

## Administrative Procedures – Final Proposed Rule Filing

### **Instructions:**

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the “Rule on Rulemaking” adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms requiring a signature shall be original signatures of the appropriate adopting authority or authorized person, and all filings are to be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of “Proposed Rule Postings” online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

**PLEASE REMOVE ANY COVERSHEET OR FORM NOT  
REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!**

**Certification Statement:** As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

### **Emergency Medical Services Rule**

/s/ Michael K. Smith

(signature)

, on 11/29/2021

(date)

Printed Name and Title:

Michael K. Smith

Secretary

Agency of Human Services

RECEIVED BY: \_\_\_\_\_

- ☐ Coversheet
- ☐ Adopting Page
- ☐ Economic Impact Analysis
- ☐ Environmental Impact Analysis
- ☐ Strategy for Maximizing Public Input
- ☐ Scientific Information Statement (if applicable)
- ☐ Incorporated by Reference Statement (if applicable)
- ☐ Clean text of the rule (Amended text without annotation)
- ☐ Annotated text (Clearly marking changes from previous rule)
- ☐ ICAR Minutes
- ☐ Copy of Comments
- ☐ Responsiveness Summary

1. TITLE OF RULE FILING:

**Emergency Medical Services Rule**

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE

21P-033

3. ADOPTING AGENCY:

Vermont Department of Health

4. PRIMARY CONTACT PERSON:

*(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).*

Name: Brendan Atwood

Agency: Vermont Department of Health

Mailing Address: 108 Cherry Street, Burlington, VT 05402

Telephone: 802 863 - 7280 Fax: 802 951 - 1257

E-Mail: [brendan.atwood@vermont.gov](mailto:brendan.atwood@vermont.gov)

Web URL(WHERE THE RULE WILL BE POSTED):

<https://www.healthvermont.gov/about-us/laws-regulations/public-comment>

5. SECONDARY CONTACT PERSON:

*(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).*

Name: David Englander

Agency: Vermont Department of Health

Mailing Address: 108 Cherry Street, Burlington, VT 05402

Telephone: 802 863 - 7280 Fax: 802 951 - 1257

E-Mail: [david.englander@vermont.gov](mailto:david.englander@vermont.gov)

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:

*(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE EXEMPTING IT FROM INSPECTION AND COPYING?)* No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

7. LEGAL AUTHORITY / ENABLING LEGISLATION:

*(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).*

3 V.S.A. § 801(b)(11); 18 V.S.A. § 904(b).

**EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:**

18 V.S.A. § 904(b) states, "The Secretary of Human Services, upon the recommendation of the Commissioner of Health, may adopt rules to carry out the purposes and responsibilities of this chapter."

8. 3 V.S.A. § 801 (b)(11) states, "Adopting authority" means, for agencies that are attached to the Agencies of Administration, of Commerce and Community Development, of Natural Resources, of Human Services, and of Transportation, or any of their components, the secretaries of those agencies; for agencies attached to other departments or any of their components, the commissioners of those departments;..."
9. THE FILING HAS CHANGED SINCE THE FILING OF THE PROPOSED RULE.
10. THE AGENCY HAS INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.
11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.
12. THE AGENCY HAS INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.
13. THE AGENCY HAS INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.
14. **CONCISE SUMMARY (150 WORDS OR LESS):**  
This rulemaking: 1) Requires that an ambulance service provide its services in a manner that does not discriminate on the basis of income, funding source, or severity of health needs, in order to ensure access to ambulance services; 2) Establishes three levels of emergency medical personnel instructors and the education required for each level; 3) Establishes an entry-level certification for Vermont EMS first

responders; 4) Removes "credentialing" requirements for EMS agencies; and 5) Updates terms and references.

**15. EXPLANATION OF WHY THE RULE IS NECESSARY:**

Each of the changes addressed in #8 are required by statute, per Acts 100 and 166 (2020).

**16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:**

The changes made through this rulemaking were developed in consultation with the EMS Advisory Committee and rely on national standards for licensing and certification.

**17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:**

Emergency Medical Services personnel, Emergency Medical Services Agencies, physicians, physician assistants, and nurses.

**18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):**

For individuals seeking certification as a Vermont Emergency First Responder, the initial certification cost is estimated to be about \$200. For those seeking re-certification, the estimated cost is between \$100-\$150.

**19. A HEARING WAS HELD.**

**20. HEARING INFORMATION**

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 10/28/2021

Time: 10:00 AM

Street Address: 108 Cherry Street, Burlington, VT

Zip Code: 05401

Date:

Time: AM

Street Address:

Zip Code:

Date:

Final Proposed Coversheet

Time: AM

Street Address:

Zip Code:

Date:

Time: AM

Street Address:

Zip Code:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

11/4/2021

**KEYWORDS** (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Emergency Medical Services

EMS

EMS Instructor

Credentialing

Vermont Emergency First Responder

# Administrative Procedures – Adopting Page

## **Instructions:**

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

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### 1. TITLE OF RULE FILING:

**Emergency Medical Services Rule**

### 2. ADOPTING AGENCY:

Vermont Department of Health

### 3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

- **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment as long as the rule is replaced with other text.
- **NEW RULE** - A rule that did not previously exist even under a different name.
- **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

This filing is **AN AMENDMENT OF AN EXISTING RULE** .

### 4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):

EMERGENCY MEDICAL SERVICES RULES, January 1, 2018  
Secretary of State Rule Log #17-055.

# Administrative Procedures – Economic Impact Analysis

## **Instructions:**

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn't appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

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### 1. TITLE OF RULE FILING:

**Emergency Medical Services Rule**

### 2. ADOPTING AGENCY:

Vermont Department of Health

### 3. CATEGORY OF AFFECTED PARTIES:

*LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:*

Emergency Medical Services personnel: For individuals seeking certification as a Vermont Emergency First Responder, the initial certification cost is estimated to be about \$200. For those seeking re-certification, the estimated cost is between \$100-\$150.

## Economic Impact Analysis

Emergency Medical Services Agencies, physicians, physician assistants, and nurses: No measurable economic impact is anticipated.

### 4. IMPACT ON SCHOOLS:

*INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:*

No impact.

### 5. ALTERNATIVES: *CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.*

The Department does not control certification costs. Accordingly, there is no alternative.

### 6. IMPACT ON SMALL BUSINESSES:

*INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):*

No impact is anticipated.

### 7. SMALL BUSINESS COMPLIANCE: *EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.*

Not applicable.

### 8. COMPARISON:

*COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:*

Not applicable.

### 9. SUFFICIENCY: *EXPLAIN THE SUFFICIENCY OF THIS ECONOMIC IMPACT ANALYSIS.*

The Department's estimate is based on a survey of regional providers for these training courses.



# Administrative Procedures – Environmental Impact Analysis

## **Instructions:**

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

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### 1. TITLE OF RULE FILING:

**Emergency Medical Services Rule**

### 2. ADOPTING AGENCY:

Vermont Department of Health

### 3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*

No impact.

### 4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*

No impact.

### 5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*

No impact.

### 6. RECREATION: *EXPLAIN HOW THE RULE IMPACT RECREATION IN THE STATE:*

No impact.

### 7. CLIMATE: *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*

No impact.

Environmental Impact Analysis

8. **OTHER:** *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*

No impact.

9. **SUFFICIENCY:** *EXPLAIN THE SUFFICIENCY OF THIS ENVIRONMENTAL IMPACT ANALYSIS.*

Because there will be no impact, this analysis is sufficient.

## Administrative Procedures – Public Input

### **Instructions:**

In completing the public input statement, an agency describes the strategy prescribed by ICAR to maximize public input, what it did do, or will do to comply with that plan to maximize the involvement of the public in the development of the rule.

This form must accompany each filing made during the rulemaking process:

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#### 1. TITLE OF RULE FILING:

**Emergency Medical Services Rule**

#### 2. ADOPTING AGENCY:

Vermont Department of Health

#### 3. PLEASE DESCRIBE THE STRATEGY PRESCRIBED BY ICAR TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE:

A public hearing will be held.

The rule will be posted on the Department of Health website: <https://www.healthvermont.gov/about-us/laws-regulations/public-comment>

#### 4. PLEASE LIST THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

The Department worked with the Emergency Medical Services Advisory Committee in drafting this rule.

#### 5. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

Emergency Medical Services Advisory Committee

**To:** Senator Mark McDonald, Chair of the Legislative Committee on Administrative Rules

**From:** Brendan Atwood, Public Health Policy Advisor for Vermont Department of Health

**Re:** Vermont Emergency Medical Service Rule

**Date:** November 19, 2021

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***Following the filing of the rule for public comment, the Health Department made the following changes to the proposed rule:***

The following changes were made based on comments received from stakeholders during the public comment period:

1. Section 5.4.3.11, which requires that Vermont First-responder agencies transition from using paper records to the electronic SIREN patient care reporting system, has been revised to delay the effective date of this provision to December 31, 2022. This grace period is intended to help facilitate a smooth transition to SIREN reporting for those agencies that have not yet done so.
2. Section 9.3.4 has been added to the proposed rule and establishes a minimum age requirement of 16 years for certification as a Vermont Emergency First Responder, and licensure as an Emergency Medical Responder.
3. The following has been added to the rule as Section 9.4 in order to clarify requirements for licensed EMS personnel who are acting as assistants to an EMS instructor:

“Vermont-licensed EMS personnel without a Vermont Instructor license may assist in instructing a class or skills lab provided that at least one Vermont-licensed Skill Lab Instructor, Vermont-licensed Instructor/Coordinator, or Vermont-licensed Senior Instructor is present.”

Public Comment Responsiveness Summary  
Emergency Medical Services Rule

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The Department of Health (Department) held a public hearing on October 28, 2021, in Burlington, Vermont, for the proposed Emergency Medical Services Rule and accepted written comments through November 4, 2021. The following is summary of comments received from the public and the Department's response to each comment. Comments of a similar or consistent nature have been consolidated and responded to accordingly.

- 1. Comment:** A commenter recommended that the proposed rule include a minimum age requirement of 16 years to be certified as a Vermont Emergency First Responder (VEFR) or to be licensed as an Emergency Medical Responder (EMR).

**Response:** The Department agrees that it is prudent to include a minimum age requirement of 16 years to be certified as a Vermont Emergency First Responder (VEFR) or to be licensed as an Emergency Medical Responder. Accordingly, the following language has been added to Section 9.3.4: "To be eligible for a Vermont VEFR certification, or a Vermont EMR license, a person must be at least 16 years old."

- 2. Comment:** A commenter recommended that the credentialing requirements for EMS agencies be maintained and not be removed from the rule as proposed. The commenter further noted that "It is critical that all first responders have at least ICS 100 and Hazmat Awareness along with Bloodborne pathogens."

**Response:** Act 100 (2020) requires that the credentialing requirements be removed from this rule. Accordingly, the Department cannot reinstitute these credentialing requirements.

The educational requirements for licensure adhere to the coursework identified by the National Registry for Emergency Medical Technicians (NREMT). The Department may supplement those educational requirements based on a review of educational needs in the state, however listing courses in the rule would limit our ability to respond quickly to any changes in educational priorities. Finally, it is noted that the Vermont Department of Transportation requires that all Vermont-licensed EMS personnel complete a Hazmat course, and the Department of Public Safety's Division of Fire Safety requires that all first responders take the ICS 100 course within six months of licensure.

- 3. Comment:** A commenter noted that in some situations, such as when a patient is unresponsive, it is not possible for responders to collect and report some patient information as required by this rule. Accordingly, the commenter recommended that Section 17.5 be amended to the following: *"These reports ~~must~~ should include the following patient information if possible..."*

**Response:** The Department recognizes that EMS personnel are not obligated to collect and report patient information in instances where collecting that information is impossible, such as when a patient is unresponsive or unwilling to provide information to responders. Additionally, because there have been no proposed changes to this section this is outside the scope of this rulemaking.

4. **Comment:** Several commenters opposed the requirement in Section 5.4.3.11 that Vermont Emergency First Responders transition to using the SIREN electronic patient record reporting system rather than using only paper records; that having first-responders report into SIREN serves “no purpose whatsoever”; and that it “adds an unnecessary burden to volunteers without improving patient care.” A commenter further noted that “As a Fire Department (1st Responder Agency) all of our responses are already reported electronically to the National Fire Incident Reporting System (NFIRS). So each time we respond to a medical emergency it's reported to NFIRS and the State of Vermont captures that information.”

**Response:** All Vermont transporting ambulance services (and dozens of Vermont first-responder agencies) already report into the SIREN patient care reporting system. Reporting patient records into this system helps to ensure the accurate transmission of patient records that are legible, reliable, and accessible for use by medical personnel and patients. The accurate transmission of patient information can be critical to ensuring that patients receive appropriate and optimal care. The collection of patient data is also an important tool that allows the Department to analyze the data for public health monitoring and quality assurance purposes.

Notably, there are a substantial number of first responder agencies that have transitioned from paper records to utilizing the SIREN system since it was launched over a decade ago and have found value in reporting data electronically.

The Department also notes that the use of electronic patient care records is broadly considered a best practice within the medical community, and that electronic records provide greater security over Protected Health Information than do paper records.

Lastly, in most cases the State does not receive the data reported to the National Fire Incident Reporting System and relies on SIREN to access patient records.

Accordingly, the Department has determined that it is in the best interests of patients and the public health for all Vermont First Responder agencies that have not already done so to transition to the use of SIREN, or an equivalent electronic reporting system, for reporting patient care records.

However, in order to help facilitate a smooth transition to this electronic reporting system for those first-responder agencies that have not yet done so, the Department has amended the rule to establish a grace period for EMS First Responder Agencies. This requirement will now become effective on December 31, 2022.

3. **Comment:** Several commenters opposed the requirement that reports be documented into SIREN within one day of the incident, stating that this is “onerous and unrealistic” and potentially not feasible for volunteer EMS personnel.

