RULES
OF
THE TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF EMERGENCY MEDICAL SERVICES

CHAPTER 1200-12-01
GENERAL RULES

TABLE OF CONTENTS

1200-12-01-.01 SANITATION OF AMBULANCE.

(1) All ambulances operating pursuant to the provisions of T.C.A. Chapter 140 of Title 68, must meet the following standards. For the purpose of this regulation, the word “sanitary” shall mean the absence of dirt, dust, stains, odors, rodents, vermin, or foreign substances.

(2) Patient Compartment

(a) Floor must be sanitary.

(b) Cabinets or storage areas must be sanitary.

(c) All material covering seats, and in headliner must be sanitary.

(d) All equipment in patient compartment must be clean and in workable condition.

(e) Windows must be clean, unbroken, and in workable condition.

(f) All doors leading into passenger compartment must open properly, close tightly with all handles working.

(g) Compartment must be watertight and free of drafts.

(h) All equipment must be contained in such a manner as to be sanitary at all times.

(i) Oxygen if present, must be medical grade and cylinder contain at all times at least 500 PSI.

(3) Drivers Compartment

(Rule 1200-12-01-.01, continued)

(a) Must be sanitary.

(b) All doors must open properly and close tightly with all handles working.

(c) Windows and windshield must be clean and free of cracks.

(d) Rear view mirror must be free of cracks.

(e) Seat belts must be in place and in usable condition.

(f) Compartment must be watertight and free of drafts.

Authority: *T.C.A. §§ 68-140-501, 68-140-504, and 68-140-507.* ***Administrative History:*** *Original rule filed March 20, 1974; effective April 19, 1974. Amendment filed August 7, 2009; effective November 5, 2009.*

1200-12-01-.02 AMBULANCE SAFETY, DESIGN, AND CONSTRUCTION STANDARDS.

(1) All ambulances operating pursuant to the provisions of Chapter 140 of Title 68, Tennessee Code Annotated, must meet the following standards.

(a) All lights must function properly and in accordance with applicable federal and state motor vehicle laws and regulations pursuant to T.C.A. § 55-9-402.

(b) All emergency lights must function in the way in which they were designed to function.

(c) Emergency audible warning devices must function in the way in which they were designed to function.

(d) Body must be free of dents and rust.

(e) Tires must have at least four thirty-seconds inch (4/32”) tread.

(f) Braking system must function properly and safely.

(g) Steering system must function properly.

(h) All safety devices must function properly.

(i) All equipment in the patient compartment must be adequately secured.

(j) Oxygen tanks must bear a current static pressure date.

(k) Exhaust system must function to original standards.

(l) Patient compartment must be free of safety hazards.

(m) All ambulances (and invalid vehicles) shall have an operating odometer.

(n) The owner or operating agent of the ambulance shall subject the vehicle to a periodic mechanical safety inspection which shall be documented for the department.

1. Periodic mechanical safety inspection shall mean an inspection conducted at least annually, or every thirty-thousand (30,000) miles after a vehicle registers two hundred thousand (200,000) miles, whichever first occurs. The inspector

(Rule 1200-12-01-.02, continued)

must attest that the vehicle is mechanically safe, roadworthy, and maintained to federal and state laws applicable for such vehicles.

2. Mechanical safety inspections shall be conducted by a mechanic with factory training and certification from the original (motor vehicle) equipment manufacturer or the equivalent certification for Emergency Vehicle Technicians (EVT) or from the Institute for Automotive Service Excellence (ASE) Mechanics certification.

3. Mechanical safety inspections shall be conducted in addition to the vehicle and equipment inspections by EMS Division personnel, following the procedures identified in the form or electronic records format adopted by the board.

4. Records of the periodic mechanical safety inspection shall be submitted upon the initial permit application to the Division of Emergency Medical Services, and shall be maintained for as long as the chassis is actively licensed or permitted. Such records and supporting documents consisting of repair orders and routine maintenance shall be available and submitted for inspection by an authorized representative of the department.

5. Upon observation of possible mechanical safety defects by an authorized representative of the department, or upon citation from a law enforcement agency, a vehicle shall be subject to unscheduled inspection to verify safe operation.

6. Upon failure of an inspection, an ambulance shall be immediately removed from service until such deficiencies are corrected that may in any way impair the safe operation of the ambulance or vehicle.

(2) Design and Construction - Any vehicle permitted pursuant to Chapter 140 of Title 68 shall be maintained according to the standards and specifications that follow: Standards for Emergency Ambulance vehicles.

(3) General Vehicle Requirements.

(a) The ambulance service shall determine the color of the exterior surface of each ambulance; however, the roof of the patient compartment shall be white.

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(b) The ambulance service shall ensure that a minimum of one (1) horizontal solid reflective stripe at least six (6) inches in width shall be displayed on the sides and rear, horizontal to the beltline of the ambulance extending below the window line.

(c) The ambulance service may display a chevron striping pattern in the rear of the vehicle, with a pattern of alternating diagonal elements at least six (6) inches in width. Chevron patterns shall comply with the Manual of Uniform Traffic Control Devices.

(d) Emblems and Markings.

1. The ambulance service shall ensure that the following markings are displayed on each ambulance:

(i) The service name on each side of the ambulance with a minimum of four (4) inch contrasting reflective letters;

(ii) The word “ambulance” displayed in contrasting reflective block letters not less than six (6) inches in height placed on each side of vehicle;

(iii) The word “ambulance” on the rear of each vehicle in contrasting reflective block letters not less than four (4) inches in height;

(iv) A reflective “Star of Life” of not less than sixteen (16) inches in height on each side of the vehicle;

(v) A reflective “Star of Life” of not less than four (4) inches in height on each rear door (if single rear door or sliding door, one on either side or alongside of the word Ambulance);

(vi) A “Star of Life” on the vehicle roof of not less than thirty-two (32) inches in height;

(vii) Numerals and letters used as vehicle call numbers, fleet numbers or chassis numbers placed on the sides and rear of each vehicle between four (4) and fourteen (14) inches in height and in reflective letters contrasting with the vehicle background. Numerals displayed on the vehicle rooftop shall be at least ten (10) inches in height, reflective and contrasting with the vehicle background.

2. An ambulance service shall identify its ambulances with lettering or a service trademark or emblem identifying the service. The service emblem or lettering shall be prominently displayed and shall not be printed over or superimposed over the “Ambulance” lettering or “Star of Life” emblems otherwise required by these rules.

3. An ambulance service shall not display any lettering, decals, or emblem which state(s) or suggest(s) that the ambulance service is affiliated with a business, entity, or government if there is no such affiliation.

4. An ambulance service shall not state or suggest that it has an accreditation that the service has not attained or maintained.

5. An ambulance service shall not have any markings that are commercial endorsements or advertisements for products or services other than ambulance services or services provided by the ambulance service owner.

6. An ambulance service shall not have any markings on vehicles that indicate any contractual arrangements with other businesses, entities, or individuals.

7. An ambulance service may display decals or placards on vehicles for recognized public safety programs as approved by the Division.

8. An ambulance service may display lettering or decals which serve a functional and useful purpose, such as identifying specialty care capability or special community programs as approved by the Division.

9. Within six (6) months of the effective date of this rule, each licensed service shall file a written description of its ambulance color and marking scheme with the Division of Emergency Medical Services. This description shall include a photograph or commercial drawing of the front, side, and rear of a modified vehicle.

(Rule 1200-12-01-.02, continued)

(i) All ambulances within the service upon the effective date of this rule shall be modified in accordance with the plan submitted within one (1) year of the adoption of such color and markings plan;

(ii) Ambulances placed into permitted service after the effective date of this rule and after a design plan is filed with the Division office, shall conform to the service's adopted color and markings plan;

(iii) If the color and/or marking scheme is subsequently modified, a revised description and photographs shall be filed by the ambulance service with the Division office, and all ambulances within the service shall be modified within one (1) year after adoption of the revised color and markings scheme.

(iv) Upon the effective date of this rule, ambulance services shall ensure that white vehicles with an orange stripe may continue in service until replaced or withdrawn from service.

(e) An ambulance service shall ensure that each ambulance shall be equipped with flashing or oscillating warning lights on the front, sides, and rear of the vehicle, red in color, with a center-mounted white (clear) flashing light visible to the front. One or more amber flashing lights may be visible to the rear. Switching arrangements may provide either synchronized or alternating red warning lights on the front, sides, and rear of the vehicle. Warning lights shall meet minimum photometric standards as described in the Federal Star of Life Ambulance Specifications in effect at the time of end stage manufacture.

(f) Each ambulance service shall ensure that each ambulance has communications and warning devices that shall include but not be limited to a two-way radio with State designated emergency medical telecommunications frequencies and an audible warning and public address system, as follows:

1. Two-way Radio (Mobile).

   Mobile radio equipment shall include VHF capabilities at a minimum, as established in Rule 1200-12-01-.08 (EMS Telecommunications), or means of alternative compliance as established in Rule 1200-12-01-.08. Radio control functions for the VHF and dispatch radio shall be accessible to the vehicle operator. The medical communication radio (or radio controls) shall be available in the patient compartment and comply with the respective regional frequency use plans and radio standards as published in the State EMS Telecommunications Plan.

2. Audible Warning and Public Address System.

   A combination electronic siren with integral public address system and radio amplification shall be provided. Control functions shall provide public address, radio, manual, wail and yelp selections with remote siren control from the driver's position.

3. An ambulance service may install a mechanical siren or air horn in emergency vehicles.

(g) An ambulance service shall ensure that each vehicle's patient compartment has the following minimum dimensions:

(Rule 1200-12-01-.02, continued)

1. Inside height of at least 60 inches, floor to ceiling.

2. Inside length from compartment divider to rear door of at least 116 inches.

(h) Each ambulance service placing ambulances in service or obtaining an initial permit in the state of Tennessee shall ensure that ambulances are manufactured and maintained according to the ambulance safety, construction and design standards that were adopted by the board as of the date of final manufacture. Current board-approved standards are posted on the Division's web page at https://www.tn.gov/content/dam/tn/health/events/Ambulance%20Equipment%20Specifications%20Effective%20%20July%202019%20draft%209.20.18.pdf, or at any successor web address, and are hereby incorporated into this rule as if they were fully set out and stated herein. The effective date of any changes in the posted standards will be determined by the board.

(4) Specialty Care Vehicle Requirements

Vehicles used exclusively for the provision of specialty care response and/or transport shall conform with the board-approved ambulance safety, construction and design standards set out in paragraphs (1) through (3) of this rule, with the following exceptions:

(a) Additional markings, legends, or logos may be used to identify the provider and purpose for specialty care vehicles, except that no letter shall exceed six inches in height. Legends identifying the specialty care provided, such as "Neonatal Intensive and Critical Care Transport," may be substituted for the word "Ambulance" in exterior markings.

(b) Vehicle electrical systems shall be sufficient to sustain specialized equipment as verified by manufacturer's certificate. Units shall be equipped with a back-up power system sufficient to operate life support equipment in the event the main power system fails.

(c) Patient compartments, based on the vehicles' specialty care response, shall conform with the current Tennessee Perinatal Care System Guidelines for Transportation posted at https://www.tn.gov/content/dam/tn/health/documents/GuidelinesTransportationPAC.pdf or any successor site.

(d) Vehicle crashworthiness shall be assured with roll-cage construction, evidenced by compliance with the Ambulance Manufacturer's Division Standards of the Truck Body and Equipment Association or comparable construction under written statement and performance bond by the manufacturer.

(e) Doors shall provide access to the rear and curb-side of the patient compartment. Where the vertical lift distance of the patient loading area exceeds 28 inches, a ramp or electrical/hydraulic lift shall be furnished to facilitate patient loading.

(f) Environmental systems on the unit shall meet heating/air conditioning standards as specified in Federal Specifications Ambulance.

(g) Vehicle electrical systems shall be provided to furnish 110 volt AC power sufficient to sustain 3,000 watts at 60 cycles. The unit shall be equipped with a back-up power system sufficient to operate patient care equipment in the event of failure of the main power system. The 110 volt system shall incorporate a ground fault interrupter device for protection against electrical hazards.

(Rule 1200-12-01-.02, continued)

(h) Patient compartment shall be so designed to provide the following:

1. One transport incubator configured to allow observation from at least two sides of the patient which shall be capable of being secured in the vehicle.

2. An open bed warmer to allow various stabilization procedures.

3. Compartments for appropriate storage of materials such as culture media and medications.

4. Fixtures to ensure proper hand cleansing during a transport.

5. Illumination at the primary patient care area of at least 75 foot candles.

6. Safety features, to include:

(i) Cabinet corners and latches, sculpted, padded, or recessed to prevent undue injury during sudden deceleration.

(ii) Safety devices shall include:

(I) A grab rail or hand strap, secured according to Federal Motor Vehicle Safety Standards for safety restraints.

(II) Safety belts shall be provided at all attendant seats.

(III) Safety restraint devices for infants for use when the vehicle is in motion.

(i) Patient care equipment shall include the means to provide and monitor mechanical ventilation, and an oxygen system with sufficient capacity to deliver a minimum continuous flow of 8 liters per minute for at least four hours. The installed oxygen system shall be capable of delivering specific monitored blended oxygen concentrations.

(5) A licensed ambulance provider may operate a temporary ambulance upon a written acknowledgment from the Department's representative under the following conditions:

(a) A vehicle used to replace a permitted ambulance, when the permitted vehicle has been removed from service for repair or maintenance, when such temporary vehicle is not owned or normally operated by the service; or

(b) A vehicle acquired to replace a permitted ambulance, with conversion of title to the service or its agent, following the submission to the Division of vehicle information and the appropriate fee, shall be allowed to operate up to fifteen (15) days pending inspection by the department.

(c) Each provider shall assure compliance with all rules applicable to the operation of the vehicle as follows:

1. The replacement vehicle shall comply with all design, construction, equipment and safety standards as promulgated under paragraphs (1) (2) and (3).

2. Insurance coverage obtained by rider or policy revision shall be in evidence pursuant to rule 1200-12-01-.07.

(Rule 1200-12-01-.02, continued)

3. The provider must immediately notify the Division of Emergency Medical Services in writing when the unit is placed in service, submitting information to include:

(i) the license and vehicle identification numbers of the substitute or replacement vehicle, and

(ii) the permit number of the unit for which the replacement is substituted.

4. Non-standard radio equipment may be authorized for temporary use in vehicles provided such authorization is requested in writing before placing the vehicle is placed in service. The request should include a reasonable, projected time period over which the non-standard equipment is expected to be used, and the basic capabilities of such equipment.

(d) Vehicles added to an existing fleet, requiring evidence of additional supplies and equipment to extend service, shall not be operated under temporary authorizations, but may be operated under a letter of approval filed by the Division's authorized representative following payment of fees to the Division's principal office, and evidence of satisfactory inspection by the authorized representative, pending the issuance of a permit.

(e) A letter of approval from a Division representative shall not be substituted for a vehicle permit for any period exceeding ninety (90) days.

(6) Upon inspection, any vehicle deemed unacceptable and failing an inspection shall be immediately removed from service until approved for return to service by the Division's authorized representative.

Authority: *T.C.A. §§ 68-140-304, 68-140-306, 68-140-307, 68-140-504, 68-140-506, 68-140-507, and 68-140-526.* ***Administrative History:*** *Original rule filed March 20, 1974; effective April 19, 1974. Amendment filed February 8, 1983; effective May 16, 1983. Amendment filed November 30, 1984; effective February 12, 1985. Amendment filed April 8, 1987; effective May 23, 1987. Amendment filed May 27, 1988; effective July 11, 1988. Amendment filed March 7, 1989; effective April 21, 1989. Amendment filed November 27, 1990; effective January 11, 1991. Amendment filed August 11, 1993; effective October 25, 1993. Amendment filed June 1, 2007; effective August 15, 2007. Amendment 1200-12-01-.02(1)(o) filed August 7, 2009; withdrawn November 2, 2009. Amendment filed August 7, 2009; effective November 5, 2009. Amendment filed May 26, 2010; effective August 24, 2010. Amendments filed September 23, 2019; effective December 22, 2019.*

1200-12-01-.03 EMERGENCY MEDICAL SERVICES EQUIPMENT, MEDICATIONS AND SUPPLIES. Each provider shall maintain the required equipment, medications and supplies for the level of service to provide appropriate emergency care and, where applicable, patient care during transport, on each permitted vehicle. It is anticipated that changes in equipment, medications and supplies may be necessary from time to time. This rule hereby adopts the Ambulance Equipment, Medications and Supplies Specifications posted on the Division's web page at https://www.tn.gov/content/dam/tn/health/events/Ambulance%20Equipment%20Specifications%20Effective%20%20July%202019%20draft%209.20.18.pdf, or at any successor web address, and incorporates those specifications into this rule as if they were fully set out and stated herein.

(1) Definitions – as used in this rule, the following terms and abbreviations shall have the following meanings:

(a) "Critical" (C) means any equipment, medications or supplies critical for lifesaving patient care and which by its absence would jeopardize patient care.

(Rule 1200-12-01-.03, continued)

(b) "Non-Critical" (N) means such equipment, medications or supplies provided in sufficient amounts for patient care, but when missing may not result in serious harm to a patient.

(c) "Optional" (O) means any equipment, medications or supplies of elective use, which shall be operational and sanitary.

(d) "Specifications" refers to the federal standards and performance requirements for equipment, medications and supplies recognized within the emergency medical services industry and adopted by the board. The current "Ambulance Equipment, Medications and Supplies Specifications" can be found at https://www.tn.gov/content/dam/tn/health/events/Ambulance%20Equipment%20Specifications%20Effective%20%20July%202019%20draft%209.20.18.pdf.

(2) A written or electronic copy of protocols must be available for inspection on each ambulance.

(3) Safety equipment is required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(4) Oxygen, inhalation, ventilation, and airway management devices are required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(5) Diagnostic and assessment devices are required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(6) Bandages and dressing material are required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(7) Immobilization devices are required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(8) Patient care supplies are required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(9) Infection control supplies are required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(10) Intravenous therapy supplies are required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(11) Cardiac defibrillators and monitors are required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(12) Medications and required drugs are required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications. Medications must be packaged and stored in accordance with pharmacological guidelines for sterility, cleanliness, dosage, and expiration.

(13) A triage system that can be used in mass casualty situations/incidents is required on each ambulance in accordance with the Ambulance Equipment, Medications and Supplies Specifications.

(14) Air ambulances are required to have the equipment, medications and supplies specified under Rule 1200-12-01-.05.

(Rule 1200-12-01-.03, continued)

(15) Equipment, medications and supplies requirements as detailed in paragraphs (3) to (12) shall not apply to vehicles used solely for neonatal critical care transport.

(16) Neonatal transport equipment and supplies shall conform to the standards adopted in the Tennessee Perinatal Care System Guidelines for Transportation, Tennessee Department of Health, Maternal and Child Health Section, Sixth Edition, 2014, or successor publication.

(17) Ambulances found to be lacking any critical (C) equipment, medications or supplies, or lacking six or more non-critical (N) equipment, medications or supplies, will fail their inspection. Ambulances found to be lacking five or fewer non-critical (N) equipment, medications or supplies will receive a warning. Conditional acceptance during inspection may be granted by the Division's representative when good faith efforts to acquire or repair non-critical equipment are made by the provider, subject to recheck of any deficiencies within forty-five (45) days of the initial inspection.

Authority: *T.C.A. §§ 68-140-304, 68-140-305, 68-140-306, and 68-140-307.* ***Administrative History:*** *Original rule filed March 20, 1974; effective April 19, 1974. Amendment filed February 8, 1983; effective May 16, 1983. Amendment filed November 30, 1984; effective February 12, 1985. Amendment filed August 22, 1985; effective September 21, 1985. Amendment filed April 8, 1987; effective May 23, 1987. Amendment filed March 7, 1989; effective April 21, 1989. Repeal and new rule filed January 7, 1997; effective March 23, 1997. Repeal and new rule filed November 16, 2005; effective January 30, 2006. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed August 7, 2009; effective November 5, 2009. Amendments filed May 26, 2010; effective August 24, 2010. Repeal and new rule filed December 2, 2014; effective March 2, 2015. A stay of the effective date of the rule was filed January 27, 2015; new effective date March 27, 2015. Another stay of the effective date of the rule was filed February 23, 2015; new effective date April 1, 2015.*

1200-12-01-.04 EMERGENCY MEDICAL SERVICES (EMS) PERSONNEL CERTIFICATION AND LICENSURE.

(1) Scope of Practice for Emergency Medical Services Personnel.

(a) Definitions. Terms used in this rule shall be defined as follows:

1. "Advanced Emergency Medical Technician (AEMT)" means a person who has successfully completed the Advanced Emergency Medical Technician training course, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic and limited advanced emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent, and non-emergent patients who access the emergency medical system.

2. "Board" means the Tennessee Emergency Medical Services Board.

