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Rulemaking Hearing Rule(s) Filing Form

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Revision Type (check all that apply):
X Amendment
___ New
___ Repeal

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

Chapter Number	**Chapter Title**
1200-12-01	General Rules
Rule Number	**Rule Title**
1200-12-01-.04	Emergency Medical Technician (EMT)
1200-12-01-.13	EMT and EMT Paramedic Training Programs
1200-12-01-.16	Emergency Medical First Responders

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

Rule 1200-12-01-.04 Emergency Medical Technician (EMT) is amended by changing the title to Emergency Medical Services Personnel Certification and Licensure and by deleting the rule in its entirety and substituting instead the following language, so that, as amended, the new Rule shall read:

1200-12-01-.04 Emergency Medical Services (EMS) Personnel Certification and Licensure.

(1) Scope of Practice for Emergency Medical Services Personnel.

(a) Definitions. Terms used in this rule shall be defined as follows:

1. "Advanced Emergency Medical Technician (AEMT)" means a person who has successfully completed the Advanced Emergency Medical Technician training course, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic and limited advanced emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent, and non-emergent patients who access the emergency medical system.

2. "Board" means the Tennessee Emergency Medical Services Board.

3. "Department" means the Tennessee Department of Health.

4. "Division" means the Division of Emergency Medical Services.

5. "Emergency Medical Responder (EMR)" means a person who has successfully completed the Emergency Medical Responder training course and has qualified by examinations to perform lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport, under medical direction.

6. "Emergency Medical Technician (EMT)" means a person who has successfully completed the Emergency Medical Technician training course, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent and non-emergent patients who access the emergency medical system.

7. "Medical Direction" means the supervision by a physician licensed to practice in the state of Tennessee of all medical aspects of patient care within Emergency Medical Services.

8. "Paramedic" means a person who has successfully completed an accredited Paramedic Program at the certificate or associate degree level, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic and advanced emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent and non-emergent patients who access the emergency medical system.

9. "Protocols" mean a ranking or formal listing of procedures approved by an EMS service's medical director that may be utilized for patient care after physician or medical facility communications have been established.

10. "Standing Orders" mean orders based on an agreement established by an EMS service's medical director, delegating authority to agents within their control to commence treatment and authorizing procedures for patient care that may be utilized until the patient is presented for continuing medical care.

(b) Scope of Practice for Certified Emergency Medical Responder (EMR).

1. An EMR will perform lifesaving interventions while awaiting additional EMS response and will assist higher level personnel at the scene and during transport.

2. An EMR functions as part of a comprehensive EMS response, under medical direction.

3. A certified EMR shall possess, at a minimum, skills as defined by the current National EMS Scope of Practice Model and National EMS Education Standards.

4. An EMR's scope of practice may be extended to include skills the Board authorizes and approves.

(c) Scope of Practice for a Licensed Emergency Medical Technician (EMT).

1. An EMT will provide basic emergency medical care for critical, emergent and non-emergent patients who access the emergency medical system.

2. An EMT functions as part of a comprehensive EMS response, under medical direction.

3. The EMT's scope of practice includes, at a minimum, the skills listed within the EMR scope of practice as well as the "Minimum Psychomotor" skills set as identified in the current National EMS Scope of Practice Model and National EMS Education Standards for EMTs, including but not limited to, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies for patients of all ages.

4. An EMT's scope of practice may be extended to include skills the Board authorizes and approves.

(d) Scope of Practice for a Licensed Advanced Emergency Medical Technician (AEMT).

1. An AEMT will provide basic and limited advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical direction and limited training and focused on the acute management and transportation of critical, emergent, and non-emergent patients.

2. An AEMT functions as part of a comprehensive EMS response, under medical direction.

3. The AEMT's scope of practice includes, at a minimum, the skills listed within the EMT scope of practice as well as the "Minimum Psychomotor" skills set identified in the current National EMS Scope of Practice Model and National EMS Education Standards for the AEMT, including but not limited to, basic non-invasive and limited advanced invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies for patients of all ages.

4. An AEMT's scope of practice may be extended to include skills the Board authorizes and approves.

(e) Scope of Practice for a Licensed Paramedic.

1. A Paramedic will provide basic and advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical direction and advanced training and focused on the acute management and transportation of critical, emergent, and non-emergent patients.

2. Paramedics function as part of a comprehensive EMS response, under medical direction, to perform interventions with the basic and advanced equipment typically found on an ambulance.

3. The Paramedic scope of practice includes, at a minimum, all basic knowledge and skills of an AEMT as well as the "Minimum Psychomotor" skills set identified in the current National EMS Scope of Practice Model and National EMS Education Standards for a Paramedic, including but not limited to, advanced invasive and non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies for patients of all ages.

4. A Paramedic's scope of practice may be extended to include skills the Board authorizes and approves.

(2) Emergency Medical Responder Initial Certification, Renewal, and Reinstatement Requirements.

(a) Initial Certification as an EMR. To be eligible for initial certification as an EMR by the Division, an applicant shall meet the following requirements:

1. Be at least seventeen (17) years of age;

2. Be able to read, write and speak the English language;

3. Have no documented history within the past three (3) years of habitual intoxication or personal misuse of any drugs or intoxicating liquors, in such a manner as to adversely affect the applicant's ability to practice as an EMR;

4. Hold a signed current Basic Cardiopulmonary Resuscitation Healthcare Provider card or equivalent;

5. Successfully complete all aspects of a Board approved Emergency Medical Responder course, including but not limited to, attendance requirements;

6. Achieve an established passing score on a Board approved examination within two (2) years of completion of an EMR training course;

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

7. Applicants must successfully complete all requirements for certification within two (2) years of completion of training.

8. Submit the completed Division-provided application from, along with all required supporting documents and the appropriate certification and application fees in accordance with Rule 1200-12-01-.06.

9. If an applicant does not complete all requirements for certification within two (2) years of date of initial application, the application shall be considered abandoned and the Division shall destroy it.

10. Validity of initial EMR certification shall not exceed thirty-six (36) months.

(b) Post Initial Certification Requirements for an EMR.

1. An EMR shall receive training and show competency under EMS service authorized medical direction to be permitted to perform Board approved extended skills and/or procedures.

2. The EMS service medical director shall monitor performance through a quality assurance program.

(c) Renewal Requirements for Emergency Medical Responder Certification. To be eligible for renewal of certification as an EMR by the Division, an applicant shall meet the following requirements:

1. File the Division provided renewal application and submission of renewal fees, in accordance with Rule 1200-12-01-.06.

2. Submit a copy of a signed current Basic Cardiopulmonary Resuscitation Healthcare Provider card or equivalent;

3. Submit verification of one of the following:

(i) Successful completion of Board approved refresher training course; or

(ii) Satisfactory completion of the examination as established in part (2)(a)6; or

(iii) Completion of ten (10) Continuing Education Contact Hours, or one (1) college credit hour in EMR related studies, as approved by the Division. A minimum of two (2) hours must be in pediatric related topics.

(I) Documentation of skills competency must also be submitted to the Division administrative office with documentation of continuing education.

(iv) The due date for completion of the required continuing education is the expiration date of the EMR's certification renewal.

(v) All EMR's must retain independent documentation of completion of all continuing education hours. This documentation must be retained for a period of four (4) years from the end of the renewal period in which the continuing education was acquired. This documentation must be produced for inspection and verification, if requested by the Division during its verification process. Certificates verifying the individual's completion of the continuing education program(s) shall consist of one or more of the following:

(I) Continuing education program's sponsor, date, length in hours awarded, program title, certified individual's name, and certificate number; or

(II) An original letter on official stationary from the continuing education program's sponsor indicating date, length in hours awarded, program title, certified individual's name, and certificate number.

4. Continuing education contact hours shall be obtained through a Division approved agency or institution or program.

5. Validity of renewed EMR certification shall not exceed twenty-four (24) months.

(d) Reinstatement Requirements for Emergency Medical Responder Certification.

1. Those persons who fail to timely renew certification are eligible to apply for reinstatement of their certification as an EMR by the Division, if the applicant completes the following requirements:

(i) Submits an approved reinstatement application;

(ii) Submits payment of the reinstatement fee in accordance with Rule 1200-12-01-.06;

(iii) Submits a copy of a signed current Basic Cardiopulmonary Resuscitation Healthcare Provider card or equivalent.

(iv) Those persons applying for reinstatement of their certification less than sixty (60) days after expiration of previous certification shall present documentation of successful completion of one of the following:

(I) Required continuing education requirements and documentation of skills competency; or

(II) The Board approved refresher training course, as established in part (2)(a)5; or

(III) The examination, as established in part (2)(a)6.

(e) Those persons applying for reinstatement of their certification sixty (60) days or more after expiration of previous certification shall present documentation of successful completion of both the Board approved refresher training course and the examination as required in parts (2)(a)5 and 6.

(3) Initial Licensure Procedure for Emergency Medical Services Personnel.

(a) All applicants for licensure pursuant to T.C.A. Title 68, Chapter 140 shall comply with the following requirements to be eligible for licensure:

1. Be at least eighteen (18) years of age;

2. Be able to read, write, and speak the English language;

3. Possess a minimum of an academic high school diploma or a general equivalency diploma (G.E.D.);

4. Have no documented history within the past three (3) years of habitual intoxication or personal misuse of any drugs or the use of intoxicating liquors, in such a manner as to adversely affect the person's ability to practice emergency medical services.

5. Present evidence to the Division of Emergency Medical Services of a medical examination certifying physical health sufficient to conduct activities associated with patient care, including, but not limited to, visual acuity, speech and hearing, use of all extremities, absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the care and lifting of the ill or injured. This information shall be provided on a form approved by the Board and shall be consistent with the provisions of the Americans with Disabilities Act.

6. Successfully complete Board approved Tennessee training for the level at which licensure is being requested.

7. Qualify by examination to perform pre-hospital care.

(i) Each applicant shall successfully complete both a Board approved written and practical examination, for the level at which licensure is being requested.

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

(iii) Applicants must successfully complete all requirements for licensure within two (2) years of completion of training.

8. Submit a completed application for licensure form as provided by the Division with all necessary documents, attachments and appropriate fees.

9. An applicant shall disclose the circumstances surrounding any of the following:

(i) Conviction of any criminal law violation of any country, state or municipality, except minor traffic violations.

(ii) The denial of professional licensure/certification application by any other state or the discipline of licensure/certification in any state.

(iii) Loss or restriction of licensure or certification.

10. If an applicant does not complete all requirements for licensure within two (2) years of date of completion of initial training and/or application, the application shall be considered abandoned and the Division shall destroy it.

11. Remit the appropriate licensure and application fees in accordance with Rule 1200-12-01-.06; and

12. Cause the result of a criminal background check to be submitted to the administrative office of the Division, directly from the vendor identified in the Division's licensure application materials. Criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

(b) Initial Licensure for an EMT. To be eligible for licensure as an EMT, an applicant shall complete all licensure requirements listed in subparagraph (3)(a).

1. EMTs who have shown competency in basic knowledge and skills through completion of Board approved written and practical examination and wish to progress to AEMT training without obtaining an EMT license shall:

(i) Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character.

(ii) Begin training no later than one hundred twenty (120) days after successful completion of EMT training.

(iii) AEMT training beginning more than one hundred and twenty (120) days after successful completion of a Board approved EMT training course or failure to successfully complete an AEMT training course shall require a current Tennessee EMT license prior to admission into an AEMT training program.

(c) Initial Licensure for an AEMT. In addition to meeting all licensure requirements listed in subparagraph (3)(a), to be eligible for an AEMT license an applicant shall:

1. Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character.

2. Hold a current license as a Tennessee EMT; or

3. Have begun AEMT training within one hundred and twenty (120) days of completion of a Board approved EMT training class.

(d) Initial Licensure for a Paramedic. In addition to meeting all licensure requirements listed in subparagraph (3)(a), to be eligible for licensure an applicant for a Paramedic license shall:

1. Demonstrate knowledge and competence in the basic knowledge and skills of an AEMT and possess the complex knowledge and skills necessary to provide patient care and transportation;

2. Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character; and

3. Hold a current Tennessee license as an AEMT.

(e) Post Initial Licensure Requirements for all licensed EMS personnel.

1. Licensed emergency medical services personnel shall receive training and show competency under EMS service authorized medical direction to be permitted to perform Board approved extended skills and/or procedures.

2. The EMS service medical director shall monitor performance through a quality assurance program.

(4) Licensure Renewal for all Emergency Medical Services Personnel.

(a) To be eligible for licensure renewal all EMS personnel must complete the following requirements prior to the expiration date of the license cycle:

1. Submit the renewal application and appropriate renewal fee in accordance with Rule 1200-12-01-.06;

2. Prior to license expiration date, successfully complete a Board approved renewal examination or the continuing education requirements for the licensure renewal. A renewal applicant using continuing education requirements shall produce proof of continuing education requirements upon a request for inspection.

(i) Certificates verifying the licensee's completion of the continuing education program(s) shall consist of one or more of the following:

(I) Continuing education program's sponsor, date, length in hours awarded, program title, licensee's name, and/or license number; or,

(II) An original letter on official stationary from the continuing education program's sponsor indicating date, length in hours awarded, program title, licensee's name, and/or license number.

(ii) Retention of independent documentation of completion of continuing education renewal requirements shall be maintained by all emergency medical services personnel as follows:

(I) Independent documentation of completion of continuing education renewal requirements must be retained for a period of four (4) years from the end of the renewal period in which the requirement was acquired; and,

(II) This documentation must be maintained in a form available for production for inspection and verification, if requested by the Division during its verification process.

(iii) The due date for completion of the required continuing education is the expiration date of the EMS personnel license renewal.

3. Submit a current copy of Cardiopulmonary Resuscitation Healthcare Provider card or equivalent.

4. EMT Licensure Renewal. In addition to meeting all licensure renewal requirements listed in subparts (4)(a)1 through 3, an applicant for an EMT licensure renewal shall complete EMT continuing education requirements as follows, to be eligible for licensure renewal:

(i) Maintain proof of successful completion of a Board approved license renewal examination; or

(ii) Complete twenty (20) Board approved continuing education contact hours (A minimum of five (5) must be in pediatric related topics); or

(iii) Complete a minimum of two (2) Division approved college credit hours in EMT-related studies.

5. AEMT Licensure Renewal. In addition to meeting all licensure renewal requirements listed in subparts (4)(a)1 through 3 an applicant for an AEMT licensure renewal shall complete AEMT continuing education requirements as follows, to be eligible for licensure renewal:

(i) Maintain proof of successful completion of a Board approved license renewal examination; or

(ii) Complete twenty-five (25) Board approved continuing education contact hours (A minimum of eight (8) must be in pediatric-related topics); or

(iii) Complete a minimum of two (2) Division approved college credit hours in AEMT-related studies.

6. Paramedic Licensure Renewal. In addition to meeting all licensure renewal requirements listed in subparts (4)(a)1 through 3, an applicant for a Paramedic licensure renewal shall complete Paramedic continuing education requirements as follows, to be eligible for licensure renewal:

(i) Maintain proof of successful completion of a Board approved license renewal examination; or

(ii) Complete thirty-two (32) Board approved continuing education contact hours (A minimum of eight (8) must be in pediatric-related topics); or

(iii) Complete a minimum of three (3) Division approved semester college credit hours in Paramedic-related studies.

(iv) Paramedic license renewal shall qualify for renewal of the EMT license.

(b) Violation of proscribed acts of the EMT, AEMT, and Paramedic as listed in T.C.A. § 68-140-311 shall be cause for revocation, suspension, or denial of license renewal.

(c) A licensee, permit or certificate holder may renew his or her license within sixty (60) days following the license expiration date upon payment of the renewal fee in addition to a late penalty established by the Board for each month or fraction of a month that payment for

renewal is late; provided, that the late penalty shall not exceed twice the renewal fee. If a licensee fails to renew his or her license within sixty (60) days following the license expiration date, then the licensee shall reapply for reinstatement of licensure in accordance with the rules established by the Board.

(d) Licensure Reinstatement of a Lapsed License for All Emergency Medical Services Personnel.

1. Reinstatement of expired license within one (1) year of expiration for licensees showing "Good Cause." For the purpose of reinstatement renewal under the "Good Cause" provision of an emergency services personnel license which has expired, the following requirements shall be met by the applicant to be eligible for reinstatement:

(i) The Division must receive written notification and a request for reinstatement within one (1) year of expiration for "Good Cause" from the licensee. If no notification is initiated by the licensee, then "Good Cause" cannot be applied.

(I) "Good Cause" for delayed compliance with the regulations shall include:

I. Personal illness or hospitalization;

II. Extensive travel or relocation within the affected time period;

III. Conflicting professional or educational schedules (military);

IV. Immediate family illness or death; or

V. Extraordinary circumstances beyond the control of the licensee.

(II) The following reasons shall not constitute "Good Cause":

I. Failure to submit necessary forms or fees by the expiration date;

II. Willful defiance of rules.

(ii) The licensee must complete a continuing education or renewal examination within the prior license period and must pay the reinstatement fee as specified by Rule 1200-12-01-.06.

(iii) The Division must receive the completed renewal application and appropriate documentation and the reinstatement fee within one (1) year of the expiration date.

2. Reinstatement greater than sixty (60) days but less than one (1) year of expiration of the license for licensees not qualifying under the "Good Cause" provision. For the purpose of reinstatement of an emergency services personnel license which has expired, the following requirements shall be met by the licensee to be eligible for reinstatement:

(i) The licensee must successfully complete an EMS Board approved license renewal written examination for appropriate level of desired licensure;

(ii) The licensee must pay all applicable fees as specified by Rule 1200-12-01-.06; and,

(iii) The Division must receive the completed reinstatement application and appropriate documentation and the reinstatement fee as specified by rule within one (1) year after expiration of the license.

3. Reinstatement greater than one (1) year but less than two (2) years after expiration of the license. For the purpose of renewal of an emergency services personnel license which has expired, the following requirements shall be met by the licensee to be eligible for reinstatement:

(i) The licensee must successfully complete an EMS Board approved refresher course for the appropriate level of desired licensure;

(ii) The licensee must successfully complete an EMS Board license renewal written and practical examination for the appropriate level of desired licensure;

(iii) The licensee must pay all applicable fees as specified by Rule 1200-12-01-.06; and,

(iv) The Division must receive the completed reinstatement application and appropriate documentation and the reinstatement fee as specified by rule within two (2) years after expiration of the license.

(v) The licensee shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check. Criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

4. Reinstatement greater than two (2) years after expiration of the license. When the license of an EMT or AEMT has lapsed for two (2) years or more, a licensee must complete the Board approved training course for appropriate level of licensure in its entirety and comply with initial license requirements in effect under subparagraph (3)(a).

5. Reinstatement of a Paramedic license greater than two (2) years after expiration of the license. When the license of a Paramedic has lapsed for two (2) years or more, the licensee must complete the following requirements:

(i) Officially document completion of a state approved EMT-Paramedic / Paramedic Training Program after January 1, 1977;

(ii) Show evidence of previous Tennessee licensure as a Paramedic;

(iii) Successfully complete Board approved written and practical examinations;

(iv) Hold a current Advanced Cardiac Life Support (ACLS) provider or instructor certification from the American Heart Association;

(v) Hold a current Pre-hospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS) certification as a provider or instructor;

(vi) Hold a current Pediatric Advanced Life Support (PALS) certification as a provider or instructor;

(vii) Complete a state approved Paramedic Refresher Training Program or complete forty-eight (48) hours of Advanced Life Support training that overviews the topical content of the state approved Paramedic Refresher Training Program;

(viii) Pay all applicable fees as specified by Rule 1200-12-01-.06;

(ix) Send the completed reinstatement application and appropriate documentation and the reinstatement fee as specified by rule to the Division;

(x) Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character;

(xi) Cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check. The criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division;

(xii) Submit a current copy of Cardiopulmonary Resuscitation Healthcare Provider card or equivalent; and

(xiii) Present evidence to the Division of Emergency Medical Services of a medical examination certifying physical health sufficient to conduct activities associated with patient care, including, but not limited to, visual acuity, speech and hearing, use of all extremities, absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the care and lifting of the ill or injured. This information shall be provided on a form approved by the Board and shall be consistent with the provisions of the Americans with Disabilities Act.

(5) Reciprocity Requirements for Emergency Medical Services Personnel for Certification or Licensure.

