

Chapter 7 – Emergency Medical Services (EMS) and Emergency Preparedness

Subchapter 1 –

Emergency Medical Services Rule

1.0 Authority

- 1.1 This rule is adopted pursuant to 18 V.S.A. § 904(b).

2.0 Purpose

- 2.1 This rule provides licensing requirements for Emergency Medical Services providers and personnel.

3.0 Definitions

- 3.1 “Ambulance” means any vehicle, whether for use by air, ground or water, that is designed, used or intended for use in transporting ill or injured persons.
- 3.2 “Ambulance service” means an entity licensed by the Department of Health to provide emergency medical treatment and transportation to ill or injured persons.
- 3.3 “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. Multiple locations may be considered a single base facility if they are located within contiguous services areas.
- 3.4 “Commissioner” means the Commissioner of Health.
- 3.5 “Conditional license” means a license issued by the Department of Health in accordance with these rules with one or more conditions imposed on the award of the license.
- 3.6 “Department” means the Vermont Department of Health.
- 3.7 “District board” means the board of directors of an EMS district appointed pursuant to 24 V.S.A. § 2653.
- 3.8 “District medical advisor” means a physician(s) selected by an EMS district board to advise the board on matters involving medical practice, medical direction, development of operational protocols such as regional systems of care, medical oversight of EMS educational programs, and continuous quality improvement. 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.
- 3.9 “Educational institution” means an organization that provides practical, vocational, and technical instruction in emergency medical treatment.
- 3.10 “Emergency medical personnel” means persons, including volunteers, licensed by the Department of Health to provide medical treatment on behalf of a licensed ambulance service, first responder service, or healthcare facility that provides medical treatment.

- The term does not include duly licensed physicians, dentists, nurses, or physician assistants when practicing in their customary work setting.
- 3.11 “Emergency medical services” means an integrated system of personnel, equipment, communication, and services to provide emergency medical treatment.
- 3.12 “Emergency medical services agency” means an entity licensed by the Department of Health as an ambulance service or first responder service at one of four levels:
- 3.12.1 Emergency Medical Responder (EMR);
 - 3.12.2 Emergency Medical Technician (EMT);
 - 3.12.3 Advanced Emergency Medical Technician (AEMT); and
 - 3.12.4 Paramedic.
- 3.13 “Emergency medical services district” means a political subdivision established to facilitate the provision of pre-hospital emergency medical treatment within a given area.
- 3.14 “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.
- 3.15 “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.
- 3.16 “First responder service” means an entity licensed by the Department of Health to provide emergency medical treatment.
- 3.17 “Instructor/coordinator (I/C)” means an individual licensed by the Department of Health who is responsible for coordinating and conducting emergency medical services courses. The instructor/coordinator serves as the liaison among the students, the EMS district, the local medical community, the Department of Health and, if there is one, the sponsoring agency. The instructor/coordinator is responsible for assuring that the course goals and objectives, as approved by the Department, are met. The instructor/coordinator supervises primary and assistant instructors.
- 3.18 “License” means an accreditation issued to emergency medical personnel, ambulances, or an EMS agency by the Department of Health in accordance with these rules that authorizes the individual, ambulance, or agency to provide emergency medical treatment.
- 3.19 “Medical direction” means the entire system of quality assurance and medical accountability for basic and advanced emergency medical treatment. Pre-hospital medical direction 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:
- 3.19.1 Off line medical direction or direction of emergency medical services personnel through the use of protocols, review of cases, and determination of outcomes, and through training programs; and
 - 3.19.2 On line medical direction, via radio or telephone, of field personnel at the site of the emergency and en route to a hospital emergency department.
- 3.20 “Medical facility” means a hospital providing emergency services to an emergency medical services district.
 - 3.21 “National certification” means certification by the National Registry of Emergency Medical Technicians (NREMTs) as a verification of competency to function in providing emergency medical treatment. National certification does not authorize a person without Vermont EMS licensure to function in Vermont.
 - 3.22 “Patient care report” or “PCR” means the form that describes and documents EMS response incidents.
 - 3.23 “Person” means any person, firm, partnership, association, corporation, municipality, or political subdivision, including emergency medical services.
 - 3.24 “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.
 - 3.25 “Physician assistant” or “PA” means a person licensed as a physician assistant in Vermont.
 - 3.26 “Preceptor” means a person authorized to supervise candidates in field or clinical learning experiences associated with EMS education programs approved or recognized by the Department. A preceptor must hold a Vermont EMS license at or above the level of the candidate they are supervising or other appropriate Vermont health care license.
 - 3.27 “Protocol” means written guidance, supplied and maintained by the Department of Health, specifying the conditions under which some form of emergency medical treatment is to be given by personnel licensed under this rule. Additional protocols, approved by the district medical advisor and the Department of Health, may be adopted for use within a specific EMS district.
 - 3.28 “Registered nurse” or “RN” means a registered nurse licensed in Vermont.
 - 3.29 “Scope of practice” means all provider activities and procedures authorized by the Department of Health pursuant to this rule.
 - 3.30 “Statewide incident reporting network” or “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.

- 3.31 "Temporary license" means any license issued by the Department of Health under the provisions of this rule for a period of time less than a full term.
- 3.32 "United States armed forces EMS personnel" means a person with military education in EMS who holds national EMS certification. This includes nationally EMS certified personnel affiliated with the Vermont National Guard.
- 3.33 "Variance" means an exception or modification granted by the Department that authorizes a modification of one or more of the requirements of this rule.
- 3.34 "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 remuneration for their livelihood.

4.0 Ambulance Service Licenses

- 4.1 No entity shall operate as an ambulance service unless duly licensed by the Department under these rules.
 - 4.1.1 Whenever an ambulance service transports a patient the patient must, at a minimum, be attended by a physician or at least one person Vermont-licensed at the EMT level, as outlined in Section 9.3.1 of this rule, or higher and credentialed by the transporting agency and its EMS district medical advisor.
 - 4.1.2 Whenever an ambulance service transports a patient, the ambulance must be staffed by at least two Vermont licensed EMS providers. The patient shall be attended as provided for in Section 4.1.1.
 - 4.1.3 In exigent circumstances, where the staffing of an ambulance with two licensed persons may not be possible or desirable, an ambulance may transport a patient with one person as provided for in Section 4.1.1 and with the concurrence of on-line medical direction. 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:
 - 4.1.3.1 The need for procedures at a scene or during transport requiring two qualified persons (e.g., CPR, traction splinting, stair chair use, and like procedures);
 - 4.1.3.2 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;
 - 4.1.3.3 The time involved in acquiring additional qualified personnel resources from within the ambulance service or through a mutual aid request;