3. "Department" means the Tennessee Department of Health.

4. "Division" means the Division of Emergency Medical Services.

5. "Emergency Medical Responder (EMR)" means a person who has successfully completed the Emergency Medical Responder training course and has qualified by examinations to perform lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport, under medical direction.

6. "Emergency Medical Technician (EMT)" means a person who has successfully completed the Emergency Medical Technician training course, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic

(Rule 1200-12-01-.04, continued)

emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent and non-emergent patients who access the emergency medical system.

7. "Medical Direction" means the supervision by a physician licensed to practice in the state of Tennessee of all medical aspects of patient care within Emergency Medical Services.

8. "Paramedic" means a person who has successfully completed an accredited Paramedic Program at the certificate or associate degree level, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic and advanced emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent and non-emergent patients who access the emergency medical system.

9. "Protocols" mean a ranking or formal listing of procedures approved by an EMS service's medical director that may be utilized for patient care after physician or medical facility communications have been established.

10. "Standing Orders" mean orders based on an agreement established by an EMS service's medical director, delegating authority to agents within their control to commence treatment and authorizing procedures for patient care that may be utilized until the patient is presented for continuing medical care.

(b) Scope of Practice for Certified Emergency Medical Responder (EMR).

1. An EMR will perform lifesaving interventions while awaiting additional EMS response and will assist higher level personnel at the scene and during transport.

2. An EMR functions as part of a comprehensive EMS response, under medical direction.

3. A certified EMR shall possess, at a minimum, skills as defined by the current National EMS Scope of Practice Model and National EMS Education Standards.

4. An EMR's scope of practice may be extended to include skills the Board authorizes and approves.

(c) Scope of Practice for a Licensed Emergency Medical Technician (EMT).

1. An EMT will provide basic emergency medical care for critical, emergent and non-emergent patients who access the emergency medical system.

2. An EMT functions as part of a comprehensive EMS response, under medical direction.

3. The EMT's scope of practice includes, at a minimum, the skills listed within the EMR scope of practice as well as the "Minimum Psychomotor" skills set as identified in the current National EMS Scope of Practice Model and National EMS Education Standards for EMTs, including but not limited to, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies for patients of all ages.

4. An EMT's scope of practice may be extended to include skills the Board authorizes and approves.

(Rule 1200-12-01-.04, continued)

(d) Scope of Practice for a Licensed Advanced Emergency Medical Technician (AEMT).

1. An AEMT will provide basic and limited advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical direction and limited training and focused on the acute management and transportation of critical, emergent, and non-emergent patients.

2. An AEMT functions as part of a comprehensive EMS response, under medical direction.

3. The AEMT's scope of practice includes, at a minimum, the skills listed within the EMT scope of practice as well as the "Minimum Psychomotor" skills set identified in the current National EMS Scope of Practice Model and National EMS Education Standards for the AEMT, including but not limited to, basic non-invasive and limited advanced invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies for patients of all ages.

4. An AEMT's scope of practice may be extended to include skills the Board authorizes and approves.

(e) Scope of Practice for a Licensed Paramedic.

1. A Paramedic will provide basic and advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical direction and advanced training and focused on the acute management and transportation of critical, emergent, and non-emergent patients.

2. Paramedics function as part of a comprehensive EMS response, under medical direction, to perform interventions with the basic and advanced equipment typically found on an ambulance.

3. The Paramedic scope of practice includes, at a minimum, all basic knowledge and skills of an AEMT as well as the "Minimum Psychomotor" skills set identified in the current National EMS Scope of Practice Model and National EMS Education Standards for a Paramedic, including but not limited to, advanced invasive and non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies for patients of all ages.

4. A Paramedic's scope of practice may be extended to include skills the Board authorizes and approves.

(2) Emergency Medical Responder Initial Certification, Renewal, and Reinstatement Requirements.

(a) Initial Certification as an EMR. To be eligible for initial certification as an EMR by the Division, an applicant shall meet the following requirements:

1. Be at least seventeen (17) years of age;

2. Be able to read, write and speak the English language;

3. Have no documented history within the past three (3) years of habitual intoxication or personal misuse of any drugs or intoxicating liquors, in such a manner as to adversely affect the applicant's ability to practice as an EMR;

(Rule 1200-12-01-.04, continued)

4. Hold a signed current Basic Cardiopulmonary Resuscitation Healthcare Provider card or equivalent;

5. Successfully complete all aspects of a Board approved Emergency Medical Responder course, including but not limited to, attendance requirements;

6. Achieve an established passing score on a Board approved examination within two (2) years of completion of an EMR training course;

(i) Applicants who fail to pass the examination shall be eligible to reapply for examination.

7. Applicants must successfully complete all requirements for certification within two (2) years of completion of training.

8. Submit the completed Division-provided application from, along with all required supporting documents and the appropriate certification and application fees in accordance with Rule 1200-12-01-.06.

9. If an applicant does not complete all requirements for certification within two (2) years of date of initial application, the application shall be considered abandoned and the Division shall destroy it.

10. Validity of initial EMR certification shall not exceed thirty-six (36) months.

(b) Post Initial Certification Requirements for an EMR.

1. An EMR shall receive training and show competency under EMS service authorized medical direction to be permitted to perform Board approved extended skills and/or procedures.

2. The EMS service medical director shall monitor performance through a quality assurance program.

(c) Renewal Requirements for Emergency Medical Responder Certification. To be eligible for renewal of certification as an EMR by the Division, an applicant shall meet the following requirements:

1. File the Division provided renewal application and submission of renewal fees, in accordance with Rule 1200-12-01-.06.

2. Submit a copy of a signed current Basic Cardiopulmonary Resuscitation Healthcare Provider card or equivalent;

3. Submit verification of one of the following:

(i) Successful completion of Board approved refresher training course; or

(ii) Satisfactory completion of the examination as established in part (2)(a)6.; or

(iii) Completion of ten (10) Continuing Education Contact Hours, or one (1) college credit hour in EMR related studies, as approved by the Division. A minimum of two (2) hours must be in pediatric related topics.

(Rule 1200-12-01-.04, continued)

(I) Documentation of skills competency must also be submitted to the Division administrative office with documentation of continuing education.

(iv) The due date for completion of the required continuing education is the expiration date of the EMR's certification renewal.

(v) All EMR's must retain independent documentation of completion of all continuing education hours. This documentation must be retained for a period of four (4) years from the end of the renewal period in which the continuing education was acquired. This documentation must be produced for inspection and verification, if requested by the Division during its verification process. Certificates verifying the individual's completion of the continuing education program(s) shall consist of one or more of the following:

(I) Continuing education program's sponsor, date, length in hours awarded, program title, certified individual's name, and certificate number; or

(II) An original letter on official stationary from the continuing education program's sponsor indicating date, length in hours awarded, program title, certified individual's name, and certificate number.

4. Continuing education contact hours shall be obtained through a Division approved agency or institution or program.

5. Validity of renewed EMR certification shall not exceed twenty-four (24) months.

(d) Reinstatement Requirements for Emergency Medical Responder Certification.

1. Those persons who fail to timely renew certification are eligible to apply for reinstatement of their certification as an EMR by the Division, if the applicant completes the following requirements:

(i) Submits an approved reinstatement application;

(ii) Submits payment of the reinstatement fee in accordance with Rule 1200-12-01-.06;

(iii) Submits a copy of a signed current Basic Cardiopulmonary Resuscitation Healthcare Provider card or equivalent.

(iv) Those persons applying for reinstatement of their certification less than sixty (60) days after expiration of previous certification shall present documentation of successful completion of one of the following:

(I) Required continuing education requirements and documentation of skills competency; or

(II) The Board approved refresher training course, as established in part (2)(a)5.; or

(III) The examination, as established in part (2)(a)6.

(Rule 1200-12-01-.04, continued)

(e) Those persons applying for reinstatement of their certification sixty (60) days or more after expiration of previous certification shall present documentation of successful completion of both the Board approved refresher training course and the examination as required in parts (2)(a)5. and 6.

(3) Initial Licensure Procedure for Emergency Medical Services Personnel.

(a) All applicants for licensure pursuant to T.C.A. Title 68, Chapter 140 shall comply with the following requirements to be eligible for licensure:

1. Be at least eighteen (18) years of age;

2. Be able to read, write, and speak the English language;

3. Possess a minimum of an academic high school diploma or a general equivalency diploma (G.E.D.);

4. Have no documented history within the past three (3) years of habitual intoxication or personal misuse of any drugs or the use of intoxicating liquors, in such a manner as to adversely affect the person's ability to practice emergency medical services.

5. Present evidence to the Division of Emergency Medical Services of a medical examination certifying physical health sufficient to conduct activities associated with patient care, including, but not limited to, visual acuity, speech and hearing, use of all extremities, absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the care and lifting of the ill or injured. This information shall be provided on a form approved by the Board and shall be consistent with the provisions of the Americans with Disabilities Act.

6. Successfully complete Board approved Tennessee training for the level at which licensure is being requested.

7. Qualify by examination to perform pre-hospital care.

(i) Each applicant shall successfully complete both a Board approved written and practical examination, for the level at which licensure is being requested.

(ii) Applicants who fail to pass the examination shall be eligible to reapply for examination.

(iii) Applicants must successfully complete all requirements for licensure within two (2) years of completion of training.

8. Submit a completed application for licensure form as provided by the Division with all necessary documents, attachments and appropriate fees.

9. An applicant shall disclose the circumstances surrounding any of the following:

(i) Conviction of any criminal law violation of any country, state or municipality, except minor traffic violations.

(ii) The denial of professional licensure/certification application by any other state or the discipline of licensure/certification in any state.

(iii) Loss or restriction of licensure or certification.

10. If an applicant does not complete all requirements for licensure within two (2) years of date of completion of initial training and/or application, the application shall be considered abandoned and the Division shall destroy it.

11. Remit the appropriate licensure and application fees in accordance with Rule 1200-12-01-.06; and

12. Cause the result of a criminal background check to be submitted to the administrative office of the Division, directly from the vendor identified in the Division's licensure application materials. Criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

(b) Initial Licensure for an EMT. To be eligible for licensure as an EMT, an applicant shall complete all licensure requirements listed in subparagraph (3)(a).

1. EMTs who have shown competency in basic knowledge and skills through completion of Board approved written and practical examination and wish to progress to AEMT training without obtaining an EMT license shall:

(i) Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character.

(ii) Begin training no later than one hundred twenty (120) days after successful completion of EMT training.

(iii) AEMT training beginning more than one hundred and twenty (120) days after successful completion of a Board approved EMT training course or failure to successfully complete an AEMT training course shall require a current Tennessee EMT license prior to admission into an AEMT training program.

(c) Initial Licensure for an AEMT. In addition to meeting all licensure requirements listed in subparagraph (3)(a), to be eligible for an AEMT license an applicant shall:

1. Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character.

2. Hold a current license as a Tennessee EMT; or

3. Have begun AEMT training within one hundred and twenty (120) days of completion of a Board approved EMT training class.

(d) Initial Licensure for a Paramedic. In addition to meeting all licensure requirements listed in subparagraph (3)(a), to be eligible for licensure an applicant for a Paramedic license shall:

1. Demonstrate knowledge and competence in the basic knowledge and skills of an AEMT and possess the complex knowledge and skills necessary to provide patient care and transportation;

(Rule 1200-12-01-.04, continued)

2. Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character; and

3. Hold a current Tennessee license as an AEMT.

(e) Post Initial Licensure Requirements for all licensed EMS personnel.

1. Licensed emergency medical services personnel shall receive training and show competency under EMS service authorized medical direction to be permitted to perform Board approved extended skills and/or procedures.

2. The EMS service medical director shall monitor performance through a quality assurance program.

(4) Licensure Renewal for all Emergency Medical Services Personnel.

(a) To be eligible for licensure renewal all EMS personnel must complete the following requirements prior to the expiration date of the license cycle:

1. Submit the renewal application and appropriate renewal fee in accordance with Rule 1200-12-01-.06;

2. Prior to license expiration date, successfully complete a Board approved renewal examination or the continuing education requirements for the licensure renewal. A renewal applicant using continuing education requirements shall produce proof of continuing education requirements upon a request for inspection.

(i) Certificates verifying the licensee's completion of the continuing education program(s) shall consist of one or more of the following:

(I) Continuing education program's sponsor, date, length in hours awarded, program title, licensee's name, and/or license number; or,

(II) An original letter on official stationary from the continuing education program's sponsor indicating date, length in hours awarded, program title, licensee's name, and/or license number.

(ii) Retention of independent documentation of completion of continuing education renewal requirements shall be maintained by all emergency medical services personnel as follows:

(I) Independent documentation of completion of continuing education renewal requirements must be retained for a period of four (4) years from the end of the renewal period in which the requirement was acquired; and,

(II) This documentation must be maintained in a form available for production for inspection and verification, if requested by the Division during its verification process.

(iii) The due date for completion of the required continuing education is the expiration date of the EMS personnel license renewal.

3. Submit a current copy of Cardiopulmonary Resuscitation Healthcare Provider card or equivalent.

(Rule 1200-12-01-.04, continued)

4. EMT Licensure Renewal. In addition to meeting all licensure renewal requirements listed in subparts (4)(a)1. through 3., an applicant for an EMT licensure renewal shall complete EMT continuing education requirements as follows, to be eligible for licensure renewal:

   (i) Maintain proof of successful completion of a Board approved license renewal examination; or

   (ii) Complete twenty (20) Board approved continuing education contact hours (A minimum of five (5) must be in pediatric related topics); or

   (iii) Complete a minimum of two (2) Division approved college credit hours in EMT-related studies.

5. AEMT Licensure Renewal. In addition to meeting all licensure renewal requirements listed in subparts (4)(a)1. through 3. an applicant for an AEMT licensure renewal shall complete AEMT continuing education requirements as follows, to be eligible for licensure renewal:

   (i) Maintain proof of successful completion of a Board approved license renewal examination; or

   (ii) Complete twenty-five (25) Board approved continuing education contact hours (A minimum of eight (8) must be in pediatric-related topics); or

   (iii) Complete a minimum of two (2) Division approved college credit hours in AEMT-related studies.

6. Paramedic Licensure Renewal. In addition to meeting all licensure renewal requirements listed in subparts (4)(a)1. through 3., an applicant for a Paramedic licensure renewal shall complete Paramedic continuing education requirements as follows, to be eligible for licensure renewal:

   (i) Maintain proof of successful completion of a Board approved license renewal examination; or

   (ii) Complete thirty-two (32) Board approved continuing education contact hours (A minimum of eight (8) must be in pediatric-related topics); or

   (iii) Complete a minimum of three (3) Division approved semester college credit hours in Paramedic-related studies.

   (iv) Paramedic license renewal shall qualify for renewal of the EMT license.

(b) Violation of proscribed acts of the EMT, AEMT, and Paramedic as listed in T.C.A. § 68-140-311 shall be cause for revocation, suspension, or denial of license renewal.

(c) A licensee, permit or certificate holder may renew his or her license within sixty (60) days following the license expiration date upon payment of the renewal fee in addition to a late penalty established by the Board for each month or fraction of a month that payment for renewal is late; provided, that the late penalty shall not exceed twice the renewal fee. If a licensee fails to renew his or her license within sixty (60) days following the license expiration date, then the licensee shall reapply for reinstatement of licensure in accordance with the rules established by the Board.

(Rule 1200-12-01-.04, continued)

(d) Licensure Reinstatement of a Lapsed License for All Emergency Medical Services Personnel.

1. Reinstatement of expired license within one (1) year of expiration for licensees showing "Good Cause." For the purpose of reinstatement renewal under the "Good Cause" provision of an emergency services personnel license which has expired, the following requirements shall be met by the applicant to be eligible for reinstatement:

(i) The Division must receive written notification and a request for reinstatement within one (1) year of expiration for "Good Cause" from the licensee. If no notification is initiated by the licensee, then "Good Cause" cannot be applied.

(I) "Good Cause" for delayed compliance with the regulations shall include:

I. Personal illness or hospitalization;

II. Extensive travel or relocation within the affected time period;

III. Conflicting professional or educational schedules (military);

IV. Immediate family illness or death; or

V. Extraordinary circumstances beyond the control of the licensee.

(II) The following reasons shall not constitute "Good Cause":

I. Failure to submit necessary forms or fees by the expiration date;

II. Willful defiance of rules.

(ii) The licensee must complete a continuing education or renewal examination within the prior license period and must pay the reinstatement fee as specified by Rule 1200-12-01-.06.

(iii) The Division must receive the completed renewal application and appropriate documentation and the reinstatement fee within one (1) year of the expiration date.

2. Reinstatement greater than sixty (60) days but less than one (1) year of expiration of the license for licensees not qualifying under the "Good Cause" provision. For the purpose of reinstatement of an emergency services personnel license which has expired, the following requirements shall be met by the licensee to be eligible for reinstatement:

(i) The licensee must successfully complete an EMS Board approved license renewal written examination for appropriate level of desired licensure;

(ii) The licensee must pay all applicable fees as specified by Rule 1200-12-01-.06; and,

(Rule 1200-12-01-.04, continued)

(iii) The Division must receive the completed reinstatement application and appropriate documentation and the reinstatement fee as specified by rule within one (1) year after expiration of the license.

3. Reinstatement greater than one (1) year but less than two (2) years after expiration of the license. For the purpose of renewal of an emergency services personnel license which has expired, the following requirements shall be met by the licensee to be eligible for reinstatement:

(i) The licensee must successfully complete an EMS Board approved refresher course for the appropriate level of desired licensure;

(ii) The licensee must successfully complete an EMS Board license renewal written and practical examination for the appropriate level of desired licensure;

(iii) The licensee must pay all applicable fees as specified by Rule 1200-12-01-.06; and,

(iv) The Division must receive the completed reinstatement application and appropriate documentation and the reinstatement fee as specified by rule within two (2) years after expiration of the license.

(v) The licensee shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check. Criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

4. Reinstatement greater than two (2) years after expiration of the license. When the license of an EMT or AEMT has lapsed for two (2) years or more, a licensee must complete the Board approved training course for appropriate level of licensure in its entirety and comply with initial license requirements in effect under subparagraph (3)(a).

5. Reinstatement of a Paramedic license greater than two (2) years after expiration of the license. When the license of a Paramedic has lapsed for two (2) years or more, the licensee must complete the following requirements:

(i) Officially document completion of a state approved EMT-Paramedic / Paramedic Training Program after January 1, 1977;

(ii) Show evidence of previous Tennessee licensure as a Paramedic;

(iii) Successfully complete Board approved written and practical examinations;

(iv) Hold a current Advanced Cardiac Life Support (ACLS) provider or instructor certification from the American Heart Association;

(v) Hold a current Pre-hospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS) certification as a provider or instructor;

(vi) Hold a current Pediatric Advanced Life Support (PALS) certification as a provider or instructor;

(Rule 1200-12-01-.04, continued)

(vii) Complete a state approved Paramedic Refresher Training Program or complete forty-eight (48) hours of Advanced Life Support training that overviews the topical content of the state approved Paramedic Refresher Training Program;

(viii) Pay all applicable fees as specified by Rule 1200-12-01-.06;

(ix) Send the completed reinstatement application and appropriate documentation and the reinstatement fee as specified by rule to the Division;

(x) Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character;

(xi) Cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check. The criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division;

(xii) Submit a current copy of Cardiopulmonary Resuscitation Healthcare Provider card or equivalent; and

(xiii) Present evidence to the Division of Emergency Medical Services of a medical examination certifying physical health sufficient to conduct activities associated with patient care, including, but not limited to, visual acuity, speech and hearing, use of all extremities, absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the care and lifting of the ill or injured. This information shall be provided on a form approved by the Board and shall be consistent with the provisions of the Americans with Disabilities Act.

(5) Reciprocity Requirements for Emergency Medical Services Personnel for Certification or Licensure.

(a) Currently Certified or Licensed EMR, EMT, AEMT or Paramedic. Any EMR, EMT, AEMT or Paramedic who meets the following requirements is eligible to apply for reciprocity for certification or licensure:

1. Applicant holds current certification or licensure from another state, country, or was certified/licensed while employed by the federal government; or

2. Applicant was/is certified/licensed while employed by the federal government, but not certified or licensed currently by another state or country, holds current certification/licensure from the National Registry of Emergency Medical Technicians for the level at which reciprocity is being requested; or

3. Applicant has successfully completed a course or curriculum based on the National Emergency Medical Services Education Standards for EMR, EMT, or Advanced EMT or Paramedic, or an equivalent course or curriculum; or

4. Applicant submits appropriate documentation of training conducted by an authorized federally approved training agency, if applicant was trained while employed by the federal government; and

(Rule 1200-12-01-.04, continued)

5. Applicant conforms to all license/certification requirements for Tennessee certification or license, for level at which reciprocity is being requested;

6. Applicant demonstrates successful completion of all Board approved written and practical examinations, for level at which reciprocity is being requested; and

7. Applicant submits the appropriate application forms and fees, if applicable, to the Division.

8. Applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check. Criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

(6) Name or Address Change Notification Requirements.