(a) Currently Certified or Licensed EMR, EMT, AEMT or Paramedic. Any EMR, EMT, AEMT or Paramedic who meets the following requirements is eligible to apply for reciprocity for certification or licensure:

1. Applicant holds current certification or licensure from another state, country, or was certified/licensed while employed by the federal government; or

2. Applicant was/is certified/licensed while employed by the federal government, but not certified or licensed currently by another state or country, holds current certification/licensure from the National Registry of Emergency Medical Technicians for the level at which reciprocity is being requested; or

3. Applicant has successfully completed a course or curriculum based on the National Emergency Medical Services Education Standards for EMR, EMT, or Advanced EMT or Paramedic, or an equivalent course or curriculum; or

4. Applicant submits appropriate documentation of training conducted by an authorized federally approved training agency, if applicant was trained while employed by the federal government; and

5. Applicant conforms to all license/certification requirements for Tennessee certification or license, for level at which reciprocity is being requested;

6. Applicant demonstrates successful completion of all Board approved written and practical examinations, for level at which reciprocity is being requested; and

7. Applicant submits the appropriate application forms and fees, if applicable, to the Division.

8. Applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check. Criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

(6) Name or Address Change Notification Requirements.

(a) Certified or Licensed EMS personnel shall notify the Division in writing or online through the Division's website of a change of name or address within thirty (30) days of such change.

(b) EMS Division notifications for any purpose, including but not limited to continuing education requirements, renewals or disciplinary actions, shall be posted to the address listed on file with the Division.

(c) Return by the post office of any Division notifications, which are posted to the address listed on file with the Division for the licensee, shall be interpreted as a willful violation for failure to retain a current address on file by the licensee.

(7) Retirement of an EMS Certification or License and Title Privilege

(a) Retirement of certification or license. A currently certified EMR or licensed EMT, AEMT or Paramedic may be eligible to retire his/her certificate or license upon submitting the following information to the Division:

1. A properly completed retirement affidavit form to be furnished by the Division; and,

2. A licensee or certificate holder with pending disciplinary action from this state or any other state shall not be eligible to retire the license or certificate until such time as the disciplinary action is concluded.

(b) EMS Title Privilege. Any EMS licensee who has filed the required information for permanent retirement of his/her license and received confirmation that the license will be retired, as requested, shall be permitted to use the following appropriate title for the licensee's level of licensure:

1. For emergency medical responder, EMR Retired or EMRR;

2. For emergency medical technicians, EMT Retired or EMTR;

3. For advanced emergency medical technician, AEMT- Retired, or AEMT-R; or,

4. For Paramedics, Paramedic – Retired or Paramedic - R.

(8) Reactivation of a Retired EMS Certificate or License.

(a) Reactivation request within two (2) or less years of retirement of certificate or license. A licensee whose certificate or license has been retired for two years or less may be eligible to reactivate his/her certificate or license by completing the requirements for reinstatement for the appropriate level of licensure.

(b) Reactivation request after two (2) or more years of retirement of certificate or license. If a licensee's certificate or license has been retired for more than two years, an applicant

must complete the requirements for reinstatement of an expired license greater than two (2) years.

(9) Downgrade of a Current AEMT or Paramedic EMS License

(a) A currently licensed AEMT or Paramedic may be eligible to downgrade his/her license by submitting the following to the Division:

1. A properly completed downgrade affidavit form to be furnished by the Division; and

2. All necessary documentation, if applicable.

Authority: T.C.A. §§ 68-140-304, 68-140-308, and 68-140-317.

Rule 1200-12-01-.13 EMT and EMT Paramedic Training Programs is amended by changing the title to EMT, AEMT and Paramedic Education Programs and by deleting the rule in its entirety and substituting instead the following language, so that, as amended, the new Rule shall read:

Rule 1200-12-01-.13 EMT, AEMT and Paramedic Education Programs

(1) Definitions. Terms used in this rule shall be defined as follows:

(a) "Approval" means the approval process the Tennessee Emergency Medical Services Board ("Board") uses to assure that EMT, AEMT, and Paramedic education programs comply with the educational standards, requirements, and policies it adopts.

(b) "Approved Program" means an education program approved by the Tennessee Emergency Medical Services Board.

(c) "Contract or Agreement" means a written agreement between the school and the cooperating agency.

(d) "EMS Educational Institution" means an institution sponsoring an EMT, AEMT, or Paramedic education program shall be an accredited post-secondary educational institution, such as a university, college, community college, technical school, or fire department in accordance with T.C.A. § 68-140-327, or a state agency conducting classes for state law enforcement employees at a state law enforcement training academy, with adequate resources and dedication to educational endeavors.

(e) "Medical Director" means a physician with an unencumbered Tennessee license having experience and current knowledge of emergency care of acutely ill and/or traumatized patients. This individual shall be familiar with base station operation including communication with, and direction of, pre-hospital emergency units. The medical director must have knowledge of administrative problems affecting EMS personnel education programs and legislative issues regarding educational programs for the pre-hospital provider.

(f) "National Accreditation" means accreditation from the Commission on Accreditation of Allied Health Education Programs ("CAAHEP").

(g) "National Education Standards" shall mean national education standards developed from the National EMS Scope of Practice Model for Emergency Medical Service Personnel as promulgated by the U.S. Department of Transportation, National Highway Traffic Safety Administration.

(2) EMS Educational Programs:

(a) Any EMS Educational Institution sponsoring an EMT, AEMT, or Paramedic education program to qualify applicants for licensure shall ensure that its program conforms, at a

minimum, to the national educationstandards developed from the National EMS Scope of Practice Model for Emergency Medical Service Personnel promulgated by the U.S. Department of Transportation, National Highway Traffic Safety Administration, which the EMS Board has approved, and to such rules as the Board shall promulgate.

(b) Any EMS Educational Institution sponsoring an EMT, AEMT, or Paramedic education program shall adopt, at a minimum, all parts of the curricula as developed from the national education standards including skills, training requirements, and permitted practices and procedures for appropriate licensure classification which the EMS Board has adopted.

(c) The EMS Educational Institutions sponsoring EMS training programs shall:

1. File a written request for Division approval with the EMS Division at least thirty (30) days prior to the start date of classes;

2. Ensure that the training program has sufficient supervised practice, equipment, and experience for each required clinical skill;

3. Have a medical director whose affiliation is confirmed in writing;

4. File a description of curriculum with the EMS Division; and

5. Meet the instructor/student ratio approved by the Board.

(d) Only students from Tennessee approved programs or those who have met reciprocity requirements shall be eligible for state licensure.

(e) Purposes of Approval are as follows:

1. To set standards for education programs to prepare emergency medical services licensees to practice safely; and

2. To ensure that graduates of an approved EMS Educational Institution are eligible for admission to the licensure examinations.

(f) Approval shall be categorized, and awarded or revoked in accordance with the following criteria:

1. The Board may grant initial approval to a new program that has not been in operation long enough to graduate its first class, but demonstrates its eligibility for full approval. The Board shall review programs for full approval one year after initial approval or when their first class of students graduates.

2. Approval and renewal of approval shall be based on recommendations of the Division made to the Board based upon application information, survey and site visits, review of clinical experiences and documentation, instructor/ student ratio, instructor qualifications, and related evidence of continuing compliance with the regulations of the Board.

3. The Board may grant approval for a period of five (5) years to a program that has met the requirements that are set forth by the Board and the policies of the Division of EMS.

4. The Board may grant conditional approval to a program which has failed to maintain the standards and has been notified that it must meet the requirements within a specified time period or upon demonstration of compliance.

5. The Board shall deny approval for cause, or it may revoke or condition approval for failure to comply with the standards the Board establishes.

6. If the institution does not correct deficiencies within the specified time, and until the Board approves such action, the education program shall not convene a subsequent class.

7. Programs desiring to cease education activities shall notify the Director of EMS in writing.

(g) All programs must maintain for first attempt for licensure, an annual pass rate as approved by the Board. Should a program fail to maintain the required pass rate it shall:

1. Receive a "Letter of Concern" from the Division.

2. Should a program fail to achieve the required pass rate for a second year, the program shall receive a "Letter of Warning" from the Division and be required to submit a "Plan of Correction" to the Division outlining its recommendations for improvement.

3. Should a program fail to achieve the required pass rate for a third year, a representative from the approved program shall be required to appear before the Board to explain the "Plan of Correction" and the steps taken to improve.

4. The Board may, in accordance with the Uniform Administrative Procedures Act (UAPA), condition, suspend, or revoke the educational institution's approval.

(h) Requirements for Approval.

1. Sponsorship/Affiliation

(i) EMS Educational Institutions must have affiliation agreements with Tennessee licensed Emergency Medical Services, and with Tennessee licensed medical facilities or hospitals which are capable of supporting EMT, AEMT and/or Paramedic education with sufficient supervised practice and experience for the number of students enrolled in the program.

(ii) The EMS educational institution must provide the financial support, facilities, and leadership capable of ensuring a sound educational program and appropriate services to faculty and students.

(iii) The EMS educational institution shall maintain records of overall student competency in knowledge, skills and experience while maintaining the capability to endorse participants for the license examination.

(iv) The EMS educational institution shall notify the Division of any proposed major curriculum or program change in writing which will be subject to Board approval.

2. Curriculum

(i) Program Goals and Objectives

(I) The program shall have a written statement of program goals and objectives consistent with and responsive to the demonstrated needs and expectations of the various communities it serves.

(II) Statements of goals and objectives shall provide the basis for program planning, implementation, and evaluation.

(III) An advisory committee shall be designated and charged with assisting the program and sponsoring institutional personnel in formulating appropriate goals and standards, monitoring needs and expectations, and ensuring program responsiveness to change.

(ii) Minimum Expectations

(I) Program goals and objectives must include, but need not be limited to, providing assurance that graduates demonstrate entry-level competencies, as periodically defined by nationally accepted educational standards and scope of practice for the appropriate level of licensure.

(II) The curriculum shall follow planned outlines, that shall be kept on file for Division review, that appropriately integrate lecture, laboratory, clinical, and field experience sequenced to assure efficient learning and opportunity for every student. Content and support courses shall include basic theoretical and scientific knowledge reflective of state of the art patient care.

(III) The curriculum shall meet, or exceed, the national educational standards and competencies for the appropriate level of licensure as adopted in the United States Department of Transportation National EMS Scope of Practice Model and Education Standards.

3. Administration and Faculty

(i) Administration of EMS Educational Programs

(I) EMS Educational Institutions offering paramedic educational programs shall include the following:

I. A full time Division authorized EMS Program Director, whose primary responsibility and fulltime commitment is to the educational program.

II. The Program Director shall have appropriate training and experience to fulfill the role of program director as indicated in rule 1200-12-01-.12(1).

III. The Program Director shall be responsible for the organization, administration, periodic review, development and effectiveness of the paramedic educational program.

IV. The Program Director shall act as a liaison between faculty, the sponsoring service, students, the local medical community, and the Division of Emergency Medical Services.

V. The Program Director is responsible for recruitment and the continued development of faculty to meet the needs of the institution.

(II) EMS Educational Institutions offering AEMT education shall include the following;

I. At a minimum, a Division authorized AEMT Instructor/ Coordinator, who is responsible for the organization, administration, periodic review, development and effectiveness of the AEMT educational program.

II. An EMS Program Director in EMS institutions authorized to provide Paramedic educational programs may also administer AEMT educational programs.

(III) EMS Educational Institutions offering EMT education shall include the following:

I. At a minimum, a Division authorized EMT Instructor/ Coordinator, who is responsible for the organization, administration, periodic review, development and effectiveness of the EMT educational program.

II. An EMS Program Director in EMS institutions authorized to provide Paramedic or AEMT educational programs may also administer EMT educational programs.

(IV) Medical Director. The program shall appoint a medical director who shall be responsible for reviewing and approving the educational content of the program's curriculum. The medical director shall:

I. Review and approve the content and quality of the medical instruction and supervision the EMS educational program delivers;

II. Ensure that each student is appropriately assessed to assure that the student is making adequate progress toward the completion of the educational program; and

III. Attest that each student has achieved the desired level of competence prior to graduation.

(V) Instructional Faculty

I. The faculty shall be authorized by the Division and qualified through academic preparation, training, and experience to teach the courses or topics to which they are assigned in the curriculum.

II. Faculty members shall demonstrate individual proficiency and qualifications by submitting a personal Curriculum Vitae that will be kept on file with the Program Director.

III. The number of faculty instructors shall be sufficient to provide instruction and supervision for each period of the program or field experience.

(VI) An Authorized Paramedic Instructor/Coordinator shall be responsible for the delivery of instruction in a Paramedic education program.

I. The Paramedic Instructor/Coordinator shall be knowledgeable in all aspects of pre-hospital care, capable of applying techniques and modalities of adult

education, and of managing resources and resource personnel.

II. Paramedic Instructor Assistants shall be responsible for teaching practical skills to include: assisting the Program Director and/or Instructor/Coordinator in the delivery of instruction, evaluating student performance of skills under supervision of Program Director or Authorized Paramedic Instructor/Coordinator.

(VII) An authorized AEMT Instructor/Coordinator shall be responsible for the delivery of instruction in an AEMT educational program.

I. An authorized AEMT Instructor/Coordinator shall be in the classroom for, at least but not limited to, the following:

A. Delivery of didactic material;

B. Demonstration of the psychomotor skills;

C. Verification of skill proficiency; and

D. Supervision of AEMT Instructor Assistants.

II. The education program may utilize Authorized AEMT Instructor Assistants for teaching practical skills including, but not limited to, assisting the Program Director and/or AEMT Instructor/ Coordinator in the delivery of instruction and evaluating student performance of skills during a lab.

(VIII) An authorized EMT Instructor/Coordinator shall be responsible for the delivery of instruction in an EMT educational program.

I. An authorized EMT Instructor/Coordinator shall be in the classroom for, at least but not limited to, the following:

A. Delivery of didactic material;

B. Demonstration of the psychomotor skills;

C. Verification of skill proficiency; and

D. Supervision of EMT Instructor Assistants.

II. The education program may utilize Authorized EMT Instructor Assistants for teaching practical skills including, but not limited to, assisting the Program Director and/or EMT Instructor/Coordinator in the delivery of instruction and evaluating student performance of skills during a lab.

4. Resources.

(i) Finances. Financial resources adequate for the continued operation of the educational program shall be provided for each class of students enrolled.

(ii) Facilities.

(I) Instructional resources shall include:

I. Classrooms, laboratories and administrative offices with sufficient space to accommodate the number of students matriculating in the program and the supporting faculty;

II. Library resources, related to the curriculum, shall be readily accessible to students and shall include current EMS and medical periodicals, scientific books, audiovisual and self-instructional resources, and other references; and

III. Available sufficient supplies and equipment to be used in the provision of instruction that are consistent with the needs of the curriculum and adequate for the students enrolled.

(II) Clinical Resources

I. The educational program shall establish clinical affiliations that are confirmed by written affiliation agreements with the institutions and agencies that provide students with clinical experience under appropriate medical direction and clinical supervision.

II. Students shall have access to an adequate number of patients and in distribution by sex and age who present common problems encountered in the delivery of basic and advanced emergency care.

III. Students shall be assigned in clinical settings where experiences are educationally sufficient to achieve the national educational standards for the appropriate level of licensure.

IV. Program instructors or hospital personnel, such as nurses or physicians, who have been approved by the program to so function, shall provide supervision in the clinical setting. The ratio of students to instructors in the clinical facilities shall be adequate to assure effective learning.

V. Students shall be clearly identified by name plate, uniform, or other apparent means to distinguish them from graduate emergency medical services personnel, other health professionals, workers, and other students.

(III) Field Internship

I. The program's field internship shall occur within an emergency medical system which demonstrates medical accountability. The student must be under direct supervision of preceptors the program and/or EMS services designate. Preceptors shall be physicians and/or nurses with pre-hospital experience, AEMTs or paramedics. The program shall assure that there is appropriate, objective evaluation of student progress in acquiring the desired competencies in accordance with the national education standards.

II. Field internship shall occur on an Advanced Life Support vehicle within an EMS system having capability of voice telecommunications with on-line medical direction. The vehicle shall be equipped with equipment and drugs necessary for basic and advanced life support.

III. The majority of the field internship experience shall occur following the completion of the didactic and clinical phases of the program. It must be structured to assure that upon completion of this portion of the program, each student will achieve the desired competencies of the national educational standards.

IV. Adequate manpower shall be available within the EMS system to assure that the assigned student is never a substitute for paid personnel or a required team member.

5. Students Admission and Conduct.

(i) Selection and admission practices for entrance into an EMT, AEMT, or Paramedic education program shall be based on the following criteria and shall be clearly defined and published by the institution and shall be non-discriminatory with respect to race, color, creed, sex, age, handicaps, or national origin.

(I) Meet the admission requirements of the EMS educational institution.

(II) Possess an academic or equivalent high school diploma or general education equivalent (GED).

(ii) Upon selection for admission into the EMT, AEMT, or Paramedic program, the student shall:

(I) Show good physical and mental health and possess no physical handicaps or disabilities which would impede the ability to fulfill the functions and responsibilities of an EMT, AEMT, or Paramedic.

(II) Submit a physical examination form indicating physical health sufficient to perform the duties of an EMT, AEMT, or Paramedic completed by a physician, physician assistant, or nurse practitioner, who has examined the individual. If there are any limitations in the individual's ability to perform adequately, additional documentation shall be submitted from the appropriate professional evaluator which indicates the applicant's abilities to perform adequately (i.e.):

I. Speech impairment - Speech Pathologist;

II. Hearing impairment - Audiologist;

III. Physical handicap or disability - Orthopedist or Registered Physical Therapist; or

IV. Vision – Ophthalmologist.

(III) Readmission or transfer of students shall be made in accordance with clearly defined and published practices of the institution which shall be non-discriminatory with respect to race, color, creed, sex, age, handicaps, or national origin.

(IV) Dismissal. Students shall be subject to dismissal from the education program for cause.

6. Program Records

(i) Each student record shall include the following:

(I) A transcript of high school graduation or graduate equivalent (GED), or official academic college transcript in each student's file;

(II) Medical evidence that the protection of students and the public from injury or the transmission of communicable diseases is assured for each student;

(III) A record of class and practice participation along with evidence of competencies attained throughout the education program;

(IV) Copies of examinations and assessments of the student's development and attainment of competencies;

(V) Sufficient information to document each student's satisfactory completion of all didactic, practical skills, laboratory, clinical, and field requirements.

(VI) Copies of proof of malpractice insurance on each student enrolled in the program with minimal coverage of $1,000,000.00/$3,000,000.00 which will extend for the entire duration of the education program; and

(VII) The records maintained by the institution shall be complete whether or not a student is successful in completing the prescribed course of instruction.

(ii) Each academic record shall include:

(I) A descriptive synopsis of the current curriculum; and

(II) A statement of course objectives, copies of course outlines, class and laboratory schedules, clinical and field internship experience schedules, and teaching plans.

7. Student Admission. In addition to requirements for admission to all EMT education programs, applicants for admission to AEMT Education programs shall meet requirements as follows:

(i) Hold a current Tennessee EMT license prior to admission; or

(ii) Have successfully completed the EMT education program within 120 days of beginning an Advanced EMT education program and have successfully completed a Board approved EMT competency written and practical examination.

(3) Paramedic Education Programs.

(a) Upon initial approval of a paramedic program by the EMS Board, all paramedic education programs must make application to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and receive a letter of review for accreditation with the Commission of Accreditation of Allied Health Education Programs (CAAHEP) and shall be accredited within four (4) years of Initial application of CAAHEP.

(b) All Paramedic programs must maintain accreditation with CAAHEP.

(c) Additional admission requirements for paramedic education programs.

1. To be eligible for admission an applicant shall be currently licensed as an Advanced Emergency Medical Technician in the State of Tennessee.

2. The applicant must be evaluated using a scale where each requirement will receive a score of 0-5 depending on the quality of achievement with 5 being the highest and 0 being the lowest. Applicants selected shall receive an overall interview rating of 2.5 and above.

3. AEMT knowledge. The applicant having successfully completed an AEMT license exam more than one year prior to the start of Paramedic classes must successfully complete an AEMT assessment written examination approved by the Board.

4. An applicant shall be interviewed and evaluated. Each area evaluated in the interview shall be rated with a score of 0-5 depending on the quality of achievement, with 5 being the highest score and 0 being the lowest. Applicants selected shall receive an overall rating of 2.5 and above.

