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Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. TCA Section 4-5-205

Agency/Board/Commission:	Tennessee Department of Health
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Revision Type (check all that apply):

- ☒ Amendment
☐ New
☐ Repeal

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables. Please enter only **ONE** Rule Number/Rule Title per row)

Chapter Number	Chapter Title
1200-12-01	General Rules
Rule Number	Rule Title
1200-12-01-.12	Authorization of Emergency Medical Services Educators
1200-12-01-.16	Emergency Medical First Responder

Rulemaking Hearing Rules
of the
Tennessee Department of Health
Bureau of Health Licensure and Regulation
Division of Emergency Medical Services

Chapter 1200-12-01
General Rules

Amendments

Rule 1200-12-01-.12 Authorization of Emergency Medical Technician Instructor/Coordinators is amended by changing the title of the rule to read as follows, Authorization of Emergency Medical Services Educators, and by adding the following language as new paragraphs (6) and (7) so that, as amended, the rule shall read:

- (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.
 - 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. §§ 68-140-504, 68-140-505, and 68-140-508.

Rule 1200-12-01-.16 Emergency Medical First Responders shall be amended by deleting the present language of the rule in its entirety, substituting instead the following language, so that, as amended, the rule shall read:

- (1) Definitions- The terms used in this rule shall be defined as follows:
- (a) 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) First Responder Certification - means successful participation and completion of the First Responder Course and certifying examinations.
 - (c) 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.
 - (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 1200-12-1-.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.
- (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.
 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) 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) First Responder Certification requirements:
- (a) Must be at least seventeen (17) years of age.
 - (b) Must be able to read, write and speak the English language.
 - (c) Must be currently certified in Basic Cardiopulmonary Resuscitation.
 - (d) Must meet all attendance requirements of training program.
 - (e) Must successfully complete an approved First Responder Course.
 - (f) Must successfully complete written examinations within two (2) years of completion of First Responder course
 - 1. Achieve a passing score on a Board approved written examination with a minimum score as established by the Board.
 - 2. Applicants who fail to pass the examination shall be eligible to reapply for examination.
 - (g) Must submit an Application for certification form as provided by the Division of Emergency Medical Services.
 - (h) Must remit the appropriate certification and application fees, as determined under rule 1200-12-1-.06.
 - (i) Certification shall be issued for a period not to exceed two (2) years.
- (5) First Responder renewal certification:
- (a) Certifications may be renewed upon filing an application, possession of a current Cardiopulmonary Resuscitation card verifying successful completion of a basic life support course which includes automatic

external defibrillation for health care professionals, and verification of one of the following:

1. Successful completion of refresher training course of at least sixteen (16) hours meeting the refresher course curriculum approved by the board; or
2. Satisfactory completion of an approved renewal examination; or
3. Completion of ten (10) continuing education hours in the following areas:

(i) Preparatory: one (1) hour consisting of:

- (I) EMS systems.
- (II) Well being of the first responder.
- (III) Legal and ethical issues.
- (IV) Human body.
- (V) Lifting and moving patients.

(ii) Airway: two (2) hours.

(iii) Patient assessment: two (2) hours.

(iv) Circulation: one (1) hour.

(v) Illness and injury: two (2) hours.

(I) Medical: one (1) hour.

(II) Trauma: one (1) hour.

(vi) Children and childbirth: one (1) hour.

(vii) Rescue and EMS operations: one (1) hour.

(b) Those persons who fail to timely renew certification as provided by law are subject to the following:

1. Late renewal within sixty (60) days or less from the expiration of certification will require payment of a twenty-five dollar (\$25.00) reinstatement fee, and in addition to CPR certification, successful completion of either the approved written examination or the required refresher course.
2. Reinstatement of certification sought to be renewed more than sixty (60) days after expiration of certification but less than two years will require payment of a twenty-five (\$25.00) reinstatement fee and in addition to CPR certification, successful completion of both the refresher course and the approved written examination.

- (c) Out-of-State requirements for certification: Any First Responder who holds a current certification in another state and who has completed an approved US Department of Transportation First Responder Course may apply for Tennessee First Responder certification by complying with the following:
 - 1. Conform to all certification requirements for Tennessee First Responder; and,
 - 2. Successful completion of any EMS Board approved written and practical examinations; and,
 - 3. Submit the appropriate application forms and fees, if applicable, to the Division of Emergency Medical Services.
- (6) 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: T.C.A. §§ 68-140-504, 68-140-506, 68-140-508, and 68-140-517.

* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Charles M. Alderson, MD				X	
David Baxter	X				
Tim Bell	X				
Susan M. Breeden				X	
Robert L. Byrd	X				
Jeffrey L. Davis	X				
Julie A. Dunn, MD				X	
Larry Q. Griffin				X	
Kevin Mitchell				X	
Dennis W. Parker	X				
Lawrence Potter	X				
James E. Ross, RN	X				
Jackie W. Wilkerson	X				

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board of Emergency Medical Services on 11/19/2007, and is in compliance with the provisions of TCA 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 09/29/2007

Notice published in the Tennessee Administrative Register on: 10/15/2007

Rulemaking Hearing(s) Conducted on: (add more dates). 11/19/2007

Date: May 5 2009

Signature: Lucille F. Bond

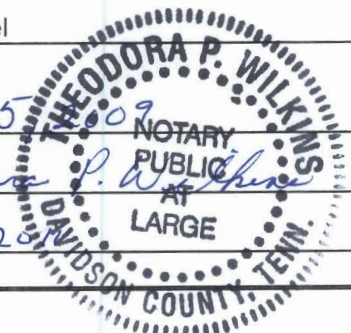
Name of Officer: Lucille F. Bond

Title of Officer: Assistant General Counsel

Subscribed and sworn to before me on: May 5 2009

Notary Public Signature: Theodore P. Wilkins

My commission expires on: 11/7/2010



All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

RECEIVED

Robert E. Cooper, Jr.
Attorney General and Reporter

3-30-10

Date

Department of State Use Only

Filed with the Department of State on:

4/6/10

Effective on:

7/5/10

Tre Hargett

Tre Hargett
Secretary of State

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SECRETARY OF STATE
PUBLICATIONS

Public Hearing Comments

1. Mr. Jimmie Edwards, EMS Programs Director, Volunteer State Community College, Allied Health Division, submitted a written comment requesting the need to reword amendments concerning authorization of educators under paragraph (7) in Rule 12000-12-01-.12 for persons who train Emergency Medical first Responders to improve the clarity of requirements; and, in Rule 1200-12-01-.16, relative to certain language to allow applicants to complete examination within two (2) years of completing training. The comments were shared with the Board, and it acted to include language similar to Mr. Edwards's requests in the final rule.

The Division of Emergency Medical Services has conducted this analysis and concluded that for small businesses, the proposed rules or rule amendments substantially meet all of the required objectives.

With regard to the amendments to rule 1200-12-1-.12, the instructor qualifications are being transferred from rule 1200-12-1-.16 Emergency Medical First Responders. The rules retain the current standards except to allow persons who possess credentials to teach at or below their level of certification. Previously, EMT-Paramedic and EMT-Instructors had to re-qualify by examination to teach the entry-level Emergency Medical First Responder training program. The Emergency Medical First Responder courses may be offered not only by educational facilities, but through services and local governmental agencies. There is no restriction upon a small business that is otherwise created by the amendments to these rules.

As of July 1, 2007, there were 162 licensed ambulance services. At least forty-three (43) services could be deemed to be small businesses on the basis as a for-profit or non-profit service with less than fifty (50) employees. Many other services may employ less than fifty persons within the ambulance service, but are overall part of a larger industrial, governmental, or health care organization with more than fifty employees. Most, if not all, first responder services are voluntary, non-profit or governmental agencies. Therefore, they are not subject to the same constraints as a small business. With regard to the means to complete and renew certification, the responsibilities are those of the individual, not the employer or member organization, although some local governments do reimburse emergency services personnel for their training and certification fees.

The specific issues applicable to the rules or amendments under consideration raised by the Division's analysis are as follows:

- (1) The federal government does not license or certify health care professionals or emergency medical first responders. Local non-profit and governmental agencies are the predominant providers of first responder services.
- (2) That, as amended, they exhibit clarity, conciseness, and lack of ambiguity; and
- (3) The proposed rules are not written with special consideration for flexible compliance and/or reporting requirements because the licensing boards have, as their primary mission, the protection of the health, safety and welfare of Tennesseans. However, the proposed rules are written with a goal of avoiding unduly onerous regulation while maintaining minimum compliance and promoting "best practices" among emergency medical services educators and providers.
- (4) The schedules and deadlines throughout the proposed rules are as "user-friendly" as possible while still allowing the Division to achieve its mandated mission in licensing emergency medical service providers. There is sufficient notice between the rulemaking hearing and the final promulgation of rules to allow services and providers to come into compliance with the proposed rules. Information is also distributed through the State and regional professional associations.
- (5) The proposed rules do not provide for any separate application requirements for small businesses. These amendments modify existing rules contained in General Rule 1200-12-01-12 and 1200-12-01-.16.
- (6) When the emergency medical services rules contain standards, there are statements included or interpretive guidance is adopted by the Board to indicate means of compliance with such standards. However, due to the nature of this industry, some standards must be design or operational in nature.