(a) Certified or Licensed EMS personnel shall notify the Division in writing or online through the Division's website of a change of name or address within thirty (30) days of such change.

(b) EMS Division notifications for any purpose, including but not limited to continuing education requirements, renewals or disciplinary actions, shall be posted to the address listed on file with the Division.

(c) Return by the post office of any Division notifications, which are posted to the address listed on file with the Division for the licensee, shall be interpreted as a willful violation for failure to retain a current address on file by the licensee.

(7) Retirement of an EMS Certification or License and Title Privilege

(a) Retirement of certification or license. A currently certified EMR or licensed EMT, AEMT or Paramedic may be eligible to retire his/her certificate or license upon submitting the following information to the Division:

1. A properly completed retirement affidavit form to be furnished by the Division; and,

2. A licensee or certificate holder with pending disciplinary action from this state or any other state shall not be eligible to retire the license or certificate until such time as the disciplinary action is concluded.

(b) EMS Title Privilege. Any EMS licensee who has filed the required information for permanent retirement of his/her license and received confirmation that the license will be retired, as requested, shall be permitted to use the following appropriate title for the licensee's level of licensure:

1. For emergency medical responder, EMR Retired or EMRR;

2. For emergency medical technicians, EMT Retired or EMTR;

3. For advanced emergency medical technician, AEMT- Retired, or AEMT-R; or,

4. For Paramedics, Paramedic – Retired or Paramedic - R.

(8) Reactivation of a Retired EMS Certificate or License.

(Rule 1200-12-01-.04, continued)

(a) Reactivation request within two (2) or less years of retirement of certificate or license. A licensee whose certificate or license has been retired for two years or less may be eligible to reactivate his/her certificate or license by completing the requirements for reinstatement for the appropriate level of licensure.

(b) Reactivation request after two (2) or more years of retirement of certificate or license. If a licensee's certificate or license has been retired for more than two years, an applicant must complete the requirements for reinstatement of an expired license greater than two (2) years.

(9) Downgrade of a Current AEMT or Paramedic EMS License

(a) A currently licensed AEMT or Paramedic may be eligible to downgrade his/her license by submitting the following to the Division:

1. A properly completed downgrade affidavit form to be furnished by the Division; and

2. All necessary documentation, if applicable.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-140-304, 68-140-308, 68-140-317, 68-140-504, 68-140-506, 68-140-508, 68-140-509, 68-140-511, 68-140-517, 68-140-518, 68-140-520, 68-140-525, and 42 USC § 247d-6d.* ***Administrative History:*** *Original rule filed March 20, 1974; effective April 19, 1974. Amendment filed February 4, 1976; effective March 5, 1976. Repeal and new rule filed February 8, 1983; effective May 16, 1983. Amendment filed November 30, 1984, effective February 12, 1985. Amendment filed August 22, 1985; effective September 21, 1985. Amendment filed February 21, 1986; effective May 13, 1986. Amendment filed September 18, 1986; effective December 29, 1986. Amendment filed April 8, 1987; effective May 23, 1987. Amendment filed June 30, 1987; effective August 14, 1987. Amendment filed October 22, 1987; effective December 6, 1987. Amendment filed January 17, 1989; effective March 3, 1989. Amendment filed September 24, 1990; effective November 8, 1990. Amendment filed October 21, 1993; effective January 4, 1994. Amendment filed April 13, 1994; effective June 27, 1994. Amendment filed August 5, 1996; effective October 19, 1995. Amendment filed August 29, 2003; effective November 12, 2003. Amendment filed December 16, 2005; effective March 1, 2006. Amendments filed April 13, 2006; effective June 27, 2006. Amendment filed September 21, 2007; effective December 5, 2007. Emergency rule filed October 27, 2009; effective through April 25, 2010. Emergency rule filed October 27, 2009, expired; On April 26, 2010, the rule reverted to its previous status. Repeal and new rule filed January 11. 2013; effective April 11, 2013.*

1200-12-01-.05 AIR AMBULANCE STANDARDS. All air ambulance service providers and crew members operating in Tennessee must comply with Chapter 140 of Title 68 of the Tennessee Code Annotated and this Rule. Failure to comply shall subject the service provider and/or its personnel to disciplinary action pursuant to T.C.A. § 68-140-511.

(1) Definitions - As used in this Rule, the following terms shall have the following meanings:

(a) "Air Medical Communications Specialist" means any person employed by an air ambulance service coordinating acknowledgement of medical requests, medical destination, and medical communications during an air medical response and patient transfer.

(b) "Medical Crew Member" means any person employed by an air ambulance service for the purpose of providing care to patients transported by and receiving medical care from an air ambulance service.

(Rule 1200-12-01-.05, continued)

(c) "Special Medical Equipment" means any device which shall be approved by the air ambulance service medical director for the medical care of an individual patient on an air ambulance.

(d) "Specialty Crew Member" means any person the air ambulance service medical director assigns for a regular medical crew member for a specialty mission.

(e) "Specialty Mission" means an air ambulance service assignment necessitating the medical director to substitute special medical care providers and/or equipment to meet the specified needs of an individual patient.

(f) "Utilization Review" means the critical evaluation of health care processes and services delivered to patients to ensure appropriate medical outcome, safety and cost effectiveness.

(2) Medical Equipment and Supplies. The medical director for the emergency medical service shall ensure that the following medical equipment and supplies are provided on each fixed-wing or helicopter flight mission:

(a) Litter or stretcher with at least three sets of restraining straps;

(b) An installed and a portable suction apparatus, each of which has the capacity to deliver adequate suction, including sterile suction catheters and a rigid suction tip for both adult and pediatric patients;

(c) Bag/valve/mask resuscitator(s) with clear masks and an oxygen reservoir with connections capable of achieving 95% fraction inspired oxygen to provide resuscitation for both adult and pediatric patients;

(d) Airway devices for adult and pediatric patients including the following:

1. Oropharyngeal airways;

2. Endotracheal tubes;

3. Laryngoscope with assorted blades and accessory items for intubation; and,

4. Alternative advanced airway devices as approved by the service medical director;

(e) Resuscitation board suitable for cardiac compression, unless a rigid stretcher or spine board is employed for patient transfer;

(f) Medical oxygen equipment on board capable of adjustable flow from 2 to 15 liters per minute including the following:

1. Masks and supply tubing capable of administering variable oxygen concentrations from 24% to 95% fraction inspired oxygen for both adult and pediatric patients;

2. Medical oxygen to allow for treatment during 150% of estimated transport time; and,

(g) Sanitary supplies including the following:

1. Bedpan (fixed-wing flight mission only);

(Rule 1200-12-01-.05, continued)

2. Urinal (fixed-wing flight mission only);

3. Towelettes (fixed-wing flight mission only);

4. Tissues (fixed-wing flight mission only);

5. Emesis bags;

6. Plastic trash disposable bags; and,

7. Non-latex gloves;

(h) Sheets and blankets for each patient transported;

(I) Patient assessment devices for adult and pediatric patients, including:

1. Flashlight and/or penlight;

2. Stethoscope and Doppler stethoscope;

3. Sphygmomanometer and blood pressure cuffs;

4. Electro-cardiographic monitor/recorder and defibrillator, with transcutaneous pacemaker, having a back-up power source;

5. Pulse oximetry;

6. Capnography, both continuous and portable;

7. Transport ventilator; and

8. Clinical thermometer or temperature strips;

(j) Trauma supplies, including:

1. Sterile dressings;

2. Roller bandages;

3. Device for chest decompression;

4. Surgical airway device as approved by medical direction; and

5. Semi-rigid immobilization devices;

(k) Intravenous fluids and administration devices;

(l) Appropriate medications including the advanced life support medications described in Rule 1200-12-01-.03; and

(m) Neonatal transport equipment that shall conform to the standards adopted in the Tennessee Perinatal Care System Guidelines for Transportation, Tennessee Department of Health, Women's Health and Genetics Section, Fifth Edition, 2006 or successor publication.

(Rule 1200-12-01-.05, continued)

1. Isolette shall be capable of being opened from its secured position within the aircraft.

(n) In order to help ensure patient comfort and medical care as well as the safety of patients, crew members and ground personnel, each air ambulance the Board currently permits shall have an environmental control system with factory-installed or FAA approved add-on air conditioner and heater by March 31, 2014.

1. Any air medical aircraft newly permitted by the Board after the effective date of this rule shall have an air conditioner and heater.

2. In the event of a non-functioning air conditioner and/or heater, the aircraft operator shall be required to follow environmental performance criteria including, but not limited to, temperature ranges as approved by the Board.

(3) In addition to the medical equipment and supplies required on either a fixed wing or helicopter flight mission as described in paragraph (2) above, the medical director for the emergency medical service shall ensure that the following medical equipment and supplies are provided on each helicopter flight mission:

(a) Medical oxygen equipment capable of adjustable flow from 2 to 15 liters per minute which shall include:

1. Portable medical oxygen system with a usable supply of at least 300 liters of oxygen; and

2. A backup source of oxygen that shall be delivered via a non-gravity dependent delivery source which may be the required portable tank if it is carried in the patient care area during flight;

(b) Trauma supplies, including:

1. Lower extremity traction device; and

2. Semi-rigid cervical collars.

(4) Each air ambulance service shall offer its instruction materials to other EMS providers within its response area to familiarize them with its requirements for control of helicopter access and ground to air communications on the scene.

(5) Air Ambulance Personnel Qualifications and Duties

(a) Medical Director Qualifications and Duties

1. Each helicopter air ambulance service shall employ a Medical Director who is responsible for providing medical direction for the helicopter air ambulance service.

2. The Medical Director for a helicopter air ambulance service must be a physician having the following qualifications:

(i) Currently licensed in the State of Tennessee;

(ii) Board certified or eligible for Board certification by a professional association or society in General or Trauma Surgery, Family Practice,

(Rule 1200-12-01-.05, continued)

Internal Medicine, Pediatrics, Emergency Medicine, or Aerospace Medicine;

(iii) Certification in Advanced Cardiac Life Support (unless Board certified or eligible for Board certification in Emergency Medicine);

(iv) Certification in Advanced Trauma Life Support; and

(v) Certification in Pediatric Advanced Life Support or equivalent (unless Board certified or eligible for Board certification in Emergency Medicine), including the following:

(I) Certification in a Neonatal Resuscitation Program; and

(II) Possess adequate knowledge regarding altitude physiology/stressors of flight.

3. Duties of the Medical Director for a helicopter air ambulance service shall include the following:

(i) Active involvement in the Quality Improvement process;

(ii) Active involvement in the hiring, training and continuing education of all medical personnel for the service; and

(iii) Responsibility for on-line medical control or involved in orienting and collaborating with physicians providing on-line medical direction according to the policies, procedures and patient care protocols of the medical transport service.

4. The service Medical Director shall establish mission specific and clinical procedures. He shall require each medical crew member to complete and maintain documentation of initial and annual training in such procedures, which shall at least include didactic and hands–on components for the following clinical procedures:

(i) Pharmacological Assisted Intubation – Adult and Pediatric;

(ii) Emergency cricothyrotomy;

(iii) Alternative airway management – Adult and Pediatric;

(iv) Chest decompression; and

(v) Intraosseous Access – Adult and Pediatric.

(b) The medical crew shall include:

1. Each patient transported by a fixed-wing ambulance shall be accompanied by either a physician, a registered nurse, or an EMT-P licensed in the State of Tennessee.

2. Each transport of patients by a helicopter air ambulance shall require staffing by a regular medical crew which as a minimum standard shall consist of one Registered Nurse licensed in the State of Tennessee and another licensed medical provider (i.e., EMT-P, Respiratory Therapist, Nurse, or Physician

(Rule 1200-12-01-.05, continued)

licensed in the State of Tennessee). The composition of the medical team may be altered for specialty missions upon order of the medical director of the air ambulance service.

3. On a fixed-wing flight mission only, the air ambulance service medical director may allow transport of patients in the presence of only one medical professional; the minimum level of licensure in such a situation would be that of EMT-P.

(c) Medical crew training and qualifications

1. The service medical director shall make a determination that each regular medical crew member serving on an air ambulance is physically fit for duty by ensuring the service has documentation that each regular crew member has had a pre-employment and annual medical examination.

2. A Registered Nurse serving as a medical crew member on an air ambulance shall meet the following qualifications:

(i) Have three years of registered nursing experience in critical care nursing, or two years fulltime flight paramedic experience and one year critical care nursing experience;

(ii) Possess a current Tennessee nursing license, unless exempted by T.C.A. § 63-7-102(8);

(iii) Obtain certification as an Emergency Medical Technician within twelve (12) months of employment; and

(iv) Obtain advance nursing certification within twelve (12) months of employment through one of the following programs:

(I) Certified Emergency Nurse; or

(II) Critical Care Registered Nurse; or

(III) Certified Flight Registered Nurse.

3. An EMT-Paramedic serving as a medical crew member on an air ambulance shall meet the following qualifications:

(i) Possess a current Tennessee EMT-P license and have three years experience as an EMT-P in an advanced life support service;

(ii) Obtain advanced paramedic certification within twenty-four (24) months of employment through one of the following programs:

(I) Critical Care Paramedic; or

(II) Certified Flight Paramedic.

4. Each medical crew member on an air ambulance shall have and maintain certification in Advanced Cardiac Life Support, Pediatric Advanced Life Support or equivalent (Emergency Nursing Pediatric Course, PEPP), and in neonatal resuscitation.

(Rule 1200-12-01-.05, continued)

5. Each medical crew member on an air ambulance shall attend and maintain training in one of the following:

(i) Trauma Nurse Advanced Trauma Course;

(ii) International Trauma Life Support;

(iii) Prehospital Trauma Life Support; or,

(iv) Trauma Nurse Core Course.

(d) Each fixed wing air ambulance service shall have an air medical consultant who shall be a physician licensed within the jurisdiction of the base of operations and shall advise on the restrictions and medical requirements for patient transport.

(e) Each helicopter air ambulance service shall have a Medical Control Physician who shall be available to provide on line medical control continuously via radio or telephone who shall be board certified or eligible for board certification by a professional association or society in General or Trauma Surgery, Internal medicine, Pediatrics, Emergency Medicine, Family Practice, or Aerospace Medicine.

(f) Air Medical Communications specialist qualifications and duties:

1. Each air medical communications specialist shall meet the following qualifications:

(i) At a minimum, be licensed as an Emergency Medical Technician; or

(ii) Be a higher level licensed health care professional with at least two years of emergency medical or emergency communications experience; and

2. Have initial and recurrent training for medical coordination and telecommunications.

3. Air medical communications specialists shall be certified through the National Association of Air Medical Communication Specialists (NAACS) or obtain such certification within twelve (12) months of employment.

(i) Air medical communication specialists shall coordinate helicopter air ambulance service flights.

4. Air medical communications specialists shall not be required to work more than sixteen (16) hours in any one twenty-four (24) hour period.

(g) Duty time for medical crew members on an air ambulance shall not exceed twenty-four (24) consecutive hours or more than forty-eight (48) hours within a seventy-two (72) hour period. The air ambulance service shall provide the medical flight crew adequate rest and meal time. Personnel must have at least eight (8) hours of rest with no work-related interruptions prior to any scheduled shift of twelve (12) hours or more in the air transport environment.

(6) Flight Coordination

(a) Each air ambulance service operations office director shall maintain an Operations Manual detailing policies and procedures and shall ensure that it is available for

(Rule 1200-12-01-.05, continued)

reference in the operations office. Personnel shall be familiar and comply with policies contained within the manual which shall include:

1. Criteria for medical conditions including indications or contraindications for transfer;

2. Procedures for call verification and advisories to the requesting party;

3. Radio and telephone communications procedures;

4. Policies and procedures for accidents and incidents;

5. Procedures for informing the requesting party of operations procedure, ambulance arrival, termination of mission and delayed responses, including the following:

   (i) Estimated Time of Arrival includes time of operations acceptance to time of landing on scene; and

   (ii) Any deviation from ETA greater than 5 minutes will be reported to the requesting agency;

6. Procedures shall be established for communications failure or overdue transports;

7. Emergency protocols for alerting search and rescue; and

8. Utilization of the Air Medical Communication Safety Questionnaire (as approved by the board).

(7) Telecommunications

(a) The operations center for an air ambulance service operating in Tennessee shall include radio and telephone equipment to enable personnel to contact the helicopters and crew. Telecommunications devices shall include the following:

1. EMS Communications on the established frequencies of 155.205 MHz, 155.340 MHz, and/or upon such specific channels or frequencies as may be designated within each region as approved and published as a supplement to the State EMS Telecommunications Plan;

2. Direct telephone circuits accessible by air communication; and

3. Recording equipment for both telephone and radio messages and instant message recall.

(8) Helicopter Air Ambulance Response and Destination Guidelines and Procedures.

(a) Medical necessity shall govern air ambulance service response, including medical responsibility and destination coordination, to emergency medical situations.

(b) Medical Necessity.

1. The medical director for the helicopter air ambulance service shall determine whether there is a medical necessity to transport a patient by air ambulance. Medical necessity will be met if the following conditions occur:

(i) At the time of transport the patient has an actual or anticipated medical or surgical need requiring transport or transfer that would place the patient at significant risk for loss of life or impaired health without helicopter transport; or

(ii) Patient meets the criteria of the trauma destination guidelines; or

(iii) Available alternative methods may impose additional risk to the life or health of the patient; or,

(iv) Speed and critical care capabilities of the helicopter are essential; or,

(v) The patient is inaccessible to ground ambulances; or,

(I) Patient transfer is delayed by entrapment, traffic congestion, or other barriers; or,

(II) Necessary advanced life support is unavailable or subject to response time in excess of twenty (20) minutes.

(vi) Specialty Missions with specialized medical care personnel, special medical products and equipment, emergency supplies, and special assistance for major casualty incidents or disasters, or mutual aid to other aero medical services are medically necessary when their availability might lessen aggravation or deterioration of the patient's condition.

(c) The incident commander or his designee will coordinate the transfer of medical responsibility to the medical flight crew by emergency services responsible for the patient at the scene of the incident.

1. If a helicopter air ambulance lands on a scene and it is determined through patient assessment and coordination between ground and air medical personnel that it is not medically necessary to transport the patient by helicopter, the appropriate ground EMS agency will transport the patient.

2. Interfacility transfers shall not be initiated unless an appropriate physician at the receiving facility has accepted the patient for transfer.

(d) Patient destination shall be established pursuant to Rule 1200-12-01-.21.

(9) Records and Reports

(a) The air ambulance service shall maintain records including the following:

1. A record for each patient transported including:

(i) Name of the person transported;

(ii) Date of transport;

(iii) Origin and destination of transport;

(iv) Presenting illness, injury, or medical condition necessitating air ambulance service;

(Rule 1200-12-01-.05, continued)

(v) Attending and medical personnel;

(vi) Accessory ground ambulance services;

(vii) Medical facilities transferring and receiving the patient;

(viii) Documentation of treatment during transport; and

(ix) A copy shall be provided to the receiving facility.

2. Each air ambulance service shall report the number of air ambulance transfers performed annually on the form provided for such purposes to the Division of Emergency Medical Services.

(b) Each air ambulance service shall retain patient records for at least ten years.

(10) Utilization Review (UR)

(a) The air ambulance service management shall ensure appropriate utilization review process based on:

1. Chart review of medical benefits delivered to a random sample of patients, including the following:

(i) Timeliness of the transport as it relates to the patient's clinical status;

(ii) Transport to an appropriate receiving facility;

(iii) On scene transports (Rotor Wing) – the following types of criteria are used in the triage plan for on-scene transports:

(I) Anatomic and physiological identifiers;

(II) Mechanism of injury identifiers;

(III) Situational identifiers;

(IV) Pediatric and Geriatric Patients;

(iv) Specialized medical transport personnel expertise available during transport are otherwise unavailable;

2. Structured, periodic review of transports shall be performed at least semi-annually and result in a written report; and

3. The service shall list criteria used to determine medical appropriateness. It will maintain records of such reviews for two years.

(11) Quality Improvement (QI)

(a) The service shall have an established Quality Improvement program, including, at a minimum, the medical director(s) and management.

(b) The service shall conduct an ongoing Quality Improvement program designed to assess and improve the quality and appropriateness of patient care provided by the air medical service.

(Rule 1200-12-01-.05, continued)

(c) The service shall have established patient care guidelines/standing orders. The QI committee and medical director(s) shall periodically review such guidelines/standing orders.

(d) The Medical Director(s) is responsible for ensuring timely review of patient care, utilizing the medical record and pre-established criteria.

(e) Operational criteria shall include at least the following quantity indicators:

(i) Number of completed transports;

(ii) Number of air medical missions aborted and canceled due to weather; and

(iii) Number of air medical missions aborted and canceled due to patient condition and use of alternative modes of transport.

