonwealth and which is regularly engaged in the service of providing emergency medical care and transportation of patients as an ambulance service.

§ 1001.3. Applicability.

This part affects regional EMS councils, the Council, other entities desiring to receive funding from the Department or the regional EMS councils for the provision of EMS, ALS and BLS ambulance services, QRSs, instructors and institutes involved in the training of prehospital personnel including EMTs, EMT-paramedics, first responders, ambulance attendants and health professionals, and trauma centers and local governments involved in the administration and support of EMS.

§ 1001.4. Exceptions.

(a) The Department may grant exceptions to, and departures from, this part when the policy objectives and intentions of this part are otherwise met or when compliance would create an unreasonable hardship, but would not impair the health, safety or welfare of the public. No exceptions or departures from this part will be granted if compliance with the standard is required by statute.

(b) Requests for exceptions to this part shall be made in writing to the Department. The requests, whether approved or not approved, will be documented and retained on file by the Department. Approved requests shall be retained on file by the applicant during the period the exception remains in effect.

(c) A granted request will specify the period during which the exception is operative. Exceptions may be reviewed or extended if the reasons for the original exception continue.

(d) An exception granted may be revoked by the Department for just cause. Just cause includes, but is not limited to, failure to meet the conditions for the exception. Notice of the revocation will be in writing and will include the reason for the action of the Department and a specific date upon which the exception will be terminated.

(e) In revoking an exception, the Department will provide for a reasonable time between the date of the written notice or revocation and the date of termination of an exception for the holder of the exception to come into compliance with this part. Failure to comply after the specified date may result in enforcement proceedings.

(f) The Department may, on its own initiative, grant an exception to this part if the requirements of subsection (a) are satisfied.

§ 1001.5. Investigation.

The Department may investigate any person, entity or activity for compliance with the act and this part.

§ 1001.6. Comprehensive EMS development plan.

(a) The Department, with the advice of the Council, will develop and annually update a Statewide EMS development plan for the coordinated delivery of EMS in this Commonwealth.

(b) The plan will contain, but not be limited to:

(1) An inventory of emergency services resources available in this Commonwealth.

(2) An assessment of the effectiveness of the existing services and a determination of the need for additional services.

(3) A statement of goals and specific measurable objectives for delivery of EMS to persons in need of the services in this Commonwealth.

(4) Methods to be used in achieving the stated objectives.

(5) A schedule for achievement of the stated objectives.

(6) A method for evaluating the stated objectives.

(7) Estimated costs for achieving the stated objectives.

(c) The Department will incorporate regional EMS development plans into the Statewide EMS development plan.

(d) The Department will adopt a Statewide EMS development plan, and updates to the plan, after public notice, an opportunity for comment and its consideration of comments received, and will make the plan available to the General Assembly and all concerned agencies, entities and individuals who request a copy.

§ 1001.7. Comprehensive regional EMS development plan.

(a) A regional EMS council shall develop and annually update a regional EMS development plan for coordinating and improving the delivery of EMS in the region for which it has been assigned responsibility.

(b) The plan shall contain:

(1) An inventory of emergency services resources available in the region.

(2) An assessment of the effectiveness of the existing services and a determination of the need for additional services.

(3) A statement of goals and specific measurable objectives for delivery of EMS to persons in need of EMS in the region.

(4) Identification of interregional problems and recommended measures to resolve those problems.

(5) Methods to be used in achieving stated objectives.

(6) A schedule for achievement of the stated objectives.

(7) A method for evaluating whether the stated objectives have been achieved.

(8) Estimated costs for achieving the stated objectives.

(9) Other information as requested by the Department.

(c) A regional EMS council shall, in the course of preparing a regional EMS development plan, and updates to the plan, provide public notice and an opportunity for comment. It shall consider all comments before submitting a proposed plan to the Department.

(d) A regional EMS development plan shall become final after it is approved by the Department. The regional EMS council shall make the plan available to all concerned agencies, entities and individuals who request a copy.

Subchapter B. AWARD AND ADMINISTRATION OF FUNDING

§ 1001.21. Purpose.

This subchapter implements section 5(b)(2) of the act (35 P. S. § 6925(b)(2)), which authorizes the Department to establish, by regulation, standards and criteria governing the award and administration of contracts under the act, and section 10 of the act (35 P. S. § 6930), which authorizes the Secretary to enter into contracts

with regional EMS councils and other appropriate entities for the initiation, expansion, maintenance and improvement of EMS systems which are in accordance with the Statewide EMS development plan, and which further authorizes the Secretary to enter into contracts with organizations other than regional EMS councils to assist the Department in complying with the act.

§ 1001.22. Criteria for funding.

(a) A potential contractor or other recipient of funds from the Department, either directly or through the Department's agent, may receive funding for the following:

(1) Public education, information and prevention regarding EMS, including:

(i) Public education programs, including CPR, first aid, instruction regarding 911 systems and how to access EMS systems.

(ii) Public information programs, including passenger and driver safety specialty services and EMS system awareness programs.

(iii) Prevention programs, including passenger restraint systems, prudent heart living and general health awareness.

(2) Purchasing ambulances, medical equipment and rescue equipment which enables or enhances the delivery of EMS. Equipment will be funded only if approved by the Department.

(i) Ambulances will be considered for funding if the funds will be used for the addition or replacement of existing vehicles or parts, by a licensed ambulance service or an entity submitting an application for licensure as an ambulance service.

(ii) Medical equipment will be considered for funding if the funds will be used to purchase medical equipment for ambulances, QRSs, rescue services and other emergency services approved by the Department, including police and fire departments and recognized medical command facilities.

(iii) Rescue equipment will be considered for funding if the funds will be used to purchase rescue equipment for ambulance services, rescue services, fire departments, QRSs, police agencies and other emergency services approved by the Department.

(3) Costs associated with training programs for prehospital personnel.

(i) Educational costs associated with the conduct of training programs for prehospital personnel, and for other personnel who are involved in managing interfacility patient transports.

(ii) Priority consideration will be given to training programs providing for certification, recertification, recognition and continuing education of individuals actively engaged in providing prehospital or interhospital EMS and rescue services.

(4) Costs associated with ambulance service inspections conducted to assist the Department with ambulance service licensure.

(5) Purchasing communications equipment, including medical command communications equipment, and alerting equipment for EMS purposes, if the purchases are in accordance with regional EMS council and Statewide telecommunications plans.

(6) Purchasing equipment for emergency departments, if the equipment is used or intended to be used in equipment exchange programs with ambulance services. The equipment purchased shall be of a type used by prehospital and interhospital EMS personnel in the care, treatment, stabilization and transportation of patients in a prehospital or interhospital setting. It shall be the type of equipment that can be easily or safely removed from the patient upon arrival or during treatment at the receiving facility.

(7) Costs associated with the maintenance and operation of regional EMS councils. Items eligible for funding include:

(i) Salaries, wages and benefits of staff.

(ii) Travel.

(iii) Equipment and supplies.

(iv) Leasing of office space.

(v) Other costs incidental to the conduct of business which are found by the Department to be necessary and appropriate.

(8) Costs associated with the collection and analysis of data necessary to evaluate the effectiveness of EMS systems in providing EMS. These costs may include the processing of both prehospital and hospital data and include the following:

(i) Data collection.

(ii) Data entry.

(iii) Data processing of information.

(iv) Analysis and evaluation of data.

(v) Dissemination and interpretation of data.

(9) Emergency allocations.

(i) Costs associated with a State or Federally declared emergency which the Department finds necessary to carry out the purpose of the act. Eligible applicants are those recognized by the regional EMS council as participants in the delivery of emergency medical or rescue services to or in the affected area.

(ii) Other emergency allocations found necessary by the Department to provide immediate resources or equipment to an area where the health and safety of the residents of this Commonwealth are in jeopardy.

(10) Costs associated with the implementation of voluntary certification or recognition programs, such as a voluntary rescue technician certification program.

(11) Other costs determined by the Department to be appropriate and necessary for the implementation of a comprehensive EMS system.

(b) Funds will not be made available for any of the following:

(1) Acquisition, construction or rehabilitation of facilities or buildings, except renovation as may be necessary for the implementation of 911 and EMS communication systems.

(2) The purchase of hospital equipment, unless the equipment is used or intended to be used in an equipment exchange program with ambulance services.

(3) Maintenance of ambulances, medical equipment or rescue equipment.

(4) Other costs found by the Department to be inappropriate.

(5) Costs which are normally borne by patients.

(c) The Department will set forth additional priorities for funding on a yearly basis in notices published in the *Pennsylvania Bulletin*.

(d) The Department, by contract or notice published in the *Pennsylvania Bulletin*, may require a contractor or other applicant for funding to provide matching funds in specified percentages as a condition for receiving funds distributed by the Department or a regional EMS council.

§ 1001.23. Allocation of funds.

The Department and regional EMS councils will consider the following factors in determining who shall receive funding and in what amount:

(1) The total amount of funds available.

(2) Conformity of the proposed application to the Statewide EMS development plan.

(3) Financial need of the applicant.

(4) Funds available to the applicant for the purpose set forth in the application, including non-State contributions, Federal grants or Federal contracts pertaining to EMS. Non-State contributions include cash and in-kind services provided to the contractor or toward the operation of an EMS system by private, public or government entities, including the Federal government.

(5) Economic base of the geographic area served by the applicant.

(6) Population of the geographic area served by the applicant.

(7) Special rural needs of the geographic area served by the applicant.

(8) Potential duplication of services.

(9) Priorities of the Department.

(10) Other factors set forth by the Department in published guidelines or policies.

§ 1001.24. Application for contract.

To be considered for funding by the Department to plan, initiate, maintain, expand or improve an EMS system, a regional EMS council or other appropriate entity shall submit an application on a form prescribed by the Department and shall provide the following information:

(1) The need for planning, initiation, maintenance, expansion or improvement of an EMS system.

(2) Data and information which demonstrate the qualifications of the applicant to plan, initiate, expand or improve an EMS system, and which include organizational structure and provision for representation of appropriate entities.

§ 1001.25. Technical assistance.

(a) Regional EMS councils and other contracting entities may request technical assistance from the Department, if necessary, for the purpose of carrying out their contracts. Special consideration shall be given to contractors in rural areas to assist with matters such as recruitment, retention of prehospital personnel, ambulance service management, and ambulance equipment, in recognition that rural areas may not have sufficient resources of these types.

(b) Technical assistance from the Department may also be available to subcontractors when technical assistance resources are not available from the regional EMS council designated for the applicable area.

(c) Examples of technical assistance resources include, but are not limited to:

(1) Telecommunications specialists.

(2) Public education resources.

(3) Information management sources.

§ 1001.26. Restrictions on contracting.

(a) The Department will not contract, during the same term of contract, with more than one regional EMS council to exercise responsibility for all or a portion of the same geographic area.

(b) A regional EMS council or other contractor does not have the right to have a contract renewed.

§ 1001.27. Subcontracting.

(a) A regional EMS council, which has received a contract from the Department, may receive the Department's written approval to subcontract certain of its contractual duties to other entities as deemed necessary and appropriate for the proper execution of the contract with the Department.

(b) A subcontract may not be executed until the Department determines in writing that the subcontract is necessary and appropriate.

(c) Subcontractors will be paid on a cost reimbursement basis. The costs will be determined by the Department based on documentation submitted to the Department.

§ 1001.28. Contracts with the Council.

Sections 1001.22--1001.27 do not apply to contracts between the Department and the Council. The Department will contract with the Council to provide it funds to perform the services the Council is required to perform under the act, and may contract with the Council for it to assist the Department in complying with other provisions of the act.

Subchapter C. COLLECTION OF DATA AND INFORMATION

§ 1001.41. Data and information requirements for ambulance services.

(a) Ambulance services licensed to operate in this Commonwealth shall collect, maintain and report accurate and reliable patient data and information for calls for assistance in the format prescribed and on paper or electronic forms provided or approved by the Department. An ambulance service shall file the report for any call to which it responds that results in patient care, assessment or refusal of the patient to be assessed. The report shall be made by completing an EMS patient care report and filing it, within 30 days, with the regional EMS council that is assigned responsibilities for the region in which the ambulance is based. It shall contain information specified by the Department. The Department will publish a list of the data elements and the form specifications for the EMS patient care report form in a notice in the *Pennsylvania Bulletin* and on the Department's

World Wide Web Site. Paper EMS patient care report forms may be secured from regional EMS councils. Electronic reporting shall conform with the requirements published in the *Pennsylvania Bulletin* notice. The Department will maintain a list of software it has determined to satisfy the requirements for electronic reporting.

(b) The Department will identify data items for the EMS patient care report as either confidential or not confidential.

(c) An ambulance service shall store the information designated as confidential in secured areas to assure that access to unauthorized persons is prevented, and shall take other necessary measures to ensure that the information is maintained in a confidential manner and is not available for public inspection or dissemination, except as authorized by § 1001.42 (relating to dissemination of information).

(d) When an ambulance service transports a patient to a hospital, before its ambulance departs from the hospital, it shall provide to the individual at the hospital assuming responsibility for the patient, either verbally, or in writing or other means by which information is recorded, the patient information designated in the EMS patient care report as essential for immediate transmission for patient care. Within 24 hours following the conclusion of its provision of services to the patient, the ambulance service shall complete the full EMS patient care report and provide a copy or otherwise transmit the data to the receiving facility. The ambulance service may report the data to the receiving facility in any manner acceptable to the receiving facility which ensures the confidentiality of information designated as confidential in the EMS patient care report.

(e) The ambulance service shall have a policy for designating which member of the ambulance crew is responsible for completing the EMS patient care report.

(f) The ambulance service shall retain a copy of the EMS patient care report for a minimum of 7 years.

§ 1001.42. Dissemination of information.

(a) A person who collects, has access to, or knowledge of, confidential information collected under § 1001.41 (relating to data and information requirements for ambulance services), by virtue of that person's participation in the Statewide EMS system, may not provide the EMS patient care report, or disclose the confidential information contained in the report or a report or record thereof, except:

(1) To another person who by virtue of that person's office as an employe of the Department is entitled to obtain the information.

(2) To another person or agency under contract with or licensed by the Department and subject to strict supervision by the Department to insure that the use of the data is limited to specific research, planning, quality improvement and complaint investigation purposes and that appropriate measures are taken to protect patient confidentiality.

(3) To the patient who is the subject of the information released or to a person who is authorized to exercise the rights of the patient with respect to securing the information, such as the patient's duly appointed attorney-in-fact.

(4) Under an order of a court of competent jurisdiction, including a subpoena when it constitutes a court order, except when the information is of a nature that disclosure under a subpoena is not authorized by law.

(5) For the purpose of quality improvement activities, with strict attention to patient confidentiality.

(6) For the purpose of data entry/retrieval and billing, with strict attention to patient confidentiality.

(7) Under § 1001.41 (relating to data and information requirements for ambulance services) and to another health care provider to whom a patient's medical record may be released under the law.

(b) The Department will regularly disseminate nonconfidential, statistical data collected from EMS patient care reports to providers of EMS for improvement of services.

Subchapter D. QUALITY IMPROVEMENT PROGRAM

§ 1001.61. Components.

(a) The Department, in conjunction with the Council, will identify the necessary components for a Statewide EMS quality improvement program for the Commonwealth's EMS system. The Statewide EMS quality improvement program shall be operated to monitor the delivery of EMS through the collection of data pertaining to emergency medical care provided by prehospital personnel and providers of EMS.

(b) The Department will develop, approve and update a Statewide EMS Quality Improvement Plan in which it will establish goals and reporting thresholds.

§ 1001.62. Regional programs.

A regional EMS council, after considering input from participants in and persons served by the regional EMS system, shall develop and implement a regional EMS quality improvement program to monitor the delivery of EMS, which addresses, at a minimum, the quality improvement components identified by the Department. A regional EMS council quality improvement program shall:

(1) Conduct quality improvement audits on the regional EMS system including reviewing the quality improvement activities conducted by the ALS service medical directors and medical command facilities within the region.

(2) Have a regional quality improvement committee that shall recommend to the regional EMS council ways to improve the delivery of prehospital EMS care within the region based upon State and regional goals and reporting requirements.

(3) Develop and implement a regional EMS quality improvement plan to assess the EMS system in the region.

(4) Investigate complaints concerning the quality of care rendered and forward recommendations and findings to the Department.

(5) Submit to the Department reports as prescribed by the Department.

§ 1001.63. (Reserved).

§ 1001.64. (Reserved).

§ 1001.65. Cooperation.

Each individual and entity licensed, certified, recognized, accredited or otherwise authorized by the Department to participate in the Statewide EMS system shall cooperate in the Statewide and regional EMS quality improvement programs. These individuals and entities shall provide information, data, reports and access to records as requested by the Department and regional EMS councils to monitor the delivery of EMS.

Subchapter E. TRAUMA CENTERS

§ 1001.81. Purpose.

The purpose of this subchapter is to integrate trauma centers into the Statewide EMS system, by providing access to trauma centers and by providing for the effective and appropriate utilization of resources.

§ 1001.82. Requirements.

To ensure that trauma centers are integrated into the Statewide EMS system, trauma centers in this Commonwealth shall:

(1) Maintain a dedicated telephone number to allow for access by referring community hospitals to make arrangements for the most appropriate and expeditious mode of transportation to the trauma center, as well as allow for direct consultation between the two facilities prior to transfer and during the course of treatment of the patient.

(2) Develop and implement outreach education programs to be offered to referring hospitals and emergency services dealing with management of major and multiple systems trauma patients and the capabilities of the trauma center.

(3) Develop and institute a system to insure the provision of patient outcome and treatment information to the referring facility on each patient referred by that facility to the trauma center.

(4) Maintain communications capabilities to allow for direct access by a transferring ground ambulance or air ambulance to insure that patient information and condition updates are available and medical consultation is available to the transferring service. The capabilities shall be in accordance with regional and Statewide EMS telecommunications plans.

Subchapter F. REQUIREMENTS FOR REGIONAL EMS COUNCILS AND THE COUNCIL

§ 1001.101. Governing body.

A regional EMS council and the Council shall have a governing body.

(1) No more than one staff member of the regional EMS council or Council may sit on the governing body at the same time.

(2) If the governing body consists of a board, it shall adopt written policies which include, but are not limited to:

(i) A method of selection for membership.

(ii) Qualifications for membership.

(iii) Criteria for continued membership.

(iv) Frequency of meetings.

(3) The duties of the governing body shall include, but not be limited to:

(i) Selecting a director as the person officially responsible to the governing body.

(ii) Identifying the purpose and philosophy.

(iii) Describing the organizational structure.

(4) The governing body shall make available to the public an annual report which includes, but is not limited to:

(i) Activities and accomplishments of the preceding year.

(ii) A financial statement of income and expenses.

(iii) A statement disclosing the names of officers and directors.

§ 1001.102. (Reserved).

§ 1001.103. (Reserved).

Subchapter G. ADDITIONAL REQUIREMENTS FOR REGIONAL EMS COUNCILS

§ 1001.121. Designation of regional EMS councils.

(a) The Department will designate a regional EMS council that satisfies the representation requirements in § 1001.125 (relating to requirements) for each geographic area of this Commonwealth.

(b) The designation of the geographical area will be based on:

(1) Existing usual patient care flow patterns.

(2) The capability to provide definitive care services to the majority of general, emergent and critical patients.

(3) Financial resources to sustain the EMS system operations.

(4) The capability to establish community-wide and regional care programs.

(c) The Department will evaluate the performance and effectiveness of each regional EMS council on a periodic basis to assure that each council is appropriately meeting the needs of its region in planning, developing, maintaining, expanding, improving and upgrading the EMS system in its region.

§ 1001.123. Responsibilities.

In addition to other responsibilities imposed upon regional EMS councils by this part, regional EMS councils have responsibility for the following:

(1) Organizing, maintaining, implementing, expanding and improving the EMS system within the geographic area for which the regional EMS council has been assigned responsibilities.

