Stay of effective date filed February 23, 2015. New effective date April 1, 2015. See page 24.

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Sequence Number: 12-06-14
Rule ID(s): 5843
File Date: 12/2/14
Effective Date: 3/2/15

# Rulemaking Hearing Rule(s) Filing Form

*Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. T.C.A. § 4-5-205*

| | |
|---|---|
| **Agency/Board/Commission:** | Department of Health |
| **Division:** | Emergency Medical Services |
| **Contact Person:** | Keith D. Hodges |
| **Address:** | 665 Mainstream Drive, Nashville, Tennessee |
| **Zip:** | 37234 |
| **Phone:** | (615) 741-1611 |
| **Email:** | Keith.D.Hodges@tn.gov |

**Revision Type (check all that apply):**

X Amendment
___ New
___ Repeal

**Rule(s) Revised** (**ALL** chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. 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-.03 | Emergency Medical Services Equipment and Supplies |

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to http://state.tn.us/sos/rules/1360/1360.htm)

Rule 1200-12-01-.03 Emergency Medical Services Equipment and Supplies is amended by deleting the rule in its entirety, including its title, and substituting instead the following new title and language, so that as amended, the new rule and its new title shall read:

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 http://health.state.tn.us/ems/index.htm , 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.

(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 http://health.state.tn.us/ems/index.htm.

(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.

(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.

* 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) |
|---|---|---|---|---|---|
| Timothy Bell | X | | | | |
| Dr. Christopher Brooks | X | | | | |
| Jeffery L. Davis | X | | | | |
| Richard Holiday | X | | | | |
| Larry Hutsell | X | | | | |
| Kevin Mitchell | X | | | | |
| Dennis W. Parker | X | | | | |
| James E. Ross | X | | | | |
| Sullivan K. Smith | X | | | | |
| Stephen Sutton | X | | | | |
| Robert W. Thurman Jr. | | X | | | |
| Robert A. Webb | X | | | | |
| Tyler White | X | | | | |

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Emergency Medical Services Board (board/commission/ other authority) on 06/26/2013 (mm/dd/yyyy), and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: *05/06/13 (mm/dd/yy)*

Rulemaking Hearing(s) Conducted on: (add more dates). *06/26/13 (mm/dd/yy)*

Date: 10-9-14

Signature:

Name of Officer: Keith D. Hodges

Title of Officer: Assistant General Counsel, Department of Health

Subscribed and sworn to before me on: 10-9-14

Notary Public Signature:

My commission expires on: MY COMMISSION EXPIRES APRIL 11, 2017

SUZANNE MECHKOWSKI NOTARY PUBLIC STATE OF TENNESSEE SUMNER COUNTY

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.

Herbert H. Slatery III

Herbert H. Slatery III
Attorney General and Reporter

11/25/2014
Date

**Department of State Use Only**

Filed with the Department of State on: 12/2/14

Effective on: 3/2/15

Tre Hargett
Secretary of State

2014 DEC -2 PM 3:50
SECRETARY OF STATE

**Public Hearing Comments**

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. § 4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule will be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting will not be accepted. Transcripts are not acceptable.

No comments were received from the public.

**Regulatory Flexibility Addendum**
Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

(If applicable, insert Regulatory Flexibility Addendum here)

Regulatory Flexibility Analysis

**(1) The extent to which the rule or rule may overlap, duplicate, or conflict with other federal, state, and local governmental rules.**

The proposed rules do not overlap, duplicate, or conflict with other federal, state and local governmental rules.

**(2) Clarity, conciseness, and lack of ambiguity in the rule or rules.**

The proposed rules are clear, concise and lacking in ambiguity.

**(3) The establishment of flexible compliance and/or reporting requirements for small businesses.**

The compliance requirements contained in the proposed rules re the same for large or small businesses and are as flexible as possible while still allowing the Board to achieve its mandated mission of protecting the health, safety and welfare of Tennessee residents.