(f) For both QI and utilization review programs, the air ambulance service shall record procedures taken to improve problem areas and the evaluation of the effectiveness of such action.

(g) For both QI and utilization review programs, the air ambulance service shall report results to its sponsoring institution(s) or agency (if applicable) indicating that there is integration of the medical transport service's activities with the sponsoring institution or agency (if applicable).

(12) Compliance. Compliance with the foregoing regulations shall not relieve the air ambulance operator from compliance with other statutes, rules, or regulations in effect for medical personnel and emergency medical services, involving licensing and authorizations, insurance, prescribed and proscribed acts and penalties.

(13) Separation of Services. Air ambulance service shall constitute a separate class of license and authorization from the Board and Department.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-140-304, 68-140-307, 68-140-504, and 68-140-507.* ***Administrative History:*** *Original rule filed March 20, 1974; effective April 19, 1974. Amendment filed November 30, 1984; effective February 12, 1985. Amendment filed February 4, 1988; effective March 20, 1988. Amendment filed June 28, 1988; effective August 12, 1988. Amendment filed August 11, 1993; effective October 25, 1993. Amendment filed January 7, 1997; effective March 23, 1997. Repeal and new rule filed January 7, 1997; effective March 23, 1997. Repeal and new rule filed June 30, 2011; effective September 28, 2011. Amendment filed October 4, 2012; effective January 2, 2013.*

1200-12-01-.06 SCHEDULE OF FEES.

(1) The fees are as follows:

(a) Application fee for licensure or certification - A fee to be paid by all applicants as indicated, including those seeking licensure by reciprocity. It must be paid each time an application for licensure is filed.

(b) Endorsement/verification - A fee paid for each level of certification or endorsement as may be recognized by the Board within each category of personnel license.

(c) Examination fee - A fee paid each time an applicant requests to sit for any initial, retake, or renewal test or examination, written or practical.

(Rule 1200-12-01-.06, continued)

(d) License fee - A fee to be paid prior to the issuance of the initial license.

(e) License Renewal fee - A fee to be paid by all license holders. This fee also applies to personnel who may reinstate an expired or lapsed license.

(f) Reinstatement fee - A fee to be paid when an individual fails to timely renew a license or certification.

(g) Replacement license or permit fee - A fee to be paid when a request is made for a replacement when the initial license has been changed, lost, or destroyed.

(h) Volunteer non-profit ambulance services eligible for reduced license fees under paragraph (5) shall be provided by all volunteer personnel and shall not assess any fees for their services, and shall be primarily supported by donations or governmental support for their charitable purposes.

(2) All fees shall be established pursuant to the rules approved by the Board.

(3) All fees for initial licensing or certification shall be submitted to the Division of Emergency Medical Services to the attention of the Revenue Control office. Fees shall be payable by check or money order payable to the Tennessee Department of Health.

(4) Emergency Medical Services Personnel Fees – Personnel applying for licensure, certification, authorization, renewal, or reinstatement shall remit application processing and license fees as follows.

(a) Fees for licensed personnel

	Application	License
1. Emergency Medical Technican –Basic	$50.00	$75.00
2. Emergency Medical Technican –Basic -IV	$70.00	$80.00
3. Emergency Medical Tech. – Paramedic	$75.00	$100.00
4. Emergency Medical Tech. Paramedic Critical Care – Initial Application for Endorsement	$75.00	
5. Initial Instructor Authorization	$35.00	

(b) Renewal fees for all classes of licenses in (a)

	License
1. Emergency Medical Technican –Basic	$65.00
2. Emergency Medical Technican –Basic -IV	$65.00
3. Emergency Medical Tech. – Paramedic	$75.00
4. Emergency Medical Tech. Paramedic Critical Care –	$90.00

(c) Fees for Emergency Medical First Responders

	Application	License
1. Initial Application and Certification	$20.00	$25.00

(Rule 1200-12-01-.06, continued)

2. Renewal fee		$24.00

(d) Fees for Emergency Medical Dispatcher

	Application	License
1. Initial Application and Certification	$30.00	$30.00
2. Renewal fee		$45.00

(e) Application fee for license by interstate reciprocity $100.00

(f) When applicable, renewal fees may be pro rated on a birth month renewal system.

(g) Applicants may also be required to pay a fee directly to the National Registry or other appropriate national or board-approved testing agency.

(5) Service License and Vehicle Permit fee – Ambulance services and invalid services shall permit fees as follows:

		License
(a)	Initial license fee for a new ground ambulance, invalid, or other regulated ground service	$5,000.00
(b)	Annual renewal fee for (a)	$500.00
(c)	Vehicle Permit fee for each ground vehicle to be permitted in a license period- initial and annual	$250.00
(d)	Initial license fee for volunteer non-profit ambulance service with all volunteer personnel	$2,000.00
(e)	Annual renewal for volunteer non-profit ambulance service with all volunteer personnel	$250.00
(f)	Vehicle Permit fee for each ground vehicle operated by a volunteer non-profit ambulance service	$100.00
(g)	Initial license fee for air ambulance services – fixed wing and helicopter	$10,000.00
(h)	Air Ambulance service – annual renewal fee	$5,000.00
(i)	A repeat inspection fee for a failed inspection of any aircraft or vehicle requiring inspection by the department	$500.00

(6) A licensee or certificate holder requesting reinstatement of an expired certification, authorization, license and/or permit shall pay a reinstatement fee as follows:

	Classification	Fee
(a)	First Responders	$ 50.00
(b)	All Licensed Personnel,including EMDs	$ 100.00
(c)	Volunteer Non-Profit Ambulance Service	
	1. Service	$ 100.00
	2. Vehicle permit (per vehicle)	$ 50.00
(d)	Other Ground Ambulance and Invalid Services	
	1. Service	$ 500.00
	2. Vehicle permit (per vehicle)	$ 250.00

(Rule 1200-12-01-.06, continued)

(e) Air Ambulance Service $1,000.00

(f) A licensee or certificate holder requesting reinstatement shall pay the reinstatement fee in addition to the renewal fee.

(7) Administrative Documents and Publications fees.

(a) Copies from official files and records shall be subject to a charge of fifty cents ($.50) per page.

(b) Publications, or copies of reference documents available from the Division shall include:

1.	Director of Services	$5.00
2.	Application Materials Packet	$9.00
3.	Complied Statues and Rules	$9.00
4.	Protocols	$5.00
5.	Ambulance Design Specifications	$5.00
6.	Other documents at the authorized cost of publication.	

(c) Postage and Handling fees of five dollars ($5.00) will be applied to any mailing of more than twenty (20) pages.

(8) Verification of license status to other states, employers, or agencies shall be subject to a verification fee of fifteen dollars ($15.00). (Excepting automated telephone inquiries not requiring written documentation.)

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-39-508, 68-140-502, 68-140-504, 68-140-505, 68-140-506, 68-140-508, 68-140-517, and 68-440-506.* ***Administrative History:*** *Original rule filed September 22, 1981; effective December 29, 1981. Repeal and new rule filed October 13, 1983; effective January 16, 1984. Amendment filed November 30, 1984; effective February 12, 1985. Amendment filed August 22, 1985; effective September 21, 1985. Amendment filed September 24, 1990; effective November 8, 1990. Amendment filed October 21, 1993; effective January 4, 1994. Amendment filed August 12, 1996; effective October 26, 1996. Amendment filed June 18, 1999; effective September 1, 1999. Amendment filed August 29, 2003; effective November 12, 2003. Amendments filed December 16, 2005; effective March 1, 2006. Amendment filed April 13, 2006; effective June 27, 2006. Amendments filed June 4, 2008; effective August 18, 2008. Amendment filed November 10, 2010; effective February 8, 2011.*

1200-12-01-.07 INSURANCE COVERAGE.

(1) All ambulance services and invalid vehicle services operating pursuant to Chapter 140 of Title 68, Tennessee Code Annotated shall maintain for each vehicle owned, and/or operated as an ambulance or invalid vehicle, insurance for vehicular liability coverage of not less than the minimum limits which are set forth in T.C.A. § 29-20-403.

(2) All emergency medical services, first response units and ambulance services shall maintain coverage for negligence (malpractice) or professional liability of not less than three hundred thousand dollars ($300,000) per occurrence.

(3) Each ambulance service and invalid vehicle transport service shall maintain general or professional liability coverage for claims arising in transfer of persons to and from their conveyance, and during transport of not less than three hundred thousand dollars ($300,000) per occurrence.

(Rule 1200-12-01-.07, continued)

(4) Evidence that such insurance is in force and effect shall be furnished to the Division of Emergency Medical Services by the insurer upon application, license renewal, and upon request.

(a) Each service shall list the insurance agent, address, telephone number and each carrier and each policy number for insurance required under paragraphs (1), (2), and (3) upon initial and renewal applications, and shall inform the Division of any changes in agent or carrier.

(b) Each service shall have the insurance agent and/or carrier submit to the Division verification of coverage in the form of either a notarized affidavit or such certificate or insurance form as shall be approved by the department of commerce and insurance or the department of health.

(c) Local government or state entities maintaining coverage under Governmental Tort Liability limits or self insurance programs may demonstrate compliance by submitting to the Division a letter verifying such coverage or alternate limits applicable to paragraphs (1), (2), and (3) attested by the chief risk management official, listing the address and telephone number and claims procedures.

(5) Air ambulance services shall comply with liability coverage required by the Federal Aviation Administration for air taxi operators, and malpractice and professional liability coverage at not less than three hundred thousand dollars ($300,000) per occurrence. Air ambulance services shall verify coverage as described in paragraph (4).

Authority: *T.C.A. §§ 4-5-202, 68-140-504, and 68-140-507.* ***Administrative History:*** *Original rule filed February 8, 1983; effective May 16, 1983. Amendment filed November 30, 1984; effective February 12, 1985. Amendment filed December 7, 1993; effective February 20, 1994. Repeal and new rule filed December 16, 2005; effective March 1, 2006.*

1200-12-01-.08 EMERGENCY MEDICAL SERVICES TELECOMMUNICATIONS.

(1) EMS Telecommunications, General. All emergency medical service entities, as described in the Tennessee Code Annotated, § 68-140-202, shall meet the following rules and regulations to provide a statewide emergency medical services telecommunications system.

(a) Any radio system associated with, or operating in the Tennessee emergency medical services radio network and located, or proposed to be located, within the legal jurisdiction of the State of Tennessee, is required to submit to the Division of Emergency Medical Services a description of any new installation of radio equipment, or of changes, additions, and deletions to existing radio equipment.

(b) Each description shall list equipment identified by manufacturer, model number, quantity, frequency(s) and, in case of fixed station equipment, the antenna height type, location, and the number and location of the control point(s) for the station.

(c) Proposed modification to any system involving changes in frequency, radio access to the system, power output, antenna, control point(s), and number of transmitters shall be filed with the Division.

(d) The Director, Division of Emergency Medical Services, is delegated the responsibility and authority to review and approve or disapprove applications, system descriptions and system modifications submitted in accordance with these rules prior to their implementation, in order to maintain consistent development of a statewide telecommunications system.

(Rule 1200-12-01-.08, continued)

(2) EMS Telecommunications Resource Coordination Centers, also known as Regional Medical Communications Centers, (RMCC), shall be designated by the Director of the Division of Emergency Medical Services for each emergency medical services area of the state, and shall be charged with the following responsibilities:

(a) The RMCC shall be operational twenty-four (24) hours daily and shall coordinate emergency medical services traffic, as required to:

1. Coordinate radio communications between ambulances, receiving hospitals, and adjacent regional communications centers;

2. Coordinate emergency medical consultation services for hospitals and ambulance services;

3. Monitor the status and availability of hospitals and special services throughout the region;

4. Conduct routine communications checks and systems tests with systems participants; and,

5. Assist in public health, injury, and disease surveillance programs in association with the Department of Health.

(b) The RMCC shall monitor and respond to all EMS telecommunications so directed to the regional center for those messages originating on the designated Tennessee EMS radio frequencies in the very high frequency (VHF) high band spectrum. Where applicable, the RMCC shall also:

1. Assign the UHF MED channels for real-time use by ambulances within two-way radio range of the center's equipment, assuring an interference-free MED channel for ambulances during multiple or simultaneous runs; and,

2. Monitor and respond to EMS units as enabled on 800 MHz radio systems; and,

3. Shall record all EMS message traffic by date and 2400 hour time and retain the recordings for a minimum of one (1) year.

(c) The RMCC will maintain and coordinate its activities through a regional committee to promote and conduct quality improvement programs and review, and to guide plans and procedures for daily operations,. This committee shall coordinate development of communications procedures and other regional emergency medical services system planning as necessary for disasters and mass casualty incidents, including specialty care for trauma, burn, cardiac, stroke, and pediatric patients.

1. The committee shall be organized of representatives within the region designated from the following provider agencies and officials:

(i) Each hospital with an active emergency department;

(ii) Each primary provider of emergency ambulance services, each helicopter air ambulance service, and those private ambulance services with more than ten (10) permitted ambulances;

(iii) Regional Emergency Medical Services Consultant, Department of Health;

(iv) Regional Hospital Coordinator, Department of Health; and,

(v) At least one EMS Medical Director affiliated with an EMS primary provider.

2. The committee shall elect from its membership of designated representatives, an executive committee and officers to preside at and record the business of the committee, including a chairman, vice-chairman, and secretary, and to function as necessary between the regular meetings of the committee.

3. The secretary of the committee shall keep minutes of the committee meetings, which shall be available for public inspection, except for those quality improvement oversight activities that are otherwise exempted by law.

4. Any committee member may place items before the committee for discussion.

(d) The RMCC shall conduct a continuing education program on its communication equipment, assuring that all employees, including supervisory personnel, can function at the telecommunicator position(s).

(e) The RMCC will participate with dispatcher and telecommunicator training and promote training for all personnel within the region involved in EMS radio communications.

(f) The RMCC, within the geographical area of responsibility, shall serve as the coordination point in situations requiring added EMS resources, over those locally available. During a disaster or multiple casualty incident local agencies shall notify the RMCC of changes in status and the need for added resources and upon such notification:

1. The RMCC shall receive scene reports and staging area information, and coordinate communications with the local dispatch center or incident command liaison; and

2. Coordinate emergency medical services resources responding to the incident, including ground and air ambulances, specialty teams, and state officials; and

3. Notify hospitals in accordance with the anticipated system demands and planned activities and allocate patients among hospitals in accordance with the patients' condition, bed availability, and clinical specialty capabilities.

4. The RMCC will communicate situational information to health department and emergency management officials, and will maintain liaison with the emergency service coordinators at the State Emergency Operations Center, and other officials as identified by the Department of Health or the Tennessee Emergency Management Agency.

(g) The RMCC shall operate with professional radio operator techniques at all times, to monitor and promote system discipline, correct faulty operating practices within the system, and report any violations of system discipline to the regional EMS Consultant for appropriate action.

(h) The RMCC shall cooperate with radio repair services during their performance of maintenance on EMS radio equipment.

(i) The RMCC shall maintain a current and accurate index of Federal Communications Commission (FCC) assigned call signs and commercial telephone numbers of all regional ambulance services and medical facilities participating in the EMS radio communications system and shall assure adherence to applicable Tennessee statutes

(Rule 1200-12-01-.08, continued)

and rules and regulations of the FCC on the part of all regional participants. All local EMS agencies and participants shall notify the RMCC of any changes of radio call signs and telephone numbers.

(j) The RMCC shall maintain a constant status of emergency readiness, assuring that all employees are knowledgeable of the procedures for emergency operation and are familiar with the operation, capability and limitation of equipment. Centers maintaining controlled entrance to their facilities will provide the regional EMS Consultant with a personal method of access, and will immediately notify that Consultant on learning of an occurrence of a natural or man-made disaster or mass casualty incident that may tax the resources within the region.

(k) Only one RMCC shall be designated in each region.

(3) EMS Telecommunications Equipment Inventory - An inventory of emergency medical services telecommunications equipment shall be maintained under the supervision of the chief official of each emergency medical services entity controlling the use of the equipment.

(a) Upon receipt of a complaint or upon reasonable belief that a violation of Tennessee Code Annotated Title 68, Chapter 140 Part 2 or these rules is or was occurring , each emergency medical services entity shall allow access to identified representatives of the Division of Emergency Medical Services to inspect and verify the status of emergency medical services telecommunications equipment.

(b) The inventory of emergency medical services telecommunications equipment shall include all electronic equipment utilizing radio frequencies to render emergency medical service activity and any communications device requiring licensure by the Federal Communications Commission and used for emergency medical communications.

(c) The inventory will be kept current and will include the items described in (b), above, by quantity, manufacturer, model number, frequency(s), and noun description. In addition, for transmitting equipment, the radio frequency power presented to the antenna will be given. At the option of the controlling entity, other identifying marks such as serial numbers may be listed for inventory and loss control.

(4) EMS Telecommunications Operating Techniques - All emergency medical services entities participating in the Tennessee EMS Telecommunications System shall conform to the radio operation techniques approved by the Division of Emergency Medical Services.

(5) EMS Telecommunications System Access - Access to the statewide emergency medical services telecommunications system, including the use of selective signals or tones, shall comply with technical specifications developed or approved by the Division of Emergency Medical Services, and correspond to the procedures outlined in the State EMS Telecommunications Plan. Emergency medical service entities in the statewide network shall meet the following requirements:

(a) Each ambulance permitted to transact business in the State of Tennessee and each emergency ambulance dispatching center shall have two-way radio capability with the following devices and frequencies as addressed in either part 1. or part 2. of this rule.

1. A Very High Frequency radio on the frequency of 155.205 MHz with approved equipment utilizing Digital coded squelch of 205, not later than six months following the effective date of this rule.

(Rule 1200-12-01-.08, continued)

(i) Each entity shall have a valid radio station license or letter providing frequency use agreement from a radio station license issued by the Federal Communications Commission (FCC) for all transmitting equipment on the frequency used; or,

(ii) Those services having a FCC license for mobile operation only on 155.205 MHz shall have a written agreement with a nearby service operating a properly licensed base station on this frequency, such agreement extending cooperative communications to radio equipped vehicles of the service.

(iii) The frequency 155.205 MHz shall be used for ambulance mutual aid activities.

2. Those counties with a population of more than 250,000 people according to the 2000 U.S. Census and that rely upon an 800 MHz radio system for public safety communications may apply to use an alternative communications system to accomplish the objectives of this rule, as detailed in paragraphs (a),(b), and (c). The alternative must provide for ambulance to ambulance and ambulance to hospital communications for the affected Tennessee licensed ambulances when operating outside their primary base of operations.

(i) Communications equipment or techniques proposed as an alternative for VHF radio requirements identified by this rule shall be determined by the Division of Emergency Medical Services on a case by case basis. The Division may review alternative methods by requiring a demonstration of such equipment and procedures at any time to determine whether the alternative process is adequate.

(ii) Communications equipment or techniques proposed as an alternative for such VHF radio requirements for EMS systems interoperability must be accompanied by all of the following:

(I) A realistic assessment of the range, coverage, and efficiency of those procedures and devices which are proposed;

(II) The availability of alternatives and the time necessary to deploy such alternatives; and

(III) The cost analysis for deployment of resources outside of the jurisdiction of the primary ambulance service provider for a seventy-two hour period, and statement that such deployment would not affect the capabilities within the primary jurisdiction to provide public safety interoperability.

(b) Each emergency ambulance operated by an emergency medical service entity licensed to transact business in the State of Tennessee shall have mobile two-way radio capability on the frequency 155.295 MHz utilizing Digital coded squelch of 155, with approved equipment for on-scene interoperability and communications among health agencies and emergency medical services providers. Radio modifications for this frequency shall be required not later than six months following the effective date of this rule. All future paging activity on 155.295 MHz within the State of Tennessee shall be prohibited.

(c) Each emergency ambulance operated by an emergency medical service entity licensed to transact business in the State of Tennessee shall have two-way radio capability on

(Rule 1200-12-01-.08, continued)

the frequency 155.340 MHz with approved equipment. The entity shall have a valid radio station license issued by the FCC (MOBILE ONLY) for all transmitting equipment on this frequency. The entity shall have a written agreement with an adjacent, or nearby, hospital operating a properly licensed base station on this frequency, such agreement extending cooperative communications to radio equipped vehicles of the entity. The ambulance crew shall use this frequency (155.340 MHz) as the primary patient information frequency in the absence of Ultra High Frequency (UHF) or 800 MHz capability between the ambulance and the medical facility.

(d) Each licensed hospital within the State of Tennessee which maintains an emergency room and offers the facilities of this department to the general public shall have a two-way radio base station access capability on the EMS radio frequency(s) of 155.340 MHz and such other frequencies within the predominant service area of the hospital or identified in the approved Regional Frequency Use Plan. The primary service area is defined as a radius of not more than thirty (30) miles from the transmitting antenna site. The accessing control point for the base station shall be located in, or adjacent to, the emergency department of the hospital. When participating in an ultra high frequency system (MED channels), the hospital must retain a radio for responding to calls on 155.340 MHz. This frequency (155.340 MHz) is intended and dedicated as a two-way voice channel between the emergency medical technician, ambulance, and the hospital emergency department physician or authorized nurse. All paging activity on 155.340 MHz shall be prohibited.