(i) The applicant shall be interviewed by a committee of at least four (4) individuals and a representative from the Division of Emergency Medical Services. Committee members shall be selected from the following: an EMS educator, a registered nurse, a physician, a paramedic, and/or an ambulance service director.

(ii) The following criteria shall be used for interview evaluation:

(I) EMS related experience;

(II) Level of maturity and motivation;

(III) Level of knowledge;

(IV) Communication ability; and

(V) Poise.

Authority: T.C.A. § 68-140-304.

Rule 1200-12-01-.16 Emergency Medical First Responders is amended by deleting subparagraphs (1)(a), (1)(b), and (1)(c) in their entirety and substituting instead the following language, so that as amended the new subparagraphs shall read:

(a) Emergency Medical Responder (First Responder) means a person who has completed required training and who participates in an organized program of mobile pre-hospital emergency medical care.

(b) Emergency Medical Responder (First Responder) Certification means successful participation and completion of the Emergency Medical Responder Course and certifying examinations.

(c) Emergency Medical Responder (First Responder) Course means instruction in basic knowledge and skills necessary to provide emergency medical care to the sick and injured individuals who may respond before licensed Basic or Advanced Life Support units arrive.

Rule 1200-12-01-.16 Emergency Medical First Responders is further amended by deleting paragraph (3), but not its subparagraphs and substituting instead the following language, so that as amended the new paragraph shall read:

(3) Emergency Medical Responder (First Responder) Training Programs:

Rule 1200-12-01-.16 Emergency Medical First Responders is further amended by deleting paragraphs (4) and (5) in their entirety and appropriately renumbering the remaining paragraph.

Authority: § 68-140-304.

* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Sullivan K. Smith, MD	X				
Timothy Bell			X		
Susan M. Breeden	X				
Ralph Brooks, MD	X				
Jeffrey L. Davis	X				
Richard Holliday	X				
Larry Hutsell		X			
Kevin Mitchell	X				
Dennis W. Parker	X				
James E. Ross	X				
Robert W. Thurman, Jr.	X				
Robert A. Webb		X			
Vacant					

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Emergency Medical Services Board on 06/20/2012, and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: *02/02/12 and 04/30/12*

Rulemaking Hearing(s) Conducted on: (add more dates). *03/29/12 and 06/20/12*

Date: June 22, 2012

Signature: Lucille F. Bond

Name of Officer: Lucille F. Bond

Title of Officer: Assistant General Counsel
Department of Health

THEODORA P. WILKINS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Subscribed and sworn to before me on: 6/22/12

Notary Public Signature: Theodora P. Wilkins

My commission expires on: 11/3/15

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

R E Cooper

Robert E. Cooper, Jr.
Attorney General and Reporter

1-9-13
Date

Department of State Use Only

Filed with the Department of State on: 1/11/13

Effective on: 4/11/13

Tre Hargett
Secretary of State

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SECRETARY OF STATE
ADMINISTRATIVE RULES

Public Hearing Comments

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

PUBLIC HEARING COMMENTS

RULEMAKING HEARING

TENNESSEE BOARD OF EMERGENCY MEDICAL SERVICES

The rulemaking hearing for the Tennessee Board of Emergency Medical Services was held on March 29, 2012 and the continued rulemaking was held on June 20, 2012 in the Department of Health Conference Center's Iris Room on the First Floor of the Heritage Place Building in MetroCenter, Nashville, Tennessee. Lucille F. Bond, Assistant General Counsel, Department of Health, presided over the meeting.

1. Comment: A comment was made referencing a typographical error in Rule 1200-12-01-.04(5) concerning reciprocity requirements.

Board: The typographical error was corrected which clarified confusion with reciprocity requirements.

2. Comment: There were several written and verbal comments concerning confusion in the scopes of practice for the different levels of licensure, and which procedures could be performed at each level of licensure.

Board: The proposed rules which included specific language concerning scope of practice for all levels of licensure were amended to state the scope of practice would adhere to the National EMS Scope of Practice Model and National EMS Education Standards and a document will be placed on the Division website outlining such specifications.

3. Comment: There was confusion regarding the term "medical oversight" as to whether it concerned medical oversight during an emergency transport or medical oversight over an ambulance service.

Board: The term "medical oversight" was changed to "medical direction" and the statutory definition of "medical direction" was used. Further, the definition of "standing orders" was clarified.

4. Comment: There were several comments made suggesting the term "non-emergent" should be added to the definitions of "emergency medical technician," "advanced emergency medical technician" and "paramedic."

Board: The term "non-emergent" was added to the applicable definitions.

5. Comment: Several written and verbal comments were received expressing a concern over the increased number of continuing education credits which will be required for renewal of a license.

Board: The Board decreased the number of continuing education contact hours from forty (40) at the Paramedic level to thirty-two (32) and decreased the number of continuing education contact hours from thirty (30) to twenty-five (25) at the AEMT level in the proposed rule. The pediatric hours were decreased from ten (10) to (8) at the Paramedic level.

6. Comment: A comment was received expressing concern that the requirement of demonstrating tested proficiency in reading, writing and math, at, or above, twelfth (12th)grade level for an applicant to enter into paramedic training was too stringent.

Board: The Board deleted the requirement that applicants for Paramedic training demonstrate tested proficiency in reading, writing and math at, or above twelfth (12th) grade level.

7. Comment: Several comments were received questioning the need for a letter of recommendation to advance to an advanced emergency medical technician and paramedic.

Board: The Board declined to change the rule requiring a letter of recommendation from a healthcare professional for licensure as an AEMT or Paramedic.

8. Comment: A comment was received suggesting that proof of current registration with the National Registry of Emergency Medical Technicians be accepted as proof of continuing education.

Board: The Board declined to accept proof of current registration with the National Registry of Emergency Medical Technicians as an alternative to CEU for certification renewal since registration with the National Registry already contains those CEU components and specific language is not needed in the rule.

9. Comment: A comment was made requesting that the Board clarify the instructor/student ratio required for EMS education programs.

Board: The Board stated the instructor/student ration was approved by the Board several years ago and is 1/12 for labs and there is no limit on class size on the didactic portion of an EMS training course.

10. Comment: A comment was made requesting a clarification of the term "pass rate."

Board: The Board added the language "for first attempt at licensure" to clarify the meaning of "pass rate" regarding EMS educational programs.

11. Comment: A concern was expressed regarding the financial requirements for approval as an EMS education program as stated in the proposed rules, particularly regarding the presentation of a distinct budget.

Board: The Board deleted the requirement for educational institutions to present a distinct budget since this is implied in the requirement that institutions have sufficient resources to carry out a program.

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

(If applicable, insert Regulatory Flexibility Addendum here)

Regulatory Flexibility Analysis

(1) The proposed rules do not overlap, duplicate, or conflict with other federal, state, or local government rules.

(2) The proposed rules exhibit clarity, conciseness, and lack of ambiguity.

(3) The proposed rules are not written with special consideration for the flexible compliance and/or requirements because the licensing boards have, as their primary mission, the protection of the health, safety and welfare of Tennesseans. However, the proposed rules are written with a goal of avoiding unduly onerous regulations. The rules are written to amend the requirements for air ambulances in the state of Tennessee.

(4) The compliance requirements throughout the proposed rules are as "user-friendly" as possible while still allowing the division to achieve its mandated mission in licensing and regulating emergency medical services. There is sufficient notice between the rulemaking hearing and the final promulgation of these rules to allow services and providers to come into compliance with the proposed rules.

(5) Compliance requirements in the proposed rules are not consolidated or simplified for small businesses for the protection of the health, safety and welfare of Tennesseans.

(6) The standards required in the proposed rules are very basic and do not necessitate the establishment of performance standards for small businesses.

(7) There are no unnecessary entry barriers or other effects in the proposed rules that would stifle entrepreneurial activity or curb innovation.

STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES

Name of Board, Committee or Council: Tennessee Department of Health, Board of Emergency Medical Services

Rulemaking hearing date: June 20, 2012

Types of small businesses that will be directly affected by the proposed rules:

These rule changes only affect emergency medical service individual personnel licensees. They do not affect ambulance service licenses. The impact on small businesses is, therefore, expected to be negligible.

Types of small businesses that will bear the cost of the proposed rules:

The rule changes impact individual EMS personnel licensees and educational programs only. The rules changes would have minimal effect on any small businesses.

Types of small businesses that will directly benefit from the proposed rules:

It is unlikely that the attached rules would directly benefit small businesses.

Description of how small business will be adversely impacted by the proposed rules:

The rule changes are not expected to adversely impact small businesses.

Alternatives to the proposed rule that will accomplish the same objectives but are less burdensome, and why they are not being proposed:

The Department of Health, Board of Emergency Medical Services does not believe there are less burdensome alternatives to the proposed rule amendments.

Comparison of the proposed rule with federal or state counterparts:

Federal: None.

State: The proposed rule amendments will have no state counterpart because the Department of Health, Board of Emergency Medical Services is the only agency in Tennessee charged with regulating licensed emergency medical services personnel.

Other states, as reflected below, are changing their rules and statutes to reflect changes recommended by the National Highways Safety Administration in scope of practice for EMS personnel.

Nebraska: Neb. Rev. St. § 38-1217 created emergency medical responder, emergency medical technician, advanced emergency medical technician and paramedic as categories of licensure effective September 1, 2010.

Idaho: 18 IC § 56-1012(15) created emergency medical responder, emergency medical technician, advanced emergency medical technician and paramedic as categories of licensure.

Impact on Local Governments

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228 "any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments." (See Public Chapter Number 1070 (http://state.tn.us/sos/acts/106/pub/pc1070.pdf) of the 2010 Session of the General Assembly)
These amendments to the rules are not expected to have an impact on local governments.

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

(A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

1200-12-01-.04 Emergency Medical Technician (EMT) is amended by deleting it in its entirety and substituting in its place new rule 1200-12-01-.04 Emergency Medical Services Personnel Certification and Licensure. The old rule does not include the same.
1200-12-01-.04(1)(a) includes definitions of the following levels of certification/licensure:" Advanced Emergency Medical Technician (AEMT)"; "Emergency Medical Responder (EMR)"; "Emergency Medical Technician (EMT)"; "Paramedic", The rule amendment also includes definitions of the following: "Board"; "Department"; "Division"; "Medical Direction"; "Protocols"; and, "Standing Orders." The old rule does not include the above.
1200-12-01-.04(1)(b) includes the scope of practice for a certified Medical Responder (EMR).The rule allows the EMR to perform lifesaving interventions under medical direction at the scene while awaiting the arrival of higher level EMS personnel. The rule requires a certified EMR to possess, at a minimum, skills defined by the current National Model Scope of Practice and Educational Standards. It further allows the EMR's scope of practice to be extended to include skills the Board authorizes and approves. The old rule did not include the same.
1200-12-01-.04(1)(c) includes the scope of practice for a licensed Emergency Medical Technician (EMT).The rule allows the EMT to provide basic emergency medical care under medical direction for critical, emergent, and non-emergent patients accessing the emergency medical system. The rule requires a licensed EMT to possess, at a minimum, skills defined by the current National Model Scope of Practice and Educational Standards. It further allows the EMT's scope of practice to be extended to include skills the Board authorizes and approves. The old rule did not include the same.
1200-12-01-.04(1)(d) includes the scope of practice for a licensed Advanced Emergency Medical Technician (AEMT).The rule allows the AEMT to provide basic and limited advanced emergency medical care under medical direction for critical, emergent, and non-emergent patients accessing the emergency medical system. The rule requires a licensed AEMT to possess, at a minimum, skills defined by the current National Model Scope of Practice and Educational Standards. It further allows the AEMT's scope of practice to be extended to include skills the Board authorizes and approves. The old rule did not include the same.
1200-12-01-.04(1)(e) includes the scope of practice for a licensed Paramedic. The rule allows the Paramedic to provide basic and advanced emergency medical care under medical direction for critical, emergent, and non-emergent patients accessing the emergency medical system. The rule requires a licensed Paramedic to possess, at a minimum, skills defined by the current National Model Scope of Practice and Educational Standards. It further allows the Paramedic's scope of practice to be extended to include skills the Board authorizes and approves. The old rule did not include the same.
1200-12-01-.04(2)(a) delineates requirements for initial certification as an EMR including the following as additional requirements: 1) the applicant may have not documents history within the past three years of habitual intoxication or personal misuse of drugs so as to adversely affect the applicant's ability to practice; 2) the applicant must complete all requirements for certification within two years of completing training or his application will be abandoned; and, 3) the validity of initial EMR certification will not exceed thirty-six months. The old rule does not include the same.
1200-12-01-.04(2)(b) includes post initial certification requirements for methodology allowing and EMR to obtain extended skills that were not included in initial training. The old rule does not include the same.
1200-12-01-.04(2)(c) delineates EMR renewal requirements. Those requirements include the requirement that if an EMR is using continuing education contact hours for renewal purposes, at least two of those hours must be in pediatric related topics. The old rule does not include the same.
1200-12-01-.04(2)(d) delineates reinstatement requirements for EMR certification. The old rule does not include the same.
1200-12-01-.04(2)(e) requires that EMRs applying for reinstatement of their certification more than sixty days after expiration of previous certification must present documentation of successful completion of a Board approved refresher course. The old rule does not include the same.
1200-12-01-.04(3) delineates initial licensure procedure for all licensed emergency medical services personnel. The old rule does not include the same.
1200-12-01-.04(3)(a)9 requires an applicant for emergency service personnel licensure to disclose circumstances surrounding any of the following: 1) criminal conviction; 2) denial or discipline of licensure/certification in any state; or, 3) loss or restriction of licensure or certification. The old rule does not include the same.
1200-12-01-.04(3)(a)10 delineates that if requirements for application for emergency services personnel

licensure is not completed within two years, the application shall be considered abandoned. The old rule does not include the same.
1200-12-01-.04(3)(a) 12 allows a submitted criminal background check to be valid for one year. The old rule does not include the same.
1200-12-01-.04(3)(b)1 includes procedure allowing EMTs who have shown proficiency for licensure at that level to obtain an AEMT license without first obtaining an EMT license. The old rule did not include the same.
1200-12-01-.04(3) includes the requirement that all applicants for initial licensure as emergency services personnel, except EMT, submit evidence of good moral character including at least two original letters from medical professionals. The old does not include the same.
1200-12-01-.04(3)(c) includes specific requirements for initial licensure as an AEMT. The old rule does not include the same.
1200-12-01-04(3)(d) includes requirements specific for initial licensure as a Paramedic. The old rule does not include the same.
1200-12-01-.04(3)(e) delineates necessary requirements for licensed emergency services personnel to obtain extended skills. The old rule does not include the same.
1200-12-01-.04(4)(a)4(ii) requires EMTs using continuing education contact hours for renewal to complete twenty (20) Board approved continuing education contact hours; a minimum of five (5) must be in pediatric related topics. The old rule does not include the same.
1200-12-01-.04(4)(a)5(ii) requires AEMTs using continuing education contact hours for renewal to complete twenty-five (25) Board approved continuing education contact hours; a minimum of eight (8) must be in pediatric related topics. The old rule does not include the same.
1200-12-01-.04(4)(a)6(ii) requires Paramedics using continuing education contact hours for renewal to complete thirty-two (32) Board approved continuing education contact hours; a minimum of eight (8) must be in pediatric related topics. The old rule does not include the same.
1200-12-01-.04(4)(b) allows discipline of licensed emergency medical services personnel for violation of the EMS practice act. The old rule does not include the same.
1200-12-01-.04(4)(c) allows a sixty (60) day grace period for late certificate or license renewal. The old rule does not include the same.
1200-12-01-.04(4)(d)2 delineates reinstatement requirements for a licensee whose license has lapsed greater than sixty days but less than one year. The old rule does not include the same.
1200-12-01-.04(4)(d)3 delineates reinstatement requirements for a licensee whose license has lapsed greater than one year but less than two years. The old rule does not include the same.
1200-12-01-.04(4)(d)4 delineates reinstatement requirements for an EMT or AEMT whose license has lapsed more than two years. The old rule does not include the same.
1200-12-01-.04(4)(d)5 delineates reinstatement requirements for a Paramedic whose license has lapsed more than two years. The old rule does not include the same.
1200-12-01-.04(5) is amended to include reciprocity requirements for an AEMT. The old rule does not include the same.
1200-12-01-.04(7) is amended to include requirements for retirement and title privilege for an AEMT license. The old rule does not include the same.
1200-12-01-.04(7)(a)2 is added to require that emergency medical services personnel may not retire his license with pending disciplinary action from this state or any other state until said pending disciplinary action is concluded. The old rule does not include the same.
1200-12-01-.04(9) is amended to allow a currently licensed AEMT to downgrade his license. The old rule does not include the same.
1200-12-01-.04 Emergency Medical Technician (EMT) is amended by deleting it in its entirety and substituting in its place new rule 1200-12-01-.04 Emergency Medical Services Personnel Certification and Licensure. The old rule does not include the same.
1200-12-01-.13 EMT and EMT Paramedic Training Programs is amended by deleting it in its entirety and substituting in its place new rule 1200-12-01-.13 EMT, AEMT and Paramedic Language Programs. The old rule does not include the same.
1200-12-01-.13(1) is amended to add definitions of the following terms for the purposes of this rule only : "Approval," "Approved Program," "EMS Educational Institution," "Medical Director," "National Accreditation," and "National Education Standards". The old rule did not include the same.
1200-12-01-.13(2) sets standards for all EMS educational programs including AEMT programs. The old rule did not include the same.
1200-12-01-.13(2)(a) requires all EMS educational institutions sponsoring EMT, AEMT, or Paramedic educations programs to ensure that its programs conforms, at a minimum to the national educational standards developed from the National Scope of Practice for Emergency Medical Service Personnel which the Board has

approved and such rules the Board shall promulgate. The old rule does not include the same.
1200-12-01-.13(2)(b) requires all any EMS educational institution to adopt, at a minimum , all parts of the curricula as developed from the national education standards which the EMS board has adopted. The old rule does not include the same.
1200-12-01-.13(2)(c) sets qualifying standards for EMS educational institutions sponsoring EMS training programs. The old rule does not include the same.
1200-12-01-.13(2)(f) includes criteria for awarding and revoking approval of EMS education training programs. The rule amendment includes, at 1200-12-01-.13(f)3, that the Board may grant approval for a period of five (5) years. The old rule did not include the same.
1200-12-01-.13(2)(g) requires all programs to maintain, on first attempt for licensure, an annual pass rate as approved by the Board. The rule delineates consequences for failure to maintain same. The old rule did not include this requirement.
1200-12-01-.13(2)(h) sets for requirements for Board approval for all EMS educational programs, including AEMT educational training programs. Requirements are essentially the same as the old rule, but the old rule did not include AEMT educational training programs.
1200-12-01-.13(3) sets requirements specific to Paramedic Education Programs. The old rule does not include the same.
1200-12-01-.13(3)(a) requires that upon initial approval by the Board, all paramedic programs make application to the Committee on Accreditation for Emergency Medical Services and receive a letter of review with the Commission of Accreditation of Allied Health Education Programs (CAAHEP) and be accredited within four (4) years of initial application of CAAHEP. The old rule did not include the same.
1200-12-01-.13(3)(b) requires all Paramedic programs to maintain accreditation with CAAHEP. The old rule did not include the above.
1200-12-01-.13(3)(c) sets for additional requirements for admission into the paramedic training program that are not required for admission into other educational training programs. The old rule did not include the same.
Rule 1200-12-01-.16(1)(a) Emergency Medical First Responders is amended by substituting the language "Emergency Medical Responder (First Responder)" for the term "First Responder." The old rule did not include the same.
Rule 1200-12-01-.16(1)(b) Emergency Medical First Responders is amended by substituting the language "Emergency Medical Responder (First Responder) Certification" for the term "First Responder Certification." The old rule did not include the same.
Rule 1200-12-01-.16(1)(b) Emergency Medical First Responders is amended by substituting the language "Emergency Medical Responder (First Responder) Course for the term "First Responder Course." The old rule did not include the same.
Rule 1200-12-01-.16(3) Emergency Medical First Responders is amended by substituting the language "Emergency Medical Responder (First Responder) Training Programs" for the term "First Responder Training Programs." The old rule did not include the same.
Rule 1200-12-01-.16 Emergency Medical First Responders is amended by deleting paragraphs (4) and (6) in their entirety. They have been moved to Rule 1200-12-01-.04 Emergency Medical Services Personnel using the new emergency medical services personnel classification of "Emergency Medical Responder."

