Vermont
Emergency Medical Services Rules

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Vermont Department of Health
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Section 1: Definitions

1.1 ~~1.01~~ ADVANCED EMERGENCY MEDICAL TREATMENT: means those portions of emergency medical treatment as defined in these rules ~~by the Department~~, which may be performed by certified emergency medical services personnel acting under the supervision of a physician within a system of medical control approved by the Department of Health.

1.2 ~~1.02~~ AMBULANCE: means any vehicle, whether air, ground or water, that is designed, used or intended for use in transporting ill or injured persons.

1.3 ~~1.03~~ AMBULANCE SERVICE: means a person licensed by the Department of Health to provide emergency medical treatment and transportation to ill or injured persons.

1.4 ~~1.04~~ BASE FACILITY: means the location(s) where an ambulance service stores its ambulance vehicles overnight or the location(s) where a first responder service begins an emergency response. ~~An ambulance service operates from a single base facility if it stores all of its ambulances in a single municipality. Otherwise it operates from more than one base facility. A first responder service operates from a single base facility if it maintains a single phone listing for public access and operates in a single municipality or in a group of contiguous municipalities. Otherwise it operates from more than one base facility.~~

1.5 ~~1.05~~ BASIC EMERGENCY MEDICAL TREATMENT: means those portions of emergency medical treatment as ~~determined by the Department of Health~~ defined in these rules, which may be exercised by certified emergency medical services personnel acting under their own authority.

~~1.06 CPR: means cardiopulmonary resuscitation.~~

1.6 ~~1.07~~ CERTIFICATION: means the accreditation issued to an individual ~~who has completed a course of EMS education by an EMS educational sponsor as detailed in these rules~~ by the Department of Health in accordance with these rules that authorizes the individual to perform emergency medical treatment.

1.7 ~~1.08~~ CONDITIONAL CERTIFICATION: means a personnel certification issued by the Department of Health with one or more conditions imposed on the award of the certification.

1.8 ~~1.09~~ CONDITIONAL LICENSE: means a ~~personnel or other~~ license issued by the Department of Health in accordance with these rules with one or more conditions imposed on the award of the license.

1.9 CREDENTIALING: means the process approved by the EMS district medical advisor, within the system of medical control, by which an EMS certified individual is verified as competent and authorized to provide emergency medical treatment or function as a preceptor on behalf of the individual's sponsoring EMS agency or medical facility consistent with the individual's scope of practice for their level of certification and the EMS agency's license level.

1.10 ~~1.10~~ DEPARTMENT: means the Vermont Department of Health.

1.11 ~~1.11~~ DISTRICT BOARD: means the board of directors of an EMS District appointed pursuant to Title 24 Ch. 71 Section 2653. ~~under Section 2653 of Title 24.~~

1.12 ~~1.12~~ DISTRICT MEDICAL ADVISOR: means a physician(s) selected by an EMS District Board to advise the EMS District Board on matters involving medical practice and to assist the EMS District Board in the establishment of medical control, development of treatment protocols, medical oversight of EMS educational programs, reviews and critiques of calls.~~, and to serve~~ The District Medical Advisor serves as a liaison between the EMS District Board and the medical community. The District Medical Advisor also serves as the Commissioner's designee for purposes of credentialing and medical control.

1.13 ~~1.13~~ EMERGENCY MEDICAL PERSONNEL: means persons, including volunteers, certified by the Department of Health to provide emergency medical treatment on behalf of an organization such as an ambulance service or first responder service whose primary function is the provision of emergency medical treatment. The term does not include duly licensed or registered physicians, dentists, nurses or physician ~~physician's~~ assistants when practicing in their customary work setting.

1.14 ~~1.14~~ EMERGENCY MEDICAL SERVICES: means an integrated system of personnel, equipment, communication and services to provide emergency medical treatment.

1.15 EMERGENCY MEDICAL SERVICES AGENCY: means a person licensed by the Department of Health as an ambulance service or first responder service.

1.16 ~~1.15~~ EMERGENCY MEDICAL SERVICES DISTRICT: means a political subdivision established to facilitate the provision of pre-hospital emergency medical treatment within a given area.

~~1.16 EMT: means Emergency Medical Technician.~~

1.17 EMERGENCY MEDICAL TECHNICIAN (EMT): means a person certified as an Emergency Medical Technician in Vermont.

1.18 ~~1.17~~ EMERGENCY MEDICAL TREATMENT: means pre-hospital, in-hospital and inter-hospital medical treatment rendered by emergency medical services personnel given to individuals who have suffered illness or injury in order to prevent loss of life, the aggravation of the illness or injury, or to alleviate suffering. Emergency medical treatment includes basic emergency medical treatment and advanced emergency medical treatment.

1.19 EMS RESPONSE INCIDENT: means any EMS response or patient encounter, including 9-1-1 or other emergency responses, patient transports (emergency or non-emergency), inter-facility transfers (emergency or non-emergency), patient refusals of treatment or transport, and patients treated and released without transport. This definition does not include activities where no patient is discovered, treated, or transported.

~~1.18 EOA: means any esophageal obturator airway device.~~

1.20 ~~1.19~~ FIRST RESPONDER SERVICE: means a person licensed by the Department of Health to provide emergency medical treatment.

1.21 ~~1.20~~ INSTRUMENT FLIGHT RULES (IFR)~~I.F.R.~~: means~~instrument flight rules.~~ the regulations and procedures for flying an aircraft by referring only to the aircraft instrument panel for navigation.

1.22 ~~1.21~~ INSTRUCTOR/COORDINATOR (I/C): means a person certified by the Department who is responsible for coordinating and conducting emergency medical services courses. The instructor/coordinator serves as the liaison between the students, the EMS district, the local medical community, the Department and, if there is one, the sponsoring agency. The instructor/coordinator is responsible for assuring that the course goals and objectives, as determined by the Department, are met. The instructor/coordinator supervises primary and assistant instructors and may teach classes in the course.

1.23 ~~1.22~~ LICENSE: means ~~a full, temporary, or conditional license~~ the accreditation issued to an ambulance service ~~,~~ or first responder service by the Department of Health ~~under the provisions of these rules.~~ in accordance with these rules that authorizes the service to provide emergency medical treatment.

1.24 ~~1.23~~ MEDICAL CONTROL: means the entire system of quality assurance and medical accountability for basic and advanced emergency medical treatment ~~as prescribed by Title 24~~. Pre-hospital medical control shall include direction and advice given to emergency medical personnel by a physician or a person acting under the direct supervision of a physician provided through:

> 1.24.1 ~~(a)~~ Off line medical control functions or direction of emergency medical services personnel through the use of protocols, review of cases, and determination of outcomes, and through training programs; and
>
> 1.24.2 ~~(b)~~ On line medical control functions, via radio or telephone, of field personnel at the site of the emergency and en route to a hospital emergency department.

1.25 ~~1.24~~ MEDICAL FACILITIES: means a hospital providing emergency services to an emergency medical services district.

1.26 NATIONAL CERTIFICATION: means certification by the National Registry of EMTs as a verification of competency to function in providing emergency medical treatment. National certification does not authorize a person without Vermont EMS certification to function in Vermont.

1.27 NATIONAL EMS INFORMATION SYSTEM (NEMSIS): means the National Highway Traffic Safety Administration (NHTSA) sponsored national system of data definitions and data formatting established to assure consistency among states in the collection and reporting of EMS response incident information.

1.28 NATIONAL REGISTRY OF EMTS (NREMT): means the not-for-profit organization that provides national EMS certification based on education, testing and other requirements.

~~1.29 RN: means registered nurse~~

1.29 ~~1.25~~ NATIONAL STANDARD CURRICULUM: means the current course of education for first responders, EMTs, or paramedics as described by the ~~U.S. Department of Transportation~~ National Highway Traffic Safety Administration (NHTSA).

1.30 OPERATIONS CREDENTIALING: means the process within a licensed EMS agency by which emergency medical personnel are verified as competent and authorized to perform non-clinical functions such as driving an ambulance, using communications equipment, decontaminating durable equipment, or performing other operational functions.

1.31 PATIENT CARE REPORT (PCR): means the form that describes and documents EMS response incidents.

1.32 ~~1.26~~ PERSON: means any person, firm, partnership, association, corporation, municipality or political subdivision, including emergency medical services districts ~~as provided for in Title 24~~.

~~1.27 PA: means physician's assistant.~~

1.33 PHYSICIAN: means a person licensed to practice medicine by the Vermont Board of Medical Practice or licensed to practice osteopathic medicine by the Vermont Board of Osteopathic Physicians and Surgeons.

1.34 PHYSICIAN ASSISTANT (PA): means a person licensed as a physician assistant in Vermont.

1.35 PRECEPTOR: means a person credentialed to supervise candidates in field learning experiences associated with EMS education programs approved or recognized by the Department. A preceptor must hold Vermont EMS certification at or above the level of the candidate they are supervising.

1.36 ~~1.28~~ PROTOCOL: means written guidance, supplied and maintained by the Department, specifying the conditions under which some form of emergency medical treatment is to be given by personnel certified under these rules. Additional protocols, ~~representing a consensus of the physicians of an EMS district,~~ approved by the district medical advisor and the Department, may be adopted for use within a specific EMS district.

1.37 REGISTERED NURSE (RN): means a registered nurse licensed in Vermont.

1.38 SCOPE OF PRACTICE: means all activities and procedures authorized by the Department of Health to be provided in these rules.

1.39 ~~1.30~~ STATE BOARD: means the State Board of Health.

1.40 STATEWIDE INCIDENT REPORTING NETWORK (SIREN): means the electronic EMS response incident reporting system maintained by the Department to collect information about EMS response incidents for the purposes of protecting the public health and planning, analyzing, monitoring, managing, reporting, and improving Vermont's EMS system.

1.41 ~~1.31~~ TEMPORARY LICENSE: means any license issued by the Department of Health under the provisions of these rules for a period of time less than a full term.

1.42 UNITED STATES ARMED FORCES EMS PERSONNEL: mean a person with military education in EMS who holds national EMS certification. This includes nationally EMS certified personnel affiliated with the Vermont National Guard.

1.43 VARIANCE: means an exception or modification granted by the Department that authorizes a modification of one or more of the requirements of these rules.

1.44 ~~1.32~~ VOLUNTEER PERSONNEL: means persons who are certified by the Department of Health to provide emergency medical treatment without expectation of remuneration for the treatment rendered other than nominal payments and reimbursement for expenses, and who do not depend in any significant way on the provision of such treatment for their livelihood.

1.45 WAIVER: means an exemption granted by the Department that exempts an individual or EMS agency from one or more of the requirements of these rules.

Section 2: Ambulance Service Licenses

2.1 No person shall operate as an ambulance service ~~after March 1, 1997~~ unless duly licensed by the Department under these rules.

2.1.1 Whenever an ambulance service transports a patient, the patient must at a minimum be attended by a physician or at least one person Vermont-certified at the EMT-B or EMT level or higher and credentialed by the transporting agency and its EMS district medical advisor.

2.1.2 Whenever an ambulance service transports a patient, the ambulance must be staffed by at least two persons. At least two of these persons must be either a physician or Vermont EMS certified. The patient shall be attended as provided for in Section 2.1.1.

2.1.2.1 In exigent circumstances where the staffing of an ambulance with two certified persons may not be possible or desirable, an ambulance may transport a patient with one person as provided for in Section 2.1.1 and with the concurrence of on-line medical control. Considerations in assuring that the staffing of an ambulance best meets the patient's needs under unusual circumstances shall include but not be limited to:

2.1.2.1.1 The need for procedures at a scene or during transport requiring two qualified persons (e.g., CPR, traction splinting, spinal immobilization, stair chair use, etc.)

2.1.2.1.2 The acuity of a patient and the possibility the patient may need the services of multiple qualified persons to assure adequate ongoing assessments and emergency medical treatments.

2.1.2.1.3 The time involved in acquiring additional qualified personnel resources from within the ambulance service or through a mutual aid request.

2.1.2.1.4 Any on-line medical control instructions

2.1.2.1.5 The needs of all patients at a multiple casualty incident

2.1.2.1.6 The license level of the agency and if licensed above the Basic level, the possible need of the patient for care at an advanced level.

2.1.2.1.7 Other simultaneous events demanding resources within the EMS system at a local level.

2.1.3 In all cases when an ambulance is transporting a patient, the driver shall be at least 18 years old and hold a valid motor vehicle operator's license.

2.2 An ambulance service's license shall be conspicuously posted at the place where the service's ambulance(s) are garaged. No official entry on any license shall be altered or removed except by an authorized representative of the Department.

2.3 An ambulance service license is issued for a specific service at a specific level of care with a specific ownership and at a single ~~location~~ base facility. Before any of these

factors change, the service must be relicensed. ~~A service must be separately licensed for each base facility from which it operates.~~

2.3.1 ~~2.31~~ Not less than 30 days before an anticipated change in one of these factors, the service shall notify the Department and the EMS District Board of the expected change and shall apply for a new license. Once the service's application for a new or amended license is complete~~ and has been accepted by the Department~~, the Department shall grant, refuse, or conditionally grant the license within 60 days.

2.3.2 An ambulance service must be separately licensed for each base facility from which it operates. An ambulance service operates from a single base facility if it stores all of its ambulances in a single municipality or a group of communities within a contiguous 9-1-1 service area. Otherwise it operates from more than one base facility.

2.4 To obtain an ambulance service license for the first time:

2.4.1 ~~2.41~~ The applicant must apply on forms available from the Department and provide duplicates of all required information to the EMS District Board. As part of the application process, the applicant shall place a notice, approved by the Department, in newspapers serving the area where the service proposes to operate. The notice informs the public of the applicant's intention to begin a new service and invites public comments to be addressed to the Department. The Department shall forward copies of all comments received to the EMS District Board and the applicant.

2.4.2 ~~2.42~~ The applicant must demonstrate to the Department that:

~~2.421 The applicant has placed a notice, approved by the Department, in newspapers serving the area where the service proposes to operate. The notice informs the public of the applicant's intention to begin a new service and invites public comments to be addressed to the Department. The Department shall forward copies of all comments received to the EMS District Board.~~

2.4.2.1 ~~2.422~~ The applicant can:

2.4.2.1.1 Provide ~~provide~~ personnel in numbers adequate to provide service on a 24 hrs/day, 365 days/yr basis, and that these persons have the training required in these rules; and

2.4.2.1.2 Maintain internal systems of credentialing and quality improvement to protect the public served by the agency.

2.4.2.2 ~~2.423 That the~~ The applicant's ambulances ~~service's vehicles~~ have installed two-way communications equipment adequate to allow the ambulances ~~vehicles~~ to communicate on the EMS HEAR frequency ~~be in contact~~ with the medical facility(s) ~~facilitie(s)~~ where the service's patients will ~~are~~ be routinely transported.~~ on the EMS HEAR frequency, and with a dispatch facility~~ Two-way communications with a dispatcher must also be available on a 24 hr/day, 365 day/yr basis.