(e) Licensed hospitals within the State of Tennessee may, at their option, license the use of frequency 155.280 MHz. This frequency may be used by the hospital to converse with adjacent hospitals during routine or emergency situations, and may be further licensed for mobile operation and other medical purposes, as approved within the Regional EMS Communications Plan and the EMS Communications Manager.

(f) Audible tones will be restricted to actual emergency radio transmissions alerting EMS or rescue personnel or in accordance with the approved Regional Frequency Use and State EMS Telecommunications Plans. Use of audible tones of more than two seconds preceding, during or following routine EMS radio transmission on these frequencies is prohibited.

(g) The Tennessee Emergency Medical Services State EMS Communications Plan will guide technical specifications and approval of equipment. The plan will be revised, as appropriate, to reflect improvement in technology and systems design. Responsibility for development, implementation, and revision of the plan is delegated to the Director, Division of Emergency Medical Services.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-140-202, 68-140-203, 68-140-204, 68-140-205, 68-140-206, 68-140-207, 68-140-208, 68-140-502, 68-140-504, 68-140-505, and 68-140-513.* ***Administrative History:*** *Original rules filed February 8, 1983; effective May 16, 1983. Amendment filed April 8, 1987; effective May 23, 1987. Amendment filed May 27, 1988; effective July 11, 1988. Amendment filed March 7, 1989; effective April 21, 1989. Amendment filed August 11, 1993; effective October 25, 1993. Amendment filed January 7, 1997; effective March 23, 1997. Amendment filed June 1, 2007; effective August 15, 2007.*

1200-12-01-.09 GROUND INVALID VEHICLE STANDARDS. All invalid vehicles operating in the State of Tennessee shall meet the following standards.

(1) The invalid vehicle shall be used only for the transport of an “invalid”. “Invalid” shall mean a person whose physical impairments render it impractical to use regular common carrier taxi service and who does not require provision of medical attention prior to or during transport.

(Rule 1200-12-01-.09, continued)

(2) To preclude substitution of services or the negligent or adverse delivery of medical transportation, after January 1, 1987 no ambulance service shall be authorized permits for invalid vehicles.

(3) Vehicles permitted for invalid transfer shall not display or use markings, flashing lights, sirens, or other devices which might resemble an emergency vehicle.

(a) The word **AMBULANCE** or the term **AMBULANCE SERVICE** shall not appear on the vehicle, nor shall these terms be used to identify the nature of service or used in any service advertisement.

(b) All advertising and vehicles used for invalid transfer shall display in a conspicuous manner a placard, visible from the exterior, or a notice on advertisements as follows:

INVALID TRANSPORT - THIS SERVICE DOES NOT PROVIDE MEDICAL CARE

(4) Vehicles permitted for invalid transfer shall meet the following design requirements:

(a) At least two doors shall allow access to the passenger compartment one at the rear for stretcher loading, and one at the side capable of evacuating a stretcher patient. Door latches shall allow operation from the interior and exterior.

(b) The invalid vehicle shall provide the following minimal dimensions:

1. Interior height: 42 inches, floor to ceiling,

2. Interior width: 48 inches, measured fifteen (15) inches above the floor,

3. Interior passenger compartment length of 92 inches, measured fifteen (15) inches from floor, from rear door to divider or driver seat back.

(5) Each invalid vehicle shall conform to sanitation requirements, mechanical and safety standards, and requirements for insurance as specified under rules 1200-12-01-.01, 1200-12-01-.02, and 1200-12-01-.07.

(6) Operations and records for invalid transport shall be maintained as follows:

(a) Employee records for all drivers and attendant personnel. Each person transported shall be accompanied in the patient compartment.

(b) Run records showing the name, location and destination for each person transported, and personnel completing transfer, identifying the date, time, and vehicle utilized.

(c) Records on the registration and maintenance of all invalid vehicles.

(d) All records detailed herein shall be made available to the duly authorized representative of the department.

(7) Invalid vehicles shall be equipped as follows:

(a) Each vehicle shall have a crash stable device for securing the stretcher.

(b) Each vehicle shall have a wheeled stretcher adjustable to a semi-sitting position, with at least two patient safety restraining straps.

(Rule 1200-12-01-.09, continued)

(c) Each vehicle shall have a blanket and pillow, and clean linen shall be used for each person transported.

(d) Each vehicle shall provide a bedpan, urinal, basin, tissues and towels as needed for personal hygiene during transport.

Authority: *T.C.A. §§ 4-5-202, 68-39-504, and 68-39-507.* ***Administrative History:*** *Original rule filed February 8, 1983; effective May 16, 1983. Amendment filed April 8, 1987; effective May 23, 1987.*

1200-12-01-.10 AMBULANCE DRIVER QUALIFICATIONS. The following rules are promulgated to establish minimal qualifications for operators or drivers of ambulances operated by ambulance services licensed by the Tennessee Department of Health:

(1) The vehicle operator or driver shall possess such special class licenses and endorsements as are required for ambulance by the Tennessee Department of Safety or the individual's state of residence.

(2) No person who is under the age of nineteen (19) years shall drive any ambulance or invalid vehicle authorized for operation in Tennessee, and each ambulance driver shall have at least three years of licensed driver or operator experience.

(3) Reserved.

(4) This rule shall not prohibit the operation of an ambulance by an individual during extraordinary circumstances during which both ambulance personnel must be engaged in patient care or are otherwise incapacitated.

Authority: *T.C.A. §§ 4-5-202, 68-39-504, and 68-39-507.* ***Administrative History:*** *Original rule filed November 30, 1984; effective February 12, 1985. Amendment filed September 18, 1986; effective December 29, 1986. Amendment filed September 24, 1990; effective November 8, 1990.*

1200-12-01-.11 AMBULANCE SERVICE OPERATIONS AND PROCEDURES. To establish operating standards for ambulances and emergency medical services.

(1) Each service provider shall assure that safety belts are maintained in good working condition, and that all ambulance personnel, patients, and passengers utilize seat restraints at all times the vehicle is in motion, except as necessary to attend a patient within the patient compartment.

(a) All vehicle operators, crew personnel, or passengers within the driver's compartment or forward passenger seats shall be secured by a device in compliance with appropriate federal motor vehicle safety standards (49 C.F.R. 571) for restraints, anchorages and mechanisms.

(b) Children under four years of age shall be transported in the front passenger compartment only when the child is appropriately secured in a child passenger restraint system, meeting state and federal motor vehicle safety standards. (T.C.A. § 55-9-214)

(c) Patients shall be secured to stretchers, except as may be necessary to facilitate treatment.

(2) The Division of Emergency Medical Services may deny issuance or renewal of licenses or permits for any of the following:

(a) Incomplete or incorrect information on applications for licenses or permits.

(Rule 1200-12-01-.11, continued)

(b) Unsatisfactory inspections or safety deficiencies on more than 25% of the vehicles operated by a service.

(c) Failure to list and record all personnel employed or serving as vehicle operators or emergency care personnel and to record personnel serving on each call or request.

(d) Failure to furnish or maintain accurate verification of insurance coverage.

(e) Change in ownership.

(3) Each ambulance service shall submit an annual report of its operations and may include financial information for statistical compilation. Such information shall be submitted in the manner and upon such forms as may be provided for such purposes by the Division of Emergency Medical Services.

(4) Ambulance Dispatch Procedures.

Ambulance services classified above minimum standards shall process all emergency calls through a designated dispatcher. Whether employed by the service or obtained by cooperative agreement, dispatchers of emergency medical services shall conform to the following standards:

(a) From a listing of staffed ambulances, the dispatcher will assign an available unit within two minutes of receipt of an emergency call. or refer the call by mutual aid agreement, except as provided under T.C.A. § 68-39-516.

(b) Reserved

(c) Class A - Advanced Life Support Services shall respond first response units to any priority call, including automobile accidents or cardio-respiratory emergencies, where unit arrival can be anticipated to exceed eight minutes, and where such units are organized and can demonstrate capabilities to render more rapid assistance.

(5) Smoking or any other use of a tobacco product within ten (10) feet of an ambulance is prohibited.

(6) Repealed

Authority: *T.C.A. §§ 4-5-201, 4-5-202, 68-39-501, 68-39-504, 68-39-505, 68-39-508, 68-39-509, 68-140-504, 68-140-505, 68-140-507, 68-140-509, and 68-140-521.* ***Administrative History:*** *Original rule filed November 30, 1984; effective February 12, 1985. Amendment filed April 8, 1987; effective May 23, 1987. Amendment filed June 30, 1987; effective August 14, 1987. Amendment filed June 28, 1988; effective August 12, 1988. Amendment filed May 1, 1992; effective June 15, 1992. Amendment filed June 5, 1998; effective August 19, 1998. Amendment filed September 22, 1998; effective December 6, 1998. Amendment filed October 15, 2002; effective December 29, 2002. Amendment filed May 26, 2010; effective August 24, 2010.*

1200-12-01-.12 AUTHORIZATION OF EMERGENCY MEDICAL SERVICES EDUCATORS.

(1) EMS Program Director/Administrator shall mean an individual responsible for the overall coordination of all EMS Programs. The individual shall act as a liaison between faculty, the sponsoring agency, students, the local medical community, and the Division of Emergency Medical Services. The individual is also responsible for the recruitment and continued development of faculty to meet the needs of the institution. The minimum qualifications for EMS Program Director/Administrator shall include:

(Rule 1200-12-01-.12, continued)

(a) Professional requirements

1. Bachelor's degree required from a regionally accredited college/university.

2. The program director must be licensed in Tennessee as an EMT-Paramedic, registered nurse, or physician.

3. Professional license must be free from history of revocation, denial or suspension.

4. Licensed emergency care experience shall include a minimum of three years practice.

5. Administrative experience shall include a minimum of two (2) years in EMS educational administration.

6. Current endorsement in a Board approved trauma, cardiac, and pediatric course at the provider level.

(b) Authorization Renewal shall be contingent upon:

1. Assisting with at least forty-five (45) hours of advanced EMS instruction on an annual basis.

2. Maintaining current credentials for the course content.

3. Attendance at annual Instructor/Coordinator Conference as required by the Division of Emergency Medical Services.

(c) Denial of Reauthorization or Revocation of Authorization - The authorization of an EMS Program Director/Administrator may be removed or denied by the Director for the following reasons:

1. Two or more instances of failure to cover the prescribed course curriculum or failure to conduct the course in accordance with the practices prescribed by the Board and the Division.

2. Failure to complete and submit required documentation for all students.

3. A lapsed, revoked, suspended or expired license.

4. Any violation of Tennessee Code Annotated, Title 68, Chapter 140 or any rule promulgated by the Board.

(2) EMT-Paramedic Instructor/Coordinator shall mean an employee responsible for the delivery of instruction in accredited Paramedic Programs. The individual shall be knowledgeable in all aspects of prehospital care, capable of applying techniques and modalities of adult education, and of managing resources and resource personnel. The minimum qualifications for EMT-Paramedic Instructor/Coordinator shall include:

(a) Professional requirements

1. Associate degree from a regionally accredited institution.

2. Currently licensed as a Tennessee EMT-Paramedic, registered nurse, or physician.

3. Professional license must be free from history of revocation, denial or suspension.

4. Licensed emergency care experience shall include a minimum of two years practice.

5. Administrative experience shall include a minimum of two (2) years in EMS educational administration or greater than three hundred (300) hours of EMS instruction.

6. Current endorsement in a Board approved trauma, cardiac, and pediatric course at the provider level.

(b) Authorization Renewal shall be contingent upon:

Assisting with at least one hundred (100) hours of advanced EMS instruction on an annual basis.

1. Maintaining current Tennessee licensure as an Emergency Medical Technician-Paramedic, registered nurse, or physician.

2. Maintaining current CPR instructor endorsement.

3. Attendance at annual EMT Instructor/Coordinators conference as required by the Division of Emergency Medical Services.

(c) Denial of Reauthorization or Revocation of Authorization - The authorization of an EMT-Paramedic Instructor/Coordinator may be removed or denied by the Director for the following reasons:

1. Two or more instances of failure to cover the prescribed course curriculum or failure to conduct the course in accordance with the practices prescribed by the Board and the Division.

2. Failure to complete, and submit as required, all required documentation for all students in each class.

3. A lapsed, revoked, suspended or expired license.

4. Any violation of Tennessee Code Annotated, Title 68, Chapter 140 or any rule promulgated by the Board.

(3) EMT Paramedic Instructor Assistant shall mean an individual capable of teaching the application of practical skills to include: assisting the faculty in the delivery of instruction, evaluating student performance of skills, maintenance of equipment, and coordinating with the faculty or Instructor/Coordinator to maintain adequate levels of needed equipment. The minimum qualifications for an EMT-Paramedic Instructor assistant shall include:

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(a) Professional requirements

1. Currently licensed as a Tennessee EMT-Paramedic, registered nurse, or physician without a history of revocation, denial or suspension of licensure.

2. Licensed experience with a minimum of two years practicing advanced life support in the pre-hospital or emergency department environment.

3. Minimum of two years experience in EMS education administration or greater than seventy-five (75) hours of EMS instruction.

4. Current endorsement in an EMS Board approved trauma, cardiac and pediatric course as an instructor.

5. Completion of an EMS Board approved instructors' assistant course.

(b) Authorization Renewal shall be contingent upon:

1. Assisting with at least forty-five (45) hours of advanced EMS instruction on an annual basis.

2. Maintaining current Tennessee licensure as an Emergency Medical Technician-Paramedic, Registered Nurse or Physician.

3. Current endorsement in an EMS Board approved trauma, cardiac and pediatric course as an instructor.

4. Attendance at annual Instructor update as required by the Division of Emergency Medical Services.

(c) Denial of Reauthorization or Revocation of Authorization - The authorization of an EMT Paramedic Instructor Assistant may be removed or denied by the Director for the following reasons:

1. Two or more instances of failure to cover the prescribed course curriculum or failure to conduct the course in accordance with the practices prescribed by the Board and the Division.

2. Failure to complete, and submit required documentation for all students.

3. A lapsed, revoked, suspended or expired license.

4. Any violation of Tennessee Code Annotated, Title 68, Chapter 140 or any rule promulgated by the Board.

(4) EMT-Basic Instructor/Coordinator shall mean an individual responsible for the overall coordination of the EMT-Basic Program. The individual shall act as a liaison between faculty, the sponsoring agency, students, the local medical community and the Division of Emergency Medical Services. The individual is also responsible for the delivery of didactic material, demonstration of the psychomotor skills, verification of skill proficiency, and the recruitment and continued development of faculty to meet the needs of the institution. The minimum qualifications for the EMT -Basic Instructor Coordinator shall include:

(a) Professional requirements

1. Associate degree from a regionally accredited institution.

2. Currently licensed as a Tennessee EMT-Paramedic, without history of revocation, denial, or suspension of licensure.

3. Experience. Pre-Hospital: Minimum of two years practicing in the pre-hospital environment or one hundred fifty (150) hours of EMS instruction acceptable to

(Rule 1200-12-01-.12, continued)

the Board. Administrative: Minimum of one year in EMS educational administration.

4. Completion of an EMS Board approved Instructors' course.

5. The provisions of subparagraph (a) shall not apply to any EMT – Basis Instructor/Coordinator authorized by the Division prior to July 1, 2001.

(b) Authorization Renewal shall be contingent upon:

1. Assisting with at least seventy-five (75) hours instruction (EMT-Basic or EMT-IV or EMT-I or EMT-P) on an annual basis.

2. Maintaining current Tennessee licensure as an Emergency Medical Technician-Paramedic.

3. Maintaining current CPR instructor endorsement.

4. Attendance at annual EMT Instructor/Coordinators conference as required by the Division of Emergency Medical Services.

(c) Denial of Reauthorization or Revocation of Authorization - The authorization of an EMT Basic-Instructor/Coordinator may be removed or denied by the Director for the following reasons:

1. Two or more instances of failure to cover the prescribed course curriculum or failure to conduct the course in accordance with the practices prescribed by the Board and the Division.

2. Failure to complete and submit, as required, all required documentation for all students in each class.

3. A lapsed, revoked, suspended, or expired license.

4. Any violation of Tennessee Code Annotated, Title 68, Chapter 140 or any rule promulgated by the Board.

(5) EMT Instructor Assistant shall mean an individual capable of teaching the application of practical skills including assisting the faculty in the delivery of instruction, evaluating student performance of skills, maintenance of equipment, and coordinating with the faculty or Instructor/Coordinator to maintain adequate levels of needed equipment. The minimum qualifications for an EMT Instructor Assistant shall include:

(a) Professional requirements.

1. Currently licensed as a Tennessee EMT-Basic, without history of revocation, denial, or suspension of licensure.

2. Licensed experience shall include a minimum of one year practicing in the pre-hospital environment in Tennessee.

3. Must document at least seventy-five (75) hours of EMS instruction acceptable to the Board.

(b) Authorization Renewal shall be contingent upon:

(Rule 1200-12-01-.12, continued)

1. Document at least forty-five (45) hours of EMT instruction on an annual basis and acceptable to the Board.

2. Maintaining current Tennessee licensure as an Emergency Medical Technician-Basic.

3. Maintaining current CPR instructor endorsement.

4. Completion of an EMS Board approved Instructors' course.

5. Attendance at an annual Instructor update as mandated by the Division of Emergency Medical Services.

(c) Denial of Reauthorization or Revocation of Authorization - The authorization of an EMT Instructor Assistant may be removed or denied by the Director for the following reasons:

1. Two or more instances of failure to cover the prescribed course curriculum or failure to conduct the course in accordance with the practices prescribed by the Board and the Division.

2. Failure to complete and submit, as required, all required documentation for all students in each class.

3. A lapsed, revoked, suspended, or expired license.

4. Any violation of Tennessee Code Annotated Title 68, Chapter 140, or any rule promulgated by the Board.

(6) First Responder Course Coordinator/Instructor shall mean an individual responsible for the overall coordination of the First Responder Program. The individual shall act as a liaison between the sponsoring agency, students, the local medical community and the Division of Emergency Medical Services. The individual is also responsible for the delivery of didactic material, demonstration of the psychomotor skills, and verification of skill proficiency.

(a) The minimal qualifications for First Responder Course Coordinator/Instructor shall be:

1. Currently licensed as a Tennessee EMT-Basic or Paramedic without history of revocation, denial, or suspension of licensure and nominated by a sponsoring EMS Agency.

2. Must be certified as a Cardiopulmonary Resuscitation Instructor.

3. Pre-Hospital Experience: Minimum of one year practicing in the pre-hospital environment in Tennessee.

4. Letter of recommendation from sponsoring EMS agency.

(b) Authorization renewal shall be contingent upon:

1. Maintaining current Tennessee licensure as an Emergency Medical Technician-Basic or Paramedic without disciplinary action.

2. Maintaining current CPR instructor endorsement.

3. A letter of recommendation for reauthorization from the sponsoring EMS Agency.

(Rule 1200-12-01-.12, continued)

4. A letter of recommendation for reauthorization from the Regional EMS Consultant.

5. Completion of an EMS Board approved Instructor Course.

6. Attendance at an annual First Responder Instructor Update as mandated by the Division of Emergency Medical Services.

(7) Individuals with a Program Director and/or Instructor Coordinator endorsement are authorized to coordinate and instruct in classes at or below their level of authorization, but not above their level of authorization.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-39-504, 68-39-505, 68-39-504, 68-39-508, 68-140-504, 68-140-505, 68-140-508, 68-140-509, and 68-140-518.* ***Administrative History:*** *Original rule filed November 30, 1984; effective February 12, 1985. Amendment filed April 8, 1987; effective May 23, 1987. Repeal and new rule filed January 4, 2005; effective March 20, 2005. Amendment filed September 21, 2007; effective December 5, 2007. Amendment filed April 6, 2010; effective July 5, 2010.*

1200-12-01-.13 EMT, AEMT AND PARAMEDIC EDUCATION PROGRAMS.

(1) Definitions. Terms used in this rule shall be defined as follows:

(a) “Approval” means the approval process the Tennessee Emergency Medical Services Board (“Board”) uses to assure that EMT, AEMT, and Paramedic education programs comply with the educational standards, requirements, and policies it adopts.

(b) “Approved Program” means an education program approved by the Tennessee Emergency Medical Services Board.

(c) “Contract or Agreement” means a written agreement between the school and the cooperating agency.

(d) “EMS Educational Institution” means an institution sponsoring an EMT, AEMT, or Paramedic education program shall be an accredited post-secondary educational institution, such as a university, college, community college, technical school, or fire department in accordance with T.C.A. § 68-140-327, or a state agency conducting classes for state law enforcement employees at a state law enforcement training academy, with adequate resources and dedication to educational endeavors.