- 4.1.3.4 Any on-line medical direction instructions;
 - 4.1.3.5 The needs of all patients at a multiple casualty incident;
 - 4.1.3.6 The license level of the agency and if licensed above the EMT level, the possible need of the patient for care at an advanced level; and
 - 4.1.3.7 Other simultaneous events demanding resources within the EMS system at a local level including the need to keep licensed personnel available for other emergency calls.
- 4.1.4 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.
- 4.2 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.
- 4.3 An ambulance service license is not transferable and is issued for a specific service at a specific level of care with a specific ownership and at a single base facility. Before any of these factors change, the service shall obtain a new license.
- 4.3.1 No fewer than 60 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. When the service's application for a new license is complete, the State Board of Health shall grant, deny, or conditionally grant the license.
- 4.3.2 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 municipalities within the agency's contiguous service area.
- 4.4 To obtain a new ambulance service license or to modify an existing license, including modifying the specified level of care, the applicant must:
- 4.4.1 Apply with forms published by the Department and provide duplicates of all required information to the EMS district board.
- 4.4.1.1 As part of the application process, the applicant shall place a notice, using a template provided by the Department, in at least one newspaper of record providing general coverage across the area where the service proposes to operate.
 - 4.4.1.2 The notice must inform the public of the applicant's intention to begin a new service or modify an existing service and invite public comment to be addressed to the Department.
 - 4.4.1.3 The Department shall forward copies of all comments received to the EMS district board and the applicant.
- 4.4.2 Demonstrate to the Department by attestation in the application that:

- 4.4.2.1 The applicant can provide licensed personnel in numbers adequate to provide service on a 24 hrs./day, 365 days/yr. basis; and maintain internal systems of credentialing and quality assurance to protect the public served by the agency;
- 4.4.2.2 The applicant's ambulances have installed two-way communications equipment adequate to allow the ambulances to communicate with a dispatcher and with medical facilities where the service's patients will be routinely transported;
- 4.4.2.3 The applicant has in place adequate general liability, worker's compensation, professional liability, and automotive coverage;
- 4.4.2.4 The applicant has a process for screening the criminal conviction backgrounds of its members, employees, and other sponsored personnel. This must include background checks on the Vermont Crime Information Center (VCIC) database, the Vermont Adult Abuse Registry, and the Vermont Child Protection Registry;
- 4.4.2.5 The applicant will operate in compliance with the applicable regulations of other state and federal departments and agencies including Medicare, Medicaid, the Vermont Occupational Safety and Health Administration, the Federal Communications Commission, and the Vermont Department of Motor Vehicles or equivalent for the state in which the vehicle is registered;
- 4.4.2.6 The applicant will receive medical direction to be supplied by the hospital(s) within the service area;
- 4.4.2.7 The applicant agrees to provide coverage according to response plans developed by the EMS district board in conjunction with municipal officials;
- 4.4.2.8 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;
- 4.4.2.9 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 Vermont-licensed ambulance service that is on file with the Department;
- 4.4.2.10 The applicant agrees to provide complete and accurate documentation of all EMS response incidents to the SIREN system within one business day of the incident;

- 4.4.2.11 The applicant provides for the continuing education of personnel affiliated with the agency to maintain their current level of EMS licensure and enrich their education within the scope of practice associated with the applicant's proposed level of licensure;
 - 4.4.2.12 The applicant has or is able to obtain an appropriate number of ambulance(s) with the required equipment to support the operations proposed.
- 4.5 The EMS district board shall assist the Department in determining compliance of the applicant with the provisions of the EMS statute (24 V.S.A. ch. 71) and section 4.4.2 of this rule by providing comments and recommendations.
 - 4.5.1 An initial license is issued for the remaining portion of the calendar year through December 31.
- 4.6 To renew an ambulance service license:
 - 4.6.1 The service must complete the application form provided by the Department and forward it to the EMS district board on or before September 1;
 - 4.6.2 The EMS district board shall review the form and advise the Department about the service's continued compliance with the EMS statute (24 V.S.A. ch. 71) and this rule. The EMS district board shall forward all applications to the Department by October 1;
 - 4.6.3 Renewal licenses are issued for the calendar year January 1 to December 31;
 - 4.6.4 Provided that a complete renewal license application has been submitted to the EMS district board by September 1, a service may continue to operate as a licensed service beyond December 31 unless otherwise notified by the Department;
 - 4.6.5 An ambulance service shall continue to meet the requirements of Section 4.4.2 as a condition of re-licensure;
 - 4.6.6 The Department may periodically inspect the operations and record keeping systems of the ambulance service to assure compliance with this rule. The ambulance service shall maintain and make available to the Department for inspection records including, but not limited to, those relating to:
 - 4.6.6.1 Vehicle and equipment checks;
 - 4.6.6.2 Personnel licensure, continuing education, and credentialing;
 - 4.6.6.3 Policies and procedures; and
 - 4.6.6.4 Any contracts or agreements for services related to ambulance service licensure.
- 4.7 If a license has already been denied, applications for a service license will be automatically denied by the Department if the applicant or the proposed service fail

to demonstrate a material change in the factors listed in the Department's original denial.

5.0 First Responder Services Licenses

- 5.1 No entity shall operate as a first responder service unless licensed by the Department under this rule.
 - 5.1.1 Personnel requirements: whenever a first responder service provides emergency medical treatment, it shall be given by at least one person who is at least 18 years old and EMS licensed in Vermont under the provisions of this rule.
- 5.2 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.
- 5.3 A first responder service license is issued for a specific service, at a specific level of care, and at a single base facility. Before any of these factors change, the service must apply for a new license.
 - 5.3.1 Not less than 60 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 license is complete, the State Board of Health shall grant, refuse, or conditionally grant the license.
 - 5.3.2 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 contiguous communities within a 9-1-1 service area.
- 5.4 To obtain a new first responder service license:
 - 5.4.1 The applicant must apply with forms available from the Department and provide duplicates of all required information to the EMS district board.
 - 5.4.2 As part of the application process, the applicant shall place a notice, using a template provided by the Department, in at least one newspaper of record providing general coverage across the area where the service proposes to operate.
 - 5.4.2.1 The notice must inform the public of the applicant's intention to begin a new service or modify an existing service and invite public comment to be addressed to the Department.
 - 5.4.2.2 The Department shall forward copies of all comments received to the EMS district board and the applicant.