(2) Developing and implementing comprehensive EMS plans, as approved by the Department.

(3) Advising PSAPs, and municipal and county governments, as to EMS resources available for dispatching and recommended dispatching criteria that may be developed by the Department, or by the regional EMS council as approved by the Department.

(4) Developing, maintaining, implementing, expanding and improving programs of medical coordination. The programs are subject to approval by the Department.

(5) Assisting hospitals in providing the Department with a comprehensive written plan for emergency care based on community need as provided in § 117.11 (relating to emergency services plan) and in identifying the hospital's scope of services as provided in § 117.13 (relating to scope of services).

(6) Assisting the Department in achieving a unified Statewide EMS system as described in section 4 of the act (35 P. S. § 6924).

(7) Assisting the Department in collection and maintenance of standardized patient data and information.

(8) Providing ambulance services with data summary reports.

(9) Assuring the reasonable availability of training programs, including continuing education programs, for EMS personnel. The programs shall include those that lead to certification or recognition by the Department. Regional EMS councils may also develop and implement additional educational programs.

(10) Monitoring medical command facilities and prehospital personnel compliance with minimum standards established by the Department, and ambulance service medical director and medical command physician medical control of prehospital personnel.

(11) Facilitating the integration of medical command facilities into the regional EMS system in accordance with policies and guidelines established by the Department.

(12) Developing and implementing regional protocols for the triage, treatment, transport and transfer of patients to the most appropriate facility. Protocols shall be developed in consultation with the regional EMS council's medical advisory committee and approved by the Department. Protocols shall, at a minimum:

(i) Include a method of identifying patients requiring specialized medical care, utilizing measurable criteria to identify patient referral.

(ii) Be based upon the specialty care capabilities of the receiving facilities and available providers of EMS, prehospital personnel, local geodemographic considerations and transport time considerations.

(iii) Be distributed to the providers of EMS within the region.

(iv) Be reviewed annually, and revised as necessary in consultation with the regional EMS council's medical advisory committee.

(v) Be consistent with Chapter 1003 (relating to personnel) which governs the scope of practice of EMTs, EMT-paramedics and other prehospital personnel.

(vi) Be based upon accepted standards of emergency medical care.

(vii) Address patient choice regarding receiving facility.

(viii) Set forth a procedure for the efficient transfer of patients. When appropriate, these regional protocols shall be developed in consultation with specialty care facilities in the region.

(13) Assisting Federal, State or local agencies, upon request, in the provision of onsite mitigation, technical assistance, situation assessment, coordination of functions or postincident evaluations, in the event of a potential or actual disaster, mass casualty situation or other substantial threat to public health.

(14) Maintaining an inventory of EMS resources and personnel available on a volunteer basis as conditions and circumstances require and recruiting volunteers as needed.

(15) Designating a regional medical director.

(16) Supervising the regional EMS medical director to assure that the roles and responsibilities in § 1003.2 (relating to regional EMS medical director) are carried out.

(17) Assisting prehospital personnel and ambulance services operating in the regional EMS system to meet the licensure, certification, recertification, recognition, biennial registration and continuing education requirements established under the act and this part, and assisting the Department in ensuring that those requirements are met.

(18) Apprising medical command facilities and ALS ambulance services in the region when an EMT-paramedic or prehospital registered nurse has had medical command authorization removed by an ALS service medical director for an ALS ambulance service in the region.

(19) Developing a conflict of interest policy and requiring employes and officials to agree to the policy in writing.

(20) Approving medical command physicians in accordance with § 1003.4(c)(2) (relating to medical command physician).

(21) Performing other duties deemed appropriate by the Department for the initiation, expansion, maintenance and improvement of the regional and Statewide EMS system which are in accordance with the Statewide EMS development plan.

§ 1001.124. Composition.

Regional EMS councils shall be organized by one of the following:

(1) A unit of general local government with an advisory council.

(2) A representative public entity administering a compact or other areawide arrangement or consortium.

(3) A public or private nonprofit entity.

§ 1001.125. Requirements.

(a) If the regional EMS council is a unit of local government, it shall have an advisory council which is deemed by the Department to be representative of health care consumers, the health professions, and major private and public and voluntary agencies, organizations and institutions concerned with providing EMS.

(b) If the regional EMS council is a public or private nonprofit organization, its governing body shall satisfy the representation requirements in subsection (a).

(c) A regional EMS council shall establish and maintain a medical advisory committee and other committees which are necessary to carry out the responsibilities of the regional EMS council.

(d) The regional medical advisory committee shall assist the regional EMS council's medical director in matters of medical coordination.

(e) Meetings of the regional EMS council shall be held under the Sunshine Act (65 P. S. §§ 271--286).

Subchapter H. ADDITIONAL REQUIREMENTS FOR THE COUNCIL

§ 1001.141. Duties and purpose.

The Council shall advise the Department on emergency health services issues that relate to manpower and training, communications, ambulance services,

special care units, the content of EMS patient care reports, the content of rules and regulations, standards and policies promulgated by the Department and other subjects as required by the act or deemed appropriate by the Depart-ment or the Council. The Council shall also advise the Department on the content of the Statewide EMS development plan, and proposed revisions to it.

Subchapter I. RESEARCH IN PREHOSPITAL CARE

§ 1001.161. Research.

(a) Clinical investigations or studies that relate to direct patient care may not be conducted by providers of EMS unless the investigation or study is proposed to and approved by the Department.

(b) A proposal for clinical investigation or study shall be presented to the Department. If the Department concludes that the proposal may have merit, it shall refer the proposal to the Council, and to the regional EMS council having responsibilities in the region where the investigation or study would be undertaken. The Council and the regional EMS council shall have the proposal reviewed by their medical advisory committees and consider the comments of those committees, and shall forward their recommendations to the Department within 60 days after receiving from the Department a request to review the proposal.

(c) The Department will approve or disapprove the proposal within 30 days after receiving the recommendations of the Council and the regional EMS council. If the proposal is approved, the prehospital personnel identified in the proposal may function in accordance with the proposal and under conditions specified by the Department during the term of the clinical investigation or study.

(d) A proposal shall include and address the following considerations and items in a format specified by the Department:

(1) A specific statement of the hypothesis to be investigated and the clinical significance of the hypothesis.

(2) A specific description of the methodology to be used in the investigations.

(3) An estimated duration of the investigation.

(4) Consideration of complications or side effects that may be encountered and how they shall be treated.

(5) Consideration of how to assure patient confidentiality.

(6) Consideration of obtaining informed consent of the patient.

(7) Institutional review board approval when required by law.

(8) A letter from the researcher who identifies himself as the lead investigator and assumes clinical responsibility for the investigation.

(9) A letter from the physician who assumes clinical responsibility for the investigation.

(10) A plan for providing the Department with progress reports and a final report on the investigation or study.

(e) The Department may direct that the investigation or study be terminated prematurely for its failure to satisfy conditions of approval.

CHAPTER 1003. PERSONNEL

Subchapter A. ADMINISTRATIVE AND SUPERVISORY EMS PERSONNEL

§ 1003.1. Commonwealth Emergency Medical Director.

(a) *Roles and responsibilities*. The Commonwealth Emergency Medical Director is responsible for the following:

(1) Providing medical advice and recommendations to the Department regarding the EMS system.

(2) Assisting in the development and implementation of a Statewide EMS quality improvement program.

(3) Assisting the Department in revising or modifying the scope of practice of ALS and BLS prehospital personnel.

(4) Providing advice and guidance to the Department on investigations and the pursuit of disciplinary actions against prehospital personnel and providers of EMS.

(5) Reviewing, evaluating and making recommendations regarding regional transfer and medical treatment protocols.

(6) Reviewing, evaluating and making recommendations for the Statewide BLS medical treatment protocols.

(7) Reviewing, evaluating and making recommendations for protocols to get acutely ill and injured patients to the most appropriate facility, including criteria for the evaluation, triage, treatment, transport and referral, as well as bypass protocols.

(8) Evaluating regional EMS quality improvement programs.

(9) Providing direction and guidance to the regional EMS medical directors for training and quality improvement monitoring and assistance.

(10) Meeting with representatives and committees of regional EMS councils and the Council as necessary and as directed by the Department to provide guidance and direction.

(11) Reviewing, evaluating and making recommendations to the Department on clinical research proposals.

(12) Providing other services relating to the Department's administration of the act as assigned by the Department.

(b) *Equivalent qualifications*. If the Commonwealth Emergency Medical Director is not a medical command physician, the Commonwealth Emergency Medical Director shall possess the following qualifications:

(1) The minimum qualifications for a medical command physician in § 1003.4(b)(1)--(3) and (5) (relating to medical command physician).

(2) Experience in the prehospital and emergency department care of the acutely ill and injured patient.

(3) Knowledge regarding the medical command direction of prehospital personnel and the operation of emergency dispatch.

(4) Knowledge of the capabilities and limitations of ambulances, including air ambulances and prehospital personnel.

(5) Knowledge of potential medical complications which may arise during transport of a patient by an ambulance service.

(c) *Disclosure*. The Commonwealth Emergency Medical Director shall disclose to the Department all financial or other interest in providers of EMS and in other matters which present a potential conflict of interest.

§ 1003.2. Regional EMS medical director.

(a) *Roles and responsibilities*. Each regional EMS council shall have a regional EMS medical director who shall carry out the following duties:

(1) Assist the regional EMS council to approve or reject applications for medical command physicians received from medical command facility medical directors.

(2) Maintain liaison with the Commonwealth Emergency Medical Director.

(3) Assist the regional EMS council, after consultation with the regional medical advisory committee, to establish and revise transfer and medical treatment protocols for the regional EMS system.

(4) Assist the regional EMS council to establish field treatment protocols for determining when a patient will not be transported to a treatment facility and establish procedures for documenting the reasons for a nontransport decision.

(5) Assist the regional EMS council to establish field protocols to govern situations in which a patient may be transported without consent, in accordance with Pennsylvania law. The protocols shall cover appropriate documentation and review procedures.

(6) Assist the regional EMS council to establish criteria for level of care and type of transportation to be provided in various medical emergencies, such as ALS versus BLS, and ground versus air ambulance, and distribute approved criteria to PSAPs.

(7) Conduct quality improvement audits of the regional EMS system including reviewing the quality improvement activities conducted by the ALS service medical directors within the region.

(8) Serve on the State EMS Quality Improvement Committee.

(9) Serve as chairperson of the regional EMS council medical advisory committee.

(10) Facilitate continuity of patient care during inter-regional transport.

(11) Recommend to the Department suspension, revocation or restriction of prehospital personnel certifications and recognitions.

(12) Conduct hearings in accordance with § 1003.28 (relating to medical command authorization) upon appeal of an individual whose medical command authorization is denied or restricted by the ALS service medical director and issue written decisions.

(13) Review regional plans, procedures and processes for compliance with State standards of emergency medical care.

(b) *Minimum qualifications*. A regional EMS council medical director shall have the following qualifications:

(1) Licensure as a physician.

(2) Experience in prehospital and emergency department care of the acutely ill or injured patient.

(3) Experience in medical command direction of prehospital personnel.

(4) Experience in emergency department management of the acutely ill or injured patient.

(5) Have completed 3 years in a residency program in emergency medicine or have served as a medical command physician in this Commonwealth prior to October 14, 2000.

(6) Experience in the training of basic and advanced prehospital personnel.

(7) Experience in the medical audit, review and critique of BLS and ALS prehospital personnel.

(c) *Disclosure.* A regional EMS medical director shall disclose to a regional EMS council all financial or other interest in providers of EMS and in other matters which present a potential conflict of interest.

§ 1003.3. Medical command facility medical director.

(a) *Roles and responsibilities.* A medical command facility shall have a medical command facility medical director. A medical command facility medical director is responsible for the following:

(1) Medical command.

(2) Quality improvement.

(3) Liaison with regional EMS council medical director.

(4) Participation in prehospital training activities.

(5) Clinical and continuing education training of prehospital personnel.

(6) Recommendations to the regional EMS medical director regarding medical command physician applications from the medical command facility.

(b) *Minimum qualifications.* To qualify and continue to function as a medical command facility medical director, an individual shall have the following qualifications:

(1) Be currently serving as a medical command physician.

(2) Satisfy one of the following:

(i) Have completed 3 years in a residency program in emergency medicine.

(ii) Have served as a medical command physician in this Commonwealth prior to October 14, 2000.

(iii) Have secured board certification in surgery, internal medicine, family medicine, pediatrics or anesthesiology. If the physician has board certification in one of these medical specialties, the physician shall also have successfully completed or taught the ACLS course within the preceding 2 years and have completed, at least once, the ATLS course, and either an APLS or PALS course, or other programs determined by the Department to meet or exceed the standards of theses programs.

(3) Experience in prehospital and emergency department care of the acutely ill or injured patient.

(4) Experience in providing medical command direction to prehospital personnel.

(5) Experience in the training of BLS and ALS prehospital personnel.

(6) Experience in the medical audit, review and critique of BLS and ALS prehospital personnel.

§ 1003.4. Medical command physician.

(a) *Roles and responsibilities.* A medical command physician shall provide medical command to prehospital personnel. This includes providing online medical command to prehospital personnel whenever they seek direction.

(b) *Minimum qualifications.* To qualify and continue to function as a medical command physician, an individual shall:

(1) Be a physician.

(2) Satisfy one of the following:

(i) Have completed 3 years in a residency program in emergency medicine.

(ii) Have served as a medical command physician in this Commonwealth prior to October 14, 2000.

(iii) Have successfully completed or taught the ACLS course within the preceding 2 years and have completed, at least once, the ATLS course, and either an APLS or PALS course, or other programs determined by the Department to meet or exceed the standards of these programs.

(3) Have completed the continuing medical education credits required for membership in the American Medical Association, or its equivalent, or be serving a graduate year III in a residency program in emergency medicine or a graduate year II in a residency program in emergency medicine, with concurrent online supervision by an approved medical command physician.

(4) Be a full-time emergency physician or practice emergency medicine for at least half-time of a full-time medical practice.

(5) Possess a valid Drug Enforcement Agency (DEA) number.

(6) Have completed the Medical Command Course.

(c) *Approval of medical command physician.*

(1) A physician may function as a medical command physician if approved to do so by a regional EMS council.

(2) A regional EMS council shall approve a physician as a medical command physician if the physician demonstrates that the physician will function under the auspices of a medical command facility and establishes one of the following:

(i) That the physician satisfies the qualifications for a medical command physician in subsection (b).

(ii) That the physician has received certification as a medical command physician from the Department upon successfully completing the voluntary medical command physician certification program administered by the Department.

(3) A regional EMS council shall conclude that the physician will be operating under the auspices of a medical command facility if the physician establishes that the physician has an arrangement with the medical command facility to provide medical command on its behalf while on duty for the medical command facility, under the direction of the medical command facility medical director and under the policies and procedures of the medical command facility, and further establishes one of the following:

(i) That the facility meets the requirements for a medical command facility prescribed in § 1009.1 (relating to operational criteria).

(ii) That the facility has received recognition as a medical command facility from the Department under § 1009.2 (relating to recognition process).

(d) *Notice requirements for medical command facility and regional EMS council.*

(1) A medical command facility shall give notice to each regional EMS council having responsibility for an EMS region in which the medical command facility anticipates medical command physicians functioning under its auspices will be providing medical command, and shall explain the circumstances under which medical command will be given in that region.

(2) A regional EMS council that has approved a physician as a medical command physician shall give notice of the approval to the Department.

(e) *Transfer and medical treatment protocols.* A medical command physician shall provide medical command to prehospital personnel in ground ambulances and QRSs consistent with the transfer and medical treatment protocols which are in effect in either the region in which treatment originates or the region in which the prehospital personnel begin receiving online medical command from the medical command physician.

§ 1003.5. ALS service medical director.

(a) *Roles and responsibilities.* An ALS service medical director is responsible for the following:

(1) Providing medical guidance and advice to the ALS ambulance service, including:

(i) Reviewing the Statewide BLS medical treatment protocols and the regional transfer and medical treatment protocols, and ensuring that the ALS ambulance service's prehospital personnel are familiar with them, and amendments and revisions thereto.

(ii) Providing guidance to the ALS ambulance service with respect to the ordering, stocking and replacement of drugs, and compliance with laws and regulations impacting upon the ALS ambulance service's acquisition, storage and use of those drugs.

(iii) Participating in the regional and Statewide quality improvement plans, including continuous quality improvement reviews of patient care and its interaction with the regional EMS system.

(iv) Recommending to the relevant regional EMS council, when appropriate, specific transfer and medical treatment protocols for inclusion in the regional transfer and medical treatment protocols.

(2) Granting, denying or restricting medical command authorization to members of the ALS ambulance service's prehospital personnel who require this authorization, and participating in appeals from decisions to deny or restrict medical command authorization in accordance with § 1003.28 (relating to medical command authorization).

(3) Performing medical audits of patient care provided by the ALS ambulance service's prehospital personnel.

(b) *Equivalent qualifications.* If the ALS service medical director is not a medical command physician, the ALS service medical director shall:

(1) Possess the minimum qualifications for a medical command physician in § 1003.4(b)(1)--(5) (relating to medical command physician).

(2) Have experience in the medical command direction of prehospital personnel.

(3) Have knowledge of the capabilities and limitations of ambulances, including air ambulances, and prehospital personnel.

(4) Have knowledge of potential medical complications which may arise during transport of the patient by an ambulance service.

(5) Successfully complete the Medical Command Course.

Subchapter B. PREHOSPITAL AND OTHER PERSONNEL

§ 1003.21. Ambulance attendant.

(a) *Roles and responsibilities.* An ambulance attendant, as part of the crew of an ambulance or a QRS, may perform BLS activities within the ambulance attendant's scope of practice, as set forth in subsection (c), at the scene of an emergency or enroute to a facility. This section does not prohibit an ambulance attendant from providing BLS services as a good Samaritan.

(b) *Qualifications.* To qualify as an ambulance attendant an individual shall satisfy the age requirement under the Child Labor Law (43 P. S. §§ 41--71) and one of the following:

(1) Possess a current certificate evidencing successful completion of an advanced first aid course sponsored by the American Red Cross and a certificate issued within the last 2 years evidencing successful completion of a CPR course.

(2) Possess a current certificate evidencing successful completion of a course determined by the Department to be equivalent to the requirements in paragraph (1).

(c) *Scope of practice.* An ambulance attendant shall have the authority to provide the following BLS services if trained to do so:

(1) Patient assessment--including vital signs--and ongoing evaluation.

(2) Pulmonary or cardiopulmonary resuscitation and foreign body airway obstruction management.

(3) Administration of oxygen.

(4) Insertion of oropharyngeal or nasopharyngeal airways.

(5) Oropharyngeal suctioning.

(6) Assessment and management of cardiac, respiratory, diabetic shock, behavioral and heat/cold emergencies, as prescribed within an advanced first aid course meeting the requirements in subsection (b)(1) or (2).

(7) Emergency treatment for bleeding, burns, poisoning, seizures, soft tissue injuries, chest-abdominal-pelvic injuries, muscle and bone injuries, eye injuries and childbirth (including care of the newborn), as prescribed within an advanced first aid course meeting the requirements in subsection (b)(1) or (2).

(8) Application of spinal immobilization devices and splinting materials, including traction splints.

(9) Basic triage and basic maneuvers to gain access to the patient.

(10) Patient lifting and moving techniques.

(11) Use of an automated external defibrillator when approved by a physician who serves as the medical director of the ambulance service with respect to its use of automated external defibrillators.

(12) Assist a prehospital practitioner who is above the level of first responder in the use of Department-approved automatic ventilators and pulse oximetry when approved by the medical director of the ambulance service.

