

Vermont Emergency Medical Services Rules

March 1, 2003

AND

**Emergency Rule Section 8.8 Relating to Special Temporary
Authorization for EMT-I-03 and EMT-P to Administer H1N1 and
Seasonal Flu Vaccine Effective Until February 15, 2010**

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Section 1: Definitions

1.01 **ADVANCED EMERGENCY MEDICAL TREATMENT:** means those portions of emergency medical treatment as defined by the Department of Health, 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.

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

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

1.04 **BASE FACILITY:** 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.

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

1.06 **CPR:** means cardiopulmonary resuscitation.

1.07 **CERTIFICATION:** means accreditation issued to an individual who has completed a course of EMS education by an educational sponsor as detailed in these rules.

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.

1.09 **CONDITIONAL LICENSE:** means a personnel or other license issued by the Department of Health with one or more conditions imposed on the award of the license.

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

1.11 **DISTRICT BOARD:** means the board of directors of an EMS District appointed under Section 2653 of Title 24.

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 as a liaison between the EMS District Board and the medical community.

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's assistants when practicing in their customary work setting.

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 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 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.

1.18 EOA: means any esophageal obturator airway device.

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

1.20 I.F.R.: means instrument flight rules.

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.

1.22 LICENSE: means a full, temporary, or conditional license issued to an ambulance or first responder service by the Department of Health under the provisions of these rules.

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:

(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

(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.

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

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.

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.

1.28 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.

1.29 RN: means registered nurse.

1.30 STATE BOARD: means the State Board of Health.

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.

1.32 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.

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.

2.2 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. 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.

2.31 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.

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

2.41 The applicant must apply on forms available from the Department and provide duplicates of all required information to the EMS District Board.

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.

2.422 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.

2.423 That the service's vehicles have installed two-way communications equipment adequate to allow the vehicles to be in contact with the medical facility(ies) where the service's patients are routinely transported on the EMS HEAR frequency, and with a dispatch facility.

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.

2.425 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 can receive the necessary training and medical control.

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

2.5 In reviewing an application for licensing, the Department will seek the advice of the 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 (T.24) and these rules.

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:

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

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

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

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

2.7 Advanced Emergency Medical Treatment Licensing for Ambulance Services.

2.70 Advanced emergency medical treatment licenses are issued at two ascending levels:

2.701 Intermediate Service

2.702 Paramedic Service

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

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

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

2.8 Issuance of a license at a particular advanced 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.

2.9 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 after March 1, 1997, unless duly licensed by the Department under these rules.

3.2 A 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 service license is issued for a specific service, at a specific level of care, and at a single location. 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.

3.31 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.

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

3.41 The applicant must apply on forms available from the Department and provide duplicates of all required information to the EMS District Board.

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.

3.422 The applicant can 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.

3.423 As of January 1, 1987, that the service has communications equipment adequate to allow the service to be in contact with a dispatching facility, and or with the ambulance service(s) which will regularly transport the service's patients, and or with the medical facility which will routinely receive the service's patients.

3.424 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.

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, that the applicant can receive the necessary training and medical control.

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.

3.427 As of March 1, 1997, that the 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.

3.428 The First Responder service agrees to provide coverage according to response plans determined by the EMS district board in conjunction with municipal officials.

3.5 In reviewing an application for First Responder service licensing, the Department will seek the advice of the EMS district board for the area where the new service is proposed. The EMS district board shall assist the Department in determining compliance of the applicant with the provisions of the EMS statute (T.24) and these rules.

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 service license:

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

3.62 The EMS district board shall review the form and advise the Department as to the service's continued compliance with the provisions of the EMS Statute (T.24) and these rules. The EMS district board shall forward all applications to the Department by the December 1st.

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

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

3.7 Advanced emergency medical treatment licensing for first responder services.

3.70 Advanced emergency medical treatment licenses are issued at two ascending levels:

3.701 Intermediate Service

3.702 Paramedic Service

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

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

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

3.8 Issuance of a license at a particular advanced 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.

3.9 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.

Equipment List for First Responder Services

Blankets

24 Disaster tags (mettags or district approved equivalents)

1 Flash light (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.

Cervical collars (at least 1 each of large, medium, small sizes)

1 Burn sheet (sterile)

1 Trauma shears

Airways (one each of large adult, adult, child, and infant)

1 Pocket mask device (with or without oxygen inlet)

Oral glucose

1 Sterile saline (500 cc. container. Must not be past expiration date)

1 Activated charcoal. (Not past expiration date)

1 Sphygmomanometer and stethoscope

A supply of reflectors or flares

1 D-size portable oxygen tank

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.

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.

4.31 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.

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

4.41 The applicant must apply on forms available from the Department and provide duplicates of all required information to the EMS district board.

4.42 The applicant must demonstrate to the Department that:

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.