- (7) Emergency medical services rules contain requirements to obtain and maintain certification or licensure, but these are necessary for the protection of the health, safety and welfare of Tennesseans. The rules may create barriers to entry into the professions deemed necessary for the protection of the health, safety and welfare of the citizens of the State of Tennessee.

STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES

1. Name of Board, Committee or Council:

Tennessee Emergency Medical Services Board

2. Rulemaking hearing date: November 19, 2007

Amendments to Rules 1200-12-1-.12 Authorization of Emergency Medical Services Educators and 1200-12-1-.16 Emergency Medical First Responders.

3. Types of small businesses that will be directly affected by the proposed rules:

Emergency medical first responder personnel and providers of training programs will be affected. Qualifications for the training programs and certification requirements will be revised.

4. Types of small businesses that will bear the cost of the proposed rules:

Educational providers will bear the cost of the requirements for the testing of applicants, but this is a current industry and nation-wide practice.

5. Types of small businesses that will directly benefit from the proposed rules:

Schools and training facilities will benefit due to expanded criteria for students eligibility.

6. Description of how small business will be adversely impacted by the proposed rules:

For some Emergency Medical First Responder training programs, this rule may require development of a more comprehensive curriculum.

7. Alternatives to the proposed rule that will accomplish the same objectives but are less burdensome, and why they are not being proposed:

The Board does not recognize any less burdensome requirements. These examinations are sufficient to recognize and qualify Emergency Medical First Responder personnel for certification and to complete testing through an approved national examination.

8. Comparison of the proposed rule with federal or state counterparts:

The board is not aware of any federal counterparts of the proposed rule. Other licensed and certified healthcare and public safety occupations follow similar standards.

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A)** A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

Amendments to Rule 1200-12-1-.12 will change the caption for "Authorization of Emergency Medical Services Educators" to regulate the activities of personnel who teach and instruct in Emergency Medical Services training programs. With regard to the amendments to rule 1200-12-1-.12, the instructor qualifications are being transferred from rule 1200-12-1-.16 Emergency Medical First Responders. The rules retain the current standards except to allow persons who possess credentials to teach at or below their level of certification. Previously, EMT-Paramedic and EMT-Instructors had to re-qualify by examination to teach the entry-level Emergency Medical First Responder training program.

Rule 1200-12-1-.16 Emergency Medical First Responders regulates the activities of Emergency Medical First Responders, both as personnel and agencies participating in the local emergency medical services system. The rule establishes standards for the operation of emergency medical first responder services under the coordination of the primary provider of local ambulance service. Under amendments to paragraph (3), the amended rules will better summarize the requirements to conduct a training program for Emergency Medical First Responders; paragraph (4) is amended to lower the age of eligibility for First Responders to seventeen (17) years of age, to help promote enrollment and community service.

Relative to the examination of candidates, the amendments modify the required passing score for the written examination to an acceptable score established by the board, and provide an applicant up to two (2) years to complete the examination. The renewal of certification is eased by including provisions for three methods of renewal: through continuing education, completion of a refresher course, or renewal by examination.

- (B)** A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

Promulgation of rules for Emergency Medical First Responders and authorization of EMS Educators are authorized pursuant to Tennessee Code Annotated §§ 68-140-504, 68-140-505, 68-140-506, 68-140-508, and 68-140-517. The State law and regulations support the objectives for the National Standard Curricula for First Responders consistent with the National Highway Traffic Safety Administration's EMS goals to develop and enhance comprehensive emergency medical service systems to care for all injured or ill patients, not just those involved in vehicle-related crashes.

- (C)** Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

The changes to the rule will affect approximately four thousand two hundred (4,200) Emergency Medical First Responders certified by the Division of Emergency Medical Services. More than 1,300 currently renew their certifications each year by examination. Approximately two hundred agencies such as municipal and county fire departments and volunteer rescue squads are providing emergency medical first responder services in their communities under the coordination of licensed ambulance providers (Emergency Medical Services). In some jurisdictions, these agencies are also organized through the local hospital-operated ambulance services.