(13) Other BLS skills taught in a course in advanced first aid sponsored by the American Red Cross, provided the ambulance attendant has received training to perform those skills in a course or in an equivalent training program approved by the Department, and is able to document having received the training. The Department will identify these skills as follows:

(i) The Department will publish in the *Pennsylvania Bulletin*, at least annually, a list of the skills taught in the most recent course in advanced first aid sponsored by the American Red Cross.

(ii) If the course sponsored by the American Red Cross teaches skills in addition to advanced first aid, the Department will exclude those skills from the published list. An ambulance attendant may not perform a skill taught in a course approved under this paragraph if the Department does not include the skill in the list it publishes under subparagraph (i).

§ 1003.22. First responder.

(a) *Roles and responsibilities.* A first responder may perform, at the scene of an emergency, enroute to a facility, or in an emergency setting in a facility, the BLS services in subsection (e) to stabilize and improve a patient's condition until more highly trained personnel arrive. Following the arrival of more highly trained personnel, a first responder may continue to perform the BLS services within a first responder's scope of practice as set forth in subsection (e) under the direction of more highly trained personnel. This section does not prohibit a first responder from providing BLS services as a good Samaritan.

(b) *Certification.*

(1) The Department will certify as a first responder an individual who meets the following qualifications:

(i) Completes an application on a form prescribed by the Department.

(ii) Is 16 years of age or older.

(iii) Has successfully completed a first responder training course approved by the Department. The Department will publish annually in the *Pennsylvania Bulletin* a list of courses leading to first responder certification.

(iv) Has passed a written examination for first responder certification prescribed by the Department, or has passed an examination which the Department has determined to be equivalent in both content and manner of administration.

(v) Has passed a practical test of first responder skills prescribed by the Department, or has passed an examination which the Department has determined to be equivalent in both content and manner of administration.

(2) A first responder's certification is valid for 3 years, subject to disciplinary action under section 11(j.1) of the act (35 P. S. § 6931(j.1)) and § 1003.27 (relating to disciplinary and corrective action).

(c) *Recertification.* A first responder shall apply for recertification between 1 year and 60 days prior to expiration of the first responder's certification from the Department. Failure to apply for recertification in a timely manner may result in the individual not being recertified before the prior certification expires. The Department will recertify as a first responder an individual who meets the following qualifications:

(1) Completes an application on a form prescribed by the Department.

(2) Is or was previously certified as a first responder.

(3) Has successfully completed one of the following:

(i) The first responder practical skills and written knowledge examination prescribed by the Department.

(ii) The continuing education requirements applicable to first responders in § 1003.29(a) (relating to continuing education requirements).

(d) *Certification by endorsement.*

(1) For an individual who is 16 years of age or older and who is currently certified in another state as a first responder or as a person with similar responsibilities, the Department will endorse the following qualifications as equivalent to those in subsection (b):

(i) Successful completion of training curriculum which meets or exceeds the standards for the training course prescribed by the Department in subsection (b)(1)(iii).

(ii) Successful completion of a written examination for first responder certification, or an equivalent certification, which is determined by the Department to meet or exceed the standards of the written examination prescribed by the Department under subsection (b)(1)(iv).

(iii) Successful completion of a practical skills examination for first responder certification, or an equivalent certification, which is determined by the Department to meet or exceed the standards of the practical skills examination prescribed by the Department under subsection (b)(1)(v).

(2) An individual whose first responder certification or equivalent certification in another state is expired at the time of application may seek to have the satisfaction of paragraph (1)(i) endorsed as equivalent to the satisfaction of subsection (b)(1)(iii), but will not be considered by the Department for endorsement of qualifications under paragraph (1)(ii) or (iii), and shall successfully complete the first responder practical skills and written knowledge examinations prescribed by the Department after applying for certification through examination.

(3) Certification under this subsection is valid for 3 years. Upon expiration of that certification, the individual shall meet the requirements for recertification in subsection (c).

(e) *Scope of practice.*

(1) A first responder's scope of practice includes the BLS services which may be performed by an ambulance attendant as set forth in § 1003.21(c) (relating to ambulance attendant), if the first responder has been trained to perform those services.

(2) A first responder's scope of practice also includes other BLS services taught in a first responder training course approved by the Department, if the first responder has received training to perform those services, and is able to document having received the training, in one of the following:

(i) A first responder training course approved by the Department.

(ii) A course which is determined by the Department to meet or exceed the standards or a first responder training course preapproved by the Department.

(iii) A course for which the first responder may receive continuing education credit towards recertification.

(3) The Department will publish in the *Pennsylvania Bulletin*, at least annually, a list of the skills taught in first responder training courses most recently approved by the Department.

(4) If the approved course is not offered by the Department, the Department may exclude from the published list, skills taught which the Department determines are not appropriate services to be performed by a first responder. A first responder may not perform a skill taught in a course under paragraph (2)(ii) or (iii) if the Department does not include the skill in the list it publishes under paragraph (3).

§ 1003.23. EMT.

(a) *Roles and responsibilities.* An EMT may perform, in a prehospital, interhospital or emergency care setting in a hospital, or during the transfer of convalescent or other nonemergency cases, the BLS services set forth in subsection (e), to prevent loss of life or aggravation of physiological or psychological illness or injury. This section does not prohibit an EMT from providing BLS services as a good Samaritan.

(b) *Certification.*

(1) The Department will certify as an EMT an individual who meets the following qualifications:

(i) Completes an application on a form prescribed by the Department.

(ii) Is 16 years of age or older.

(iii) Has successfully completed an EMT training course approved by the Department.

(iv) Has successfully completed a written EMT examination prescribed by the Department.

(v) Has successfully completed an EMT practical skills examination prescribed by the Department.

(2) The Department will also certify as an EMT an individual who completes an application on a form prescribed by the Department and who has one of the following:

(i) Permanent certification as an EMT-paramedic under § 1003.24(b) (relating to EMT-paramedic) but without medical command authorization under § 1003.28 (relating to medical command authorization).

(ii) Permanent recognition as a prehospital registered nurse under § 1003.25b (relating to prehospital registered nurse) but without medical command authorization under § 1003.28.

(3) Certification granted under paragraph (1) or (2) is valid for 3 years, subject to disciplinary action under section 11(j.1) of the act (35 P. S. § 6931(j.1)) and § 1003.27 (relating to disciplinary and corrective action).

(c) *Certification by endorsement.*

(1) For an individual who is 16 years of age or older and currently certified as an EMT in another state, the Department will endorse the following qualifications as equivalent to those in subsection (b):

(i) Successful completion of EMT training curriculum that meets or exceeds the standards of the training course prescribed by the Department under subsection (b)(1)(iii).

(ii) Successful completion of a written examination for EMT certification which is determined by the Department to meet or exceed the standards of the written examination prescribed by the Department under subsection (b)(1)(iv).

(iii) Successful completion of a practical skills examination for EMT certification which is determined by the Department to meet or exceed the standards of the practical skills examination prescribed by the Department under subsection (b)(1)(v).

(2) An individual whose EMT certification in another state is expired at the time of application may seek to have the satisfaction of paragraph (1)(i) endorsed as equivalent to the satisfaction of subsection (b)(1)(iii), but will not be considered by the Department for endorsement of qualifications under paragraph (1)(ii) or (iii), and shall successfully complete the EMT practical skills and written examinations prescribed by the Department after applying for certification through examination.

(3) Certification under this subsection is valid for 3 years. Upon expiration of that certification the individual shall meet the requirements for recertification in subsection (d).

(d) *Recertification.* An EMT shall apply for recertification between 1 year and 60 days prior to expiration of the EMT's certification from the Department. Failure to apply for recertification in a timely manner may result in the individual not being recertified before the prior certification expires. The Department will recertify as an EMT an individual who meets the following qualifications:

(1) Completes an application on a form prescribed by the Department.

(2) Is or was previously certified as an EMT.

(3) Has successfully completed one of the following:

(i) The written and practical EMT recertification examinations prescribed by the Department.

(ii) The continuing education requirements for EMTs in § 1003.29(b) (relating to continuing education requirements).

(e) *Scope of practice.* An EMT's scope of practice, under medical command direction or utilization of the Statewide BLS medical treatment protocols, includes the BLS services which may be performed by a first responder as set forth in § 1003.22(e) (relating to first responder) and the following:

(1) Administration to a patient or assisting a patient to administer drugs previously prescribed for that patient, as specified in the Statewide BLS medical treatment protocols.

(2) Transportation of a patient with an indwelling intravenous catheter without medication running, unless the medication is part of the patient's normal treatment plan and the transport of the patient with medication running is consistent with the Statewide BLS medical treatment protocols.

(3) Other BLS services taught in a basic training program for EMTs approved by the Department, if the EMT has received training to perform those services, and is able to document having received the training, in one of the following:

(i) A basic training course for EMTS approved by the Department.

(ii) A course which is determined by the Department to meet or exceed the standards of a basic training course for EMTS preapproved by the Department.

(iii) A course for which the EMT may receive continuing education credit towards recertification.

(f) *Publication of approved skills.*

(1) The Department will publish in the *Pennsylvania Bulletin*, at least annually, a list of the skills taught in the EMT basic training course most recently approved by the Department.

(2) If the course is not offered by the Department, the Department may exclude, from the published list, skills taught which the Department determines are not appropriate skills to be performed by an EMT. An EMT may not perform a skill taught in a course under subsection (e)(3)(ii) or (iii) if the Department does not include the skill in the list it publishes under paragraph (1).

§ 1003.23a. EMS instructor certification.

(a) *Qualifications for certification.* The Department will issue an EMS instructor certification to an individual who meets all of the following requirements:

(1) Has completed an application for EMS instructor certification on a form prescribed by the Department.

(2) Is 18 years of age or older.

(3) Has successfully completed an EMS instructor course approved by the Department, or possesses a bachelor's degree in education or a teacher's certification in education.

(4) Has successfully completed an EMT-Basic transition program or update, or has completed an EMT-Basic course.

(5) Possesses current certification as an EMT or EMT-paramedic, or recognition as a health professional.

(6) Possesses current certification in CPR or current certification as a CPR instructor.

(7) Possesses at least 1 year experience functioning at the EMT, EMT-paramedic or health professional level providing prehospital care.

(b) *Renewal of instructor certification.* An EMS instructor certification is valid for 3 years. The Department will renew an EMS instructor certification for an individual who meets the following requirements:

(1) Has completed an application for renewal of an EMS instructor certification on a form prescribed by the Department.

(2) Has demonstrated competence in teaching the didactic and practical skills portions of the curriculum.

(3) Has provided documentation to the Department to establish that the individual conducted at least 60 hours of teaching EMS or rescue courses during the previous 3 years.

(4) Possesses current certification as an EMT, certification as an EMT-paramedic or recognition as a health professional.

(5) Possess current certification in CPR.

(6) Effective October 14, 2003, has completed an EMS instructor update program within 3 years prior to applying for renewal of certification.

§ 1003.24. EMT-paramedic.

(a) *Roles and responsibilities.*

(1) An EMT-paramedic who has been granted medical command authorization under § 1003.28 (relating to medical command authorization), or an individual who is a student in an approved EMT-paramedic training program under the supervision of an approved preceptor, may provide in a prehospital, interhospital or in an emergency care setting in a facility, or during the transfer of convalescent or other nonemergency cases, BLS services which may be performed by an EMT as set forth in § 1003.23(a) and (e) (relating to EMT), as well as the ALS services in subsection (d) to prevent loss of life or aggravation of physiological or psychological illness or injury. This section does not prohibit an EMT-paramedic from providing EMS as a good Samaritan.

(2) An EMT-paramedic who does not have or chooses not to maintain medical command authorization under § 1003.28 may apply to the Department for certification as an EMT. The rules applicable to certification of an EMT-paramedic as an EMT are in § 1003.23(b)(2). An EMT-paramedic without medical command authorization who is certified as an EMT may provide only the BLS services within an EMT's scope of practice as set forth in § 1003.23(a) and (e) until the EMT-paramedic has regained medical command authorization in accordance with § 1003.28. Following loss of medical command authorization, an EMT-paramedic may function as an EMT for the ALS ambulance service under which the EMT-paramedic has lost medical command authorization, for 30 days without securing EMT certification, if approval to do so is granted by the ALS service medical director for that ALS ambulance service.

(b) *Certification.*

(1) The Department will certify as an EMT-paramedic an individual who meets the following qualifications:

(i) Completes an application on a form prescribed by the Department.

(ii) Possesses current certification as an EMT.

(iii) Is 18 years of age or older.

(iv) Has successfully completed a training course for EMT-paramedics approved by the Department.

(v) Has successfully completed a practical examination of EMT-paramedic skills.

(vi) Has successfully completed a written examination for EMT-paramedics administered by the Department.

(2) An individual certified as an EMT-paramedic is permanently certified as an EMT-paramedic, subject to disciplinary action under section 11(j.1) of the act (35 P. S. § 6931(j.1)) and § 1003.27 (relating to disciplinary and corrective action).

(3) An EMT-paramedic shall register biennially with the Department on forms supplied by the Department prior to the biennial anniversary date of the EMT-paramedic's certification and shall supply information requested by the Department on the registration form.

(c) *Certification by endorsement.*

(1) For an individual who is 18 years of age or older and who is currently certified in another state as an EMT-paramedic, the Department will endorse the following qualifications as equivalent to those in subsection (b).

(i) Certification as an EMT-paramedic in the other state instead of current certification as an EMT in this Commonwealth.

(ii) Successful completion of EMT-paramedic training curriculum that meets or exceeds the standards of the training course prescribed by the Department under subsection (b)(1)(iv).

(iii) Successful completion of a written examination for EMT-paramedic certification which is determined by the Department to meet or exceed the standards of the written examination prescribed by the Department under subsection (b)(1)(vi).

(iv) Successful completion of a practical skills examination for EMT-paramedic certification which is determined by the Department to meet or exceed the standards of the practical skills examination prescribed by the Department under subsection (b)(1)(v).

(2) An individual whose EMT-paramedic certification in another state is expired at the time of application may seek to have the satisfaction of paragraph (1)(ii) endorsed as equivalent to the satisfaction of subsection (b)(1)(iv), but will not be considered by the Department for endorsement of qualifications under paragraph (1)(i), (iii) or (iv), and shall successfully complete the EMT-paramedic practical skills and written examinations prescribed by the Department after making application for certification through examination.

(d) *Scope of practice.* An EMT-paramedic's scope of practice includes the BLS services which may be performed by an EMT in § 1003.23(a) and (e) and the ALS services set forth in this subsection. An EMT-paramedic, with medical command authorization, following the order of a medical command physician, or use of Department approved transfer and medical treatment protocols as authorized by the ALS service medical director, may:

(1) Perform pulmonary ventilation by the use of oral, nasal, endotracheal or tracheostomy intubation.

(2) Insert, in peripheral veins, intravenous catheters, needles or other cannulae-IV lines.

(3) Obtain venous blood samples for analysis, but only for diagnostic and treatment purposes.

(4) Prepare and administer approved medication and solutions by intravenous, intramuscular, subcutaneous, intraosseous, oral, sublingual, topical, inhalation, rectal or endotracheal routes.

(5) Perform defibrillation and synchronized cardioversion.

(6) Perform gastric suction by nasogastric or orogastric intubation.

(7) Insert nasogastric or orogastric tubes.

(8) Visualize the airway by use of the laryngoscope and remove foreign bodies with forceps.

(9) Apply electrodes and monitor cardiac electrical activity including electrocardiograms.

(10) Perform Valsalva maneuvers.

(11) Use mechanical cardiopulmonary resuscitation devices.

(12) Assess and manage patients in accordance with the EMT-paramedic training curriculum approved by the Department.

(13) Perform thoracic decompression.

(14) Perform cricothyrotomy and pulmonary ventilation.

(15) Perform central venous and intraosseous cannulation.

(16) Perform external transcutaneous pacing.

(17) Perform urinary catheterization.

(18) Access central venous lines and subcutaneous indwelling catheters.

(19) Perform other ALS skills taught in a training course for EMT-paramedics approved by the Department, if the EMT-paramedic has received training to perform those services and is able to document having received the training, in one of the following:

(i) A training course for EMT-paramedics approved by the Department.

(ii) A course which is determined by the Department to meet or exceed the standards of a training course for EMT-paramedics preapproved by the Department.

(iii) A course for which the EMT-paramedic may receive continuing education credit towards qualifying for medical command authorization.

(e) *Publication of approved skills.*

(1) The Department will publish in the *Pennsylvania Bulletin*, at least annually, a list of the skills taught in the EMT-paramedic training course most recently approved by the Department.

(2) If the approved course is not offered by the Department, the Department may exclude, from the published list, skills taught which the Department determines are not appropriate skills to be performed by an EMT-paramedic. An EMT-paramedic may not perform a skill taught in a course under subsection (d)(19)(ii) or (iii) if the Department does not include the skill in the list it publishes under paragraph (1).

§ 1003.25a. Health professional physician.

Physicians who have education and continuing education in ALS services and prehospital care may function as a member of the crew on an ambulance as a health professional. This section does not prohibit a health professional physician from providing EMS as permitted under 42 Pa.C.S. § 8331 (relating to medical good Samaritan civil immunity).

§ 1003.25b. Prehospital registered nurse.

(a) *Roles and responsibilities.*

(1) A prehospital registered nurse who has medical command authorization under § 1003.28 (relating to medical command authorization) may provide the ALS services in § 1003.24(d) (relating to EMT-paramedic) and those listed in subsection (c) in addition to the BLS services in § 1003.23(a) and (e) (relating to EMT) to respond to the perceived needs of an individual for immediate medical care in an emergency. This section does not prohibit a prehospital registered nurse from providing EMS as permitted under 42 Pa.C.S. § 8331 (relating to medical good Samaritan civil immunity).

(2) A prehospital registered nurse who does not have or chooses not to maintain medical command authorization may apply to the Department for recognition as an EMT. The rules applicable to certification of a prehospital registered nurse as an EMT are set forth in § 1003.23(b)(2). Following loss of medical command authorization, a prehospital registered nurse may function as an EMT for the ALS ambulance service under which the prehospital registered nurse has lost medical command authorization, for 30 days without securing EMT certification, if approval to do so is granted by the ALS service medical director for that ALS ambulance service.

(b) *Recognition of a prehospital registered nurse.*

(1) The Department will recognize as a prehospital registered nurse a registered nurse who meets the following qualifications:

(i) Completes an application on a form prescribed by the Department.

(ii) Is 18 years of age or older.

(iii) Has successfully completed the American Heart Association or American Red Cross basic cardiac life support training program and the ACLS course, or other programs determined by the Department to meet or exceed the standards of the specified programs.

(iv) Has successfully completed one of the following:

(A) The Pennsylvania prehospital registered nurse curriculum adopted by the Department.

(B) A knowledge and skills assessment process adopted by the Department.

(v) Has successfully completed the written ALS examination for prehospital registered nurses approved by the Department.

(vi) Has successfully completed the EMT practical skills examination.

(2) A registered nurse who received recognition as a health professional registered nurse under the voluntary health professional registered nurse recognition program conducted by the Department prior to September 2, 1995, will be deemed to have Department recognition as a prehospital registered nurse.

(3) Department recognition of a prehospital registered nurse under this section is permanent subject to disciplinary action under section 11(j.1) of the act (35 P. S. § 6931(j.1)) and § 1003.27 (relating to disciplinary and corrective action).

(4) A prehospital registered nurse shall register biennially with the Department on forms supplied by the Department prior to the biennial anniversary date of the prehospital registered nurse's recognition and shall supply information requested on the registration form.

(c) *Scope of practice.* A prehospital registered nurse with medical command authorization may perform, in addition to those services within an EMT-

paramedic's scope of practice, other services authorized by The Professional Nursing Law (63 P. S. §§ 221--225.5), when authorized by a medical command physician through either on line medical command or standing medical treatment protocols.

(d) *Recognition by endorsement.* The Department will grant recognition as a prehospital registered nurse to an individual who has served in a similar capacity in another state and who meets the following qualifications:

(1) Completes an application on a form prescribed by the Department.