- 5.4.3 The applicant must demonstrate to the Department that:
- 5.4.3.1 The applicant can maintain internal systems of credentialing and quality improvement to protect the public served by the agency.
 - 5.4.3.2 The applicant has communications equipment adequate to allow the service to be in contact with a dispatching facility and at least one of the following:
 - 5.4.3.2.1 The ambulance service(s) that will regularly transport the service's patients; and/or
 - 5.4.3.2.2 The medical facility that will routinely receive the service's patients.
 - 5.4.3.3 The applicant has in place adequate general liability, worker's compensation, and professional liability coverage.
 - 5.4.3.4 The applicant has a process for screening the crime conviction backgrounds of its members, employees, and other sponsored personnel. This must include background checks on the Vermont Crime Information Center (VCIC) database, the Vermont Adult Abuse Registry, and the Vermont Child Protection Registry.
 - 5.4.3.5 The applicant can and will operate in compliance with the applicable regulations of other state and federal departments and agencies including the Vermont Occupational Safety and Health Administration, the Federal Communications Commission, and the Vermont Department of Motor Vehicles.
 - 5.4.3.6 The applicant will receive medical direction to be supplied by the hospital(s) within the EMS district.
 - 5.4.3.7 The service has the equipment required in this rule and that the service's mode of operation will deliver the equipment to the place where patients require emergency medical treatment.
 - 5.4.3.8 The service has entered into written agreements with the ambulance service(s) that will transport its patients, guaranteeing continuity of care for the patient and coordinated dispatch. All agreements must remain in effect throughout the year for the service's license to remain in effect.
 - 5.4.3.9 The service agrees to provide coverage according to response plans coordinated by the EMS district board in conjunction with municipal officials.
 - 5.4.3.10 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 excludes first responder agencies operating on a seasonal basis as approved by their district and the Department. 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 Vermont-licensed ambulance or first responder service that is on file with the Department.

- 5.4.3.11 The applicant agrees to provide complete and accurate documentation of all EMS response incidents either on paper or using an electronic system such as SIREN.
 - 5.4.3.12 The applicant provides for the continuing education of personnel affiliated with the agency to maintain their current level of EMS licensure and enrich their education within the scope of practice associated with the applicant's proposed level of licensure.
- 5.5 The EMS district board shall assist the Department in determining compliance of the applicant with the provisions of the EMS statute (24 V.S.A. ch. 71) and Section 5.4.3 of this rule by providing comments and recommendations.
- 5.5.1 An initial license is issued for the remainder of the calendar year through December 31.
- 5.6 To renew a first responder service license:
- 5.6.1 The service must submit a completed application form provided by the Department and forward it to the EMS district board on or before September 1.
 - 5.6.2 The EMS district board shall review the form and advise the Department about the service's continued compliance with the EMS Statute (24 V.S.A. ch. 71) and this rule. The EMS district board shall forward all applications to the Department by October 1.
 - 5.6.3 Renewal licenses are issued for the calendar year January 1 to December 31.
 - 5.6.4 Provided that a renewal license application has been submitted to the EMS District Board by September 1, a service may continue to operate as a licensed service beyond December 31 unless otherwise notified by the Department.
- 5.7 A first responder service shall continue to meet the requirements of Section 5.4.3 as a condition of re-licensure.
- 5.8 The Department may periodically inspect the operations and record keeping systems of the first responder service to assure compliance with this rule. The first responder service shall maintain and make available to the Department for inspection records including, but not limited to, those relating to:
- 5.8.1 Equipment checks;
 - 5.8.2 Personnel licensure and certifications, continuing education, and credentialing;

- 5.8.3 Policies and procedures; and
- 5.8.4 Any contracts or agreements for services related to first responder service licensure.
- 5.9 Equipment list for first responder services. A recommended list for equipment needed by first responder services is published by the Department and listed on its website.
- 5.10 If a license has already been denied, applications for a service license will be automatically denied by the Department if the applicant or the proposed service fail to demonstrate a material change in the factors listed in the Department's original denial.

6.0 Air Ambulance Service Licenses

- 6.1 No entity shall operate as an air ambulance service unless duly licensed by the Department under this rule.
 - 6.1.1 Except as provided in Section 6.1.2, an air ambulance service transporting a patient must be staffed by at least two Vermont licensed EMS providers who are credentialed by the transporting agency and its EMS district medical advisor. The patient shall be attended as provided for in Section 4.1.1.
 - 6.1.2 An air ambulance may transport a patient with one licensed person as provided for in Section 6.1.1 and with the concurrence of on-line medical control only during an emergency response where the staffing of an air ambulance with two licensed persons is not possible. Considerations in assuring that the staffing of an air ambulance best meets the patient's needs under unusual circumstances shall include but not be limited to:
 - 6.1.2.1 The need for procedures at a scene or during transport requiring two qualified persons (e.g., CPR, traction splinting, stair chair use, and like procedures).
 - 6.1.2.2 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.
 - 6.1.2.3 The time involved in acquiring additional qualified personnel resources from within the ambulance service or through a mutual aid request.
 - 6.1.2.4 Any on-line medical direction instructions.
 - 6.1.2.5 The needs of all patients at a multiple casualty incident.
 - 6.1.2.6 The license level of the agency and if licensed above the EMT level, the possible need of the patient for care at an advanced level.
 - 6.1.2.7 Other simultaneous events demanding resources within the EMS system at a local level.

- 6.1.3 An air ambulance that performs interfacility transport of neonatal patients (from birth to one month of age) shall not be required to have a licensed EMS provider on board during such transports, provided that the patient is cared for by a neonatal critical care transport team (one or more non-EMS healthcare providers with more advanced licensure designation, as warranted by the patient acuity as determined by the sending facility).
- 6.2 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.
- 6.3 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.
 - 6.3.1 No fewer than 60 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.
- 6.4 To obtain a new air ambulance service license:
 - 6.4.1 The applicant must apply with forms published by the Department and provide duplicates of all required information to the EMS district board.
 - 6.4.2 As part of the application process, the applicant shall place a notice, using a template provided by the Department in at least one newspapers of record providing general coverage across the area where the service proposes to operate.
 - 6.4.2.1 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.
 - 6.4.2.2 The Department shall forward copies of all comments received to the EMS district board and the applicant.
 - 6.4.3 The applicant must demonstrate to the Department that:
 - 6.4.3.1 The applicant can provide licensed personnel in numbers adequate to provide service on a 24 hrs./day, 365 days/yr. basis and maintain internal systems of credentialing and quality assurance to protect the public served by the agency.
 - 6.4.3.2 The applicant's air ambulance(s) have installed two-way communications equipment adequate to allow the ambulance to communicate at all times with a dispatcher and with medical facilities where the service's patients will be routinely transported.