**Response:** The accuracy and reliability of documentation can diminish significantly over time, making prompt reporting imperative. We know that it is feasible for volunteer EMS personnel to report into SIREN, as many already do so. Accordingly, the Department has determined that a one-day reporting window is appropriate.

4. **Comment:** Several commenters were opposed to the educational requirements for the EMS Skill Instructor license because it would add an additional burden for licensed EMS personnel who volunteer to assist with trainings for other EMS personnel. It was also noted that this requirement will “limit the pool of EMTs and

AEMTs who ICs can call upon to help in class, challenging our limited resources.” One commenter recommended amending Section 11.1.1 with the following:

*“11.1.1 Scope of duties: An EMS Skill Instructor has the authority to instruct and observe psychomotor skills and skills practice, not to exceed their level of licensure, during initial education courses approved by the Department. “This license is not required of licensed EMTs and AEMTs who are assisting a licensed skill instructor or IC during a class or skills lab.””*

**Response:** It was not the Department’s intent to create a new educational requirement for licensed EMS personnel who assist Instructor/Coordinators with trainings by instructing and observing psychomotor skills and skills practice, though we recognize the potential for confusion given how the proposed rule was drafted. Accordingly, the Department has clarified the rule by adding the following as Section 10.4: “Vermont-licensed EMS personnel without a Vermont Instructor license may assist in instructing a class or skills lab provided that at least one Vermont-licensed Skill Lab Instructor, Vermont-licensed Instructor/Coordinator, or Vermont-licensed Senior Instructor is present.”

5. **Comment:** A commenter stated that Sections 4.5.2.9 and 5.4.3.10 [regarding EMS agency readiness] “Should include the EMS District. As written this allows no input from the EMS District and no input from the EMS District is allowed or required.”

**Response:** EMS Districts are given ample opportunity in the initial and renewal application process to provide input on EMS agency readiness via the Department’s “EMS District Board Review and Recommendations” document, which is part of the Initial Service License Application, which can be found on the Department’s website.

6. **Comment:** A commenter stated that in Section 7.3, “The EMS District should also be advised and a recommendation should be made to the Department from the District, to ensure oversaturation of EMS services does not happen.”

**Response:** There is no evidence of oversaturation associated with licensing ambulances, and notes that the overwhelming majority of new ambulance applications (~ 85% since 2019) are for replacement vehicles that do not increase the fleet size. Because the existing notification requirement provides no value to the Department’s review of an application, it is appropriate to remove this from the rule.

7. **Comment:** A commenter shared concerns with Section 9.3.3.2.2, stating that "Allowing non-licensed educators to teach licensed EMS courses is counterintuitive to the education process. Opens the doors to institutionalized education within the EMS system which leads to a host of problems and ultimately degrades the efficacy of the education being taught. This allows for EMS educators that have never actually run an EMS call. It also reduces the availability of local agencies that actually run EMS calls and have experience in the field to teach those that will be working alongside them in the future.”

**Response:** The Department has not proposed any revisions to this provision of the rule, and this is outside the scope of this rulemaking.

- 8. Comment:** A commenter stated that Section 11.2.3.1 [that requires that an EMS Instructor/Coordinator] complete twelve hours of continuing education as approved by the Department every two years, “should not take effect until the Department has come up with compatible training to meet this requirement.”

**Response:** The requirement that an EMS Instructor/Coordinator complete 12 hours of continuing education already exists in this rule. As such, the Department has developed and promulgated the requisite training requirements, which can be found on the Department’s website.

- 9. Comment:** A commenter stated that the licensing requirements of Section 11.3.2 “will exclude many from becoming a Senior I/C”; that “mandating an Associate’s Degree OR two years college course work OR being a Paramedic has no reflection on the candidates ability to teach or supervise others”; and that “Making I/C licensure more difficult and limiting the ability will have a harmful effect on the EMS education system overall.”

The commenter recommended that this section be revised so that a Senior Instructor “*should have: 5 or more years’ experience working with-in an EMS agency; 5 or more years’ as an I/C; Recommendation from the District Board of the EMS agency they are affiliated with; And must submit an application to the Department for consideration.*”

**Response:** This proposed requirement was recommended by the EMS Advisory Committee’s Educational sub-committee – which has the statutory authority to advise the Department on such matters – on the basis that the formal education associated with each of those requirements strengthens an individual’s ability to teach and supervise others. The Department agrees with that assessment. This requirement is prudent while offering several pathways that applicants can pursue to become a Senior Instructor.

- 10. Comment:** A commenter recommended that section pertaining to EMS personnel re-licensure or certification include “FMLA leave when appropriate and has notified the Department in writing within 15 days of FMLA start date.”

**Response:** The fact that a licensee takes a temporary leave of employment under the Family Medical Leave Act (FMLA) does not preclude them from re-licensure under this rule. Additionally, the Department maintains the discretion under Section 9.3.9.3 of this rule to “for good cause extend any Vermont EMS license or certification,” and would consider all relevant factors, including FMLA, in reviewing such requests.

- 11. Comment:** Several commenters stated their support for the Vermont Emergency First Responder (VEFR) certification and that a VEFR can be part of a transport crew, noting that this will be “a great recruitment tool” and “critical to the future of EMS”; that it will “ease staffing shortages at many if not all rural EMS agencies” and “allow the certified individual time and experience to see if an EMS licensure is what they would like to achieve in the future”; that “It will improve response times for many agencies”; and that “Communities will reap the benefits of having more reliable EMS coverage and will feel safe knowing that their local rescue service is staffed to provide care for when they need help.”

A commenter noted further that, “As of 11-04-2021, there have been over 100 students that have completed the Certified Vermont Emergency First Responder course and are on course to become certified on January, of those an estimated 75 % have or are in the process of affiliating with their local agency(s). An estimated



25% of those have already indicated the willingness to further their education and obtain an EMS licensure in the near future. THIS IS HUGE for local agencies.”

**Response:** The Department acknowledges these comments.

Emergency Medical Services



**Glover EMS**

**48 County Rd. Box 64, W. Glover VT 05875**

**802-525-3560**

[www.Gloverambulance.org](http://www.Gloverambulance.org)

November 4, 2021

To: Brendan Atwood  
From: Adam Heuslein  
Re: EMS Rule changes

Mr. Atwood:

I am writing on behalf of Glover Ambulance Squad. This letter is endorsed by our Board of Directors and Members. We would like to make comment for record on proposed changes to the EMS rule.

**Chapter 7, Subchapter 1, Section 4.5.2.9 and 5.4.3.10 and**

Should include the EMS District. As written this allows no input from the EMS District and no input from the EMS District is allowed or required.

**Chapter 7, Subchapter 1, Section 7.3**

The EMS District should also be advised and a recommendation should be made to the Department from the District, to ensure oversaturation of EMS services does not happen.

**Chapter 7, Subchapter 1, Section 9.1.2**

**This may be the single most important change to the EMS rule. Allowing certified people such as Vermont Emergency First Responders is CRITICAL to the future of the already maxed EMS system.**

**Chapter 7, Subchapter 1, Section 9.3.1**

Allowing Certified Vermont Emergency First Responders is **critical to the future of EMS** as a whole in Vermont. Allowing Certified Vermont First Responders to be a part of a transport crew can and will ease the staffing shortage experienced by many if not all rural EMS agencies. This helps both the volunteer agency as much as the hourly paid service.

Allowing this will provide a pathway to develop new EMS providers at a minimal financial cost for the student and/or the agency. It will also allow the certified individual time and experience to see if an EMS licensure is what they would like to achieve in the future.

**And**

Allowing Certified Vermont Emergency First Responders will be a great recruitment tool for all agencies within the Public Safety industry. Many who want to, "help" now have an avenue that is low cost and high impact to their community and the service they are working/volunteering for.

**And**

It will improve response times for many agencies, especially those in rural settings. Allowing for an ambulance to respond "out the door" faster means decreased response times overall.

I also remind you that, since lifting the 2-provider minimum requirement at the start of the COVID-19 outbreak, several agencies utilized a single provider to transport the sick and injured to area hospitals. Many of those services have cited the easing of this rule as the reason they continue to exist throughout the pandemic. More importantly there has been ZERO adverse reactions, complaints or poor outcomes documented that stemmed from a single EMS provider with a NON-licensed/certified driver.

**And**

As of 11-04-2021, there have been over 100 students that have completed the Certified Vermont Emergency First Responder course and are on course to become certified on January, of those an estimated 75 % have or are in the process of affiliating with their local agency(s). An estimated 25% of those have already indicated the willingness to further their education and obtain an EMS licensure in the near future. **THIS IS HUGE** for local agencies

#### **Chapter 7, Subchapter 1, Section 9.3.8.5**

Should include; FMLA leave when appropriate and has notified the Department in writing within 15 days of FMLA start date.

#### **Chapter 7, Subchapter 1, Section 9.3.3.2.2**

Allowing non-licensed educators to teach licensed EMS courses is counterintuitive to the education process. Opens the doors to institutionalized education within the EMS system which leads to a host of problems and ultimately degrades the efficacy of the education being taught. This allows for EMS educators that have never actually run an EMS call. It also reduces the availability of local agencies that actually run EMS calls and have experience in the field to teach those that will be working alongside them in the future.

#### **Chapter 7, Subchapter 1, Section 10.1.3**

States all instructors must be licensed at or above the level of the course and license by the department as an EMS instructor

#### **Chapter 7, Subchapter 1, Section 11.2.3.1**

This should not take effect until the Department has come up with compatible training to meet this requirement.

#### **Chapter 7, Subchapter 1, Section 11.3.2**

This rule will exclude many from becoming a Senior I/C. mandating an Associate's Degree OR two years college course work OR being a Paramedic has no reflection on the candidates ability to teach or supervise others. Making I/C licensure more difficult and limiting the ability will have a harmful effect on the EMS education system overall. I think this is yet another barrier to bringing up EMS educators through the ranks. Just because somebody is a Paramedic or has an AA does not make them a better teacher/mentor. There is zero data that supports this requirement and it increasing the quality of I/C's we are entrusting with the responsibility.

**This rule should read:** Any Senior I/C should have

- 5 or more years' experience working with-in an EMS agency.
- 5 or more years' as an I/C
- Recommendation from the District Board of the EMS agency they are affiliated with.
- And must submit an application to the Department for consideration.

Respectfully

Adam Heuslein

President/CEO Glover Ambulance Squad Inc.

**From:** [Albert Poirier](#)  
**To:** [Atwood, Brendan](#)  
**Cc:** [Dame, Bambi](#); [Moran, William](#); [Sue Poirier](#)  
**Subject:** EMS Rule  
**Date:** Tuesday, October 12, 2021 6:44:15 PM

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Because credentialing was eliminated in the proposed EMS rule the following was dropped.

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

This should be put into the EMS rule. It is critical that all first responders have at least ICS 100 and Hazmat Awareness along with Bloodborne pathogens.

I think the EMS rule should clearly establish the minimum requirements for all first responders.

I personally do not want to respond with EMS providers that don't have the basic training (ICS100, Hazmat awareness and bloodborne pathogens).

Al Poirier  
Training Officer, Plymouth First Response Team

**From:** [First Branch Ambulance Administrator](#)  
**To:** [Atwood, Brendan](#)  
**Subject:** EMS Rule  
**Date:** Saturday, October 16, 2021 5:36:28 PM

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To whom this may concern

I'm writing in support of the new ems rule for the VT first responder. As the director of a small volunteer service this new certification will be a life saver for a service on life support with staffing. I hope this new certification will remain in Vermont for a very long time to come and be counted as a legal crew. This new certification will be a very big recruitment tool for all of Vermont not just my service. Once again I'd like to express my support for this new rule I know it will make a difference in VT EMS.

Thank you

Chase Ackerman, NREMT  
First Branch Ambulance Director  
[admin@firstbranchambulance.com](mailto:admin@firstbranchambulance.com)  
(802)685-3112  
(802)685-2030  
PO Box 74  
Chelsea, VT 05038

**From:** [Hannah Brown](#)  
**To:** [Atwood, Brendan](#)  
**Subject:** First  
**Date:** Thursday, November 4, 2021 4:00:24 PM

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Good morning,

Certified first responders are critical parts of a transfer crew

Thank you,

Hannah Brown

--

802-673-0246

[hannahbrown2017@gmail.com](mailto:hannahbrown2017@gmail.com)

**From:** [McCausland, Howie](#)  
**To:** [Atwood, Brendan](#)  
**Subject:** FW: Vermont EMS Rules - Public Comment  
**Date:** Tuesday, September 28, 2021 3:14:48 PM

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**To:** [Brendan.Atwood@vermont.gov](mailto:Brendan.Atwood@vermont.gov).

**Cc:** Bagg, Scott <[Scott.Bagg@cvmc.org](mailto:Scott.Bagg@cvmc.org)>; Mark Podgwaite <[mark.podgwaite@waterburyambulance.org](mailto:mark.podgwaite@waterburyambulance.org)>

**Subject:** RE: Vermont EMS Rules - Public Comment

Good day, Mr. Atwood. I understand you're the person taking feedback on the new draft of the Vermont Emergency Medical Services Rule?

I had a question concerning section 10.2, where eligibility for admission to EMS Training Courses is discussed: The current draft specifies (10.2.1) a minimum age of 16 years to be eligible for admission to and EMT course, and (10.2.2) a minimum age of 18 years for eligibility for admission to an AEMT or Paramedic course.

There is, however, nothing specifying minimum age for EMR or VEFR. This appears an unfortunate admission; I think the document would be stronger (and avoid ambiguous situations in the future) were minimum ages specified for all 5 levels of certification/licensure. (If such were to be added to the document, I would strongly encourage that minimum age for both VEFR and EMR be set at 16 years. The VEFR level promises to be a valuable vehicle for recruiting young people into EMS as "junior members" or "cadets".)