(2) Is 18 years of age or older.

(3) Has successfully completed the American Heart Association or the American Red Cross basic life support training program and the ACLS course, or other programs determined by the Department to meet or exceed the standards of the specified programs.

(4) Is licensed as a registered nurse in both this Commonwealth and another state.

(5) Has successfully completed one of the following:

(i) The written ALS examination for prehospital registered nurses approved by the Department and the EMT practical skills examination.

(ii) Written and practical skills examinations determined by the Department to meet or exceed the examinations approved by the Department.

(6) Has successfully completed one of the following:

(i) The Pennsylvania prehospital registered nurse curriculum adopted by the Department.

(ii) A knowledge and skills assessment process adopted by the Department.

(iii) Curriculum or a knowledge and skills assessment process, which is determined by the Department to meet or exceed the standards adopted by the Department.

§ 1003.26. Rescue personnel.

(a) *Basic rescue practices technician.*

(1) *Roles and responsibilities.* A basic rescue practices technician is an individual certified by the Department as possessing the training and skills to perform rescue skills in accordance with the basic rescue practices course approved by the Department. A basic rescue practices technician utilizes basic tools and equipment of the rescue service to perform a safe and efficient rescue operation.

(2) *Training programs.* Basic rescue practices technician training programs will be approved by the Department.

(3) *Minimum qualifications.* A basic rescue practices technician shall successfully complete a training program for basic rescue practices approved by the Department and shall successfully complete a written basic rescue practices test administered by the Department.

(b) *Basic vehicle rescue technician.*

(1) *Roles and responsibilities.* A basic vehicle rescue technician is an individual certified by the Department as possessing the training and skills to perform rescue skills in accordance with the basic vehicle rescue course approved by the

Department. That program provides the student with the knowledge and skills necessary to achieve the rescue of persons involved in automobile accidents.

(2) *Training programs.* Basic vehicle rescue technician training programs will be approved by the Department.

(3) *Minimum qualifications.* A basic vehicle rescue technician shall complete a training program for basic vehicle rescue approved by the Department, and shall successfully complete a written examination for basic vehicle rescue developed by the Department and administered by the Department.

(c) *Special vehicle rescue technician.*

(1) *Roles and responsibilities.* A special vehicle rescue technician is an individual certified by the Department as possessing the training and skills to perform rescues in accordance with the specialized rescue training course approved by the Department.

(2) *Training programs.* Specialized rescue training programs will be approved by the Department.

(3) *Minimum qualifications.* An individual shall complete a training program approved by the Department for a specific level of specialized vehicle rescue performance, and also shall successfully complete a written examination developed by the Department and administered by the Department.

(d) *Rescue instructor.* The Department will develop a program providing for the certification of rescue instructors. Courses that seek Department approval as a rescue training course shall be taught by certified rescue instructors.

(e) *Certificates.* The rescue technician certifications issued by the Department under this section do not constitute a legal prerequisite to performing rescues. The rescue instructor certifications issued by the Department under this section do not constitute a legal prerequisite to serving as a rescue instructor in programs other than rescue training courses approved by the Department. The Department approves the rescue programs and issues the certifications referenced within this section to promote the Statewide EMS system having an adequate number of personnel with sufficient training and skills to perform rescues.

§ 1003.27. Disciplinary and corrective action.

(a) The Department may, upon investigation, hearing and disposition, impose upon prehospital personnel who are certified or recognized by the Department one or more of the disciplinary or corrective measures in subsection (c) for one or more of the following reasons:

(1) Demonstrated incompetence to provide adequate emergency medical services.

(2) Deceptive or fraudulent procurement or misrepresentation of certification or recognition credentials.

(3) Willful or negligent practice beyond the scope of certification or recognition authorization.

(4) Abuse or abandonment of a patient.

(5) The rendering of services while under the influence of alcohol or illegal drugs.

(6) The operation of an emergency vehicle in a reckless manner or while under the influence of illegal drugs or alcohol.

(7) Disclosure of medical or other information if prohibited by Federal or State law.

(8) Willful preparation or filing of false medical reports or records, or the inducement of others to do so.

(9) Destruction of medical records required to be maintained.

(10) Refusal to render emergency medical care because of a patient's race, sex, creed, national origin, sexual preference, age, handicap, medical problem or financial inability to pay.

(11) Failure to comply with Department-approved regional EMS council transfer and medical treatment protocols.

(12) Failure to comply with ambulance response reporting requirements as established by the Department.

(13) Failure to meet recertification requirements.

(14) Conviction of a felony or crime involving moral turpitude. Conviction includes a judgment of guilt, a plea of guilty or a plea of nolo contendere.

(15) Conviction of a misdemeanor which relates to the practice or the profession of the prehospital practitioner. Conviction is a judgment of guilt.

(16) A willful or consistent pattern of failure to complete details on a patient's medical record.

(17) Misuse or misappropriation of drugs or medication.

(18) Having a certification or other authorization to practice a health care profession or occupation revoked, suspended or subjected to disciplinary sanction.

(19) Failure to comply with skill maintenance requirements established by the Department.

(20) Violating a duty imposed by the act, this part or an order of the Department previously entered in a disciplinary proceeding.

(21) Other reasons as determined by the Department which pose a threat to the health and safety of the public.

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

(c) If disciplinary action is appropriate for one of the reasons listed in subsection (a), the Department may:

(1) Deny an application for certification or recognition.

(2) Administer a written reprimand with or without probation.

(3) Revoke, suspend, limit or otherwise restrict the certification or recognition.

(4) Require the person to take refresher educational courses.

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

(d) The Department will conduct all aspects of the disciplinary process and any hearing that may be held in accordance with 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure). A revocation or suspension of certification or recognition may be appealed to the Commonwealth Court under 2 Pa.C.S. §§ 501--508 and 701--704 (relating to Administrative Agency Law).

§ 1003.28. Medical command authorization.

(a) *Authority to grant medical command.* The ALS service medical director has the authority to grant, deny, or restrict as provided in subsection (c)(3), medical command authorization to an EMT-paramedic or prehospital registered nurse who seeks to provide EMS on behalf of the ALS ambulance service. The ALS service medical director shall document the medical command authorization decision and how that decision was made. The decision of the ALS service medical director shall affect the medical command authorization status of the EMT-paramedic or prehospital registered nurse for that ALS ambulance service only.

(b) *Prerequisites to initial determination regarding medical command authorization.*

(1) Prior to making the initial determination whether to grant or deny medical command authorization, the ALS service medical director shall:

(i) Require the individual seeking medical command authorization to complete an application for medical command authorization on a form prescribed by the Department.

(ii) Verify with the Department the individual's certification or recognition status.

(iii) Inquire of the Department whether disciplinary action under section 11(j.1) of the act (35 P. S. § 6931(j.1)) and § 1003.27 (relating to disciplinary and corrective action) has been or is currently being imposed against the individual.

(2) The ALS service medical director shall deny medical command authorization to an individual who is not certified or recognized by the Department, who is currently subject to a disciplinary or corrective measure imposed by the Department which prevents the individual from having medical command authorization, or who has not complied with the applicable continuing education in § 1003.29 (relating to continuing education requirements).

(3) Before the ALS service medical director may grant medical command authorization to an individual, the ALS service medical director shall verify that the individual can competently perform each of the services set forth within the scope of practice authorized by the individual's certification or recognition. The ALS service medical director may only grant medical command authorization to permit practice in accordance with the medical treatment protocols in the region or regions in which ambulances of the ALS ambulance service, out of which the individual will function, are stationed. If the individual had not previously been granted medical command authorization for any ALS ambulance service in this Commonwealth, the ALS service medical director shall determine the individual's competence to perform those services by direct observation. Alternatively, the ALS service medical director may determine the individual's competence by consulting with a physician, EMT-paramedic or prehospital registered nurse who has directly observed the individual's performance of those services, and who the ALS service medical director has determined to be qualified to make the assessment. If the individual had previously been granted medical command authorization, the ALS service medical director shall verify that the individual can competently perform each of those services by either directly observing the individual's performance of those services; or by consulting with a physician,

EMT-paramedic or prehospital registered nurse who has directly observed the individual's performance of those services, and who the ALS service medical director has determined to be qualified to make the assessment; or doing the following for services not directly observed:

(i) Consulting with one or more medical command physicians who have given the individual medical command.

(ii) Consulting with emergency department physicians who have received patients to whom the individual has provided prehospital emergency care.

(iii) Performing a medical audit of records of services provided by the individual seeking medical command authorization, for patients attended to by that individual for the ALS ambulance for which the ALS service medical director is making the medical command authorization decision.

(iv) Consulting with one or more ALS service medical directors who has granted, denied or restricted the individual's medical command status.

(4) If the ALS service medical director determines that the individual applying for medical command authorization cannot competently perform one or more of those services, the ALS service medical director shall either deny, or restrict as provided in subsection (c)(3), the individual's medical command authorization in a written document provided to the individual.

(c) *Review of medical command authorization.* At least annually, and more often as circumstances warrant, the ALS service medical director shall review the medical command authorization status of each EMT-paramedic and prehospital registered nurse providing services on behalf of the ALS ambulance service. In reviewing medical command authorization, the ALS service medical director shall ensure that the individual has completed or is completing the applicable continuing education requirements in § 1003.29 and has demonstrated competence, as verified by the ALS service medical director, in performing each of the services that fall within the scope of the individual's medical command authorization. The ALS service medical director, upon review of medical command authorization, may:

(1) Renew medical command authorization.

(2) Renew medical command authorization and require continuing education courses in any field the ALS service medical director deems appropriate. The ALS service medical director may require an individual to secure more continuing education credit than generally required for personnel operating under medical command authorization for the ALS ambulance service, only if the ALS service medical director determines that the following conditions are satisfied:

(i) The individual does not demonstrate sufficient competence in performing a service.

(ii) The continuing education is prescribed to address that deficiency.

(iii) The number of continuing education hours generally required are not sufficient to provide the education the individual needs to remedy the problem.

(3) Restrict medical command authorization, if the restriction does not preclude the individual from performing the services specified within the scope of the individual's certification or recognition as permitted by the medical treatment protocols for the region. This permits imposing a restriction such as requiring on

scene supervision when the individual performs a specified service or services, or permitting a specified service or services to be performed only when the individual is receiving online medical command.

(4) Withdraw medical command authorization.

(d) *Appeals to the regional EMS medical director.* An individual whose medical command authorization has been denied by the ALS service medical director may appeal the decision within 14 days to the regional EMS medical director. The individual's appeal shall be in writing and shall specify the reasons the individual disagrees with the decision of the ALS service medical director. The regional EMS medical director shall conduct a hearing. If the regional EMS medical director is unable to conduct a fair hearing due to receiving prejudicial information prior to the hearing, or for any other reason, the regional EMS council shall arrange for the regional EMS medical director of another region to conduct the hearing. At the hearing, the ALS service medical director shall have the burden to proceed and offer testimony and other evidence in support of the ALS service medical director's decision. The individual shall also have an opportunity to present testimony and other evidence in support of the individual's position. Both parties shall have an opportunity to cross-examine opposing witnesses and to submit oral and written position statements. The regional EMS medical director may give the parties up to 5 additional days following the hearing to submit written position statements. The regional EMS medical director will issue a written decision affirming, reversing or modifying the ALS service medical director's decision within 14 days after the hearing or within 14 days after the submission of post hearing position statements, if they are filed. The regional EMS medical director's written decision shall contain the regional EMS medical director's findings and conclusions. If the ALS service medical director fails to appear at the hearing, the regional EMS medical director shall reverse the ALS service medical director's decision. If the individual fails to appear at the hearing, the regional EMS medical director shall make a determination upon the evidence presented and either affirm, reverse or modify the decision of the ALS service medical director. The burden of proof is a preponderance of the evidence.

(e) *Appeals to the Department.* If either party is dissatisfied with the decision of the regional EMS medical director with regard to medical command authorization, that party shall have the right of immediate appeal to the Department. The party appealing the regional EMS medical director's decision shall submit a written statement to the Department specifying the reasons for the party's objections to the regional EMS medical director's decision within 14 days after that decision. The other party shall have 14 days to respond. The Department will review the record before the regional EMS medical director, and if deemed advisable by the Department will hear argument and additional evidence. As soon as practicable, the Department, will issue a final decision containing findings of fact and conclusions of law which affirms, reverses or modifies the regional EMS medical director's decision.

(f) *Scope of appeals.* Appeals under this section shall be confined to a review and determination of whether, at the time of the assessment conducted by the ALS service medical director, the individual possessed the competence to perform all

services within the scope of the individual's medical command authorization for the ambulance service.

(g) *Service; determination of time period.* Each party shall serve the other with any document the party files with a regional EMS medical director or the Department. In determining the time in which a document is to be filed under this section, time begins to run for the parties when the document is mailed, and time begins to run for a regional EMS medical director when the document is received by the regional EMS medical director.

§ 1003.29. Continuing education requirements.

(a) *First responders.* A first responder who elects to qualify for recertification by fulfilling continuing education requirements shall, prior to the expiration of the 3-year certification period, successfully complete the following:

(1) Sixteen hours of instruction in subjects related to the scope of practice of a first responder as set forth in § 1003.22(a) and (e) (relating to first responder) and which have been approved by the Department for continuing education credit. At least eight of those credits shall be in medical and trauma education, commencing with the first full certification period the first responder begins following October 14, 2000:

(2) A CPR course completed or taught biennially.

(b) *EMTs.* An EMT who elects to qualify for recertification by fulfilling continuing education requirements shall, prior to the expiration of the 3-year certification period, successfully complete the following:

(1) Twenty-four hours of instruction in subjects related to the scope of practice of an EMT as set forth in § 1003.23(a) and (e) (relating to EMT) and which have been approved by the Department for continuing education credit. At least 12 of those credits shall be in medical and trauma education, commencing with the first full certification period the EMT begins following October 14, 2000.

(2) A CPR course completed or taught biennially.

(c) *EMT-paramedics.* To be eligible to receive and retain medical command authorization, an EMT-paramedic shall successfully complete in each calendar year, 18 hours of instruction in subjects related to the scope of practice of an EMT-paramedic as set forth in § 1003.24(a) and (d) (relating to EMT-paramedic) and which have been approved by the Department for continuing education credit, and shall biennially attend or teach a CPR course. Beginning in 2002, at least 9 of the 18 hours of instruction shall be in medical and trauma education. In the initial year of certification, the EMT-paramedic's continuing education requirements, to secure renewal of medical command authorization for the following year, shall be prorated based upon the month the certification was secured.

(d) *Prehospital registered nurses.* To be eligible to receive and retain medical command authorization, a prehospital registered nurse shall successfully complete in each calendar year, 18 hours of instruction in subjects related to the scope of practice of a prehospital registered nurse as set forth in § 1003.25b(a) and (c) (relating to prehospital registered nurse) and which have been approved by the Department for continuing education credit, and shall attend or teach biennially a CPR course. Beginning in 2002, at least 9 of the 18 hours of instruction shall be in medical and trauma education. In the initial year of recognition, the prehospital

registered nurse's continuing education requirements, to secure renewal of medical command authorization for the following year, shall be prorated based upon the month the recognition was secured.

(e) This section does not prohibit an ambulance service from requiring prehospital personnel to satisfy continuing education requirements it may choose to impose as a condition of employment, provided that the ambulance service may not do the following:

(1) Excuse a prehospital practitioner from meeting continuing education requirements imposed by this section.

(2) Establish individual continuing education requirements for the EMT-paramedics or prehospital registered nurses staffing the ambulance service, except as authorized by § 1003.28(c)(2) (relating to medical command authorization).

§ 1003.30. Accreditation of sponsors of continuing education.

(a) Entities and institutions may apply for accreditation as a continuing education sponsor by submitting to the Department an application in a format prescribed by the Department. The applicant shall supply all information requested in the application. The Department will grant accreditation to an applicant for accreditation as a continuing education sponsor if the applicant satisfies the Department that the courses the applicant will offer will meet the following minimum standards:

(1) The courses shall be of intellectual and practical content.

(2) The courses shall contribute directly to the professional competence, skills and education of prehospital personnel.

(3) The course instructors shall possess the necessary practical and academic skills to conduct the course effectively.

(4) Course materials shall be well written, carefully prepared, readable and distributed to attendees at or before the time the course is offered whenever practical.

(5) The courses shall be presented by a qualified responsible instructor in a suitable setting devoted to the educational purpose of the course.

(b) Accreditation of the continuing education sponsor shall be effective for 3 calendar years.

(c) At least 90 days prior to expiration of the 3-year accreditation period, a continuing education sponsor shall apply to the Department for renewal of the sponsor's accreditation. The Department will renew the sponsor's accreditation if the sponsor meets all of the following requirements:

(1) The sponsor has presented, within the preceding 3 years, at least five separate continuing education courses which met the minimum standards in subsection (a).

(2) The sponsor establishes to the Department's satisfaction that future courses to be offered by the sponsor will meet the minimum standards in subsection (a).

(3) The sponsor has satisfied its responsibilities under § 1003.32 (relating to responsibilities of continuing education sponsors).

(d) If the Department deems that the continuing education sponsor has demonstrated a history of understanding and compliance with the regulatory standards for providing continuing education to prehospital personnel, the

Department may apprise the continuing education sponsor that its accreditation constitutes prior approval of continuing education courses offered under this chapter which are presented in a classroom setting, and permit the continuing education sponsor to assign the number of credit hours for such a course, based upon the criteria in § 1003.31(a) (relating to credit for continuing education).

§ 1003.31. Credit for continuing education.

(a) *Credit hour.* A prehospital practitioner shall receive 1 hour credit for each 60 minutes of instruction presented in a classroom setting by a continuing education sponsor. Credit may not be received if attendance or other participation in the course is not adequate to meet the educational objectives of the course as determined by the course sponsor. Credit may not be received for other than 30 or 60-minute units of instruction, however the course shall be at least 60 minutes. For completing a continuing education course that is not presented in a classroom setting, or that is not presented by a continuing education sponsor, the prehospital practitioner shall receive the number of credit hours assigned by the Department to the course.

(b) *Course completion.* A prehospital practitioner may not receive credit for a continuing education course not completed, as evidenced by satisfaction of the check-in/check-out process for a course presented in a classroom setting by a continuing education sponsor, which reflects that the prehospital practitioner met the continuing education attendance requirement for receiving credit, and the continuing education sponsor's report to the Department verifying that the prehospital practitioner has completed the course. The course will also not be considered completed if the prehospital practitioner does not satisfy other course completion requirements imposed by this chapter and the continuing education sponsor.

(c) *Continuing education credit for instruction.* A prehospital practitioner shall receive credit equal to the number of hours served as an instructor in a continuing education course offered by a continuing education sponsor, or in a course that satisfies requirements for initial certification or recognition of a prehospital practitioner conducted by an EMS training institute.

(d) *Continuing education credit through endorsement.* A prehospital practitioner who attends or teaches a course offered by an organization with National or state accreditation to provide education may apply to the Department to receive credit for the course. The prehospital practitioner shall have the burden of demonstrating to the Department that the course meets standards substantially equivalent to the standards imposed in this chapter.

(e) *Continuing education credit assigned to courses not conducted by a continuing education sponsor.* If a course is offered by an organization with National or state accreditation to provide education, which is not a continuing education sponsor, the Department will assign credit to the course, including the possibility of no credit or partial credit, based upon considerations of whether the course bears entirely upon appropriate subject matter and whether the method of presenting the course meets standards substantially equivalent to those prescribed in this chapter.

(f) *Continuing education credit assigned to self-study courses.* Credit may be sought from the Department for a self-study continuing education course. The prehospital practitioner shall submit an application to the Department to approve the self-study course for credit prior to commencing the course and shall supply the Department with the materials the Department requests to conduct the evaluation. The Department will assign credit to the course based upon considerations of whether the course addresses appropriate subject matter and whether the method of completing the course meets standards substantially equivalent to those prescribed in this chapter. The Department may require modifications to the proposed self-study as a precondition to approving it for credit.