- 6.4.3.3 The applicant has in place adequate general liability, workers' compensation, and professional liability insurance.
- 6.4.3.4 The applicant has a process for screening criminal conviction reports of its members, employees, and other sponsored personnel. This must include background checks on the Vermont Crime Center (VCIC) database, the Vermont Adult Abuse Registry, and the Vermont Child Protection Registry.
- 6.4.3.5 The applicant will operate in compliance with the applicable regulations of other state and federal departments and agencies including Medicare, Medicaid, the Vermont Occupational Safety and Health Administration, the Federal Communications Commission, and the Federal Aviation Administration.
- 6.4.3.6 The applicant will receive medical direction to be supplied by the hospital(s) within the service area.
- 6.4.3.7 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 Vermont-licensed ambulance or air ambulance service that is on file with the Department.
- 6.4.3.8 The applicant agrees to provide complete and accurate documentation of all EMS response incidents to the SIREN system within one business day of the incident.
- 6.4.3.9 The applicant provides for the continuing education of personnel affiliated with the agency to maintain their current level of EMS licensure and enrich their education within the scope of practice associated with the applicant's proposed level of licensure.
- 6.4.3.10 The applicant has or is able to obtain an appropriate number of air ambulance(s) with the required equipment to support the operations proposed.
- 6.4.3.11 The aircraft which the applicant will use in transporting patients meets or exceeds the following standards:
 - 6.4.3.11.1 The cabin is configured in a fashion to allow adequate access to the patient for emergency medical treatment.
 - 6.4.3.11.2 There is a port adequate to allow loading of a stretcher by two persons without excessive tilting of the patient.

- 6.4.3.11.3 The cabin shall have adequate interior lighting to allow for emergency medical treatment.
 - 6.4.3.11.4 Shall have adequate air to ground communications to allow contact with scene emergency responders and online medical direction.
 - 6.4.3.12 In all operations, the operator and aircraft must comply with all Federal Aviation Regulations and requirements.
 - 6.4.3.13 Each air ambulance operator shall ensure that all medical equipment is appropriate to the air medical service's scope and mission and maintained in working order according to the manufacturer's recommendations. Medical equipment shall be available on the aircraft to meet the protocols for EMS providers in line with the mission of the air ambulance services.
- 6.5 The EMS district board shall assist the Department in determining compliance of the applicant with the provisions of the EMS statute (24 V.S.A. ch. 71) and Section 6.4.3 of this rule by providing comments and recommendations.
- 6.5.1 An initial license is issued for the remaining portion of the calendar year through December 31.
- 6.6 To renew an air ambulance service license:
- 6.6.1 The service must complete the application form provided by the Department and forward it to the home base EMS district board on or before September 1.
 - 6.6.2 The home base EMS district board shall review the form and advise the Department as to the service's continued compliance with the EMS statute (24 V.S.A. ch. 71) and this rule. The EMS district board shall forward all applications to the Department by October 1.
 - 6.6.3 Renewal licenses are issued for the calendar year January 1 to December 31.
 - 6.6.4 Provided that a complete renewal license application has been submitted to the EMS district board by September 1, a service may continue to operate as a licensed service beyond December 31 unless otherwise notified by the Department.
- 6.7 If a license has already been denied, applications for a service license will be automatically denied by the Department if the applicant or the proposed service fail to demonstrate a material change in the factors listed in the Department's original denial.

7.0 Ground Ambulance Vehicle Licenses

- 7.1 Only vehicles licensed under this rule may operate as an ambulance.
 - 7.1.1 Ambulance vehicle licenses are issued for two years.

- 7.2 Any ambulance licensed in Vermont shall be maintained in a clean and sanitary condition, free from interior rust, dirt or other contaminating foreign matter, and meet all vehicle requirements of the Vermont Department of Motor Vehicles or the state in which the vehicle is registered.
- 7.3 When a service acquires a new or used ambulance, it shall notify the EMS district board and apply to the Department for a license on forms available from the Department. Upon receiving the Department's approval, the service may operate the ambulance between the time the service applies for a license and the Department inspects the ambulance.
- 7.4 Ambulance vehicles shall be subject to an inspection by the Department at a minimum of every two years to be sure that they are safe, clean, and otherwise in conformity with this rule.
- 7.4.1 If an ambulance vehicle does not pass inspection and its continued operation presents a hazard to health or safety, the Department may order its immediate removal from service.
- 7.4.2 If the deficiencies are not such as to require the ambulance's immediate removal from service, then the Department shall notify the operator of the deficiencies and the operator shall bring the ambulance into conformity with this rule in a time specified by the Department.
- 7.4.3 If the ambulance is not brought into conformity to the Department's satisfaction within that time, the Department may deny or revoke the ambulance vehicle's license.
- 7.5 If an ambulance was previously licensed to a given service and remains in conformity with this rule, a new two-year license will be issued by the Department following completion of an ambulance inspection. A service may continue to operate any previously licensed ambulance until the next inspection by the Department.
- 7.6 Ambulance design requirements:
- 7.6.1 All ambulances must pass any required inspections by their state of registration and comply with safety requirements provided in the Code of Federal Regulations, and Vermont Statutes.
- 7.7 Any licensed ambulance shall conform to the design specification established and updated one year prior to the date of manufacture by:
- 7.7.1 The General Services Administration KKK-A-1822F standard;
- 7.7.2 The National Fire Protection Association 1917-2016 standard; or
- 7.7.3 Commission on Accreditation on Ambulance Services GVS v 1.0.
- 7.8 At the written request of a licensed ambulance service the Department may waive design specifications that do not reduce vehicle performance or safety (e.g., color,

markings, or similar details) and do not contravene applicable state and federal law.

- 7.9 Ambulances shall be equipped to the specified level of their service license 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. When the Equipment for Ambulances list is updated, ambulances may be equipped based on the previous list for up to one year.
- 7.10 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.