(B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

Authority for this amendment comes from state statutes regarding the practice of Emergency Medical Services, Tenn. Code Ann. §§ 68-140-301, et seq.

(C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

Individuals and groups most directly affected by this rule are certified and licensed emergency medical services personnel and EMT, AEMT and Paramedic Education programs

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

There are no known opinions of the attorney general that relate to these rules.

(E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars ($500,000), whichever is less;

There is not expected to be a significant increase or decrease in revenues or expenditures because of these rule amendments.

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

Donna G. Tidwell, Director, Office of the Division of Emergency Medical Services, and John R. Smith, Chief Deputy General Counsel, Office of General Counsel, Tennessee Department of Health, possess substantial knowledge and understanding of the rule.

(G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Donna G. Tidwell, Director, Office of the Division of Emergency Medical Services, and John R. Smith, Chief Deputy General Counsel, Office of General Counsel, Tennessee Department of Health.

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

Donna G. Tidwell, Office of Division of Emergency Medical Services, 227 French Landing Drive, Suite 501, Nashville, TN 37243 (615) 741-4521, Donna.G.Tidwell@tn.gov; and, John R. Smith, Office of General Counsel, 220 Athens Way, Suite 210, Nashville, TN 37243 (615) 741-1611, John.R.Smith@tn.gov

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

None

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

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

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

(14) Equipment requirements as detailed in (3) to (12) shall not apply to vehicles used solely for neonatal critical care transport. Neonatal transport equipment and supplies shall conform to the standards adopted in the Tennessee Perinatal Care System Guidelines for Transportation, Tennessee Department of Health, Maternal and Child Health Section, September, 2001, or the successor publication.

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

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

Authority: *T.C.A. §§4-5-202, 4-5-204, 68-140-504, 68-140-505, 68-140-506, and 68-140-507.* ***Administrative History:*** *Original rule filed March 20, 1974; effective April 19, 1974. Amendment filed February 8, 1983; effective May 16, 1983. Amendment filed November 30, 1984; effective February 12, 1985. Amendment filed August 22, 1985; effective September 21, 1985. Amendment filed April 8, 1987; effective May 23, 1987. Amendment filed March 7, 1989; effective April 21, 1989. Repeal and new rule filed January 7, 1997; effective March 23, 1997. Repeal and new rule filed November 16, 2005; effective January 30, 2006. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed August 7, 2009; effective November 5, 2009. Amendments filed May 26, 2010; effective August 24, 2010.*

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

~~(1) Emergency Medical Technician Licensure Requirements~~

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

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

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

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

~~(e) Must present evidence to the Division of Emergency Medical Services of a medical examination certifying physical health sufficient to conduct activities associated with patient care, including, but not limited to, visual acuity, speech and hearing, use of all extremities, absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the care and lifting of the ill or injured. This information shall be provided on a form approved by the Board and shall be consistent with the provisions of the Americans with Disabilities Act and the requirements of National Registry of Emergency Medical Technicians.~~

(Rule 1200-12-01-.04, continued)

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

~~1. Written Examination~~

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

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

~~2. Practical Examination~~

~~(i) All applicants must successfully complete an EMS Board approved practical examination.~~

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

~~3. All applicants must complete all requirements for licensure within two (2) years of completion of the training course and program.~~

~~(g) Must submit an Application for Licensure form as provided by the Division of Emergency Medical Services.~~

~~(h) Must remit the appropriate licensure and application fees, if applicable, as determined under rule 1200-12-01-.06.~~

~~1. An applicant shall cause to be submitted to the administrative office of the Division of Emergency Medical Services, directly from the vendor identified in the Division's licensure application materials, the result of a criminal background check.~~

~~(2) EMT Paramedic Requirements~~

~~(a) Must meet all the Emergency Medical Technician licensure requirements in paragraph (1).~~

~~(b) Must successfully complete an EMT Paramedic course accredited or recognized by the Division of Emergency Medical Services of the Tennessee Department of Health.~~

~~(c) Must successfully complete an EMS Board approved Emergency Medical Technician Paramedic level course and all license examinations.~~

~~1. Written Examination~~

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

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

~~2. Practical Examination~~

(Rule 1200-12-01-.04, continued)

~~(i) An EMS Board approved practical examination must be successfully completed by all applicants.~~

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

~~3. All applicants must complete all requirements for licensure within two (2) years of completion of the training course and program.~~

~~(d) Must submit an Application for Licensure form as provided by the Division of Emergency Medical Services.~~

~~(e) Must remit the appropriate licensure and application fees, if applicable, as determined under rule 1200-12-01-.06.~~

~~(3) Responsibilities of the Emergency Medical Technician when providing patient care:~~

~~(a) The EMT shall perform initial patient survey, shall provide emergency care through careful assessment of the patient, and shall recognize injuries and illness. The EMT shall also gain knowledge of pre-existing medical conditions, previously prescribed medications, medical preference, and identification of the patient.~~

~~1. Emergency Medical Technicians and Emergency Medical Technician-Paramedics shall be permitted to perform extended skills or procedures when such treatment is conducted under authorized medical control.~~

~~The following definitions shall apply under this part:~~

~~(i) "Medical Control" shall mean the instruction and advice provided by a physician and the orders by a physician or nurse authorized under written agreement which define the treatment of a patient, where direct communication, written protocols, or standing orders are provided, and such procedures are in accordance with locally or regionally approved medical practices.~~

~~(ii) "Protocols" shall mean a ranking or formal listing of procedures that may be utilized for patient care after physician or medical facility communications have been established.~~

~~(iii) "Standing Orders" shall mean orders based on an agreement established by a medical practitioner, or the staff of a medical facility or association, delegating authority to agents within their control to commence treatment and authorizing procedures for patient care that may be utilized until the patient is presented for continuing medical care.~~

~~2. Emergency Medical Technicians or students during training in an accredited program may receive instruction in extended skills and authorization for procedures, including the administration or use of physician controlled devices for:~~

~~(i) treatment of anaphylaxis with epinephrine, respiratory distress with inhaled bronchodilators, suspected chest pain with aspirin and suspected cardiac conditions with lingual or sublingual nitroglycerine;~~

~~(ii) airway management with Board approved airway procedures;~~

(Rule 1200-12-01-.04, continued)

~~(iii) venipuncture and intravenous fluid therapy with EMS Board approved solutions; and~~

~~(iv) treatment of hypoglycemia with blood glucose monitoring and administration of intravenous dextrose solutions.~~

~~3. Emergency Medical Technician Paramedics or students during training in accredited programs may utilize the following procedures under medical control.~~

~~(i) perform electrocardiographic monitoring, recognize and treat cardiac dysrhythmias~~

~~(ii) perform gastric, esophageal, or tracheal intubation and suction.~~

~~(iii) administer intravenous solutions or blood products by peripheral venipuncture of scalp, extremities, and external jugular veins or intraosseous infusions, or by pre-established indwelling lines.~~

~~(iv) administer by oral, parenteral, endotracheal, or other indicated means, medications of any of the following classes of drugs:~~

~~(I) antiarrhythmic agents~~

~~(II) chronotropic agents~~

~~(III) vagolytic agents~~

~~(IV) analgesic agents~~

~~(V) alkalinizing agents~~

~~(VI) vasopressor agents~~

~~(VII) anticonvulsive agents; and~~

~~(VIII) other drugs which may be deemed necessary by the ordering physician.~~

~~(v) perform chest decompression~~

~~(vi) perform cricothyrotomy~~

~~4. Emergency Medical Services personnel may defer administration of extended skills or treatment under the following circumstances:~~

~~(i) when the technician acknowledges inadequate proficiency to perform the procedure;~~

~~(ii) when the technician cannot understand the orders or the situation limits control at the scene of the emergency; or~~

~~(iii) when the procedure is judged to be inappropriate to the condition of the patient, the EMT or EMT-Paramedic should so advise the physician providing such orders, within prudent and professional conduct.~~

(Rule 1200-12-01-.04, continued)

~~(b) The EMT shall render necessary emergency care through supportive assistance for conditions requiring transport for definitive medical care including medical emergencies, behavioral emergencies, illness, disease or infirmity.~~

~~(c) The EMT shall report essential information concerning the patient, the patient's medical condition, and treatment to the medical personnel who assume responsibility for continuing care of the patient.~~

~~(d) The EMT shall effectively utilize EMS Telecommunications for coordination and information exchange with EMS dispatchers, medical facilities, physicians, and systems users, and shall conduct radio transmissions appropriately with regard for rules, regulations, and procedures.~~

~~(e) Emergency Medical Services personnel authorized by the Division shall maintain a current course completion certificate in basic life support procedures at the professional rescuer/health care provider level.~~

~~(4) License Classification for the Emergency Medical Technician. Upon remitting the license fee, if applicable, and approval of the appropriate application, individuals completing license procedures will be licensed in a category representative of the experience and additional qualifications recognized by the Division of Emergency Medical Services.~~

~~(a) Emergency Medical Technician: a person who has successfully completed the EMT training course and who has qualified by examinations to perform pre-hospital emergency patient care. Upon demonstration of additional training and successful completion of qualifying examinations, the EMT may initiate and administer intravenous fluid therapy, and other procedure(s) approved by the EMS Board as listed in paragraph (3), upon the order of a physician or authorized registered nurse.~~

~~(b) Emergency Medical Technician-Paramedic: a person who has successfully completed an accredited program in Tennessee for Emergency Medical Technician-Paramedics or comparable training and education in another state, and received endorsement from the training institution; who has successfully completed written and practical qualifying examinations; and who is licensed to practice advanced emergency medical care upon the order or under the supervision of a physician or authorized registered nurse.~~

~~(c) Licensures in categories previously established by the EMS Board shall continue in effect until expiration or renewal within the categories established above.~~

~~(5) Violation of proscribed acts of the EMT and EMT-Paramedic as listed in T.C.A. §68-140-511 shall be cause for revocation, suspension, or denial of license renewal.~~

~~(6) License Renewal Requirements.~~

~~(a) Emergency Medical Technicians shall qualify for license renewal by completing the following requirements.~~

~~1. Submit the renewal application and appropriate fee (if applicable) with documentation of all requirements prior to the expiration date of the license cycle.~~

~~2. Submit proof of current registration with the National Registry of Emergency Medical Technicians; or~~

~~3. Complete a patient care-oriented license renewal examination with a minimum score of seventy percent (70%); or~~

(Rule 1200-12-01-.04, continued)

4. ~~Complete two (2.0) Continuing Education Units (CEU) or two (2.0) college credit hours (semester) in EMT-related studies, as approved by the Division.~~

(i) ~~The due date for completion of the required continuing education is the expiration date of the EMT's license renewal.~~

(ii) ~~All EMT's must retain independent documentation of completion of all continuing education hours. This documentation must be retained for a period of four (4) years from the end of the renewal period in which the continuing education was acquired. This documentation must be produced for inspection and verification, if requested by the Division during its verification process. Certificates verifying the individual's completion of the continuing education program(s) shall consist of one or more of the following:~~

(I) ~~continuing education program's sponsor, date, length in hours awarded, program title, licensed individual's name, and license number; or~~

(II) ~~an original letter on official stationary from the continuing education program's sponsor indicating date, length in hours awarded, program title, licensed individual's name, and license number.~~

5. ~~Dates for license renewal examinations will be scheduled by the Division and approved by the EMS Board.~~

(b) ~~Emergency Medical Technician-Paramedics shall qualify for license renewal by completing the following requirements.~~

1. ~~Submit the renewal application and appropriate fee (if applicable) with documentation of all requirements prior to the expiration date of the license cycle.~~

2. ~~Submit proof of current registration with the National Registry of Emergency Medical Technicians; or~~

3. ~~Complete a license renewal examination with a minimum score of seventy percent (70%); or~~

4. ~~Complete three (3.0) Continuing Education Units or three (3.0) college credit hours (semester) in EMT or paramedical related studies, as approved by the Division.~~

(i) ~~The due date for completion of the required continuing education is the expiration date of the EMT-P's license renewal.~~

(ii) ~~All EMT-P's must retain independent documentation of completion of all continuing education hours. This documentation must be retained for a period of four (4) years from the end of the renewal period in which the continuing education was acquired. This documentation must be produced for inspection and verification, if requested by the Division during its verification process. Certificates verifying the individual's completion of the continuing education program(s) shall consist of one or more of the following:~~

(Rule 1200-12-01-.04, continued)

~~(I) continuing education program's sponsor, date, length in hours awarded, program title, licensed individual's name, and license number; or~~

~~(II) an original letter on official stationary from the continuing education program's sponsor indicating date, length in hours awarded, program title, licensed individual's name, and license number.~~

~~5. Dates for license renewal examinations will be scheduled by the Division and approved by the EMS Board.~~

~~6. EMT-Paramedic renewal shall qualify for renewal of the EMT license.~~

~~(c) License renewal examinations and continuing education units will not be required of persons when a license expiration date is assigned for periods of less than one (1) year. Proportional adjustments may be made in continuing education unit requirements.~~

~~(7) Reinstatement of a lapsed license~~

~~(a) Emergency Medical Technician~~

~~1. When the license has lapsed for one (1) year or less, an individual may reinstate the license by meeting and completing all applicable license and license renewal standards, successfully completing the EMT license written examination (attaining a minimum score as established by the Board) and submitting all applicable fees.~~

~~2. When the license has lapsed for more than one (1) year, but less than two (2) years an individual may reinstate the license by completion of an EMS Board approved refresher course, achieving a passing score on a Board approved written examination with a minimum score as established by the Board, and successfully completing an EMS Board approved practical examination, and submitting all applicable fees.~~

~~3. When the license has lapsed for two (2) years or more, an individual must complete the EMT course in its entirety and comply with license requirements in effect under paragraph (1).~~

~~(b) The EMT-Paramedic~~

~~1. When the license has lapsed for one (1) year or less, an individual may reinstate the license by meeting and completing all applicable license and license renewal standards, successfully completing the Board approved EMT-P license written examination (attaining a minimum score as established by the Board), and submitting all applicable fees.~~

~~2. When the license has lapsed for more than one (1) year, but less than two (2) years an individual may reinstate the license by completion of an EMS Board approved EMT-P refresher course, achieving a passing score on a Board approved Paramedic written examination with a minimum score as established by the Board, successfully completing an EMS Board approved EMT-P practical examination, and submitting all applicable fees.~~

~~3. When the license has lapsed for two (2) years or more, an individual must complete the EMT-Paramedic course in its entirety and comply with license requirements in effect under paragraph (2).~~

~~(c) For the purpose of renewal of a Emergency Medical Technician license which has expired, the EMS Board authorizes the Department to renew and condition the license for "Good Cause" when the Division receives written notification and a request for consideration within sixty (60) days of expiration. If no notification is initiated by the individual, then "Good Cause" cannot be applied.~~

~~1. "Good Cause" for delayed compliance with the regulations shall include:~~

~~(i) personal illness or hospitalization;~~

~~(ii) extensive travel or relocation within the affected time period;~~

~~(iii) conflicting professional or educational schedules (military);~~

~~(iv) immediate family illness or death; or~~

~~(v) extraordinary circumstances beyond the control of the licensee.~~

~~2. The following reasons shall not constitute "Good Cause":~~

~~(i) failure to submit necessary forms or fees by the expiration date;~~

~~(ii) willful defiance of rules; or~~

~~(iii) possession of an expired license for more than sixty-one (61) days without inquiry to the Division concerning renewal status.~~

~~(d) Persons who have completed a continuing education or renewal examination within their prior license period may reinstate an expired license by submitting appropriate documentation, the license fee and renewal application, and the reinstatement fee of twenty-five dollars ($25.00) within sixty (60) days of their expiration date.~~

~~(8) Out-of-state requirements for License. Any EMT or EMT-Paramedic who holds current certification/license from another state or country and who has successfully completed an approved U.S. Department of Transportation EMT or EMT-Paramedic course or equivalent curriculum may apply for Tennessee EMT or EMT-Paramedic license by complying with the following:~~

~~(a) conform to all license requirements for Tennessee Emergency Medical Technicians or EMT-Paramedics; and~~

~~(b) submit appropriate documentation of extended skills training conducted by an authorized instructor of a Tennessee Accredited EMS Training Institution; or documentation of extended skills training from an authorized training agency of another state or country; and~~

~~(c) successful completion of any EMS Board approved written and practical examinations; and,~~

~~(d) submit the appropriate application forms and fees, if applicable, to the Division of Emergency Medical Services.~~

~~(9) Out-of-state requirements for License of federal or ex-federal employees. Any EMT or EMT-Paramedic who has successfully completed an approved U.S. Department of Transportation EMT Basic or EMT-Paramedic course while employed with the federal government and who~~

(Rule 1200-12-01-.04, continued)

~~holds current certification from National Registry of Emergency Medical Technicians for the Emergency Medical Technician-Basic or Emergency Medical Technician-Paramedic may apply for Tennessee EMT or EMT-Paramedic license by complying with the following:~~

~~(a) conform to all license requirements for Tennessee Emergency Medical Technicians or EMT-Paramedics; and~~

~~(b) submit appropriate documentation of extended skills training conducted by an authorized instructor of a Tennessee Accredited EMS Training Institution; or documentation of extended skills training from a federally approved training agency; and~~

~~(c) submit the appropriate application forms and fees, if applicable, to the Division of Emergency Medical Services.~~

~~(10) Personnel licensed by the Department, upon a change of name or address shall notify the Division of Emergency Medical Services in writing within thirty (30) days of such change. Notifications for renewal or disciplinary action shall be posted to the address listed on file with the Division and, unless returned by the post office, shall constitute effective notice for renewal or action upon license status. Return by the post office shall be interpreted as a willful violation for failure to retain a current address on file.~~

~~(11) Retirement of an EMS professional license~~

~~(a) A currently licensed EMT or EMT-P who wishes to permanently retire his or her license shall submit the following information to the Division:~~

~~1. A properly completed permanent retirement affidavit form to be furnished by the Division.~~

~~2. Other documentation which may be required by the Division pursuant to this purpose.~~

~~(b) Any EMS professional who has filed the required information for permanent retirement of his or her license shall be permitted to use the appropriate title:~~

~~1. For emergency medical technicians, EMT Retired or EMTR.~~

~~2. For emergency medical technician–paramedics, EMT-Paramedic Retired, or EMT-PR.~~

~~(12) Reinstatement of a retired EMS professional license.~~

~~(a) A reinstatement applicant whose license has been retired two years or less may reinstate his or her license by completing the following requirements:~~

~~1. Payment of all past due renewal fees, reinstatement, and state regulatory fees pursuant to Rule 1200-12-01-.06; and~~

~~2. Submission of documentation to prove satisfactory health and good character.~~

~~(b) If a reinstatement applicant's license has been retired for more than two years, an applicant must complete refresher training requirements and written and practical examinations that have been approved by the board for the level of licensure for which reinstatement has been applied.~~

(Rule 1200-12-01-.04, continued)

1200-12-01-.04 Emergency Medical Services (EMS) Personnel Certification and Licensure.

(1) Scope of Practice for Emergency Medical Services Personnel.

(a) Definitions. Terms used in this rule shall be defined as follows:

1. "Advanced Emergency Medical Technician (AEMT)" means a person who has successfully completed the Advanced Emergency Medical Technician training course, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic and limited advanced emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent, and non-emergent patients who access the emergency medical system.

2. "Board" means the Tennessee Emergency Medical Services Board.

3. "Department" means the Tennessee Department of Health.

4. "Division" means the Division of Emergency Medical Services,

5. "Emergency Medical Responder (EMR)" means a person who has successfully completed the Emergency Medical Responder training course and has qualified by examinations to perform lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport, under medical direction.

6. "Emergency Medical Technician (EMT)" means a person who has successfully completed the Emergency Medical Technician training course, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent and non-emergent patients who access the emergency medical system.

7. "Medical Direction" means the supervision by a physician licensed to practice in the state of Tennessee of all medical aspects of patient care within Emergency Medical Services.

8. "Paramedic" means a person who has successfully completed an accredited Paramedic Program at the certificate or associate degree level, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic and advanced emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent and non-emergent patients who access the emergency medical system.

9. "Protocols" mean a ranking or formal listing of procedures approved by an EMS service's medical director that may be utilized for patient care after physician or medical facility communications have been established.