~~2.424 Where the applicant is an individual, that he is of good character. If the applicant is a partnership, association, or corporation, then the partners or principal officers must be of good character. Four character references for each principal must be submitted as a necessary condition of meeting this requirement; none may be from a relative of the applicant~~.

2.4.2.3 The applicant has adequate insurance for medical liability, workers compensation and vehicle automotive coverage.

2.4.2.4 The applicant has a process for screening the crime conviction backgrounds of its members, employees and other sponsored personnel.

2.4.2.5 The applicant will operate in compliance with the applicable regulations of other state and federal departments and agencies including Medicare, Medicaid, the VT Occupational Safety and Health Administration, the Federal Communications Commission and the VT Department of Motor Vehicles.

2.4.2.6 ~~2.425~~ Where the type of service to be offered requires advanced training or medical control to be supplied by the hospital(s) within the service area, that the applicant will ~~can~~ receive the necessary training and medical control.

2.4.2.7 ~~2.426~~ The ~~ambulance service~~ applicant agrees to provide coverage according to response plans determined by the EMS ~~district board~~ District Board in conjunction with municipal officials.

2.4.2.8 The applicant agrees to enter into and maintain any operational written agreement(s) with an existing first responder licensee or first responder service applicant in the proposed service area.

2.4.2.9 The applicant is able to maintain operational readiness with personnel, vehicle(s), equipment and communications for responses to emergency requests on a 24 hr/day, 365 day/yr basis. This requirement, for agencies providing 9-1-1 response, may be satisfied either by the agency's own operations or through a written contract or agreement with another VT licensed ambulance service that is on file with the Department.

2.4.2.10 The applicant agrees to provide complete and accurate documentation of all EMS response incidents in the SIREN system.

2.4.2.11 The applicant has resources to support the continuing education of personnel affiliated with the agency to maintain their current level of EMS certification and enrich their education within the scope of practice associated with the applicant's proposed level of licensure.

2.4.2.12 The applicant has or is able to obtain an appropriate number of ambulance(s) with the required equipment to support the operations proposed.

2.5 In reviewing an application for licensing, the Department will seek the advice of the EMS District Board for the area where a new service is proposed. The Board shall assist the Department in determining compliance of the applicant with the provisions of

the EMS statute (Title 24 Ch. 71 ~~T.24~~) and these rules. The EMS District Board's review shall include comments and recommendations based on at least the following elements:

2.5.0.1 The adequacy of the numbers and levels of personnel affiliated or proposed for affiliation with the applicant agency.

2.5.0.2 The effects of licensing the applicant agency on the anticipated call volume and the continued financial viability of other area EMS agencies.

2.5.0.3 An indication of the applicant EMS agency's commitment to participation in mutual aid and other EMS District arranged policies and procedures.

2.5.0.4 The applicant's arrangements for dispatching

2.5.0.5 The applicant's plans for a continuing education, credentialing and quality improvement program

2.5.0.6 The experience and qualifications of the agency's leadership in successfully managing an EMS agency in the past.

2.5.0.7 The adequacy of the applicant's budget and financial resources to support the proposed ambulance service.

2.5.0.8 The adequacy of the vehicles and equipment proposed for the applicant's ambulance service.

2.5.1 ~~2.51~~ An initial license is issued for the remaining portion of the calendar year through December 31st.

2.6 To renew an ambulance service license:

2.6.1 ~~2.61~~ The service must complete the application form provided by the Department and forward it to the EMS District Board on or before ~~November~~ October 1st.

2.6.2 ~~2.62~~ The EMS District Board shall review the form and advise the Department about ~~as to~~ the service's continued compliance with the EMS Statute (Title 24, Ch. 71 ~~T.24~~) and these rules. The EMS District Board shall forward all applications to the Department by ~~December~~ November 1st.

2.6.3 ~~2.63~~ Renewal licenses are issued for the calendar year January 1st to December 31st.

2.6.4 ~~2.64~~ Provided that a renewal license application has been submitted to the EMS District Board by ~~November 1st~~ October 1st, a service may continue to operate as a licensed service beyond December 31st unless otherwise notified by the Department.

2.6.5 An ambulance service shall continue to meet the requirements of Section 2.4.2 as a condition of relicensure.

2.6.6 The Department may periodically inspect the operations and record keeping systems of the ambulance service to assure compliance with these

rules. The ambulance service shall maintain and make available to the Department for inspection, records including but not limited to those relating to:

2.6.6.1 Vehicle and equipment checks;

2.6.6.2 Personnel certifications, continuing education and credentialing;

2.6.6.3 Policies and procedures; and

2.6.6.4 Any contracts or agreements for services related to ambulance service licensure.

2.7 Advanced Emergency Medical Treatment Licensing for Ambulance Services.

2.7.1 ~~2.7.~~0 Advanced emergency medical treatment licenses are issued at two ascending levels:

2.7.1.1 ~~2.701~~ Intermediate Service: ~~a)~~ Beginning in January 2012, EMS agencies seeking a new license, or previously licensed, at an Intermediate level will be issued an Advanced level license provided they meet or continue to meet the requirements of Section 2.4.2 of these rules.

2.7.1.2 ~~2.702~~ Paramedic Service

2.7.2 ~~2.71~~ Application: In order to apply for licensure at ~~as~~ an advanced service ~~at some~~ level, ~~a~~ an applicant ~~service~~ shall:

2.7.2.1 ~~2.711~~ Demonstrate to the Department that it can obtain the training and medical control necessary to provide service at the required level.

2.7.2.2 ~~2.712~~ Show that it can provide the equipment necessary to offer advanced service under the protocols of the EMS District Board. ~~district.~~

2.7.3 ~~2.8~~ Issuance of a license at a particular advanced emergency medical treatment level is provided for the purposes of certifying personnel and recognizing a service's ability to receive medical control. The licensure does not require the service to provide that particular level of advanced treatment.

2.8 ~~2.~~9 When an application for a service license under this section has been denied by the Department, neither the applicant nor the proposed service may reapply, unless the applicant or the proposed service can demonstrate a material change in the factors relied upon by the Department in denying the application.

Section 3: First Responder Service Licenses

3.1 No person shall operate as a first responder service ~~First Responder Service~~ ~~after March 1, 1997~~ unless duly licensed by the Department under these rules.

3.1.1 ~~6.1~~ Personnel Requirements: Whenever a first responder service provides emergency medical treatment, it shall be given by a physician or by at least one person who is at least 18 years old and EMS certified in VT under the provisions of these rules ~~who is at least 18 years old~~.

3.2 A first responder service's ~~First Responder Service's~~ license shall be kept at the place listed on its application as the service's address, or at another location reported to the Department on the service's license application. No official entry on any license shall be altered or removed, except by an authorized representative of the Department.

3.3 A first responder service license is issued for a specific service, at a specific level of care, and at a single ~~location~~ base facility. Before any of these factors change, the service must apply for a new license. ~~A service must be separately licensed for each base facility from which it operates.~~

3.3.1 ~~3.31~~ Not less than 30 days before an anticipated change in one of these factors, the service shall notify the Department and the EMS District Board ~~district board~~ of the expected change and shall apply for a new license. Once the service's application for a new or amended license is complete ~~and has been accepted by the Department~~, the Department shall grant, refuse or conditionally grant the license within 60 days.

3.3.2 A first responder service must be separately licensed for each base facility from which it operates. A first responder service operates from a single base facility if all of its responses originate within a single municipality or a group of communities with a contiguous 9-1-1 service area. Otherwise it operates from more than one base facility.

3.4 To obtain a first responder service ~~First Responder Service~~ license for the first time:

3.4.1 ~~3.41~~ The applicant must apply on forms available from the Department and provide duplicates of all required information to the EMS District Board. As part of the application process, the applicant shall place a notice, approved by the Department, in newspapers serving the area where the service proposes to operate. The notice informs the public of the applicant's intention to begin a new service and invites public comments to be addressed to the Department. The Department shall forward copies of all comments received to the EMS District Board and the applicant.

3.4.2 ~~3.42~~ The applicant must demonstrate to the Department that:

~~3.421 The applicant has placed a notice, approved by the Department, in newspapers serving the area where the service proposes to operate. The notice informs the public of the applicant's intention to begin a new service and invites public comments to be addressed to the Department. The~~

~~Department shall forward copies of all comments received to the EMS District Board.~~

3.4.2.1 ~~3.422~~ The applicant can:

3.4.2.1.1 Provide ~~provide~~ personnel in numbers adequate to provide service on a 24 hours/day, 365 days/yr basis, and that these persons have the training required in these rules.

3.4.2.1.2 Maintain internal systems of credentialing and quality improvement to protect the public served by the agency.

3.4.2.2 ~~3.423 As of January 1, 1987, that the~~ The applicant ~~service~~ has communications equipment adequate to allow the service to be in contact with a dispatching facility and at least one of the following:~~, and or with~~

3.4.2.2.1 The ~~the~~ ambulance service(s) which will regularly transport the service's patients; and/or ~~, and or with~~

3.4.2.2.2 The ~~the~~ medical facility which will routinely receive the service's patients.

~~3.424 Where the applicant is an individual, that he is of good character. If the applicant is a partnership, association, or corporation, then the partners or principal officers must be of good character. Four character references for each principal must be submitted as a necessary condition of meeting this requirement; none may be from a relative of the applicant~~.

3.4.2.3 The applicant has adequate insurance for medical liability, workers compensation and vehicle automotive coverage.

3.4.2.4 The applicant has a process for screening the crime conviction backgrounds of its members, employees and other sponsored personnel.

3.4.2.5 The applicant can and will operate in compliance with the applicable regulations of other state and federal departments and agencies including the VT Occupational Safety and Health Administration, the Federal Communications Commission and the VT Department of Motor Vehicles.

3.4.2.6 ~~3.425~~ Where the type of service to be offered requires advanced training or medical control to be supplied by the hospital(s) within the EMS District ~~district~~, that the applicant will ~~can~~ receive the necessary training and medical control.

3.4.2.7 ~~3.426~~ The service has the equipment required in these rules and that the service's mode of operation will deliver the equipment to the place where patients require emergency medical treatment. ~~Equipment required of all First Responder services is listed in the appendix to this section.~~

3.4.2.8 ~~3.427 As of March 1, 1997, that the~~The first responder service ~~First Responder Service~~ has entered into written agreements with the ambulance service(s) which will transport its patients, guaranteeing continuity of care for the patient and coordinated dispatch. This agreement

or a successor agreement must remain in effect throughout the year for the service's license to remain in effect.

3.4.2.9 ~~3.428~~ The first responder service ~~First Responder Service~~ agrees to provide coverage according to response plans determined by the EMS District Board ~~district board~~ in conjunction with municipal officials.

3.4.2.10 The applicant is able to maintain operational readiness with personnel, equipment and communications for responses to emergency requests on a 24 hr/day, 365 day/yr basis. This requirement, for agencies providing 9-1-1 response, may be satisfied either by the agency's own operations or through a written contract or agreement on file with the Department with another VT licensed ambulance or first responder service.

3.4.2.11 The applicant agrees to provide complete and accurate documentation of all EMS response incidents. This may be done in the SIREN system or another documentation system.

3.4.2.12 The applicant has resources to support the continuing education of personnel affiliated with the agency to maintain their current level of EMS certification and enrich their education within the scope of practice associated with the applicant's proposed level of licensure.

3.5 In reviewing an application for first responder service ~~First Responder Service~~ licensing, the Department will seek the advice of the EMS District Board ~~district board~~ for the area where a new service is proposed. The EMS District Board ~~district board~~ shall assist the Department in determining compliance of the applicant with the provisions of the EMS statute (Title 24, Ch. 71 ~~T.24~~) and these rules. The EMS District Board's review shall include comments and recommendations based on at least the following elements:

3.5.0.1 The adequacy of the numbers and levels of personnel affiliated or proposed for affiliation with the applicant agency.

3.5.0.2 The effects of licensing the applicant agency on the anticipated call volume and the continued financial viability of other area EMS agencies.

3.5.0.3 An indication of the applicant EMS agency's commitment to participation in mutual aid and other EMS District arranged policies and procedures.

3.5.0.4 The applicant's arrangements for dispatching

3.5.0.5 The applicant's plans for a credentialing and quality improvement program

3.5.0.6 The experience and qualifications of the agency's leadership in successfully managing an EMS agency in the past.

3.5.0.7 The adequacy of the applicant's budget and financial resources to support the proposed first responder service.

3.5.0.8 The adequacy of the applicant's operational letter(s) of agreement with a transporting ambulance service(s).

3.5.0.9 The adequacy of the equipment and delivery mechanisms proposed for the applicant's first responder service.

3.5.1 ~~3.51~~ An initial license is issued for the remaining portion of the calendar year through December 31st.

3.6 To renew a first responder ~~First Responder~~ service license:

3.6.1 ~~3.61~~ The service must complete the application form provided by the Department and forward it to the EMS District Board ~~district board~~ on or before ~~November~~ October 1st.

3.6.2 ~~3.62~~ The EMS District Board ~~district board~~ shall review the form and advise the Department about ~~as to~~ the service's continued compliance with ~~the provisions of~~ the EMS Statute (Title 24, Ch. 71 ~~T.24~~) and these rules. The EMS District Board ~~district board~~ shall forward all applications to the Department by ~~the December~~ November 1st.

3.6.3 ~~3.63~~ Renewal licenses are issued for the calendar year January 1st to December 31st.

3.6.4 ~~3.64~~ Provided that a renewal license application has been submitted to the EMS District Board ~~district board~~ by ~~November 1st~~ October 1st, a service may continue to operate as a licensed service beyond December 31st unless otherwise notified by the Department.

3.6.5 A first responder service shall continue to meet the requirements of Section 3.4.2 as a condition of relicensure.

3.6.6 The Department may periodically inspect the operations and record keeping systems of the first responder service to assure compliance with these rules. The first responder service shall maintain and make available to the Department for inspection, records including but not limited to those relating to:

3.6.6.1 Equipment checks;

3.6.6.2 Personnel certifications, continuing education and credentialing;

3.6.6.3 Policies and procedures; and

3.6.6.4 Any contracts or agreements for services related to first responder service licensure.

3.7 Advanced emergency medical treatment licensing for first responder services.

3.7.1 ~~3.71~~ Advanced emergency medical treatment licenses are issued at two ascending levels:

3.7.1.1 ~~3.701~~ Intermediate Service: ~~a)~~ Beginning in January 2012, EMS agencies seeking a new license, or previously licensed, at an Intermediate level will be issued an Advanced level license provided they meet or continue to meet the requirements of Section 3.4.2 of these rules.