(g) *Continuing education credit assigned to courses not presented in a classroom setting.* A prehospital practitioner shall be awarded credit for completing a course without the prehospital practitioner physically attending the course in a classroom setting, provided the course has been approved by the Department for credit when presented in that manner.

(h) *Reporting continuing education credits to prehospital personnel.* A record of the continuing education credits received by prehospital personnel shall be maintained in a Statewide registry. A report of the continuing education accumulated shall be provided annually to first responders and EMTs, and semiannually to EMT-paramedics and prehospital registered nurses at the mailing address on record with the Department.

(i) *Resolution of discrepancies.* It is the responsibility of the prehospital practitioner to review the report of continuing education credits and to notify the appropriate regional EMS council of any discrepancy within 30 days after the report is mailed. The Department will resolve all discrepancies between the number of continuing education credits reported and the number of continuing education credits a prehospital practitioner alleges to have earned, which are not resolved by the regional EMS council.

§ 1003.32. Responsibilities of continuing education sponsors.

(a) *Course approval.* A continuing education sponsor shall submit, to the regional EMS council that exercises responsibility for the EMS region in which the continuing education sponsor intends to conduct a new continuing education course, an application for approval of that continuing education course. The continuing education sponsor shall submit that application at least 30 days prior to the date the continuing education sponsor expects to conduct the course.

(b) *Record of attendance.* A continuing education sponsor shall maintain a record of attendance for a course presented in a classroom setting by maintaining a check-in/check-out process approved by the Department, and shall assign at least one person to ensure that all individuals attending the course check in when entering and check out when leaving. If an individual enters a course after the starting time, or leaves a course before the finishing time, the assigned person shall ensure that the time of arrival or departure is recorded for the individual.

(c) *Reporting attendance.* A continuing education sponsor shall report to the Department, in the manner and format prescribed by the Department, attendance

at each continuing education course presented in a classroom setting within 10 days after the course has been presented.

(d) *Course evaluation.* A continuing education sponsor shall develop and implement methods to evaluate its course offerings to determine their effectiveness. The methods of evaluation shall include providing a course evaluation form to each person who attends a course.

(e) *Record retention.* The continuing education sponsor shall retain for each course it presents, the completed course evaluation forms and the check-in/check-out record for a course presented in a classroom setting. If the continuing education sponsor has received Department approval to assign credit to a course under § 1003.30(d) (relating to accreditation of sponsors of continuing education), the retained records shall also include course materials used, a record of the course instructor's qualifications, the course instructor's lesson plans and examinations if applicable. These records shall be retained for at least 4 years from the presentation of the course.

(f) *Providing records.* A continuing education sponsor shall promptly provide the Department with complete and accurate records relating to the course as requested by the Department.

(g) *Course not presented in a classroom setting.* A continuing education sponsor shall be exempt from the requirements of subsections (a) and (b) for a course which is not presented in a classroom setting, if the course is approved by the Department for credit when presented in that manner. When presenting the course to the Department for approval for credit, the continuing education sponsor shall present a procedure for monitoring, confirming and reporting prehospital practitioner participation in a manner that achieves the purposes of subsections (a) and (b).

(h) *Monitoring responsibilities.* A continuing education sponsor shall ensure that a course was presented in a manner that met all of the educational objectives for the course, and shall determine whether each prehospital practitioner who enrolled in the course met the requirements of this chapter and the continuing education sponsor to receive credit for completing the course.

(i) *Course completion.* A continuing education sponsor shall report to the Department, in a manner and format prescribed by the Department, completion of a course by a prehospital practitioner who completes the course, and shall identify to the Department a prehospital practitioner who seeks credit for a course but who did not meet the requirements of the continuing education sponsor or this chapter to receive continuing education credit. The continuing education sponsor shall also provide a prehospital practitioner who completes a course with a document certifying completion of the course.

§ 1003.33. Advertising.

(a) A continuing education sponsor may advertise a course as a continuing education course in a manner that states or suggests that the course meets the requirements of this chapter only if the course has been approved by the Department or is deemed approved under § 1003.30(d) (relating to accreditation of sponsors of continuing education).

(b) When a course has been approved for continuing education credit, the continuing education sponsor shall announce, in its brochures or registration materials: this course has been approved by the Pennsylvania Department of Health for _____ (the approved number of hours) of continuing education credit for _____ (the type of prehospital practitioner to which the course applies).

(c) If a continuing education sponsor advertises that it has applied to the Department to secure continuing education credit for a course, prior to presenting the course it shall disclose to all enrollees whether the course has been approved or disapproved for credit.

§ 1003.34. Withdrawal of accreditation or course approval.

If the continuing education sponsor fails to satisfy the requirements of this chapter, the Department may:

(1) Withdraw its accreditation.

(2) Downgrade its accreditation status to provisional accreditation, subject to withdrawal if deficiencies are not resolved within a time period prescribed by the Department.

(3) Withdraw approval of a continuing education course applicable to any future presentation of the course.

Subchapter C. (Reserved).

§ 1003.41. (Reserved).

§ 1003.42. (Reserved).

§ 1003.43. (Reserved).

§ 1003.44. (Reserved).

CHAPTER 1005. LICENSING OF BLS AND ALS GROUND AMBULANCE SERVICES

§ 1005.1. General provisions.

(a) This chapter applies to ground ambulance services. A person, or other entity, as an owner, agent or otherwise, may not operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in providing a BLS or ALS ambulance service upon the highways or in other public places in this Commonwealth, unless that person holds a current valid license as a BLS or ALS ambulance service issued by the Department or is exempt from these prohibitions under the act.

(b) The Department will license an applicant as a BLS or ALS ambulance service, or both, when it meets the requirements of the act and this part.

(c) An ALS ambulance service may employ either or both of the following types of ambulances:

(1) A mobile ALS care unit vehicle, which is a vehicle that is designed, constructed, equipped and maintained or operated to provide ALS and BLS emergency medical care to and transportation of patients.

(2) An ALS squad unit vehicle, which is a vehicle that is specifically modified and equipped, and is maintained or operated for the purpose of transporting ALS prehospital personnel and equipment to the scene of an emergency.

(d) In addition to the general requirements for exception in § 1001.4 (relating to exceptions), the Department may grant exceptions to regulatory licensure standards for ALS and BLS ambulance services that are licensed in a contiguous state if:

(1) Requiring compliance with both states' licensure standards imposes an undue hardship on the individual or service.

(2) Standards in the contiguous state are comparable.

(3) The exception will not have a negative impact on the quality of care for the population of this Commonwealth.

§ 1005.2. Applications.

(a) An application for an original or renewal ambulance service license shall be submitted on forms prescribed by the Department. The application shall contain the following information as well as any additional information that may be solicited by the application form:

(1) The name and address of the applicant.

(2) The name under which the applicant is doing business.

(3) The type of organization--profit or nonprofit.

(4) The level of service--ALS or BLS.

(5) The emergency service area the applicant plans to serve, or, alternatively, a statement that the applicant intends to engage primarily in interfacility transports.

(6) A personnel roster and staffing plan.

(7) The number and types (BLS, mobile ALS care unit, ALS squad unit) of ambulance vehicles to be operated by the applicant, and identifying information relating to those ambulances.

(8) Communication access and capabilities of the applicant.

(9) The primary physical building location, and other building locations out of which it will operate ambulances or a full description of how its ambulances will be placed and respond to emergency calls if they will not be operated out of other building locations.

(10) The names, titles and summary of responsibilities of persons who will be staffing the ambulance service as officers, directors or other ambulance service officials, and information as to any misdemeanor or felony convictions, or disciplinary sanctions against licenses, certifications, or other authorizations to practice a health care occupation or profession, that have been imposed against them.

(11) A statement attesting to the veracity of the application, which shall be signed by the principal official of the applicant.

(b) The applicant shall submit the application to the regional EMS council exercising responsibility for the EMS region in which the applicant will station its ambulances if licensed. If the applicant seeks a license to station and operate its ambulances in more than one region, it shall choose a primary headquarters, submit an original license application form to the regional EMS council that exercises responsibility for the region in which that primary headquarters is

located, and submit a copy of the application to the regional EMS council that exercises responsibility for each additional region in which it seeks to station and operate an ambulance.

(1) The regional EMS council shall review the application for completeness and accuracy.

(2) A regional EMS council shall return an incomplete application to the applicant within 14 days of receipt. Prior to conducting an onsite inspection, a regional EMS council shall return an inaccurate application to the applicant as soon as the regional EMS council determines that any information provided in the application is inaccurate.

(c) Upon receipt of a complete application, and its verification of the accuracy of the information provided in the application which is verifiable without an onsite inspection, the regional EMS council will schedule and conduct an onsite inspection of the applicant's vehicles, equipment, and personnel qualifications, as well as other matters that bear upon whether the applicant satisfies the statutory and regulatory criteria for licensure. The inspection shall be performed within 45 days after receipt by the regional EMS council of the completed application.

(d) An ambulance service shall apply for and secure an amendment of its license prior to substantively altering the location or operation of its ambulances within an EMS region, such as a change in location or operations which would not enable it to timely respond to emergencies in the emergency service area it planned to serve when it applied for a license. The application for an amendment of an ambulance service license shall be submitted to the regional EMS council on a form prescribed by the Department.

(e) An ambulance service shall apply for and secure an amendment of its license prior to locating and operating an ambulance in a region not identified in its original license application or in a prior amendment thereto. It shall submit its application for amendment to the regional EMS council having responsibility for the region in which it intends to begin locating and operating an ambulance. That regional EMS council shall process the application for amendment as set forth in subsections (b) and (c). The ambulance service shall also file a copy of the application for amendment with the regional EMS council having responsibility for the region in which the ambulance service maintains its primary headquarters.

§ 1005.2a. Change in ambulance fleet.

(a) *Permanent change.* Before placing and operating an additional or permanent replacement ambulance in a region, an ambulance service shall submit a modification of ambulance fleet form to the regional EMS council responsible for that region. The ambulance service may not operate that ambulance unless it is authorized to do so by the Department following an inspection of the ambulance.

(b) *Temporary change.* An ambulance service may operate a temporary replacement ambulance without securing prior approval from the Department. It shall submit a temporary change of vehicle form to the appropriate regional EMS council, by facsimile, electronic or regular mail, no later than 24 hours after placing that ambulance in service. This duty applies even if use of the replacement ambulance has stopped. Upon filing a temporary change of vehicle form, the ambulance service may continue to operate the temporary replacement

ambulance unless its authority to do so is disapproved by the Department following an inspection of the ambulance. Upon receiving a temporary change in vehicle form the regional EMS council shall issue a letter and a temporary certificate authorizing the ambulance service to operate the replacement ambulance for 7 days. That time period may be extended by the regional EMS council, by letter.

§ 1005.3. Right to enter, inspect and obtain records.

(a) Upon the request of an employe or agent of the Department during regular and usual business hours, or at other times when that person possesses a reasonable belief that violations of this part may exist, a licensee shall:

(1) Produce for inspection records maintained under § 1001.41 (relating to data and information requirements for ambulance services).

(2) Produce for inspection, permit copying, and provide within a reasonable period of time, records that pertain to personnel and their qualifications, staffing, equipment, supplies, and policies and procedures required under § 1005.10 (relating to licensure and general operating standards).

(3) Permit the person to examine vehicles, required equipment and supplies and security facilities.

(b) The Department's representative shall advise the licensee that the inspection is being conducted under section 12(k) of the act (35 P. S. § 6932(k)) and this chapter.

(c) Failure of a licensee to produce records or to permit an examination as required by this section constitutes misconduct in operating the ambulance service and shall be grounds for disciplinary sanctions or denial of license.

§ 1005.4. Notification of deficiencies to applicants.

(a) Upon completion of an inspection pursuant to an application for a license or an amendment of a license, the inspector shall provide the applicant an inspection report specifying the results of the inspection.

(b) If the inspector determines that deficiencies warrant a reinspection, the inspector shall give the ambulance service written notice of the matters to be reinspected.

(c) If the type of deficiency requires a plan of correction, the applicant shall have 30 days in which to provide the inspector with a plan to correct the deficiency. If the plan is found to be acceptable, the inspector will conduct a reinspection in accordance with the time frame given in the plan of correction.

(d) If the applicant disagrees with any deficiency cited by the inspector following the inspection or reinspection, or the regional EMS council's rejection of a plan of correction, the applicant shall apprise the Department of the matter in dispute, and the Department will resolve the dispute.

(e) The Department will act upon the license application within 30 days after the inspection process has been completed, unless the Department requires additional time to complete an investigation of those qualifications of the applicant which cannot, for just cause, be determined through the inspection process.

§ 1005.5. Licensure.

(a) A license to operate as an ambulance service will be issued by the Department when it has determined that requirements for licensure have been met.

(b) A license certificate will specify the name of the ambulance service, its license number, the address of its primary headquarters, the dates of issuance and expiration, the levels of service the ambulance service is authorized to provide, and the name of the regional EMS council through which the license application was processed. If the ambulance service is an ALS ambulance service, the license certificate will also specify the type or types of ALS ambulance the ambulance service has been authorized to use. The Department will issue a new license certificate if there is a need to change information on an existing license certificate.

(c) The current license certificate shall be displayed in a public and conspicuous place in the ambulance service's primary headquarters.

(d) An ambulance, other than a temporary replacement ambulance, shall be identified by a decal issued by the Department which shall be considered part of its license and which shall be applied to the outside of the ambulance in a conspicuous place. After an ambulance service receives a temporary certificate issued under § 1005.2a(b) (relating to change in ambulance fleet) it shall identify a temporary replacement ambulance by displaying the temporary certificate in a conspicuous place in the ambulance. If the expiration date of a temporary certificate has been extended, the ambulance shall keep in the temporary replacement ambulance a copy of the letter extending the expiration date.

(e) An ambulance decal issued by the Department may not be displayed on a vehicle by an entity not licensed as an ambulance service by the Department.

(f) A license shall be nontransferable and shall remain valid for 3 years unless revoked or suspended by the Department.

(g) The Department will consolidate into one license a person's multiple licenses to operate an ambulance service in this Commonwealth, as of January 12, 2001, unless the person objects and asserts reasons in writing why consolidation of the multiple licenses into a single license is opposed. The person shall file the written objection by December 13, 2000. If an objection is filed, the Department will consider and rule upon the objection prior to consolidating the licenses.

§ 1005.6. Out-of-State providers.

Ambulance services located or headquartered outside of this Commonwealth that engage in the business of providing emergency medical care and transportation of patients from within this Commonwealth, to facilities within or outside this Commonwealth, are required to be inspected and licensed by the Department. Ambulance services located or headquartered outside of this Commonwealth that limit their operations in this Commonwealth to the transportation of patients from outside this Commonwealth to facilities within this Commonwealth are not required to be licensed and inspected by the Department provided they do not engage in these patient transports on a routine basis.

§ 1005.7. Services owned and operated by hospitals.

A hospital licensed under Chapter 8 of the Health Care Facilities Act (35 P. S. §§ 448.801--448.820) is not required to obtain a separate ambulance service license to own and operate an ambulance service. An ambulance service owned and operated by a hospital is subject to the act and this part, and shall be inspected under this part, regardless of whether the hospital secures a license to operate as an ambulance service.

§ 1005.7a. Renewal of ambulance service license.

(a) The Department will notify the ambulance service to renew its license at least 120 days prior to the expiration date of the license.

(b) An ambulance service shall apply for renewal of its license between 120 days and 60 days prior to the expiration of its license. Failure to apply for renewal in a timely manner may result in the applicant not securing a renewal of its license before the prior license expires.

(c) The criteria for license renewal are the same as the requirements that would apply for original licensure at the time the renewal application is made.

§ 1005.8. Provisional license.

(a) If an ambulance service or an applicant for an ambulance service license fails to meet licensure requirements, the Department may issue it a provisional license, valid for a specific time period of not more than 6 months, when the Department deems it is in the public interest to do so.

(b) The Department may renew a provisional license once, for a period not to exceed 6 months except when a longer period of renewal is permitted under subsection (c), if:

(1) The ambulance service has substantially, but not completely, complied with applicable requirements for licensure.

(2) The ambulance service is making a good faith effort to comply with a course of correction approved by the Department.

(3) The Department deems it is in the public interest to do so.

(c) The Department may renew a provisional BLS ambulance service license for 12 months for a volunteer ambulance service, or a volunteer fire department or rescue service that operates an ambulance service, which does not meet the minimum standards for staffing at the BLS level of care, but meets the other requirements of this chapter.

(d) The Department will require an ambulance service to maintain a duty roster if the Department issues that ambulance service a provisional license because the ambulance service is not meeting staffing standards or is not providing PSAPS notice when it is unable to respond as required by § 1005.10(e) (relating to licensure and general operating standards).

§ 1005.9. Temporary license.

When an ALS ambulance service or an applicant for an ALS ambulance service license cannot provide service 24 hours-a-day, 7 days-a-week, the Department may issue a temporary license for operation of the ALS ambulance service when the Department deems it is in the public interest to do so. The temporary license is valid for 1 year and may be renewed once. The Department will require an ALS

ambulance service to maintain a duty roster if the Department issues that ambulance service a temporary license.

§ 1005.10. Licensure and general operating standards.

(a) *Documentation requirements.* An applicant for an ambulance service license shall have the following documents available for the inspection by the Department:

(1) A roster of active personnel, including certification and recognition documentation with dates of expiration and identification numbers; documentation of medical command authorization decisions and the medical command status of personnel, if applicable; its process for scheduling staff to ensure that the minimum staffing requirements set forth in subsection (d) are met; identification of persons who are responsible for making operating and policy decisions for the ambulance service, such as officers, directors and other ambulance service officials; and the criminal and disciplinary information for all persons who staff the ambulance service as required by subsections (d)(3) and (4)(vii) and (k).

(2) Copies of EMS patient care reports, or other formats on which those records are kept on patients treated or transported, if applicable.

(3) Call volume records from the previous year's operations, if applicable. These records shall include a record of each call received requesting the ambulance service to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.

(4) A record of the time periods for which the ambulance service notified the PSAP, under subsection (e), that it would not be available to respond to a call.

(5) Copies of all written policies required by this section.

(6) Copies of any documents by which it agrees to manage another ambulance service or to be managed by another entity.

(b) *Ambulance standards.*

(1) For ambulance vehicles which transport patients the ambulance service will be required to show evidence that the vehicle has met 75 Pa.C.S. §§ 4571 and 4572 (relating to visual and audible signals on emergency vehicles; and visual signals on authorized vehicles) and 67 Pa. Code Chapter 173 (relating to flashing or revolving lights on emergency and authorized vehicles), and the Federal KKK standards which were in effect at the time of the vehicle's manufacture and which are not inconsistent with the Vehicle Code standards in 75 Pa.C.S. §§ 4571 and 4572. These specifications will be for design types, floor plans, general configuration and exterior markings. An ALS squad unit vehicle is not subject to the Federal KKK standards; however, it is required to meet the standards in 75 Pa.C.S. §§ 4571 and 4572. It is also required to have a minimum of six stars of life at least 3 inches in diameter prominently displayed on its exterior, at least two on both the front and rear and at least one on each side.

(2) The name of the ambulance service, or a fictitious name of the ambulance service duly registered with the Department of State, shall be displayed on both sides of an ambulance in lettering at least 3 inches in height, except these requirements do not apply to a temporary ambulance used for 30 days or less.

(c) *Equipment and supplies.* Required equipment and supplies shall be carried and readily available in working order for use on BLS and ALS vehicles.

(1) BLS and ALS vehicles shall carry medical equipment and supplies as published by the Department in the *Pennsylvania Bulletin* on an annual basis, or more frequently.

(2) An ALS squad unit vehicle is exempt from the requirement of carrying patient litters and equipment which is permanently installed.