Thank you for your time and consideration!

#### **Howie McCausland**

*AEMT, Assistant ALS Officer, and District 6 Representative  
Mad River Valley Ambulance Service*

[howie@middlebury.edu](mailto:howie@middlebury.edu)  
802-989-2541

---

**From:** Bagg, Scott <[Scott.Bagg@cvmc.org](mailto:Scott.Bagg@cvmc.org)>

**Sent:** Friday, September 24, 2021 4:02 PM

**To:** [ad@williamstownvt.org](mailto:ad@williamstownvt.org); Aldsworth, Joseph ([Joseph.Aldsworth@vermont.gov](mailto:Joseph.Aldsworth@vermont.gov)) <[Joseph.Aldsworth@vermont.gov](mailto:Joseph.Aldsworth@vermont.gov)>; [bluesprucejc@yahoo.com](mailto:bluesprucejc@yahoo.com); Blum, Jared A. <[Jared.Blum@cvmc.org](mailto:Jared.Blum@cvmc.org)>; Chris Lamonda ([clamonda@barretown.org](mailto:clamonda@barretown.org)) <[clamonda@barretown.org](mailto:clamonda@barretown.org)>; Cullen, Jessica <[Jessica.Cullen@cvmc.org](mailto:Jessica.Cullen@cvmc.org)>; [danforthr@yahoo.com](mailto:danforthr@yahoo.com); Douglas Jasman ([douglasjasman@gmail.com](mailto:douglasjasman@gmail.com)) <[douglasjasman@gmail.com](mailto:douglasjasman@gmail.com)>; McCausland, Howie <[mccausla@middlebury.edu](mailto:mccausla@middlebury.edu)>; James Ainsworth <[miltmir@yahoo.com](mailto:miltmir@yahoo.com)>; Janice Spargo <[janspargo@yahoo.com](mailto:janspargo@yahoo.com)>; Jeremie Dufresne <[jer\\_102476@yahoo.com](mailto:jer_102476@yahoo.com)>; Keith Taylor ([nucadet\\_411@yahoo.com](mailto:nucadet_411@yahoo.com)) <[nucadet\\_411@yahoo.com](mailto:nucadet_411@yahoo.com)>; [kerv@gmavt.net](mailto:kerv@gmavt.net); Kim Richardson <[rescue7912@hotmail.com](mailto:rescue7912@hotmail.com)>; Lawton Rutter <[Northfieldemschief@gmail.com](mailto:Northfieldemschief@gmail.com)>; [rutter.nas@gmail.com](mailto:rutter.nas@gmail.com); [margebower@comcast.net](mailto:margebower@comcast.net); Mark Podgwaite <[mark.podgwaite@waterburyambulance.org](mailto:mark.podgwaite@waterburyambulance.org)>; Matthew Romei <[Mromei@leg.state.vt.us](mailto:Mromei@leg.state.vt.us)>; Michelle Franklin ([meeshegirl35@comcast.net](mailto:meeshegirl35@comcast.net)) <[meeshegirl35@comcast.net](mailto:meeshegirl35@comcast.net)>; [monkeysgrandma@myfairpoint.net](mailto:monkeysgrandma@myfairpoint.net); [nick.copping@barrecity.org](mailto:nick.copping@barrecity.org); [rchl.ems@gmail.com](mailto:rchl.ems@gmail.com); [renejethawk@yahoo.com](mailto:renejethawk@yahoo.com); Sheila Brown ([slbrown0361@gmail.com](mailto:slbrown0361@gmail.com)) <[slbrown0361@gmail.com](mailto:slbrown0361@gmail.com)>; [ty@blueridgeconstructionllc.com](mailto:ty@blueridgeconstructionllc.com); [Vtemsdistrict6@googlegroups.com](mailto:Vtemsdistrict6@googlegroups.com)

**Subject:** Vermont EMS Rules - Public Comment

On September 22<sup>nd</sup>, the proposed new Vermont EMS Rules were published for public comment. For many of us, this was the first opportunity to read through the proposed changes to the EMS rules outside of the Advisory Committee. There are numerous changes to our Vermont EMS rules. Examples are with the new Vermont First Responder certification, creating of three levels of Instructor Coordinator, and the requirement that all agencies documenting all incidents into SIREN, including all fast squads.

The proposed Vermont EMS rules can be found here:

[https://www.healthvermont.gov/sites/default/files/documents/pdf/EMS%20Rule.Draft\\_September%202021.annotated%20.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/EMS%20Rule.Draft_September%202021.annotated%20.pdf)

If you have strong thoughts or opinions of the changes, the period of public comment goes through November 4<sup>th</sup>. There is also a public hearing on October 28<sup>th</sup> at 10:00 AM. Public comments can be sent by e-mail to Brendan Atwood at [Brendan.Atwood@vermont.gov](mailto:Brendan.Atwood@vermont.gov).

**Scott Bagg**, RN, BSN, CCRN, CEN, CPEN, NR-P  
Training Coordinator  
Vermont EMS District Six

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**From:** [Kathy Jochim](#)  
**To:** [Atwood, Brendan](#)  
**Subject:** Public Comment on the EMS Rule - Vermont EMS First Responder  
**Date:** Tuesday, September 21, 2021 9:52:51 AM

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Hi Brendan,

I tried to use the [AHS.VDHRules@vermont.gov](mailto:AHS.VDHRules@vermont.gov) link to make a comment for the Vermont EMS First Responder but the link is not working.

Hopefully it is alright to submit my comment to you directly. If not, I will comment when the link is repaired. My comment follows:

I believe that the Vermont EMS First Responder certification is needed in many communities. This will be an affordable and effective way for community members to step up and support local EMS services. It will also serve as a means for people to become involved in EMS and progress forward to become EMT's, AEMT's, and paramedics. Our communities will reap the benefits of having more reliable EMS coverage and will feel safe knowing that their local rescue service is staffed to provide care for when they need help.

Sincerely,  
Kathy Jochim, NRP  
Director of Operations  
Fairfax Rescue

**From:** [Laura Mayer](#)  
**To:** [Atwood, Brendan](#)  
**Subject:** New rule comment  
**Date:** Thursday, September 23, 2021 6:13:27 PM

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Good evening,

I am commenting on the new siren reporting rule. I'm afraid this is yet another instance of Burlington not knowing what is going on in the rest of the state. Most services are small volunteer operations with one person who does all the reporting and works a full time job and gets to the reports when he/she can. Making a time limit is onerous and unrealistic.

I think the time limit should be removed.

Laura

**From:** [mark.creaven](#)  
**To:** [Atwood, Brendan](#)  
**Subject:** Ems.  
**Date:** Thursday, November 4, 2021 3:54:17 PM

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I believe that it is imperative that EMS services be able to use certified EMS responders. The cost to enter the field of EMS is high, with either the person or the service having to absorb the cost. This is even before the individual knows that they like EMS. In addition the certified EMS responders will provide strong links to the community as well as benefiting Rural EMS services.

Without this additional personnel there are critical challenges to maintain quality EMS services. It seems foolish to deny EMS services the opportunity to grow their services. Mark Creaven AEMT

**From:** [Malone, Patrick T](#)  
**To:** [Atwood, Brendan](#); [Moran, William](#); [Dame, Bambi](#)  
**Subject:** Comments On Rules  
**Date:** Thursday, November 4, 2021 5:09:23 PM

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Brendan,

This note may be too late, but I at least wanted to touch base. I will not be providing additional specific comments on the rules, in part because of have been involved in the process from the development of the statute. I am fairly confident Will could write my comments for me...

The one thing I would like to comment on , in general , are the new levels of Instructor licensure. In priority order:

1. It has to be well described that CURRENT licensed I/C s are “grandfathered” into the new levels as an I/C.
2. For Senior Instructors, I believe the crux are the minimum educational levels required. With that, there has to be a pathway for current I/Cs without the described educational levels to reach that level of licensure based on their experience.
3. There is no course that I know of that is appropriate training for the Senior Instructor level.
4. The responsibilities of Senior Instructors should reach beyond the service level – they should be a resource for the Districts and VT EMS. They should train and mentor the other levels. They should be involved with quality assurance. They should be involved with all levels of evaluation of training programs or courses.

In my view, if we think of the new statute as being primarily directed to improving the work force and the EMS system, one of the key components is the improvement of our educational personnel.

Keep up the good work.

Best,  
Pat

Patrick T. Malone, M.Ed.  
Senior Lecturer & Program Director  
Fellow, Academy of Wilderness Medicine  
Initiative For Rural Emergency Medical Services (IREMS)  
Rowell 306 E 106 Carrigan Drive  
University of Vermont  
Burlington, Vermont 05405  
Office: 802-656-3489      Office Hours (Spring 2021) Monday: 9:00 – 4:00 & Wednesday: 9:00 – 4:00

**From:** [Stamford Chief](#)  
**To:** [Atwood, Brendan](#)  
**Subject:** EMS Rules Comment  
**Date:** Friday, September 24, 2021 8:48:34 AM

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Brendan,

Please accept this email as my opposition to EMS rule 5.4.3.11.

*5.4.3.11 Beginning no later than January 1, 2022, the applicant ~~shall agree to provide complete and accurate documentation of all EMS response incidents either on paper or using an electronic system such as SIREN~~ into the SIREN system within one business day of the incident.*

This rule places a huge burden on the EMS volunteer. Oftentimes we go to a call and we don't even have time to gather all the patient information. Our patient contact as a non transporting ems agency is typically no longer than 10 minutes. We gather a quick sample history, treat what we can and turn care over to ambulance personnel when they arrive. In addition, many of our patients are transported from Vermont into Massachusetts so the patients we care for are not even being transported into the Vermont Health Care system.

I feel having first responder agencies report via Siren serves no purpose whatsoever at the first responder level. It places yet another huge burden on volunteers in Vermont. An EMS call in Stamford is typically answered by one or two people. They go to the call, care for the patient, complete a paper PCR if time allows, transfer care, assist with extrication and loading the patient, return to the station, decon and restock equipment, fill out a FD run report, attach the PCR to the run report and then return to home or work. Asking them to do one more additional online report, that takes another 10 minutes to complete, is nuts. We can't even put a tablet in our truck because we don't have good cell or internet service.

We are just out there trying to do our best to help someone with a medical emergency, adding the new Vermont EMS first responder (VEFR) level is a huge step forward for Vermont EMS but this Siren thing is a huge step back for Vermont first responder agencies.

Stamford Fire Department sees this as more unnecessary bureaucracy; it adds an additional burden to volunteers and does nothing to improve patient care.

Regards,  
-Paul

Chief Paul Ethier  
Stamford Vol Fire Company Inc.  
142 Stebbins Lane  
Stamford, Vermont 05352  
(413) 822-1731  
[stamfordchief@gmail.com](mailto:stamfordchief@gmail.com)

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**From:** [Stamford Chief](#)  
**To:** [Atwood, Brendan](#)  
**Cc:** [Laura Sibilia](#); [Drew Hazelton](#); [John Meaney](#)  
**Subject:** Re: EMS Rules Comment  
**Date:** Friday, September 24, 2021 11:47:20 AM

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Brendan,

I would also like to make one additional comment if I could.

As a Fire Department (1st Responder Agency) all of our responses are already reported electronically to the National Fire Incident Reporting System (NFIRS). So each time we respond to a medical emergency it's reported to NFIRS and the State of Vermont captures that information. The addition of SIREN reporting would mean for each medical emergency there would be 4 separate reports that need to be generated (in-house FD run report, Patient Care Report, NFIRS Report and now a Siren Report). There really has to be a better way to capture the information that is needed.

-Paul

Chief Paul Ethier  
Stamford Vol Fire Company Inc.  
142 Stebbins Lane  
Stamford, Vermont 05352  
(413) 822-1731  
[stamfordchief@gmail.com](mailto:stamfordchief@gmail.com)

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On Fri, Sep 24, 2021 at 9:07 AM Atwood, Brendan <[Brendan.Atwood@vermont.gov](mailto:Brendan.Atwood@vermont.gov)> wrote:

Hi Chief Ethier,

Thanks for submitting comments to the proposed EMS Rule. The Department will review and respond to all comments after the close of the Public Comment period on November 4 and post those responses on our [website](#). In the meantime, don't hesitate to reach out with any additional comments or questions.

Best,

Brendan

---

**From:** Stamford Chief <[stamfordchief@gmail.com](mailto:stamfordchief@gmail.com)>  
**Sent:** Friday, September 24, 2021 8:48 AM  
**To:** Atwood, Brendan <[Brendan.Atwood@vermont.gov](mailto:Brendan.Atwood@vermont.gov)>  
**Subject:** EMS Rules Comment

**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

Brendan,

Please accept this email as my opposition to EMS rule 5.4.3.11.

*5.4.3.11 Beginning no later than January 1, 2022, the applicant ~~shall agree to provide complete and accurate documentation of all EMS response incidents either on paper or using an electronic system such as SIREN~~ into the SIREN system within one business day of the incident.*

This rule places a huge burden on the EMS volunteer. Oftentimes we go to a call and we don't even have time to gather all the patient information. Our patient contact as a non transporting ems agency is typically no longer than 10 minutes. We gather a quick sample history, treat what we can and turn care over to ambulance personnel when they arrive. In addition, many of our patients are transported from Vermont into Massachusetts so the patients we care for are not even being transported into the Vermont Health Care system.

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We are just out there trying to do our best to help someone with a medical emergency, adding the new Vermont EMS first responder (VEFR) level is a huge step forward for



Vermont EMS but this Siren thing is a huge step back for Vermont first responder agencies.

Stamford Fire Department sees this as more unnecessary bureaucracy; it adds an additional burden to volunteers and does nothing to improve patient care.