- (D)** Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

Opinions of the attorney general or judicial rulings have been identified that affect this rule. Attorney General Opinion No. 01-005, dated January 8, 2001, was issued relative to the Duties of Emergency Medical Technicians and Emergency Medical "First Responders." This opinion affirms that: An Emergency Medical "First Responder" Service is required, in order to participate in a community Emergency Medical Services ("EMS") system, to develop and maintain a memorandum of understanding which shall provide policies and procedures that specify the nature of calls for which first response services will be dispatched, thereby acknowledging that not all types of emergency calls will require a response by a first response service

- (E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

The amendments to this rule have minimal effect upon the state revenues and expenditures. There is currently an additional cost for computer-based testing for first responder certification, but the test fee is paid to a national testing service.

Since personnel may renew their certifications through completion of continuing education, and the pool of approved instructors may be increased, there may be some reductions in costs of local governments who have reimbursed personnel for costs of refresher courses or work time to attempt renewal by examination.

- (F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Joseph B. Phillips, Director, Division of Emergency Medical Services, Tennessee Department of Health;
Richard F. Land, Director of Ambulance Service Licensure and Regulation, Division of Emergency Medical Services, Tennessee Department of Health;
Lucy Bond, Assistant General Counsel, Office of General Counsel, Tennessee Department of Health

- (G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Joseph B. Phillips, Director, Division of Emergency Medical Services, Tennessee Department of Health;
Lucy Bond, Assistant General Counsel, Office of General Counsel, Tennessee Department of Health

- (H) Office address and telephone number of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Joseph B. Phillips, Director, Division of Emergency Medical Services, Tennessee Department of Health;
227 French Landing Drive, Suite 303, Heritage Place Metrocenter, Nashville, Tennessee 37243, (615) 741-2544.
Lucy Bond, Assistant General Counsel, Office of General Counsel, Tennessee Department of Health, 220 Athens Way, Suite 210, Nashville, TN 37243 (615) 741-1611

- (I) Any additional information relevant to the rule proposed for continuation that the committee requests.

None.

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

**CHAPTER 1200-12-1
GENERAL RULES**

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1200-12-1-.01 SANITATION OF AMBULANCE.

- (1) All ambulances operating pursuant to the provisions of T.C.A. Chapter 39 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 the cylinder contain at all times at least 500 PSI
- (3) Drivers Compartment.
 - (a) Must be sanitary

(Rule 1200-12-1-.11, continued)

unit arrival can be anticipated to exceed eight minutes, and where such units are organized and can demonstrate capabilities to render more rapid assistance.

- (6) Smoking or any other use of a tobacco product within ten (10) feet of an ambulance is prohibited.
- (7) 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, 68-140-509, 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.

~~1200-12-1-.12 AUTHORIZATION OF EMERGENCY MEDICAL TECHNICIAN INSTRUCTOR/COORDINATORS.~~ 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:
 - (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.

(Rule 1200-12-1-.12, continued)

- (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.

(Rule 1200-12-1-.12, continued)

- (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:

- (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:

(Rule 1200-12-1-.12, continued)

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 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.

(Rule 1200-12-1-.12, continued)

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:
 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.

(Rule 1200-12-1-.12, continued)

(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.

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(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.
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.

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(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. §§ 68-140-504, 68-140-505, and 68-140-508.

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.

1200-12-1-.13 EMT AND EMT PARAMEDIC TRAINING PROGRAMS.

(1) Definitions. Within this Rule, the following terms shall apply:

(Rule 1200-12-1-.15, continued)

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.

- (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, 68-140-504, 68-140-505, 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.

1200-12-1-.16 EMERGENCY MEDICAL FIRST RESPONDERS. Shall be regulated according to the following standards:

~~(1) Definitions—The terms used in this rule shall be defined as follows:~~

- ~~(a) 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) First Responder Certification—means successful participation and completion of the First Responder Course.~~

(Rule 1200-12-1-.16, continued)

- ~~(c) First Responder Course — means instruction in basic knowledge and skills necessary to provide emergency medical care to the sick and injured to individuals who may respond before licensed Basic or Advanced Life Support units arrive.~~
- ~~(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 — I.V. 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 1200-12-1-.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.~~

(Rule 1200-12-1-.16, continued)

- ~~(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.~~
- ~~(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, bandaids, 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 prehospital 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.~~

(Rule 1200-12-1-.16, continued)