(3) A BLS ambulance service may carry ALS equipment and drugs, in addition to those generally prescribed for use by a BLS ambulance service, only if it has a physician who is directly responsible for security, accountability, administration and maintenance of the equipment and drugs, and the arrangement is authorized by the Department upon its determination that the arrangement is in the public interest. The physician shall have education and continuing education in ALS and prehospital care and shall serve as the medical director of the BLS ambulance service.

(d) *Personnel requirements.*

(1) *Minimum staffing requirements.*

(i) *BLS unit.* A BLS ambulance, when transporting a patient, except for when engaging in the routine transfer of convalescent or other nonemergency cases, shall be staffed by at least two persons, one of whom shall be an EMT, EMT-paramedic, or health professional, and one of whom shall, at least, qualify as an ambulance attendant. A BLS ambulance need not meet the staffing requirement in this subparagraph when responding to a call, provided that the minimum staffing requirement is satisfied when transporting a patient. An EMT, EMT-paramedic or a health professional shall accompany the patient in the patient compartment of the ambulance during transport.

(ii) *ALS units.* Minimum staffing standards for an ambulance that is operating at the ALS level of care shall be as follows:

(A) Two persons shall respond to calls for assistance. This staff shall consist of one of the following:

(I) Two health professionals.

(II) One health professional and either one EMT or one EMT-paramedic.

(III) One EMT and one EMT-paramedic.

(IV) Two EMT-paramedics.

(B) An ALS ambulance service may be staffed by one EMT-paramedic or one health professional when responding to calls for assistance, if the minimum ALS staffing requirements in this subsection are met during emergency medical treatment and transport of the patient.

(C) An ALS squad unit meets minimum staffing requirements by transporting an EMT-paramedic or health professional to rendezvous with a BLS ambulance, and having the EMT-paramedic or health professional provide emergency medical treatment to, and accompany on the BLS ambulance during transport, a patient requiring ALS care.

(D) Minimum ALS staffing standards apply to the ALS ambulance service 24 hours-a-day, 7 days-a-week. A mobile ALS care unit, itself, need only satisfy BLS ambulance staffing requirements under subparagraph (i) when responding to

a call for BLS assistance exclusively. If the nature of the assistance requested is unknown, the mobile intensive care unit shall respond as if the patient requires ALS care.

(iii) All units.

(A) Minimum staffing standards are satisfied when an ambulance service has a duty roster that identifies staff who meet minimum staff criteria and who have committed themselves or been assigned by the ambulance service to be available at the specified times, or a staff availability schedule that identifies staff who meet minimum staff criteria and have identified themselves to the ambulance service as being available at the specified times, and minimum staff are present at times required by this subsection, the staff being the staff of the ambulance service except as otherwise authorized in this subsection.

(B) The ambulance service shall comply with the Child Labor Law (43 P. S. §§ 41--66.1) and regulations adopted under that law when it is using persons 18 years of age and younger to staff and ambulance.

(2) *ALS service medical director.* An ALS ambulance service shall have an ALS service medical director whose duties include the following:

(i) Providing medical guidance and advice to the ambulance service.

(ii) Making medical command authorization determinations for EMT-paramedics and prehospital registered nurses as set forth in § 1003.28 (relating to medical command authorization).

(iii) Reviewing the medical command authorization status of EMT-paramedics and prehospital registered nurses utilized by the ALS ambulance service as set forth in § 1003.28 at least once annually.

(iv) Evaluating the quality of patient care provided by the ALS and BLS prehospital personnel utilized by the ALS ambulance service.

(3) *Responsible staff.* An ambulance service shall ensure that all persons who staff the ambulance service, including its officers, directors and other members of its management team, prehospital personnel, and ambulance drivers, are responsible persons. In making that determination it shall require each person who staffs the ambulance service to provide it with information as to misdemeanor and felony convictions, and disciplinary sanctions against a license, certification or other authorization to practice a health care occupation or profession, that have been imposed against that person, and to update that information if and when additional convictions and disciplinary sanctions occur. The ambulance service shall consider this information in determining whether the person is a responsible person. An ambulance service shall also provide the Department with advance notice, 30 days if possible, of any change in its management personnel to include as a new member of its management team a person who has been convicted of a felony or misdemeanor or has had a disciplinary sanction imposed against a license, certification or other authorization to practice a health care occupation or profession.

(4) *Ambulance drivers.* Notwithstanding other considerations that may bear upon whether a driver of an ambulance is a responsible person, a person who drives an ambulance for an ambulance service will not be considered to be a responsible person unless that individual:

(i) Is at least 18 years of age.

(ii) Has a valid driver's license.

(iii) Observes all traffic laws.

(iv) Is not addicted to, or under the influence of, alcohol or drugs.

(v) Is free from physical or mental defect or disease that may impair the person's ability to drive an ambulance.

(vi) Has successfully completed an emergency vehicle operator's course of instruction approved by the Department.

(vii) Has not been convicted within the last 4 years of driving under the influence of alcohol or drugs, or, within the last 2 years, has not been convicted of reckless driving or had a driver's license suspended. The person will not be considered to be a responsible person until the designated time has elapsed and the individual, after the conviction or suspension of license, repeats an emergency vehicle operator's course of instruction approved by the Department.

(e) *Communicating with PSAPs.*

(1) *Responsibility to communicate unavailability.* An ambulance service shall apprise the PSAP in its area as to when it will not be in operation due to inadequate staffing or for another reason and when its resources are committed in such matter that it will not be able to have an ambulance and required staff respond to a call requesting it to provide emergency assistance.

(2) *Responsibility to communicate delayed response.* An ambulance service shall apprise the PSAP, as soon as practical after receiving a dispatch call, if it is not able to have an ambulance and required staff en route to an emergency within the time as may be prescribed by a PSAP for that type of communication.

(3) *Responsibility to communicate with PSAP generally.* In addition to the communications required by paragraphs (1) and (2), an ambulance service shall provide a PSAP with information, and otherwise communicate with a PSAP, as the PSAP requests to enhance the ability of the PSAP to make dispatch decisions.

(4) *Response to dispatch by PSAP.* An ambulance service shall respond to a call for emergency assistance as communicated by the PSAP, provided it is able to respond as requested.

(f) *Patient management.* All aspects of patient management are to be handled by a prehospital practitioner with the level of EMS certification or recognition necessary to care for the patient based upon the condition of the patient.

(g) *Use of lights and other warning devices.* Ambulances may not use emergency lights or audible warning devices, unless they do so in accordance with standards imposed by 75 Pa.C.S. (relating to Vehicle Code) and are transporting or responding to a call involving a patient who presents or is in good faith perceived to present a combination of circumstances resulting in a need for immediate medical intervention. When transporting the patient, the need for immediate medical intervention must be beyond the capabilities of the ambulance crew using available supplies and equipment.

(h) *Weapons and explosives.* Weapons and explosives may not be worn by ambulance personnel or carried aboard an ambulance. This subsection does not apply to law enforcement officers who are serving in an authorized law enforcement capacity.

(i) *Accident, injury and fatality reporting.* An ambulance service shall report to the appropriate regional EMS council, in a form or manner prescribed by the Department, an ambulance vehicle accident that is reportable under 75 Pa.C.S., and an accident or injury to an individual that occurs in the line of duty of the ambulance service that results in a fatality, or medical treatment at a facility. The report shall be made within 24 hours after the accident or injury. The report of a fatality shall be made within 8 hours after the fatality.

(j) *Medical command notification.* An ALS ambulance service shall identify, to the regional EMS council having responsibility in the region out of which it operates, the prehospital personnel used by it that have medical command authorization in the region for that ALS ambulance service. It shall also notify the regional EMS council when a prehospital practitioner loses medical command authorization for that ALS ambulance service.

(k) *Monitoring compliance.* An ambulance service shall monitor compliance with the requirements that the act and this part impose upon the ambulance service and its staff. An ambulance service shall file a written report with the Department if it determines that a prehospital practitioner who is a member of the ambulance service, or who has recently left the ambulance service, has engaged in conduct not previously reported to the Department, for which the Department may impose disciplinary sanctions under § 1003.27 (relating to disciplinary and corrective action). The duty to report pertains to conduct that occurs during a period of time in which the prehospital practitioner is functioning for the ambulance service.

(l) *Policies and procedures.* An ambulance service shall maintain written policies and procedures addressing each of the requirements imposed by this section, as well as the requirements imposed by §§ 1001.41, 1001.42, 1001.65 and 1005.11 and shall also maintain written policies and procedures addressing infection control, management of personnel safety, substance abuse in the workplace, and the placement and operation of its ambulances.

§ 1005.11. Drug use, control and security.

(a) An ambulance service may stock drugs as approved by the Department, and shall carry drugs in an ambulance in conformance with the transfer and medical treatment protocols applicable in the region in which its ambulance is stationed. Additional drugs may be stocked by an ALS ambulance service as authorized by the ALS service medical director if the ALS ambulance service uses health professionals, and additional drugs may be carried or brought on an ambulance as follows:

(1) Drugs which the applicable regional transfer and medical treatment protocols prescribe for the treatment of an ALS patient may be brought on a BLS ambulance by an EMT-paramedic or health professional when rendezvousing with a BLS ambulance to treat an ALS patient on behalf of an ALS ambulance service.

(2) Drugs other than those authorized by the applicable regional transfer and medical treatment protocols may be carried on an ALS ambulance, or brought on board a BLS ambulance by a health professional, when the requirements of subsection (d)(2) are satisfied.

(3) Drugs other than those authorized by the applicable regional transfer and medical treatment protocols may be carried on an ALS ambulance, or brought on board a BLS ambulance by a registered nurse, physician assistant, or physician when the following standards are met:

(i) The ambulance is engaged in an interfacility transport.

(ii) The physician, registered nurse, or physician assistant has special training required for the continuation of treatment provided to the patient at the facility, and the use of drugs not maintained on the ambulance is or may be required to continue that treatment.

(iii) The physician, registered nurse, or physician assistant does not substitute for required staff.

(4) A BLS ambulance service, if not also licensed as an ALS ambulance service, may not stock drugs which are not prescribed by the Department for use by a BLS ambulance, and a BLS ambulance service may not carry these drugs, except as authorized under this section and § 1005.10(c)(3) (relating to licensure and general operating standards).

(b) The Department will publish at least annually by notice in the *Pennsylvania Bulletin* a list of drugs approved for use by ambulance services when use of those drugs is also permitted by the applicable regional transfer and medical treatment protocols.

(c) An ambulance service may procure and replace drugs, from a hospital, pharmacy or from a participating and supervising physician, if not otherwise prohibited by law.

(d) Administration of drugs by prehospital personnel, other than those approved for use by a BLS ambulance service, shall be restricted to EMT-paramedics and health professionals who have been authorized to administer the drugs by the ALS service medical director, when under orders of a medical command physician or under standing orders in the EMS region's transfer and medical treatment protocols; except all prehospital personnel other than a first responder and an ambulance attendant may administer to a patient, or assist the patient to administer, drugs previously prescribed for that patient, as specified in the Statewide BLS medical treatment protocols.

(1) An EMT-paramedic is restricted to administering drugs permitted by the applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols.

(2) A health professional may administer drugs in addition to those permitted by the applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols, provided the health professional has received approval to do so by the ALS service medical director of the ambulance service, and has been ordered to administer the drug by the medical command physician.

(e) The ambulance service shall adequately monitor and direct the use, control and security of drugs provided to the ambulance service. This includes, but is not limited to:

(1) Ensuring proper labeling and preventing adulteration or misbranding of drugs, and ensuring drugs are not used beyond their expiration dates.

(2) Storing drugs as required by The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101--780-149), and as otherwise required to maintain the efficacy of drugs and prevent their misappropriation.

(3) Including in the EMS patient care report information as to the administration of drugs by patient name, drug identification, date and time of administration, manner of administration, dosage, name of the medical command physician who gave the order to administer the drug, and name of person administering the drug.

(4) Maintaining records of drugs administered, lost or otherwise disposed of, and records of drugs received and replaced.

(5) Providing the pharmacy, physician or hospital that is requested to replace a drug, with a written record of the use and administration, or loss or other disposition of the drug, which identifies the patient and includes any other information required by law.

(6) Ensuring, in the event of an unexplained loss or theft of a controlled substance, that the dispensing pharmacy, physician or hospital has contacted local or State police and the Department's Drugs, Devices and Cosmetics Office, and has filed a DEA Form 106 with the Federal drug enforcement administration.

(7) Disposing of drugs as required by The Controlled Substance, Drug, Device and Cosmetic Act.

(8) Arranging for the original dispensing pharmacy, physician or hospital, or its ALS service medical director, to provide it consultation and other assistance necessary to ensure that it meets the requirements of this section.

§ 1005.12. Disciplinary and corrective actions.

(a) The Department may, in compliance with proper administrative procedure, reprimand, or suspend, revoke or refuse to issue a license, or issue a provisional or temporary license as permitted by §§ 1005.8 and 1005.9 (relating to provisional license; and temporary license) for the following reasons:

(1) A serious violation of the act or this part. A serious violation is one which poses a continued significant threat to the health and safety of the public.

(2) Failure of the licensee or applicant to submit a reasonable timetable to correct deficiencies and violations cited by the Department.

(3) The existence of a continuing pattern of deficiencies over a period of 3 or more years.

(4) Fraud or deceit in obtaining or attempting to obtain a license.

(5) Lending a license or borrowing or using the license of another, or knowingly aiding or abetting the improper granting of a license.

(6) Incompetence, negligence or misconduct in operating the ambulance service or in providing EMS to patients.

(7) Failure of an ALS ambulance service to secure an ALS service medical director and to ensure that the ALS service medical director meets the roles and responsibilities in § 1003.5(a) (relating to ALS service medical director).

(8) Failure to have appropriate medical equipment and supplies required for licensure as identified in § 1005.10(c) (relating to licensure and general operating standards).

(9) Failure of an ALS ambulance service to staff a sufficient number of qualified EMS personnel to provide service 24 hours-a-day, 7 days-a-week in accordance with required staffing standards.

(10) Failure of the ambulance service licensee to promptly notify the Department of a change of ownership.

(11) Abuse or abandonment of a patient.

(12) Unauthorized disclosure of medical or other confidential information.

(13) Willful preparation or filing of false reports or records, or the inducement of another to do so.

(14) Alteration or inappropriate destruction of medical records.

(15) Refusal to render EMS because of a patient's race, sex, creed, national origin, sexual preference, age, handicap, medical problem or financial inability to pay.

(16) Failure to comply with the regional EMS council transfer and medical treatment protocols which have been approved by the Department.

(17) Misuse or misappropriation of drugs/medication.

(18) Repeated failure by an ambulance service to communicate with the PSAP or comply with the dispatch communication as required by § 1005.10(e).

(19) Failure to continue to meet standards applicable to the issuance of the license.

(b) Upon receipt of a written complaint describing conduct for which the Department may take disciplinary action against an ambulance service, the Department will:

(1) Initiate an investigation of the specific charges.

(2) Provide the ambulance service with a copy of the complaint and request a response unless the Department determines that disclosure to the ambulance service of the complaint will compromise the investigation or would be inappropriate for some other reason.

(3) Develop a written report of the investigation.

(4) Notify the complainant of the results of the investigation of the complaint, as well as the ambulance service if the ambulance service has been officially apprised of the complaint or investigation. This notification does not include providing a copy of the written report developed under paragraph (3).

(c) The Department will provide public notification of the sanction it imposes upon an ambulance service license.

§ 1005.13. Removal of ambulances from operation.

(a) When a vehicle manifests evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patients or crew, the ambulance service shall immediately suspend the vehicle from operation. No vehicle, which has been suspended from operation, may be operated as an ambulance until the deficiency has been corrected.

(b) When a vehicle, upon examination by the Department, manifests evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patients or crew, it shall be immediately suspended from operation as directed by the Department. No vehicle, which has been suspended from operation by the Department, may be operated as an ambulance until the

Department has confirmed to the ambulance service that the deficiency has been corrected.

§ 1005.14. Invalid coaches.

(a) Invalid coaches are not eligible for licensing as an ambulance.

(b) The terms "ambulance," "emergency" or other similar designations may not be used by invalid coaches. Invalid coaches may not be equipped with emergency warning devices, audible or visible, such as flashing lights, sirens, air horns or other devices except those which are required by 75 Pa.C.S. (relating to Vehicle Code).

§ 1005.15. Discontinuation of service.

An ambulance service may not discontinue service, except upon order of the Department, without providing each regional EMS council, PSAP and the chief executive officer of each political subdivision within its service area, as well as the chief executive officer of a political subdivision outside of its service area that relies upon it for service even if not provided on a routine basis, 90 days advance notice. The ambulance service shall also advertise notice of its intent to discontinue service in a newspaper of general circulation in its service area at least 90 days in advance of discontinuing service, and shall provide the Department with written notice that it has met these responsibilities at least 90 days in advance of discontinuing service.

CHAPTER 1007. LICENSING OF AIR AMBULANCE SERVICES--ROTORCRAFT

§ 1007.1. General provisions.

(a) This chapter applies to air ambulance services. No person, or other entity, as owner, agent or otherwise, may furnish, operate, conduct, maintain, advertise, engage in or profess to engage in providing an air ambulance service in this Commonwealth, unless the agency or person holds a license as an air ambulance service issued by the Department or is exempted from these prohibitions under the act.

(b) The Department will license an applicant as an air ambulance service when it meets the requirements of the act and this part.

(c) A hospital licensed under Chapter 8 of the Health Care Facilities Act (35 P. S. §§ 448.801--448.820) is not required to obtain a separate air ambulance service license to own and operate an air ambulance service. An air ambulance service owned and operated by a hospital is subject to the act and this part, and shall be inspected under this part, regardless of whether the hospital applies for or secures licensure as an air ambulance service.

(d) The Department will issue a certificate acknowledging a hospital's authority to own and operate an air ambulance service if the hospital chooses to operate an air ambulance service without securing a separate license to do so.

(e) Those provisions in §§ 1005.2a, 1005.3--1005.5, 1005.7a, 1005.8, 1005.9, 1005.11, 1005.13 and 1005.15, which apply to ground ALS ambulance services, also apply to air ambulance services.

§ 1007.2. Applications.

(a) An application for an original or renewal license to operate as an air ambulance service shall contain the following information, as well as any additional information that may be solicited by the application form:

(1) The name and address of the applicant and the name, if different, under which the applicant intends to operate.

(2) The FAA certification number of the aircraft operator.

(3) The type of organization--profit or nonprofit.

(4) A description of each aircraft to be used as an air ambulance, including the make, model, year of manufacture, FAA registration number, name, monogram or other distinguishing designation and FAA air worthiness certification.

(5) The intended emergency medical service area and the location and description of the places from which the air ambulance service is to operate.

(6) The name, training and qualifications of the air ambulance medical director.

(7) A personnel roster which includes level of certification, licensure and recognition, and a staffing plan.

(8) A roster of pilots including training and qualifications.

(9) The communications access and capabilities of the applicant.

(10) Names, titles and summary of responsibilities of persons who will be staffing the air ambulance service as officers, directors or other air ambulance service officials, and information as to any misdemeanor or felony convictions, or disciplinary sanctions against licenses, certifications, or other authorizations to practice a health care occupation or profession, that have been imposed against them.

(11) A statement attesting to the veracity of the application, which shall be signed by the chief executive officer.

(b) An entity shall apply for a license as an air ambulance service or an amendment to a license as an air ambulance service, and a regional EMS council shall process those applications, as set forth in § 1005.2(b)--(e) (relating to applications).

§ 1007.3. (Reserved).

§ 1007.4. (Reserved).

§ 1007.5. (Reserved).

§ 1007.6. (Reserved).

§ 1007.7. Licensure and general operating requirements.