3.7.1.2 ~~3.702~~ Paramedic Service

3.7.2 ~~3.71~~ Application: In order to apply for licensure at ~~as~~ an advanced service ~~at some~~ level, a first responder service shall:

3.7.2.1 ~~3.711~~ Demonstrate to the Department that it can obtain the training and medical control necessary to provide service at the level sought.

3.7.2.2 ~~3.712~~ Show that it can provide the equipment necessary to offer advanced service, under the protocols for the EMS District Board ~~district~~.

3.7.3 ~~3.8~~ Issuance of a license at a particular advanced emergency medical treatment level is provided for the purposes of certifying personnel and recognizing a service's ability to receive medical control. The licensure does not require the service to provide that particular level of advanced treatment.

3.8 ~~3.9~~ Licenses denied: When an application for a service license under this section has been denied by the Department, neither the applicant nor the proposed service may reapply, unless the applicant or the proposed service can demonstrate a material change in the factors relied upon by the Department in denying the application.

3.9 Equipment List for First Responder Services

- Automated external defibrillator
- Blankets
- 24 Disaster tags (mettags or ~~district~~ District-approved equivalents)
- ~~1 Flash light~~One (1) Flashlight (battery operated with 2 D sized batteries or larger. Penlights not acceptable).
- An adequate supply of bandaging materials to include:
- Large and small sterile dressings
- 10" x 30" multi-trauma dressings or equivalent
- Roller bandage 3" or larger width
- Triangular bandages
- Adhesive tape
- Occlusive dressings - foil, ~~Vaseline gauze, or~~ plastic film or other similar material.
- Cervical collars (at least 1 each of large, medium, small sizes or a combination of adjustable collars to cover at least one patient in infant through large adult sizes)
- One (1) ~~1~~ Burn sheet (sterile)
- One (1) ~~1~~ Trauma shears
- Airways (one each of large adult, adult, child, and infant)
- One (1) ~~1~~ Pocket mask device (with or without oxygen inlet)

- Oral glucose
- One (1) ~~1~~ Sterile saline (500 cc. container. Must not be past expiration date)
- ~~1 Activated charcoal. (Not past expiration date)~~
- One (1) ~~1~~ Sphygmomanometer and stethoscope
- A supply of reflectors or flares
- One (1) ~~1~~ D-size portable oxygen tank
- One (1) ~~1~~ Variable flow regulator for the D-size tank
- A portable suction unit with wide bore tubing and pharyngeal suction tip
- A supply of oxygen tubing, oxygen masks, and nasal cannulas.
- A copy of the Statewide EMS Protocols

Section 4: Air Ambulance Service Licenses

4.1 No person shall operate as an air ambulance service ~~after March 1, 1997~~ unless duly licensed by the Department under these rules.

4.2 An air ambulance service's license shall be conspicuously posted at the place which is the service's base of operations. No official entry on any license shall be altered or removed except by an authorized representative of the Department.

4.3 An air ambulance service license is issued for a specific service, with a specific ownership and at a single location. Before any of these factors change, the service must be separately licensed for each base facility from which it operates.

> 4.3.1 ~~4.31~~ Not less than 30 days before an anticipated change in one of these factors, the service shall notify the Department and the EMS District Board ~~district board~~ of the expected change and shall apply for a new license. Once the service's application for a new or amended license is complete and has been accepted by the Department, the Department shall grant, refuse, or conditionally grant the license within 60 days.

4.4 To obtain an air ambulance service license for the first time:

> 4.4.1 ~~4.41~~ The applicant must apply on forms available from the Department and provide duplicates of all required information to the EMS District Board ~~district board~~.
>
> 4.4.2 ~~4.42~~ The applicant must demonstrate to the Department that:
>
> > 4.4.2.1 ~~4.421~~ The applicant has placed a notice, approved by the Department, in newspapers serving the area where the service proposes to operate. The notice informs the public of the applicant's intention to begin a new service, and invites public comments to be addressed to the Department. The Department shall forward copies of all comments received to the EMS District Board ~~district board~~.
> >
> > 4.4.2.2 ~~4.422~~ The applicant can provide personnel in numbers adequate to provide service on a 24 hrs/day, 365 days/yr basis, and that these persons have the training required in these rules.
> >
> > 4.4.2.3 ~~4.423~~ Where the applicant is an individual, that he or she is of good character. If the applicant is a partnership, association, or corporation, then the partners or principal officers must be of good character. Four character references for each principal must be submitted as a necessary condition of meeting this requirement; none may be from a relative of the applicant.
> >
> > 4.4.2.4 ~~4.424~~ The aircraft which the applicant will use in transporting patients meets or exceeds the following standards:
> >
> > > 4.4.2.4.1 ~~a.~~ The cabin is configured in a fashion to allow adequate access to the patient for emergency medical treatment.

4.4.2.4.2 ~~b.~~ There is a port adequate to allow loading of a stretcher by two persons without excessive tilting of the patient. Over-wing boarding is unacceptable.

4.4.2.4.3 ~~c.~~ The cabin shall have adequate interior lighting to allow for emergency medical treatment arranged so as not to interfere with the pilot's vision.

4.4.2.4.4 ~~d.~~ Shall have adequate air to ground communications to allow contact with ground control stations for purposes of relaying information to medical facilities. Communications via air traffic control shall be adequate for this requirement.

4.4.2.4.5 ~~e.~~ Shall be multi-engined.

4.4.2.4.6 ~~f.~~ Shall have appropriate navigational aids.

4.4.2.5 ~~no previous number~~ In all operations, the operator and aircraft must be certified under Federal Aviation Regulations, Part 135.

4.4.2.6 ~~4.425~~ The aircraft used by the applicant in transporting patients is equipped with at least the following equipment:

- ~~a.~~ A portable suction unit with wide bore tubing and a pharyngeal suction tip.
- ~~b.~~ Fixed or portable oxygen system with 1-15 lpm regulator. Two secured E size cylinders, minimum capacity. A supply of oxygen tubing, oxygen masks, and nasal cannulas.
- ~~c. 1~~One (1) adult bag-valve-mask unit with oxygen reservoir, adult and child masks. A pediatric bag-valve-mask unit is optional.
- ~~d. 1~~One (1) flashlight with 2 D sized batteries or larger for day or night operations.
- ~~e.~~ Adult, child and infant oral airways, 1 each.
- ~~f. 1~~One (1) bandage shears, 7" or larger with rounded tips.
- ~~g. 1~~One (1) bite stick. Commercial design or padded tongue blades.
- ~~h.~~A stretcher or litter which can be firmly fixed to the aircraft, with blankets, pillows, linen, and patient safety straps.

4.4.2.7 ~~4.426~~ Fixed wing pilots must have a commercial license, and be instrument qualified under Federal Aviation Regulation Part 135 with a multi-engine rating.

4.4.2.8 ~~4.427~~ Helicopter pilots:

4.4.2.8.1 ~~a.~~ Have a commercial rotorcraft certification.

4.4.2.8.2 ~~b.~~ Have a minimum of 2000 rotorcraft flight hrs.

4.4.2.8.3 ~~c.~~ Have a minimum of 5 hours in the specific type of aircraft being flown as an ambulance.

4.4.2.8.4 ~~d.~~ If flying I.F.R., are instrument qualified under Federal Aviation Regulation Part 135.

4.5 In reviewing an application for licensing, the Department will seek the advice of the EMS District Board ~~district board~~ for the area where a new service is proposed. The EMS District Board ~~district board~~ shall assist the Department in determining compliance of the applicant with the provisions of the EMS statute (Title 24, Ch. 71 ~~T.24~~) and these rules.

4.5.1 ~~4.51~~ An initial license is issued for the remaining portion of the calendar year through December 31st.

4.6 To renew an air ambulance service license:

4.6.1 ~~4.61~~ The service must complete the application form provided by the Department and forward it to the EMS District Board ~~district board~~ on or before ~~November~~ October 1st.

4.6.2 ~~4.62~~ The EMS District Board ~~district board~~ shall review the form and advise the Department as to the service's continued compliance with the EMS Statute (Title 24, Ch. 71 ~~T.24~~) and these rules. The EMS District Board ~~district board~~ shall forward all applications to the Department by ~~December~~ November 1st.

4.6.3 ~~4.63~~ Renewal licenses are issued for the calendar year January 1st to December 31st.

4.6.4 ~~4.64~~ Provided that a renewal license application has been submitted to the EMS District Board ~~district board~~ by ~~November 1st~~ October 1st, a service may continue to operate as a licensed service beyond December 31st unless otherwise notified by the Department.

4.7 When an application for a service license under this section has been denied by the Department, neither the applicant nor the proposed service may reapply, unless the applicant or the proposed service can demonstrate a material change in the factors relied upon by the Department in denying the application.

4.8 Air ambulance operations: Whenever an air ambulance transports a patient, where the patient originates and or terminates at a medical or other health care facility, the following shall be done prior to takeoff:

4.8.1 ~~4.81~~ The air ambulance service shall receive written orders from the patient's attending physician. These orders shall address:

4.8.1.1 ~~a.~~ Qualifications of personnel needed to provide treatment for the patient during the flight.

4.8.1.2 ~~b.~~ Special equipment if any that will need to be carried during the flight.

4.8.1.3 ~~c.~~ Management of any unusual hazards that may be posed for the patient by air transportation (e.g. problems associated with changes in atmospheric pressure, decreased oxygen concentrations, etc.).

4.8.2 ~~4.82~~ Arrangements shall be made for the patient to be cared for by a physician, or a person licensed under these rules, or another person appropriately trained to care for the patient, acting under orders from the patient's physician.

4.8.3 ~~4.83~~ The air ambulance service shall assure the necessary ground transportation arrangements for receiving and discharging the patient with appropriate ongoing care.

4.8.4 ~~4.84~~ A record shall be kept of each air ambulance transport, documenting the arrangements made under sections 4.8.1 to 4.8.3 ~~4.81 to 4.83~~ of these rules. A copy of this record shall be forwarded to the Department within 10 days of each air ambulance transport.

Section 5: Ground Ambulance Vehicle Licenses

5.1 ~~5.~~0 No vehicle shall be operated as an ambulance in VT ~~Vermont after March 1, 1997~~, unless it is licensed as an ambulance under these rules~~, except so far as the operation of law exempts the vehicle from such licensing~~.

> 5.1.1 ~~5.01~~ Initial ambulance vehicle licenses are issued for two years from the last date of the month of inspection. The actual expiration date of an initial ambulance~~vehicle~~ license may be extended or reduced by up to six months to bring the new vehicle onto a common relicensure date with others owned by the service or within the District ~~district~~.

5.2 ~~5.1~~ Any ambulance licensed in VT ~~Vermont~~ ~~after March 1, 1997~~ may continue to be licensed, by the service owning it on that date, as long as it is maintained in a condition that will meet VT ~~Vermont~~ motor vehicle inspection requirements, and is in a clean and sanitary condition, free from interior rust, dirt or other contaminating foreign matter.

5.3 ~~5.2~~ Any ambulance~~vehicle~~ acquired by a VT ~~Vermont~~ licensed ambulance service ~~after March 1, 1997~~ must meet the standards set forth in these rules.

5.4 ~~5.3~~ ~~A vehicle~~An ambulance license is issued to a particular service and for a particular vehicle. If a service is required to relicense under the provisions of these rules as a result of a change of ownership or location, ~~then~~ all of the service's ambulance vehicle licenses end and the service must apply for new ambulance vehicle licenses. If control of an ambulance vehicle passes from one service to another, the ambulance vehicle must be licensed to the new service.

5.5 ~~5.4~~ When a service acquires a new or used ambulance~~vehicle~~, it shall notify the EMS District Board ~~district board~~ and apply to the Department for a license on forms available from the Department. Within 30 days, the Department shall inspect the ambulance~~vehicle~~ and issue, or decline to issue, a license for it. If the Department and the EMS District Board ~~district board~~ give consent, the service may operate the ambulance~~vehicle~~ as if it were licensed between the time the service applies for a license and the ambulance~~vehicle~~ is inspected.

5.6 ~~5.5~~ At least once each 2 years, the Department shall inspect each ambulance vehicle to be sure that it is safe, clean, and otherwise in conformity with these rules. If an ambulance vehicle does not pass inspection and its continued operation presents a hazard to health or safety, the Department may order it removed from service at once. If the deficiencies are not such as to require the ambulance's~~vehicle's~~ immediate removal from service, then the Department shall notify the operator of the deficiencies, and the operator shall have a reasonable time to bring the ambulance~~vehicle~~ into conformity with the law and these rules. If the ambulance~~vehicle~~ is not brought into conformity to the Department's satisfaction within that time, the Department may refuse to renew or may revoke the ambulance vehicle's~~vehicle's~~ license.

> 5.6.1 The Department may periodically inspect the operations and record keeping systems of EMS agencies to assure compliance with these rules. If an ambulance service is able to demonstrate internal procedures for assuring ambulance vehicle and equipment compliance in accordance with the

requirements of 5.5, the Department may relicense an ambulance vehicle without an inspection.

5.7 ~~5.6~~ If an ambulance ~~a vehicle~~ was previously licensed to a given service and remains in conformity with the law and regulations, a new two year license will be issued by the Department following completion of a biennial ambulance ~~vehicle~~ inspection. A service may continue to operate any previously licensed ambulance~~vehicle~~ until the next inspection by the Department.

5.8 ~~5.7~~ Ambulance ~~vehicle~~ design requirements:

5.8.1 ~~5.71~~ All ambulances must meet the applicable Federal and VT ~~Vermont~~ safety requirements including those described by the Code of Federal Regulations~~regulations~~, Federal Register, Society of Automotive Engineers, Vermont Statutes as of the date of manufacture, and the ~~Vermont~~ annual inspection required by the VT Department of Motor Vehicles~~of motor vehicles~~.

5.9 ~~5.8~~ An ambulance is for the purpose of providing on-scene emergency medical treatment in the event of illness or injury, and for subsequent transportation of the patient to an appropriate medical facility. Ambulances may also be used for emergency transfer of patients between medical facilities or for non-emergency transfers.

5.9.1 ~~5.81~~ Any licensed ambulance shall conform to the design specification established and updated by the General Services Administration in effect at the time of manufacture. These General Services Administration specifications are hereby incorporated by reference. The design specifications can be found on the Department's website currently at http://www.healthvermont.gov/.

5.9.2 ~~5.82~~ At the request of a licensed ambulance service, the Department may at its discretion waive some details (e.g., color, markings, etc.) of the required design specification provided that the vehicle is in substantial design compliance and that such waiver relates to a matter not reducing vehicle performance or safety. The Department shall seek the advice of the EMS District Board ~~district board~~ in making specific determinations.