**(4) The establishment of friendly schedules or deadlines for compliance and/or reporting requirements for small businesses.**

The proposed rules do not contain any schedules or deadlines for compliance.

**(5) The consolidation or simplification of compliance or reporting requirements for small businesses.**

The compliance or reporting requirements contained in the proposed rules have been consolidated and simplified as much as possible while still allowing the Board to achieve its mandated mission of protecting the health, safety and welfare of Tennessee residents.

**(6) The establishment of performance standards for small businesses as opposed to design or operational standards required in the proposed rule.**

The proposed rules do not establish performance, design or operational standards.

**(7) The unnecessary creation of entry barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs.**

These proposed rules do not create unnecessary barriers to entry into business nor do they stifle entrepreneurial activity, curb innovation, or increase costs,

Statement of Impact to Small Businesses

Name of Board, Committee or Council: Emergency Medical Services Board

1. **Type or types of small businesses and an identification and estimate of the number of small businesses subject to the proposed rule that would bear the cost of, and/or directly benefit from the proposed rule:**

   Licensed ambulance services, of which there are approximately 210 (188 ground, 10 air, 12 invalid) in the state of Tennessee, are the small business that would be affected by the proposed rules. It is anticipated that such services will neither bear any costs nor directly benefit from the proposed rules.

2. **Projected reporting, recordkeeping and other administrative costs required for compliance with the proposed rule, including the type of professional skills necessary for preparation of the report or record:**

   The proposed rules would not require any reporting, recordkeeping and other administrative costs in order to comply with them.

3. **Statement of probable effect on impacted small businesses and consumers:**

   The proposed rules should have no effect on small businesses. Consumers, or patients, will benefit by having a higher standard of care.

4. **Description of any less burdensome, less intrusive or less costly alternative methods of achieving the purpose and/or objectives of the proposed rule that may exist, and to what extent, such alternative means might be less burdensome to small businesses:**

   The proposed rules are not burdensome, intrusive, or costly. To the extent that potentially burdensome or costly equipment or supplies may be required by the ambulance equipment, supplies and medications specifications adopted by reference under proposed Rule 1200-12-01-.03, such equipment, supplies and medications have historically been required as of a date years in the future, thereby allowing the affected small businesses time to budget for an acquire the new equipment or supplies.

5. **Comparison of the proposed rule with any federal or state counterparts:**

   The proposed rules have no specific federal or state counterparts.

6. **Analysis of the effect of the possible exemption of small businesses from all or any part of the requirements contained in the proposed rule.**

   If small businesses were exempted from the proposed rules, the proposed rules would be pointless, as most ambulance services are small businesses.

**Impact on Local Governments**

Pursuant to T.C.A. § 4-5-228(a), "any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected financial impact on local governments."

The proposed rules will not have an impact on local governments.

**Additional Information Required by Joint Government Operations Committee**

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 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;

Currently, the specific equipment and supplies ambulances are required to carry are set out under Rule 1200-12-01-.03. Having the specific equipment and supplies in the rule has posed a problem for ambulance services because, as a result of the time it takes to formulate proposed rules and go through the rulemaking process, services are being rendered to carry equipment and medications that are outdated or no longer used in pre-hospital care. In addition to creating an unnecessary financial burden for services, the inability to timely update equipment and supplies requirements has resulted in patients sometimes not receiving the benefit of the most recently recommended equipment and supplies.

To remedy this, the proposed rules would change current Rule 1200-12-01-.03 to say what equipment and supplies are generally required, while the specific requirements of the rules will be adopted by reference to an outside document on the department's website. The outside document, or "specifications," would be updated as needed by committee and board at a public meeting.

The proposed rules also change the terms "essential" to "critical" and "minimal" to "non-critical," and have been edited for clarity.

**(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;

There is no federal law or regulation or any state law or regulation mandating promulgation of the proposed rules or establishing guidelines relevant thereto.