(a) *Documentation requirements.* An applicant for an air ambulance service license shall have the following documents available for the inspection by the Department:

(1) A roster of active personnel, including certification and recognition documentation with dates of expiration and identification numbers; documentation of medical command authorization decisions and the medical command status of personnel; identification of persons who are responsible for making operating and policy decisions for the air ambulance service, such as

officers, directors and other ambulance service officials; and the criminal and disciplinary information for all persons who staff the ambulance service as required by subsections (d)(4) and (m); and the plan for staffing the air ambulance service.

(2) Copies of EMS patient care reports, or other formats on which those records are kept on patients treated or transported, if applicable.

(3) Call volume records from the previous year's operations if applicable. These records shall include a record of each call received requesting the air ambulance service to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.

(4) Copies of the written policies required by this section.

(b) *Air ambulance requirements.* An air ambulance shall meet the following minimum requirements:

(1) The air ambulance shall be configured to carry at least one supine patient with sufficient access to the patient in order to begin and maintain ALS and other treatment modalities.

(2) The air ambulance design may not compromise patient safety in loading, unloading or during flight, and the air ambulance shall be equipped with either a cargo door or an entry that will allow loading and unloading the patient without excessive maneuvering.

(3) The air ambulance shall be climate controlled for the comfort of the patient.

(4) The air ambulance shall have adequate interior lighting so that medical care can be provided and patient status monitored without interfering with the pilot's vision.

(5) The air ambulance shall be configured so that the patient is isolated from the cockpit to minimize in-flight distractions to the pilot and to prevent interference with the pilot's manipulation of the flight controls.

(6) An air ambulance operating from sunset to sunrise shall be equipped with at least one tail rotor illuminating light and a controllable search light.

(7) The air ambulance shall carry, on a flight, survival gear appropriate to the expected terrain and environment.

(8) The air ambulance shall be equipped with appropriate patient restraints.

(9) The air ambulance shall be equipped with 110 V electrical output with appropriate cabin outlets for medical equipment use.

(10) The air ambulance shall be equipped with two-way radios capable of communicating with hospital communications centers, PSAPs and ambulances.

(c) *Equipment and supply requirements.* Required equipment and supplies shall be carried and readily available in working order for use on an air ambulance. The list of required equipment and supplies for an air ambulance will be published by the Department in the *Pennsylvania Bulletin* on an annual basis.

(d) *Personnel requirements.* An air ambulance service shall meet the following requirements related to personnel and staffing:

(1) *Air ambulance medical director.* It shall have an air ambulance medical director who possesses the qualifications specified in § 1003.5(b) (relating to ALS service medical director) and performs the duties specified in § 1003.5(a).

(2) *Pilot and prehospital personnel.* It shall assure that each air ambulance responding to a call for EMS is staffed with at least one pilot and prehospital personnel as set forth in § 1005.10(d)(1)(ii) (relating to licensure and general operating standards). At least one of the responding prehospital personnel shall be specially trained in air-medical transport.

(3) *Other personnel requirements.*

(i) It shall keep a pilot and two prehospital personnel staff as set forth in § 1005.10(d)(ii) available for the air ambulance at all times to assure immediate response to emergency calls.

(ii) It shall require prehospital personnel who staff an air ambulance to undergo annual physical examinations to assure that they are physically able to perform their jobs.

(iii) Minimum staffing standards are satisfied when an air ambulance service has a duty roster that identifies staff who meet minimum staff criteria 24 hours-a-day, 7 days-a-week and who have committed themselves as being available or been assigned by the air ambulance service to be available at the specified times, and when minimum required staff are present during the emergency medical treatment and transport of a patient.

(4) *Responsible staff.* It shall ensure that all persons who staff the air ambulance service, including its officers, directors and other members of its management team, prehospital personnel, and pilots, are responsible persons. In making that determination it shall require each person who staffs the air ambulance service to provide it with information as to misdemeanor and felony convictions, and disciplinary sanctions against a license, certification or other authorization to practice a health care occupation or profession, that have been imposed against the person, and to update that information if additional convictions and disciplinary sanctions occur. It shall consider this information in determining whether the person is a responsible person. It shall also provide the Department with advance notice, 30 days if possible, of any change in its management personnel to include as a new member of its management team a person who has been convicted of a felony or misdemeanor or has had a disciplinary sanction imposed against a license, certification or other authorization to practice a health care occupation or profession.

(e) *Communicating with ground PSAPs.*

(1) If requested by a ground PSAP, an air ambulance service shall apprise the PSAP as to when it will not be in operation, when weather conditions prevent or impede flight, and when its resources are already committed.

(2) An air ambulance service shall apprise the dispatching ground PSAP as soon as practical after receiving a dispatch call, its estimated time of arrival at the scene of the emergency. While its air ambulance is enroute to the scene of an emergency, if an air ambulance service believes that it will not be able to have an air ambulance and required staff arrive at the emergency scene within the estimated time of arrival previously given, the air ambulance service shall contact the ground PSAP and provide its new estimated time of arrival.

(f) *Access to air ambulance service.*

(1) The air ambulance service shall have a policy which addresses the following:

(i) Who, in addition to a PSAP, may request air ambulance service.

(ii) How its air ambulance services should be accessed.

(iii) General and medical guidelines for personnel to consider prior to requesting its air ambulance services.

(iv) To whom the air ambulance service provides its services, including general service area.

(v) What level of EMS is provided by the air ambulance service.

(vi) Patient preparation guidelines.

(vii) Aircraft enplanement and safety requirements.

(2) The air ambulance service shall disseminate this policy to relevant health care providers in the air ambulance service's service area.

(g) *Flight requirements.* The air ambulance service shall ensure that:

(1) A determination to accept the flight is based solely on availability, safety procedures and weather conditions.

(2) The air ambulance proceeds expeditiously and as directly as possible to the flight destination, considering the weather, appropriate safety rules, noise abatement procedures and flight path and altitude clearances.

(3) The air ambulance engages in flight following with an air communications center at intervals not to exceed 15 minutes. If the air ambulance is outside of radio range of the base communications center, adequate flight following shall be planned and executed.

(4) The air ambulance is ready for flight at all times when the air ambulance service has not reported to ground PSAPs that the air ambulance is unavailable to respond to emergencies.

(h) *Medical service requirements.* The air ambulance service shall ensure that:

(1) Equipment and supplies required for an air ambulance flight are on the air ambulance and in working order prior to takeoff for patient transport.

(2) Medical care and intervention is provided according to direct medical command or written protocols/standing orders.

(3) A patient treatment record is maintained, documenting medical care rendered by the medical flight crew and the disposition of the patient at the receiving medical facility. The patient treatment record shall be maintained at the base hospital.

(4) Each patient is evaluated for potential adverse effects from flight operations.

(5) The patient and equipment are secured during flight.

(6) The patient is transported to the nearest appropriate receiving facility. That facility shall be a trauma center when required by Department-approved bypass protocols.

(i) *Air ambulance medical director's operational requirements.* The air ambulance service shall have a policy setting forth the air ambulance medical director's operational procedures which shall include procedures for at least the following:

(1) The performance of responsibilities set forth in § 1003.5(a) (relating to ALS service medical director).

(2) The development of medical treatment protocols for the air ambulance service, submitting them to the regional EMS council medical advisory committee for its review and recommendations, and securing approval of the medical treatment protocols from the Department.

(j) *Communication center arrangements.* The air ambulance service shall ensure that it has access to an air communications center that meets the following standards:

(1) Has a designated person--communications specialist--assigned to receive and dispatch requests for emergency air medical services and charged with the relay of information between the flight crew, requesting agency and receiving hospital.

(2) Is operational 24 hours-a-day, 7 days-a-week and has radio capabilities to transmit to and receive from the air ambulance. At a minimum, 123.05 MHz, radio frequency shall be available.

(3) Has at least one incoming telephone line that is dedicated to the air ambulance service.

(4) Has a system for recording incoming and outgoing telephone and radio transmissions. The system shall have an inherent time recording capability and recordings shall be kept for a minimum of 30 days.

(5) Has the capability of communicating with the flight crew so that the air ambulance may take off within the scheduled takeoff time.

(6) Has a backup emergency power source.

(7) Maintains a status board listing flight crew names and other pertinent operational information.

(8) Has copies of operational protocols and procedures, including emergency operation plans in the event of overdue, missing or downed aircraft.

(9) Has posted or displayed applicable licenses and permits.

(10) Maintains current maps and navigational aids.

(11) Collects and maintains records of the following data:

(i) The time of initial and subsequent air ambulance request calls.

(ii) The name of the party or agency requesting the air ambulance service and a verification phone number.

(iii) Pertinent patient medical information.

(iv) The names of referring and receiving physicians at hospitals.

(v) The landing and destination sites.

(vi) The details of needed ground transportation arrangements at pickup and landing sites.

(vii) The times and reasons for aborted or missed flights.

(viii) The details of coordination with ground personnel for landing and receipt of the aircraft.

(ix) Other data pertinent to the air ambulance service's specific needs for completing activity review reports.

(k) *Community education program requirements.*

(1) An air ambulance service shall develop a professional and community education program that will promote proper air medical service utilization.

(2) The educational program shall include the following:

(i) Communication to the public that the air ambulance service accepts medically necessary calls from authorized personnel and does not discriminate against a person because of race, creed, sex, color, age, religion, national origin, ancestry, medical problem, handicap or ability to pay.

(ii) A safety program covering landing site designation and safe conduct around the air ambulance, which shall be offered to appropriate agencies and individuals.

(iii) Training regarding stabilization and preparation of the patient for airborne transport, which shall be provided to prehospital personnel.

(iv) An active community relations program.

(l) *Medical command notification.* An air ambulance service shall identify, to the regional EMS council having responsibility in the region out of which it operates, the prehospital personnel used by it that have medical command authorization in the region for that air ambulance service. The service shall also notify the regional EMS council when a prehospital practitioner loses medical command authorization for that air ambulance service.

(m) *Monitoring compliance.* An air ambulance service shall monitor compliance with all requirements that the act and this part impose upon the air ambulance service and its staff. An air ambulance service shall file a written report with the Department if it determines that a prehospital practitioner who is a member of the air ambulance service, or who has recently left the air ambulance service, has engaged in conduct not previously reported to the Department, for which the Department may impose disciplinary sanctions under § 1003.27 (relating to disciplinary and corrective action). The duty to report pertains to conduct that occurs during a period of time in which the prehospital practitioner is functioning for the air ambulance service.

(n) *Policies and procedures.* An air ambulance service shall maintain written policies and procedures addressing each of the requirements imposed by this section, as well as the requirements imposed by §§ 1001.41, 1001.42 and 1001.65 (relating to data and information requirements for ambulance services; dissemination of information; and cooperation), and shall also maintain written policies and procedures addressing infection control, management of personnel safety, substance abuse in the workplace and the placement and operation of its air ambulances.

§ 1007.8. Disciplinary and corrective actions.

(a) The Department may, in compliance with proper administrative procedure, reprimand, or suspend, revoke or refuse to issue a license, or issue a provisional or temporary license as permitted by §§ 1005.8 and 1005.9 (relating to provisional license; and temporary license) for the following reasons:

(1) A serious violation of the act or this part. A serious violation is one which poses a continued significant threat to the health and safety of the public.

(2) Failure of the licensee or applicant to submit a reasonable timetable to correct deficiencies and violations cited by the Department.

(3) The existence of a continuing pattern of deficiencies over a period of 3 or more years.

(4) Fraud or deceit in obtaining or attempting to obtain a license.

(5) Lending a license or borrowing or using the license of another, or knowingly aiding or abetting the improper granting of a license.

(6) Incompetence, negligence or misconduct in operating the ambulance service or in providing EMS to patients.

(7) Failure to secure an air ambulance medical director and ensure that the air ambulance medical director exercises the responsibilities in § 1003.5(a) (relating to ALS service medical director).

(8) Failure to have appropriate medical equipment and supplies required for licensure as identified in § 1007.7(b) (relating to licensure and general operating requirements).

(9) Failure of the air ambulance service to have an aircraft equipped in compliance with § 1007.7(a).

(10) Failure of the aircraft operator to maintain required FAA certifications.

(11) Failure to employ a sufficient number of certified, recognized or licensed personnel to provide service 24 hours-a-day, 7 days-a-week.

(12) Failure of the air ambulance service to be available 24 hours-a-day, 7 days-a-week to authorized callers within the service area. Exceptions to this requirement include unsafe weather conditions, commitment to another flight, grounding due to maintenance or other reasons that would prevent response. The air ambulance service shall maintain a record of each failure to respond to a request for service, and make the record available upon request to the Department. Financial inability to pay does not constitute sufficient grounds to deny response for emergency air service.

(13) Failure to notify the Department of the change of ownership or aircraft operation.

(14) Abuse or abandonment of a patient.

(15) Unauthorized disclosure of medical or other confidential information.

(16) Willful preparation or filing of false medical reports or records, or the inducement of another to do so.

(17) Destruction of medical records.

(18) Refusal to render EMS because of a patient's race, sex, creed, national origin, sexual preference, age, handicap, medical problem or financial inability to pay.

(19) Failure to comply with regional EMS council transfer and medical treatment protocols.

(20) Misuse or misappropriation of drugs/medication.

(21) Repeated failure to communicate with a PSAP as required by § 1007.7(e).

(22) Failure to continue to meet standards applicable to the issuance of the license.

(b) Upon receipt of a written complaint describing conduct for which the Department may take disciplinary action against an air ambulance service, the Department will:

(1) Initiate an investigation of the specific charges.

(2) Provide the air ambulance service with a copy of the complaint and request a response unless the Department determines that disclosure to the air ambulance service of the complaint will compromise the investigation or would be inappropriate for some other reason.

(3) Develop a written report of the investigation.

(4) Notify the complainant of the results of the investigation of the complaint, as well as the air ambulance service if the air ambulance service has been officially apprised of the complaint or investigation. This notification does not include providing a copy of the written report developed under paragraph (3).

(c) The Department will provide public notification of sanctions it imposes upon an air ambulance service license.

§ 1007.9. (Reserved).

CHAPTER 1009. MEDICAL COMMAND FACILITIES

§ 1009.1. Operational criteria.

To qualify as a medical command facility, an institution shall comply with the following criteria:

(1) Employ a medical command facility medical director who meets the requirements specified in § 1003.3(b) (relating to medical command facility medical director).

(2) Employ sufficient staff to ensure that at least one approved medical command physician, meeting the requirements specified in § 1003.4(b) (relating to medical command physician), is present in the facility 24 hours-a-day, 7 days-a-week.

(3) Satisfy the following communication and recordkeeping requirements:

(i) Compatibility with regional telecommunication systems plans, if in place.

(ii) Communication by way of telecommunications equipment/radios with BLS and ALS units within the area in which medical command is exercised.

(iii) Tape recording of medical command communications.

(iv) Maintenance of a medical command record, containing appropriate information on patients for whom medical command is sought.

(v) An appropriate program for training emergency department staff in the effective use of telecommunication equipment.

(vi) Protocols to provide for prompt response to requests from prehospital personnel for radio or telephone medical guidance, assistance or advice.

(4) Accurately and promptly relay information regarding patients to the appropriate receiving facility.

(5) Adhere to transfer and medical treatment protocols established by the regional EMS council, or, when dealing with an air ambulance service, as approved by the Department.

(6) Establish a program of regular case audit conferences involving the medical command facility medical director or the director's designee and prehospital personnel for purposes of problem identification, and a process to correct identified problems.

(7) Obtain a contingency agreement with at least one other medical command facility to assure availability of medical command.

(8) Establish internal procedures that comply with regional EMS transfer and medical treatment protocols.

(9) Notify PSAPs, through which it routinely receives requests for medical command, when it will not have a medical command physician available to provide medical command.

(10) Establish a plan to ensure that medical command is available at all times during mass casualty situations, natural disasters and declared states of emergency.

(11) Participate in the regional EMS council's quality improvement program for monitoring the delivery of EMS.

(12) Adopt procedures for maintaining medical command communication records and tapes under § 117.43 (relating to medical records), and maintain tapes of medical command communications for at least 180 days.

(13) Employ sufficient administrative support staff to enable the institution to carry out its essential duties which include, but are not limited to: audits, equipment maintenance and processing and responding to complaints.

(14) Establish a program of training for medical command physicians, prehospital personnel and emergency department staff.

(15) Provide medical command to prehospital personnel whenever they seek direction.

§ 1009.2. Recognition process.

(a) To qualify for the civil immunity protection afforded by section 11(j)(4) of the act (35 P. S. § 6931(j)(4)), a facility shall secure recognition as a medical command facility from the Department. To secure recognition as a medical command facility, a facility shall submit an application to the Department through a regional EMS council exercising responsibility for an EMS region in which the applicant intends to provide medical command through medical command physicians who function under its auspices. Application for medical command facility recognition shall be made on forms prescribed by the Department.

(b) The regional EMS council will review the application for completeness.

(c) If the application is complete, the regional EMS council shall conduct an onsite inspection of the applying facility to verify information contained within the application and to complete a physical inspection of the medical command area.

(d) After completing its review, the regional EMS council shall forward a copy of its recommendation to the Department and to the applying facility. If the applying facility disagrees with the recommendation of the regional EMS council, it may submit a written rebuttal to the Department.

(e) The Department will review the application, information and recommendation submitted by the regional EMS council, and the rebuttal statement, if any, submitted by the applying facility, and will make a decision within 60 days from the time of its receipt of the regional EMS council's recommendation to grant or deny recognition.

(f) The Department may review and inspect facilities to aid it in making medical command facility recognition decisions.

(g) If the applying facility disagrees with the decision by the Department, it may appeal the decision under 1 Pa. Code § 35.20 (relating to appeals from actions of the staff) if the decision was not issued by the agency head as defined in 1 Pa. Code § 31.3 (relating to definitions) and, if it disagrees with the decision of the agency head, it may file an appeal under 2 Pa.C.S. §§ 501--508 and 701--704 (relating to Administrative Agency Law).

(h) Recognition as a medical command facility shall be valid for 3 years. A facility shall file an application for renewal of its recognition as a medical command facility 60 days prior to expiration of the medical command facility's recognition from the Department. Failure to apply for renewal of recognition in a timely manner may result in the facility having a lapse in the civil immunity protection afforded by section 11(j)(4) of the act.

§ 1009.3. (Reserved).

§ 1009.4. Withdrawal of medical command facility recognition.

(a) The Department may withdraw medical command facility recognition if the facility fails to continue to meet the standards for a medical command facility in § 1009.1 (relating to operational criteria).

(b) The Department will conduct inspections of a medical command facility from time to time, as deemed appropriate and necessary, including when necessary to investigate a complaint or a reasonable belief that violations of this part may exist.

(c) If the facility fails to continue to meet the standards for a medical command facility in § 1009.1, as an alternative to rescinding medical command facility recognition, the Department may request the facility to submit a plan of correction to correct the deficiencies. The procedures are as follows:

(1) The Department will give written notice to the facility and the regional EMS council of the deficiencies.

(2) The facility shall have 30 days in which to respond to the Department with a plan to correct the deficiencies.

(3) The Department will review the plan of correction and, if the plan is found to be acceptable, the Department may make an onsite reinspection in accordance with the time frame given in the plan of correction.

(4) Within 30 days after the review of the plan of correction, as well as 30 days after the reinspection, the Department will give written notice to the facility and the regional EMS council of the results of the Department's review of the plan of correction and reinspection.

(d) Upon receipt of a written complaint describing conduct for which the Department may withdraw medical command facility recognition, the Department will:

(1) Initiate an investigation of the specific charges.

(2) Provide the medical command facility with a copy of the complaint and request a response unless the Department determines that disclosure to the

medical command facility of the complaint will compromise the investigation or would be inappropriate for some other reason.

(3) Develop a written report of the investigation.

(4) Notify the complainant of the results of the investigation of the complaint, as well as the medical command facility if the medical command facility has been officially apprised of the complaint or investigation. This notification does not include providing a copy of the written report developed under paragraph (3).