Regards,

-Paul

Chief Paul Ethier  
Stamford Vol Fire Company Inc.  
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Stamford, Vermont 05352  
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[stamfordchief@gmail.com](mailto:stamfordchief@gmail.com)

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**From:** Doug Friant <[doug@vermonttimberworks.com](mailto:doug@vermonttimberworks.com)>  
**Sent:** Friday, October 8, 2021 1:56 PM  
**To:** Dame, Bambi <[Bambi.Dame@vermont.gov](mailto:Bambi.Dame@vermont.gov)>  
**Cc:** Walker, Ray <[Ray.Walker@vermont.gov](mailto:Ray.Walker@vermont.gov)>; Moran, William <[William.Moran@vermont.gov](mailto:William.Moran@vermont.gov)>; [marge.fish@gmail.com](mailto:marge.fish@gmail.com); 'Pete Cobb' <[williamcobb3356@comcast.net](mailto:williamcobb3356@comcast.net)>  
**Subject:** Public Comment on New Rule: Instructor Program and Guidelines

**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

Dear Bambi, Ray and Will,

I have a public comment regarding the new EMS Rule regarding the requirement of the new Skills Level Instructor to teach Psycho Motor Skills:

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

### Subchapter 1 – Emergency Medical Services Rule 1.0 Authority

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

For years LVRS has successfully taught ERM's, EMT's and AEMT's using a model where an instructor coordinator teaches the course and enlists the help of licensed EMTs and AEMTs to assist during classes to teach psycho motor skills. Often we will break the class into groups of two or three students with a licensed provider teaching each group under the guidance of the IC. Each group will move to a private room to practice medical, trauma and cardiac skills as well as the rest of the stations in a larger room while the IC floats between rooms. This model has worked flawlessly for years. All of our members are volunteers who offer to come in and teach out of the goodness of their hearts. They have no compensation except knowing that they are training the next class of providers well. To require them to have a certification, when they are already licensed in the skills they are teaching, puts an undue burden on the volunteers. It will also limit the pool of talented EMTs and AEMTs who an IC can call on to help in class, challenging our limited resources.

State EMS is already low on volunteers and getting lower. Each time Vermont EMS puts more administrative requirements on volunteers the state also puts a disincentive to volunteer. Personally, I became an AEMT and an IC to help people in our community who need emergency health care and to teach the next generation of providers. I did not volunteer so I can fight with LIGHTS, be frustrated with SIREN, fill out forms, take

fundamentally ridiculous classes in CentreLearn to meet my CE requirements, etc. I do those things because I have to so I can save people. It comes down to a simple formula: More Requirements = Fewer Volunteers.

Will the new rule really make better EMTs? Doubtful.

I do understand the need for an IC to be present in class, which I agree is important. I also recognize that with remote learning, ICs need to be present at a skills lab. Perhaps, as a compromise, the rule could be:

11 .0 EMS Instructor Licenses 11 .1 EMS Skill Instructor License 11 .1  
.1 Scope of duties: An EMS Skill Instructor has the authority to instruct and observe psychomotor skills and skills practice, not to exceed their level of licensure, during initial education courses approved by the Department.  
“This license is not required of licensed EMTs and AEMTs who are assisting a licensed skill instructor or IC during a class or skills lab.”

The goal being that if an IC or licensed skill instructor is physically present, licensed providers can continue to help with classes and teach their skills as volunteers.

Sincerely,

Doug Friant, AEMT, IC LVRS.

- Section 11.1.3.2 There is no section 8.3.3
- Section 11.2.3.2 There is no section 8.3.3
- Section 11.3.3.2 There is no section 8.3.3

## 17.0 EMS Incident Reporting System

### Issues:

- One business day to complete the SIREN report may not be obtainable for volunteers.
- We recommend keeping the current language – “Vermont licensed first responder services shall document their EMS response incidents either on paper or using electronic system such as SIREN”

## 17.5 ...”This report must include the following patient information:” ....

### Issues:

- Change the word “must” to “should” and add “if possible” to the end of sentence.
- We often have unresponsive patients preventing us from obtaining this information.

The following comments are the opinions of the District 7 Board Members and the members of Cornwall, Orwell, Ripton, Shoreham, Starksboro and Town Line First Response Squads. The comments are submitted by Paul Miller, Paramedic, MREMS, and training officer of Town Line First Response Squad.

#### First Response Squads general comments:

- All of the First Response Squads in District 7 are 100 percent volunteers.
- Recruiting and retaining members is becoming increasingly difficult. Many of our members are forced to work multiple jobs to make ends meet, making it harder to find the time to volunteer.
- Many of our members do not have computers and they use their smart phones as their internet access device.
- At a scene, members try to fill out run reports but may only be able to gather minimal demographic information. Their main objective is to address life threats, and do an assessment. At the scene of a code, no information may be obtained including the name of the patient.
- Most of the first response squads in District 7 do not have squad computers.
- Any additional time burdens will have a negative impact on retention.
- The extra burden of having to complete a Siren Report will add thirty (30) to sixty (60) minutes to each call. We do not have access to hospital face sheets. We may not have much information to be entered. Also, the responding ambulance service will be doing a Siren Report for the patient with better access to information.
- Members may not respond to calls if they are forced to do a Siren report.
- The District 7 members would like to continue to use paper run reports.

#### Specific Section Comments:

5.4.3.11 Beginning no later than January 1, 2022, the applicant shall provide complete and accurate documentation of all EMS response incidents into SIREN system within one business day of the incident.

#### Issues:

- One business day to complete the SIREN report may not be obtainable for volunteers.
- We recommend keeping the current language – “either on paper or using a system such as SIREN”

#### 11.1 EMS Skill Instructor License

#### Issues:

- Many of the people who instruct and observe psychomotor skills and skills practice are volunteers.
- There is no “grandfather clause” for current volunteers.
- You have added another burden to the volunteer work force that may reduce the number of people to help out with the National Registry preparation and testing.

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

### Subchapter 1 –

#### Emergency Medical Services Rule

##### 1.0 Authority

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

##### 2.0 Purpose

This rule provides licensing and certification 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 “Certification” means a type of accreditation issued to emergency medical personnel by the Department of Health in accordance with this rule that authorizes the individual to provide emergency medical treatment.
- 3.5 “Commissioner” means the Commissioner of Health.
- 3.6 “Conditional license” means a license issued by the Department of Health in accordance with ~~these rules~~ this rule with one or more conditions imposed on the award of the license.
- 3.7 “Department” means the Vermont Department of Health.
- 3.8 “District board” means the board of directors of an EMS district appointed pursuant to 24 V.S.A. § 2653.
- 3.9 “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~~ direction.

- 3.10 “Educational institution” means an organization that provides practical, vocational, and technical instruction in emergency medical treatment.
- 3.11 “Emergency medical personnel” means persons, including volunteers, licensed or certified 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 licensed physicians, dentists, nurses, or physician assistants when practicing in their customary work setting.
- 3.12 “Emergency medical services” and “EMS” means an integrated system of personnel, equipment, communication, and services to provide emergency medical treatment.
- 3.13 “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~~ five levels:
- 3.13.1 Vermont EMS First Responder (VEFR)
  - 3.13.2 Emergency Medical Responder (EMR);
  - 3.13.3 Emergency Medical Technician (EMT);
  - 3.13.4 Advanced Emergency Medical Technician (AEMT); and
  - 3.13.5 Paramedic.
- 3.14 “Emergency medical services district” means a political subdivision established to facilitate the provision of pre-hospital emergency medical treatment within a given area.
- 3.15 “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.
- 3.16 “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.
- 3.17 “EMS Instructor” means an individual licensed by the Department of Health as an EMS Skills Instructor, EMS Instructor/Coordinator or EMS Senior Instructor.
- 3.18 “First responder service” means an entity licensed by the Department of Health to provide emergency medical treatment.
- ~~3.19 “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.~~

- 3.20** “License” means ~~an~~ type of accreditation issued to emergency medical personnel, ambulances, or an EMS agency by the Department of Health in accordance with ~~these rules~~ this rule that authorizes the individual, ambulance, or agency to provide emergency medical treatment.
- 3.21** “License cycle” means the three-year period for which an Ambulance service license or first responder service license is granted.
- 3.22** “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:
- 3.22.1 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
- 3.22.2 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.
- 3.23** “Medical facility” means a hospital providing emergency services to an emergency medical services district.
- 3.24** “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.
- 3.25** “Patient care report” or “PCR” means the form that describes and documents EMS response incidents.
- 3.26** “Person” means any person, firm, partnership, association, corporation, municipality, or political subdivision, including emergency medical services.
- 3.27** “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.
- 3.28** “Physician assistant” or “PA” means a person licensed as a physician assistant in Vermont.
- 3.29** “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.

- 3.30** “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 or certified 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.
- 3.31** “Registered nurse” or “RN” means a registered nurse licensed in Vermont.
- 3.32** “Scope of practice” means all provider activities and procedures authorized by the Department of Health pursuant to this rule.
- 3.33** “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.
- 3.34** “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.
- 3.35** “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.
- 3.36** “Variance” means an exception or modification granted by the Department that authorizes a modification of one or more of the requirements of this rule.
- 3.37** “Volunteer Personnel” means persons who are licensed or 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~~ this rule.
- 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 or higher, ~~as outlined in Section 98.3.1 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 who is not attended by a physician, the ambulance must be staffed by:
- 4.1.2.1** At least one person Vermont-licensed at the EMT level or higher;

and

- 4.1.2.2 At least one additional person Vermont-licensed or certified as an EMS provider.

~~Whenever an ambulance service transports a patient, the ambulance must be staffed by at least two Vermont licensed EMS provider. 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 or certified persons may not be possible or desirable, an ambulance may transport a patient with one licensed 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 In order to obtain and maintain a license, an ambulance service shall be required to provide its services in a manner that does not discriminate on the basis of income, funding source, or severity of health needs, in order to ensure access to ambulance services within the licensee's service area.

- 4.3 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.

- 4.4 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.
- 4.4.1 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~~ Department shall grant, deny, or conditionally grant the license.
- 4.4.2 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.
- 4.5 To obtain a new ambulance service license or to modify an existing license, including modifying the specified level of care, the applicant must:
- 4.5.1 Apply with forms published by the Department and provide duplicates of all required information to the EMS district board.
- 4.5.1.1 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.
- 4.5.1.2 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.
- 4.5.1.3 The Department shall forward copies of all comments received to the EMS district board and the applicant.
- 4.5.2 Demonstrate to the Department by attestation in the application that:
- 4.5.2.1 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;
- 4.5.2.2 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;
- 4.5.2.3 The applicant has in place adequate general liability, worker's compensation, professional liability, and automotive coverage;
- 4.5.2.4 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;

- 4.5.2.5 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, the Drug Enforcement Agency and the Vermont Department of Motor Vehicles or equivalent for the state in which the vehicle is registered;
- 4.5.2.6 The applicant will receive medical direction to be supplied by the hospital(s) within the service area;
- 4.5.2.7 The applicant agrees to provide coverage according to response plans developed by the EMS district board in conjunction with municipal officials;
- 4.5.2.8 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;
- 4.5.2.9 The applicant is able to maintain operational readiness with personnel, vehicle(s), equipment, and communications for response 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. The contract or written agreement shall be submitted to the Department upon execution. ~~that is on file with the Department;~~
- 4.5.2.10 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;
- 4.5.2.11 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;
- 4.5.2.12 The applicant has or is able to obtain an appropriate number of ambulance(s) with the required equipment to support the operations proposed.

- 4.6 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 4.5.2 of this rule by providing comments and recommendations.

- 4.6.1 An initial license is issued for the remaining portion of ~~the the calendar year three-year license cycle, ending D~~through December 31.
- 4.7 To renew an ambulance service license:
- 4.7.1 The service must complete the application form provided by the Department and forward it to the EMS district board on or before September 1 in the final year of the license cycle;
- 4.7.2 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 in the final year of the license cycle;
- 4.7.3 Renewal licenses are issued for ~~the calendar year January 1 to December 31~~three calendar years;
- 4.7.4 Provided that a complete renewal license application has been submitted to the EMS district board by September 1 of the final year of the license cycle, a service may continue to operate as a licensed service beyond December 31 unless otherwise notified by the Department;
- 4.7.5 An ambulance service shall continue to meet the requirements of section 4.5.2 as a condition of re-licensure;
- 4.7.6 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:
- 4.7.6.1 Vehicle and equipment checks;
- 4.7.6.2 Personnel licensure, and continuing education, ~~and credentialing~~;
- 4.7.6.3 Policies and procedures; and
- 4.7.6.4 Any contracts or agreements for services related to ambulance service licensure.
- 4.8 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.
- 4.9 Paramedic-licensed ambulance agencies may be approved for a Critical Care Paramedic endorsement to provide critical care transfer services subject to the following terms and conditions:
- 4.9.1 Approval of Critical Care Paramedic protocols by the District Medical Advisor and State EMS Medical Director;
- 4.9.2 A Department-approved program of continuing education for expanded

scope skills and procedures;

- 4.9.3 Department approval of a quality assurance/quality improvement program administered by the District Medical Advisor;
- 4.9.4 Expanded scope of practice medications and procedures shall be limited to those approved by the Department; and
- 4.9.5 Successful submission of an application for this endorsement on forms provided by the Department.

## **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 certified or 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~~ Department shall grant, deny ~~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, the Drug Enforcement Agency 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. The contract or written agreement shall be submitted to the Department upon execution, that is on file with the Department.
- 5.4.3.11 Beginning no later than December 31, 2022, the applicant shall agree to provide complete and accurate documentation of all EMS response incidents either on paper or using an electronic system such as SIREN into the SIREN system within one business day of the incident.
- 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~~ three-year license cycle.
- 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 of the final year of the license cycle.
  - 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 of the final year of the license cycle.
  - 5.6.3 Renewal licenses are issued for ~~the calendar year January 1 to December~~



~~34~~three calendar years.

5.6.4 Provided that a renewal license application has been submitted to the EMS District Board by September 1 of the final year of the license cycle, 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 and, 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~~ required equipment needed by for 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 4.1.4.