**(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;

Tennessee-licensed ambulance services, the Tennessee Ambulance Service Association, regional EMS directors associations and the Committee on Emergency Pediatric Care were involved in the drafting and review of the proposed rules and support the same.

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

There are no attorney general and reporter opinions or any judicial rulings that directly relate to the proposed rules.

**(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 fiscal impact of the prosed rules would be minimal.

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

Keith Hodges, Assistant General Counsel, Tennessee Department of Health
Donna G. Tidwell, Director, Division of Emergency Medical Services, 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;

Keith Hodges, Assistant General Counsel, Tennessee Department of Health

| |
|---|
| Donna G. Tidwell, Director, Division of Emergency Medical Services, Tennessee Department of Health |

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

| | |
|---|---|
| Donna G. Tidwell<br>Division of Emergency Medical Services<br>Tennessee Department of Health<br>665 Mainstream Drive<br>Nashville, Tennessee 37243<br>(615) 741-4521<br>Donna.G. Tidwell@tn.gov | Keith D. Hodges<br>Office of General Consel<br>Tennessee Department of Health<br>665 Mainstream Drive<br>Nashville, Tennessee 37243<br>(615) 741-8218<br>Keith.D.Hodges@tn.gov |

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

| |
|---|
| N/A |

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

(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. §§68-140-504, 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.*

~~1200-12-01-.03 EMERGENCY MEDICAL SERVICES EQUIPMENT AND SUPPLIES. Each provider shall maintain the required equipment for the level of service to provide appropriate emergency care and where applicable, patient care during transport, on each vehicle permitted.~~

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

~~(a) (E) – "Essential device" shall mean any item critical for lifesaving patient care and which by its absence would jeopardize patient care.~~

~~(b) (M) – "Minimal equipment or devices" shall mean such equipment and supplies provided in sufficient amounts for patient care, but when missing may not result in serious harm to a patient.~~

~~(c) "Optional equipment or devices" shall mean any item of elective use, which shall be operational and sanitary.~~

~~(d) "Specifications" shall refer to the federal standards and performance requirements for equipment and devices recognized within the emergency medical services industry and adopted by the board, which include the following:~~

~~1. Federal Specification for Ambulances, KKK-A-1822*E*, dated June 1, 2002, or its successor.~~

~~2. Standard Specification for Minimum Performance Requirements for EMS Ground Vehicles, F 1230-89, American Society of Testing and Materials, November, 1989, or its successor.~~

~~3. Federal Motor Vehicles Safety Standards cited under 49 CFR Part 571.~~

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

~~(2) Safety devices shall be provided to include:~~

~~(a) Fire extinguishers (E) - Two (2) ABC dry chemical, multipurpose 5 lb. unit, in restraint brackets. One mounted in the driver/cab compartment or in a body compartment reachable from outside the vehicle. On ambulances an extinguisher shall be located in the patient compartment or in a cabinet within the patient compartment.~~

~~(b) Three (3) bi-directional reflective triangles (E) - approved per FMVSS 125, for any transport vehicle.~~

~~(c) Flashlights (M) - 4.5 volt or better, three cell or lantern type for scene use, one accessible to the driver and one provided for technician use. At least one flashlight shall be provided for a first responder unit.~~

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~~(3) Oxygen inhalation, ventilation, and airway management devices shall be supplied providing:~~

~~(a) Resuscitation and airway devices including:~~

~~1. Adjuncts for ventilation: (If disposable or single use devices are furnished, a spare unit shall be supplied on all ambulances.)~~

~~(i) bag-valve device (E) - with a bag volume of at least 1600 milliliters with oxygen reservoir for adult use.~~

~~(ii) bag-valve device (E) - with a bag volume of 450 milliliters with oxygen reservoir for pediatric use.~~