8.0 Credentialing

- 8.1 A licensed EMS provider must be credentialed in accordance with this rule initially and at least annually thereafter within their sponsoring EMS agency to perform emergency medical treatment.
 - 8.1.1 Initial credentialing through EMS education and training shall consist of:
 - 8.1.1.1 IS 100: Introduction to the Incident Command System (ICS);
 - 8.1.1.2 IS 200: ICS for Single Resources;
 - 8.1.1.3 IS 700: National Incident Management Systems (NIMS) An Introduction;
 - 8.1.1.4 Hazardous materials training at the appropriate level for the provider;
 - 8.1.1.5 Bloodborne pathogen training;
 - 8.1.1.6 Health Insurance Portability and Accountability Act (HIPAA)/privacy training;
 - 8.1.1.7 Protocol education (verified either through initial education or at the service level).
 - 8.1.2 Ongoing credentialing shall consist of:
 - 8.1.2.1 Refresher/renewal hazardous materials training at the appropriate level for the provider;
 - 8.1.2.2 Refresher/renewal bloodborne pathogen training;
 - 8.1.2.3 Refresher/renewal HIPAA/privacy training;
 - 8.1.2.4 Demonstration of ongoing competency of knowledge and skills at the level licensed, under the oversight of the district medical advisor;

- 8.1.2.4.1 Areas of competencies: basic cardiac life support/cardiac arrest management, traumatic and medical patient assessment, airway and ventilatory management, hemorrhage control and splinting, obstetrics/gynecological skills, and communication & documentation.
- 8.1.2.4.2 Methods of approval: retrospective Patient Care Record (PCR) and/or SIREN review, concurrent PCR review, direct field observation, demonstration in a simulation laboratory setting, approved transition course, or continuing education course.

9.0 Personnel Requirements and Licensing

- 9.1 Criteria for providing emergency medical treatment:
 - 9.1.1 To function at a particular EMS licensure level, a person must hold a current Vermont EMS license for that level.
 - 9.1.2 Vermont EMS licensed persons may render emergency medical treatment on behalf of a sponsoring licensed EMS agency when they are:
 - 9.1.2.1 Functioning under medical direction in accordance with the scope of practice for their Vermont EMS license; and
 - 9.1.2.2 Following the Vermont statewide EMS protocols.; and
 - 9.1.2.3 Credentialed initially and at least annually thereafter within their sponsoring EMS agency to perform the emergency medical treatment.
- 9.2 Students in EMS education programs approved or recognized by the Department may perform emergency medical treatments under the supervision of a preceptor.
- 9.3 Current licensure and requirements:
 - 9.3.1 There are four levels of Vermont EMS licensure for emergency medical services personnel.

EMS License Level
Emergency Medical Responder (EMR)
Emergency Medical Technician (EMT)
Advanced Emergency Medical Technician (A-EMT)
Paramedic

- 9.3.2 Initial licensure at the current license levels:
 - 9.3.2.1 To be eligible for the first time for a Vermont EMS license above the EMR level, a person must meet the minimum age requirement of 18 at the time of licensure;
 - 9.3.2.2 If not already licensed or certified as an EMS provider in another state, successfully complete within the previous two years a Department-approved course based on the current National Scope of Practice Model and The National EMS Education Standards for that level;
 - 9.3.2.3 Be sponsored by a licensed ambulance or first responder service at or above the level the applicant is seeking, including a credentialing process or be affiliated with a medical facility that requires the person to hold this level of Vermont EMS licensure;
 - 9.3.2.3.1 The Vermont National Guard shall be treated as an EMS agency solely for purposes of affiliating emergency medical personnel seeking Vermont EMS licensure at all levels.
 - 9.3.2.3.2 Any regionally accredited educational institution which provides EMS education shall be treated as an EMS affiliation for the purposing of licensing their educational staff but not otherwise to provide emergency medical treatment.
 - 9.3.2.4 Meet the provisions for crime conviction background screening, tax liabilities, child support payments, or similar requirements described in this rule or relevant Vermont statutes;
 - 9.3.2.5 Hold a current NREMT certification at or above the applicable level; and
 - 9.3.2.6 Apply for licensure on forms available from the Department.
- 9.3.3 Persons who hold or have ever held NREMT certification must maintain that certification for the duration of their Vermont EMS licensure.
- 9.3.4 All initial Vermont EMS licenses are timed to expire three months after the corresponding NREMT certification.
- 9.3.5 Registered nurses, physician assistants, service members, and veterans:
 - 9.3.5.1 A registered nurse, a physician assistant, a hospital corpsman or medic in the United States Armed Forces, or a veteran who served in those roles may apply for Vermont EMS licensure by submitting NREMT certification at the level of Vermont EMS licensure being

sought and by meeting all other Vermont EMS licensure requirements.

9.3.5.2 A registered nurse, a physician assistant, a hospital corpsman or medic in the United States Armed Forces, or a veteran who served in those roles may apply for Vermont EMS licensure at any level without prior EMS education or NREMT certification by meeting the following requirements:

9.3.5.2.1 A verification from the sponsoring EMS agency and the EMS district medical advisor of knowledge, skills, and affective competencies associated with the level of Vermont EMS licensure being applied for; and

9.3.5.2.2 Successful completion of the NREMT cognitive assessment and psychomotor skill examinations.

9.3.6 Re-licensure:

9.3.6.1 To be eligible for Vermont EMS re-licensure at any level, a person must continue to meet all the requirements of Sections 9.3.2.3 and 9.3.2.4, and:

9.3.6.1.1 Renew his or her NREMT certification; or

9.3.6.1.2 If a person has never held an NREMT certification, he or she must complete the same renewal requirements as the NREMT certification at the applicable level.

9.3.6.1.3 When a person completes all requirements for Vermont EMS licensure renewal as described in Section 9.3.6.1, the new Vermont EMS license is timed to expire three months after the NREMT certification date for the applicable level.

9.3.6.1.4 Persons licensed above the Vermont EMR level may reduce their Vermont EMS license level by documenting to the Department the continuing education requirements for national EMS certification at the lower level, gaining national EMS certification, unless they have never held any NREMT certification, and meeting all other Vermont EMS certification requirements.

9.3.6.1.5 The Department may for good cause extend any Vermont EMS license. Any person requesting an extension of a Vermont EMS license must apply to the Department in writing prior to the license's expiration date. No extensions are granted after a Vermont EMS license expires.

- 9.3.6.2 Any veteran or service member returning from military deployment who has not met continuing education or NREMT certification requirements may have their license renewed upon application and be given a reasonable amount of time to complete the requirements if:
 - 9.3.6.2.1 The veteran or service member has been deployed for less than two years; or
 - 9.3.6.2.2 The veteran or service members has been deployed for more than two years and served in position as an EMS provider or substantially similar role.
 - 9.3.6.3 Any veteran or service member returning from military deployment of more than two years who has not served in a position as an EMS provider or substantially similar role and who has not met continuing education or NREMT certification requirements may have their license renewed upon application and completion of NREMT certification.
- 9.4 Any Vermont licensed EMS personnel who is arrested, charged, or convicted of any crime shall report the incident to the Department within seven (7) days.