10. "Standing Orders" mean orders based on an agreement established by an EMS service's medical director, delegating authority to agents within their control to commence treatment and authorizing procedures for patient care that may be utilized until the patient is presented for continuing medical care.

(Rule 1200-12-01-.04, continued)

(b) Scope of Practice for Certified Emergency Medical Responder (EMR).

1. An EMR will perform lifesaving interventions while awaiting additional EMS response and will assist higher level personnel at the scene and during transport.

2. An EMR functions as part of a comprehensive EMS response, under medical direction.

3. A certified EMR shall possess, at a minimum, skills as defined by the current National EMS Scope of Practice Model and National EMS Education Standards.

4. An EMR's scope of practice may be extended to include skills the Board authorizes and approves.

(c) Scope of Practice for a Licensed Emergency Medical Technician (EMT).

1. An EMT will provide basic emergency medical care for critical, emergent and non-emergent patients who access the emergency medical system.

2. An EMT functions as part of a comprehensive EMS response, under medical direction.

3. The EMT's scope of practice includes, at a minimum, the skills listed within the EMR scope of practice as well as the "Minimum Psychomotor" skills set as identified in the current National EMS Scope of Practice Model and National EMS Education Standards for EMTs, including but not limited to, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies for patients of all ages.

4. An EMT's scope of practice may be extended to include skills the Board authorizes and approves.

(d) Scope of Practice for a Licensed Advanced Emergency Medical Technician (AEMT).

1. An AEMT will provide basic and limited advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical direction and limited training and focused on the acute management and transportation of critical, emergent, and non-emergent patients.

2. An AEMT functions as part of a comprehensive EMS response, under medical direction.

3. The AEMT's scope of practice includes, at a minimum, the skills listed within the EMT scope of practice as well as the "Minimum Psychomotor" skills set identified in the current National EMS Scope of Practice Model and National EMS Education Standards for the AEMT, including but not limited to, basic non-invasive and limited advanced invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies for patients of all ages.

4. An AEMT's scope of practice may be extended to include skills the Board authorizes and approves.

(e) Scope of Practice for a Licensed Paramedic.

1. A Paramedic will provide basic and advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical direction and advanced training and focused on the acute management and transportation of critical, emergent, and non-emergent patients.

2. Paramedics function as part of a comprehensive EMS response, under medical direction, to perform interventions with the basic and advanced equipment typically found on an ambulance.

3. The Paramedic scope of practice includes, at a minimum, all basic knowledge and skills of an AEMT as well as the "Minimum Psychomotor" skills set identified in the current National EMS Scope of Practice Model and National EMS Education Standards for a Paramedic, including but not limited to, advanced invasive and non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies for patients of all ages.

4. A Paramedic's scope of practice may be extended to include skills the Board authorizes and approves.

(2) Emergency Medical Responder Initial Certification, Renewal, and Reinstatement Requirements.

(a) Initial Certification as an EMR. To be eligible for initial certification as an EMR by the Division, an applicant shall meet the following requirements:

1. Be at least seventeen (17) years of age;

2. Be able to read, write and speak the English language;

3. Have no documented history within the past three (3) years of habitual intoxication or personal misuse of any drugs or intoxicating liquors, in such a manner as to adversely affect the applicant's ability to practice as an EMR;

4. Hold a signed current Basic Cardiopulmonary Resuscitation Healthcare Provider card or equivalent;

5. Successfully complete all aspects of a Board approved Emergency Medical Responder course, including but not limited to, attendance requirements;

6. Achieve an established passing score on a Board approved examination within two (2) years of completion of an EMR training course;

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

7. Applicants must successfully complete all requirements for certification within two (2) years of completion of training.

8. Submit the completed Division-provided application from, along with all required supporting documents and the appropriate certification and application fees in accordance with Rule 1200-12-01-.06.

9. If an applicant does not complete all requirements for certification within two (2) years of date of initial application, the application shall be considered abandoned and the Division shall destroy it.

10. Validity of initial EMR certification shall not exceed thirty-six (36) months.

(b) Post Initial Certification Requirements for an EMR.

1. An EMR shall receive training and show competency under EMS service authorized medical direction to be permitted to perform Board approved extended skills and/or procedures.

2. The EMS service medical director shall monitor performance through a quality assurance program.

(c) Renewal Requirements for Emergency Medical Responder Certification. To be eligible for renewal of certification as an EMR by the Division, an applicant shall meet the following requirements:

1. File the Division provided renewal application and submission of renewal fees, in accordance with Rule 1200-12-01-.06.

2. Submit a copy of a signed current Basic Cardiopulmonary Resuscitation Healthcare Provider card or equivalent;

3. Submit verification of one of the following:

(i) Successful completion of Board approved refresher training course; or

(ii) Satisfactory completion of the examination as established in part (2)(a)6; or

(iii) Completion of ten (10) Continuing Education Contact Hours, or one (1) college credit hour in EMR related studies, as approved by the Division. A minimum of two (2) hours must be in pediatric related topics.

(I) Documentation of skills competency must also be submitted to the Division administrative office with documentation of continuing education.

(iv) The due date for completion of the required continuing education is the expiration date of the EMR's certification renewal.

(v) All EMR's must retain independent documentation of completion of all continuing education hours. This documentation must be retained for a period of four (4) years from the end of the renewal period in which the continuing education was acquired. This documentation must be produced for inspection and verification, if requested by the Division during its verification process. Certificates verifying the individual's completion of the continuing education program(s) shall consist of one or more of the following:

(I) Continuing education program's sponsor, date, length in hours awarded, program title, certified individual's name, and certificate number; or

(II) An original letter on official stationary from the continuing education program's sponsor indicating date, length in hours awarded, program title, certified individual's name, and certificate number.

4. Continuing education contact hours shall be obtained through a Division approved agency or institution or program.

5. Validity of renewed EMR certification shall not exceed twenty-four (24) months.

(d) Reinstatement Requirements for Emergency Medical Responder Certification.

1. Those persons who fail to timely renew certification are eligible to apply for reinstatement of their certification as an EMR by the Division, if the applicant completes the following requirements:

(i) Submits an approved reinstatement application;

(ii) Submits payment of the reinstatement fee in accordance with Rule 1200-12-01-.06;

(iii) Submits a copy of a signed current Basic Cardiopulmonary Resuscitation Healthcare Provider card or equivalent.

(iv) Those persons applying for reinstatement of their certification less than sixty (60) days after expiration of previous certification shall present documentation of successful completion of one of the following:

(I) Required continuing education requirements and documentation of skills competency; or

(II) The Board approved refresher training course, as established in part (2)(a)5; or

(III) The examination, as established in part (2)(a)6.

(e) Those persons applying for reinstatement of their certification sixty (60) days or more after expiration of previous certification shall present documentation of successful completion of both the Board approved refresher training course and the examination as required in parts (2)(a)5 and 6.

(3) Initial Licensure Procedure for Emergency Medical Services Personnel.

(a) All applicants for licensure pursuant to T.C.A. Title 68, Chapter 140 shall comply with the following requirements to be eligible for licensure:

1. Be at least eighteen (18) years of age;

2. Be able to read, write, and speak the English language;

(Rule 1200-12-01-.04, continued)

3. Possess a minimum of an academic high school diploma or a general equivalency diploma (G.E.D.);

4. Have no documented history within the past three (3) years of habitual intoxication or personal misuse of any drugs or the use of intoxicating liquors, in such a manner as to adversely affect the person's ability to practice emergency medical services.

5. Present evidence to the Division of Emergency Medical Services of a medical examination certifying physical health sufficient to conduct activities associated with patient care, including, but not limited to, visual acuity, speech and hearing, use of all extremities, absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the care and lifting of the ill or injured. This information shall be provided on a form approved by the Board and shall be consistent with the provisions of the Americans with Disabilities Act.

6. Successfully complete Board approved Tennessee training for the level at which licensure is being requested.

7. Qualify by examination to perform pre-hospital care.

   (i) Each applicant shall successfully complete both a Board approved written and practical examination, for the level at which licensure is being requested.

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

   (iii) Applicants must successfully complete all requirements for licensure within two (2) years of completion of training.

8. Submit a completed application for licensure form as provided by the Division with all necessary documents, attachments and appropriate fees.

9. An applicant shall disclose the circumstances surrounding any of the following:

   (i) Conviction of any criminal law violation of any country, state or municipality, except minor traffic violations.

   (ii) The denial of professional licensure/certification application by any other state or the discipline of licensure/certification in any state.

   (iii) Loss or restriction of licensure or certification.

10. If an applicant does not complete all requirements for licensure within two (2) years of date of completion of initial training and/or application, the application shall be considered abandoned and the Division shall destroy it.

11. Remit the appropriate licensure and application fees in accordance with Rule 1200-12-01-.06; and

12. Cause the result of a criminal background check to be submitted to the administrative office of the Division, directly from the vendor identified in the Division's licensure application materials. Criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

(b) Initial Licensure for an EMT. To be eligible for licensure as an EMT, an applicant shall complete all licensure requirements listed in subparagraph (3)(a).

1. EMTs who have shown competency in basic knowledge and skills through completion of Board approved written and practical examination and wish to progress to AEMT training without obtaining an EMT license shall:

(i) Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character.

(ii) Begin training no later than one hundred twenty (120) days after successful completion of EMT training.

(iii) AEMT training beginning more than one hundred and twenty (120) days after successful completion of a Board approved EMT training course or failure to successfully complete an AEMT training course shall require a current Tennessee EMT license prior to admission into an AEMT training program.

(c) Initial Licensure for an AEMT. In addition to meeting all licensure requirements listed in subparagraph (3)(a), to be eligible for an AEMT license an applicant shall:

1. Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character.

2. Hold a current license as a Tennessee EMT; or

3. Have begun AEMT training within one hundred and twenty (120) days of completion of a Board approved EMT training class.

(d) Initial Licensure for a Paramedic. In addition to meeting all licensure requirements listed in subparagraph (3)(a), to be eligible for licensure an applicant for a Paramedic license shall:

1. Demonstrate knowledge and competence in the basic knowledge and skills of an AEMT and possess the complex knowledge and skills necessary to provide patient care and transportation;

2. Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character; and

3. Hold a current Tennessee license as an AEMT.

(Rule 1200-12-01-.04, continued)

(e) Post Initial Licensure Requirements for all licensed EMS personnel.

1. Licensed emergency medical services personnel shall receive training and show competency under EMS service authorized medical direction to be permitted to perform Board approved extended skills and/or procedures.

2. The EMS service medical director shall monitor performance through a quality assurance program.

(4) Licensure Renewal for all Emergency Medical Services Personnel.

(a) To be eligible for licensure renewal all EMS personnel must complete the following requirements prior to the expiration date of the license cycle:

1. Submit the renewal application and appropriate renewal fee in accordance with Rule 1200-12-01-.06;

2. Prior to license expiration date, successfully complete a Board approved renewal examination or the continuing education requirements for the licensure renewal. A renewal applicant using continuing education requirements shall produce proof of continuing education requirements upon a request for inspection.

(i) Certificates verifying the licensee's completion of the continuing education program(s) shall consist of one or more of the following:

(I) Continuing education program's sponsor, date, length in hours awarded, program title, licensee's name, and/or license number; or,

(II) An original letter on official stationary from the continuing education program's sponsor indicating date, length in hours awarded, program title, licensee's name, and/or license number.

(ii) Retention of independent documentation of completion of continuing education renewal requirements shall be maintained by all emergency medical services personnel as follows:

(I) Independent documentation of completion of continuing education renewal requirements must be retained for a period of four (4) years from the end of the renewal period in which the requirement was acquired; and,

(II) This documentation must be maintained in a form available for production for inspection and verification, if requested by the Division during its verification process.

(iii) The due date for completion of the required continuing education is the expiration date of the EMS personnel license renewal.

3. Submit a current copy of Cardiopulmonary Resuscitation Healthcare Provider card or equivalent.

(Rule 1200-12-01-.04, continued)

4. EMT Licensure Renewal. In addition to meeting all licensure renewal requirements listed in subparts (4)(a)1 through 3, an applicant for an EMT licensure renewal shall complete EMT continuing education requirements as follows, to be eligible for licensure renewal:

(i) Maintain proof of successful completion of a Board approved license renewal examination; or

(ii) Complete twenty (20) Board approved continuing education contact hours (A minimum of five (5) must be in pediatric related topics); or

(iii) Complete a minimum of two (2) Division approved college credit hours in EMT-related studies.

5. AEMT Licensure Renewal. In addition to meeting all licensure renewal requirements listed in subparts (4)(a)1 through 3 an applicant for an AEMT licensure renewal shall complete AEMT continuing education requirements as follows, to be eligible for licensure renewal:

(i) Maintain proof of successful completion of a Board approved license renewal examination; or

(ii) Complete twenty-five (25) Board approved continuing education contact hours (A minimum of eight (8) must be in pediatric-related topics); or

(iii) Complete a minimum of two (2) Division approved college credit hours in AEMT-related studies.

6. Paramedic Licensure Renewal. In addition to meeting all licensure renewal requirements listed in subparts (4)(a)1 through 3, an applicant for a Paramedic licensure renewal shall complete Paramedic continuing education requirements as follows, to be eligible for licensure renewal:

(i) Maintain proof of successful completion of a Board approved license renewal examination; or

(ii) Complete thirty-two (32) Board approved continuing education contact hours (A minimum of eight (8) must be in pediatric-related topics); or

(iii) Complete a minimum of three (3) Division approved semester college credit hours in Paramedic-related studies.

(iv) Paramedic license renewal shall qualify for renewal of the EMT license.

(b) Violation of proscribed acts of the EMT, AEMT, and Paramedic as listed in T.C.A. § 68-140-311 shall be cause for revocation, suspension, or denial of license renewal.

(c) A licensee, permit or certificate holder may renew his or her license within sixty (60) days following the license expiration date upon payment of the renewal fee in addition to a late penalty established by the Board for each month or fraction of a month that payment for renewal is late; provided, that the late penalty shall not

(Rule 1200-12-01-.04, continued)

exceed twice the renewal fee. If a licensee fails to renew his or her license within sixty (60) days following the license expiration date, then the licensee shall reapply for reinstatement of licensure in accordance with the rules established by the Board.

(d) Licensure Reinstatement of a Lapsed License for All Emergency Medical Services Personnel.

1. Reinstatement of expired license within one (1) year of expiration for licensees showing "Good Cause." For the purpose of reinstatement renewal under the "Good Cause" provision of an emergency services personnel license which has expired, the following requirements shall be met by the applicant to be eligible for reinstatement:

(i) The Division must receive written notification and a request for reinstatement within one (1) year of expiration for "Good Cause" from the licensee. If no notification is initiated by the licensee, then "Good Cause" cannot be applied.

(I) "Good Cause" for delayed compliance with the regulations shall include:

I. Personal illness or hospitalization;

II. Extensive travel or relocation within the affected time period;

III. Conflicting professional or educational schedules (military);

IV. Immediate family illness or death; or

V. Extraordinary circumstances beyond the control of the licensee.

(II) The following reasons shall not constitute "Good Cause":

I. Failure to submit necessary forms or fees by the expiration date;

II. Willful defiance of rules.

(ii) The licensee must complete a continuing education or renewal examination within the prior license period and must pay the reinstatement fee as specified by Rule 1200-12-01-.06.

(iii) The Division must receive the completed renewal application and appropriate documentation and the reinstatement fee within one (1) year of the expiration date.

2. Reinstatement greater than sixty (60) days but less than one (1) year of expiration of the license for licensees not qualifying under the "Good Cause" provision. For the purpose of reinstatement of an emergency services personnel license which has expired, the following requirements shall be met by the licensee to be eligible for reinstatement:

(Rule 1200-12-01-.04, continued)

(i) The licensee must successfully complete an EMS Board approved license renewal written examination for appropriate level of desired licensure;

(ii) The licensee **must** pay all applicable fees as specified by Rule 1200-12-01-.06; and,

(iii) The Division must receive the completed reinstatement application and appropriate documentation and the reinstatement fee as specified by rule within one (1) year after expiration of the license.

3. Reinstatement greater than one (1) year but less than two (2) years after expiration of the license. For the purpose of renewal of an emergency services personnel license which has expired, the following requirements shall be met by the licensee to be eligible for reinstatement:

(i) The licensee must successfully complete an EMS Board approved refresher course for the appropriate level of desired licensure;

(ii) The licensee must successfully complete an EMS Board license renewal written and practical examination for the appropriate level of desired licensure;

(iii) The licensee must pay all applicable fees as specified by Rule 1200-12-01-.06; and,

(iv) The Division must receive the completed reinstatement application and appropriate documentation and the reinstatement fee as specified by rule within two (2) years after expiration of the license.

(v) The licensee shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check. Criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

4. Reinstatement greater than two (2) years after expiration of the license. When the license of an EMT or AEMT has lapsed for two (2) years or more, a licensee must complete the Board approved training course for appropriate level of licensure in its entirety and comply with initial license requirements in effect under subparagraph (3)(a).

5. Reinstatement of a Paramedic license greater than two (2) years after expiration of the license. When the license of a Paramedic has lapsed for two (2) years or more, the licensee must complete the following requirements:

(i) Officially document completion of a state approved EMT-Paramedic / Paramedic Training Program after January 1, 1977;

(ii) Show evidence of previous Tennessee licensure as a Paramedic;

(iii) Successfully complete Board approved written and practical examinations;

(iv) Hold a current Advanced Cardiac Life Support (ACLS) provider or instructor certification from the American Heart Association;

(v) Hold a current Pre-hospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS) certification as a provider or instructor;

(vi) Hold a current Pediatric Advanced Life Support (PALS) certification as a provider or instructor;

(vii) Complete a state approved Paramedic Refresher Training Program or complete forty-eight (48) hours of Advanced Life Support training that overviews the topical content of the state approved Paramedic Refresher Training Program;

(viii) Pay all applicable fees as specified by Rule 1200-12-01-.06;

(ix) Send the completed reinstatement application and appropriate documentation and the reinstatement fee as specified by rule to the Division;

(x) Submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals attesting to the applicant's personal character;

(xi) Cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check. The criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

(xii) Submit a current copy of Cardiopulmonary Resuscitation Healthcare Provider card or equivalent; and

(xiii) Present evidence to the Division of Emergency Medical Services of a medical examination certifying physical health sufficient to conduct activities associated with patient care, including, but not limited to, visual acuity, speech and hearing, use of all extremities, absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the care and lifting of the ill or injured. This information shall be provided on a form approved by the Board and shall be consistent with the provisions of the Americans with Disabilities Act.

(5) Reciprocity Requirements for Emergency Medical Services Personnel for Certification or Licensure.

(a) Currently Certified or Licensed EMR, EMT, AEMT or Paramedic. Any EMR, EMT, AEMT or Paramedic who meets the following requirements is eligible to apply for reciprocity for certification or licensure:

1. Applicant holds current certification or licensure from another state, country, or was certified/licensed while employed by the federal government; or

2. Applicant was/is certified/licensed while employed by the federal government, but not certified or licensed currently by another state or country, holds current certification/licensure from the National Registry of Emergency Medical Technicians for the level at which reciprocity is being requested; or

3. Applicant has successfully completed a course or curriculum based on the National Emergency Medical Services Education Standards for EMR, EMT, or Advanced EMT or Paramedic, **or an equivalent** course or curriculum; or

4. Applicant submits appropriate documentation of training conducted by an authorized federally approved training agency, if applicant was trained while employed by the federal government; and

5. Applicant conforms to all license/certification requirements for Tennessee certification or license, for level at which reciprocity is being requested;

6. Applicant demonstrates successful completion of all Board approved written and practical examinations, for level at which reciprocity is being requested; and

7. Applicant submits the appropriate application forms and fees, if applicable, to the Division.

8. Applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check. Criminal background check shall be valid for one (1) year from the date it is obtained for filing with the Division.

(6) Name or Address Change Notification Requirements.

(a) Certified or Licensed EMS personnel shall notify the Division in writing or online through the Division's website of a change of name or address within thirty (30) days of such change.

(b) EMS Division notifications for any purpose, including but not limited to continuing education requirements, renewals or disciplinary actions, shall be posted to the address listed on file with the Division.

(c) Return by the post office of any Division notifications, which are posted to the address listed on file with the Division for the licensee, shall be interpreted as a willful violation for failure to retain a current address on file by the licensee.