~~(iii) bag-valve device (E) - infant size with oxygen reservoir.~~

~~(iv) resuscitation masks (E) -in adult, pediatric (child) and infant sizes.~~

~~(v) oropharyngeal airways (M) - in at least five different sizes.~~

~~(vi) nasopharyngeal airways (M) - in at least five different sizes.~~

~~(vii) dual lumen airway device (such as the Combitube or Pharyngeal Tracheal Lumen Airway) that has been approved by the EMS Board. (M).~~

~~(viii) end-tidal carbon dioxide ($CO_2$) detectors, for adult and pediatric use. (E).~~

~~2. Oxygen delivery devices:~~

~~(i) An installed oxygen supply (E) - with a capacity of at least 2,000 liters of oxygen shall be supplied on all ambulances.~~

~~(I) Cylinders shall be restrained in an approved manner.~~

~~(II) Pressure regulator and flow meters shall comply with 3.12.1.1, Federal Specifications for Ambulances and automatically supply a line pressure of 50 psi.~~

~~(III) At least two distribution outlets and flow meters shall be operable in the compartment.~~

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

(ii) Portable oxygen (E) - shall be provided with at least 300 liter, or "D" size cylinders.

(I) The oxygen unit and spare cylinders shall be restrained in an approved manner.

(II) Pressure regulator and flow meter shall comply with 3.12.2, Federal Specifications for Ambulances.

(III) A full spare cylinder (M) - shall be provided except on first responder units.

(iii) Administration devices shall include at least two of each item: (E) for items, (M) for amounts.

(I) Oxygen supply tubing of at least 48 inches length.

(II) Oxygen Masks including, adult non-rebreathing high concentration, pediatric non-rebreathing high concentration, and an infant medium concentration.

(III) Adult nasal cannula.

(IV) Humidifiers shall be optional, but when supplied shall be single patient use.

3. Endotracheal intubation devices shall be supplied on advanced life support units, to include: (E) for items, (M) for amounts.

(i) Laryngoscope handles with operable batteries in adult and pediatric sizes, appropriate for use with (ii).

(ii) Laryngoscope blades in sizes:

(I) 0, straight,

(II) 1, straight,

(III) 2, straight,

(IV) 2, curved,

(V) 3, straight,

(VI) 3, curved,

(VII) 4, straight,

(VIII) 4, curved.

(iii) Endotracheal tubes, individually packaged in a sanitary sealed envelope or plastic package in:

(I) Uncuffed sizes in the pediatric range, one of each size 2.5 to 6.0mm. (2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0 mm)

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

~~(II) Cuffed sizes in the adult range, one of each size 6.5 to 8.5 millimeters. (6.5, 7.0, 7.5, 8.0, and 8.5 mm)~~

~~(iv) Six packets of sterile surgical lubricant or equivalent.~~

~~(v) Stylets, adult and pediatric.~~

~~(vi) Syringe for cuff inflation, 10cc, with plain Luer tip.~~

~~(vii) Magill forceps in adult and pediatric sizes.~~

~~(viii) Esophageal detection device~~

~~(b) Suction devices and supplies shall include the following items:~~

~~1. Installed suction (E) - with vacuum gauge, a control, and collection bottle as specified in 3.12.3, Federal Specifications for Ambulances.~~

~~(i) At least two sets of suction tubing, six feet in length shall be supplied. (E) for item, (M) for amount.~~

~~(ii) Suction tubing and adapters (E) - shall be provided for endotracheal aspiration of meconium allowing direct connection of suction to the endotracheal tube. (E)~~

~~2. A portable suction aspirator (E) - shall be supplied as specified in 3.12.4, Federal Specifications for Ambulances.~~

~~(i) A collection bottle (disposable preferred) of at 500 milliliters shall be provided.~~

~~(ii) At least two sets of suction tubing, two feet or more in length shall be provided. (E) for items, (M) for amount.~~

~~3. Suction supplies (M) - shall include rigid and flexible tips.~~

~~(i) At least two rigid, Yankauer style tips shall be provided.~~

~~(ii) Two sets of suction catheters shall be provided by BLS transport and ALS units; each set to consist of size 6, 8, 10, 14 and 16 French catheters.~~