10.0 Conducting Initial EMS Training Courses

- 10.1 Training courses leading to national certification for emergency medical personnel may be offered by an EMS district, an EMS service, a medical facility, or another educational institution. Each individual course must be approved in advance by the Department. For a course to be approved, it must meet all of the following:
 - 10.1.1 Be reviewed 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.
 - 10.1.2 Physician medical oversight must be obtained for each course for the purpose of ensuring medical accuracy of the course content.
 - 10.1.3 EMR, EMT, Advanced EMT, and Paramedic courses shall be coordinated by a person certified at or above the level of the course and licensed by the Department as an instructor/ coordinator.
 - 10.1.4 Paramedic program/courses shall meet all of the national accreditation requirements by Commission on Accreditation of Allied Health Education (CAAHEP's) Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). In the event of a course/program that is being offered for the first time, CoAEMSP has implemented a Letter of Review (LoR) process, which will be the official designation that a paramedic program is in the "becoming accredited" process. Programs/courses that have not completed the national

accreditation process must present an active LoR as a condition of course approval by the Department.

10.1.5 EMR, EMT, Advanced EMT, and Paramedic courses must be conducted within the course objectives and operational requirements approved by the Department with a minimum of the National EMS Education Standards for training at that level.

10.2 EMS Training Course Admission Criteria:

10.2.1 To be eligible for admission to an EMT course, a person must be at least 17 years old by the end of the course.

10.2.2 To be eligible for admission to an Advanced-EMT or Paramedic course, a person must:

10.2.2.1 Be at least 18 years old at the time of entry into the program and hold at least a high school diploma or equivalent; and

10.2.2.2 Hold a current Vermont EMT license, a NREMT certification, or an EMT certification or license from another state.

10.3 EMS Instructor/Coordinator License:

10.3.1 Initial licensure: In order to be licensed for the first time as an EMS instructor/coordinator (EMSI/C), an applicant must:

10.3.1.1 Be at least 18 years old;

10.3.1.2 Be sponsored by an EMS district, ambulance, or first responder service licensed by the Department, a medical facility, or an educational entity approved by the Department;

10.3.1.3 Hold a current national certification by the NREMT and/or a Vermont license as an EMR, EMT, Advanced EMT, or Paramedic;

10.3.1.4 Complete an instructor course of education approved by the Department or hold credentials equivalent to such education as approved by the Department;

10.3.1.5 Be a high school graduate or equivalent; and

10.3.1.6 Submit a completed application on forms available from the Department.

10.3.2 EMS Instructor/Coordinator re-licensure: To be eligible for re-licensure as an EMS instructor/coordinator, a person must, during the previous licensure period:

- 10.3.2.1 Complete six hours of continuing education every two years for licenses renewed in 2018 and 2019 and 12 hours every two years for license renewals in 2020 and beyond;
 - 10.3.2.2 Continue to meet requirements of Sections 9.3.2.3 and 9.3.2.4;
 - 10.3.2.3 Participate in a system of quality improvement, including peer review, approved by the Department; and
 - 10.3.2.4 Submit a completed application on forms available from the Department.
- 10.3.3 Scope of duties: An EMS instructor/coordinator has the authority to instruct and coordinate initial education courses approved by the Department.
- 10.3.4 Expired licensure: A person whose EMS instructor /coordinator license expires as a result of not completing the relicensing process described in Section 10.3.2 may regain the license by:
- 10.3.4.1 Completing all requirements of a new EMS Instructor/Coordinator; or
 - 10.3.4.2 Completing all of the following requirements:
 - 10.3.4.2.1 Complete 12 hours of Instructor/Coordinator continuing education within the preceding two years;
 - 10.3.4.2.2 Instruct under the direct supervision of a licensed EMS instructor/coordinator approved by the Department and receive a satisfactory evaluation on that performance; and
 - 10.3.4.2.3 Hold or obtain current Vermont EMS license at or above the EMR level.
- 10.3.5 Terms of licensure: EMS instructor/coordinator licensure is issued for a period of up to two years. The expiration date of the instructor/coordinator license shall be the same as the person's Vermont EMS license.
- 10.4 A registered nurse or a physician assistant may choose to become eligible to apply for Vermont EMS licensure 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.
- 10.4.1 Courses for registered nurses or physician assistants seeking Vermont EMS licensure must be taught by a Vermont-licensed EMS instructor/coordinator and approved as otherwise required for courses leading to NREMT 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.

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

11.0 Emergency Medical Treatment Scope and Procedures

11.1.1 Emergency medical treatment may be performed by licensed emergency medical personnel only when operating within their scope of practice and under a system of medical direction. Medical direction includes credentialing by the affiliating EMS agency as approved by the EMS district medical advisor. Procedures and treatments shall be provided within the Vermont statewide EMS protocols. Emergency medical treatment shall be performed:

11.1.1.1 By emergency medical personnel licensed at the appropriate level as provided for in this rule; or

11.1.1.2 By a student in an approved EMS education course or an out-of-state based program recognized by the Department and acting under direct clinical supervision. For field experiences, this direct clinical supervision requires a preceptor.

11.2 Scope of Practice:

11.2.1 The Vermont EMS scope of practice at the current level is based on the National Scope of Practice and National EMS Education Standards for that level.

11.2.2 The scope of practice for paramedics that have been previously approved for an expansion of their scope of practice to the level of Advanced Paramedic, for critical care transfer services are subject to the following terms and conditions until December 31, 2018:

11.2.2.1 Successful completion prior to July 1, 2015 of a Critical Care Paramedic course approved by the Department;

11.2.2.2 Department approval of a program of continuing education for expanded scope skills and procedures;

11.2.2.3 Endorsement by the EMS district medical advisor;

11.2.2.4 Department approval of protocols for the expanded scope skills and procedures;

11.2.2.5 Department approval of a quality assurance/quality improvement program related to the expanded scope of practice; and