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~~ direction 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, the Drug Enforcement Agency 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 The aircraft has ~~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 three-year license cycle.
- 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 of the final year of the license cycle.

- 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 of the final year of the license cycle.
- 6.6.3 Renewal licenses are issued for ~~the calendar year January 1 to December 31~~ three calendar years.
- 6.6.4 Provided that a complete renewal license application has been submitted to the EMS district board by September 1 of the final year of the license cycle, 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~~ submission of a Temporary Ambulance Vehicle License application. 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, ~~and~~ Certification**

**9.1** Criteria for providing emergency medical treatment:

9.1.1 To function at a particular EMS licensure or certification level, a



person must hold a current Vermont EMS license or certification for that level.

- 9.1.2 Vermont EMS licensed or certified 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 or certification; 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 until the date on which the instructor notifies the National Registry of EMTs or the Department that the student has completed the course.

- 9.3 Current licensure and certification requirements:

- 9.3.1 There is one level of Vermont EMS certification for emergency medical services personnel: the Vermont Emergency First Responder (VEFR) certification.

- 9.3.2 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

- 9.3.3 Initial certification and licensure ~~at the current license levels:~~

To be eligible for the first time for a Vermont EMS certification or license at any level, a person must:

- 9.3.3.1 ~~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;~~

- 9.3.3.2 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 or certification;
  - 9.3.3.2.1 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.
  - 9.3.3.2.2 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.
- 9.3.3.3 Meet the provisions for crime conviction background screening, tax liabilities, child support payments, or similar requirements described in this rule or relevant Vermont statutes;
- 9.3.3.4 Shall not have a substantiated report of abuse in the Vermont Adult Abuse Registry or the Vermont Child Protection Registry.
- 9.3.3.5 Apply for licensure or certification on forms available from the Department.
- 9.3.3.6 For a VEFR certification, complete coursework as approved by the Department and hold an American Heart Association Heartsaver First Aid CPR AED certification, or equivalent.
- 9.3.3.7 For EMS licenses, hold a current NREMT certification at or above the applicable level.
- 9.3.4 To be eligible for a Vermont VEFR certification, or a Vermont EMR license, a person must be at least 16 years old.
- 9.3.5 To be eligible for ~~the first time for~~ a Vermont EMS license above the EMR level, a person must be at least 18 years old.
- 9.3.6 Persons who hold or have ever held NREMT certification must maintain that certification for the duration of their Vermont EMS licensure.
- 9.3.7 License and Certification expiration:
  - 9.3.7.1 ~~All initial Vermont EMS licenses are timed to expire three months after the corresponding NREMT certification.~~ EMR, EMT, AEMT and Paramedic Vermont EMS licenses are timed to expire three months after the corresponding NREMT

certification.

9.3.7.2 A VEFR certification expires on December 31 after two full calendar years from the date the certification was issued.

9.3.8 Registered nurses, physician assistants, service members, and veterans:

9.3.8.1 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 certification or licensure by submitting NREMT certification at the level of Vermont EMS licensure being sought and by meeting all other Vermont EMS licensure requirements.

9.3.8.2 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 certification or licensure at any level without prior EMS education or NREMT certification by meeting the following requirements:

9.3.8.2.1 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 certification or licensure being applied for; and

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

9.3.9 Re-licensure and re-certification:

9.3.9.1 To be eligible for VEFR re-certification, a person must:

9.3.9.1.1 Renew his or her American Heart Association Heartsaver First Aid CPR AED certification or equivalent, and complete the following continuing education every two years:

- Workforce safety and wellness – 2 hours
- EMS system communication – 1 hour
- Medical/legal and ethics – 1 hour

9.3.9.2 To be eligible for Vermont EMS re-licensure at any level, a person must continue to meet all the requirements of section ~~9.3.3 and 9.3.2.4~~, and:

9.3.9.2.1 Renew his or her NREMT certification; or

- 9.3.9.2.2 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.
- 9.3.9.2.3 ~~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.~~
- 9.3.9.2.4 Persons licensed above the Vermont Emergency First Responder ~~EMR~~ level may reduce their Vermont EMS license level by documenting to the Department the continuing education requirements for Vermont Emergency First Responder or 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.
- 9.3.9.3 The Department may for good cause extend any Vermont EMS license or certification. Any person requesting an extension of a Vermont EMS license or certification must apply to the Department in writing prior to the license's or certification's expiration date. No extensions are granted after a Vermont EMS license or certification has expireds.
- 9.3.9.4 A person may reinstate a certification or license lapsed less than six months by completing the requirements of section 8.3.9.1 or 8.3.9.2.
- 9.3.9.5 A person may reinstate a certification or license lapsed more than six months by meeting the requirements of section 8.3.3.
- 9.3.9.6 Any veteran or service member returning from military deployment who has not met continuing education or NREMT certification requirements may have their certification or license renewed upon application and be given a reasonable amount of time to complete the requirements if:
- 9.3.9.6.1 The veteran or service member has been deployed for less than two years; or
- 9.3.9.6.2 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.
- 9.3.9.7 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 certification or license renewed upon application and completion of NREMT certification.

- 9.4 Any Vermont-licensed or certified EMS personnel who ~~is~~ has been arrested, charged, or convicted of any crime, or has a substantiated report of abuse filed against them in the Vermont Child Protection Registry or the Vermont Adult Abuse Registry, 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 requirements:
- 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~~ this 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 All courses required for EMS certification or licensure shall be coordinated by a person certified or licensed at or above the EMS level of the course and licensed by the Department as an EMS Instructor.
  - 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~~ 16 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 EMT certification, or an EMT certification or license from another state.

**10.3** A registered nurse or a physician assistant may choose to become eligible to apply for Vermont EMS certification or 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.

10.3.1 Courses for registered nurses or physician assistants seeking Vermont EMS certification or licensure must be taught by a Vermont-licensed EMS Instructor/Coordinator or EMS Senior Instructor and approved as otherwise required for courses leading to NREMT certification. The EMS Instructor/Coordinator or EMS Senior Instructor responsible for the course shall assure the cognitive, psychomotor, and affective competencies of all program participants in all elements of the applicable national and state educational standards.

10.3.2 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.

**10.4** Vermont-licensed EMS personnel without a Vermont Instructor license may assist in instructing a class or skills lab provided that at least one Vermont-licensed Skill Lab Instructor, Vermont-licensed Instructor/Coordinator, or Vermont-licensed Senior Instructor is present.

## **11.0 EMS Instructor Licenses**

### **11.1 EMS Skill Instructor License**

11.1.1 Scope of duties: An EMS Skill Instructor has the authority to instruct and observe psychomotor skills and skills practice, not to exceed their level of EMS licensure (EMR, EMT, A-EMT, Paramedic), during initial education courses approved by the Department.

- 11.1.2 In order to be licensed for the first time as an EMS Skill Instructor, an applicant must:
- 11.1.2.1 Be at least 18 years old;
  - 11.1.2.2 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;
  - 11.1.2.3 Hold a current national certification by the NREMT and/or a Vermont license or certification as a VEFR, EMR, EMT, Advanced EMT, or Paramedic;
  - 11.1.2.4 Complete an EMS Skill Instructor course of education approved by the Department or hold credentials equivalent to such education as approved by the Department;
  - 11.1.2.5 Be a high school graduate or equivalent; and
  - 11.1.2.6 Submit a completed application on forms available from the Department.
- 11.1.3 EMS Skill Instructor re-licensure: To be eligible for re-licensure as an EMS Skill Instructor, a person must, during the previous licensure period:
- 11.1.3.1 Complete four (4) hours of continuing education as approved by the Department every two years;
  - 11.1.3.2 Continue to meet requirements of section 8.3.3;
  - 11.1.3.3 Participate in a system of quality improvement, including peer review, approved by the Department; and
  - 11.1.3.4 Submit a completed application on forms available from the Department.
- 11.1.4 Expired EMS Skill Instructor licensure: A person whose EMS Skill Instructor license expires as a result of not completing the relicensing process described in section 10.1.3 may regain the license by:
- 11.1.4.1 Completing all of the requirements of a new EMS Skill Instructor; or
  - 11.1.4.2 Completing all of the following requirements:
    - 11.1.4.2.1 Complete four (4) hours of EMS Skill Instructor continuing education as approved by the Department within the preceding two years;
    - 11.1.4.2.2 Instruct under the direct supervision of a licensed EMS Instructor/Coordinator or EMS Senior Instructor and receive a satisfactory evaluation on that performance; and

11.1.4.2.3 Hold or obtain current Vermont EMS license at or above the EMR level.

11.1.5 Terms of licensure: The EMS Skill Instructor license expiration date shall be the same as the person's Vermont EMS license or certification.

## 11.2 EMS Instructor/Coordinator License:

### 11.2.1 Scope of duties:

An EMS Instructor/Coordinator has the authority to:

11.2.1.1 Instruct and conduct EMS education courses, not to exceed their level of EMS licensure (EMR, EMT, A-EMT, Paramedic), and assure that the course goals and objectives, as approved by the Department, are met;

~~Instruct and coordinate initial education courses, approved by the Department;~~

11.2.1.2 Supervise assistant instructors and guest lecturers; and

11.2.1.3 Serve as the liaison among the students, the EMS district, the local medical community, the Department and, if there is one, the sponsoring agency.

11.2.2 Initial licensure: In order to be licensed for the first time as an EMS Instructor/Coordinator (EMSI/C), an applicant must:

11.2.2.1 Be at least 18 years old;

11.2.2.2 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;

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

11.2.2.4 Complete an EMS Instructor/Coordinator course of education approved by the Department or hold credentials equivalent to such education, as approved by the Department;

11.2.2.5 Be a high school graduate or equivalent; and

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

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

11.2.3.1 Complete ~~six~~ twelve hours of continuing education as approved



~~by the Department every two years for licenses renewed in 2018 and 2019 and 12 hours every two years for license renewals in 2020 and beyond;~~

11.2.3.2 Continue to meet requirements of sections ~~98.3.3 and 9.3.2.4;~~

11.2.3.3 Participate in a system of quality improvement, including peer review, approved by the Department; and

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

11.2.4 Expired licensure: A person whose EMS Instructor/Coordinator license expires as a result of not completing the relicensing process described in section ~~10.2.3~~ may regain the license by:

11.2.4.1 Completing all requirements of a new EMS Instructor/Coordinator; or

11.2.4.2 Completing all of the following requirements:

11.2.4.2.1 Complete 12 hours of EMS Instructor/Coordinator continuing education as approved by the Department within the preceding two years;

11.2.4.2.2 Instruct under the direct supervision of a licensed EMS Instructor/Coordinator ~~approved by the Department~~ and receive a satisfactory evaluation on that performance; and

11.2.4.2.3 Hold or obtain a current Vermont EMS license at or above the EMR level.

11.2.5 Terms of licensure: The EMS Instructor/Coordinator licensure license expiration date is issued for a period of up to two years. The expiration date of the EMS Instructor/Coordinator licenses shall be the same as the person's Vermont EMS license.

### 11.3 EMS Senior Instructor License

11.3.1 Scope of duties:

An EMS Senior Instructor has the authority to:

11.3.1.1 Instruct, conduct and coordinate EMS education courses and EMS Skill Instructor certification courses, not to exceed their level of EMS licensure (EMR, EMT, A-EMT, Paramedic), and assure that the course goals and objectives, as approved by the Department, are met;

11.3.1.2 Supervise primary instructors, assistant instructors and guest lecturers; and



- 11.3.1.3 Serve as the liaison among the students, the EMS district, the local medical community, the Department and, if there is one, the sponsoring agency.
- 11.3.2 In order to be licensed for the first time as an EMS Senior Instructor, an applicant must:
  - 11.3.2.1 Be at least 18 years old;
  - 11.3.2.2 Have the following education:
    - 11.3.2.2.1 An Associate's degree; or
    - 11.3.2.2.2 A high school degree or GED, plus two years of college coursework; or
    - 11.3.2.2.3 Successfully complete an accredited Paramedic program.
  - 11.3.2.3 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;
  - 11.3.2.4 Hold a current national certification by the NREMT and/or a Vermont license as an EMR, EMT, Advanced EMT, or Paramedic;
  - 11.3.2.5 Complete a Senior Instructor course of education approved by the Department, or hold credentials equivalent to such education as approved by the Department;
  - 11.3.2.6 Submit a completed application on forms available from the Department
- 11.3.3 EMS Senior Instructor re-licensure: To be eligible for re-licensure as an EMS Senior Instructor, a person must, during the previous licensure period:
  - 11.3.3.1 Complete twelve (12) hours of continuing education as approved by the Department every two years;
  - 11.3.3.2 Continue to meet requirements of section 8.3.3;
  - 11.3.3.3 Participate in a system of quality improvement, including peer review, approved by the Department; and
  - 11.3.3.4 Submit a completed application on forms available from the Department.
- 11.3.4 Expired licensure: A person whose EMS Senior Instructor license expires as a result of not completing the relicensing process described in section ~~11~~10.3.3 may regain the license by:

- 11.3.4.1 Completing all requirements of a new EMS Senior Instructor; or
- 11.3.4.2 Completing all of the following requirements:
  - 11.3.4.2.1 Complete twelve (12) hours of the EMS Senior Instructor continuing education as approved by the Department within the preceding two years;
  - 11.3.4.2.2 Instruct under the direct supervision of a licensed EMS Instructor/Coordinator and receive a satisfactory evaluation on that performance; and
  - 11.3.4.2.3 Hold or obtain current Vermont EMS license at or above the EMR level.
- 11.3.5 Terms of licensure: The EMS Senior Instructor license expiration date shall be the same as the person's Vermont EMS license.

## **12.0 Emergency Medical Treatment Scope and Procedures**

**12.1** Emergency medical treatment may be performed by licensed or certified 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:

- 12.1.1 By emergency medical personnel licensed or certified at the appropriate level as provided for in this rule; or
- 12.1.2 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 and ends when the instructor notifies the National Registry of EMTs or the Department that the student has completed the course.