~~(4) Diagnostic and assessment devices shall include:~~

~~(a) Sphygmomanometer with inflation bulb and gauge with: (E)~~

~~1. Adult blood pressure cuff (E) - on all units.~~

~~2. Pediatric blood pressure cuff (E) - except on first responder units.~~

~~3. Adult large or thigh blood pressure cuff (E) - except on first responder units.~~

~~(b) Stethoscope (E)~~

~~(c) Bandage shears (M)~~

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

(d) Items (b) and (c) may be carried as personally assigned equipment, provided the service has a posted policy regarding supply of these devices.

(e) Pulse oximeter with sensors for use with adult and pediatric patients.

(5) Bandages and dressing material shall include:

(a) Two (2) rolls of surgical adhesive tape (M), at least one inch in width.

(b) Six (6) rolls of conforming gauze roller bandage (M), at least three inches in width.

(c) Six (6) triangular bandages (M) with a minimum base at least forty-two (42) inches.

(d) Twenty-five (25) sterile 4" by 4" dressings (M).

(e) Eight (8) composite pad sterile compresses, abdominal (ABD)/combine dressings (M).

(f) Two sterile occlusive dressings of white petrolatum coated gauze or plastic membrane film at least 3" by 3" (M).

(g) Two burn sheets (M) separately packaged, sterile or clean, at least 60 by 60 inches.

(h) Saline solution or sterile water for irrigation (M), in plastic containers sufficient to supply 2000 milliliters on each transport vehicle.

(6) Immobilization devices provided on all units except first responder units:

(a) Two long spinal immobilization devices or backboards (E) - whole body splints, or approved devices capable of immobilizing a patient with suspected spinal injuries.

1. Straps or restraints which immobilize the patient at or about the chest, pelvis, and knees shall be provided.

2. Wooden devices shall be sealed with finishes to prevent splintering and aid decontamination.

(b) One short spinal immobilization device consisting of a clam-shell, wrap around type vest. (E)

1. Device shall provide spinal immobilization for the seated patient.

2. Device shall include affixed restraint straps, head straps and integral padding.

3. Device with straps and accessories shall be maintained in a separate case or carrier bag.

(c) Two cervical spinal immobilization devices or head immobilizers designed to prevent lateral head movement of the restrained patient. (M)

1. Four disposable or plastic covered foam blocks with tape or restraint straps may be provided to fulfill this requirement.

2. Commercial devices shall include accompanying straps or restraint materials.

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

3. Sand bags shall not fulfill this requirement due to the potential for weight shifts of the fill material.

(d) Two sets of cervical collars (E) - shall be provided in the following sizes (Combinations of adjustable type collars are acceptable to provide at least two adult collars and at least one pediatric):

1. Pediatric

2. Small adult

3. Medium adult

4. Large adult

(e) Upper extremity splints (E) - shall include at least two devices or sets of fabricated splints for immobilization of arm injuries. Devices must be suitable to immobilize fractures in pediatric patients.

1. Board splints, when provided, shall be padded and at least fifteen inches length.

2. Inflatable splints shall not fulfill this requirement.

(f) Lower extremity splints (E) - shall include at least two devices or sets of fabricated splints for immobilization of leg injuries. Devices must be suitable to immobilize fractures of both lower extremities in pediatric patients.

1. Board splints, when provided, shall be padded and at least thirty-six inches length.

2. Inflatable splints shall not fulfill this requirement.

(g) Lower extremity traction splints (E) - shall be provided with necessary attachments to achieve immobilization of femoral fractures involving both lower extremities in an adult. A traction splint shall also be provided to immobilize a femoral fracture in a pediatric patient.

(7) Immobilization devices on first responder units shall include one set of cervical collars, as identified in (6)(d) and at least one set of upper and lower extremity splints as identified in (6)(e) and (6)(f).