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.

4.423 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.

4.424 The aircraft which the applicant will use in transporting patients meets or exceeds the following standards:

a. The cabin is configured in a fashion to allow adequate access to the patient for emergency medical treatment.

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.

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

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.

- e. Shall be multi-engined.
- f. Shall have appropriate navigational aids.

In all operations, the operator and aircraft must be certified under Federal Aviation Regulations, Part 135.

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 adult bag-valve-mask unit with oxygen reservoir, adult and child masks. A pediatric bag-valve-mask unit is optional.
- d. 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 bandage shears, 7" or larger with rounded tips.
- g. 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.

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

4.427 Helicopter pilots:

- a. Have a commercial rotorcraft certification.
- b. Have a minimum of 2000 rotorcraft flight hrs.
- c. Have a minimum of 5 hours in the specific type of aircraft being flown as an ambulance.
- 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 for the area where a new service is proposed. The EMS district board shall assist the Department in determining compliance of the applicant with the provisions of the EMS statute (T.24) and these rules.

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:

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

4.62 The EMS district board shall review the form and advise the Department as to the service's continued compliance with the EMS Statute (T.24) and these rules. The EMS district board shall forward all applications to the Department by December 1st.

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

4.64 Provided that a renewal license application has been submitted to the EMS district board by November 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:

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

- a. Qualifications of personnel needed to provide treatment for the patient during the flight.
- b. Special equipment if any that will need to be carried during the flight.
- 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.).

4.82 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.

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

4.84 A record shall be kept of each air ambulance transport, documenting the arrangements made under sections 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: Ambulance Vehicle Licenses

5.0 No vehicle shall be operated as an ambulance in 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.

5.01 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 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.

5.1 Any ambulance licensed in Vermont as of 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 Vermont motor vehicle inspection requirements, and in a clean and sanitary condition, free from interior rust, dirt or other contaminating foreign matter.

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

5.3 A vehicle 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 vehicle licenses end and the service must apply for new vehicle licenses. If control of a vehicle passes from one service to another, the vehicle must be licensed to the new service.

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

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 a 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 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 vehicle into conformity with the law and these rules. If the vehicle is not brought into conformity to the Department's satisfaction within that time, the Department may refuse to renew or may revoke the vehicle's license.

5.6 If 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 vehicle inspection. A service may continue to operate any previously licensed vehicle until the next inspection by the Department.

5.7 Ambulance vehicle design requirements:

5.701 All ambulances must meet the applicable Federal and Vermont safety requirements including those described by the Code of Federal regulations, Federal Register, Society of

Automotive Engineers, Vermont Statutes as of the date of manufacture, and the Vermont annual inspection required of motor vehicles.

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.

5.81 Any licensed ambulance shall conform to the General Services Administration design specification, as recognized by the Department, in effect at the time of manufacture.

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 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.

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

- 2 pairs of leather gloves
- 1 5 lb hammer with 12" min. handle
- 2 hard hats with goggles or other helmets with face shields
- 1 12" adjustable open ended wrench
- 1 12" regular blade screwdriver
- 1 8" Phillips screwdriver
- 1 12" hacksaw with assorted blades
- 1 10" vice-grip pliers
- 1 24" wrecking bar
- 1 bolt cutter with 9/16" min. opening
- 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.
- 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 CO₂ 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 7: Conduct of EMS Training Courses for Certification

7.1 Training courses leading to certification for basic and advanced emergency medical personnel may be sponsored by an EMS 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:

- a. Be approved by the EMS 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.
- 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.
- 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.
- 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.
- d. Be conducted within the course objectives and operational requirements approved by the Department for training at that level.

7.2 Basic EMS Training Course Admission Criteria

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

- a. Be involved in the delivery of emergency medical treatment.
- b. Meet all other EMS District standards for course admission.
- c. In the case of an EMT-B course, be 18 years old by the end of the course

7.3 Advanced EMT Course Admissions Criteria

7.31 To be eligible for admission to an advanced EMT 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.
- c. Meet all other EMS District standards for course admission.
- d. Be 18 years old.
- 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.

7.6 Bridging from First Responder to EMT-Basic.

7.61 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.

7.62 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-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.

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

- a. an ECA may repeat the modules and associated testing, or;
- 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.

7.7 EMS Instructor/Coordinator Certification

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

- a. Be at least 18 years old.

- 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.
- c. Hold a current certification as an EMT-B, EMT-I or EMT-P.
- d. Complete an instructor course of education approved by the Department or hold credentials equivalent to such education as approved by the Department.
- e. Pass the examination approved by the Department.
- f. Be a high school graduate or equivalent.
- g. Apply on forms available from the Department

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

- a. Complete the specified number of hours of continuing education as detailed on the Department's recertification application.
- b. Continue to meet requirements 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.
- d. Participate in a system of quality improvement approved by the Department
- e. Apply for recertification on forms available from the Department.