- 11.2.2.6 Expanded scope of practice medications shall be limited to peripheral intravenous administration and nutritional preparations.
- 11.2.3 Paramedics may be approved for an expansion of their scope of practice to the level of Critical Care Paramedic, for critical care transfer services subject to the following terms and conditions:
 - 11.2.3.1 Successful completion of a Critical Care Paramedic course or examination approved by the Department;
 - 11.2.3.2 Department approval of a program of continuing education for expanded scope skills and procedures;
 - 11.2.3.3 Endorsement by the EMS district medical advisor;
 - 11.2.3.4 Department approval of a quality assurance/quality improvement program related to the expanded scope of practice; and
 - 11.2.3.5 Expanded scope of practice medications and procedures shall be limited to those approved by the department.
- 11.2.4 The NHTSA *National EMS Scope of Practice Model*, as established and periodically updated, is hereby incorporated by reference.
- 11.2.5 The *National EMS Scope of Practice Model* establishes a minimum requirement for each certification level upon which the Department may build and adjust the Vermont statewide scope of practice. An EMS agency or district board may request authorization from the Department for procedures, interventions, or pharmacology that exceeds the scope of practice for a level through the variance process.
- 11.3 All EMS agencies that carry prescription drugs shall have a system approved by the district medical advisor for receiving, storing, safeguarding, rotating, and recording all prescription medications carried and used.
- 11.4 The district medical advisor shall have the authority to approve, deny or condition the use of basic and advanced life support equipment or pharmacology used by EMS personnel.
- 11.5 All EMS agencies shall have a quality improvement process in place approved by the EMS district medical advisor.
- 11.6 Emergency medical procedures shall be rendered only with appropriate medical direction. During the provision of off-line or on-line medical control functions, a district medical advisor has the authority to halt or restrict the ability of licensed personnel or students in emergency medical services courses to administer emergency medical treatment. The following conditions shall apply whenever a district medical advisor believes it is necessary to impose an ongoing restriction to the scope of practice of licensed personnel or students:
 - 11.6.1 The district medical advisor shall put in writing and submit to the person the following information:

- 11.6.1.1 The effective date of the action;
 - 11.6.1.2 The cause for issuance of the action;
 - 11.6.1.3 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;
 - 11.6.1.4 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 license. 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;
 - 11.6.1.5 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 Department.
- 11.7 When the Commissioner has identified a public health event or emergency, the Commissioner may, on a temporary basis, authorize licensed ambulance services, first responder services, and/or licensed EMS personnel to provide interventions or perform procedures not otherwise authorized in the EMS training programs and protocols provided for in this rule. These interventions or procedures are subject to conditions or requirements of the Commissioner.

12.0 Conducting State EMS Certificate Examinations

- 12.1 Examinations shall consist of the NREMT cognitive and NREMT psychomotor exams as approved by the Department.
- 12.2 The psychomotor portions of the exam must be supervised by a person approved by the Department or where applicable, the NREMT.
- 12.3 Scheduling of exam dates, locations, examiners, and other logistical considerations shall be coordinated as necessary among the Department, course coordinators, and the EMS districts.
- 12.4 A person who fails the cognitive exam or any station of the psychomotor exam at any level may be retested in accordance with the requirements of the NREMT.
- 12.5 Examiners for psychomotor stations shall:
 - 12.5.1 Be trained to at least the particular level being examined or shall hold special qualifications for the particular skill being tested;
 - 12.5.2 Hold Vermont licensure and/or NREMT certification and/or meet other training, skill, or performance requirements as determined by the Department;

- 12.5.3 Perform in accordance with testing requirements approved by the Department and/or the NREMT; and
- 12.5.4 Not have been the instructor /coordinator or primary instructor of record for the course.

13.0 Recognition of Licenses and Certification from Other States

- 13.1 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 an emergent call for assistance from a Vermont-licensed ambulance, first responder service, or hospital is exempt from the provisions of this rule requiring licensure for the duration of the response to that call.
- 13.2 Interstate transports originating out of Vermont and ending either in Vermont or another state are exempt from the provision of these rules requiring licensure for the duration of the response to that call.
- 13.3 Any ambulance or first responder service, vehicle or person licensed or certified in another state or province to provide emergency medical treatment, which provides 9-1-1 coverage or emergency scene response in Vermont as part of a primary service area designation, shall obtain service, vehicle, and personnel licenses as provided for in this rule.
- 13.4 For personnel and services who are required to meet licensure and/or certification standards of Vermont and another contiguous state or province the Department may, on a case-by-case basis, waive portions of this rule by variance. The Department shall consider:
 - 13.4.1 The degree of hardship imposed on the individual or service to meet dual standards;
 - 13.4.2 The comparability of standards in the contiguous state or province; and
 - 13.4.3 The impact that any variance might have on quality of care for the population of Vermont.

14.0 Standards and Procedures for Issuing, Restricting and Revoking Service and Personnel Licenses

- 14.1 The Department may issue a service license or personnel license with conditions, refuse to issue or refuse to renew a service license or personnel license, or may suspend or revoke a service license or personnel license for unprofessional conduct. Unprofessional conduct includes, but is not limited to, any of the following:
 - 14.1.1 Fraudulent or deceptive procurement or use of a license;
 - 14.1.2 Violation of a lawful order, rule, or regulation of the Department;

- 14.1.3 Violation of any of the provisions of 24 V.S.A. ch. 71;
- 14.1.4 Conviction of or failure to report any crime, provided that the acts involved are found by the Department to have a direct bearing on the person's fitness to serve as EMS personnel. All applicants with crime convictions are considered on a case-by-case basis.
- 14.1.5 Actions that are dangerous or injurious, or potentially so to the public, EMS personnel, or any other persons, including:
 - 14.1.5.1 Drug or alcohol use that puts the public's health and safety at risk;
 - 14.1.5.2 Providing emergency medical treatment or operating an ambulance while impaired by alcohol or other drugs;
 - 14.1.5.3 Performing EMS duties when medically or psychologically unfit to do so;
 - 14.1.5.4 Obtaining a fee by fraud or misrepresentation;
 - 14.1.5.5 Failing to practice competently by reason of any cause, including, but not limited to violation of protocol or scope of practice, on a single occasion or on multiple occasions whether or not actual injury to a patient has occurred;
 - 14.1.5.6 Exercising undue influence on or taking improper advantage of a patient;
 - 14.1.5.7 Revocation or adverse action against a healthcare or EMS license or certificate in Vermont or another jurisdiction;
 - 14.1.5.8 Acting negligently or neglectfully in conducting an ambulance service, first responder service, or in providing emergency medical treatment;
 - 14.1.5.9 Providing emergency medical treatment at a level or using an intervention for which the service or individual is not EMS licensed, certified, or credentialed;
 - 14.1.5.10 Failing to meet data reporting requirements pursuant to Section 16;
 - 14.1.5.11 Willfully making or filing false reports or records;
 - 14.1.5.12 Acting in an abusive and/or threatening manner.
- 14.1.6 For EMS instructor/coordinators:
 - 14.1.6.1 Teaching inappropriate practical skills procedures;
 - 14.1.6.2 Failing to teach the appropriate course material;
 - 14.1.6.3 Failing to conduct courses within the operational requirements of the Department;