(8) Patient care supplies shall include:

(a) Containers for human waste and emesis with a bedpan, urinal, and emesis basin or suitable substitute on all patient transport vehicles. (M)

1. Tissues shall be provided for secretions and toilet use.

2. At least two emesis containers shall be provided.

(b) Blankets - or protective patient covers with thermal insulating capabilities.

1. Two blankets for adults (M)

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

2. One baby blanket and head covering (Cloth or non-woven fabric) (E)

(c) Four sheets (M) - of linen or disposable material for cot and patient covers.

(d) An obstetrical emergencies pack or O.B. kit (E) - shall provide the following items, but shall not be required on first responder units:

1. Drape towel or underpad,

2. Gauze dressings,

3. Sterile gloves,

4. Bulb syringe or aspirator,

5. Cord clamps and/or umbilical ties,

6. Plastic bags and ties for placental tissues,

7. Infant receiving blanket or swaddling materials, and

8. A head covering shall be provided.

(9) Infection control supplies shall include:

(a) Appropriate personal protective equipment (M) - conforming to Occupational Safety and Health Administration rules including, but not limited to, the following:

1. Disposable gloves sized for the crew,

2. Fluid proof gowns or lab coats,

3. Two face masks (NIOSH approved to at least N-95 standards)

4. Eye shields or protective face shields, and

5. Protective footwear or shoe covers.

(b) Materials for decontamination and disposal of potentially infected waste (M) - to include:

1. Red plastic bags or trash bags labeled for biohazard, with at least two bags 24" by 30".

2. A puncture resistant container shall be supplied for sharps disposal in a locking-style bracket or in a locked compartment within the ambulance. Sheath style or single use containers shall be disposed of in larger approved containers.

3. Antiseptic hand cleaner and an Environmental Protection Administration approved hospital grade disinfectant for equipment application.

(10) Intravenous therapy supplies shall be required on all ambulances as follows: (E) for items, (M) for amounts.

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

~~(a) Fluid administration sets.~~

~~1. Macrodrip, ten to twenty drops per milliliter, three (3) each.~~

~~2. Microdrip, sixty drops per milliliter, three (3) each~~

~~(b) Antiseptic wipes twelve (12) each.~~

~~(c) Catheters, over-the-needle type, four (4) sets in each gauge size 14, 16, 18, 20, 22 and 24.~~

~~(d) Three liters of intravenous solutions, two of which will be crystalloid fluids.~~

~~(e) Disposable (non-latex) venous tourniquets, sufficient for adult and pediatric use.~~

~~(f) Intraosseus infusion needles, a minimum of an 18 gauge size shall be required on ALS units.~~

~~(11) Cardiac defibrillators and monitors shall be provided for use by appropriately trained personnel as follows:~~

~~(a) Advanced life support units shall be equipped with a cardiac monitor, electrocardiographic recorder, and defibrillator. (E)~~

~~1. Cardiac monitoring leads (E) shall be provided:~~

~~(i) Six electrodes for adults.~~

~~(ii) Six electrodes for pediatrics.~~

~~2. A biphasic waveform shall be required on any cardiac monitor/defibrillator purchased for ambulances after the effective date of this rule, and the defibrillator shall provide a minimum setting of ten (10) joules.~~

~~(b) An automated external defibrillator shall be provided on each staffed ambulance, except those otherwise staffed and equipped to provide advanced life support as identified in paragraph (a).~~

~~(c) Automated external defibrillators shall be an optional device for first responder units.~~

~~(12) Medications and required drugs for all ambulance and advanced life support providers shall include: (E) for items, (M) for amounts. Medications must be packaged and stored in accordance with pharmacologic guidelines for sterility, cleanliness, dosage, and expiration.~~

~~(a) Medications for use by basic emergency medical services on all ambulances shall include:~~

~~1. An anaphylaxis kit of Epinephrine 1:1,000 in a preloaded syringe of 0.3ml per dose, or a Tuberculin syringe with a minimum 5/8 inch, 25 gauge needle, with a sufficient quantity of Epinephrine 1:1,000 to administer two (2) doses to two patients.~~

~~2. Aspirin or therapeutic equivalent for administration to suspected cardiac patients.~~

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

3. Beta-adrenergic agonist (albuterol, etc.) or therapeutic equivalent with appropriate administration devices for acute pulmonary distress.