~~5.9 Ambulances shall have as a minimum the following equipment. All equipment must be kept on board at all times.~~

~~- 24 disaster tags (met-tags or district approved equivalents)~~

~~- Oral glucose~~

~~- 1 sterile saline (500 cc. container, must not be past expiration date)~~

~~- EMS HEAR Radio (meeting the requirements of Sec. 2.423)~~

~~- A portable suction unit with wide bore tubing and a pharyngeal suction tip.~~

~~- A fixed oxygen system with M-size tank or equivalent and a variable flow regulator.~~

~~- 2 D-sized portable oxygen tanks or equivalent~~

~~- 1 variable flow regulator for the D-size tanks.~~

~~- Oxygen connector tubing, assorted adult and child size masks and nasal cannulas~~

~~- 1 adult bag valve mask unit capable of delivering greater than 90% oxygen, adult mask, and child mask. A pediatric bag mask unit with oxygen reservoir is optional.~~

~~- 2 adult, 2 child, 2 infant oral airways~~

~~- 1 traction splint - HARE, Thomas, or equivalent~~

~~- 2 short spineboards of wood or metal with 2 straps each, 9' minimum length, KEDs, Kansas Boards or similar devices.~~

~~- 2 long spineboards of wood or metal with 3 straps each, 9' min. length. A scoop stretcher, Miller body splint, or similar device may be used for one of the long spine-boards.~~

~~- 2 long arm splints. Cardboard, wood, pneumatic, etc. are acceptable.~~

~~- 2 long leg splints. Cardboard, wood, pneumatic, etc. are acceptable.~~

~~- Cervical collars. At least 1 large, 2 medium, and 1 small~~

~~- An adequate supply of bandaging materials to include:~~

~~large and small sterile dressings, 10" x 30" multi-trauma dressings or equivalent, roller bandage 3" or larger width, triangular bandages, adhesive tape - 1" or larger width rolls, occlusive dressings - foil, Vaseline gauze, or plastic film.~~

~~- 2 sterile burn sheets~~

~~- 1 obstetrical kit, prepackaged commercial unit or equivalent~~

~~- 1 adult sphygmomanometer and stethoscope~~

~~- 1 pediatric sphygmomanometer~~

~~- 1 Trauma shears~~

~~- 1 Activated charcoal not past expiration date~~

~~- 2 flashlights (with 2 D size batteries or larger)~~

~~- 10 lb. ABC fire extinguisher or two 5 lb units.~~

- ~~1 wheeled ambulance cot with sturdy vehicle fastening hardware, linen, pillows, blankets, and patient safety straps.~~
- ~~1 Automated External Defibrillator (AED), or, for Paramedic licensed services, a manual defibrillator. This requirement must be met by July 1, 2003.~~

5.10 Ambulances shall be equipped with and carry as a minimum, the equipment specified in the most current version of the *Equipment for Ambulances* list published and updated periodically by the American College of Surgeons that is hereby incorporated by reference. The equipment list can be found on the Department's website currently at : http://www.healthvermont.gov/. Ambulance services must have at least one ambulance equipped at the level of the ambulance service's license. Other ambulances owned or operated by the ambulance service may be equipped and licensed at a lower level.

5.10.1 All ambulances must be equipped with FCC approved radio communications capable of two way contact with the ambulance service's dispatcher and the hospital(s) that routinely receive the agency's patients.

5.10.2 Unless the ambulance routinely responds with another agency which provides extrication assistance, the ambulance must also carry the following equipment or its equivalent:

- Two (2)~~2~~ pairs of leather gloves
- One (1)~~1~~ 5 lb hammer with 12" min. handle
- 2 hard hats with goggles or other helmets with face shields
- One (1)~~1~~ 12" adjustable open ended wrench
- One (1)~~1~~ 12" regular blade screwdriver
- One (1)~~1~~ 8" Phillips screwdriver
- One (1)~~1~~ 12" hacksaw with assorted blades
- One (1)~~1~~ 10" vice-grip pliers
- One (1)~~1~~ 24" wrecking bar
- One (1)~~1~~ bolt cutter with 9/16" min. opening
- Two (2)~~2~~ 7/16" (11 mm.) minimum diameter ropes, each at least 50' long. Static non-stretch type rope capable of supporting at least 750 kg.
- One (1)~~1~~ 2-ton come-a-long with a 15' chain, grab hook and running hook.

~~5.91 If a service is licensed at an advanced level, then it must have at least one ambulance vehicle equipped with the equipment and supplies necessary to deliver emergency medical treatment specified for that advanced level and as specified in protocols.~~

~~Section 6: Personnel requirements and certification~~

~~6.0 All EMS personnel provide treatment and transportation under a system of medical control and, where applicable, EMS protocols.~~

~~6.1 Care of patients by First Responder Services: whenever a first responder service provides emergency medical treatment, it shall be given by a physician or by at least one person certified under the provisions of these rules who is at least 18 years old.~~

~~6.2 Care of patients by Ambulance Services:~~

~~6.21 Whenever an ambulance service transports a patient, the ambulance must be staffed by at least two persons who are physicians or other persons certified under the provisions of these rules as described below.~~

~~6.22 In all cases when an ambulance is transporting a patient, the driver shall be at least 18 years old and hold a valid motor vehicle operator's license.~~

~~6.23 When an ambulance is transporting a patient, the patient shall be attended by a person who is at least 18 years old and certified as an EMT-Basic or above under the provisions of these rules, or who is a physician.~~

~~6.3 There are four ascending levels of certification for emergency medical services personnel:~~

~~1. Emergency Care Attendant - ECA~~

~~2. Emergency Medical Technician - Basic - EMT-B~~

~~3. Advanced EMT-Intermediate - EMT-I~~

~~4. Advanced EMT-Paramedic - EMT-P~~

~~6.301 ECA certification is issued for a period of up to two years and is timed to expire on the same date as the person's training certificate.~~

~~EMT-Basic certification is issued for a period of two years unless the Vermont certification is based on a license or certification from another state. Initial EMT-B certification shall expire two years from the date a person begins the certification exams. When a person maintains EMT-B certification as described in Section 6.42 or regains EMT-B certification as described in section 6.44, the new expiration date shall be two years after the old expiration date.~~

~~Vermont EMT-B certification issued on the basis of a license or certification from another state shall expire not more than two years after being granted.~~

~~EMT-Intermediate certification is issued for a period of up to two years. The advanced (re)certification shall be assigned an expiration date that is the same as the expiration date of the EMT-Basic certification.~~

~~When a person's EMT certification expires at any level, that person shall not continue to function at the expired level.~~

~~6.302 The Department may at its discretion extend any certification for up to 6 months provided a person is able to document appropriate additional continuing education during the extension period. Any person requesting an extension of certification must~~

~~apply to the Department in writing prior to the expiration of their certification. Extensions of certification are not granted automatically and there is no grace period.~~

~~6.303 For the advanced EMT-Intermediate, a person must also hold a current EMT-B certification for the advanced certification to be in force.~~

~~6.31 To be eligible for the first time for certification as an Emergency Care Attendant, a person must:~~

~~a. Be at least 16 years old.~~

~~b. Be sponsored by a licensed ambulance or first responder service.~~

~~c. Hold a valid course completion certificate issued within the past 2 years for completion of a Department approved course based on the National Standard First Responder curriculum.~~

~~6.32 Emergency Care Attendant Recertification: To be eligible for recertification as an ECA, a person must:~~

~~a. Complete a Department-approved ECA refresher program as detailed on the Department's ECA recertification documentation form.~~

~~b. Continue involvement with the delivery of emergency medical treatment as described in Section 6.31b.~~

~~c. Successfully complete a Department-approved ECA written examination and skill verification within the past year.~~

~~d. Apply on forms available from the Department to receive the new certification.~~

~~6.33 Scope of duties. A person certified as an ECA may render emergency medical treatment under medical control in accordance with the training associated with this certification level. ECAs who successfully complete training approved by the Department in the use of an AED may also use this device for treatment of cardiac arrest patients.~~

~~6.34 Terms of certification: ECA certification is issued for a period of up to two years and is timed to expire on the same date as the person's training certificate (per Sec. 6.31c).~~

~~6.35 All ECAs who were originally certified prior to March 2000, shall transition to the 1999 First Responder curriculum within their current or next ECA certification period in accordance with the following principles:~~

~~a. The Department shall make available training materials to assist squad training officers in preparing ECAs for the transition. No formal transition course is required.~~
~~b. ECAs shall take the National Registry First Responder examination and the accompanying Department approved practical examination at the time they are transitioning.~~
~~c. ECAs who completed training in the use of an AED from the American Heart Association, the American Red Cross, or other program approved by the Department, within the year preceding their transition shall be given credit for~~

~~ECA to EMT training module one and be authorized to use this device after satisfactorily completing the Department's module one examination.~~

~~d. ECAs who successfully complete the transition process shall also be given credit for ECA to EMT training modules 2-4.~~

~~e. ECAs who are transitioning will be given the scope of practice associated with the ECA to EMT modules 2-4 upon successful completion of National Registry First Responder testing and the applicable module testing.~~

~~6.4 Emergency Medical Technician - Basic~~

~~6.41 In order to be certified for the first time as an EMT-B, a person must:~~

~~a. Be at least 18 years old.~~

~~b. Be sponsored by a licensed ambulance or first responder service, or show evidence of other appropriate involvement in the delivery of emergency medical treatment.~~

~~c. Complete an EMT-B course of education approved by the Department.~~

~~d Pass the Vermont EMT-Basic written and practical certification examinations.~~

~~6.42 EMT-B Recertification: To be eligible for recertification as an EMT-B, a person must:~~

~~a. 1. Complete a Department-approved EMT-Basic refresher course or an equivalent program as detailed on the Department's EMT-B recertification documentation form.~~

~~2 Continue involvement with the delivery of emergency medical treatment as described in Section 6.41b.~~

~~3 Successfully complete a Department-approved EMT-B written examination and skill verification within the past year.~~

~~4 Apply on forms available from the Department to receive the new certification.~~

~~or~~

~~b. 1. Renew his or her National Registry card;~~

~~2 Continue involvement with the delivery of emergency medical treatment as described in Section 6.41b; and~~

~~3 Apply on forms available from the Department to receive the new certification;~~

~~or~~

~~c. complete all of the requirements of a new EMT-B.~~

~~6.421 The expiration date of the new certification shall be two years after the expiration date of the last certification.~~

~~6.43 Scope of duties. An EMT-B may render emergency medical treatment, under medical control in accordance with the training associated with this certification level. An EMT-B may obtain advanced EMT training and certification as described in sections 6.5 and 6.7.~~

~~6.44 Regaining expired EMT-B certification~~

~~6.441 A person who loses EMT-B certification for less than one year may regain the EMT-B certification by:~~

~~a. Completing all requirements of a new EMT-B, or~~

~~b. Meeting all requirements described in Section 6.42.~~

~~6.442 A person who loses EMT-B certification for more than one year but less than three years may regain EMT-B certification by:~~

~~a. Completing all requirements of a new EMT-B; or~~

~~b. Completing a Department-approved EMT-B refresher course and meeting requirements 2 through 4 of Section 6.42a; or~~

~~c. obtaining a current EMT-Basic card from the National Registry of EMTs, continuing involvement with the delivery of emergency medical treatment as described in Section 6.41b, and applying on forms available from the Department to receive the new certification.~~

~~6.443 A person who loses EMT-B certification for more than three years must meet all requirements of a new EMT-B.~~

~~6.45 The expiration date of EMT-B certification regained through the procedure described in Section 6.441b or Section 6.442b shall be two years after completion of the written examination and skill verification.~~

~~The expiration date of EMT-B certification regained through the procedure described in Section 6.442c shall be the same as the expiration date of the person's National Registry card. If the Registry card will expire within one year of application, the Vermont certification will expire one year after issuance.~~

~~6.5 Advanced EMT-Intermediate Certification~~

~~6.51 Initial certification. In order to be certified for the first time, an EMT-Intermediate must:~~

~~a. Be at least 18 years old.~~

~~b. Be sponsored by an ambulance or first responder service licensed to provide emergency treatment at or above the intermediate level, or be affiliated with by a medical facility that requires the person to hold this level of certification.~~

~~c. Hold a current certification as a Vermont EMT-B.~~

~~d. Complete an EMT-Intermediate course of education approved by the Department.~~

~~e. Pass the Vermont EMT-Intermediate written and practical certification examinations.~~

~~6.52 EMT-Intermediate recertification. To be eligible for recertification as an EMT-Intermediate, a person must during the previous certification period:~~

~~a. Complete the specified number of hours of continuing education in a combination of mandatory and optional subjects as detailed on the Department's EMT-Intermediate recertification documentation form. The amount of continuing education shall be pro rated to the length of the previous certification period.~~

~~b. Continue to meet requirements b and c of section 6.51.~~

~~c. Apply for recertification on forms available from the Department.~~

~~6.53 Scope of duties. An EMT-Intermediate may render emergency medical treatment under medical control in accordance with the training associated with this certification level.~~

~~6.531 On-line medical control is required for the administration of the medications described in this section.~~

~~6.532 The EMT-Intermediate must follow the approved protocols current in the EMS district.~~

~~6.54 If an EMT-Intermediate's certification lapses for more than 6 months, then he or she must be retrained and certify as a new applicant, unless the EMS District Medical Advisor and the EMS District Board petitions for some other course of action.~~

~~6.55 Terms of certification: EMT-Intermediate certification is issued for a period of up to two years so that it expires at the same time as the person's EMT-B certification. A person must hold a current EMT-B certificate for the EMT-Intermediate certification to be in force.~~

~~6.56 All EMT-Intermediates certified using the 1990 or earlier Vermont EMT-I curriculum may transition to the 2002 Vermont EMT-Intermediate curriculum in accordance with the following principles:~~

- ~~a. the Department will prepare instructor/coordinators to conduct EMT-I transition courses and 2002 Vermont EMT-I courses.~~
- ~~b. The Department will prepare and provide a transition course curriculum and other guidance for use by the instructor/coordinators~~
- ~~c. Not later than July 30, 2006, the Department shall prepare a report to the EMS Districts on the status of implementation of the 2002 EMT-I curriculum. By that time, the Department shall determine if there is a need for any modification of these rules regarding the content of the 2002 EMT-I curriculum, the interventions in the scope of practice, or any other matters affecting the implementation of the 2002 EMT-I curriculum.~~

~~6.6 Manual Defibrillation~~

~~6.61 Individuals who were certified as of March 1997 at the EMT-Defibrillation level may continue to defibrillate ventricular fibrillation manually under the following conditions:~~

~~a. The individual holds current and continuous certification as a Vermont EMT-Intermediate.~~

~~b. The individual is acting under the supervision of a physician who is providing medical control according to the system approved by the Department for the EMS district. The physician may set additional conditions and requirements these EMT-Intermediates need to fulfill in order to defibrillate manually;~~

~~c. The individual is following the approved protocols current in the EMS district;~~

~~d. The individual is functioning on behalf of an EMS organization that was licensed at or above the manual defibrillation level prior to March 1, 1997.~~

~~6.7 Advanced EMT-Paramedic Certification~~

~~6.71 Initial certification: In order to be certified for the first time, an EMT-Paramedic must:~~