(7) Retirement of an EMS Certification or License and Title Privilege

(a) Retirement of certification or license. A currently certified EMR or licensed EMT, AEMT or Paramedic may be eligible to retire his/her certificate or license upon submitting the following information to the Division:

(Rule 1200-12-01-.04, continued)

1. A properly completed retirement affidavit form to be furnished by the Division; and,

2. A licensee or certificate holder with pending disciplinary action from this state or any other state shall not be eligible to retire the license or certificate until such time as the disciplinary action is concluded.

(b) EMS Title Privilege. Any EMS licensee who has filed the required information for permanent retirement of his/her license and received confirmation that the license will be retired, as requested, shall be permitted to use the following appropriate title for the licensee's level of licensure:

1. For emergency medical responder, EMR Retired or EMRR;

2. For emergency medical technicians, EMT Retired or EMTR;

3. For advanced emergency medical technician, AEMT- Retired, or AEMT-R; or,

4. For Paramedics, Paramedic – Retired or Paramedic - R.

(8) Reactivation of a Retired EMS Certificate or License.

(a) Reactivation request within two (2) or less years of retirement of certificate or license. A licensee whose certificate or license has been retired for two years or less may be eligible to reactivate his/her certificate or license by completing the requirements for reinstatement for the appropriate level of licensure.

(b) Reactivation request after two (2) or more years of retirement of certificate or license. If a licensee's certificate or license has been retired for more than two years, an applicant must complete the requirements for reinstatement of an expired license greater than two (2) years.

(9) Downgrade of a Current AEMT or Paramedic EMS License

(a) A currently licensed AEMT or Paramedic may be eligible to downgrade his/her license by submitting the following to the Division:

1. A properly completed downgrade affidavit form to be furnished by the Division; and

2. All necessary documentation, if applicable.

Authority: *T.C.A. §§4-5-202, 4-5-204, 68-140-304, 68-140-308, 68-140-317, 68-140-504, 68-140-506, 68-140-508, 68-140-509, 68-140-511, 68-140-517, 68-140-518, 68-140-520, 68-140-525, and 42 USC §247d-6d.* ***Administrative History:*** *Original rule filed March 20, 1974; effective April 19, 1974. Amendment filed February 4, 1976; effective March 5, 1976. Repeal and new rule filed February 8, 1983; effective May 16, 1983. Amendment filed November 30, 1984, effective February 12, 1985. Amendment filed August 22, 1985; effective September 21, 1985. Amendment filed February 21, 1986; effective May 13, 1986. Amendment filed September 18, 1986; effective December 29, 1986. Amendment filed April 8, 1987; effective May 23, 1987. Amendment filed June 30, 1987; effective August 14, 1987. Amendment filed October 22, 1987; effective December 6, 1987. Amendment filed January 17, 1989; effective March 3, 1989. Amendment filed September 24, 1990; effective November 8, 1990. Amendment filed October 21, 1993; effective January 4, 1994. Amendment filed April 13, 1994; effective June 27, 1994. Amendment filed August 5, 1996; effective October 19, 1995. Amendment filed August 29, 2003; effective November 12, 2003. Amendment filed December 16, 2005; effective March 1, 2006. Amendments filed*

(Rule 1200-12-01-.04, continued)

April 13, 2006; effective June 27, 2006. Amendment filed September 21, 2007; effective December 5, 2007. Emergency rule filed October 27, 2009; effective through April 25, 2010. Emergency rule filed October 27, 2009, expired; On April 26, 2010, the rule reverted to its previous status.

1200-12-01-.05 AIR AMBULANCE STANDARDS. All air ambulance service providers and crew members operating in Tennessee must comply with Chapter 140 of Title 68 of the Tennessee Code Annotated and this Rule. Failure to comply shall subject the service provider and/or its personnel to disciplinary action pursuant to T.C.A. 68-140-511.

(1) Definitions - As used in this Rule, the following terms shall have the following meanings:

(a) "Air Medical Communications Specialist" means any person employed by an air ambulance service coordinating acknowledgement of medical requests, medical destination, and medical communications during an air medical response and patient transfer.

(b) "Medical Crew Member" means any person employed by an air ambulance service for the purpose of providing care to patients transported by and receiving medical care from an air ambulance service.

(c) "Special Medical Equipment" means any device which shall be approved by the air ambulance service medical director for the medical care of an individual patient on an air ambulance.

(d) "Specialty Crew Member" means any person the air ambulance service medical director assigns for a regular medical crew member for a specialty mission.

(e) "Specialty Mission" means an air ambulance service assignment necessitating the medical director to substitute special medical care providers and/or equipment to meet the specified needs of an individual patient.

(f) "Utilization Review" means the critical evaluation of health care processes and services delivered to patients to ensure appropriate medical outcome, safety and cost effectiveness.

(2) Medical Equipment and Supplies. The medical director for the emergency medical service shall ensure that the following medical equipment and supplies are provided on each fixed-wing or helicopter flight mission:

(a) Litter or stretcher with at least three sets of restraining straps;

(b) An installed and a portable suction apparatus, each of which has the capacity to deliver adequate suction, including sterile suction catheters and a rigid suction tip for both adult and pediatric patients;

(c) Bag/valve/mask resuscitator(s) with clear masks and an oxygen reservoir with connections capable of achieving 95% fraction inspired oxygen to provide resuscitation for both adult and pediatric patients;

(d) Airway devices for adult and pediatric patients including the following:

1. Oropharyngeal airways;

2. Endotracheal tubes;

3. Laryngoscope with assorted blades and accessory items for intubation; and,

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

3. Pre-Hospital Experience: Minimum of one year practicing in the pre-hospital environment in Tennessee.

4. Letter of recommendation from sponsoring EMS agency.

(b) Authorization renewal shall be contingent upon:

1. Maintaining current Tennessee licensure as an Emergency Medical Technician-Basic or Paramedic without disciplinary action.

2. Maintaining current CPR instructor endorsement.

3. A letter of recommendation for reauthorization from the sponsoring EMS Agency.

4. A letter of recommendation for reauthorization from the Regional EMS Consultant.

5. Completion of an EMS Board approved Instructor Course.

6. Attendance at an annual First Responder Instructor Update as mandated by the Division of Emergency Medical Services.

(7) Individuals with a Program Director and/or Instructor Coordinator endorsement are authorized to coordinate and instruct in classes at or below their level of authorization, but not above their level of authorization.

Authority: *T.C.A. §§4-5-202, 4-5-204, 68-39-504, 68-39-505, 68-39-504, 68-39-508, 68-140-504, 68-140-505, 68-140-508, 68-140-509, and 68-140-518.* ***Administrative History:*** *Original rule filed November 30, 1984; effective February 12, 1985. Amendment filed April 8, 1987; effective May 23, 1987. Repeal and new rule filed January 4, 2005; effective March 20, 2005. Amendment filed September 21, 2007; effective December 5, 2007. Amendment filed April 6, 2010; effective July 5, 2010.*

~~1200-12-01-.13 EMT AND EMT PARAMEDIC TRAINING PROGRAMS.~~

~~(1) Definitions. Within this Rule, the following terms shall apply:~~

~~(a) Accreditation: Means the process of training program approval used to assure compliance with the requirements of the Tennessee Emergency Medical Services Board and the policies of Division of Emergency Medical Services.~~

~~(b) Accredited Program: Means a training program approved by the Tennessee Emergency Medical Services Board.~~

~~(c) Contract or Agreement: Means a written agreement between the school and the cooperating agency.~~

~~(2) Basic Emergency Medical Technician Training Programs. All programs offered by institutions or entities desiring to qualify applicants for EMT certification shall conform to standards approved by the Tennessee Emergency Medical Services Board, and such rules as shall be promulgated by the department.~~

~~(a) Purpose of Accreditation~~

~~1. To ensure the safe practice of the Emergency Medical Technician (EMT) by setting standards for programs preparing the practitioner.~~

(Rule 1200-12-01-.13, continued)

2. ~~To ensure graduates of accredited schools eligibility for admission to the certification examinations.~~

(b) ~~Accreditation shall be considered in accordance with the following criteria:~~

1. ~~Initial accreditation is granted a new program that has not been in operation long enough to complete its first class but demonstrates its eligibility for full accreditation. The program shall be reviewed after one year or when the first students complete the program.~~

2. ~~Full accreditation is granted a program that has met the requirements that are set forth by the Board and the policies of the Division of EMS. The accreditation will be for a period of two years.~~

3. ~~Conditional accreditation may be accorded a program which has failed to maintain minimum standards and has been notified that it must meet the requirements within a specified time period.~~

4. ~~Accreditation shall be denied for cause or may be revoked or conditioned for failure to comply with the standards established by the Board.~~

5. ~~Renewal of Accreditation. Renewal shall be based on recommendations of the staff to the Board utilizing surveys and site visits, conferences, review of documentation, instructor-student ratio, instructor qualifications, and related evidence of continuing compliance with the regulations of the Board and policies of the Division. If deficiencies are not corrected within the specified time, and until such action is approved by the board, the facility shall not convene a subsequent class.~~

(c) ~~Philosophy, Purpose, Capabilities, and Organization~~

1. ~~Philosophy and Purpose. The institution seeking initial and continuing accreditation of an EMT Training Program shall have written statements of the educational philosophy and purpose of the program.~~

2. ~~Capabilities:~~

(i) ~~The institution sponsoring an EMT training program shall be an accredited post-secondary educational institution or other entity which meets comparable standards for education in this field.~~

(ii) ~~The institution shall maintain liaison with a hospital which is capable of supporting EMT clinical training.~~

(iii) ~~The institution shall ensure the financial support, equipment, facilities, and leadership which will provide for a sound educational program.~~

(iv) ~~The institution shall ensure student competency in knowledge and experience and shall endorse participants for eligibility to complete the certification examinations.~~

3. ~~Organization~~

(i) ~~The institution shall demonstrate effective organization and shall be administered in ways conducive to the management of the program.~~

(Rule 1200-12-01-.13, continued)

~~(ii) An authorized Instructor/Coordinator (I/C) shall supervise the overall organization and administration of the program.~~

~~(iii) An accurate, comprehensive record system shall be maintained for all phases of the program and shall be available for inspection during survey visits.~~

~~(iv) When the institution coordinates courses or facilities with other institutions or agencies, a written agreement of mutual policies covering all major aspects of the cooperative relationships shall be negotiated by administrative authorities of each institution.~~

~~(v) Reserved.~~

~~(vi) Reserved.~~

~~(d) Faculty. The faculty may include qualified physicians, registered nurses, EMTs, Paramedics, or other licensed practitioners to assist in the instruction of the course.~~

~~1. Reserved.~~

~~2. Reserved.~~

~~(e) Medical Advisor/Director~~

~~1. Each program shall have a licensed physician who serves as the medical advisor.~~

~~2. Reserved.~~

~~3. Reserved.~~

~~(f) An authorized Instructor/Coordinator (I/C) shall provide overall direction and coordination of the planning, organization, administration, periodic review, continued development, funding and effectiveness of the program. Among the functions to be maintained are the processing of student applications; the selection of students; the scheduling of classes and assignment of faculty; the coordination ,of examination and evaluation of students; the preparation of assessment materials; the development and availability of required equipment and materials for each class; the maintaining of an adequate inventory of training equipment, including audiovisual resources, the provision for counseling services to students on an individual and a group basis; the establishment of liaison between students, program staff, the sponsoring institution and its affiliates; information about the program to interested individuals and organizations; the preparation of the program budget, and, as appropriate, assistance in class instruction.~~

~~(g) Students Admission and Conduct~~

~~1. Selection and Admission. Selection and admission practices for entrance into an EMT training program shall be based on the following criteria:~~

~~(i) Meet the admission requirements of the educational institution.~~

~~(ii) Possess a high school diploma or general education equivalent.~~

(Rule 1200-12-01-.13, continued)

~~(iii) Show that he is in good physical and mental health and that he possesses no physical handicaps or disabilities which would impede his ability to fulfill the functions and responsibilities of an EMT.~~

~~A physical examination form must be completed by a physician who has examined the individual within the past six months and who possesses adequate knowledge of EMT's responsibilities such as lifting, dexterity, observations, verbal communications, and hearing, with a favorable report of physical health sufficient to perform as an EMT.~~

~~If there are any limitations in the individual ability to perform adequately, he must submit additional documentation from the appropriate professional evaluator which could clearly indicate his abilities to perform adequately. (i.e.)~~

~~(I) Speech impairment-Speech Pathologist~~

~~(II) Hearing impairment-Audiologist~~

~~(III) Physical Handicap or Disability-Orthopedist or Registered Physical Therapist~~

~~(IV) Vision-Opthalmologist~~

~~2. Student Identification - Reserved.~~

~~3. Transfer and Readmission of Students. A student may be readmitted and accepted through transfer to a program if such readmission and/or transfer admission is within the established entrance policies and standards of the institution and the Department and that provisions are made for each such student to meet the requirements for course completion and qualify for the state certification examination.~~

~~4. Dismissal. Students shall be subject to dismissal for cause.~~

~~5. Reserved.~~

~~(h) Educational Facilities~~

~~1. Classrooms, Laboratories, Offices. Each institution shall provide adequate teaching facilities and laboratories in the school and the clinical areas sufficient for instruction. Separate office space for faculty should be provided.~~

~~2. Clinical Facilities. The clinical facilities shall be selected on the basis of adequacy for student learning experiencing and proximity to the training program.~~

~~(i) Curriculum Organization and Review~~

~~1. Curriculum organization. The EMT curriculum shall conform to the National Standard Curriculum, Emergency Medical Technician: Basic, as published August, 1994, or the successor publication applicable on the date of course enrollment. The curriculum shall include such modifications as are approved by the board within the scope of practice recognized in Rule 1200-12-01-.04. Copies of the applicable version of the curriculum are available at cost upon request from the Division office.~~

(Rule 1200-12-01-.13, continued)

2. ~~The program shall consist of three components; didactic, practical instruction, and clinical experience.~~

3. ~~Textbooks shall be approved by the Board.~~

4. ~~Major Curriculum Change. Any major curriculum change must be presented in writing subject to department and Board approval.~~

(j) ~~Curriculum Review A copy of the complete curriculum, statements of course objectives, copies of course outlines, class schedules, schedules of supervised clinical experience, and teaching plans shall be on file and available for review and inspection by an authorized representative of the Department with other information as follows:~~

1. ~~Evidence of student competency in achieving the performance for educational objectives of the program shall be kept on file.~~

2. ~~Procedures for evaluation of teaching effectiveness and instruction shall be established by the program~~

(k) ~~Only students from Tennessee accredited programs or having completed an equivalent curriculum in other states shall be eligible for state certification.~~

(3) ~~Extended Skills Training Programs for Emergency Medical Technicians. All programs offered by an entity desiring to qualify applicants in extended skills approved under rule 1200-12-01-.04(3) shall conform to standards approved by the Board as follows:~~

(a) ~~An entity seeking to provide extended skills programs shall file a written request with the Division of EMS at least 30 days prior to the scheduling of training.~~

1. ~~Each entity shall assure sufficient supervised practice, equipment, and experience for the clinical skill.~~

2. ~~Each entity shall have a medical director who is a licensed physician, and whose affiliation is confirmed in writing.~~

3. ~~Clinical affiliations shall be established and confirmed in writing.~~

(b) ~~Instructors may be physicians, registered nurses, EMT-paramedics or other licensed practitioners confirmed by the Division's authorized representative.~~

(c) ~~Educational facilities shall meet the standards set forth under paragraph (2).~~

(d) ~~Clinical facilities shall be selected on the basis of adequacy for student learning training program.~~

(e) ~~Each program shall follow the curriculum approved by the Board for the skill area, as published by the Division of Emergency Medical Services, including but not necessarily limited to, the following areas:~~

1. ~~Administration of epinephrine for anaphylaxis, bronchodilators for respiratory distress, aspirin for chest pain and nitroglycerine lingual or sublingual for suspected cardiac conditions subject to medical control.~~

2. ~~Use of approved airway procedures.~~

3. ~~Venipuncture and the administration of intravenous fluids without admixtures.;~~

4. ~~Performing defibrillation or transcutaneous external pacing in a pulseless, nonbreathing patient using an automated-mode device.~~

(f) ~~Each course shall prepare students for examination which shall fulfill criteria as established under rule 1200-12-01-.04(1)(f).~~

(4) ~~Emergency Medical Technician-Paramedic Training Programs.~~

(a) ~~All programs offered by facilities, institutions, agencies, or agencies, desiring to qualify applicants for EMT-P certification shall conform to the standards published by the U.S. Department of Transportation, the standards approved by the Tennessee Emergency Medical Services Board, and such rules as shall be promulgated by the Department.~~

1. ~~Purpose of Accreditation~~

(i) ~~To insure the safe practice of Emergency Medical Technician Paramedic (EMT-P) by setting standards for program preparing the practitioner.~~

(ii) ~~To insure graduates of accredited schools eligibility for admission to the certification examinations.~~

2. ~~Accreditation shall be categorized, and awarded or revoked in accordance with the following criteria:~~

(i) ~~Initial accreditation is granted a new program that has not been in operation long enough to graduate its first class but demonstrates its eligibility for full accreditation. The program shall be reviewed for consideration for full accreditation after one year or when the first students graduate.~~

(ii) ~~Full accreditation will be granted for a two (2) year period a program that has met the requirements that are set forth by the Board and the policies of the Division of EMS.~~

(iii) ~~Conditional accreditation may be accorded a program which has failed to maintain the standards and has been notified that it must meet the requirements within a specified time period, or upon demonstration of compliance.~~

(iv) ~~Accreditation shall be denied for cause or may be revoked or conditioned for failure to comply with standards established by the Board.~~

(v) ~~Renewal of Accreditation - Renewal shall be based on recommendations of the staff to the Board based upon survey and site visits, conferences, review of clinical experiences and documentation, instructor student ratio, instructor qualifications, and related evidence of continuing compliance with the Regulations of the Board. If deficiencies are not corrected within the specified time, and until such action is approved by the Board, the facility shall not convene a subsequent class.~~

(vi) ~~Renewal by Committee on Allied Health Education and Accreditation (CAHEA) - Full or Conditional renewal shall be granted to all programs fulfilling requirements of the Joint Review Committee on Educational Programs for the EMT-Paramedic, which equal or exceed Tennessee standards.~~

(Rule 1200-12-01-.13, continued)

~~(vii) Programs desiring to cease training activities shall notify the Director of EMS in writing.~~

~~(b) Requirements for Accreditation.~~

~~1. Sponsorship~~

~~(i) The institution sponsoring an EMT-Paramedic training program shall be an accredited post-secondary educational institution, such as a university, senior college, community college, technical school, or an appropriately accredited medical institution with adequate resources and dedication to educational endeavors.~~

~~(ii) An accredited program shall be affiliated with a licensed medical facility or hospital which is capable of supporting EMT-Paramedic education and training with sufficient supervised practice and experience.~~

~~(iii) The educational institution must provide the financial support, facilities, and leadership which will provide for a sound educational program, and appropriate services to faculty and students.~~

~~(iv) The educational institution shall maintain an overall student competency in knowledge and experience and endorse participants for eligibility to complete the certification examinations.~~

~~2. Curriculum~~

~~(i) Program Goals and Objectives~~

~~(I) There shall be a written statement of program goals and program objectives consistent with and responsive to the demonstrated needs and expectations of the various communities it serves.~~

~~(II) Statements of goals and objectives shall provide the basis for program planning, implementation, and evaluation.~~

~~(III) An advisory commission shall be designated and charged with assisting program and sponsoring institutional personnel in formulating appropriate goals and standards, monitoring needs and expectations, and ensuring program responsiveness to change.~~

~~(ii) Minimum Expectations~~

~~(I) The goals and objectives must include, but need not be limited to providing assurance that graduates demonstrate entry-level competencies, as periodically defined by nationally accepted standards of practitioner roles and functions.~~

~~(II) The curriculum shall follow planned outlines and appropriately integrate lecture, laboratory, clinical, and field experience sequenced to assure efficient learning and opportunity for every student. Content and support courses shall include basic theoretical and scientific knowledge reflective of state of the art patient care.~~

(Rule 1200-12-01-.13, continued)

~~(III) The curriculum shall meet or exceed the educational objectives and competencies as adopted in the United States Department of Transportation. EMT-Paramedic National Standard Curriculum.~~

~~3. Resources~~

~~(i) Administration~~

~~(I) Program Director~~

~~I. The program shall have a full time program director, whose primary responsibility and full time commitment is to the educational program at all times when a program is functioning.~~