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

7.74 Lapsed certification. A person who loses EMS instructor/coordinator certification as a result of not completing the recertification process described in section 7.62 may regain the certification by:

- a. completing all requirements of a new EMS instructor/coordinator, or
- 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
- 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
- e. holding or obtaining current certification as an EMT-B, EMT-I or EMT-P.

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. A person must hold a current EMT-B or EMT-P certificate for the EMS instructor/coordinator certification to be in force.

Section 8: Emergency Medical Treatment Procedures

8.1 A district medical advisor may halt or restrict the ability of emergency medical personnel and students in emergency medical services courses to administer basic and advanced emergency medical treatment in that district for cause. The following conditions shall apply to such a restriction:

8.11 The district medical advisor shall put in writing and submit to the person the following information:

8.111 the effective date of the action.

8.112 the cause for issuance of the action.

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

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.

8.115 a plan of corrective action or a notification that the 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 issuance of the suspension.

8.12 The district medical advisor shall inform the Department in writing of the action(s) taken. Such notification shall take place within five days of taking the action.

8.13 If, within thirty days of issuance of the suspension, the Department has not received a complaint regarding the person's certification, the suspension shall expire thirty days after it went into effect.

8.2 Basic and advanced emergency medical treatment may be performed by certified emergency medical personnel only when they are operating under a system of medical control and within 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.

8.21 No emergency medical treatment shall be performed by any emergency medical personnel unless currently certified at the appropriate level as provided for in these rules, or;

The person is a student in an EMT course approved by the Department and is acting under direct clinical supervision.

8.3 Medical facilities which receive patients from services providing advanced emergency medical treatment shall maintain a log book or other system of documentation in the emergency department which at a minimum contains:

8.31 A copy of all current advanced emergency medical treatment protocols approved for the area.

8.32 Dates, times, patient identification, advanced EMT identification, a description of the advanced treatment rendered, and a signature of the receiving physician.

8.4 All services 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.

8.5 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 shall have the authority to approve, disapprove and attach conditions to the use of basic and advanced life support equipment used by EMS personnel.

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.

8.7 When the Commissioner of Health has identified a public health emergency, the Commissioner may on a temporary basis authorize licensed ambulance services, first responder services 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.

8.8 Special temporary authorization of EMT-I and EMT-P to administer influenza vaccine. When the Commissioner of Health determines that additional qualified personnel are required to administer influenza vaccine as part of a statewide program to rapidly provide vaccine to protect the public health and safety and to prevent the spread of the H1N1 or seasonal influenza, the Commissioner may issue an Order authorizing EMT-I and EMT-P to administer H1N1 and seasonal vaccine subject to the requirements of this rule and such additional conditions as in the discretion of the Commissioner are warranted.

8.8.1 The special temporary authorization to administer vaccine shall be limited to the dates specified in the Commissioner's Order.

8.8.2 Only persons holding current EMT-I certifications, qualified pursuant to the provisions of 6.56 of this rule and those holding current EMT-P certifications, qualified pursuant to the provisions of 6.7 of this rule are eligible to apply for special temporary authorization to administer H1N1 and seasonal influenza vaccine.

8.8.3 Persons eligible as described in section 8.8.2 of this rule may apply for the special temporary authorization to administer H1N1 and seasonal influenza vaccine by completing and submitting an application to the Department of Health. The application shall be on a form prescribed by the Department and which shall include the following:

8.8.3.01 The individual's name, certification number and certification expiration date and verification that the requirements of 8.8.4 have been met.

8.8.3.02 The signature of an authorized representative of the individual's sponsoring ambulance service or first responder service confirming that the individual is released from ambulance or first responder service duty for the purpose of administering vaccine as authorized by this rule and that the ambulance or first responder service has sufficient staff to meet its emergency response obligations.

8.8.3.03 The signature of an authorized representative of the entity sponsoring the H1N1 or seasonal influenza vaccine clinic at which the EMT-I or EMT-P will administer vaccine that attests to that person's understanding and commitment to follow the requirements for using EMT-I and EMT-P certified individuals authorized under this section to administer vaccine at the entity's sponsored clinic.

8.8.04 The applicant shall submit the completed application to the Department of Health. The Department shall post the names of all EMT-I and EMT-P personnel authorized to administer vaccinations on its website. If the Department denies the application, it shall notify the applicant, ambulance or first responder service and sponsoring clinic that the application has been denied. In the discretion of the Commissioner, the Department may revoke an authorization issued pursuant to this section. The decision of the Department shall be final and not subject to appeal.