§ 1009.5. Review of medical command facilities.

The regional EMS councils shall conduct a review of medical command facilities as requested by the Department, and at other times may inspect medical command facilities. These reviews and inspections shall be conducted to audit for continued compliance with, at a minimum, the criteria in § 1009.1 (relating to operational criteria) as directed by the Department.

§ 1009.6. Discontinuation of service.

A medical command facility may not discontinue medical command operations without providing 90 days advance written notice to the Department, regional EMS councils responsible for regions in which the medical command facility routinely provides medical command and providers of EMS for which it routinely provides medical command.

CHAPTER 1011. ACCREDITATION OF EMS TRAINING INSTITUTES

§ 1011.1. EMS training institutes.

(a) *Eligible entity.* An EMS training institute shall be accredited by the Department. An EMS training institute shall be a secondary or postsecondary institution, hospital, regional EMS council or another entity which meets the criteria in this part.

(b) *Training programs.*

(1) An EMS training institute that is accredited by the Department to offer BLS training courses (BLS training institute) shall evidence the ability to conduct one or more of the following training programs approved by the Department:

(i) Emergency Medical Technician Course.

(ii) EMS First Responder Course.

(2) An EMS training institute that is accredited by the Department to offer ALS training courses (ALS training institute) shall evidence the ability to conduct one or more of the following training programs approved by the Department:

(i) Emergency Medical Technician-Paramedic Course.

(ii) Prehospital Registered Nurse Course.

(c) *Medical director.*

(1) AN EMS training institute shall have a medical director who is a physician. The medical director shall be experienced in emergency medical care, and shall have demonstrated ability in education and administration.

(2) The responsibilities of the medical director shall include:

(i) Reviewing course content to ensure compliance with this part.

(ii) Reviewing and approving the EMS training institute's criteria for the recruitment, selection and orientation of training institute faculty.

(iii) Providing technical advice and assistance to the EMS training institute faculty and students.

(iv) Reviewing the quality and medical content of the education, and compliance with protocols.

(v) Participating in the review of new technology for training and education.

(3) Additional responsibilities for a medical director of an ALS training institute include:

(i) Approving the content of course written and practical skills examinations.

(ii) Identifying and approving facilities where students are to fulfill clinical and field internship requirements.

(iii) Identifying and approving individuals to serve as field and clinical preceptors to supervise and evaluate student performance when fulfilling clinical and field internship requirements.

(iv) Signing skill verification forms for students who demonstrate the knowledge and skills required for successful completion of the training course and entry level competency for the prehospital practitioner for which the training course is offered.

(d) *Administrative director.*

(1) A BLS training institute shall have an administrative director who has at least 1 year experience in administration and 1 year experience in prehospital care.

(2) An ALS training institute shall have an adminstrative director who has at least 1 year experience in administration and 1 year experience in ALS prehospital care.

(3) Responsibilities of the administrative director include ensuring:

(i) The adequacy of the system for processing student applications and the adequacy of the student selection process.

(ii) The adequacy of the process for the screening and selection of instructors for the EMS training institute.

(iii) The EMS training institute maintains an adequate inventory of necessary training equipment and that the training equipment is properly prepared and maintained.

(iv) The adequate administration of the course and written and practical skills examinations involved in the course.

(v) There is an adequate system for the maintenance of student records and files.

(vi) There is an appropriate mechanism to resolve disputes between students and faculty.

(e) *Course coordinator.*

(1) The EMS training institute shall designate a course coordinator for each training course conducted by the training institute.

(2) A course coordinator shall have:

(i) Reading and language skills commensurate with the resource materials to be utilized in the course.

(ii) Knowledge of the Statewide BLS medical treatment protocols.

(3) A course coordinator for an ALS training course shall also satisfy the following requirements:

(i) One year experience in directly providing ALS prehospital care as an EMT-paramedic or a health professional.

(ii) Have knowledge of the ALS transfer and medical treatment protocols for the region.

(4) A course coordinator is responsible for the management and supervision of each training course offered by the training institute for which that individual serves as a course coordinator.

(5) Specific duties of a course coordinator shall be assigned by the EMS training institute.

(6) One person may serve both as the administrative director and a course coordinator.

(f) *Instructors.*

(1) An EMS training institute shall ensure the availability of qualified and responsible instructors for each training course.

(2) An instructor shall be 18 years of age or older, and possess a high school diploma or GED equivalent.

(3) At least 75% of the instruction provided in training courses shall be provided by instructors who are health professional physicians or prehospital personnel and who have at least 1 year of experience as a health professional physician or a prehospital practitioner above the level of a first responder and at or above the level they are teaching, and have successfully completed an EMS instructor course approved by the Department or possess a bachelor's degree in education or a teacher's certification in education; or be determined by a review body of the training institute to meet or exceed these standards.

(4) An instructor who does not satisfy the requirements in paragraph (3) shall be qualified to provide the instructional services offered as determined by the training institute after consulting the manual the Department prepares to provide guidance regarding instructor qualifications and with the appropriate regional EMS council.

(5) Instructors are responsible for presenting course materials in accordance with the curriculum established by this part.

(g) *Clinical preceptors.*

(1) An ALS training institute shall ensure the availability of clinical preceptors for each training course.

(2) A clinical preceptor is responsible for the supervision and evaluation of students while fulfilling clinical requirements for a training program.

(3) A BLS training institute shall ensure the availability of clinical preceptors for each training course that includes clinical activities outside of the classroom.

(h) *Field preceptors.*

(1) An ALS training institute shall ensure the availability of field preceptors for each student.

(2) A BLS training institute shall ensure the availability of a field preceptor for each student for whom it provides a field internship.

(3) A field preceptor is responsible for the supervision and evaluation of students while fulfilling a field internship for a training program.

(i) *Facilities and equipment.* An EMS training institute shall:

(1) Maintain educational facilities necessary for the provision of training courses. The facilities shall include classrooms and space for equipment storage, and shall be of sufficient size and quality to conduct didactic and practical skill performance sessions.

(2) Provide and maintain the essential equipment and supplies to administer the course. These shall be identified in the manual the Department develops to provide guidance regarding course administration.

(j) *Operating procedures.* An EMS training institute shall:

(1) Adopt and implement a nondiscrimination policy with respect to student selection and faculty recruitment.

(2) Maintain a file on each enrolled student which includes class performance, practical and written examination results, and reports made concerning the progress of the student during the training program.

(3) Provide a mechanism by which students may grieve decisions made by the institute regarding dismissal or other disciplinary action.

(4) Provide students with Department policies for testing leading to certification or recognition, the EMS training institute's policies for the prevention of sexual harassment, and a clear description of the program and its content, including learning goals, course objectives and competencies to be attained.

(5) Have a policy regarding the transfer of a student into or out of a training program from one EMS training institute to another.

(6) Have a continuing quality improvement process in place for students, instructors, and clinical evaluation.

(7) Require each student applicant to complete an application for enrollment and a criminal history disclosure form provided by the Department and, no later than 14 days after the first class session, forward a copy of both documents to the regional EMS council having responsibility in the EMS region where the EMS training institute operates.

(8) Prepare a course completion form for each student who successfully completes the training course and, no later than 14 days after the training course has concluded, forward that form to the regional EMS council having responsibility in the EMS region where the EMS training institute operates.

(9) Participate in EMS training institute system evaluation activities as requested by the Department.

§ 1011.2. (Reserved).

§ 1011.3. Accreditation process.

For an EMS training institute to be accredited by the Department, the following are required:

(1) The applicant shall submit an application for accreditation on forms developed by the Department to the regional EMS council having responsibility in the EMS region where the EMS training institute intends to conduct its primary

operations. An applicant for reaccreditation shall submit the application at least 180 days, but not more than 1 year, prior to expiration of the current accreditation.

(2) The regional EMS council shall review the application for completeness and accuracy.

(3) The regional EMS council shall have 45 days in which to review the application and to conduct an onsite assessment of the institute.

(4) The regional EMS council shall forward to the Department the application for accreditation either with an endorsement or with an explanation as to why the application has not been endorsed.

(5) Within 150 days of receipt, the Department will review the application and make one of the following determinations:

(i) *Full accreditation.* The EMS training institute meets the criteria in § 1011.1 (relating to EMS training institutes) as applicable, and will be accredited to operate for 3 years.

(ii) *Conditional accreditation.* The EMS training institute does not meet criteria in § 1011.1 as applicable, but the deficiencies identified are deemed correctable by the Department. The EMS training institute will be allowed to proceed or continue to provide accredited EMS education with close observation by the Department. Deficiencies which prevent full accreditation shall be enumerated and corrected within a time period specified by the Department. Conditional accreditation may not exceed 1 year, and may not be renewed.

(iii) *Nonaccreditation.* The institute does not meet criteria in § 1011.1 and the deficiencies identified are deemed to be serious enough to preclude any type of accreditation.

(6) EMS training institutes that have received full or conditional accreditation shall submit status reports to the Department as requested.

(7) Prior to and during accreditation, EMS training institutes are subject to review, including inspection of records, facilities and equipment by the Department. An authorized representative of the Department may enter, visit and inspect an accredited EMS training institute or a facility operated by or in connection with the EMS training institute, with or without prior notification. The Department may accept the survey results of another accrediting body if the Department determines that the accreditation standards of the other accrediting body are equal to or exceed the standards in this chapter, and that the survey process employed by the other accrediting body is adequate to gather the information necessary for the Department to make an accreditation decision.

(8) An EMS training institute shall advise the Department at least 90 days prior to an intended change of ownership, or control of the institute. Accreditation is not transferable to new owners or controlling parties.

(9) An EMS training institute that intends to conduct courses leading to initial certification or recognition, in an EMS region under the jurisdiction of a regional EMS council other than that through which it submitted its application for accreditation, shall file a written application to amend its accreditation with the regional EMS council having responsibility for the region in which it intends to conduct these courses. That application shall be processed by that regional EMS council and acted upon by the Department within 90 days.

§ 1011.4. Denial, restriction or withdrawal of accreditation.

(a) The Department may deny, withdraw or condition the accreditation of an EMS training institute for one or more of the following:

(1) Failure to maintain compliance with the applicable criteria in § 1011.1 (relating to EMS training institutes).

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

(b) Before denying or withdrawing accreditation, or granting conditional accreditation, the Department will give written notice to the institute's administrative director and the regional EMS council that the action is contemplated. The notice will identify reasons for the intended decision and will provide sufficient time for response.

(c) If an institute that applies for accreditation, or has its accreditation withdrawn or conditioned, disagrees with the decision of the Department, it may appeal the decision under 1 Pa. Code § 35.20 (relating to appeals from actions of the staff) if the decision was not issued by the agency head as defined in 1 Pa. Code § 31.3 (relating to definitions) and, if it disagrees with the decision of the agency head, it may file an appeal under 2 Pa.C.S. §§ 501--508 and 701--704 (relating to Administrative Agency Law).

(d) Upon receipt of a written complaint describing conduct for which the Department may withdraw EMS training institute accreditation, the Department will:

(1) Initiate an investigation of the specific charges.

(2) Provide the EMS training institute with a copy of the complaint and request a response unless the Department determines that disclosure to the EMS training institute of the complaint will compromise the investigation or would be inappropriate for some other reason.

(3) Develop a written report of the investigation.

(4) Notify the complainant of the results of the investigation of the complaint, as well as the EMS training institute if the training institute has been officially apprised of the complaint or investigation. This notification does not include providing a copy of the written report developed under paragraph (3).

CHAPTER 1013. SPECIAL EVENT EMS

§ 1013.1. Special event EMS planning requirements.

(a) *Procedure for obtaining required plan approval.* A person, agency or organization responsible for the management and administration of special events may submit a plan for EMS to the Department, through the regional EMS council assigned responsibility for the region in which the special event is to occur, to secure a determination from the Department as to whether the plan is adequate to address the EMS needs presented by a special event or a series of special events conducted at the same location. The plan shall be submitted prior to the start of the special event or events.

(1) Persons, agencies or organizations, managing facilities or locations which are involved in special events who seek the Department's approval of an EMS plan for a special event or series of special events conducted at the same location,

shall submit an annual plan to the appropriate regional EMS council at least 90 days prior to the date of the first scheduled event of each calendar year.

(2) The Department will approve or disapprove a special event EMS plan within 60 days after a complete plan is filed with the regional EMS council.

(b) *Plan content.* The special event EMS plan shall contain information including:

(1) The type and nature of event, location, length and anticipated attendance.

(2) Identification of sponsoring organization.

(3) The name and qualifications of the special event supervisory physician and the special event EMS director.

(4) Identification of the number and qualifications of emergency medical personnel who will be involved.

(5) The type and quantity of emergency medical vehicles, equipment and supplies to be utilized.

(6) A description of the onsite treatment facilities including maps of the special event site.

(7) The level of care to be provided BLS, ALS or both.

(8) Patient transfer protocols and agreements.

(9) A description of the special event emergency medical communications capabilities.

(10) Plans for educating event attendees regarding EMS system access, specific hazards or severe weather.

(11) Measures that have and will be taken to coordinate EMS for the special event or events with local emergency care services and public safety agencies--such as ambulance, police, fire, rescue, and hospital agencies or organizations.

(c) *Plan approval.* To secure Department approval of an EMS plan for a special event, the applicant shall satisfy the requirements of this chapter.

§ 1013.2. Administration, management and medical direction requirements.

(a) *Special event EMS director.* EMS provided at a special event shall be supervised by an individual identified as the special event EMS director.

(1) *Responsibilities.* The responsibilities of the special event EMS director include:

(i) The preparation of a plan under § 1013.1 (relating to special event EMS planning requirements).

(ii) Management of the delivery of special event EMS.

(iii) Ensuring implementation of the EMS coordination measures contained in the special event EMS plan.

(2) *Qualifications.* A special event EMS director shall be experienced in the administration and management of prehospital EMS at the BLS or ALS level, depending on the level of EMS provided at the special event.

(b) *Special event emergency supervisory physician.*

(1) *Requirement.* A special event EMS system shall be directed and supervised by a medical command physician for events involving more than 25,000 actual or anticipated participants or attendees, or both.

(2) *Qualifications.* A special event emergency supervisory physician shall possess the following qualifications:

(i) Experience in the medical direction and supervision of prehospital EMS at the BLS or ALS level, depending on the level of care provided at the special event.

(ii) Be licensed as a physician.

§ 1013.3. Special event EMS personnel and capability requirements.

(a) Special event emergency medical staff shall be certified at appropriate emergency care levels based on the level of EMS provided at the special event; that is, BLS, ALS, or both.

(b) One staffed and Pennsylvania licensed ambulance vehicle shall be stationed onsite of a special event with a known or estimated population of between 5,000 and 25,000 participants or attendees, or both.

(c) Two staffed and Pennsylvania licensed ambulance vehicles shall be stationed onsite of a special event with a known or estimated population greater than 25,000 but less than 55,000 participants or attendees, or both.

(d) Three staffed and Pennsylvania licensed ambulance vehicles shall be stationed onsite of any special event with a known or estimated population greater than 55,000 participants or attendees, or both.

(e) Sufficient personnel shall be available to assure the availability of BLS care to special event spectators or participants within 10 minutes of notification of need for emergency care. EMS personnel shall be currently certified at the ambulance attendant, first responder, EMT, EMT-paramedic or health professional level.

§ 1013.5. Onsite facility requirements.

A special event for which greater than 25,000 participants or spectators, or both, will be involved shall require the use of onsite treatment facilities. The onsite treatment facilities shall provide:

(1) Environmental control, providing protection from weather elements to insure patient safety and comfort.

(2) Sufficient beds, cots and equipment to provide for evaluation and treatment of at least four simultaneous patients.

(3) Adequate lighting and ventilation to allow for patient evaluation and treatment.

§ 1013.6. Communications system requirements.

A special event EMS system shall have onsite communications capabilities to insure:

(1) Uniform access to care for patients in need of EMS.

(2) Onsite coordination of the activities of EMS personnel.

(3) Communication with existing community PSAPs.

(4) Communication interface with other involved public safety agencies.

(5) Communication with receiving facilities.

(6) Communication with ambulances providing emergency transportation.

§ 1013.8. Special event report.

The person or organization that filed the special event EMS plan shall complete a special event report form prepared by the Department and provided to it by the

relevant regional EMS council, and shall file the completed report with that regional EMS council within 30 days following a special event.

CHAPTER 1015. QUICK RESPONSE SERVICE RECOGNITION PROGRAM

§ 1015.1. Quick response service.

(a) *Criteria.* An applicant for recognition as a QRS shall file an application in which it shall commit to the following to receive Department recognition as a QRS:

(1) The applicant will maintain essential equipment and supplies for a QRS, as published by the Department at least annually in the *Pennsylvania Bulletin*, for immediate use when dispatched.

(2) The applicant has capabilities to be dispatched and to communicate with a responding ambulance service.

(3) EMS it provides will be performed by prehospital personnel or other persons authorized by law to perform the services.

(4) The applicant shall satisfy the requirements applicable to ambulance services in §§ 1001.41 and 1001.42 (relating to data and information requirements for ambulance services; and dissemination of information), for data elements included in an EMS patient care report which the Department designates for completion by a QRS.

(5) The applicant shall provide EMS in compliance with regional medical treatment protocols and the Statewide BLS medical treatment protocols.

(b) *Recognition process.*

(1) An applicant for Department recognition as a QRS shall submit an application on forms prescribed by the Department to the regional EMS council having jurisdiction over the area in which the applicant intends to locate. The application shall contain the following information:

(i) The name and address of the applicant.

(ii) The physical location of the applicant.

(iii) Service affiliations (police department, fire department, ambulance service, or other).

(iv) The service area.

(v) The types and number of vehicles it will employ, if any.

(vi) Communication access and capabilities of the applicant.

(vii) A roster of persons who have committed to serve as QRS members, and their qualifications.

(viii) A summary of how the QRS will interface with ambulance services.

(ix) Verification that the applicant will satisfy the requirements of subsection (a).

(x) A statement attesting to the veracity of the application, which shall be signed by the principal official of the applicant.

(2) The regional EMS council shall review the application for completeness and accuracy. It shall return an incomplete application to the applicant within 14 days of receipt.

(3) Upon receipt of a complete application, the regional EMS council shall conduct, within 45 days, an onsite inspection of the applicant to determine whether the applicant satisfies the regulatory criteria for QRS recognition. Deficiencies identified during the inspection shall be documented and made known to the applicant. A reinspection shall be scheduled when the applicant notifies the regional EMS council that the deficiencies have been corrected. The results shall be forwarded to the Department.

(c) *Recognition.*

(1) A certificate of recognition as a QRS will be issued by the Department when it has been determined that requirements for recognition have been met.

(2) The certificate of recognition will specify the name of the QRS, the date of issuance, the date of expiration, the regional EMS council through which the application was processed and the recognition number assigned by the Department.

(3) The QRS may identify a vehicle being utilized for response by applying to the outside of the vehicle a QRS decal issued by the Department

(4) The QRS decal issued by the Department may not be displayed on a vehicle not utilized for response by the QRS.

(5) A certificate of recognition is nontransferable and shall remain valid for 3 years unless withdrawn by the Department due to the QRS failing to continue to meet the standards for recognition as a QRS in subsection (a).

(d) *Renewal of recognition.* A QRS may continue to participate in the Quick Response Service Recognition Program by resubmitting an application in a format prescribed by the Department to the appropriate regional EMS council at least 60 days prior to the expiration date of its certificate of recognition.

§ 1015.2. Discontinuation of service.

A QRS may not discontinue service, except upon order of the Department, without providing each regional EMS council and the chief executive officer of each political subdivision within its service area 90 days advance notice. The QRS shall also advertise notice of its intent to discontinue service in a newspaper of general circulation in its service area at least 90 days in advance of discontinuing service, and shall provide the Department with written notice that it has met these responsibilities at least 90 days in advance of discontinuing service.