### **12.2 Scope of Practice:**

- 12.2.1 For the VEFR certification level, the Vermont EMS scope of practice is based upon the American Heart Association Heartsaver First Aid CPR AED standard or equivalent and the VEFR educational standards, but will not exceed the scope of practice for the EMR level of licensure.
- 12.2.2 For all license levels, the Vermont EMS scope of practice at the current level is based on the NHTSA's National Scope of Practice Model and National EMS Education Standards for that level.
- 12.2.3 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~~ 2023:

- 12.2.3.1 Successful completion prior to July 1, 2015 of a Critical Care Paramedic course approved by the Department;
  - 12.2.3.2 Department approval of a program of continuing education for expanded scope skills and procedures;
  - 12.2.3.3 Endorsement by the EMS district medical advisor;
  - 12.2.3.4 Department approval of protocols for the expanded scope skills and procedures;
  - 12.2.3.5 Department approval of a quality assurance/quality improvement program related to the expanded scope of practice; and
  - 12.2.3.6 Expanded scope of practice medications shall be limited to peripheral intravenous administration and nutritional preparations.
- 12.2.4 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:
- 12.2.1.1 Successful completion of a Critical Care Paramedic course or examination approved by the Department;
  - 12.2.1.2 Department approval of a program of continuing education for expanded scope skills and procedures;
  - 12.2.1.3 Endorsement by the EMS district medical advisor;
  - 12.2.1.4 Department approval of a quality assurance/quality improvement program related to the expanded scope of practice; and
  - 12.2.1.5 Expanded scope of practice medications and procedures shall be limited to those approved by the department.
- 12.2.5 The NHTSA *National EMS Scope of Practice Model*, as established and periodically updated, is hereby incorporated by reference.
- 12.2.6 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.
- 12.3** 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.

- 12.4** 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, and to require skills verification and continuing education.
- 12.5** All EMS agencies shall have a quality improvement process in place that has been approved by the EMS district medical advisor.
- 12.6** Emergency medical procedures shall be rendered only with appropriate medical direction. During the provision of off-line or on-line medical ~~control~~ direction functions, a district medical advisor has the authority to halt or restrict the ability of licensed or certified 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 or certified personnel or students:
- 12.6.1 The district medical advisor shall put in writing and submit to the person the following information:
- 12.6.1.1 The effective date of the action;
  - 12.6.1.2 The cause for issuance of the action;
  - 12.6.1.3 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;
  - 12.6.1.4 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 or certification. The plan of corrective action or notification of intent to request Department action must be submitted to the person within five days of the action;
  - 12.6.1.5 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.
- 12.7** 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 or certified 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.

### **13.0 Conducting State EMS ~~Certificate~~ Examinations**

- 13.1 Examinations shall consist of the NREMT cognitive and NREMT psychomotor exams as approved by the Department.
- 13.2 The psychomotor portions of the exam must be supervised by a person approved by the Department, or where applicable, by the NREMT.
- 13.3 Scheduling of exam dates, locations, examiners, and other logistical considerations shall be coordinated as necessary among the Department, course coordinators, and the EMS districts.
- 13.4 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.
- 13.5 Examiners for psychomotor stations shall:
  - 13.5.1 Be certified or licensed at or above ~~trained to at least the particular~~ level being examined, or shall hold special qualifications for the ~~particular~~ specific skill being tested;
  - 13.5.2 Hold Vermont licensure and/or NREMT certification and/or meet other training, skill, or performance requirements as determined by the Department;
  - 13.5.3 Perform in accordance with testing requirements approved by the Department and/or the NREMT; and
  - 13.5.4 Not have been the instructor /coordinator or primary instructor of record for the course.

### **14.0 Recognition of Licenses and Certification from Other States**

- 14.1 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.
- 14.2 Interstate transports originating out of Vermont and ending either in Vermont or another state are exempt from the provision of ~~these rules~~ this rule requiring licensure for the duration of the response to that call.
- 14.3 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.

**14.4** 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:

- 14.4.1 The degree of hardship imposed on the individual or service to meet dual standards;
- 14.4.2 The comparability of standards in the contiguous state or province; and
- 14.4.3 The impact that any variance might have on quality of care for the population of Vermont.

**15.0 Standards and Procedures for Issuing, Restricting and Revoking Service and Personnel Licenses**

**15.1** The Department may issue a service license or personnel license or certification with conditions, refuse to issue or refuse to renew a service license or personnel license or certification, or may suspend or revoke a service license or personnel license or certification for unprofessional conduct. Unprofessional conduct includes, but is not limited to, any of the following:

- 15.1.1 Fraudulent or deceptive procurement or use of a license or certification;
- 15.1.2 Violation of a lawful order, rule, or regulation of the Department;
- 15.1.3 Violation of any of the provisions of 24 V.S.A. ch. 71;
- 15.1.4 Conviction of or failure to report any criminal charge, 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 criminal charge or convictions are considered on a case-by-case basis.
- 15.1.5 A failure to report or a substantiated report of abuse in the Vermont Adult Abuse Registry or the Vermont Child Protection Registry. The Department will not issue a license or certification if an individual is listed on one or both of these registries.
- 15.1.6 Actions that are dangerous or injurious, or potentially so to the public, EMS personnel, or any other persons, including:
  - 15.1.6.1 Drug or alcohol use that puts the public's health and safety at risk;
  - 15.1.6.2 Providing emergency medical treatment or operating an ambulance while impaired by alcohol or other drugs;
  - 15.1.6.3 Performing EMS duties when medically or psychologically unfit to do so;
  - 15.1.6.4 Obtaining a fee by fraud or misrepresentation;

- 15.1.6.5 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;
- 15.1.6.6 Exercising undue influence on or taking improper advantage of a patient;
- 15.1.6.7 Revocation or adverse action against a healthcare or EMS license or certificationone in Vermont or another jurisdiction;
- 15.1.6.8 Acting negligently or neglectfully in conducting an ambulance service, first responder service, or in providing emergency medical treatment;
- 15.1.6.9 Providing emergency medical treatment at a level or using an intervention for which the service or individual is not EMS licensed, or certified, ~~or credentialed~~;
- 15.1.6.10 Failing to meet data reporting requirements pursuant to Section 16;
- 15.1.6.11 Willfully making or filing false reports or records;
- 15.1.6.12 Acting in an abusive and/or threatening manner.
- 15.1.7 For EMS Instructors ~~instructor/coordinators~~:
  - 15.1.7.1 Teaching inappropriate practical skills procedures;
  - 15.1.7.2 Failing to teach the appropriate course material;
  - 15.1.7.3 Failing to conduct courses within the operational requirements of the Department;
  - 15.1.7.4 Failure of half or more of the students in three successive courses to pass the first full attempt of the certification examination;
  - 15.1.7.5 Instructing while impaired by alcohol or other drugs;
  - 15.1.7.6 Instructing while medically unfit to do so;
  - 15.1.7.7 Promoting an unsafe learning environment;
  - 15.1.7.8 Reporting false information;
  - 15.1.7.9 Failing to maintain accurate instructional records.
  - 15.1.7.10 Creating or permitting a hostile classroom environment such that a reasonable person would consider the environment abusive.



- 15.2 Whoever advertises, announces, establishes, or maintains an ambulance, ambulance service, or first responder service, as defined herein or whoever holds an EMS license or certification; and who violates any provision of this rule may be subject to 24 V.S.A. § 2684.
- 15.3 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.
- 15.4 Hearings and Appeals:
- 15.4.1 Denials of Licensure:
- 15.4.1.1 When the Department denies licensure or certification, denies the renewal of an EMS license or certification, or conditions an EMS license or certification, 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.
- 15.4.1.2 The Department will provide applicants, certified VEFRs 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 or certification and their right to a hearing.
- 15.4.1.3 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.
- 15.4.1.4 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.
- 15.4.2 Suspension and Revocation:
- 15.4.2.1 The Department may suspend or revoke the EMS license or certification 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.
- 15.4.2.2 The Department will provide these persons with notice by mail of the facts or conduct that warrants the suspension or



revocation.

- 15.4.2.3 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.

15.4.3 Summary Suspension:

- 15.4.3.1 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 or certification may be ordered pending a hearing for revocation or other action.
- 15.4.3.2 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 ~~145.4.1.1 and 14.4.1.4.~~

## 16.0 Standards for Variance of the EMS Rule

- 16.1 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.

- 16.1.1 Persons wishing a variance must make application to the Department on forms available from the Department.
- 16.1.2 Depending upon the nature of the request the Department may consider:
  - 16.1.2.1 Input from the public or other relevant EMS stakeholders;
  - 16.1.2.2 Evidence concerning the effect the variance could have on the provision of emergency medical services;
  - 16.1.2.3 Any and all cost implications of the variance;
  - 16.1.2.4 The need to monitor effects of the variance;
  - 16.1.2.5 The need to have the variance be time limited.
- 16.1.3 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.

- 16.2 Variance from rule for research and demonstration projects:

16.2.1 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:

16.2.1.1 The proposed project has definite starting and ending dates;

16.2.1.2 There is a physician named as the project's medical director;

16.2.1.3 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;

16.2.1.4 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, and the Health Insurance Portability and Accountability Act (HIPAA).

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

16.2.1.6 Any use of data contained within SIREN shall require a signed data use agreement.

16.2.2 All variance arrangements described in Section ~~46-15.2.1~~ shall be in writing.

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

16.3 The Department may revoke any variance awarded under this section at any time.

## 17.0 EMS Incident Reporting System

17.1 Vermont EMS licensed agencies shall document and maintain Prehospital Care Reports (PCRs) for all EMS response incidents originating or terminating within Vermont.

17.1.1 Vermont-licensed ambulance services, and Vermont-licensed first responder agencies, 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.~~

17.1.2 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.

- 17.2** 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.
  - 17.2.1 Uses of the data shall be governed by state and federal laws and rules regarding confidentiality and security.
- 17.3** For each response, the PCR shall include data elements from the National EMS Information System (NEMSIS) 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:
  - 17.3.1 A patient is delivered to a hospital or other facility if a patient is transported;
  - 17.3.2 A patient refuses treatment or transportation;
  - 17.3.3 A patient is treated and released;
  - 17.3.4 An ambulance is released from an emergency stand-by event; or
  - 17.3.5 An ambulance cancels or terminates an emergency response.
- 17.4** 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.
- 17.5** 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:
  - 17.5.1 Name, address, date of birth, and other identifying information;
  - 17.5.2 Chief complaint;
  - 17.5.3 History of the present illness or injury;
  - 17.5.4 EMS treatments provided;
  - 17.5.5 Vital signs;
  - 17.5.6 Past medical history;
  - 17.5.7 Medications;
  - 17.5.8 Allergies;

- 17.5.9 Ambulance service identifying information;
- 17.5.10 Date and time of response; and
- 17.5.11 Other information that may be important to the initial management of the patient at the hospital or facility receiving the patient.

DRAFT

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

### Subchapter 1 –

#### Emergency Medical Services Rule

##### 1.0 Authority

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

##### 2.0 Purpose

This rule provides licensing and certification 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 “Certification” means a type of accreditation issued to emergency medical personnel by the Department of Health in accordance with this rule that authorizes the individual to provide emergency medical treatment.
- 3.5 “Commissioner” means the Commissioner of Health.
- 3.6 “Conditional license” means a license issued by the Department of Health in accordance with this rule with one or more conditions imposed on the award of the license.
- 3.7 “Department” means the Vermont Department of Health.
- 3.8 “District board” means the board of directors of an EMS district appointed pursuant to 24 V.S.A. § 2653.
- 3.9 “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 medical direction.

- 3.10** “Educational institution” means an organization that provides practical, vocational, and technical instruction in emergency medical treatment.
- 3.11** “Emergency medical personnel” means persons, including volunteers, licensed or certified 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 licensed physicians, dentists, nurses, or physician assistants when practicing in their customary work setting.
- 3.12** “Emergency medical services” and “EMS” means an integrated system of personnel, equipment, communication, and services to provide emergency medical treatment.
- 3.13** “Emergency medical services agency” means an entity licensed by the Department of Health as an ambulance service or first responder service at one of five levels:
- 3.13.1 Vermont EMS First Responder (VEFR)
  - 3.13.2 Emergency Medical Responder (EMR);
  - 3.13.3 Emergency Medical Technician (EMT);
  - 3.13.4 Advanced Emergency Medical Technician (AEMT); and
  - 3.13.5 Paramedic.
- 3.14** “Emergency medical services district” means a political subdivision established to facilitate the provision of pre-hospital emergency medical treatment within a given area.
- 3.15** “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.
- 3.16** “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.
- 3.17** “EMS Instructor” means an individual licensed by the Department of Health as an EMS Skills Instructor, EMS Instructor/Coordinator or EMS Senior Instructor.
- 3.18** “First responder service” means an entity licensed by the Department of Health to provide emergency medical treatment.
- 3.19** “License” means a type of accreditation issued to emergency medical personnel, ambulances, or an EMS agency by the Department of Health in accordance with this rule that authorizes the individual, ambulance, or agency to provide emergency medical treatment.

- 3.20** “License cycle” means the three-year period for which an Ambulance service license or first responder service license is granted.
- 3.21** “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:
- 3.21.1 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
- 3.21.2 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.
- 3.22** “Medical facility” means a hospital providing emergency services to an emergency medical services district.
- 3.23** “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.
- 3.24** “Patient care report” or “PCR” means the form that describes and documents EMS response incidents.
- 3.25** “Person” means any person, firm, partnership, association, corporation, municipality, or political subdivision, including emergency medical services.
- 3.26** “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.
- 3.27** “Physician assistant” or “PA” means a person licensed as a physician assistant in Vermont.
- 3.28** “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.
- 3.29** “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 or certified 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.
- 3.30** “Registered nurse” or “RN” means a registered nurse licensed in Vermont.