~~a. Be at least 18 years old.~~

~~b. Be sponsored by an ambulance or first responder service licensed to provide emergency treatment at or above the Paramedic level, or be affiliated with a medical facility that requires the person to hold this level of certification.~~

~~c. Complete an EMT-Paramedic course of education approved by the Department.~~

~~d. Pass the National Registry of EMTs written and practical examinations for the EMT-Paramedic level.~~

~~6.72 EMT-Paramedic recertification. To be eligible for recertification as an EMT-Paramedic, a person must during their previous certification period:~~

~~a. Re-register as a paramedic with the National Registry of EMTs.~~

~~b. Continue to meet requirement b of Section 6.71.~~

~~c. Pass any other EMS District imposed standards for participation in continuing education and local testing.~~

~~d. Apply for recertification on forms available from the Department.~~

~~6.73 Scope of Duties: A person certified as an EMT-Paramedic may render emergency medical treatment under medical control in accordance with the training associated with this certification level and administer other treatments as approved by the Department~~

~~EMT-Paramedics may be approved for an expansion of their scope of practice for critical care transfer services subject to the following terms and conditions:~~

~~- Successful completion of a Critical Care EMT-P course approved by the Commissioner of Health.~~

~~- Department approval of a program of continuing education for expanded scope skills and procedures.~~

~~- Endorsement by the EMS District Medical Advisor.~~

~~- Department approval of protocols for the expanded scope skills and procedures.~~

~~- Department approval of a quality assurance/quality improvement program related to the expanded scope of practice.~~

~~- Expanded scope of practice skills shall be limited to end tidal CO_2 monitoring, automated transport ventilators and use of pressure infusion pumps.~~

~~- Expanded scope of practice medications shall be limited to peripheral intravenous administration of heparin, nitroglycerine, nutritional preparations, antibiotics, electrolytes, anti-nausea agents and oral administration of non-narcotic analgesics.~~

~~6.74 If an EMT-Paramedic's certification lapses, then the person must certify as a new applicant.~~

~~6.75 Terms of certification: EMT-Paramedic certifications are issued for a period of two years timed to the date that the person's National Registry Paramedic certification expires.~~

Section 6: Personnel requirements and certification

6.1 Criteria for providing emergency medical treatment

6.1.1 To function at a particular EMS certification level, a person must hold a current VT EMS certification for that level.

6.1.2 VT EMS certified persons may render emergency medical treatment on behalf of a sponsoring licensed EMS agency when they are:

6.1.2.1 Functioning under medical control in accordance with the scope of practice for their VT EMS certification;

6.1.2.2 Following the VT Statewide EMS protocols and other approved protocols for the EMS District; and

6.1.2.3 Credentialed initially and at least biannually thereafter within their sponsoring EMS agency to perform the emergency medical treatment.

6.1.3 Students in EMS education programs approved or recognized by the Department may perform emergency medical treatments under the supervision of a preceptor with the approval of the EMS district medical advisor.

6.2 Current certifications and requirements

6.2.1 There are four ascending levels of VT EMS certification for emergency medical services personnel:

6.2.1.1 Emergency Care Attendant (ECA)

6.2.1.2 Emergency Medical Technician - Basic (EMT-B)

6.2.1.3 EMT-Intermediate (includes EMT-I-90 and EMT-I-03)

6.2.1.4 EMT-Paramedic (EMT-P)

6.2.2 Initial certification

6.2.2.1 To be eligible for the first time for VT EMS certification at any level, a person must:

6.2.2.1.1 Meet the minimum age requirement at the time of certification;

6.2.2.1.1.1 For ECAs, the minimum age is 16 years old

6.2.2.1.1.2 For all other levels, the minimum age is 18 years old

6.2.2.2 Successfully complete within the past 2 years a Department-approved course based on the current National Standard Curriculum for that level.

6.2.2.3 Be sponsored by a licensed ambulance or first responder service or be affiliated with a medical facility that requires the person to hold this level of VT EMS certification. This sponsorship shall include a credentialing process.

6.2.2.3.1 The VT National Guard shall be treated as an EMS agency solely for purposes of affiliating emergency medical personnel seeking VT EMS certification at all levels.

6.2.2.4 Meet the provisions for crime conviction background screening, tax liabilities, child support payments or similar requirements described in these rules or relevant VT statutes.

6.2.2.5 Complete Department-approved cognitive and NREMT psychomotor testing:

6.2.2.5.1 For the ECA, EMT-B and EMT-P levels, a person must successfully complete the NREMT cognitive and NREMT psychomotor exams approved by the Department and hold national EMS certification for that level

6.2.2.5.2 For EMT-I-90 or EMT-I-03, a person must complete the VT EMT-I-90 or EMT-I-03 cognitive and psychomotor testing

6.2.2.6 Apply for certification on forms available from the Department.

6.2.3 **Effective March 1, 2011**, persons earning national EMS certification must maintain that certification for the duration of their VT EMS certification.

6.2.4 All initial VT EMS certifications for which there is a corresponding national EMS certification are timed to expire 3 months after the person's national EMS certification. Initial VT EMT-I-90 or EMT-I-03 certifications will be timed to expire on the same date as the person's VT EMT-B certification.

6.2.5 The following describe additional requirements that are unique to that level:

6.2.5.1 ECA:

6.2.5.1.1 An ECA may advance to the EMT-B level by completing education in a series of 6 module courses described in Section 7.4.2 of these rules.

6.2.5.2 EMT-B:

6.2.5.2.1 None

6.2.5.3 EMT-I

6.2.5.3.1 An applicant must hold current VT EMT-B certification at the time of initial VT EMT-I-90 or EMT-I-03 certification.

6.2.5.3.2 All VT EMT-I-90s may transition to the VT EMT-I-03 level in accordance with the Department's EMT-I-90 to EMT-I-03 transition curriculum. Persons making this transition must also meet the other applicable provisions of Section 6.2.2 for initial VT EMS certification.

6.2.5.4 EMT-P:

6.2.5.4.1 None

6.2.5.5 Registered Nurses, Physician Assistants and Military Personnel

6.2.5.5.1 A registered nurse, a physician assistant, or United States Armed Forces EMS personnel may apply for VT EMS certification at any level by submitting national EMS certification at the level of VT EMS certification being sought and by meeting all other VT EMS certification requirements.

6.2.5.5.1.1 Persons in this category holding national EMS certification at the First Responder, EMT-B or EMT-P levels may apply for VT EMS certification at the corresponding level. Persons in this category holding a national EMS certification at the EMT-I-99 level may apply for VT EMS certification up to the EMT-I-03 level subject to the other eligibility requirements described in this section.

6.2.5.5.2 A registered nurse or a physician assistant may apply for VT EMS certification at any level without prior EMS education or national EMS certification by meeting the following requirements:

6.2.5.5.2.1 A verification from the sponsoring EMS agency and the EMS District Medical Advisor of knowledge, skills, and affective competencies associated with the level of VT EMS certification being applied for; and

6.2.5.5.2.2 Successful completion of the NREMT cognitive assessment examination for the First Responder, EMT-B, or EMT-P levels. For the EMT-I-90 and EMT-I-03 levels, the candidate must successfully complete the NREMT EMT-B cognitive assessment examination and the Department's EMT-I-90 or EMT-I-03 level cognitive examination; and

6.2.5.5.2.3 Successful completion of the NREMT psychomotor skill examination approved by the Department for the level being applied for. For the EMT-I-90 and EMT-I-03 levels, this shall include both the EMT-B and EMT-I-90 or EMT-I-03 psychomotor examinations; and

6.2.5.5.2.4 Compliance with all other requirements for holding VT EMS certification; and

6.2.5.5.2.5 A completed application on forms available from the Department.

6.2.6 Recertification

6.2.6.1 To be eligible for VT EMS recertification at any level, a person must continue to meet all the requirements of Sections 6.2.2.3, 6.2.2.4, and:

6.2.6.1.1 Renew his or her national EMS certification

or

6.2.6.1.2 If not eligible for national EMS certification without taking a test, complete a Department-approved continuing education program as follows:

Chart 6.2.6.1.2

Level	3/1/11 - 2/29/12	3/1/12 - 2/28/13	After 2/28/13
ECA	12 hours	12 hours	Meet all continuing education requirements for NREMT First Responder or EMR recertification
EMT-B	24 hour refresher	24 hour refresher + 24 additional hours	Meet all continuing education requirements for NREMT EMT-B or EMT recertification
EMT-I-90	EMT-B requirements + 10 I-90 hours	EMT-B requirements + 10 I-90 hours	Meet all continuing education requirements for NREMT EMT-I-85 or Advanced EMT recertification
EMT-I-03	EMT-B requirements + 16 I-03 hours	EMT-B requirements + 16 I-03 hours	Meet all continuing education requirements for NREMT EMT-I-85 or Advanced EMT recertification
EMT-P	72 hours (NREMT)	72 hours (NREMT)	Meet all continuing education requirements for NREMT EMT-P or Paramedic recertification

6.2.6.3 The following describe requirements that are unique to that level:

6.2.6.3.1 ECA:

6.2.6.3.1.1 None

6.2.6.3.2 EMT-B:

6.2.6.3.2.1 None

6.2.6.3.3 EMT-I:

6.2.6.3.3.1 To be eligible for recertification as a VT EMT-I-90 or VT EMT-I-03, a person must renew their VT EMT-B certification and meet the continuing education requirements as described in Chart 6.2.6.1.2. The amount of continuing education required at the EMT-I-90 or EMT-I-03 level shall be pro rated to the length of the previous certification.

6.2.6.3.4 EMT-P

6.2.6.3.4.1 None

6.2.6.3.5 **Beginning March 1, 2011**, all persons seeking VT EMS recertification, by their second recertification date, must obtain or maintain national EMS certification if they can do so without testing.

6.2.6.3.6 When a person completes all requirements for VT EMS certification renewal as described in Section 6.2.6.1, the new VT EMS certification is timed to expire 3 months after the national EMS certification date for the applicable level.

6.2.6.3.6.1 Continuing education requirements will be prorated for persons seeking VT EMS certification without national EMS certification for the purpose of bringing all VT EMS certification dates into alignment with a common date.

6.2.6.3.7 Persons certified above the VT ECA level may reduce their VT EMS certification level by documenting to the Department the continuing education requirements for national EMS certification at the lower level, gaining national EMS certification, and meeting all other VT EMS certification requirements.

6.2.6.3.8 A paramedic may reduce to the EMT-I-03 level without gaining national EMS certification by submitting the EMT-I-03 continuing education described in 6.2.6.1 and meeting all other requirements for VT EMS certification at that level.

6.2.6.3.9 The Department may for good cause extend any VT EMS certification for up to 6 months. Any person requesting an extension of VT EMS certification must apply to the Department in writing prior to the certification's expiration date. No extensions are granted after a VT EMS certification expires.

6.2.6.4 Reinstatement of an expired VT EMS certification

6.2.6.4.1 A person whose VT EMS certification has expired at a level other than EMT-I-90 or EMT-I-03 must obtain national EMS certification as the basis for reinstatement of the VT EMS certification.

6.2.6.4.2 The following describe requirements that are unique to that level:

6.2.6.4.2.1 ECA

6.2.6.4.2.1.1 None

6.2.6.4.2.2 EMT-B

6.2.6.4.2.2.1 None

6.2.6.4.2.3 EMT-I-90 and EMT-I-03

6.2.6.4.2.3.1 If a VT EMT-I-90 or EMT-I-03 loses his or her VT EMS certification for less than 6 months, then he or she must meet the requirements of Section 6.2.6.

6.2.6.4.2.3.2 If a VT EMT-I-90 or EMT-I-03 loses his or her certification for more than 6 months, then he or she must be trained and certified as a new applicant.

6.2.6.4.2.4 EMT-P

6.2.6.4.2.4.1 None

6.2.6.5 Scope of Practice

6.2.6.5.1 The VT EMS scope of practice at each level other than the EMT-I levels is based on the NHTSA national standard curriculum for that level. The EMT-I-90 and EMT-I-03 scopes of practice are based on portions of the NHTSA national standard curriculum for the EMT-I-99 level.

6.2.6.5.2 ECA

6.2.6.5.2.1 An ECA who successfully completes training approved by the Department in the use of an AED may use this device for treatment of cardiac arrest patients.

6.2.6.5.2.2 The additional scope of practice allowed for ECA to EMT-B modules will be phased out as follows after the effective date of these rules:

6.2.6.5.2.2.1 For modules already successfully completed, the ECA is authorized for the scope of practice during the certification cycle in which it was earned and up to one additional VT EMS certification cycle, but not beyond January 1, 2012.

6.2.6.5.2.2.2 Any additional modules successfully completed after the effective date of these rules are for advancement of the ECA's certification level to EMT-B and will not be renewed.

6.2.6.5.2.2.3 ECA's who successfully complete all six modules prior to January 1, 2012 are eligible for VT EMT-B certification upon meeting all requirements of 6.2.2 except 6.2.2.2

6.2.6.5.3 EMT-B

6.2.6.5.3.1 None

6.2.6.5.4 EMT-I

6.2.6.5.4.1 None

6.2.6.5.5 EMT-P

6.2.6.5.5.1 EMT-Ps may be approved for an expansion of their scope of practice for critical care transfer services subject to the following terms and conditions:

6.2.6.5.5.1.1. Successful completion of a Critical Care EMT-P course approved by the Commissioner of Health.

6.2.6.5.5.1.2 Department approval of a program of continuing education for expanded scope skills and procedures.

6.2.6.5.5.1.3 Endorsement by the EMS District Medical Advisor.

6.2.6.5.5.1.4 Department approval of protocols for the expanded scope skills and procedures.

6.2.6.5.5.1.5 Department approval of a quality assurance/quality improvement program related to the expanded scope of practice.

6.2.6.5.5.1.6 Expanded scope of practice skills shall be limited to use of pressure infusion pumps.

6.2.6.5.5.1.7 Expanded scope of practice medications shall be limited to peripheral intravenous administration of heparin, nitroglycerine, nutritional preparations, antibiotics, electrolytes, and oral administration of non-narcotic analgesics.

6.2.6.6 Reciprocity

6.2.6.6.1 Except as provided for in Section 10, all persons applying for VT EMS certification at the ECA, EMT-B and EMT-P levels based on EMS training, education, certification, and/or licensing from another state, territory or country must present a current national EMS certification and make application to the Department.

6.2.6.6.2 Applicants for reciprocal VT EMT-I certification based on a current national EMT I-99 certification who meet all applicable requirements in Section 6.2 are eligible to apply for VT EMT-I-03 certification.

6.2.6.6.3 Applicants for reciprocal VT EMT-I certification based on a current national EMT I-85 certification who meet all applicable requirements in Section 6.2 are eligible to apply for VT EMT-I-90 certification.