~~II. The program director shall have appropriate training and experience to fulfill the role as program director.~~

~~III. The program director shall be responsible for the organization, administration, periodic review, development and effectiveness of the educational program.~~

~~(II) Medical Director~~

~~I. The program shall have in appointed medical director who is a licensed physician with experience and current knowledge of emergency care of acutely, ill and traumatized patients. This individual must be familiar with base station operation including communication with, and direction of, pre-hospital emergency units. The medical director must be knowledgeable of the administrative problems effecting education for EMT-Paramedic programs and be knowledgeable of tile legislative issues regarding educational programs for the pre-hospital provider.~~

~~II. The medical director must review and approve the educational content of the program curriculum. The medical director must review and approve the content and quality of tile medical instruction and supervision delivered by the facility The medical director shall assure that each student is appropriately assessed to assure that they are making adequate progress toward the completion for the educational program. The medical director will attest that each student has achieved the desired level of competence prior to graduation.~~

~~(III) Instructional Faculty~~

~~I. The faculty shall be qualified through academic preparation., training, and experience to teach tile courses or topics to which they are assigned in the curriculum.~~

~~II. Individual proficiency and qualifications for faculty members shall be demonstrated in a personal curriculum Vitae, oil file with the Program Director.~~

(Rule 1200-12-01-.13, continued)

~~III. The number of faculty instructors shall be sufficient to provide instruction and supervision for each period of the program or field experience.~~

~~(IV) Finances~~

~~I. Financial resources adequate for the continued operation of the educational program shall be provided for each class of students enrolled.~~

~~II. There shall be a distinct budget with an accounting of financial resources required and income generated by the program.~~

~~(V) Facilities~~

~~I. Instructional resources~~

~~A. Classrooms, laboratories and administrative offices shall be provided with sufficient space to accommodate the number of students matriculating in the program and the supporting faculty.~~

~~B. Library resources, related to the curriculum, shall be readily accessible to students and shall include current EMS and medical periodicals, scientific books, audiovisual and self-instructional resources, and other references.~~

~~C. Sufficient supplies and equipment to be used in the provision of instruction shall be available and consistent with the needs of the curriculum and adequate for the students enrolled.~~

~~(VI) Clinical Resources~~

~~I. Clinical affiliations shall be established and confirmed in written affiliation agreements with institutions and agencies that provide clinical experience under appropriate medical direction and clinical supervision.~~

~~II. Students shall have access to patients who present common problems encountered in the delivery of advanced emergency care in adequate numbers and in distribution by sex and age.~~

~~III. Students shall be assigned in clinical settings where experiences are educationally efficient and effective in achieving the program's objectives. These areas shall include, but not be limited to, the operating room, recovery room, delivery room, pediatrics, and emergency department.~~

~~IV. Supervision in the clinical setting shall be provided by program instructors or hospital personnel, such as nurses or physicians, if they have been approved by the program to function in such roles. The ratio of students to instructors in the clinical facilities shall be adequate to assure effective learning.~~

(Rule 1200-12-01-.13, continued)

~~(VII) Field Internship~~

~~I. The field internship of the program shall occur within an emergency medical system which demonstrates medical accountability. The student must be under direct supervision of preceptors who are designated by the program and who are physicians, nurses, or paramedics. The program will assure that there is appropriate, objective evaluation of student progress in acquiring the desired competencies developed through this experience. The experience shall occur on an intensive care vehicle within an EMS system that has the capability of voice telecommunications with on line medical direction and is equipped with equipment and drugs necessary for advanced life support.~~

~~II. The majority of the field internship experience shall occur following the completion of the didactic and clinical phases of the program. It must be structured to assure that by the completion of this portion of the program, each student will achieve the desired competencies of the curriculum. Adequate manpower must be available within the EMS system to assure that the assigned student is never a substitute for paid personnel or a required team member.~~

~~4. Program Records~~

~~(i) Student Records~~

~~(I) There shall be a transcript of high school graduation or graduate equivalent (GED) in each student's file.~~

~~(II) There shall be medical evidence that the protection of students and the public from injury or the transmission of communicable diseases is assured for each student.~~

~~(III) There shall be a record of class and practice participation and evidence of competencies attained throughout the education and training program for each student.~~

~~(IV) There shall be copies of examinations and assessments of the student development and attainment of competencies on file.~~

~~(V) There shall be sufficient information to document each student's satisfactory completion of all didactic, clinical, and field requirements.~~

~~(VI) The records maintained by the institution shall be complete whether or not a student is successful in completing the prescribed course of instruction.~~

~~(ii) Academic Records~~

~~(I) There shall be a descriptive synopsis of the current curriculum on file.~~

~~(II) There shall be a statement of course objectives, copies of course outlines, class and laboratory schedules, clinical and field internship experience schedules, and teaching plans on file.~~

~~5. Students~~

~~(i) Disclosure - Accurate information regarding program requirements, tuition and fees, prerequisites, institutional and programmatic policies, procedures, and supportive services shall be available to all prospective students and provided to all enrolled students.~~

~~(ii) Counseling~~

~~Academic - Counseling services shall be accessible to all students for student academic counseling and learning assistance.~~

~~(iii) Placement - Guidance and placement services shall be available to all new graduates of the program.~~

~~(iv) Identification - Students shall be clearly identified by name plate, uniform, or other apparent means to distinguish them from graduate emergency medical services personnel, other health professionals, workers, and students.~~

~~(v) Admission/Readmission/Transfer~~

~~(I) Admission, readmission, or transfer of students shall be made in accordance with clearly defined and published practices of the institution which shall be non-discriminatory with respect to race, color, creed, sex, age, handicaps, or national origin. Specific academic, health related and/or technical requirements for admission shall also be clearly defined and published.~~

~~(II) The individual must be currently certified as Emergency Medical Technician in the State of Tennessee or be state eligible.~~

~~(III) The individual must show that he is in good physical and mental health and is able to fulfill the functions and responsibilities of a Paramedic.~~

~~(IV) If there are any limitations in the individual's ability to perform adequately, he must submit additional documentation from the appropriate professional evaluator which could clearly indicate his abilities to perform adequately. (i.e.)~~

~~I. Speech impairment Speech Pathologist~~

~~II. Hearing impairment Audiologist~~

~~III. Physical Handicap or Disability - Orthorpedist or Registered Physical Therapist.~~

~~IV. Vision - Opthalmologist~~

~~(V) The individual must take the Academic Assessment Placement Program (AAPP) Examination or an examination acceptable to the Board to determine academic eligibility into the program unless he meets the requirements through ACT scores or accumulated college credits.~~

~~(VI) The individual must be evaluated using the scale approved by the Division. Each requirement will receive a score of 1-5 depending on the quality of achievement with 5 being the highest and 1 being the lowest. Applicants selected shall receive an overall rating of 2.5 and above. The following areas of assessment are to be tabulated:~~

~~I. EMT Knowledge: The applicant shall take the Basic EMT Certification Examination and shall be ranked based on his score:~~

~~1 = 80-82%~~
~~2 = 83-86%~~
~~3 = 87-91%~~
~~4 = 92-96%~~
~~5 = 97-100%~~

~~II. Psychological Profile: The applicant shall take the required psychological examinations which must include at least the Minnesota Multiple Personality Index (MMPI). The individual is given an overall score of 1-5 based on these examinations.~~

~~III. Interview: The applicant shall be interviewed by a committee of at least four (4) individuals, and a representative from the Division of Emergency Medical Services. These members shall be selected from an educator, a registered nurse, a physician, a Paramedic, a psychologist, and an ambulance service director.~~

~~The applicant will be evaluated on his EMS related experience, level of maturity and motivation, level of knowledge, communication ability, and poise.~~

~~(VII) Insurance - The applicants accepted must subscribe to a malpractice program with minimal coverage of $1,000,000 which will extend for the entire length of the training program.~~

~~6. Evaluation~~

~~(i) Student Evaluation~~

~~(I) Purpose and Frequency - Evaluation of students shall be conducted on a recurrent basis and with sufficient frequency to provide both the student and program faculty with valid and timely indicators of the student's progress toward and achievement of the competencies and objectives stated in the curriculum.~~

~~(II) Methods - The methods used to evaluate students shall verify, the achievement of the objectives stated in the curriculum. Evaluation methods, including direct assessment of student competencies in patient care environments, shall be appropriate in design to assure valid assessments of competency. Evaluation methods must be consistent with the competencies and objectives being tested. Methods of assessment shall be carefully designed and constructed to appropriately measure stated objectives. Methods used to evaluate clinical and field skills and behaviors shall be consistent with~~

~~stated performance expectations and designed to assess competency attainment.~~

~~(ii) Program Evaluation~~

~~(I) Purpose and Frequency - The program shall periodically assess its effectiveness in achieving its stated goals and objectives. The results of this evaluation must be reflected in the review and timely revision of the program.~~

~~(II) Methods - Program evaluation methods shall emphasize gathering and analyzing data on the effectiveness of the program in developing competencies consistent with the stated program goals and objectives.~~

~~(III) Changes - Any major curriculum or program changes must be presented to the department in writing and will be subject to department and Board approval.~~

~~7. Administering Accreditation~~

~~(i) Program Responsibilities - The accreditation process is initiated with the written request of an official representative of the institution.~~

~~(I) A comprehensive report of the program shall be included with this request. This report shall substantiate compliance with the accreditation standards.~~

~~(II) An agreement to a site visit by the review team within 90 days shall be included in the request.~~

~~(ii) Division Responsibilities - Staff will determine the readiness of the program to determine if the process should be initiated.~~

~~(I) After review of the written report, the staff will determine whether and when a site visit shall be made.~~

~~I. The program will be notified and given the opportunity to correct any deficiencies.~~

~~II. The division will schedule the site visit date and the appointments.~~

~~(II) Following the site visit, a written report will be issued to the institution citing deficiencies, if any, and the status of accreditation.~~

Rule 1200-12-01-.13 EMT, AEMT and Paramedic Education Programs

(1) Definitions. Terms used in this rule shall be defined as follows:

(a) "Approval" means the approval process the Tennessee Emergency Medical Services Board ("Board") uses to assure that EMT, AEMT, and Paramedic education programs comply with the educational standards, requirements, and policies it adopts.

(Rule 1200-12-01-.13, continued)

(b) "Approved Program" means an education program approved by the Tennessee Emergency Medical Services Board.

(c) "Contract or Agreement" means a written agreement between the school and the cooperating agency.

(d) "EMS Educational Institution" means an institution sponsoring an EMT, AEMT, or Paramedic education program shall be an accredited post-secondary educational institution, such as a university, college, community college, technical school, or fire department in accordance with T.C.A. § 68-140-327, or a state agency conducting classes for state law enforcement employees at a state law enforcement training academy, with adequate resources and dedication to educational endeavors.

(e) "Medical Director" means a physician with an unencumbered Tennessee license having experience and current knowledge of emergency care of acutely ill and/or traumatized patients. This individual shall be familiar with base station operation including communication with, and direction of, pre-hospital emergency units. The medical director must have knowledge of administrative problems affecting EMS personnel education programs and legislative issues regarding educational programs for the pre-hospital provider.

(f) "National Accreditation" means accreditation from the Commission on Accreditation of Allied Health Education Programs ("CAAHEP").

(g) "National Education Standards" shall mean national education standards developed from the National EMS Scope of Practice Model for Emergency Medical Service Personnel as promulgated by the U.S. Department of Transportation, National Highway Traffic Safety Administration.

(2) EMS Educational Programs:

(a) Any EMS Educational Institution sponsoring an EMT, AEMT, or Paramedic education program to qualify applicants for licensure shall ensure that its program conforms, at a minimum, to the national education standards developed from the National EMS Scope of Practice Model for Emergency Medical Service Personnel promulgated by the U.S. Department of Transportation, National Highway Traffic Safety Administration, which the EMS Board has approved, and to such rules as the Board shall promulgate.

(b) Any EMS Educational Institution sponsoring an EMT, AEMT, or Paramedic education program shall adopt, at a minimum, all parts of the curricula as developed from the national education standards including skills, training requirements, and permitted practices and procedures for appropriate licensure classification which the EMS Board has adopted.

(c) The EMS Educational Institutions sponsoring EMS training programs shall:

1. File a written request for Division approval with the EMS Division at least thirty (30) days prior to the start date of classes;

2. Ensure that the training program has sufficient supervised practice, equipment, and experience for each required clinical skill;

3. Have a medical director whose affiliation is confirmed in writing;

(Rule 1200-12-01-.13, continued)

4. File a description of curriculum with the EMS Division; and

5. Meet the instructor/student ratio approved by the Board.

(d) Only students from Tennessee approved programs or those who have met reciprocity requirements shall be eligible for state licensure.

(e) Purposes of Approval are as follows:

1. To set standards for education programs to prepare emergency medical services licensees to practice safely; and

2. To ensure that graduates of an approved EMS Educational Institution are eligible for admission to the licensure examinations.

(f) Approval shall be categorized, and awarded or revoked in accordance with the following criteria:

1. The Board may grant initial approval to a new program that has not been in operation long enough to graduate its first class, but demonstrates its eligibility for full approval. The Board shall review programs for full approval one year after initial approval or when their first class of students graduates.

2. Approval and renewal of approval shall be based on recommendations of the Division made to the Board based upon application information, survey and site visits, review of clinical experiences and documentation, instructor/ student ratio, instructor qualifications, and related evidence of continuing compliance with the regulations of the Board.

3. The Board may grant approval for a period of five (5) years to a program that has met the requirements that are set forth by the Board and the policies of the Division of EMS.

4. The Board may grant conditional approval to a program which has failed to maintain the standards and has been notified that it must meet the requirements within a specified time period or upon demonstration of compliance.

5. The Board shall deny approval for cause, or it may revoke or condition approval for failure to comply with the standards the Board establishes.

6. If the institution does not correct deficiencies within the specified time, and until the Board approves such action, the education program shall not convene a subsequent class.

7. Programs desiring to cease education activities shall notify the Director of EMS in writing.

(g) All programs must maintain for first attempt for licensure, an annual pass rate as approved by the Board. Should a program fail to maintain the required pass rate it shall:

1. Receive a "Letter of Concern" from the Division.

(Rule 1200-12-01-.13, continued)

2. Should a program fail to achieve the required pass rate for a second year, the program shall receive a "Letter of Warning" from the Division and be required to submit a "Plan of Correction" to the Division outlining its recommendations for improvement.

3. Should a program fail to achieve the required pass rate for a third year, a representative from the approved program shall be required to appear before the Board to explain the "Plan of Correction" and the steps taken to improve.

4. The Board may, in accordance with the Uniform Administrative Procedures Act (UAPA), condition, suspend, or revoke the educational institution's approval.

(h) Requirements for Approval.

1. Sponsorship/Affiliation

(i) EMS Educational Institutions must have affiliation agreements with Tennessee licensed Emergency Medical Services, and with Tennessee licensed medical facilities or hospitals which are capable of supporting EMT, AEMT and/or Paramedic education with sufficient supervised practice and experience for the number of students enrolled in the program.

(ii) The EMS educational institution must provide the financial support, facilities, and leadership capable of ensuring a sound educational program and appropriate services to faculty and students.

(iii) The EMS educational institution shall maintain records of overall student competency in knowledge, skills and experience while maintaining the capability to endorse participants for the license examination.

(iv) The EMS educational institution shall notify the Division of any proposed major curriculum or program change in writing which will be subject to Board approval.

2. Curriculum

(i) Program Goals and Objectives

(I) The program shall have a written statement of program goals and objectives consistent with and responsive to the demonstrated needs and expectations of the various communities it serves.

(II) Statements of goals and objectives shall provide the basis for program planning, implementation, and evaluation.

(III) An advisory committee shall be designated and charged with assisting the program and sponsoring institutional personnel in formulating appropriate goals and

standards, monitoring needs and expectations, and ensuring program responsiveness to change.

(ii) Minimum Expectations

(I) Program goals and objectives must include, but need not be limited to, providing assurance that graduates demonstrate entry-level competencies, as periodically defined by nationally accepted educational standards and scope of practice for the appropriate level of licensure.

(II) The curriculum shall follow planned outlines, that shall be kept on file for Division review, that appropriately integrate lecture, laboratory, clinical, and field experience sequenced to assure efficient learning and opportunity for every student. Content and support courses shall include basic theoretical and scientific knowledge reflective of state of the art patient care.

(III) The curriculum shall meet, or exceed, the national educational standards and competencies for the appropriate level of licensure as adopted in the United States Department of Transportation National EMS Scope of Practice Model and Education Standards.

3. Administration and Faculty

(i) Administration of EMS Educational Programs

(I) EMS Educational Institutions offering paramedic educational programs shall include the following:

I. A full time Division authorized EMS Program Director, whose primary responsibility and fulltime commitment is to the educational program.

II. The Program Director shall have appropriate training and experience to fulfill the role of program director as indicated in rule 1200-12-01-.12(1).

III. The Program Director shall be responsible for the organization, administration, periodic review, development and effectiveness of the paramedic educational program.

IV. The Program Director shall act as a liaison between faculty, the sponsoring service, students, the local medical community, and the Division of Emergency Medical Services.

V. The Program Director is responsible for recruitment and the continued development of faculty to meet the needs of the institution.

(II) EMS Educational Institutions offering AEMT education shall include the following:

I. At a minimum, a Division authorized AEMT Instructor/ Coordinator, who is responsible for the organization, administration, periodic review, development and effectiveness of the AEMT educational program.

II. An EMS Program Director in EMS institutions authorized to provide Paramedic educational programs may also administer AEMT educational programs.

(III) EMS Educational Institutions offering EMT education shall include the following:

I. At a minimum, a Division authorized EMT Instructor/ Coordinator, who is responsible for the organization, administration, periodic review, development and effectiveness of the EMT educational program.

II. An EMS Program Director in EMS institutions authorized to provide Paramedic or AEMT educational programs may also administer EMT educational programs.

(IV) Medical Director. The program shall appoint a medical director who shall be responsible for reviewing and approving the educational content of the program's curriculum. The medical director shall:

I. Review and approve the content and quality of the medical instruction and supervision the EMS educational program delivers;

II. Ensure that each student is appropriately assessed to assure that the student is making adequate progress toward the completion of the educational program; and

III. Attest that each student has achieved the desired level of competence prior to graduation.

(V) Instructional Faculty

I. The faculty shall be authorized by the Division and qualified through academic preparation, training, and experience to teach the courses or topics to which they are assigned in the curriculum.

II. Faculty members shall demonstrate individual proficiency and qualifications by submitting a

personal Curriculum Vitae that will be kept on file with the Program Director.

III. The number of faculty instructors shall be sufficient to provide instruction and supervision for each period of the program or field experience.

(VI) An Authorized Paramedic Instructor/Coordinator shall be responsible for the delivery of instruction in a Paramedic education program.

I. The Paramedic Instructor/Coordinator shall be knowledgeable in all aspects of pre-hospital care, capable of applying techniques and modalities of adult education, and of managing resources and resource personnel.

II. Paramedic Instructor Assistants shall be responsible for teaching practical skills to include: assisting the Program Director and/or Instructor/Coordinator in the delivery of instruction, evaluating student performance of skills under supervision of Program Director or Authorized Paramedic Instructor/Coordinator.

(VII) An authorized AEMT Instructor/Coordinator shall be responsible for the delivery of instruction in an AEMT educational program.

I. An authorized AEMT Instructor/Coordinator shall be in the classroom for, at least but not limited to, the following:

A. Delivery of didactic material;

B. Demonstration of the psychomotor skills;

C. Verification of skill proficiency; and

D. Supervision of AEMT Instructor Assistants.

II. The education program may utilize Authorized AEMT Instructor Assistants for teaching practical skills including, but not limited to, assisting the Program Director and/or AEMT Instructor/ Coordinator in the delivery of instruction and evaluating student performance of skills during a lab.

(VIII) An authorized EMT Instructor/Coordinator shall be responsible for the delivery of instruction in an EMT educational program.

(Rule 1200-12-01-.13, continued)

I. An authorized EMT Instructor/Coordinator shall be in the classroom for, at least but not limited to, the following:

A. Delivery of didactic material;

B. Demonstration of the psychomotor skills;

C. Verification of skill proficiency; and

D. Supervision of EMT Instructor Assistants.

II. The education program may utilize Authorized EMT Instructor Assistants for teaching practical skills including, but not limited to, assisting the Program Director and/or EMT Instructor/Coordinator in the delivery of instruction and evaluating student performance of skills during a lab.