- ~~7. Exchange and recovery of required minimum equipment and supplies and additional items adopted for local use.~~
- ~~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 response services shall maintain professional liability insurance providing indemnity to emergency care personnel and the organization. Each first response service shall maintain the minimum liability coverage which are set forth in T.C.A. § 29-20-403.~~
- ~~(3) First Responder Course Coordinators/Instructors Authorization—Each course shall be supervised by an instructor who shall meet qualifications and perform duties as follows:~~
 - ~~(a) Must be certified in Tennessee as an emergency medical technician or EMT-Paramedic and nominated by the Regional EMS Consultant.~~
 - ~~(b) Must be certified as a Cardiopulmonary Resuscitation Instructor.~~
 - ~~(c) Must have at least one (1) year experience in pre-hospital care or equivalent preparation and participate in emergency care training each year.~~
 - ~~(d) Shall be responsible for training, course administration and testing of students according to applicable procedures established by the Division of Emergency Medical Services, stipulating that the instructor shall:~~
 - ~~1. Conduct training with First Responder texts and course outlines approved by the Board.~~
 - ~~2. Maintain and impart knowledge of Emergency Medical Services laws and emergency care standards and requirements for First Responders, evidenced by completion of the First Responder examination with a score of 90% or higher.~~
 - ~~3. Maintain accurate attendance and class records and assure that class size does not exceed twenty-five (25) students per instructor.~~
 - ~~4. Schedule lessons and instruct the majority of the course hours in the curriculum approved by the Board.~~
 - ~~5. Request exams and process records in a timely manner according to administrative policies established by the Division of Emergency Medical Services.~~
 - ~~6. Obtain course evaluation materials and submit to the Regional EMS Consultant.~~
- ~~(4) Training facilities shall be scheduled by the instructor and approved by the Regional EMS Consultant based upon criteria which assure:~~
 - ~~(a) Adequate lighting and ventilation.~~
 - ~~(b) Adequate seating, restroom, and break facilities.~~
 - ~~(c) Audio-Visual instructional aids, supplies and equipment for skills training.~~

(Rule 1200-12-1-.16, continued)

- ~~(d) Minimal distractions from radios, scanners, traffic noises, or operational interference.~~
- ~~(5) Denial of approval for training or instructor qualification shall result from failure to schedule the course, to obtain approved facilities, or to conduct training in accordance with course requirements, or poor student performance.~~
- ~~(6) Certification for First Responders shall be issued for a period not to exceed two years, based upon satisfactory completion of the following:~~
 - ~~(a) An application for certification shall be completed, signed, and submitted by any person desiring First Responder Certification upon a form adopted for this purpose.~~
 - ~~(b) Prior to certification, each instructor shall submit documentation that each applicant:~~
 - ~~1. shall be at least eighteen (18) years of age.~~
 - ~~2. shall be able to read, write, and speak the English language.~~
 - ~~3. is currently certified in Basic Cardiopulmonary Resuscitation.~~
 - ~~4. has attended all classes in training, with one allowable absence.~~
 - ~~5. has completed practical skills evaluation.~~
 - ~~6. has performed satisfactorily on all in-class examinations.~~
 - ~~(c) Applicant's score of 70 percent or higher must be obtained on the written examination.~~
 - ~~1. Applicants who fail to pass the written examination shall be eligible to reapply for examination for a period up to one year from the original course ending date.~~
 - ~~2. Fees for examination and certification must be submitted if authorized pursuant to Rule 1200-12-1-.06.~~
 - ~~(d) First Responder certification may be renewed upon filing an application, possession of a current Cardiopulmonary Resuscitation card verifying successful completion of a basic life support course which includes automatic external defibrillation for health care professionals, and verification of one of the following:~~
 - ~~1. Successful completion of refresher training course of at least sixteen (16) hours meeting the refresher course curriculum approved by the board; or~~
 - ~~2. Satisfactory completion of the examination as established in paragraph (6)(c); or~~
 - ~~3. Completion of ten (10) continuing education hours in the following areas:~~
 - ~~(i) Preparatory: one (1) hour consisting of:~~
 - ~~(I) EMS systems~~
 - ~~(II) Well being of the first responder~~
 - ~~(III) Legal and ethical issues~~
 - ~~(IV) Human body~~

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(Rule 1200-12-1-.16, continued)