(e) “Medical Director” means a physician with an unencumbered Tennessee license having experience and current knowledge of emergency care of acutely ill and/or traumatized patients. This individual shall be familiar with base station operation including communication with, and direction of, pre-hospital emergency units. The medical director must have knowledge of administrative problems affecting EMS personnel education programs and legislative issues regarding educational programs for the pre-hospital provider.

(f) “National Accreditation” means accreditation from the Commission on Accreditation of Allied Health Education Programs (“CAAHEP”).

(g) “National Education Standards” shall mean national education standards developed from the National EMS Scope of Practice Model for Emergency Medical Service Personnel as promulgated by the U.S. Department of Transportation, National Highway Traffic Safety Administration.

(Rule 1200-12-01-.13, continued)

(2) EMS Educational Programs:

(a) Any EMS Educational Institution sponsoring an EMT, AEMT, or Paramedic education program to qualify applicants for licensure shall ensure that its program conforms, at a minimum, to the national education standards developed from the National EMS Scope of Practice Model for Emergency Medical Service Personnel promulgated by the U.S. Department of Transportation, National Highway Traffic Safety Administration, which the EMS Board has approved, and to such rules as the Board shall promulgate.

(b) Any EMS Educational Institution sponsoring an EMT, AEMT, or Paramedic education program shall adopt, at a minimum, all parts of the curricula as developed from the national education standards including skills, training requirements, and permitted practices and procedures for appropriate licensure classification which the EMS Board has adopted.

(c) The EMS Educational Institutions sponsoring EMS training programs shall:

1. File a written request for Division approval with the EMS Division at least thirty (30) days prior to the start date of classes;

2. Ensure that the training program has sufficient supervised practice, equipment, and experience for each required clinical skill;

3. Have a medical director whose affiliation is confirmed in writing;

4. File a description of curriculum with the EMS Division; and

5. Meet the instructor/student ratio approved by the Board.

(d) Only students from Tennessee approved programs or those who have met reciprocity requirements shall be eligible for state licensure.

(e) Purposes of Approval are as follows:

1. To set standards for education programs to prepare emergency medical services licensees to practice safely; and

2. To ensure that graduates of an approved EMS Educational Institution are eligible for admission to the licensure examinations.

(f) Approval shall be categorized, and awarded or revoked in accordance with the following criteria:

1. The Board may grant initial approval to a new program that has not been in operation long enough to graduate its first class, but demonstrates its eligibility for full approval. The Board shall review programs for full approval one year after initial approval or when their first class of students graduates.

2. Approval and renewal of approval shall be based on recommendations of the Division made to the Board based upon application information, survey and site visits, review of clinical experiences and documentation, instructor/ student ratio, instructor qualifications, and related evidence of continuing compliance with the regulations of the Board.

(Rule 1200-12-01-.13, continued)

3. The Board may grant approval for a period of five (5) years to a program that has met the requirements that are set forth by the Board and the policies of the Division of EMS.

4. The Board may grant conditional approval to a program which has failed to maintain the standards and has been notified that it must meet the requirements within a specified time period or upon demonstration of compliance.

5. The Board shall deny approval for cause, or it may revoke or condition approval for failure to comply with the standards the Board establishes.

6. If the institution does not correct deficiencies within the specified time, and until the Board approves such action, the education program shall not convene a subsequent class.

7. Programs desiring to cease education activities shall notify the Director of EMS in writing.

(g) All programs must maintain for first attempt for licensure, an annual pass rate as approved by the Board. Should a program fail to maintain the required pass rate it shall:

1. Receive a “Letter of Concern” from the Division.

2. Should a program fail to achieve the required pass rate for a second year, the program shall receive a “Letter of Warning” from the Division and be required to submit a “Plan of Correction” to the Division outlining its recommendations for improvement.

3. Should a program fail to achieve the required pass rate for a third year, a representative from the approved program shall be required to appear before the Board to explain the “Plan of Correction” and the steps taken to improve.

4. The Board may, in accordance with the Uniform Administrative Procedures Act (UAPA), condition, suspend, or revoke the educational institution’s approval.

(h) Requirements for Approval.

1. Sponsorship/Affiliation

(i) EMS Educational Institutions must have affiliation agreements with Tennessee licensed Emergency Medical Services, and with Tennessee licensed medical facilities or hospitals which are capable of supporting EMT, AEMT and/or Paramedic education with sufficient supervised practice and experience for the number of students enrolled in the program.

(ii) The EMS educational institution must provide the financial support, facilities, and leadership capable of ensuring a sound educational program and appropriate services to faculty and students.

(iii) The EMS educational institution shall maintain records of overall student competency in knowledge, skills and experience while maintaining the capability to endorse participants for the license examination.

(Rule 1200-12-01-.13, continued)

(iv) The EMS educational institution shall notify the Division of any proposed major curriculum or program change in writing which will be subject to Board approval.

2. Curriculum

(i) Program Goals and Objectives

(I) The program shall have a written statement of program goals and objectives consistent with and responsive to the demonstrated needs and expectations of the various communities it serves.

(II) Statements of goals and objectives shall provide the basis for program planning, implementation, and evaluation.

(III) An advisory committee shall be designated and charged with assisting the program and sponsoring institutional personnel in formulating appropriate goals and standards, monitoring needs and expectations, and ensuring program responsiveness to change.

(ii) Minimum Expectations

(I) Program goals and objectives must include, but need not be limited to, providing assurance that graduates demonstrate entry-level competencies, as periodically defined by nationally accepted educational standards and scope of practice for the appropriate level of licensure.

(II) The curriculum shall follow planned outlines, that shall be kept on file for Division review, that appropriately integrate lecture, laboratory, clinical, and field experience sequenced to assure efficient learning and opportunity for every student. Content and support courses shall include basic theoretical and scientific knowledge reflective of state of the art patient care.

(III) The curriculum shall meet, or exceed, the national educational standards and competencies for the appropriate level of licensure as adopted in the United States Department of Transportation National EMS Scope of Practice Model and Education Standards.

3. Administration and Faculty

(i) Administration of EMS Educational Programs

(I) EMS Educational Institutions offering paramedic educational programs shall include the following:

I. A full time Division authorized EMS Program Director, whose primary responsibility and fulltime commitment is to the educational program.

II. The Program Director shall have appropriate training and experience to fulfill the role of program director as indicated in rule 1200-12-01-.12(1).

(Rule 1200-12-01-.13, continued)

III. The Program Director shall be responsible for the organization, administration, periodic review, development and effectiveness of the paramedic educational program.

IV. The Program Director shall act as a liaison between faculty, the sponsoring service, students, the local medical community, and the Division of Emergency Medical Services.

V. The Program Director is responsible for recruitment and the continued development of faculty to meet the needs of the institution.

(II) EMS Educational Institutions offering AEMT education shall include the following;

I. At a minimum, a Division authorized AEMT Instructor/ Coordinator, who is responsible for the organization, administration, periodic review, development and effectiveness of the AEMT educational program.

II. An EMS Program Director in EMS institutions authorized to provide Paramedic educational programs may also administer AEMT educational programs.

(III) EMS Educational Institutions offering EMT education shall include the following:

I. At a minimum, a Division authorized EMT Instructor/ Coordinator, who is responsible for the organization, administration, periodic review, development and effectiveness of the EMT educational program.

II. An EMS Program Director in EMS institutions authorized to provide Paramedic or AEMT educational programs may also administer EMT educational programs.

(IV) Medical Director. The program shall appoint a medical director who shall be responsible for reviewing and approving the educational content of the program's curriculum. The medical director shall:

I. Review and approve the content and quality of the medical instruction and supervision the EMS educational program delivers;

II. Ensure that each student is appropriately assessed to assure that the student is making adequate progress toward the completion of the educational program; and

III. Attest that each student has achieved the desired level of competence prior to graduation.

(V) Instructional Faculty

I. The faculty shall be authorized by the Division and qualified through academic preparation, training, and experience to

(Rule 1200-12-01-.13, continued)

teach the courses or topics to which they are assigned in the curriculum.

II. Faculty members shall demonstrate individual proficiency and qualifications by submitting a personal Curriculum Vitae that will be kept on file with the Program Director.

III. The number of faculty instructors shall be sufficient to provide instruction and supervision for each period of the program or field experience.

(VI) An Authorized Paramedic Instructor/Coordinator shall be responsible for the delivery of instruction in a Paramedic education program.

I. The Paramedic Instructor/Coordinator shall be knowledgeable in all aspects of pre-hospital care, capable of applying techniques and modalities of adult education, and of managing resources and resource personnel.

II. Paramedic Instructor Assistants shall be responsible for teaching practical skills to include: assisting the Program Director and/or Instructor/Coordinator in the delivery of instruction, evaluating student performance of skills under supervision of Program Director or Authorized Paramedic Instructor/Coordinator.

(VII) An authorized AEMT Instructor/Coordinator shall be responsible for the delivery of instruction in an AEMT educational program.

I. An authorized AEMT Instructor/Coordinator shall be in the classroom for, at least but not limited to, the following:

A. Delivery of didactic material;

B. Demonstration of the psychomotor skills;

C. Verification of skill proficiency; and

D. Supervision of AEMT Instructor Assistants.

II. The education program may utilize Authorized AEMT Instructor Assistants for teaching practical skills including, but not limited to, assisting the Program Director and/or AEMT Instructor/ Coordinator in the delivery of instruction and evaluating student performance of skills during a lab.

(VIII) An authorized EMT Instructor/Coordinator shall be responsible for the delivery of instruction in an EMT educational program.

I. An authorized EMT Instructor/Coordinator shall be in the classroom for, at least but not limited to, the following:

A. Delivery of didactic material;

B. Demonstration of the psychomotor skills;

C. Verification of skill proficiency; and

D. Supervision of EMT Instructor Assistants.

II. The education program may utilize Authorized EMT Instructor Assistants for teaching practical skills including, but not limited to, assisting the Program Director and/or EMT Instructor/Coordinator in the delivery of instruction and evaluating student performance of skills during a lab.

4. Resources.

(i) Finances. Financial resources adequate for the continued operation of the educational program shall be provided for each class of students enrolled.

(ii) Facilities.

(I) Instructional resources shall include:

I. Classrooms, laboratories and administrative offices with sufficient space to accommodate the number of students matriculating in the program and the supporting faculty;

II. Library resources, related to the curriculum, shall be readily accessible to students and shall include current EMS and medical periodicals, scientific books, audiovisual and self-instructional resources, and other references; and

III. Available sufficient supplies and equipment to be used in the provision of instruction that are consistent with the needs of the curriculum and adequate for the students enrolled.

(II) Clinical Resources

I. The educational program shall establish clinical affiliations that are confirmed by written affiliation agreements with the institutions and agencies that provide students with clinical experience under appropriate medical direction and clinical supervision.

II. Students shall have access to an adequate number of patients and in distribution by sex and age who present common problems encountered in the delivery of basic and advanced emergency care.

III. Students shall be assigned in clinical settings where experiences are educationally sufficient to achieve the national educational standards for the appropriate level of licensure.

IV. Program instructors or hospital personnel, such as nurses or physicians, who have been approved by the program to so function, shall provide supervision in the clinical setting. The ratio of students to instructors in the clinical facilities shall be adequate to assure effective learning.

(Rule 1200-12-01-.13, continued)

V. Students shall be clearly identified by name plate, uniform, or other apparent means to distinguish them from graduate emergency medical services personnel, other health professionals, workers, and other students.

(III) Field Internship

I. The program's field internship shall occur within an emergency medical system which demonstrates medical accountability. The student must be under direct supervision of preceptors the program and/or EMS services designate. Preceptors shall be physicians and/or nurses with pre-hospital experience, AEMTs or paramedics. The program shall assure that there is appropriate, objective evaluation of student progress in acquiring the desired competencies in accordance with the national education standards.

II. Field internship shall occur on an Advanced Life Support vehicle within an EMS system having capability of voice telecommunications with on-line medical direction. The vehicle shall be equipped with equipment and drugs necessary for basic and advanced life support.

III. The majority of the field internship experience shall occur following the completion of the didactic and clinical phases of the program. It must be structured to assure that upon completion of this portion of the program, each student will achieve the desired competencies of the national educational standards.

IV. Adequate manpower shall be available within the EMS system to assure that the assigned student is never a substitute for paid personnel or a required team member.

5. Student Admissions and Conduct.

(i) EMS Educational Institution admission requirements shall be clearly defined and published by the institution, and shall be non-discriminatory with respect to race, color, creed, sex, age, handicaps, or national origin.

(ii) Persons seeking admission to an EMT, AEMT, or Paramedic education program shall:

(I) Meet the admission requirements of the EMS educational institution;

(II) Possess an academic or equivalent high school diploma or general education equivalent (GED); or

(III) Be a high school senior who is eligible for dual enrollment for college credit, and who will be eighteen (18) years of age within ninety (90) days of completing the training for which admission to a program is sought.

(iii) Upon selection for admission into the EMT, AEMT, or Paramedic program, the student shall:

(Rule 1200-12-01-.13, continued)

(I) Show good physical and mental health and possess no physical handicaps or disabilities which would impede the ability to fulfill the functions and responsibilities of an EMT, AEMT, or Paramedic.

(II) Submit a physical examination form indicating physical health sufficient to perform the duties of an EMT, AEMT, or Paramedic completed by a physician, physician assistant, or nurse practitioner, who has examined the individual. If there are any limitations in the individual's ability to perform adequately, additional documentation shall be submitted from the appropriate professional evaluator which indicates the applicant's abilities to perform adequately (i.e.):

I. Speech impairment - Speech Pathologist;

II. Hearing impairment - Audiologist;

III. Physical handicap or disability - Orthopedist or Registered Physical Therapist; or

IV. Vision – Ophthalmologist.

(III) Readmission or transfer of students shall be made in accordance with clearly defined and published practices of the institution which shall be non-discriminatory with respect to race, color, creed, sex, age, handicaps, or national origin.

(IV) Dismissal. Students shall be subject to dismissal from the education program for cause.

6. Program Records

(i) Each student record shall include the following:

(I) A transcript of high school graduation or graduate equivalent (GED), or official academic college transcript in each student's file;

(II) Medical evidence that the protection of students and the public from injury or the transmission of communicable diseases is assured for each student;

(III) A record of class and practice participation along with evidence of competencies attained throughout the education program;

(IV) Copies of examinations and assessments of the student's development and attainment of competencies;

(V) Sufficient information to document each student's satisfactory completion of all didactic, practical skills, laboratory, clinical, and field requirements.

(VI) Copies of proof of malpractice insurance on each student enrolled in the program with minimal coverage of $1,000,000.00/$3,000,000.00 which will extend for the entire duration of the education program; and

(Rule 1200-12-01-.13, continued)

(VII) The records maintained by the institution shall be complete whether or not a student is successful in completing the prescribed course of instruction.

(ii) Each academic record shall include:

(I) A descriptive synopsis of the current curriculum; and

(II) A statement of course objectives, copies of course outlines, class and laboratory schedules, clinical and field internship experience schedules, and teaching plans.

7. Student Admission. In addition to requirements for admission to all EMT education programs, applicants for admission to AEMT Education programs shall meet requirements as follows:

(i) Hold a current Tennessee EMT license prior to admission; or

(ii) Have successfully completed the EMT education program within 120 days of beginning an Advanced EMT education program and have successfully completed a Board approved EMT competency written and practical examination.

(3) Paramedic Education Programs.

(a) Upon initial approval of a paramedic program by the EMS Board, all paramedic education programs must make application to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and receive a letter of review for accreditation with the Commission of Accreditation of Allied Health Education Programs (CAAHEP) and shall be accredited within four (4) years of Initial application of CAAHEP.

(b) All Paramedic programs must maintain accreditation with CAAHEP.

(c) Additional admission requirements for paramedic education programs.

1. To be eligible for admission an applicant shall be currently licensed as an Advanced Emergency Medical Technician in the State of Tennessee.

2. The applicant must be evaluated using a scale where each requirement will receive a score of 0-5 depending on the quality of achievement with 5 being the highest and 0 being the lowest. Applicants selected shall receive an overall interview rating of 2.5 and above.

3. AEMT knowledge. The applicant having successfully completed an AEMT license exam more than one year prior to the start of Paramedic classes must successfully complete an AEMT assessment written examination approved by the Board.

4. An applicant shall be interviewed and evaluated. Each area evaluated in the interview shall be rated with a score of 0-5 depending on the quality of achievement, with 5 being the highest score and 0 being the lowest. Applicants selected shall receive an overall rating of 2.5 and above.

(i) The applicant shall be interviewed by a committee of at least four (4) individuals and a representative from the Division of Emergency Medical

(Rule 1200-12-01-.13, continued)

Services. Committee members shall be selected from the following: an EMS educator, a registered nurse, a physician, a paramedic, and/or an ambulance service director.

(ii) The following criteria shall be used for interview evaluation:

(I) EMS related experience;

(II) Level of maturity and motivation;

(III) Level of knowledge;

(IV) Communication ability; and

(V) Poise.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-140-304, 68-140-306, 68-140-307, 68-140-504, 68-140-506, 68-140-508, and 68-140-509.* ***Administrative History:*** *Original rule filed November 30, 1985; effective February 12, 1985. Amendment filed October 22, 1987; effective December 6, 1987. Amendment filed January 17, 1989; effective March 3, 1989. Amendment filed September 24, 1990; effective November 8, 1990. Amendment filed October 22, 1993; effective January 5, 1994. Amendment filed August 5, 1996; effective October 19, 1996. Repeal and new rule filed January 11. 2013; effective April 11, 2013. Amendment filed May 26, 2010; effective August 24, 2010. Amendments filed September 23, 2019; effective December 22, 2019.*

1200-12-01-.14 EMERGENCY MEDICAL SERVICES STANDARDS AND CATEGORIES FOR LICENSED AMBULANCE SERVICE AND MOBILE PREHOSPITAL EMERGENCY CARE. The following rules are promulgated to establish minimum standards and categorical capabilities for emergency medical services and/or ambulance services licensed in Tennessee and to govern emergency medical services provided to a patient.

(1) Definitions.

(a) “Advanced Life Support” means advanced emergency medical technicians, or other EMS personnel having a higher level of licensure, who treat life-threatening or aggravating medical emergencies under medical control.

(b) “Basic Life Support” means EMS personnel, authorized through the appropriate level of licensure, who treat life-threatening medical emergencies under medical control.

(c) “Base of Operations” means the principal location and physical structure (i.e. building), having a street address, city and zip code, from which ambulances and/or personnel operate to provide ambulance service within a service area.

(d) “Division” means the Division of Emergency Medical Services of the Tennessee Department of Health

(e) “Emergency Medical Condition” means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that it could put the patient’s health in serious jeopardy, cause serious impairment to bodily function, or cause serious dysfunction of any body organ, system or part without immediate medical attention.

(f) “Emergency Run” means a transport or response, occurring or accomplished without delay, to the perceived need for care for an emergent, trauma or medical condition in

(Rule 1200-12-01-.14, continued)

order to prevent loss of life or aggravation of illness or injury, including but not limited to the following:

1. Cardiac arrest;

2. Difficulty breathing/shortness of breath/airway impairment;

3. Severe chest pain or heart attack;

4. Severe motor vehicle crashes/entrapment or pin-in;

5. Decreases in level of consciousness/diabetic emergencies;

6. Heat emergencies;

7. Severe lacerations or possible amputations; severe burns (thermal, chemical or electrical);

8. Possible stroke; and

9. Complications of childbirth.

(g) "Emergency Medical Service Director" ("Service Director") means an individual who directs the planning, development, implementation, coordination, administration, monitoring and evaluation of services provided by a licensed ambulance service.

(h) "Emergency Medical Service Medical Director" ("Medical Director") means an individual who has an active, unencumbered license to engage in the practice of medicine pursuant to title 63, chapter 6, or chapter 9, and who provides medical advice, direction, oversight, quality assurance and authorization to emergency medical services personnel at a licensed ambulance service, and/or emergency medical services educational institution.

(i) "Medical Control" means the instruction, advice or orders given by a physician in accordance with locally or regionally approved practices.

(j) "Minimum Standards" means the minimum requirements for ambulance and emergency medical services established by law, regulation, and prevailing standards of care.

(k) "Service Area" means the political and geographical area with a population that can be expected to use the services offered by a specific provider.

(l) "Specialty Care Transport" ("SCT") means the inter-facility transportation of a critically injured or ill patient by a ground ambulance vehicle, including the provision of medically necessary supplies and services, which requires a level of service beyond the scope of a paramedic.

(m) "Substation" means the physical structure from which ambulances and personnel operate on a day-to-day basis to provide ambulance services, which are supplementary to the services provided from the base of operations for the specified city or county.