8.8.4 An EMT-I or EMT-P authorization to administer H1N1 or seasonal influenza vaccine is conditioned as follows:

8.8.4.01 The EMT-I or EMT-P shall complete a vaccination training program as prescribed by the Department of Health.

8.8.4.02 The EMT-I or EMT-P shall follow the Department of Health prescribed clinic vaccination procedure for injectible vaccine administration. The EMT-I or EMT-P shall not perform any other tasks at the vaccination clinic other than administration of vaccination as authorized by this rule, except that in the event of an emergency at the clinic, the EMT-I or EMT-P may respond pursuant to usual emergency response procedures.

8.8.4.03 The EMT-I or EMT-P shall administer the vaccine at the clinic at the direction of the entity sponsoring the clinic and pursuant to the medical orders applicable for the specific clinic and shall not be functioning under the auspices of their ambulance or first responder service.

8.8.4.04 The EMT-I or EMT-P shall not be authorized to administer H1N1 or seasonal influenza vaccine until after an individual presenting for the vaccine has been appropriately screened at the clinic site by a registered nurse or other qualified health professional authorized by their license to administer vaccines. The EMT-I or EMT-P shall not be authorized to participate in the screening or determination of eligibility of a particular individual to receive the vaccine.

8.8.4.06 The EMT-I or EMT-P shall not be authorized to administer vaccine nasally.

8.8.5 An EMT-I or EMT-P authorized pursuant to this section to administer vaccine who fails to meet the standards of professional competence may be subject to procedures for suspension, revocation or denial of the EMT-I or EMT-P certification as provided in Section 11 of this rule.

Section 9: Conduct of State Certification Exams

9.1 Examinations for ECAs, EMT-Bs and advanced EMTs shall consist of a written and practical portion. If the Department obtains an examination from an outside agency, the exam shall be administered according to the policies of that agency.

9.2 Both the written and practical portions of the exam must be supervised by a person approved by the Department.

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.

9.4 A person who fails the written exam or any station of the practical exam 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.

9.5 Examiners for practical stations shall:

- a. be trained to at least the particular level being examined or shall hold special qualifications for the particular skill being tested and
- b. meet other training, skill or performance requirements as determined by the Department and
- c. perform in accordance with testing requirements approved by the Department.

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 Vermont in response to a call for assistance from a Vermont licensed ambulance service or in a mass casualty situation is exempt from the provisions of these rules requiring licensure or certification.

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

- a. submits the application form available from the Department
- b. 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.

10.6 For personnel and services who are required to meet certification and/or licensure standards of 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:

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

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

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 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:

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

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

11.13 Violating any of the provisions of Title 24.

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.

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

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

11.1601 Renting or lending a license or certificate to another person.

11.1602 Addiction to a drug, or chronic alcoholism.

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.

11.1604 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.

11.1605 Obtaining a fee by fraud or misrepresentation.

11.1606 Responding to the scene of an accident or 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.

11.1607 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.

11.1608 Incompetence or lack of skill.

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

11.1610 Acting negligently or neglectfully in conducting an ambulance service or in patient treatment.

11.1611 Selling, bartering, or offering to sell or loan a license or certification.

11.1612 Purchasing or procuring by barter a 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.

11.1613 Altering a license or certification or procuring a license or certification by falsifying necessary information.

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

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

11.1616 Transferring a license from one vehicle to another one without the consent of the Department.

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

11.1618 Providing treatment at a level for which the service or individual is not licensed or certified.

11.17 For instructor/coordinators:

11.1701 teaching inappropriate practical skills procedures.

11.1702 failing to teach the appropriate course material.

11.1703 failure to conduct courses within the operational requirements of the Department.

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

11.1705 instructing while impaired by alcohol or other drugs.

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

11.1707 promoting an unsafe learning environment.

11.1708 reporting false information.

11.1709 failing to maintain accurate instructional records.

11.1710 sexual harassment

11.2 A person may be denied renewal of a 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 24 VSA Section 10, ss 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:

11.51 Denials of Licensure or Certification - When the Department denies licensure or certification, the applicant shall be afforded an opportunity for a hearing with the Commissioner of Health pursuant to the provisions of Chapter 25, Title 3 VSA. Decisions of the Commissioner of Health may be appealed to the Board of Health. The Board shall afford the applicant an opportunity for a de novo hearing.

11.52 Suspension and Revocation - The Department may suspend or revoke the license or certification of any person upon due notice and opportunity for hearing with the Commissioner of Health for violation of any provision of these regulations or applicable statutes pursuant to the provisions of Chapter 25, Title 3 VSA. Decisions of the Commissioner of Health may be appealed to the Board of Health. The Board shall afford the person an opportunity for a de novo hearing.

Section 12: Standards for Waiving EMS Rules

12.1 Waivers of rules for research and demonstration projects.

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:

12.101 The proposed project has definite start and ending dates.

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

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

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.

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

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

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.

12.13 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.

12.14 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.