- 14.1.6.4 Failure of half or more of the students in three successive courses to pass the first full attempt of the certification examination;
 - 14.1.6.5 Instructing while impaired by alcohol or other drugs;
 - 14.1.6.6 Instructing while medically unfit to do so;
 - 14.1.6.7 Promoting an unsafe learning environment;
 - 14.1.6.8 Reporting false information;
 - 14.1.6.9 Failing to maintain accurate instructional records.
 - 14.1.6.10 Creating or permitting a hostile classroom environment such that a reasonable person would consider the environment abusive.
- 14.2 Whoever advertises, announces, establishes, or maintains an ambulance, ambulance service, or first responder service, as defined herein or whoever holds an EMS license; and who violates any provision of this rule may be subject to 24 V.S.A § 2684.
- 14.3 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 or the Commissioner's designee within 10 days.
- 14.4 Hearings and Appeals:
- 14.4.1 Denials of Licensure:
 - 14.4.1.1 When the Department denies licensure, denies the renewal of an EMS license, or conditions an EMS license, the applicant shall be afforded an opportunity for a hearing with the Commissioner or designee pursuant to the provisions of 3 V.S.A. § 814.
 - 14.4.1.2 The Department will provide applicants or licensees with notice of denial by mail which explains the facts or conduct that warrants the denial of the application or the conditioning of their license and their right to a hearing.
 - 14.4.1.3 The licenses of persons seeking renewal will not expire until their application has been finally determined by the Department or State Board of Health so long as their renewal application was timely made.
 - 14.4.1.4 Decisions of the Commissioner will be made within 30 days and may be appealed to the State Board of Health within 30 days. The Board shall afford the applicant 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.

14.4.2 Suspension and Revocation:

14.4.2.1 The Department may suspend or revoke the EMS license of any person upon due notice and opportunity for hearing with the Commissioner or designee for violation of any provision of this rule or applicable statutes pursuant to the provisions of 3 V.S.A. § 814.

14.4.2.2 The Department will provide these persons with notice by mail of the facts or conduct that warrants the suspension or revocation.

14.4.2.3 Pursuant to 18 V.S.A. § 128, decisions of the Commissioner will be made within 30 days and may be appealed to the State Board of Health within 30 days. The Board shall afford the person 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.

14.4.3 Summary Suspension:

14.4.3.1 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 may be ordered pending a hearing for revocation or other action.

14.4.3.2 A hearing with the Commissioner or designee will be promptly instituted and determined. Persons subject to summary suspension will be afforded the same rights to appeal as detailed at 14.4.1.1 and 14.4.1.4.

15.0 Standards for Variance of the EMS Rule

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

15.1.1 Persons wishing a variance must make application to the Department on forms available from the Department.

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

15.1.2.1 Input from the public or other relevant EMS stakeholders;

15.1.2.2 Evidence concerning the effect the variance could have on the provision of emergency medical services;

- 15.1.2.3 Any and all cost implications of the variance;
- 15.1.2.4 The need to monitor effects of the variance;
- 15.1.2.5 The need to have the variance be time limited.
- 15.1.3 The Department will make a decision on the variance. If the decision of the Department is to deny the request the applicant will be provided with written notice of the decision.
- 15.2 Variance from rule for research and demonstration projects:
 - 15.2.1 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 grant a variance from provisions of this rule for research or demonstration purposes when:
 - 15.2.1.1 The proposed project has definite starting and ending dates;
 - 15.2.1.2 There is a physician named as the project's medical director;
 - 15.2.1.3 There is agreement of the medical facility(s), EMS District Board(s), ambulance and responder service(s), and other significant groups involved with the proposed project;
 - 15.2.1.4 There are defined standards and controls for assuring the safety of all patients and other persons who may be involved with the proposed project in accordance with federal regulations for protection of human subjects and protected health information at 45 C.F.R. §§ 46, 164.512 (i);
 - 15.2.1.5 The proposed project is in compliance with applicable statutes and the lawful rules of all other involved agencies;
 - 15.2.1.6 Any use of data contained within SIREN shall require a signed data use agreement.
 - 15.2.2 All variance arrangements described in Section 15.2.1 shall be in writing.
 - 15.2.3 The project medical director and other participants shall monitor and report the progress of the project on a schedule approved by the Department.
- 15.3 The Department may revoke any variance awarded under this section at any time.

16.0 EMS Incident Reporting System

- 16.1 Vermont EMS licensed agencies shall document and maintain Prehospital Care Reports (PCRs) for all EMS response incidents originating or terminating within Vermont.
 - 16.1.1 Vermont-licensed ambulance services shall report such data electronically to the Department using SIREN or another software system that transmits all of the data required by the Department into the SIREN system within

one business day of the incident. Vermont-licensed first responder services shall document their EMS response incidents either on paper or using an electronic system such as SIREN.

- 16.1.2 At an EMS response incident, or as soon as possible thereafter, a first responder agency must provide the appropriate Vermont-licensed ambulance service(s) with information necessary to document first response activities as a component of the ambulance report. This is not a substitute for the first response agency requirement to complete and maintain a PCR.
- 16.2 The Vermont-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.
 - 16.2.1 Uses of the data shall be governed by state and federal laws and rules regarding confidentiality and security.
- 16.3 For each response, the PCR shall include data elements from the National EMS Information System (NEMESIS) dataset and other elements as determined by the Department. Data from Vermont-licensed ambulance services response incidents shall be submitted to the Department within one business day from the time that:
 - 16.3.1 A patient is delivered to a hospital or other facility if a patient is transported;
 - 16.3.2 A patient refuses treatment or transportation;
 - 16.3.3 A patient is treated and released;
 - 16.3.4 An ambulance is released from an emergency stand-by event; or
 - 16.3.5 An ambulance cancels or terminates an emergency response.
- 16.4 Vermont-licensed ambulance services shall submit any additional data beyond that required by the Department to a receiving hospital and the district medical advisor in the format and the time described by each.
- 16.5 Ambulance services that do not provide a complete electronic report at the time a patient is delivered to a hospital or other facility shall provide a verbal and brief written or electronic report of the EMS response incident to the hospital or other facility. These reports must include the following patient information:
 - 16.5.1 Name, address, date of birth, and other identifying information;
 - 16.5.2 Chief complaint;
 - 16.5.3 History of the present illness or injury;
 - 16.5.4 EMS treatments provided;
 - 16.5.5 Vital signs;

- 16.5.6 Past medical history;
- 16.5.7 Medications;
- 16.5.8 Allergies;
- 16.5.9 Ambulance service identifying information;
- 16.5.10 Date and time of response; and
- 16.5.11 Other information that may be important to the initial management of the patient at the hospital or facility receiving the patient.