- 3.31 “Scope of practice” means all provider activities and procedures authorized by the Department of Health pursuant to this rule.
- 3.32 “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.
- 3.33 “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.
- 3.34 “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.
- 3.35 “Variance” means an exception or modification granted by the Department that authorizes a modification of one or more of the requirements of this rule.
- 3.36 “Volunteer Personnel” means persons who are licensed or 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 this rule.
- 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 or higher.
- 4.1.2 Whenever an ambulance service transports a patient who is not attended by a physician, the ambulance must be staffed by:
- 4.1.2.1 At least one person Vermont-licensed at the EMT level or higher;  
and
- 4.1.2.2 At least one additional person Vermont-licensed or certified as an EMS provider.
- 4.1.3 In exigent circumstances, where the staffing of an ambulance with two licensed or certified persons may not be possible or desirable, an ambulance may transport a patient with one licensed 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** In order to obtain and maintain a license, an ambulance service shall be required to provide its services in a manner that does not discriminate on the basis of income, funding source, or severity of health needs, in order to ensure access to ambulance services within the licensee's service area.
- 4.3** 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.
- 4.4** 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.
- 4.4.1 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 Department shall grant, deny, or conditionally grant the license.
  - 4.4.2 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.

**4.5** To obtain a new ambulance service license or to modify an existing license, including modifying the specified level of care, the applicant must:

**4.5.1** Apply with forms published by the Department and provide duplicates of all required information to the EMS district board.

**4.5.1.1** 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.

**4.5.1.2** 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.

**4.5.1.3** The Department shall forward copies of all comments received to the EMS district board and the applicant.

**4.5.2** Demonstrate to the Department by attestation in the application that:

**4.5.2.1** 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 quality assurance to protect the public served by the agency;

**4.5.2.2** 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;

**4.5.2.3** The applicant has in place adequate general liability, worker's compensation, professional liability, and automotive coverage;

**4.5.2.4** 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;

**4.5.2.5** 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, the Drug Enforcement Agency and the Vermont Department of Motor Vehicles or equivalent for the state in which the vehicle is registered;

**4.5.2.6** The applicant will receive medical direction to be supplied by the

- hospital(s) within the service area;
- 4.5.2.7 The applicant agrees to provide coverage according to response plans developed by the EMS district board in conjunction with municipal officials;
  - 4.5.2.8 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;
  - 4.5.2.9 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. The contract or written agreement shall be submitted to the Department upon execution.
  - 4.5.2.10 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;
  - 4.5.2.11 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;
  - 4.5.2.12 The applicant has or is able to obtain an appropriate number of ambulance(s) with the required equipment to support the operations proposed.
- 4.6 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 4.5.2 of this rule by providing comments and recommendations.
- 4.6.1 An initial license is issued for the remaining portion of the three-year license cycle, ending December 31.
- 4.7 To renew an ambulance service license:
- 4.7.1 The service must complete the application form provided by the Department and forward it to the EMS district board on or before September 1 in the final year of the license cycle;
  - 4.7.2 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 in the final year of the license cycle;

- 4.7.3 Renewal licenses are issued for three calendar years;
- 4.7.4 Provided that a complete renewal license application has been submitted to the EMS district board by September 1 of the final year of the license cycle, a service may continue to operate as a licensed service beyond December 31 unless otherwise notified by the Department;
- 4.7.5 An ambulance service shall continue to meet the requirements of section 4.5.2 as a condition of re-licensure;
- 4.7.6 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:
  - 4.7.6.1 Vehicle and equipment checks;
  - 4.7.6.2 Personnel licensure and continuing education;
  - 4.7.6.3 Policies and procedures; and
  - 4.7.6.4 Any contracts or agreements for services related to ambulance service licensure.
- 4.8 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.
- 4.9 Paramedic-licensed ambulance agencies may be approved for a Critical Care Paramedic endorsement to provide critical care transfer services subject to the following terms and conditions:
  - 4.9.1 Approval of Critical Care Paramedic protocols by the District Medical Advisor and State EMS Medical Director;
  - 4.9.2 A Department-approved program of continuing education for expanded scope skills and procedures;
  - 4.9.3 Department approval of a quality assurance/quality improvement program administered by the District Medical Advisor;
  - 4.9.4 Expanded scope of practice medications and procedures shall be limited to those approved by the Department; and
  - 4.9.5 Successful submission of an application for this endorsement on forms provided by the Department.

## **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 certified or 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 Department shall grant, deny, 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 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, the Drug Enforcement Agency 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. The contract or written agreement shall be submitted to the Department upon execution.

5.4.3.11 Beginning no later than December 31, 2022, the applicant shall provide complete and accurate documentation of all EMS response incidents into the SIREN system within one business day of the incident.

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 three-year license cycle.

**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 of the final year of the license cycle.

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 of the final year of the license cycle.

5.6.3 Renewal licenses are issued for three calendar years.

5.6.4 Provided that a renewal license application has been submitted to the EMS District Board by September 1 of the final year of the license cycle, 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, certifications, and continuing education;

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 list of required equipment for 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. The patient shall be attended as provided for in section 4.1.
  - 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 direction 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 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, the Drug Enforcement Agency 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 The aircraft has 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 three-year license cycle.

**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 of the final year of the license cycle.

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 of the final year of the license cycle.

6.6.3 Renewal licenses are issued for three calendar years.

6.6.4 Provided that a complete renewal license application has been submitted to the EMS district board by September 1 of the final year of the license cycle, 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 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 submission of a Temporary Ambulance Vehicle License application. 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 Personnel Requirements, Licensing, and Certification**

- 8.1 Criteria for providing emergency medical treatment:
  - 8.1.1 To function at a particular EMS licensure or certification level, a person must hold a current Vermont EMS license or certification for that level.
  - 8.1.2 Vermont EMS licensed or certified persons may render emergency medical treatment on behalf of a sponsoring licensed EMS agency when they are:
    - 8.1.2.1 Functioning under medical direction in accordance with the scope of practice for their Vermont EMS license or certification; and
    - 8.1.2.2 Following the Vermont statewide EMS protocols.
- 8.2 Students in EMS education programs approved or recognized by the Department may perform emergency medical treatments under the supervision of a preceptor until the date on which the instructor notifies the National Registry of EMTs or the Department that the student has completed the course.
- 8.3 Current licensure and certification requirements:
  - 8.3.1 There is one level of Vermont EMS certification for emergency medical services personnel: the Vermont Emergency First Responder (VEFR) certification.
  - 8.3.2 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

8.3.3 Initial certification and licensure:

To be eligible for the first time for a Vermont EMS certification or license at any level, a person must:

8.3.3.1 Be sponsored by a licensed ambulance or first responder service at or above the level the applicant is seeking, or be affiliated with a medical facility that requires the person to hold this level of Vermont EMS licensure or certification;

8.3.3.1.1 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.

8.3.3.1.2 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.

8.3.3.2 Meet the provisions for crime conviction background screening, tax liabilities, child support payments, or similar requirements described in this rule or relevant Vermont statutes;

8.3.3.3 Shall not have a substantiated report of abuse in the Vermont Adult Abuse Registry or the Vermont Child Protection Registry.

8.3.3.4 Apply for licensure or certification on forms available from the Department.

8.3.3.5 For a VEFR certification, complete coursework as approved by the Department and hold an American Heart Association Heartsaver First Aid CPR AED certification, or equivalent.

- 8.3.3.6 For EMS licenses, hold a current NREMT certification at or above the applicable level.
- 8.3.4 To be eligible for a Vermont VEFR certification, or a Vermont EMR license, a person must be at least 16 years old.
- 8.3.5 To be eligible for a Vermont EMS license above the EMR level, a person must be at least 18 years old.
- 8.3.6 Persons who hold or have ever held NREMT certification must maintain that certification for the duration of their Vermont EMS licensure.
- 8.3.7 License and Certification expiration:
  - 8.3.7.1 EMR, EMT, AEMT and Paramedic Vermont EMS licenses are timed to expire three months after the corresponding NREMT certification.
  - 8.3.7.2 A VEFR certification expires on December 31 after two full calendar years from the date the certification was issued.
- 8.3.8 Registered nurses, physician assistants, service members, and veterans:
  - 8.3.8.1 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 certification or licensure by submitting NREMT certification at the level of Vermont EMS licensure being sought and by meeting all other Vermont EMS licensure requirements.
  - 8.3.8.2 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 certification or licensure at any level without prior EMS education or NREMT certification by meeting the following requirements:
    - 8.3.8.2.1 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 certification or licensure being applied for; and
    - 8.3.8.2.2 Successful completion of the NREMT cognitive assessment and psychomotor skill examinations.
- 8.3.9 Re-licensure and re-certification:
  - 8.3.9.1 To be eligible for VEFR re-certification, a person must:
    - 8.3.9.1.1 Renew his or her American Heart Association



Heartsaver First Aid CPR AED certification or equivalent, and complete the following continuing education every two years:

- Workforce safety and wellness – 2 hours
- EMS system communication – 1 hour
- Medical/legal and ethics – 1 hour

8.3.9.2 To be eligible for Vermont EMS re-licensure at any level, a person must continue to meet all the requirements of section 8.3.3 and:

8.3.9.2.1 Renew his or her NREMT certification; or

8.3.9.2.2 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.

8.3.9.2.3 Persons licensed above the Vermont Emergency First Responder level may reduce their Vermont EMS license level by documenting to the Department the continuing education requirements for Vermont Emergency First Responder or 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.

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

8.3.9.4 A person may reinstate a certification or license lapsed less than six months by completing the requirements of section 8.3.9.1 or 8.3.9.2.

8.3.9.5 A person may reinstate a certification or license lapsed more than six months by meeting the requirements of section 8.3.3.

8.3.9.6 Any veteran or service member returning from military deployment who has not met continuing education or NREMT certification requirements may have their certification or license renewed upon application and be given a reasonable amount of time to complete the requirements if:

8.3.9.6.1 The veteran or service member has been deployed for less



than two years; or

8.3.9.6.2 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.

8.3.9.7 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 certification or license renewed upon application and completion of NREMT certification.

8.4 Any Vermont-licensed or certified EMS personnel who has been arrested, charged, or convicted of any crime, or has a substantiated report of abuse filed against them in the Vermont Child Protection Registry or the Vermont Adult Abuse Registry, shall report the incident to the Department within seven (7) days.

## 9.0 Conducting Initial EMS Training Courses

9.1 Training courses leading to 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 requirements:

9.1.1 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 this rule.

9.1.2 Physician medical oversight must be obtained for each course for the purpose of ensuring medical accuracy of the course content.

9.1.3 All courses required for EMS certification or licensure shall be coordinated by a person certified or licensed at or above the EMS level of the course and licensed by the Department as an EMS Instructor.

9.1.4 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.

- 9.1.5 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.

## **9.2 EMS Training Course Admission Criteria:**

- 9.2.1 To be eligible for admission to an EMT course, a person must be at least 16 years old by the end of the course.
- 9.2.2 To be eligible for admission to an Advanced-EMT or Paramedic course, a person must:
  - 9.2.2.1 Be at least 18 years old at the time of entry into the program;  
and
  - 9.2.2.2 Hold a current Vermont EMT license, a NREMT EMT certification, or an EMT certification or license from another state.

## **9.3 A registered nurse or a physician assistant may choose to become eligible to apply for Vermont EMS certification or 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.**

- 9.3.1 Courses for registered nurses or physician assistants seeking Vermont EMS certification or licensure must be taught by a Vermont-licensed EMS Instructor/Coordinator or EMS Senior Instructor and approved as otherwise required for courses leading to NREMT certification. The EMS Instructor/Coordinator or EMS Senior Instructor responsible for the course shall assure the cognitive, psychomotor, and affective competencies of all program participants in all elements of the applicable national and state educational standards.
- 9.3.2 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.

## **9.4 Vermont-licensed EMS personnel without a Vermont Instructor license may assist in instructing a class or skills lab provided that at least one Vermont-licensed SkillLab Instructor, Vermont-licensed Instructor/Coordinator, or Vermont-licensed Senior Instructor is present.**

## **10.0 EMS Instructor Licenses**

### **10.1 EMS Skill Instructor License**

- 10.1.1 Scope of duties: An EMS Skill Instructor has the authority to instruct and observe psychomotor skills and skills practice, not to exceed their level of EMS licensure (EMR, EMT, A-EMT, Paramedic), during initial education courses approved by the Department.
- 10.1.2 In order to be licensed for the first time as an EMS Skill Instructor, an applicant must:
  - 10.1.2.1 Be at least 18 years old;
  - 10.1.2.2 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;
  - 10.1.2.3 Hold a current national certification by the NREMT and/or a Vermont license or certification as a VEFR, EMR, EMT, Advanced EMT, or Paramedic;
  - 10.1.2.4 Complete an EMS Skill Instructor course of education approved by the Department or hold credentials equivalent to such education as approved by the Department;
  - 10.1.2.5 Be a high school graduate or equivalent; and
  - 10.1.2.6 Submit a completed application on forms available from the Department.
- 10.1.3 EMS Skill Instructor re-licensure: To be eligible for re-licensure as an EMS Skill Instructor, a person must, during the previous licensure period:
  - 10.1.3.1 Complete four (4) hours of continuing education as approved by the Department every two years;
  - 10.1.3.2 Continue to meet requirements of section 8.3.3;
  - 10.1.3.3 Participate in a system of quality improvement, including peer review, approved by the Department; and
  - 10.1.3.4 Submit a completed application on forms available from the Department.
- 10.1.4 Expired EMS Skill Instructor licensure: A person whose EMS Skill Instructor license expires as a result of not completing the relicensing process described in section 10.1.3 may regain the license by:
  - 10.1.4.1 Completing all of the requirements of a new EMS Skill Instructor; or

- 10.1.4.2 Completing all of the following requirements:
  - 10.1.4.2.1 Complete four (4) hours of EMS Skill Instructor continuing education as approved by the Department within the preceding two years;
  - 10.1.4.2.2 Instruct under the direct supervision of a licensed EMS Instructor/Coordinator or EMS Senior Instructor and receive a satisfactory evaluation on that performance; and
  - 10.1.4.2.3 Hold or obtain current Vermont EMS license at or above the EMR level.