6.2.6.6.4 Applicants holding current certification/licensing from another state, territory or country at other levels above EMT-B and below EMT-P will be considered on a case-by-case basis and must successfully complete the corresponding VT cognitive and psychomotor exams.

6.3 Future certifications and requirements

6.3.1 The NHTSA *National EMS Scope of Practice Model*, as established and periodically updated, is hereby incorporated by reference. The *National EMS Scope of Practice Model* can be found on the Department's website currently at http://healthvermont.gov/.

6.3.2 When the NREMT begins testing at the *National EMS Scope of Practice Model* levels, the Department will begin issuing certifications at these levels.

6.3.2.1 Emergency Medical Responder (EMR)

6.3.2.2 Emergency Medical Technician (EMT)

6.3.2.3 Advanced Emergency Medical Technician (A-EMT)

6.3.2.4 Paramedic (Paramedic)

6.3.3 Initial certification

6.3.3.1 All VT EMS certifications at or above the EMT level shall be based upon education and testing that includes the content of the lower certification levels. Once a person is issued a higher level of VT EMS certification, their lower level shall expire and only the higher level of VT EMS certification needs to be maintained.

6.3.3.2 The expiration date for an initial VT EMS certification at all levels is timed to expire 3 months after the person's national EMS certification.

6.3.3.3 To be eligible for the first time for VT EMS certification at any level, a person must:

6.3.3.3.1 Successfully complete education, testing and all other requirements to gain and hold national EMS certification at that level

6.3.3.3.2 Be sponsored by a licensed ambulance or first responder service or be affiliated with a medical facility that requires the person to hold this level of VT EMS certification. This sponsorship shall include a credentialing process.

6.3.3.3.2.1 The VT National Guard shall be treated as an EMS agency solely for purposes of affiliating emergency medical personnel seeking VT EMS certification at all levels.

6.3.3.3.3 Meet the provisions for crime conviction background screening, tax liabilities, child support payments or similar requirements described in these rules or relevant VT statutes.

6.3.3.3.4. Apply for certification on forms available from the Department.

6.3.3.4 Registered Nurses, Physician Assistants and Military Personnel

6.3.3.4.1 A registered nurse, a physician assistant, or United States Armed Forces EMS personnel may apply for VT EMS certification at any level by submitting national EMS certification at

the level of VT EMS certification being sought and by meeting all other VT EMS certification requirements.

6.3.3.4.2 A registered nurse or a physician assistant may apply for VT EMS certification at any level without prior EMS education or national EMS certification by meeting the following requirements:

6.3.3.4.2.1 A verification from the sponsoring EMS agency and the EMS District Medical Advisor a verification of the knowledge, skills, and affective competencies associated with the level of VT EMS certification being applied for.

6.3.3.4.2.2 Successful completion of the NREMT cognitive assessment examination for the level being applied for.

6.3.3.4.2.3 Successful completion of the NREMT psychomotor skill examination approved by the Department for the level being applied for.

6.3.3.4.2.4 Compliance with all other requirements for holding VT EMS certification

6.3.3.4.2.5 A completed application on forms available from the Department

6.3.4 Recertification

6.3.4.1 To be eligible for VT recertification at any level, a person must continue to meet all the requirements of Section 6.3.3.3 (except 6.3.3.3.1) and:

6.3.4.1.1 Renew his or her national EMS certification;

or

6.3.4.1.2 If not eligible for national EMS certification without testing, complete a Department-approved refresher program.

6.3.4.2 Persons certified above the VT EMR level may reduce their VT EMS certification level by documenting to the Department the continuing education requirements for national EMS certification at the lower level, gaining national EMS certification, and meeting all other VT EMS certification requirements.

6.3.4.3 The Department may for good cause extend any VT EMS certification for up to 6 months. Any person requesting an extension of VT EMS certification must apply to the Department in writing prior to the certification's expiration date. No extensions are granted after a VT EMS certification expires.

6.3.4.4 When a person renews their VT EMS certification, the new VT EMS certification is timed to expire 3 months after the national EMS certification date for the applicable level.

6.3.5 Reinstatement

6.3.5.1 A person who loses VT EMS certification at any level must obtain national EMS certification as the basis for reinstatement of the VT EMS certification. The new VT EMS certification is timed to expire 3 months after the person's national EMS certification.

6.3.6 Scope of practice

6.3.6.1 The *National EMS Scope of Practice Model* establishes a "floor" for each certification level upon which the Department may build and adjust the VT statewide scope of practice. An EMS District Board may request authorization for procedures, interventions or pharmacology that exceeds the scope of practice for a level within their District through the waiver process.

6.3.6.2 Under transitional provisions from the EMT-P to the Paramedic level, VT EMS certified Paramedics may provide specialty care interfacility transfer services that exceed the Paramedic scope of practice as described in the *National EMS Scope of Practice Model* subject to the following:

6.3.6.2.1 Successful completion of a Department-approved program of education relating to the interfacility transfer needs of critically ill or injured patients beyond initial Paramedic education. These education programs shall include subjects relating to cardiovascular care, respiratory care, IV pumps, administration of blood or blood products, and pharmacology related to the needs of specialty care transfer patients.

6.3.6.2.2 Credentialing by their affiliating EMS agency under a system approved by the EMS District Medical Advisor. The specific procedures, technologies, pharmacology and other interventions the Paramedic is approved for must be in writing and maintained on file by the EMS agency. This written credentialing policy must include sign-off by the credentialing agency and provisions on criteria for de-credentialing a Paramedic for the specialty care transfer services being authorized.

6.3.6.2.3 Acting under protocols describing procedures, technologies, pharmacology and interventions approved by the EMS agency, the EMS District Medical Advisor and the Department that extend beyond what Paramedics are otherwise authorized to perform in the VT Statewide EMS protocols and or other EMS District protocols.

6.3.6.2.4 A written EMS agency quality improvement program approved by the EMS District Medical Advisor and the Department.

6.3.6.2.5 An EMS agency continuing education program approved by the EMS District Medical Advisor and the Department that focuses on the critical care services to be provided and is required

by the EMS agency and the EMS District Medical Advisor to maintain credentialing.

6.3.6.3 After the transition from EMT-P to Paramedic as described in Section 6.4.1 has been completed, the provisions of Section 6.2.6.5.5.1 shall expire.

6.3.7 Reciprocity

6.3.7.1 All persons applying for VT EMS certification at any level based on EMS training, education, certification, and/or licensing in another state, territory or country must present a current national EMS certification based on the *National EMS Scope of Practice* and make application to the Department.

6.4 Transition from certifications based on national standard curricula to future certifications based on the *National EMS Scope of Practice Model*

6.4.1 All existing levels of VT EMS personnel certified as of March 1, 2011 shall transition to the levels described in the *National EMS Scope of Practice Model* in accordance with the continuing education / national EMS recertification transition process described by the NREMT. The NREMT transitional continuing education process shall be followed by all VT EMS certified personnel irrespective of a requirement to hold national EMS certification as described in Section 6.3.4.

6.4.2 Once a person has been granted VT EMS certification at one of the *National EMS Scope of Practice Model* levels, the provisions of Section 6.3.4 shall apply.

6.4.3 Once the NREMT discontinues issuing national EMS certifications under the national standard curricula levels, the Department shall cease to issue EMS certifications based on the national standard curricula levels.

6.4.4 Phase out of the ECA to EMT-B module courses

6.4.4.1 After January 1, 2012, the Department will cease approving ECA to EMT-B module courses.

6.4.4.2 ECA's who successfully complete all six modules prior to January 1, 2012 are eligible for VT EMT-B certification upon meeting all requirements of 6.2.2 except 6.2.2.

6.4.4.3 There will be no modules for transitioning between the EMR and EMT levels.

6.4.5 EMT-I to A-EMT

6.4.5.1 Personnel holding VT EMT-I-90 certification or VT EMT-I-03 certification shall transition their level of certification to the Advanced-EMT level or may reduce their level by transitioning to the new EMT level.

Section 7: Conducting ~~of~~ EMS Training Courses for Certification

7.1 Training courses leading to national and VT EMS certification for ~~basic and advanced~~ emergency medical personnel may be sponsored by an EMS District ~~district~~, a medical facility or another educational entity approved by the Department. Each individual course must be approved in advance by the Department. For a course to be approved, it must meet all of the following:

7.1.1 ~~a.~~ Be approved by the EMS District Board ~~district board~~. The Department shall consider the comments and recommendations of the District Board in determining whether the course meets the requirements of these rules.

7.1.2 ~~b.~~ Be directed by a physician approved by the Department after that physician has been approved by the EMS District Board in determining whether the course meets the requirements of these rules.

7.1.3 ~~c.1.~~ For first responder courses, be coordinated by a qualified EMT-B, EMT-I, or EMT-P, approved by the Department after that person has been approved by the EMS District Board and the District Medical Advisor. Section 7.1.3 of rule shall expire upon implementation of EMR education in Vermont.

7.1.3.1 For EMR courses, be coordinated by a qualified EMT, Advanced EMT, or Paramedic, approved by the Department after that person has been approved by the EMS District Board and the District Medical Advisor.

7.1.4 ~~c.2.~~ For all levels of EMT course, be coordinated by a person certified at or above the level of the course and certified by the Department as an instructor/coordinator. Section 7.1.4 of rule shall expire upon implementation of EMT, Advanced EMT and Paramedic education in Vermont.

7.1.5 EMT, Advanced EMT and Paramedic courses shall be coordinated by a person certified at or above the level of the course and certified by the Department as an instructor/coordinator.

7.1.6 All Paramedic courses approved to be offered in VT shall meet national accreditation requirements by the Committee on Accreditation of EMS Programs (CoAEMSP). In the event of a course/program that is being offered for the first time and is not yet eligible for national accreditation, the program shall initiate its application to become accredited as a condition of course approval by the Department. In this case the program shall demonstrate that it meets the portions of the national accreditation standards that do not require a review of past program performance. The program shall assure that all successful graduates will meet the educational requirements and be eligible to apply for national certification by the NREMT.

7.1.7 ~~d.~~ Be conducted within the course objectives and operational requirements approved by the Department based upon the NHTSA National Standard Curricula or National EMS Education Standards for training at that level.

7.2 Basic EMS Training Course Admission Criteria

7.2.1 ~~7.21~~ To be eligible for admission to an ECA ~~first responder~~, EMR, EMT-B or an EMT course, a person must:

~~a. Be involved in the delivery of emergency medical treatment.~~

7.2.1.1 ~~b.~~ Meet all ~~other~~ EMS District and/or education program standards for course admission.

7.2.1.2 ~~c.~~ In the case of an ECA or EMR course, be at least 15 years old by the end of the course. In the case of an EMT or EMT-B course, be at least ~~18~~ 17 years old by the end of the course.

7.3 ~~Advanced~~ EMT Course Admissions Criteria for Courses Above the EMT-B or EMT Level

7.3.1 ~~7.31~~ To be eligible for admission to an ~~advanced~~ EMT-I-90, EMT-I-03, Advanced-EMT, EMT-P or Paramedic course, a person must:

~~a. Have at least one year of emergency medical experience at the time of initial certification.~~

~~b. Be a currently certified Vermont EMT-B for all advanced levels except paramedic.~~

7.3.1.1 ~~c.~~ Meet all other EMS District and/or education program standards for course admission~~.~~; and

7.3.1.2 ~~d.~~ Be 18 years old or older at the time of entry into the program and hold at least a high school diploma or equivalent.

7.3.2 Courses for the Advanced-EMT or Paramedic levels may include only material above a lower level if course admission is restricted to students already certified at the lower level.

~~e. Be involved in the delivery of emergency medical treatment~~

~~7.4 Description of EMS Training Courses:~~

~~7.41 FIRST RESPONDER: The training standard for a first responder course shall include the National Standard First Responder Curriculum and elements of other National Standard EMS curricula as determined by the Department and as stated in the content and objectives of the most recent National Standard Emergency Medical training curricula as published by the Department of Transportation, National Highway Traffic Safety Administration.~~

~~7.42 EMERGENCY MEDICAL TECHNICIAN - BASIC: The training standard for an EMT-B course shall adhere to the National Standard Curriculum as determined by the Department and as stated in the content and objectives of the most recent course of instruction for EMT-Bs as published by the Department of Transportation, National Highway Traffic Safety Administration.~~

~~7.43 EMERGENCY MEDICAL TECHNICIAN - INTERMEDIATE: The training standard for an EMT-Intermediate course shall adhere to those portions of the National Standard Emergency Medical Training Curricula as determined by the Department which deal with roles and responsibilities, anatomy and physiology,~~

~~medical terminology and patient assessment including measurement of oxygen saturation, blood glucose determination and a pediatric length based resuscitation tape, shock, fluid and electrolytes and fluid replacement, including peripheral IV lines; respiratory care, including oxygen administration, positive pressure ventilation, multi-lumen airway devices and specific pharmacologic interventions to treat anaphylactic shock, diabetic emergencies, narcotic overdose, respiratory emergencies, hypertensive emergencies, and chest pain of a suspected cardiac origin.~~

~~7.44 EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC: The training standard for an EMT-Paramedic shall adhere to the content and objectives of the most recent course of instruction prepared for Emergency Medical Technician - Paramedic training as approved by the Department and as published by the Department of Transportation, National Highway Traffic Safety Administration.~~

7.4 ~~7.6~~ Bridging from ECA to EMT-Basic (EMT-B).

7.4.1 ~~7.61~~ EMT-B ~~EMT-Basic~~ courses may be arranged to include all material beginning above the ECA level if course admission is restricted to students already certified at the ECA level.