(n) "Volunteer ambulance service" means a not-for-profit service that uses volunteer personnel and restricts emergency operations to scheduled events or serves as a relief

(Rule 1200-12-01-.14, continued)

organization under the constraint of the main or governmental emergency medical services provider within a service area.

(2) Ambulance Operations.

(a) Each base of operations must hold a State-issued service license for the county in which it is located.

(b) No ambulance service shall position, post, stage or otherwise offer or make an ambulance available within the service area where the county, municipality or special purpose district or authority has current ordinances or resolutions preventing such without prior authorization of the governing body of the service area.

(c) Notwithstanding any other provision, nothing shall preclude an ambulance provider with federal contracts from providing service as required under those contracts.

(3) Classification of Services.

(a) Each ambulance service license the Division issues must indicate the minimum clinical level of service that the ambulance service can provide.

(b) The Division shall grant an ambulance service license only after it verifies that the service is in compliance with Division rules for immediate or scheduled patient transport.

(c) The Division recognizes the following classes of service for licensing or authorization of ambulances and/or emergency medical services:

1. Category A: Primary emergency provider. Each ambulance service the local government designates as the primary provider by recognizing it as such or contracting with it to provide initial response to scene emergencies shall operate advanced and/or basic life support ambulances within the service area 24 hours a day. The service may also provide ambulance transport services under its license for its county specific service area. It shall coordinate licensed volunteer ambulance services as well as coordinate and oversee emergency medical response agencies within its jurisdiction.

(i) Level 1: 100% of Emergency runs shall be made with an Advanced Life Support-equipped ambulance and staffed with a paramedic and a minimum of an EMT.

(ii) Level 2: 90% of Emergency runs shall be made with an Advanced Life Support-equipped ambulance and staffed with a paramedic and a minimum of an EMT.

(iii) Level 3: 100% of Emergency runs shall be made with a Basic Life Support-equipped ambulance and staffed with two AEMTs.

(iv) Level 4: 90% of Emergency runs shall be made with a Basic Life Support-equipped ambulance and staffed with an AEMT and an EMT.

2. Category B: Licensed Ambulance Transport Services. Each licensed ambulance service shall operate ambulances for unscheduled or scheduled transportation of patients. The level of the licensed ambulance service must be consistent with their issued service license level.

(Rule 1200-12-01-.14, continued)

(i) Level 1: 100% of transports shall be made with an Advanced Life Support-equipped ambulance and staffed with a paramedic and a minimum of an EMT.

(ii) Level 2: 90% of transports shall be made with an Advanced Life Support-equipped ambulance and staffed with a paramedic and a minimum of an EMT.

(iii) Level 3: 100% of transports shall be made with a Basic Life Support-equipped ambulance and staffed with two AEMTs 100% of time.

(iv) Level 4: 90% of transports shall be made with a Basic Life Support-equipped ambulance and staffed with a minimum of two EMTs.

3. Category C: Volunteer not-for-profit ambulance services using volunteer personnel shall restrict emergency operations to scheduled events or serve as a relief organization under the coordination of the primary emergency provider. Volunteer ambulance services may, in times of disaster, be used in their communities as deemed necessary by local authorities and/or primary service providers. All Category C services shall be Category B, Level 4 transport services at a minimum.

(d) Conditional Ambulance Services. The Division may place a new service or a service having deficiencies in a conditional license category for up to ninety (90) days from the date of the deficiency or issuance of the license. Placing the license in a conditional license category is not disciplinary action.

(4) Personnel. Each ambulance or emergency medical service shall assign qualified persons to perform functions to ensure compliance with its licensure as follows:

Each ambulance service shall retain an Emergency Medical Services Medical Director ("Medical Director") who serves as medical authority for the ambulance service and functions as a liaison to the medical community, medical facilities, and governmental entities. His or her duties shall include, but not be limited to, the following:

(a) Quality management and improvement of patient care, including the following:

1. Development of protocols, standing orders, training, procedures, approval of medications and techniques permitted for field use by service personnel in accordance with regulations of the Division;

2. Quality management and improvement of field performance as may be achieved by direct observation, field instruction, in-service training or other means including, but not limited to:

(i) Ambulance run report review;

(ii) Review of field communications tapes;

(iii) Post-run interviews and case conferences;

(iv) Critiques of simulated or actual patient presentations; and

(v) Investigation of complaints or incidents reports.

(Rule 1200-12-01-.14, continued)

(b) The medical director shall have disciplinary and/or corrective action authority sufficient to oversee quality management and improvement of patient care as the service director of the ambulance service deems appropriate.

(5) Each ambulance service shall require and document continuing education of at least fifteen (15) contact hours annually for ninety-five percent (95%) of emergency care personnel. Each service shall implement a competency-based evaluation program in accordance with board policy.

(6) Each ambulance service shall also conduct training for new procedures or remedial instruction as ordered by the medical director and or emergency medical service director.

(7) EMS/Ambulance Services who do not use educational institutions or other educational accrediting bodies to provide continuing education contact hour credit for in-service training hours for renewal of personnel licenses may count such in-service training hours as continuing education contact hours as required for renewal of personnel licenses, provided the service meets the following requirements:

(a) The service must have an individual who maintains, at a minimum, an authorization of an EMT instructor/coordinator authorized by the Division of EMS to maintain educational records and coordinate in-service education for the service's personnel.

(b) The service must maintain all educational records for five (5) years.

(c) The service's educational records must contain:

1. A curriculum vitae establishing the instructor's expertise in the content for each lesson plan;

2. Lesson plans shall include, but not be limited to:

(i) A list of course objectives, and

(ii) A course outline;

3. Course evaluations by students;

4. An evaluation of each student's performance in the course; and

5. A sign-in sheet bearing the signatures of all students who attended the course.

(d) The service's training records will be randomly audited annually for compliance.

(8) Service permits issued by the Division shall be specific to the county in which the service has its base of operations. The service owner may maintain records for such operations at a central location. The service owner shall maintain records to detail all activities at the county base of operations.

(9) Licensing Procedures

(a) No person, partnership, association, corporation, or state, county or local government unit, or division, department, board or agency thereof, shall establish, conduct, operate, or maintain as a business in the state of Tennessee any ambulance, invalid vehicle service or vehicle operated with a patient cot for transport of persons without having a license.

(Rule 1200-12-01-.14, continued)

1. A license shall only be issued to the applicant named and only for the base of operations and substations listed in the application for licensure.

2. Licenses are not transferable or assignable and shall expire annually on June 30.

3. The license shall be conspicuously posted at the base of operations.

(b) Initial Licensure

1. In order to make application for a new license, applicants shall have service names that are unique and the business name shall be registered with the Department of State, Division of Business Services.

2. The applicant shall submit an application on a form prepared by the Division. The service shall report the names, titles and summary of responsibilities of the service director and those persons who will be supervising 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 in this or any other state.

3. Each applicant for a license shall pay the annual license fee and permit fees based on the number of ambulances or permitted invalid vehicles. The fees must be submitted with the application and are non-refundable.

4. The issuance of an application form is in no way a guarantee that the completed application will be accepted or that a license will be issued by the Division. Patients shall not be transported until a license has been issued. Applicants shall not hold themselves out to the public as being an ambulance service until the license has been issued. A license shall not be issued until the service is in substantial compliance with these rules and regulations, including submission of all information required by T.C.A. § 68-140-306, or as later amended, and of all information required by the Division.

5. The applicant shall not use subterfuge or other evasive means to obtain a license, such as filing for a license through a second party when an individual has been denied a license, had a license disciplined, or has attempted to avoid the inspection and review process in this or any other state.

6. An applicant shall allow the premises, the service, and its vehicles to be inspected by a representative of the Division.

7. In the event that deficiencies are noted, the applicant shall submit a plan of corrective action to the Division. Once the deficiencies have been corrected, then the Division shall reconsider the application for licensure. If vehicles have failed inspection, a repeat inspection fee must be submitted to the Division.

(c) License Renewal

1. In order to renew a license, each service shall subject its premises, operational procedures, records, equipment, personnel and vehicles to periodic inspections by representatives of the Division for compliance with these rules. If deficiencies are noted, the licensee shall submit an acceptable plan of corrective action, remedy the deficiencies and pay any repeat inspection fees. In addition, each

(Rule 1200-12-01-.14, continued)

licensee shall submit a renewal form approved by the Division and any applicable renewal fees prior to the expiration date of the license.

2. Upon reapplication, the licensee shall submit its base of operations, stations, and vehicles to inspections by representatives of the Division for compliance with these rules.

3. Ambulance services must show documented proof of annual mandatory random drug screening for licensed employees.

4. An ambulance service may renew the service license within sixty (60) days following the license expiration date upon payment of the renewal fee, in addition to a late penalty established by the board for each month or fraction of a month that payment for renewal is late, provided that the late penalty shall not exceed twice the renewal fee. If the ambulance service license is not renewed within sixty (60) days following the license expiration date, then the licensee shall reapply for licensure in accordance with the rules established by the board.

(d) Changes of address, insurance agents or policies, service director, officers, or other service officials, EMS medical director, or bankruptcy filings must be reported to the Division no later than five (5) business days after the change or date of effective action.

(e) A proposed change of ownership, including a change in a controlling interest, must be reported to the Division a minimum of thirty (30) days prior to the change. The Division must receive a new application and fee before the license may be issued.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-140-304, 68-140-306, 68-140-307, 68-140-504, 68-140-506, and 68-140-507.* ***Administrative History:*** *Original rule filed November 30, 1984; effective February 12, 1985. Amendment filed March 22, 1985; effective April 21, 1985. Amendment filed June 30, 1987; effective August 14, 1987. Amendment filed September 23, 1991; effective November 7, 1991. Amendment filed October 22, 1993; effective January 5, 1994. Amendment filed March 7, 1994; effective May 21, 1994. Amendment filed January 7, 1997; effective March 23, 1997. Amendment filed May 5, 2014; effective August 3, 2014. Amendment filed May 26, 2010; effective August 24, 2010. Amendments filed September 23, 2019; effective December 22, 2019.*

1200-12-01-.15 AMBULANCE SERVICE RECORDS. Each ambulance service and invalid vehicle operator, licensed or permitted by the Tennessee Department of Health and Environment shall maintain records that include, but are not limited to, the following information:

(1) Each ambulance service shall maintain the following records and provide information to the Division office at the request of any authorized representative of the Division relative to ambulance service personnel, including, but not limited to the following:

(a) Records indicating the individual's driver's license type and number, emergency medical technician license number, training or expiration date of CPR courses, the date of the individual's last physical examination, and the status of the individual's EMS telecommunication training, defensive driving courses, emergency vehicle operation courses, and other in-service training.

(b) Time cards, time sheets, call rosters, or shift schedules accurately indicating the availability of ambulance service personnel and the crews assigned on each date for each staffed ambulance within a specified county or jurisdiction.

(2) Dispatch and Run Records shall be provided for every call to which an ambulance responds or when a patient is evaluated, treated, or transported; including information in accordance with the following requirements:

(Rule 1200-12-01-.15, continued)

(a) A dispatch log shall be maintained to record the assignment of all units, including the date, the time the call is received, time and unit dispatched, time of arrival on scene, time of arrival at the destination, and time available for return to service. The dispatch log will specify responding or attending personnel by name and level of licensure, and cross-reference any ambulance run report number. Calls will be logged to reflect immediate emergency or non-emergency response or scheduled transfers. Compliance may be demonstrated by a single log, or such combination of records that can confirm the required information. Ambulance dispatch logs will be retained for a period of at least ten (10) years.

(b) Ambulance service run reports shall be filed with the Division of Emergency Medical Services to include all information in required data fields and such other information as may be detailed in the Board approved prehospital care data set. This information shall be transmitted in an approved format using Tennessee subset schema definitions (XSD) in Extensible Markup Language (XML) in compliance with information systems procedures adopted by the State of Tennessee. Each service shall submit reports, either web based or via compiled form, to the Division of Emergency Medical Services within sixty (60) days. Notices shall be sent to the service within fifteen (15) days for non-compliance or citing deficiencies in the reported data elements or required information.

(c) For each patient transported to a hospital emergency department or transferred between medical facilities, emergency medical services personnel shall submit a report to the emergency department or hospital personnel in a written or electronic format or method approved by the Division or the Board. This report shall provide brief information identifying the patient by name (if known), age, and gender; the location from which the patient was transported; the approximate times of the medical incident, initiation of transport, and arrival at the hospital; the chief complaint or description of the illness or injuries, with appropriate notation of vital signs and patient condition; and shall describe the care and treatment provided at the scene or during transport. This report shall identify the name(s) and professional license level of the attending personnel, ambulance unit, and ambulance service. The receiving facility should receive any records or copies of physicians' orders for scope of treatment (POST) that may accompany the patient. Should circumstances or other emergencies preclude the submission of the report at the time of arrival at the emergency department, the report shall be submitted in not less than twenty-four hours from time of transport. If circumstances or other emergencies preclude the submission of the report at the time of arrival at the emergency department, the attending personnel must give a verbal report of above information to receiving personnel at health care facility with that individual signing for receipt of verbal report before attending personnel leave the health care facility. This report, while classified as confidential, shall be deemed as an essential element for continuity of care.

(d) Each licensed service shall file a written report with the Division within five (5) business days from the discovery by the service of any incident that results in serious injury to a patient that could not reasonably be expected as a result of the patient's condition. A serious injury is one that results in exacerbation, complication or other deterioration of a patient's condition. Such reportable incidents include, but are not limited to, the following:

1. Medication errors resulting in serious injury;

2. The failure to provide treatment in accordance with the service treatment protocols resulting in serious injury; or

(Rule 1200-12-01-.15, continued)

3. A major medical or communications device failure or other equipment failure or user error resulting in serious injury or delay in response or treatment.

(3) Vehicle and Equipment Records - Records regarding the acquisition and maintenance of all vehicles and equipment shall be retained by each service, which shall include the following:

(a) Registration and title certificates or notarized copies of such documents for each vehicle.

(b) Maintenance records shall be maintained on each vehicle, detailing all mechanical work.

(c) Copies of orders, invoices or other documents asserting title or ownership of medical equipment, including contracts or agreements pertaining to state-issued equipment consigned to the service.

(4) Ambulance equipment inventory - An ambulance equipment inventory shall be recorded not less than every three (3) days for each vehicle reflecting an accurate status of patient care equipment, safety devices, and supplies. Each service shall adopt forms or procedures appropriate to this purpose which shall be available for inspection reflecting status of a period of at least three (3) months.

(5) Each ambulance service shall maintain a file of FCC-related records in accordance with 47 C.F.R., Part 90.443. Such records shall include that of any transmitter maintenance, base or mobile, which affects frequency, modulation or power output tolerance of the transmitter, and those periodic reports of inspection of antenna support structures which are required to be illuminated.

(6) All records detailed herein shall be made available when requested for inspection by a duly authorized representative of the department.

Authority: *T.C.A. §§ 4-5-202, 4-5-203, 4-5-204, 68-140-502, 68-140-304, 68-140-306, 68-140-307, 68-140-504, 68-140-505, 68-140-507, 68-140-508, 68-140-509, and 68-140-519.* ***Administrative History:*** *Original rule filed November 30, 1984; effective February 12, 1985. Amendment filed October 22, 1987; effective December 6, 1987. Amendment filed August 11, 1993; effective October 25, 1993. Amendment filed October 21, 1993; effective January 4, 1994. Amendment filed June 5, 1998; effective August 19, 1998. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed May 26, 2010; effective August 24, 2010. Amendment filed May 5, 2014; effective August 3, 2014.*

1200-12-01-.16 EMERGENCY MEDICAL FIRST RESPONDERS.

(1) Definitions - The terms used in this rule shall be defined as follows:

(a) Emergency Medical Responder (First Responder) means a person who has completed required training and who participates in an organized program of mobile pre-hospital emergency medical care.

(b) Emergency Medical Responder (First Responder) Certification means successful participation and completion of the Emergency Medical Responder Course and certifying examinations.

(c) Emergency Medical Responder (First Responder) Course means instruction in basic knowledge and skills necessary to provide emergency medical care to the sick and injured individuals who may respond before licensed Basic or Advanced Life Support units arrive.

(Rule 1200-12-01-.16, continued)

(d) First Responder Service - shall mean a service providing capabilities for mobile pre-hospital emergency medical care using emergency medical response vehicles.

(2) Operation of First Responder Services. A licensed ambulance service classified as a primary provider shall coordinate first response services within its service area. If the primary provider is a contracted ambulance service, the county or local government may designate a representative who shall coordinate first responder services within the service area of its jurisdiction. First responder services shall meet the following standards for participation in the community EMS system. To participate in the community EMS system, each First Responder Service shall:

(a) Be a state-chartered or legally recognized organization or service sanctioned to perform emergency management, public safety, fire fighting, rescue, ambulance, or medical functions.

(b) Provide a member on each response who is certified as a First Responder, Emergency Medical Technician, or EMT- Paramedic in Tennessee.

1. Personnel may provide the following additional procedures with devices and supplies consigned under medical direction:

(i) First Responders and Emergency Medical Technicians trained in an appropriate program authorized by the Division may perform defibrillation in a pulseless, nonbreathing patient with an automated mode device.

(ii) Emergency Medical Technicians-IV and EMT-Paramedics may administer:

(I) Intravenous fluids with appropriate administration devices.

(II) Airway retention with Board approved airway procedures.

(iii) EMT-Paramedics and advanced life support personnel trained and authorized in accordance with these rules may perform skills or procedures as adopted in Rule 1200-12-01-.04(3).

(iv) First Responders and Emergency Medical Technicians participating in a recognized first responder organization within the community EMS system may, upon completion of the approved training, periodic review training, and concurrent quality assurance of the local EMS system Medical Director, utilize a dual-lumen airway device (such as the Combitube or Pharyngeal Tracheal Lumen airway) that has been approved by the EMS Board.

2. Such procedures shall be consistent with protocols or standing orders as established by the ambulance service medical director.

3. Services shall provide at least six (6) hours of annual in-service training to all EMS First Responder personnel, in a plan and with instructors approved by the medical director.

(c) Provide services twenty-four (24) hours a day, seven (7) days a week, and notify the primary service and dispatching agent of any time period in which the service is not available or staffed for emergency medical response.

(Rule 1200-12-01-.16, continued)

(d) Provide minimum equipment and supplies and such other equipment and supplies as shall be mutually adopted under the agreement with the primary ambulance service and medical director. The following minimum equipment shall be provided:

1. Emergency Medical Care (Jump) Kit containing:

(i) Dressings and bandaging supplies, with adhesive tape, adhesive bandages, sterile 4" gauze pads, sterile ABD pads, 3" or wider gauze roller bandages, bandage shears, occlusive dressing materials, at least four triangular bandages, and burn sheets.

(ii) Patient assessment and protective supplies including a flashlight, disposable gloves, antibacterial wipes or solution with tissues, trash bags, an adult blood pressure cuff with manometer and a stethoscope.

2. Resuscitative devices including oral airways in at least five sizes, a pocket mask, suction device capable of 12 inches vacuum with suction tips for oropharyngeal suction, and an oxygen administration unit capable of 2 to 15 liters per minute flow rate with a minimum 150 liter supply.

3. Splints for upper and lower extremities.

4. Patient handling equipment including a blanket and appropriate semi-rigid extrication collars.

(e) Develop and maintain a memorandum of understanding or agreement of coordination within the service area with the primary provider of emergency ambulance services. If the primary provider is a contracted ambulance service, said agreement shall be developed and maintained with the designated representative of the county or local government. Such agreement will provide for policies and procedures for the following:

1. Personnel and staffing, including a roster of response personnel and approved procedures for such personnel, and the crew component operational for emergency medical response.

2. Designation of vehicles to be operated as pre-hospital emergency response vehicles, including unit identifiers and station or location from which vehicles will be operated.

3. Nature of calls for which first response services will be dispatched, and dispatch and notification procedures that assure resources are simultaneously dispatched and that ambulance dispatch is not deferred or delayed.

4. Radio communications and procedures between medical response vehicles and emergency ambulance services.

5. On-scene coordination, scene control and responsibilities of the individuals in attendance by level of training.

6. Medical direction and protocols and/or standing orders under the authority of the ambulance service medical director.

7. Exchange and recovery of required minimum equipment and supplies and additional items adopted for local use.

(Rule 1200-12-01-.16, continued)

8. Exchange of patient information, records and reports, and quality assurance procedures.

9. Terms of the agreement including effective dates and provisions for termination or amendment.

(f) First responder services shall maintain professional liability insurance providing indemnity to emergency care personnel and the organization. Each first responder service shall maintain the minimum liability coverage which is set forth in T.C.A. § 29-20-403.

(3) Emergency Medical Responder (First Responder) Training Programs:

(a) Shall utilize texts and curriculums approved by the Board.

(b) Class size shall not exceed twenty-five (25) students per instructor.

(c) Course must be conducted by an instructor authorized by the Division.