10.1.5 Terms of licensure: The EMS Skill Instructor license expiration date shall be the same as the person's Vermont EMS license or certification.

## **10.2 EMS Instructor/Coordinator License:**

### **10.2.1 Scope of duties:**

An EMS Instructor/Coordinator has the authority to:

- 10.2.1.1 Instruct and conduct EMS education courses, not to exceed their level of EMS licensure (EMR, EMT, A-EMT, Paramedic), and assure that the course goals and objectives, as approved by the Department, are met;
- 10.2.1.2 Supervise assistant instructors and guest lecturers; and
- 10.2.1.3 Serve as the liaison among the students, the EMS district, the local medical community, the Department and, if there is one, the sponsoring agency.

### **10.2.2 Initial licensure: In order to be licensed for the first time as an EMS Instructor/Coordinator, an applicant must:**

- 10.2.2.1 Be at least 18 years old;
- 10.2.2.2 Be sponsored by an EMS district, ambulance, or first service licensed by the Department, a medical facility, or an educational entity approved by the Department;
- 10.2.2.3 Hold a current national certification by the NREMT and/or a Vermont license as an EMR, EMT, Advanced EMT, or Paramedic;
- 10.2.2.4 Complete an EMS Instructor/Coordinator course of education approved by the Department or hold credentials equivalent to such education, as approved by the Department;
- 10.2.2.5 Be a high school graduate or equivalent; and

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

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

10.2.3.1 Complete twelve hours of continuing education as approved by the Department every two years;

10.2.3.2 Continue to meet requirements of section 8.3.3;

10.2.3.3 Participate in a system of quality improvement, including peer review, approved by the Department; and

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

10.2.4 Expired licensure: A person whose EMS Instructor/Coordinator license expires as a result of not completing the relicensing process described in section 10.2.3 may regain the license by:

10.2.4.1 Completing all requirements of a new EMS Instructor/Coordinator; or

10.2.4.2 Completing all of the following requirements:

10.2.4.2.1 Complete 12 hours of EMS Instructor/Coordinator continuing education as approved by the Department within the preceding two years;

10.2.4.2.2 Instruct under the direct supervision of a licensed EMS Instructor/Coordinator and receive a satisfactory evaluation on that performance; and

10.2.4.2.3 Hold or obtain a current Vermont EMS license at or above the EMR level.

10.2.5 Terms of licensure: The EMS Instructor/Coordinator license expiration date shall be the same as the person's Vermont EMS license.

### **10.3 EMS Senior Instructor License**

10.3.1 Scope of duties:

An EMS Senior Instructor has the authority to:

10.3.1.1 Instruct, conduct and coordinate EMS education courses and EMS Skill Instructor certification courses, not to exceed their level of EMS licensure (EMR, EMT, A-EMT, Paramedic), and assure that the course goals and objectives, as approved by the Department, are met;

- 10.3.1.2 Supervise primary instructors, assistant instructors and guest lecturers; and
- 10.3.1.3 Serve as the liaison among the students, the EMS district, the local medical community, the Department and, if there is one, the sponsoring agency.
- 10.3.2 In order to be licensed for the first time as an EMS Senior Instructor, an applicant must:
  - 10.3.2.1 Be at least 18 years old;
  - 10.3.2.2 Have the following education:
    - 10.3.2.2.1 An Associate's degree; or
    - 10.3.2.2.2 A high school degree or GED, plus two years of college coursework; or
    - 10.3.2.2.3 Successfully complete an accredited Paramedic program.
  - 10.3.2.3 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;
  - 10.3.2.4 Hold a current national certification by the NREMT and/or a Vermont license as an EMR, EMT, Advanced EMT, or Paramedic;
  - 10.3.2.5 Complete a Senior Instructor course of education approved by the Department, or hold credentials equivalent to such education as approved by the Department;
  - 10.3.2.6 Submit a completed application on forms available from the Department
- 10.3.3 EMS Senior Instructor re-licensure: To be eligible for re-licensure as an EMS Senior Instructor, a person must, during the previous licensure period:
  - 10.3.3.1 Complete twelve (12) hours of continuing education as approved by the Department every two years;
  - 10.3.3.2 Continue to meet requirements of section 8.3.3;
  - 10.3.3.3 Participate in a system of quality improvement, including peer review, approved by the Department; and
  - 10.3.3.4 Submit a completed application on forms available from the department
- 10.3.4 Expired licensure: A person whose EMS Senior Instructor license expires

as a result of not completing the relicensing process described in section 10.3 may regain the license by:

10.3.4.1 Completing all requirements of a new EMS Senior Instructor; or

10.3.4.2 Completing all of the following requirements:

10.3.4.2.1 Complete twelve (12) hours of the EMS Senior Instructor continuing education as approved by the Department within the preceding two years;

10.3.4.2.2 Instruct under the direct supervision of a licensed EMS Instructor/Coordinator 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: The EMS Senior Instructor license expiration date shall be the same as the person's Vermont EMS license.

## **11.0 Emergency Medical Treatment Scope and Procedures**

**11.1** Emergency medical treatment may be performed by licensed or certified emergency medical personnel only when operating within their scope of practice and under a system of medical direction. Procedures and treatments shall be provided within the Vermont statewide EMS protocols. Emergency medical treatment shall be performed:

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

11.1.2 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 and ends when the instructor notifies the National Registry of EMTs or the Department that the student has completed the course.

### **11.2 Scope of Practice:**

11.2.1 For the VEFR certification level, the Vermont EMS scope of practice is based upon the American Heart Association Heartsaver First Aid CPR AED standard or equivalent and the VEFR educational standards, but will not exceed the scope of practice for the EMR level of licensure.

11.2.2 For all license levels, the Vermont EMS scope of practice at the current level is based on the NHTSA's National Scope of Practice Model and National EMS Education Standards for that level.



- 11.2.3 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, 2023:
- 11.2.3.1 Successful completion prior to July 1, 2015 of a Critical Care Paramedic course 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 protocols for the expanded scope skills and procedures;
  - 11.2.3.5 Department approval of a quality assurance/quality improvement program related to the expanded scope of practice; and
  - 11.2.3.6 Expanded scope of practice medications shall be limited to peripheral intravenous administration and nutritional preparations.
- 11.2.4 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:
- 11.2.4.1 Successful completion of a Critical Care Paramedic course or examination approved by the Department;
  - 11.2.4.2 Department approval of a program of continuing education for expanded scope skills and procedures;
  - 11.2.4.3 Endorsement by the EMS district medical advisor;
  - 11.2.4.4 Department approval of a quality assurance/quality improvement program related to the expanded scope of practice; and
  - 11.2.4.5 Expanded scope of practice medications and procedures shall be limited to those approved by the department.
- 11.2.5 The NHTSA *National EMS Scope of Practice Model*, as established and periodically updated, is hereby incorporated by reference.
- 11.2.6 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, and to require skills verification and continuing education.
- 11.5** All EMS agencies shall have a quality improvement process in place that has been 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 direction functions, a district medical advisor has the authority to halt or restrict the ability of licensed or certified 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 or certified 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 or certification. The plan of corrective action or notification of intent to request Department action must be submitted to the person within five days of the action;
    - 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 or certified 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 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, by 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 certified or licensed at or above the level being examined, or shall hold special qualifications for the specific 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 this rule 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 or certification with conditions, refuse to issue or refuse to renew a service license or personnel license or certification, or may suspend or revoke a service license or personnel license or certification 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 or certification;
- 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 criminal charge, 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 criminal charge or convictions are considered on a case-by-case basis.
- 14.1.5 A failure to report or a substantiated report of abuse in the Vermont Adult Abuse Registry or the Vermont Child Protection Registry. The Department will not issue a license or certification if an individual is listed on one or both of these registries.
- 14.1.6 Actions that are dangerous or injurious, or potentially so to the public, EMS personnel, or any other persons, including:
  - 14.1.6.1 Drug or alcohol use that puts the public's health and safety at risk;
  - 14.1.6.2 Providing emergency medical treatment or operating an ambulance while impaired by alcohol or other drugs;
  - 14.1.6.3 Performing EMS duties when medically or psychologically unfit to do so;
  - 14.1.6.4 Obtaining a fee by fraud or misrepresentation;

- 14.1.6.5 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;
- 14.1.6.6 Exercising undue influence on or taking improper advantage of a patient;
- 14.1.6.7 Revocation or adverse action against a healthcare or EMS license or certification in Vermont or another jurisdiction;
- 14.1.6.8 Acting negligently or neglectfully in conducting an ambulance service, first responder service, or in providing emergency medical treatment;
- 14.1.6.9 Providing emergency medical treatment at a level or using an intervention for which the service or individual is not EMS licensed or certified;
- 14.1.6.10 Failing to meet data reporting requirements pursuant to Section 16
- 14.1.6.11 Willfully making or filing false reports or records;
- 14.1.6.12 Acting in an abuse and/or threatening manner.

14.1.7 For EMS Instructors:

- 14.1.7.1 Teaching inappropriate practical skills procedures;
- 14.1.7.2 Failing to teach the appropriate course material;
- 14.1.7.3 Failing to conduct courses within the operational requirements of the Department;
- 14.1.7.4 Failure of half or more of the students in three successive courses to pass the first full attempt of the certification examination;
- 14.1.7.5 Instructing while impaired by alcohol or other drugs;
- 14.1.7.6 Instructing while medically unfit to do so;
- 14.1.7.7 Promoting an unsafe learning environment;
- 14.1.7.8 Reporting false information;
- 14.1.7.9 Failing to maintain accurate instructional records.
- 14.1.7.10 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 or certification; 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 or certification, denies the renewal of an EMS license or certification, or conditions an EMS license or certification, 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, certified VEFRs 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 or certification 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 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 or certification 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 or certification 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 145.4.

## 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, and the Health Insurance Portability and Accountability Act (HIPAA).
  - 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, and Vermont-licensed first responder agencies, 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.
  - 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 (NEMSIS) 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.

DRAFT



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*Office of the Secretary*

## **INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES**

**Meeting Date/Location:** September 8, 2021, Physical Location: Pavilion Building, 109 State Street, 5th Floor, Montpelier, VT 05609; Virtual Option: Via Microsoft Teams Available

**Members Present:** Chair Kristin Clouser, Dirk Anderson, Diane Bothfeld, Jennifer Mojo, John Kessler, Diane Sherman, Clare O'Shaughnessy and Michael Obuchowski

**Members Absent:** Ashley Berliner

**Minutes By:** Melissa Mazza-Paquette

- 3:03 p.m. meeting called to order, welcome and introductions.
- Review and approval of minutes from the [August 17, 2021](#) meeting.
- Agenda approved as drafted with addition of committee discussion on pre-filing forms.
- Note: The 'Hospital Licensing Rule' emergency rule by the Department of Health was supported by ICAR Chair Clouser on 8/31/21.
- No public comments made.
- Presentation of Proposed Rules on pages 2-3 to follow.
  1. Meals and Rooms Tax Regulations, Agency of Administration, Department of Taxes, page 2
  2. Emergency Medical Services Rule, Agency of Human Services, Department of Health, page 3
- Next scheduled meeting is Monday, October 11, 2021 at 2:00 p.m.
- 4:20 p.m. meeting adjourned.

**Proposed Rule: Meals and Rooms Tax Regulations, Agency of Administration, Department of Taxes**

**Presented By: Will Baker**

Motion made to accept the rule by Diane Bothfeld, seconded by John Kessler, and passed unanimously except for Kristin Clouser who abstained, with the following recommendations:

1. Proposed Rule Coversheet, #7: Complete.
2. Proposed Rule Coversheet, #8: Corrected 'interpertation' spelling.
3. Proposed Rule Coversheet, #12: Clarify.
4. Proposed Rule Coversheet, #14: Provide a physical location if required by the Office of Secretary of State.
5. Economic Impact Analysis, #4 and #5: Change 'n/a' to 'none' or 'no impact'.
6. Economic Impact Analysis, #6: Be consistent with capitalization.
7. Economic Impact Analysis, #8: Include positive impacts if applicable.
8. Economic Impact Analysis, #9: Include work performed, such as the analysis done to meet the current law.
9. Environmental Impact Analysis: Change 'n/a' to 'none' or 'no impact'.
10. Environmental Impact Analysis #9: Include the analysis used by the department to arrive at the conclusion.
11. Public Input, #3 and #4: Include public outreach and website link to the rule.

**Proposed Rule: Emergency Medical Services Rule, Agency of Human Services, Department of Health**

**Presented By: Brendan Atwood**

Motion made to accept the rule by Dirk Anderson, seconded by Diane Sherman, and passed unanimously with the following recommendations:

1. Clarify who is doing what with this rule within the documents.
2. Proposed Rule Filing: Obtain ink signature is required by the Office of the Secretary of State.
3. Proposed Rule Coversheet, #12: Clarify type of cost and who is included.
4. Proposed Rule Coversheet, #14: Consider including a virtual option to participate.
5. Economic Impact Analysis, #5: Clarify with additional information. Reference statute if appropriate.
6. Economic Impact Analysis, #8: Include alternatives that could have been considered.
7. Economic Impact Analysis, #9: Include relevant/applicable bodies and state that the analysis started with the legislative requirement.
8. Environmental Impact Analysis, #9: Include details on how you arrived at the understanding that there will be no impact.
9. Public Input, #5: Include the entities who have employees who could incur these costs or indicate if the committee listed will share the information with them.