4. Nitroglycerine, 1/150 grain (0.4 mg) bottle of thirty (30) tablets or sublingual spray, or therapeutic equivalent.

(b) Medications for use in definitive and cardiac care shall be provided on advanced life support units. Medications used on advanced level ambulances shall be compatible with current standards as indicated by the American Heart Association's Emergency Cardiovascular Care Committee to include:

1. Cardiovascular medications

(i) Adenosine, 6 mg/2ml, sufficient to administer successive doses up to 18 milligrams, or therapeutic equivalent.

(ii) Atropine sulfate, at least four (4) prefilled syringes of 1.0mg/10ml, or therapeutic equivalent.

(iii) Antiarrhythmic agents to include sufficient amounts for two successive doses of either lidocaine for cardiac arrhythmia (at least four (4) prefilled syringes of 100 mg in 5 milliliters), or Amiodarone (in ampules of 150 to 300 mg to total at least 450 mg), or therapeutic equivalent. Admixtures or premixed solutions shall be provided for a maintenance drip.

(iv) Magnesium sulfate, 1 gm sufficient to administer 2 gm in successive doses with dilution, or therapeutic equivalent.

(v) Sodium chloride for injection and dilution of medications.

2. Analgesics, such as morphine, meperidine hydrochloride, nalbuphine (Nubain), butophanol (Stadol), Nitrous oxide, or therapeutic equivalent.

3. Benzodiazepine anticonvulsant, diazepam (at least two (2) vials or prefilled syringes of ten (10) milligrams/2ml or other benzodiazepine in equivalent amounts sufficient to administer two successive maximum doses, or therapeutic equivalent.

4. Vasopressor agents, such as Epinephrine 1:10,000, at least four (4) prefilled syringes of 1.0 mg/ml or therapeutic equivalent.

5. Hypoglycemic countermeasures

(i) Glucose testing devices for semi-quantitative blood glucose determinations, with media, calibration strips, and lancets.

(ii) Dextrose 50% in water, at least two (2) prefilled syringes of 25 grams in 50 milliliters, or therapeutic equivalent.

(iii) Dextrose 25% in water, at least two (2) prefilled syringes of 12.5 grams in 50 milliliters, or therapeutic equivalent.

6. Narcotic antagonist, Narcan (naloxone). At least two (2) ampules or prefilled syringes of 1mg/ml, or therapeutic equivalent..

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

~~7. Alkalinizing agents, sodium bicarbonate, at least two (2) syringes of 50 mEq in 50 milliliters, or therapeutic equivalent.~~

~~8. Systemic diuretics, furosemide, 10 mg/ml, ampules, vials, or prefilled syringes to total 80 milligrams, or therapeutic equivalent.~~

~~9. Antinauseant, such as promethazine, 25mg/ml, or therapeutic equivalent.~~

~~10. Antihistamine, diphenhydramine, 50 mg, or therapeutic equivalent.~~

~~(c) Syringes for drug administration shall be supplied in at least 1 cc, 3 cc, and 10 cc sizes with needles.~~

~~(d) A length-based drug dosage tape for pediatric resuscitation shall be supplied. (2002 Broselow ™ or successor edition.)~~

~~(13) Air ambulances shall provide equipment as required in Rule 1200-12-01-.05.~~

~~(14) Equipment requirements as detailed in (3) to (12) shall not apply to vehicles used solely for neonatal critical care transport. 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, September, 2001, or the successor publication.~~