(d) Shall obtain course approval from the Division.

(e) Shall provide an attendance policy acceptable to the Division.

(f) Shall maintain accurate attendance records.

(g) Must maintain student records, such as exams, attendance records and skills verification for 5 years.

(h) Must provide documentation of a student's successful completion of course, attendance, and verification of skills competency to the Division.

(i) Must provide adequate classroom space with adequate lighting and ventilation.

(j) Must provide adequate lab space for skills practice.

(k) Must assure adequate audio visual instructional aids and supplies are available.

(l) Must provide adequate equipment for skills training.

(4) Official response shall be performed only as assigned upon the specific policy guidelines of the coordinating dispatch agency responsible for dispatching emergency ambulances and/or an emergency (911) communications district. No emergency medical first responder or emergency medical response vehicle shall be authorized to make an unofficial response on the basis of information obtained by monitoring a radio frequency of a law enforcement, ambulance service, fire department, rescue squad, or public safety agency.

Authority: *§§ 4-5-202, 4-5-204, 68-140-304, 68-140-504, 68-140-504(1) and (2), 68-140-506, 68-140-506(c), 68-140-507, 68-140-508, 68-140-508(a) & (b), and 68-140-517.* ***Administrative History:*** *Original rule filed March 25, 1987; effective May 9, 1987. Amendment filed March 7, 1989; effective April 21, 1989. Amendment filed March 7, 1994; effective May 21, 1994. Amendment filed January 9, 1997; effective March 25, 1997. Amendment filed November 16, 2005; effective January 30, 2006. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed April 6, 2010; effective July 5, 2010. Amendments filed January 11, 2013; effective April 11, 2013.*

1200-12-01-.17 UNETHICAL PRACTICES AND CONDUCT. Emergency medical services and emergency medical services personnel shall be subject to discipline or may be denied authorization for unethical practices or conduct which includes but shall not be limited to the following:

(1) Engaging in acts of dishonesty which relate to the practice of emergency medical care.

(2) Failing to report to appropriate personnel facts known to the individual regarding incompetent, unethical, or illegal practice of any other emergency medical services personnel.

(3) Failing to take appropriate action in safeguarding the patient from incompetent health care practices of emergency medical services personnel.

(4) Violating confidentiality of information or knowledge concerning the patient, except when required to do so by a court of law or authorized regulatory agency.

(5) Engaging in the delivery of emergency medical services on a revoked, suspended, expired, or inactive license, or beyond the scope of a modified or conditioned license.

(6) Accepting and performing, or attempting to perform, professional responsibilities which the licensee knows, or has reason to know, he is not competent to perform.

(7) Delegating, assisting, or advising a person to perform professional responsibilities or procedures when the licensee knows, or has reason to know, that such person is not qualified by training, experience, or license to perform such procedures.

(8) Failing to provide supervision of students in a clinical experience or field internship.

(9) Exercising influence on a patient in such a manner as to exploit the patient for financial gain of the licensee or a third party, which shall include, but not be limited to, the promoting or selling of services, goods, appliances, or drugs.

(10) Disseminating any written materials within an emergency medical services relationship, including those of a religious or political nature, which do not pertain to patient care, insurance reimbursement, support or follow-up services.

(11) Exercising influence within an emergency medical services relationship for the purposes of engaging a patient in any sexual activity, or indecently exposing oneself to a patient.

(12) Willfully failing to file a report or record required by state or federal law, or willfully impeding or obstructing such filing, or inducing another person or licensee to do so.

(13) Providing false information to regulatory officials in inspection reports regarding defective or faulty equipment, or willfully concealing known deficiencies during an inspection.

(14) Misrepresentation of the level of services provided and/or false or misleading advertising.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-140-502, 68-140-504, 68-140-505, 68-140-506, 68-140-507, 68-140-508, 68-140-509, and 68-140-511.* ***Administrative History:*** *Original rule filed June 5, 1998; effective August 19, 1998.*

1200-12-01-.18 EMERGENCY MEDICAL DISPATCHER STANDARDS.

(1) Definitions - The terms used in this rule shall be defined as follows:

(a) Department - The Tennessee Department of Health, Division of Emergency Medical Services.

(Rule 1200-12-01-.18, continued)

(b) Emergency Medical Dispatcher (EMD) - An individual certified by the Department as having successfully completed a Department-approved Emergency Medical Dispatch Course.

(c) Emergency Medical Dispatch Priority Reference System (EMDPRS) - A Department-approved protocol system used by a dispatch agency to dispatch aid to medical emergencies which must include:

1. Systemized caller interrogation questions;

2. Systemized pre-arrival instructions; and

3. Protocols matching the dispatcher's evaluation of injury or illness severity with vehicle response mode and configuration.

(d) Medical Director - A person approved by the Department who assumes medical leadership for the provision of emergency medical services, including basic and/or advanced life support, and/or medical dispatch services in the dispatch agency's geographical area.

(e) Pre-Arrival Instructions - Telephone-rendered, medically approved, written instructions given by trained EMDs through callers which help to provide aid to the victim and control of the situation prior to the arrival of pre-hospital personnel. The dispatcher shall adhere to the written wording as closely as possible.

(f) Vehicle Response Mode - The use of emergency driving techniques, such as red-light and siren, versus routine driving response.

(g) Vehicle Response Configuration - The specific vehicle(s) of varied types, capabilities, and numbers responding to render assistance in a particular emergency situation.

(2) Requisites for providing Medical Dispatch Service

(a) Any dispatching entity receiving and dispatching calls for emergency medical services which provides pre-arrival medical care instructions may require persons assigned to handle such calls to be certified as emergency medical dispatchers as defined in T.C.A. § 68-140-502. All such dispatching entities shall have medically approved dispatch protocols.

(b) The Department shall assist local dispatch agencies in implementing an Emergency Medical Dispatch Priority Reference System by:

1. Providing medical direction; and

2. Providing technical assistance; and

3. Identifying an approved standard Emergency Medical Dispatch Priority Reference System which must include at a minimum caller interrogation questions, pre-arrival instructions, and vehicle response mode/ configuration protocols as defined by these Rules.

(c) The EMDPRS including its questions, instructions, and protocols, shall be used exactly as approved by the Department.

(Rule 1200-12-01-.18, continued)

(d) Dispatch agencies shall provide for medical dispatch quality assurance by initiating an ongoing medical call review procedure and a quality assurance program as established by the agency's Medical Director.

(3) Emergency Medical Dispatcher Curriculum

(a) All Emergency Medical Dispatch training program curricula shall be approved by the Department based on an approved checklist of required basic components and elements as approved by the EMS Board.

(b) Any curriculum submitted for approval shall conform to the guidelines of the National Association of EMS Physician's (Position Paper on Emergency Medical Dispatching) and ASTMF 1258-90 (Standard Practice for Emergency Medical Dispatch) and/or its successor standards as a minimum.

(c) The length of the course shall be a minimum of 24 hours.

(4) Personnel Standards

(a) Certification - The Department shall develop, establish, or approve an Emergency Medical Dispatch certification and re-certification program. To be initially certified as an EMD, an individual shall:

1. Successfully complete a Department approved EMD Course; and

2. Maintain proficiency in cardiopulmonary resuscitation for basic life support procedures; and

3. Successfully pass an exam given through an approved dispatch organization that has pre-qualified for testing; or submit proof of having successfully certified as an EMD through an approved medical dispatch organization that has prequalified for certification reciprocity.

4. An applicant shall cause to be submitted to the administrative office of the Division of Emergency Medical Services, directly from the vendor identified in the Division's certification application materials, the result of a criminal background check.

(b) Recertification - Recertification is required every two (2) years to maintain Department certification. To recertify an EMD shall:

1. Submit to the Department a completed application form provided by the Department; and

2. Maintain proficiency in cardiopulmonary resuscitation for basic life support procedures; and

3. Meet one of the following:

(i) Complete ten hours or 1.0 continuing education unit (CEU) of Department-approved continuing medical dispatch education or in-service during the 2-year recertification period; or

(ii) Successfully complete an examination given through an approved medical dispatch organization that has qualified for recertification testing; or,

(Rule 1200-12-01-.18, continued)

(iii) Submit proof of having successfully recertified as an EMD through an approved medical dispatch organization that has qualified for recertification reciprocity

(c) Reciprocal certification - Reciprocity for applicants certified outside Tennessee may be granted by the Department based on the following considerations:

1. Applicants shall provide to the Department with a current copy of their Emergency Medical Dispatcher certification; and

2. Applicants shall provide to the Department proof that the certifying course meets the standards established by the Department or shall provide the Department the curriculum; and

3. Applicants shall successfully complete the Department written examination; and

4. Applicants shall meet all Department certification requirements demonstrating proof that the applicant has certified in a State having current certification reciprocity with the Department.

(d) Certification and Recertification for the Handicapped - These rules shall not preclude any physically handicapped individual from certifying or recertifying who can demonstrate proficiency in verbally describing the treatment methods outlined in the Department approved EMD course and/or CPR course to a caller.

(e) Lapsed certification - Individuals who permit their certification to lapse may be recertified by completion of the recertification requirement.

(f) Instructor Standards - Instructors who teach Emergency Medical Dispatchers shall meet training and certification standards established by the Department.

(5) Proscribed Acts for Emergency Medical Dispatchers - The Department may refuse to issue a certification or recertification, or suspend or revoke a certification for any of the causes listed in T.C.A. § 68-140-511.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-140-203, 68-140-204, 68-140-502, 68-140-504, 68-140-505, 68-140-506, 68-140-508, 68-140-511, 68-140-513, and 68-140-525.* ***Administrative History:*** *Original rule filed January 7, 1997; effective March 23, 1997. Amendment filed April 13, 2006; effective June 27, 2006. Amendments filed August 18, 2009; effective November 16, 2009.*

1200-12-01-.19 AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAMS.

(1) Each entity shall submit a written notice to the local primary emergency medical services provider or emergency communications district that provides the following information:

(a) The name of the entity, the owner of the AED, and a contact person and an alternate with telephone numbers, and mailing address of the placement facility;

(b) The street location and site within the facility where the AED shall be placed, means to access the AED, hours during the day when the AED may be available, and whether the AED may be used off-site;

(c) Description of the AED by manufacturer and model;

(d) Listing of the area emergency medical services and contact information for the EMS agency and emergency communications district;

(Rule 1200-12-01-.19, continued)

(e) The name and contact information of the physician supervising the AED placement; and,

(f) How the use of the AED is coordinated with the local EMS system.

(2) Each entity shall maintain and submit a copy of a written AED plan to the local primary emergency medical services provider or emergency communications district that includes:

(a) Designation of the training programs adopted by the entity to prepare expected users;

(b) A list of individuals appropriately trained and authorized;

(c) A plan of action for proper use of the AED;

(d) Registration with local emergency medical services with acknowledgement by their representatives of the AED placement, plan, and program;

(e) Description of how the AED program coordinates with EMS and the dispatching entity;

(f) Maintenance and testing procedures necessary to maintain the device, as well as sample forms to document proper maintenance; and,

(g) Reports that shall be made of AED use along with other records to be maintained by the program.

(3) Each entity shall complete a report of the use of an AED and submit a copy to the responding EMS agency and the supervising physician to document the following:

(a) Time of use or deployment of the device;

(b) The model of AED used;

(c) Names of the AED responders;

(d) Patient information, when known, to include name, age, race, and gender of the patient;

(e) Condition of the patient upon arrival of AED responders and resuscitative actions taken;

(f) Condition of the patient upon arrival of EMS; and,

(g) Patient outcome.

(4) Each placement of an AED shall be supervised and endorsed by a physician with an unrestricted license to practice medicine or osteopathy in Tennessee.

(5) Each automated external defibrillator shall comply with the provisions of T.C.A. § 68-140-710 and shall perform the following capabilities:

(a) Analyze heart rhythm and deliver electrical impulses (countershocks) for at least thirty (30) minutes after deployment;

(b) Deliver visual or audible warnings of low battery power;

(Rule 1200-12-01-.19, continued)

(c) Provide an audible or visual warning of loose connections of the electrodes; and

(d) Incorporate an internal event record providing the time of activation, times of rhythm analysis, and times of delivery of countershocks.

(6) The following training programs in cardiopulmonary resuscitation and AED use are consistent with the scientific guidelines of the American Heart Association and have been approved by the Tennessee Emergency Medical Services Board.

(a) Heartsaver AED and Basic Life Support for Healthcare Professional CPR and AED Courses of the American Heart Association

(b) Advanced Cardiac Life Support Course of the American Heart Association (for Healthcare professionals in conjunction with Basic Life Support for Healthcare Providers)

(c) Workplace First Aid and Safety; Adult CPR/AED Training Course of the American Red Cross

(d) AED Training Course of the American Red Cross (in conjunction with Adult and Professional Rescuer CPR courses)

(e) AED Course of the National Safety Council (in conjunction with AHA, NSC, or ARC Adult CPR Courses)

(f) Heartsaver FACTS Course of the National Safety Council or American Heart Association;

(g) Medic First Aid family of programs for Basic Life Support for Professionals and AED Training by EMP International, Inc.

(h) American Safety and Health Institute programs for Basic CPR and AED education and training**.**

(i) Coyne First Aid CPR and AED training program.

Authority: *T.C.A. §§ 4-5-202, 68-140-504, 68-140-505, and 68-140-705.* ***Administrative History:*** *Original rule filed January 24, 2002; effective April 9, 2002. Amendment filed August 15, 2005; effective October 29, 2005.*

1200-12-01-.20 TRAINING FOR EMERGENCY MEDICAL SERVICES FOR CHILDREN. Training programs for emergency medical care for children shall be provided as follows

(1) Within twenty-four (24) months of the effective date of this rule, each EMT-Paramedic shall demonstrate capability of recognizing and managing overt shock and respiratory failures and stabilizing pediatric trauma patients, including recognition and stabilization of problems that may lead to shock and respiratory failure in children. Successful completion of courses, such as the Pediatric Education for Prehospital Professionals, EMS-C/Pediatric Advanced Life Support (American Heart Association courses), or Emergency Nursing Pediatric Courses, can be utilized to demonstrate this clinical capability.

(2) Each service shall ensure that licensed EMS personnel employed by the service receive a minimum of one and one half (1.5) hours of pediatric emergency medical care refresher training each year. Attendance in courses or subjects from the Pediatric Education for Prehospital Professionals, EMS-C/Pediatric Advanced Life Support, Neonatal Resuscitation Program (American Heart Association courses), Emergency Nursing Pediatric Courses, or

(Rule 1200-12-01-.20, continued)

other programs approved by the board may be credited to fulfill this requirement. Such in-service shall follow and shall be in addition to the initial completion of a pediatric emergency care training program by EMT-Paramedics, or by other EMS personnel appropriate to their level of licensure.

(3) All accredited EMT and EMT-Paramedic training programs shall offer and provide pediatric emergency care training, including courses in pediatric advanced life support and trauma care. Such programs shall be offered subject to demand and enrollment, but at least annually.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-140-504, 68-140-509, and 68-140-521.* ***Administrative History:*** *Original rule filed November 15, 2002; effective January 29, 2003.*

1200-12-01-.21 DESTINATION DETERMINATION. Sick or injured persons who are in need of transport to a health care facility by a ground or air ambulance requiring licensure by the State of Tennessee should be transported according to these destination rules.

(1) Trauma patients - The goal of the pre-hospital component of the trauma system and destination guidelines is to minimize injury through safe and rapid transport of the injured patient. The patient should be taken directly to the center most appropriately equipped and staffed to handle the patient's injury as defined by the region's trauma system. These destinations should be clearly identified and understood by regional prehospital personnel and should be determined by triage protocols or by direct medical direction. Ambulances should bypass those facilities not identified by the region's trauma system as appropriate destinations, even if they are closest to the incident.

(2) Beginning no later than six (6) months after the designation of a trauma center in any region, persons in that region, who are in need of transport who have been involved in a traumatic incident and who are suffering from trauma or a traumatic injury as a result thereof as determined by triage at the scene, should be transported according to the following rules.

(a) Adult (greater than or equal to fifteen (15) years of age) and Pediatric (less than fifteen (15) years of age) Trauma Patients will be triaged and transported according to the flow chart labeled "Field Triage Decision Scheme" in "Resources For Optimal Care of the Injured Patient: 1999," or any successor publication. The Pediatric Trauma Score shall be used as published in "Basic Trauma Life Support for Paramedics and Other Advanced EMS Providers," Fourth Edition, 2000. Copies of the charts are available from the Division.

1. Step One and Step Two patients should go to a Level 1 Trauma Center or Comprehensive Regional Pediatric Center (CRPC), either initially or after stabilization at another facility. EMS field personnel may initiate air ambulance response.

2. Step One or Step Two pediatric patients should be transported to a Comprehensive Regional Pediatric Center (CRPC) or to an adult Level 1 Trauma Center if no CRPC is available. Local Destination Guidelines should assure that in regions with two CRPC's or one CRPC and another facility with Level 1 Adult Trauma capability, that seriously injured children are cared for in the facility most appropriate for their injuries.

3. For pediatric patients, a Pediatric Trauma Score of less than or equal to 8 ($\leq$8) will be considered as a cutoff level for Step One patients.

4. Local or Regional Trauma Medical Control may establish criteria to allow for non-transport of clearly uninjured patients.

5. Trauma Medical Control will determine patient destinations within thirty (30) minutes by ground transport of a Level 1 Trauma Center or CRPC.

(b) Exceptions apply in the following circumstances:

1. For ground ambulances, when transport to a Level I Trauma Center will exceed thirty (30) minutes, Trauma Medical Control will determine the patient's destination. If Trauma Medical Control is not available, the patient should be transported to the closest appropriate medical facility.

2. For air ambulances, Step One patients will be transported to the most rapidly accessible Level I Trauma Center, taking safety and operational issues into consideration. Step Two, Three, and Four patients will be transported to a Level I Trauma Center as determined by the air ambulance's Medical Control. The Flight Crew will make determination of patient status on arrival of the air ambulance.

3. Air ambulances will not transport chemical or radiation contaminated patients prior to decontamination.

4. If the Trauma Center chosen as the patient's destination is overloaded and cannot treat the patient, Trauma Medical Control shall determine the patient's destination. If Trauma Medical Control is not available, the patient's destination shall be determined pursuant to regional or local destination guidelines.

5. A transport may be diverted from the original destination:

(i) if a patient's condition becomes unmanageable or exceeds the capabilities of the transporting unit; or

(ii) if Trauma Medical Control deems that transport to a Level I Trauma Center is not necessary.

(c) Utilization of any of the exceptions listed above should prompt review of that transport by the quality improvement process and the medical director of the individual EMS providers.

(d) Trauma Medical Control can be accomplished by a Trauma or Emergency Physician on duty at a designated Trauma Center or by protocols established in conjunction with a Regional Level I Trauma Center.

(3) Pediatric Medical Emergency - Pediatric patients represent a unique patient population with special care requirements in illness and injury. Tennessee has a comprehensive destination system for emergency care facilities in regards to pediatric patients where there are variable levels of available care, as defined in Rule 1200-08-30-.01.

(a) There are circumstances in pediatric emergency care as determined by local medical control where it would be appropriate to bypass a basic or a primary care facility for a general or comprehensive regional pediatric center.

1. Examples of such circumstances include, but are not limited to the following

(i) On-going seizures

(ii) A poorly responsive infant or lethargic child

(Rule 1200-12-01-.21, continued)

(iii) Cardiac arrest

(iv) Significant toxic ingestion history

(v) Progressive respiratory distress (cyanosis)

(vi) Massive gastrointestinal (GI) bleed

(vii) Life threatening dysrhythmias

(viii) Compromised airway

(ix) Signs or symptoms of shock

(x) Severe respiratory distress

(xi) Respiratory arrest

(xii) Febrile infant less than two months of age.

2. Pediatric medical emergency transport may be diverted from the original destination if the patient's condition becomes unmanageable or exceeds the capability of the transporting unit, in which case the patient should be treated at the closest facility.

3. Pediatric medical emergency air ambulance transports must go to a Comprehensive Regional Pediatric Center.

(b) Pediatric trauma patients should be taken to trauma facilities as provided in paragraph (2).

(4) Any patient who does not qualify for transport to a Trauma Center or a Comprehensive Regional Pediatric Center should be transported to the most appropriate facility in accordance with regional or local destination guidelines.

(5) Adults or children with specialized healthcare needs beyond those already addressed should have their destination determined by Medical or Trauma Control, by regional or local guidelines, or by previous arrangement on the part of patient (or his/her family or physician).

(6) A transport may be refused or an alternate destination requested. If so, non-transport of the patient, or transport of the patient to an alternate destination shall not violate this rule and shall not constitute refusal of care.

Authority: *T.C.A. §§ 4-5-202, 68-140-504, 68-140-505, 68-140-509, and 68-140-521.* ***Administrative History:*** *Original rule filed October 15, 2002; effective December 29, 2002.*