4. Resources.

(i) Finances. Financial resources adequate for the continued operation of the educational program shall be provided for each class of students enrolled.

(ii) Facilities.

(I) Instructional resources shall include:

I. Classrooms, laboratories and administrative offices with sufficient space to accommodate the number of students matriculating in the program and the supporting faculty;

II. Library resources, related to the curriculum, shall be readily accessible to students and shall include current EMS and medical periodicals, scientific books, audiovisual and self-instructional resources, and other references; and

III. Available sufficient supplies and equipment to be used in the provision of instruction that are consistent with the needs of the curriculum and adequate for the students enrolled.

(II) Clinical Resources

I. The educational program shall establish clinical affiliations that are confirmed by written affiliation agreements with the institutions and agencies that provide students with clinical experience under appropriate medical direction and clinical supervision.

II. Students shall have access to an adequate number of patients and in distribution by sex and age who present common problems encountered in the delivery of basic and advanced emergency care.

III. Students shall be assigned in clinical settings where experiences are educationally sufficient to achieve the national educational standards for the appropriate level of licensure.

IV. Program instructors or hospital personnel, such as nurses or physicians, who have been approved by the program to so function, shall provide supervision in the clinical setting. The ratio of students to instructors in the clinical facilities shall be adequate to assure effective learning.

V. Students shall be clearly identified by name plate, uniform, or other apparent means to distinguish them from graduate emergency medical services personnel, other health professionals, workers, and other students.

(III) Field Internship

I. The program's field internship shall occur within an emergency medical system which demonstrates medical accountability. The student must be under direct supervision of preceptors the program and/or EMS services designate. Preceptors shall be physicians and/or nurses with pre-hospital experience, AEMTs or paramedics. The program shall assure that there is appropriate, objective evaluation of student progress in acquiring the desired competencies in accordance with the national education standards.

II. Field internship shall occur on an Advanced Life Support vehicle within an EMS system having capability of voice telecommunications with on-line medical direction. The vehicle shall be equipped with equipment and drugs necessary for basic and advanced life support.

III. The majority of the field internship experience shall occur following the completion of the didactic and clinical phases of the program. It must be structured to assure that upon completion of this portion of the program, each student will achieve the desired competencies of the national educational standards.

IV. Adequate manpower shall be available within the EMS system to assure that the assigned student is never a substitute for paid personnel or a required team member.

5. Students Admission and Conduct.

(i) Selection and admission practices for entrance into an EMT, AEMT, or Paramedic education program shall be based on the following criteria and shall be clearly defined and published by the institution and shall be non-discriminatory with respect to race, color, creed, sex, age, handicaps, or national origin.

(I) Meet the admission requirements of the EMS educational institution.

(II) Possess an academic or equivalent high school diploma or general education equivalent (GED).

(ii) Upon selection for admission into the EMT, AEMT, or Paramedic program, the student shall:

(I) Show good physical and mental health and possess no physical handicaps or disabilities which would impede the ability to fulfill the functions and responsibilities of an EMT, AEMT, or Paramedic.

(II) Submit a physical examination form indicating physical health sufficient to perform the duties of an EMT, AEMT, or Paramedic completed by a physician, physician assistant, or nurse practitioner, who has examined the individual. If there are any limitations in the individual's ability to perform adequately, additional documentation shall be submitted from the appropriate professional evaluator which indicates the applicant's abilities to perform adequately (i.e.):

I. Speech impairment - Speech Pathologist;

II. Hearing impairment - Audiologist;

III. Physical handicap or disability - Orthopedist or Registered Physical Therapist; or

IV. Vision – Ophthalmologist.

(III) Readmission or transfer of students shall be made in accordance with clearly defined and published practices of the institution which shall be non-discriminatory with respect to race, color, creed, sex, age, handicaps, or national origin.

(IV) Dismissal. Students shall be subject to dismissal from the education program for cause.

6. Program Records

(i) Each student record shall include the following:

(I) A transcript of high school graduation or graduate equivalent (GED), or official academic college transcript in each student's file;

(II) Medical evidence that the protection of students and the public from injury or the transmission of communicable diseases is assured for each student;

(III) A record of class and practice participation along with evidence of competencies attained throughout the education program;

(IV) Copies of examinations and assessments of the student's development and attainment of competencies;

(V) Sufficient information to document each student's satisfactory completion of all didactic, practical skills, laboratory, clinical, and field requirements.

(VI) Copies of proof of malpractice insurance on each student enrolled in the program with minimal coverage of $1,000,000.00/$3,000,000.00 which will extend for the entire duration of the education program; and

(VII) The records maintained by the institution shall be complete whether or not a student is successful in completing the prescribed course of instruction.

(ii) Each academic record shall include:

(I) A descriptive synopsis of the current curriculum; and

(II) A statement of course objectives, copies of course outlines, class and laboratory schedules, clinical and field internship experience schedules, and teaching plans.

7. Student Admission. In addition to requirements for admission to all EMT education programs, applicants for admission to AEMT Education programs shall meet requirements as follows:

(i) Hold a current Tennessee EMT license prior to admission; or

(ii) Have successfully completed the EMT education program within 120 days of beginning an Advanced EMT education program and have successfully completed a Board approved EMT competency written and practical examination.

(3) Paramedic Education Programs.

(a) Upon initial approval of a paramedic program by the EMS Board, all paramedic education programs must make application to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and receive a letter of review for accreditation with the Commission

(Rule 1200-12-01-.13, continued)

of Accreditation of Allied Health Education Programs (CAAHEP) and shall be accredited within four (4) years of Initial application of CAAHEP.

(b) All Paramedic programs must maintain accreditation with CAAHEP.

(c) Additional admission requirements for paramedic education programs.

1. To be eligible for admission an applicant shall be currently licensed as an Advanced Emergency Medical Technician in the State of Tennessee.

2. The applicant must be evaluated using a scale where each requirement will receive a score of 0-5 depending on the quality of achievement with 5 being the highest and 0 being the lowest. Applicants selected shall receive an overall interview rating of 2.5 and above.

3. AEMT knowledge. The applicant having successfully completed an AEMT license exam more than one year prior to the start of Paramedic classes must successfully complete an AEMT assessment written examination approved by the Board.

4. An applicant shall be interviewed and evaluated. Each area evaluated in the interview shall be rated with a score of 0-5 depending on the quality of achievement, with 5 being the highest score and 0 being the lowest. Applicants selected shall receive an overall rating of 2.5 and above.

(i) The applicant shall be interviewed by a committee of at least four (4) individuals and a representative from the Division of Emergency Medical Services. Committee members shall be selected from the following: an EMS educator, a registered nurse, a physician, a paramedic, and/or an ambulance service director.

(ii) The following criteria shall be used for interview evaluation:

(I) EMS related experience;

(II) Level of maturity and motivation;

(III) Level of knowledge;

(IV) Communication ability; and

(V) Poise.

Authority: *T.C.A. §§4-5-202, 4-5-204, 68-140-304, 68-140-504, 68-140-506, 68-140-508, and 68-140-509.* ***Administrative History:*** *Original rule filed November 30, 1985; effective February 12, 1985. Amendment filed October 22, 1987; effective December 6, 1987. Amendment filed January 17, 1989; effective March 3, 1989. Amendment filed September 24, 1990; effective November 8, 1990. Amendment filed October 22, 1993; effective January 5, 1994. Amendment filed August 5, 1996; effective October 19, 1996.*

(Rule 1200-12-01-.15, continued)

(c) Copies of orders, invoices or other documents asserting title or ownership of medical equipment, including contracts or agreements pertaining to state-issued equipment consigned to the service.

(4) Ambulance equipment inventory - An ambulance equipment inventory shall be recorded not less than every three (3) days for each vehicle reflecting an accurate status of patient care equipment, safety devices, and supplies. Each service shall adopt forms or procedures appropriate to this purpose which shall be available for inspection reflecting status of a period of at least three (3) months.

(5) Each ambulance service shall maintain a file of FCC-related records in accordance with 47 C.F.R., Part 90.443. Such records shall include that of any transmitter maintenance, base or mobile, which affects frequency, modulation or power output tolerance of the transmitter, and those periodic reports of inspection of antenna support structures which are required to be illuminated.

(6) All records detailed herein shall be made available when requested for inspection by a duly authorized representative of the department.

Authority: *T.C.A. §§ 4-5-202, 4-5-203, 4-5-204, 68-140-502, 68-140-504, 68-140-505, 68-140-507, 68-140-508, 68-140-509, and 68-140-519.* ***Administrative History:*** *Original rule filed November 30, 1984; effective February 12, 1985. Amendment filed October 22, 1987; effective December 6, 1987. Amendment filed August 11, 1993; effective October 25, 1993. Amendment filed October 21, 1993; effective January 4, 1994. Amendment filed June 5, 1998; effective August 19, 1998. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed May 26, 2010; effective August 24, 2010.*

1200-12-01-.16 EMERGENCY MEDICAL FIRST RESPONDERS.

(1) Definitions- The terms used in this rule shall be defined as follows:

~~(a) First Responder - means a person who has completed required training and who participates in an organized program of mobile pre-hospital emergency medical care.~~

~~(b) First Responder Certification - means successful participation and completion of the First Responder Course and certifying examinations.~~

~~(c) First Responder Course - means instruction in basic knowledge and skills necessary to provide emergency medical care to the sick and injured individuals who may respond before licensed Basic or Advanced Life Support units arrive.~~

(a) Emergency Medical Responder (First Responder) means a person who has completed required training and who participates in an organized program of mobile pre-hospital emergency medical care.

(b) Emergency Medical Responder (First Responder) Certification means successful participation and completion of the Emergency Medical Responder Course and certifying examinations.

(c) Emergency Medical Responder (First Responder) Course means instruction in basic knowledge and skills necessary to provide emergency medical care to the sick and injured individuals who may respond before licensed Basic or Advanced Life Support units arrive.

(d) First Responder Service - shall mean a service providing capabilities for mobile pre-hospital emergency medical care using emergency medical response vehicles.

(Rule 1200-12-01-.16, continued)

(2) Operation of First Responder Services. A licensed ambulance service classified as a primary provider shall coordinate first response services within its service area. If the primary provider is a contracted ambulance service, the county or local government may designate a representative who shall coordinate first responder services within the service area of its jurisdiction. First responder services shall meet the following standards for participation in the community EMS system. To participate in the community EMS system, each First Responder Service shall:

(a) Be a state-chartered or legally recognized organization or service sanctioned to perform emergency management, public safety, fire fighting, rescue, ambulance, or medical functions.

(b) Provide a member on each response who is certified as a First Responder, Emergency Medical Technician, or EMT- Paramedic in Tennessee.

1. Personnel may provide the following additional procedures with devices and supplies consigned under medical direction:

(i) First Responders and Emergency Medical Technicians trained in an appropriate program authorized by the Division may perform defibrillation in a pulseless, nonbreathing patient with an automated mode device.

(ii) Emergency Medical Technicians-IV and EMT-Paramedics may administer:

(I) Intravenous fluids with appropriate administration devices.

(II) Airway retention with Board approved airway procedures.

(iii) EMT-Paramedics and advanced life support personnel trained and authorized in accordance with these rules may perform skills or procedures as adopted in Rule 1200-12-01-.04(3).

(iv) First Responders and Emergency Medical Technicians participating in a recognized first responder organization within the community EMS system may, upon completion of the approved training, periodic review training, and concurrent quality assurance of the local EMS system Medical Director, utilize a dual-lumen airway device (such as the Combitube or Pharyngeal Tracheal Lumen airway) that has been approved by the EMS Board.

2. Such procedures shall be consistent with protocols or standing orders as established by the ambulance service medical director.

3. Services shall provide at least six (6) hours of annual in-service training to all EMS First Responder personnel, in a plan and with instructors approved by the medical director.

(c) Provide services twenty-four (24) hours a day, seven (7) days a week, and notify the primary service and dispatching agent of any time period in which the service is not available or staffed for emergency medical response.

(d) Provide minimum equipment and supplies and such other equipment and supplies as shall be mutually adopted under the agreement with the primary ambulance service and medical director. The following minimum equipment shall be provided:

1. Emergency Medical Care (Jump) Kit containing:

(Rule 1200-12-01-.16, continued)

(i) Dressings and bandaging supplies, with adhesive tape, adhesive bandages, sterile 4" gauze pads, sterile ABD pads, 3" or wider gauze roller bandages, bandage shears, occlusive dressing materials, at least four triangular bandages, and burn sheets.

(ii) Patient assessment and protective supplies including a flashlight, disposable gloves, antibacterial wipes or solution with tissues, trash bags, an adult blood pressure cuff with manometer and a stethoscope.

2. Resuscitative devices including oral airways in at least five sizes, a pocket mask, suction device capable of 12 inches vacuum with suction tips for oropharyngeal suction, and an oxygen administration unit capable of 2 to 15 liters per minute flow rate with a minimum 150 liter supply.

3. Splints for upper and lower extremities.

4. Patient handling equipment including a blanket and appropriate semi-rigid extrication collars.

(e) Develop and maintain a memorandum of understanding or agreement of coordination within the service area with the primary provider of emergency ambulance services. If the primary provider is a contracted ambulance service, said agreement shall be developed and maintained with the designated representative of the county or local government. Such agreement will provide for policies and procedures for the following:

1. Personnel and staffing, including a roster of response personnel and approved procedures for such personnel, and the crew component operational for emergency medical response.

2. Designation of vehicles to be operated as pre-hospital emergency response vehicles, including unit identifiers and station or location from which vehicles will be operated.

3. Nature of calls for which first response services will be dispatched, and dispatch and notification procedures that assure resources are simultaneously dispatched and that ambulance dispatch is not deferred or delayed.

4. Radio communications and procedures between medical response vehicles and emergency ambulance services.

5. On-scene coordination, scene control and responsibilities of the individuals in attendance by level of training.

6. Medical direction and protocols and/or standing orders under the authority of the ambulance service medical director.

7. Exchange and recovery of required minimum equipment and supplies and additional items adopted for local use.

8. Exchange of patient information, records and reports, and quality assurance procedures.

9. Terms of the agreement including effective dates and provisions for termination or amendment.

(Rule 1200-12-01-.16, continued)

(f) First responder services shall maintain professional liability insurance providing indemnity to emergency care personnel and the organization. Each first responder service shall maintain the minimum liability coverage which is set forth in T.C.A. § 29-20-403.

~~(3) First Responder Training Programs:~~

(3) Emergency Medical Responder (First Responder) Training Programs:

(a) Shall utilize texts and curriculums approved by the Board.

(b) Class size shall not exceed twenty-five (25) students per instructor.

(c) Course must be conducted by an instructor authorized by the Division.

(d) Shall obtain course approval from the Division.

(e) Shall provide an attendance policy acceptable to the Division.

(f) Shall maintain accurate attendance records.

(g) Must maintain student records, such as exams, attendance records and skills verification for 5 years.

(h) Must provide documentation of a student's successful completion of course, attendance, and verification of skills competency to the Division.

(i) Must provide adequate classroom space with adequate lighting and ventilation.

(j) Must provide adequate lab space for skills practice.

(k) Must assure adequate audio visual instructional aids and supplies are available.

(l) Must provide adequate equipment for skills training.

~~(4) First Responder Certification requirements:~~

~~(a) Must be at least seventeen (17) years of age.~~

~~(b) Must be able to read, write and speak the English language.~~

~~(c) Must be currently certified in Basic Cardiopulmonary Resuscitation.~~

~~(d) Must meet all attendance requirements of training program.~~

~~(e) Must successfully complete an approved First Responder Course.~~

~~(f) Must successfully complete written examinations within two (2) years of completion of First Responder course.~~

~~1. Achieve a passing score on a Board approved written examination with a minimum score as established by the Board.~~

~~2. Applicants who fail to pass the examination shall be eligible to reapply for examination.~~

(Rule 1200-12-01-.16, continued)

~~(g) Must submit an Application for certification form as provided by the Division of Emergency Medical Services.~~

~~(h) Must remit the appropriate certification and application fees, as determined under rule 1200-12-01-.06.~~

~~(i) Certification shall be issued for a period not to exceed two (2) years.~~

~~(5) First Responder renewal certification:~~

~~(a) Certifications may be renewed upon filing an application, possession of a current Cardiopulmonary Resuscitation card verifying successful completion of a basic life support course which includes automatic external defibrillation for health care professionals, and verification of one of the following:~~

~~1. Successful completion of refresher training course of at least sixteen (16) hours meeting the refresher course curriculum approved by the board; or~~

~~2. Satisfactory completion of an approved renewal examination; or~~

~~3. Completion of ten (10) continuing education hours in the following areas:~~

~~(i) Preparatory: one (1) hour consisting of:~~

~~(I) EMS systems.~~

~~(II) Well being of the first responder.~~

~~(III) Legal and ethical issues.~~

~~(IV) Human body.~~

~~(V) Lifting and moving patients.~~

~~(ii) Airway: two (2) hours.~~

~~(iii) Patient assessment: two (2) hours.~~

~~(iv) Circulation: one (1) hour.~~

~~(v) Illness and injury: two (2) hours.~~

~~(I) Medical: one (1) hour.~~

~~(II) Trauma: one (1) hour.~~

~~(vi) Children and childbirth: one (1) hour.~~

~~(vii) Rescue and EMS operations: one (1) hour.~~

~~(b) Those persons who fail to timely renew certification as provided by law are subject to the following:~~

~~1. Late renewal within sixty (60) days or less from the expiration of certification will require payment of a twenty-five dollar ($25.00) reinstatement fee, and in addition~~

(Rule 1200-12-01-.16, continued)

~~to CPR certification, successful completion of either, the approved written examination or the required refresher course.~~

~~2. Reinstatement of certification sought to be renewed more than sixty (60) days after expiration of certification but less than two years will require payment of a twenty-five ($25.00) reinstatement fee and in addition to CPR certification, successful completion of both the refresher course and the approved written examination.~~

~~(c) Out-of-State requirements for certification: Any First Responder who holds a current certification in another state and who has completed an approved US Department of Transportation First Responder Course may apply for Tennessee First Responder certification by complying with the following:~~

~~1. Conform to all certification requirements for Tennessee First Responder; and,~~

~~2. Successful completion of any EMS Board approved written and practical examinations; and,~~

~~3. Submit the appropriate application forms and fees, if applicable, to the Division of Emergency Medical Services.~~

(~~6~~4) Official response shall be performed only as assigned upon the specific policy guidelines of the coordinating dispatch agency responsible for dispatching emergency ambulances and/or an emergency (911) communications district. No emergency medical first responder or emergency medical response vehicle shall be authorized to make an unofficial response on the basis of information obtained by monitoring a radio frequency of a law enforcement, ambulance service, fire department, rescue squad, or public safety agency.

Authority: *§§4-5-202, 4-5-204, 68-140-304, 68-140-504, 68-140-504(1) and (2), 68-140-506, 68-140-506(c), 68-140-507, 68-140-508, 68-140-508(a) & (b), and 68-140-517.* ***Administrative History:*** *Original rule filed March 25, 1987; effective May 9, 1987. Amendment filed March 7, 1989; effective April 21, 1989. Amendment filed March 7, 1994; effective May 21, 1994. Amendment filed January 9, 1997; effective March 25, 1997. Amendment filed November 16, 2005; effective January 30, 2006. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed April 6, 2010; effective July 5, 2010.*

1200-12-01-.17 UNETHICAL PRACTICES AND CONDUCT. Emergency medical services and emergency medical services personnel shall be subject to discipline or may be denied authorization for unethical practices or conduct which includes but shall not be limited to the following:

(1) Engaging in acts of dishonesty which relate to the practice of emergency medical care.

(2) Failing to report to appropriate personnel facts known to the individual regarding incompetent, unethical, or illegal practice of any other emergency medical services personnel.

(3) Failing to take appropriate action in safeguarding the patient from incompetent health care practices of emergency medical services personnel.

(4) Violating confidentiality of information or knowledge concerning the patient, except when required to do so by a court of law or authorized regulatory agency.

(5) Engaging in the delivery of emergency medical services on a revoked, suspended, expired, or inactive license, or beyond the scope of a modified or conditioned license.

(6) Accepting and performing, or attempting to perform, professional responsibilities which the licensee knows, or has reason to know, he is not competent to perform.