~~(15) Inspections of equipment and supplies reflecting deficiencies in essential (E) items or multiple deficiencies of minimum (M) items shall be grounds for failure of inspection. Five or fewer deficiencies or shortage of supplies termed minimal (M) shall receive a warning. Conditional acceptance during inspection may be recognized by the Division's representative when good faith efforts are demonstrated by the provider to acquire or repair minimal equipment, subject to a recheck of any conditional device within forty-five (45) days of the initial inspection.~~

~~(16) Equipment cited for Emergency Medical First Responder vehicles shall be in addition to minimal supplies cited in Rule 1200-12-01-.16.~~

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 http://health.state.tn.us/ems/index.htm , 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.

(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.

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(Rule 1200-12-1-.03, continued)

(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 http://health.state.tn.us/ems/index.htm.

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(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.

(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.

(Rule 1200-12-1-.03, continued)

(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.

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***Authority:*** *T.C.A. §§4-5-202, 4-5-204, 68-140-504, 68-140-505, 68-140-506, and 68-140-507.* ***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.*

**1200-12-01-.04 EMERGENCY MEDICAL TECHNICIAN (EMT).** All persons desiring licensure as an Emergency Medical Technician pursuant to T.C.A. Title 68, Chapter 140 must comply with the following requirements and standards.

(1) Emergency Medical Technician Licensure Requirements

(a) Must be at least eighteen (18) years of age.

(b) Be able to read, write, and speak the English language.

(c) Must possess an academic high school diploma or a general equivalency diploma (G.E.D).

(d) Must have no history within the past three years of habitual intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants in such manner as to adversely affect the person's ability to practice as an emergency medical technician.

(e) Must 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 and the requirements of National Registry of Emergency Medical Technicians.

(f) Must successfully complete an approved basic Emergency Medical Technician course including all license examinations.

1. Written Examination

(i) Achieve a passing score on a Board approved written examination with a minimum score as established by the Board.

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

2. Practical Examination

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**For Department of State Use Only**

Sequence Number: 02-12-15
Rule ID(s): N/A
File Date: 02/23/2015
Effective Date: 02/23/2015

# Filing Form for Stay of Effective Date on Rules, Withdrawal of Stay, and Withdrawal of Rules

| | |
|---|---|
| **Agency/Board/Commission:** | Department of Health |
| **Division:** | Emergency Medical Services |
| **Contact Person:** | Sean McMinn |
| **Address:** | G16 War Memorial Building |
| **Zip:** | 37243 |
| **Phone:** | (615) 741-3056 |
| **Email:** | sean.mcminn@capitol.tn.gov |

**Type of Action on Rule:**

X **Stay of Effective Date of Rules**

Rule Filing Date: 12/02/14
Rule Original Effective Date: 03/02/15
Length of Stay (not to exceed 75 days): 30 days
New Effective Date of Rule Filing:: 04/01/15

____ **Notice of Withdrawal of Stay**

Stay Filing Date: _____
Stay Effective Date: _____
New Effective Date of Rule Filing: _____

____ **Notice of Withdrawal of Rules**

Rule Filing Date: _____
Rule Effective Date: _____

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

| **Chapter Number** | **Chapter Title** |
|---|---|
| 1200-12-01 | General Rules |
| **Rule Number** | **Rule Title** |
| 1200-12-01-.03 | Emergency Medical Services Equipment and Supplies |
| | |
| | |
| | |

Date: February 23, 2015

Signature: [signature]

Name of Officer: Sean McMinn

Title of Officer: Legislative Attorney

SANDRA LEE WHITMORE
STATE OF TENNESSEE
NOTARY PUBLIC
ROBERTSON COUNTY, TENN.
My Commission 11/3/15

Subscribed and sworn to before me on: February 23, 2015

Notary Public Signature: Sandra Lee Whitmore

My commission expires on: 11/3/2015

**Department of State Use Only**

Filed with the Department of State on: 2/23/2015

[signature]

Tre Hargett
Secretary of State

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