7.4.2 ~~7.62~~ For ECAs certified for the first time after March 2000, or for ECAs who have transitioned to the 1999 National Standard First Responder Curriculum, the Department shall maintain a series of six modules where these persons may advance their training to the EMT-B ~~EMT-Basic~~ level. Once a module has been successfully completed, the ECA's scope of practice will include the interventions associated with it. ~~Authorization for the scope of practice associated with a module shall be in effect during the ECA certification period in which it is earned and one subsequent recertification period as long as the ECA certification is continuously maintained.~~

~~7.5.3 7.63 To maintain the scope of practice obtained through modular training:~~

~~7.5.3.1 a. An ECA may repeat the modules and associated testing, or;~~

~~7.5.3.2 b. An ECA may take a Department approved refresher training program and testing associated with the set of modules 1-4. Any other modules must be repeated in their entirety to maintain the associated scope of practice.~~

7.4.3 All portions of section 7.4 shall expire upon implementation of EMR education in Vermont.

7.5 ~~7.7~~ EMS Instructor/Coordinator Certification

7.5.1 ~~7.71~~ Initial certification: In order to be certified for the first time as an EMS Instructor/Coordinator (EMSI/C), an applicant must:

7.5.1.1 ~~a.~~ Be at least 18 years old;

7.5.1.2 ~~b.~~ Be sponsored by an ambulance or first responder service licensed by the Department, a medical facility, or an educational entity approved by the Department;

7.5.1.3 ~~c.~~ Hold a current national certification by the NREMT and or VT certification as an EMT-B, EMT-I or EMT-P or EMT, Advanced EMT, or Paramedic;

7.5.1.4 ~~d.~~ Complete an instructor course of education approved by the Department or hold credentials equivalent to such education as approved by the Department;

7.5.1.5 ~~e.~~ Pass the instructor/coordinator examination approved by the Department;

7.5.1.6 ~~f.~~ Be a high school graduate or equivalent; and

7.5.1.7 ~~g.~~ Submit a completed application on forms available from the Department ~~Apply on forms available from the Department.~~

7.5.2 ~~7.72~~ EMS Instructor/Coordinator recertification. To be eligible for recertification as an EMS instructor/coordinator, a person must during the previous certification period:

7.5.2.1 ~~a.~~ Complete the specified number of hours of continuing education, not to exceed 12 hours every 2 years, as detailed on the Department's recertification application; and

7.5.2.2 ~~b.~~ Continue to meet requirements Sections 7.6.1.2 and 7.6.1.3; and ~~b and c of Section 7.71~~ ;

~~c. Instruct a minimum of 48 hours during the certification period in Department approved and recognized courses. No more than 12 hours may be in any one subject area. If the certification period is less than two years, the amount of instruction required shall be pro rated.~~

7.5.2.3 ~~d.~~ Participate in a system of quality improvement, including peer review, approved by the Department; and

7.5.2.4 ~~e.~~ Submit a completed application on forms available from the Department. ~~Apply for recertification on forms available from the Department.~~

7.5.3 ~~7.73~~ Scope of duties. An EMS instructor/coordinator has the authority to instruct and coordinate certification courses approved by the Department.

7.5.4 ~~7.74 Lapsed~~ Expired certification. A person whose~~who loses~~ EMS instructor/coordinator certification expires as a result of not completing the recertification process described in Section 7.5.2 ~~7.62~~ may regain the certification by:

7.5.4.1 ~~a.~~ Completing all requirements of a new EMS instructor/coordinator;

or

7.5.4.2. Completing all of the following requirements:

7.5.4.2.1 ~~b~~. Accruing the type and amount of continuing education that would have been required during all time since the issuance of the last certificate (but not to exceed 32 hours); and

7.5.4.2.2 ~~d.~~ instructing a minimum of 24 hours under the direct supervision of a certified EMS instructor/coordinator approved by the Department and receiving a satisfactory evaluation on that performance; and

7.5.4.2.3 ~~e.~~ holding or obtaining current VT EMS certification ~~as an EMT-B, EMT-I or EMT-P~~ at or above the EMT-B or EMT level.

7.5.5 ~~7.75~~ Terms of certification. EMS instructor/coordinator certification is issued for a period of up to two years. The expiration date of the instructor/coordinator certification shall be the same as the person's ~~EMT-B or EMT-P certification~~ VT EMS certification. A person must hold a current ~~EMT-B or EMT-P~~ VT EMS certification or national EMS certification at or above the EMT-B/EMT level certification for the EMS instructor/coordinator certification to be in force.

7.6 A registered nurse or a physician assistant may choose to become eligible to apply for VT EMS certification at any level by successfully completing a Department-approved educational program designed specifically for medical professionals to obtain the additional knowledge and skills required to function as emergency medical personnel. The course of study will be designed to recognize the existing skills of the registered nurse or physician assistant.

7.6.1 Courses for registered nurses or physician assistants seeking VT EMS certification must be taught by a VT certified EMS instructor/coordinator and approved as otherwise required for courses leading to EMS certification. The EMS instructor/coordinator responsible for the course shall assure the cognitive, psychomotor and affective competencies of all program participants in all elements of the applicable national educational standards.

7.6.2 Graduates of these programs will be eligible to participate in testing for national certification subject to the same requirements of other approved EMS course graduates.

Section 8: Emergency Medical Treatment Procedures

8.1 Basic and advanced emergency medical treatment may be performed by certified emergency medical personnel only when operating within their scope of practice and under a system of medical control. Medical control includes credentialing by the affiliating EMS agency as approved by the EMS district medical advisor. Procedures and treatments shall be provided ~~and~~ within the VT Statewide EMS protocols and/or other EMS District protocols approved by the Department. ~~As part of that system of medical control, emergency medical personnel need medical command authorization from the district medical advisor in order to administer advanced emergency medical treatments.~~

> 8.1.1 ~~8.21~~ No emergency medical treatment shall be performed by any emergency medical personnel unless the person is currently certified at the appropriate level as provided for in these rules;
>
> or
>
> 8.1.2 The person is a student in an ~~EMT~~ EMS education course approved or an out-of-state based program recognized by the Department and is acting under direct clinical supervision. For field experiences, this direct clinical supervision requires a credentialed preceptor.

8.2 ~~8.3~~ Medical facilities which receive patients from ~~services~~ or provide on-line medical control to EMS agencies ~~providing advanced emergency medical treatment~~ shall maintain a log book or other system of documentation in the emergency department which at a minimum contains:

> 8.2.1 ~~8.31~~ A copy of all current ~~advanced~~ emergency medical treatment protocols approved for the ~~area.~~ EMS District.
>
> 8.2.2 ~~8.32~~ Dates, times, patient identification, ~~advanced EMT identification~~ EMS agency identification, a description of the ~~advanced~~ treatment ~~rendered~~ ordered or authorized, and ~~a signature~~ name of the ~~receiving~~ physician or designee ordering or authorizing the emergency medical treatment.

8.3 ~~8.4~~ All ~~services~~ EMS agencies which carry or use prescription drugs shall have a system approved by the District Medical Advisor for receiving, storing, safeguarding, rotating and recording all prescription medications carried or used.

8.4 ~~8.5~~ ~~If the service uses a recording monitor/defibrillator, patient tapes shall be made available to the receiving physician and the District Medical Advisor/Medical Control Committee for review.~~ The District Medical Advisor ~~district medical advisor~~ shall have the authority to approve, disapprove and attach conditions to the use of basic and advanced life support equipment or pharmacology used by EMS personnel.

8.5 ~~8.6~~ ~~Procedures shall be determined by the District Medical Advisor for all cases involving advanced emergency medical treatment to be reviewed and critiqued by an appropriate physician or Medical Control Committee within 30 days.~~ All EMS agencies shall have a quality improvement process in place approved by the EMS District Medical Advisor. This process shall include case reviews, the review of aggregate data

for the agency, feedback to affiliated EMS personnel and other measures intended to improve the quality of emergency medical treatment provided.

8.6 ~~8.1~~ Emergency medical procedures shall be rendered only with appropriate medical control. During the provision of off-line or on-line medical control functions a District Medical Advisor ~~district medical advisor~~ has the authority to halt or restrict the ability of certified ~~emergency medical services~~ personnel ~~and~~ or students in emergency medical services courses to administer basic and advanced emergency medical treatment. ~~in that district for cause~~. The following conditions shall apply whenever a District Medical Advisor ~~district medical advisor~~ believes it is necessary to continue to impose an ongoing restriction to the scope of practice of certified personnel or students: ~~to:such a restriction:~~

8.6.1 ~~8.11~~ The District Medical Advisor ~~district medical advisor~~ shall put in writing and submit to the person the following information:

8.6.1.1 ~~8.111~~ The effective date of the action.

8.6.1.2 ~~8.112~~ The cause for issuance of the action.

~~8.113 the length of the action, not to exceed thirty days.~~

8.6.1.3 ~~8.114~~ The exact procedures and/or medications the person is prohibited from performing or administering during the restriction period or the conditions under which the person is allowed to perform emergency medical treatment.

8.6.1.4 ~~8.115~~ A plan of corrective action, or a notification that the District Medical Advisor ~~district medical advisor~~ intends to request that the Department suspend, revoke or refuse to renew the person's certification. The plan of corrective action or notification of intent to request Department action must be submitted to the person within five days of the action. ~~issuance of the suspension~~.

8.6.1.5 Whenever possible the creation and implementation of a plan of corrective action should be executed in collaboration with the subject(s) of that plan. Disputes concerning corrective action plans shall be resolved by the Board of the affected District(s).

~~8.13 If, within thirty days of issuance of the suspension halting or restricting of ability to function, the Department has not received a complaint regarding the person's certification, the suspension action shall expire thirty days after it went into effect.~~

8.7 When the Commissioner of Health has identified a public health event or emergency, the Commissioner may on a temporary basis authorize licensed ambulance services, first responder service and/or certified EMS personnel to provide interventions or perform procedures not otherwise authorized in the EMS training programs and protocols provided for in these rules. These interventions or procedures are subject to conditions or requirements of the Commissioner.

Section 9: Conducting ~~of~~ State EMS Certification Examinations

9.1 Examinations for ECAs, EMRs, EMTs, EMT-Bs Advanced EMTs and Paramedics ~~and advanced EMTs~~ shall consist of the NREMT ~~written and practical~~ cognitive and NREMT psychomotor ~~portion~~ exams as approved by the Department. ~~If the Department obtains an examination from an outside agency, the exam shall be administered according to the policies of that agency.~~Examinations for EMT-I-90s and EMT-I-03s shall be created and maintained by the Department.

9.2 Both the ~~written and practical~~ cognitive and psychomotor portions of the exam must be supervised by a person approved by the Department or where applicable, the NREMT.

9.3 Scheduling of exam dates, locations, examiners and other logistical considerations shall be coordinated as necessary between the Department, course coordinators and the EMS Districts ~~districts~~.

9.4 A person who fails the ~~written~~ cognitive exam or any station of the ~~practical~~ psychomotor exam at any level may be retested ~~twice on the written exam or the practical station(s) failed within 90 days or as soon thereafter as an exam can be scheduled within the person's area. If the written exam or any station of the practical exam for levels other than EMT-B is failed on the third attempt, the person must repeat the entire course of education before being tested again. If the EMT-B written exam or any station(s) of the EMT-B practical exam are failed on the third attempt, the person must enroll in and complete an approved EMT-B refresher course before being allowed to repeat the testing process~~ in accordance with the requirements of the NREMT.

9.5 Examiners for ~~practical~~ psychomotor stations shall:

9.5.0.1 ~~a.~~ Be trained to at least the particular level being examined or shall hold special qualifications for the particular skill being tested; and

9.5.0.2 ~~b.~~ Hold VT and/or NREMT certification and/or meet other training, skill or performance requirements as determined by the Department; and

9.5.0.3 ~~c.~~ Perform in accordance with testing requirements approved by the Department and/or the NREMT; and

9.5.0.4 Not have been the instructor/coordinator of record for the course.

9.5.1 ~~9.51~~ The Department may prohibit an individual from functioning as a practical examiner for failure to meet these requirements.

~~9.6 Paramedic testing shall be conducted using the National Registry of EMTs exam for that level.~~

~~9.7 While advanced EMTs are not routinely required to take the Vermont written and practical examinations for recertification at the advanced level, a District medical advisor may request that an individual be examined by the Department for verification of continuing competency.~~

Section 10: Recognition of Licenses and Certification from Other States

10.1 Any ambulance service, vehicle or person licensed or certified in another state or province to provide emergency medical treatment, and entering VT ~~Vermont~~ in response to a call for assistance from a VT ~~Vermont~~ licensed ambulance or first responder service ~~or in a mass casualty situation~~ is exempt from the provisions of these rules requiring licensure or certification for the duration of the response to that call.

~~10.11 Any person who is currently a Nationally Registered First Responder may be issued a Vermont ECA certificate provided the applicant:~~

~~submits the application form available from the Department~~

~~is affiliated with a Vermont licensed ambulance or first responder service~~

~~The Vermont ECA certificate will expire at the same time as the person's National Registry card. If the Registry card will expire within one year of application, the Vermont certification will expire one year after issuance.~~

~~10.12 To renew a certification obtained under this section, an ECA must meet all recertification requirements for ECAs as described in these rules.~~

~~10.2 Any person who holds valid credentials entitling that person to practice as an EMT-B in a state or province which adheres to the National Standard Curriculum for EMT-Bs and which imposes a written and practical exam as a condition of those credentials may be issued a Vermont EMT-B certificate for one year provided the applicant:~~

~~a. submits the application form available from the Department.~~

~~b. has not been previously certified in Vermont as an EMT.~~

~~c. is affiliated with a Vermont licensed ambulance or first responder service.~~

~~10.21 Any person who is currently a nationally registered EMT-Basic and meets requirements a through c of section 10.2 may be issued a Vermont EMT-B certificate that expires at the same time as the person's National Registry card. If the Registry card will expire within one year of application, the Vermont certification will expire one year after issuance.~~

~~10.22 Any person currently certified or licensed by another state or province who has completed the same EMT-B examination used in Vermont and who meets requirements a through c of section 10.2 may be issued a Vermont EMT-B certificate. The expiration date will be the same as the person's other certificate, but will not be less than one year or more than two years from issuance of the Vermont certificate.~~

~~10.23 To renew a certification obtained under this section, an EMT-B must meet all recertification requirements for EMT-Bs as described in these rules.~~

~~10.3 An EMT entering Vermont from a state or province which does not meet the conditions of the preceding section must meet all requirements of newly certified Vermont EMT-Bs.~~

~~10.4 Advanced EMTs credentialed (certified or licensed) in other states or provinces who wish to obtain Vermont advanced EMT certification will be considered by the~~

~~Department on a case by case basis. The necessary conditions for obtaining advanced licensure are that:~~

~~10.41 The person must apply on forms available from the Department.~~

~~10.42 The person must satisfy the Department that they are able to operate within the protocols established for the EMS District where they are located. The Department will consult the EMS District Board, District Medical Advisor, and the person's home state EMS office for advice as to whether a person is able to perform in this way.~~

~~10.43 The person must take and pass the appropriate Vermont written and practical exams at the advanced certification level (s)he is seeking.~~

~~The Department will also consider the following issues:~~

~~10.44 Whether the candidate's training is equivalent to Vermont's at this and lower levels.~~

~~10.45 Whether the person is eligible for an EMT-B certification in Vermont.~~

~~10.46 Whether the person is affiliated with a licensed ambulance or responder service or medical facility providing treatment at or above the level the person is seeking.~~

~~10.5 If a person is issued Vermont EMT-Intermediate certification under Section 10.4, the EMT-Intermediate certification shall be assigned an expiration date that is the same as the expiration date of the EMT-B certification. At the end of the certification period, the person must meet all conditions imposed on other EMT-Intermediates in order to renew the certification.~~

10.2 ~~10.6~~ For personnel and services who are required to meet licensure and/or certification standards of VT ~~Vermont~~ and another contiguous state or province the Department may, on a case-by-case basis, waive portions of these rules. The Department shall consider:

10.2.1 ~~10.61~~ The degree of hardship imposed on the individual or service to meet dual standards.