- (v) — Lifting and moving patients
 - (ii) — Airway: two (2) hours
 - (iii) — Patient assessment: two (2) hours
 - (iv) — Circulation: one (1) hour
 - (v) Illness and injury: two (2) hours
 - (I) — Medical: one (1) hour
 - (III) Trauma: one (1) hour
 - (vi) — Children and childbirth: one (1) hour
 - (vii) — Rescue and EMS operations: one (1) hour.
- (e) — Those persons who fail to timely renew certification as provided by law are subject to the following:
1. — Late renewal within sixty (60) days or less from the expiration of certification will require payment of a twenty-five dollar (\$25.00) reinstatement fee, and in addition to CPR certification, either the examination required by part (6)(d)2 or the refresher course required by part (6)(d)1.
 2. — Reinstatement of certification sought to be renewed more than sixty (60) days after expiration of certification will require payment of a twenty-five (\$25.00) reinstatement fee and in addition to CPR certification, successful completion of both the refresher course and the examination as required in parts (6)(d) 1 and 2.
- (7) — 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.
- (1) Definitions- The terms used in this rule shall be defined as follows:
- (a) 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) First Responder Certification - means successful participation and completion of the First Responder Course and certifying examinations.
 - (c) 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.
 - (d) First Responder Service - shall mean a service providing capabilities for mobile pre-hospital emergency medical care using emergency medical response vehicles.

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(Rule 1200-12-1-.16, continued)

- (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 1200-12-1-.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.
 - (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:

(Rule 1200-12-1-.16, continued)

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 1200-12-1-.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) 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) First Responder Certification requirements:
- (a) Must be at least seventeen (17) years of age.
 - (b) Must be able to read, write and speak the English language.
 - (c) Must be currently certified in Basic Cardiopulmonary Resuscitation.
 - (d) Must meet all attendance requirements of training program.
 - (e) Must successfully complete an approved First Responder Course.
 - (f) Must successfully complete written examinations within two (2) years of completion of First Responder course
1. Achieve a passing score on a Board approved written examination with a minimum score as established by the Board.

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(Rule 1200-12-1-.16, continued)

2. Applicants who fail to pass the examination shall be eligible to reapply for examination.
- (g) Must submit an Application for certification form as provided by the Division of Emergency Medical Services.
- (h) Must remit the appropriate certification and application fees, as determined under rule 1200-12-1-.06.
- (i) Certification shall be issued for a period not to exceed two (2) years.
- (5) First Responder renewal certification:
 - (a) Certifications may be renewed upon filing an application, possession of a current Cardiopulmonary Resuscitation card verifying successful completion of a basic life support course which includes automatic external defibrillation for health care professionals, and verification of one of the following:
 1. Successful completion of refresher training course of at least sixteen (16) hours meeting the refresher course curriculum approved by the board; or
 2. Satisfactory completion of an approved renewal examination; or
 3. Completion of ten (10) continuing education hours in the following areas:
 - (i) Preparatory: one (1) hour consisting of:
 - (I) EMS systems.
 - (II) Well being of the first responder.
 - (III) Legal and ethical issues.
 - (IV) Human body.
 - (V) Lifting and moving patients.
 - (ii) Airway: two (2) hours.
 - (iii) Patient assessment: two (2) hours.
 - (iv) Circulation: one (1) hour.
 - (v) Illness and injury: two (2) hours.
 - (I) Medical: one (1) hour.
 - (II) Trauma: one (1) hour.
 - (vi) Children and childbirth: one (1) hour.
 - (vii) Rescue and EMS operations: one (1) hour.
 - (b) Those persons who fail to timely renew certification as provided by law are subject to the following:

(Rule 1200-12-1-.16, continued)

1. Late renewal within sixty (60) days or less from the expiration of certification will require payment of a twenty-five dollar (\$25.00) reinstatement fee, and in addition to CPR certification, successful completion of either the approved written examination or the required refresher course.
 2. Reinstatement of certification sought to be renewed more than sixty (60) days after expiration of certification but less than two years will require payment of a twenty-five (\$25.00) reinstatement fee and in addition to CPR certification, successful completion of both the refresher course and the approved written examination.
- (c) Out-of-State requirements for certification: Any First Responder who holds a current certification in another state and who has completed an approved US Department of Transportation First Responder Course may apply for Tennessee First Responder certification by complying with the following:
1. Conform to all certification requirements for Tennessee First Responder; and,
 2. Successful completion of any EMS Board approved written and practical examinations; and,
 3. Submit the appropriate application forms and fees, if applicable, to the Division of Emergency Medical Services.
- (6) 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: T.C.A. §§ 68-140-504, 68-140-506, 68-140-508, and 68-140-517.

Authority: §§ 4-5-202, 4-5-204, 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.

1200-12-1-.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.

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