10.2.2 ~~10.62~~ The comparability of standards in the contiguous state or province.

10.2.3 ~~10.63~~ The impact that any waiver might have on quality of care for the population of Vermont.

Section 11: Standards and Procedures for Refusing, Revoking or Suspending Licenses and Certifications

11.1 The Department may issue a service license or personnel certification with conditions, refuse to issue or refuse to renew a service license or personnel certification, or may suspend or revoke a service license or personnel certification for any of the following reasons:

11.1.1 ~~11.11~~ Obtaining a certification or license by fraud, by misrepresentation, or by concealing material facts.

11.1.2 ~~11.12~~ Violating a lawful order, rule, or regulation of the Department.

11.1.3 ~~11.13~~ Violating any of the provisions of Title 24 Ch. 71.

11.1.4 ~~11.14~~ Being convicted of a crime, provided that the acts involved are found by the Department to have a direct bearing on the person's fitness to serve the public in ways subject to licensure under these rules. All applicants with crime convictions are considered individually on a case-by-case basis.

11.1.5 ~~11.15~~ Acting in ways which are dangerous or injurious, or potentially so to the public.

11.1.6 ~~11.16~~ Acting unprofessionally. Unprofessional conduct includes but is not limited to:

11.1.6.1 ~~11.1601~~ Renting or lending an EMS license or certification~~certificate~~ to another person.

11.1.6.2 ~~11.1602 Addiction to a drug, or chronic alcoholism.~~ Drug or alcohol addiction.

11.1.6.3 Providing emergency medical treatment or operating an ambulance while impaired by alcohol or other drugs.

11.1.6.4 ~~11.1603~~ Physical or mental disability; or other condition so debilitating as to make the person's conduct dangerous or potentially dangerous to patients or the public.

11.1.6.5 ~~11.1604~~ Knowingly transporting a person who does not need to be transported, or knowingly treating a person who does not need to be treated, when the purpose of the action is to collect a fee or charge.

11.1.6.6 ~~11.1605~~ Obtaining a fee by fraud or misrepresentation.

11.1.6.7 ~~11.1606~~ Responding to the scene of an ~~accident or~~ EMS response incident to which the service or individual has not been summoned, when there is reason to believe that another service or individual has been or will be called to the scene, and then refusing to turn over the care of the patient to the responsible service when it arrives.

11.1.6.8 ~~11.1607~~ Failing to respond to requests for patient information from the receiving physician or that physician's agent at the medical facility to which a patient is being transported.

11.1.6.9 ~~11.1608~~ Incompetence or lack of skill.

11.1.6.10 ~~11.1609~~ Losing ~~credentials~~ a license or certificate which ~~are~~ is a necessary condition of VT EMS licensure or certification. For instance, a person EMS certified in VT ~~Vermont~~ on the basis of training obtained in another state would lose VT ~~Vermont~~ certification if the other state revoked the person's original ~~credentials~~ license or certification.

11.1.6.11 ~~11.1610~~ Acting negligently or neglectfully in conducting an ambulance service, first responder service or in providing ~~patient~~ emergency medical treatment.

11.1.6.12 ~~11.1611~~ Selling, bartering, or offering to sell or loan an EMS license or certification.

11.1.6.13 ~~11.1612~~ Purchasing or procuring by barter an EMS license or certification with intent to use it as evidence of the holder's qualification to obtain a license, or to provide an ambulance or first responder service or emergency medical treatment.

11.1.6.14 ~~11.1613~~ Altering an EMS license or certification or procuring an EMS license or certification by falsifying or withholding necessary information.

11.1.6.15 ~~11.1614~~ Operating an ambulance vehicle which is not ~~properly~~ licensed by the Department.

11.1.6.16 ~~11.1615~~ Using or attempting to use as a valid EMS license or certificate, one which has been purchased, fraudulently obtained, counterfeited, or materially altered.

11.1.6.17 ~~11.1616~~ Transferring an EMS license from one ambulance vehicle to another one without the consent of the Department.

11.1.6.18 ~~11.1617~~ Willfully making a false statement when applying for an EMS license or certification, or renewal of an EMS license or certificate.

11.1.6.19 ~~11.1618~~ Providing emergency medical treatment at a level or using an intervention for which the service or individual is not EMS licensed, certified or credentialed.

11.1.6.20 ~~11.1619~~ Failure to meet data reporting requirements

11.1.7 ~~11.17~~ For EMS instructor/coordinators:

11.1.7.1 ~~11.1701~~ Teaching inappropriate practical skills procedures.

11.1.7.2 ~~11.1702~~ Failing to teach the appropriate course material.

11.1.7.3 ~~11.1703~~ Failure to conduct courses within the operational requirements of the Department.

11.1.7.4 ~~11.1704~~ Failure of half or more of the students in three successive courses to pass the certification examination.

11.1.7.5 ~~11.1705~~ Instructing while impaired by alcohol or other drugs.

11.1.7.6 ~~11.1706~~ Instructing while impaired by a physical or mental disability which prevents the performance of instructional duties.

11.1.7.7 ~~11.1707~~ Promoting an unsafe learning environment.

11.1.7.8 ~~11.1708~~ Reporting false information.

11.1.7.9 ~~11.1709~~ Failing to maintain accurate instructional records.

11.1.7.10 ~~11.1710~~ Sexual harassment

11.2 A person may be denied renewal of an EMS ~~personnel~~ certification for failure to meet the required continuing education and testing standards described elsewhere in these rules.

11.3 Whoever advertises, announces, establishes, or maintains an ambulance, ambulance service, or first responder service, as defined herein; or whoever holds an EMS ~~personnel~~ certification; and who violates any provision of these regulations shall be subject to Title 24 Ch. 71 Section 2684. ~~24 VSA Section 10, § 2684.~~

11.4 When an ambulance vehicle is ordered removed from service as a result of deficiencies found upon inspection by the Department, the service shall be given an opportunity for a hearing with the Commissioner of Health or the Commissioner's designate within 10 days.

11.5 Hearings and Appeals:

11.5.1 ~~11.51~~ Denials of Licensure or Certification: When the Department denies licensure or certification, or denies the renewal of an EMS license or certification, the applicant shall be afforded an opportunity for a hearing with the Commissioner of Health or designee pursuant to the provisions of Chapter 25 of Title 3 ~~VSA~~. The Department will provide applicants with notice by mail of the facts or conduct that warrant the denial of the application and their right to a hearing. The licenses or certifications of persons seeking renewal will not expire until their application has been finally determined by the Department or Board of Health so long as their renewal application was timely made. Decisions of the Commissioner of Health will be made within 30 days and may be appealed to the Board of Health within 30 days. The Board shall afford the applicant ~~an opportunity for~~ a de novo hearing. The Board shall issue an order within 30 days. Appeals from the decision of the Board shall be to the Vermont Supreme Court.

11.5.2 ~~11.52~~ Suspension and Revocation: The Department may suspend or revoke the EMS license or certification of any person upon due notice and opportunity for hearing with the Commissioner of Health or designee for violation of any provision of these regulations or applicable statutes pursuant to the provisions of Chapter 25 of Title 3 ~~VSA~~. The Department will provide these persons with notice by mail of the facts or conduct that warrant the suspension or revocation. Decisions of the Commissioner of Health will be made within 30 days and may be appealed to the Board of Health within 30 days. The Board shall afford the person ~~an opportunity for~~ a de novo hearing. The Board shall

issue an order within 30 days. Appeals from the decision of the Board shall be to the Vermont Supreme Court.

11.5.3 Summary Suspension: If the Department finds that public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order, summary suspension of an EMS license or certification may be ordered pending a hearing for revocation or other action. A hearing with the Commissioner of Health or designee will be promptly instituted and determined. Persons subject to summary suspension will be afforded the same rights to appeal as detailed at 11.5.1 and 11.5.2.

Section 12: Standards for ~~Waiving~~ Variance or Waiver of the EMS Rules

12.1 Variance or Waiver of Rules: The Department may grant a variance from or waiver of any provision of these rules upon a showing of good cause, so long as the variance or waiver will not result in a reduction in the quality of emergency medical treatment that poses a threat to the public's health or safety.

12.1.1 Persons wishing a variance or waiver must make application to the Department on forms available from the Department.

12.1.2 Depending upon the nature of the request the Department may consider:

12.1.2.1 Input from the public or other relevant EMS stakeholders

12.1.2.2 Evidence concerning the effect the variance or waiver could have on the provision of emergency medical services.

12.1.2.3 Any and all cost implications of the variance or waiver.

12.1.2.4 The need to monitor effects of the variance or waiver.

12.1.3 The Department will make a decision on the variance or waiver request within 30 days. If the decision of the Department is to deny the request the applicant will be provided with written notice of the decision and their appeal rights.

12.1.4 Appeals of the Department's variance or waiver decision may be made in accordance with Section 11.5 of this rule. The decision of the Commissioner or designee may be appealed to the State Board.

12.2 ~~12.1~~ Waivers of rules for research and demonstration projects.

12.2.1 ~~12.10~~ In the interest of promoting the growth of EMS technology and improving methods or techniques for the delivery of emergency medical treatment, the Department may waive provisions of these rules for research or demonstration purposes when:

12.2.1.1 ~~12.101~~ The proposed project has definite starting and ending dates.

12.2.1.2 ~~12.102~~ There is a physician named as the project's medical director.

12.2.1.3 ~~12.103~~ There is agreement of the medical facility(s) ~~facilitie(s)~~, EMS District Board(s) ~~district board(s)~~, ambulance and responder service(s), and other significant groups involved with the proposed project.

12.2.1.4 ~~12.104~~ There are defined standards and controls for assuring the safety of all patients and other persons who may be involved with the proposed project.

12.2.1.5 ~~12.105~~ The proposed project is in compliance with applicable statutes and the lawful rules of all other involved agencies.

12.2.2 ~~12.11~~ All waiver arrangements described in Section 12.2.1 ~~12.10~~ shall be in writing.

12.2.3 ~~12.12~~ The project medical director and other participants shall monitor and report the progress of the project on a schedule approved by the Department.

12.2.4 1~~2.13~~ The Department may revoke waivers awarded under this section at any time. Opportunity for a hearing with the Commissioner of Health shall be given within 10 days of the revocation. Decisions of the Commissioner may be appealed to the Board.

12.2.5 ~~12.14~~ All applicants for waivers of these rules shall apply on forms available from the Department.

~~12.2 General Waiver of Rules - The Department may waive any provision of these rules upon a showing of good cause, so long as the waiver will not reduce the quality of emergency medical care. Persons wishing a waiver must make application to the Department on forms available from the Department, and the Commissioner will hold a public hearing on the request. At the request of the applicant and with the consent of all involved parties, the Commissioner may waive the public hearing for convenience purposes. Decisions of the Commissioner of Health may be appealed to the Board.~~

Section 13: EMS Incident Reporting system

13.1 The Department collects and analyzes data to improve the quality of prehospital patient care by means of enhancing communication among health care providers, identifying health care trends, evaluating the effects of interventions and educating the public.

13.2 Each VT EMS licensed agency shall document and maintain PCRs for all EMS response incidents originating or terminating within Vermont.

13.2.1 Not later than January 1, 2013, each VT licensed ambulance service shall report such data electronically to the Department. The agency may use either software provided by the Department or software developed or obtained by the agency. The service will provide the data in a manner consistent with a NEMSIS gold-compliant data transfer.

13.2.2 VT licensed first responder services are encouraged, but not required, to document their EMS response incidents using SIREN.

13.2.3 At an EMS response incident, or as soon as possible thereafter, a first responder agency must provide the appropriate VT licensed ambulance service(s) with information necessary to document first response activities as a component of the ambulance report.

13.3 EMS agencies shall provide to the Department data for the purpose of improving the quality of patient care through means including but not limited to:

13.3.0.1 Providing feedback to EMS agencies;

13.3.0.2 Informing receiving hospitals and EMS district medical advisors;

13.3.0.3 Identifying health care trends;

13.3.0.4 Evaluating the effects of interventions; and

13.3.0.5 Educating the public.

13.3.1 The Department shall make publicly available output reports based only on aggregated portions of EMS response incident reports that do not include protected or confidential health information, or other information that could be used to identify a specific patient.

13.4 The VT licensed service that provided the data shall have unrestricted access to that data within the SIREN system. EMS District Medical Advisors or their designees shall have access to data for EMS response incidents occurring within their EMS District, delivered to a hospital within their EMS District, or entered by a service based in their EMS District.

13.4.1 The Department shall refer requests for SIREN information about specific responses of an ambulance or first responder service to that ambulance or first responder service.

13.4.2 The Department shall provide output reports that do not include confidential or protected health information to the National EMS Information System Database.

13.4.3 The Department shall establish and maintain policies for persons and organizations involved in research projects to access SIREN information. The purpose of the policies shall be to support legitimate research while assuring compliance with federal and state confidentiality requirements.

13.4.4 Uses of the data shall be governed by state and federal laws and rules regarding confidentiality and security.

13.5 For each response, the PCR shall include data elements from the NEMSIS dataset and other elements as determined by the Department, including, but not limited to:

13.5.1 The name of the licensed agency;

13.5.2 Date(s) and pertinent times for the response;

13.5.3 Location and description of the incident;

13.5.4 Patient identifying information;

13.5.5 A description of the patient's initial and continuing condition, including chief complaint, physical signs, symptoms and vital signs;

13.5.6 Treatments and procedures performed by the providers;

13.5.7 The hospital or other facility the providers transport the patient to; and

13.5.8 Factors delaying or otherwise affecting patient care.

13.6 VT licensed ambulance services are encouraged to submit data at the earliest possible opportunity. Data from EMS response incidents must be submitted to the Department within 24 hours of the time:

13.6.0.1 A patient is delivered to a hospital or other facility if a patient is transported;

13.6.0.2 A patient refuses treatment or transportation;

13.6.0.3 A patient is treated and released;

13.6.0.4 An ambulance is released from an emergency stand-by event; or

13.6.0.5 An ambulance cancels or terminates an emergency response.

13.6.1 VT licensed ambulance services shall submit required data to a receiving hospital and the District Medical Advisor in the format described by each and by the time described by each, not to exceed 24 hours.

13.6.2 Ambulance services that do not provide a complete report at the time a patient is delivered to a hospital or other facility shall provide a verbal and brief written report of the EMS response incident to the hospital or other facility. These reports should typically include the following patient information:

13.6.2.1 Name, address, date of birth and other identifying information;

13.6.2.2 Chief complaint;

13.6.2.3 History of the present illness or injury;

13.6.2.4 EMS treatments provided;

13.6.2.5 Vital signs;

13.6.2.6 Past medical history;

13.6.2.7 Medications;

13.6.2.8 Allergies;

13.6.2.9 Ambulance service identifying information;

13.6.2.10 Date and time of response; and

13.6.2.11 Other information that may be important to the initial management of the patient at the hospital or facility receiving the patient.