

## RULEMAKING HEARINGS

### **THE TENNESSEE DEPARTMENT OF HEALTH - 1200 DIVISION OF EMERGENCY MEDICAL SERVICES**

There will be a hearing before the Division of Emergency Medical Services to consider the promulgation of amendments of rules pursuant to T.C.A. §§ 68-140-201, 68-140-203, 68-140-204, 68-140-205, 68-140-206, 68-140-207, 68-140-208, 68-140-502, 68-140-504, 68-140-505, and 68-140-513. The hearing will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204 and will take place in conference room 133 of the Cordell Hull Building, First Floor, located at 425 Fifth Avenue North, Nashville, Tennessee at 10:30 a.m., Central Daylight Time, on the 16<sup>th</sup> day of June, 2006.

Any individuals with disabilities who wish to participate in these proceedings or review these filings should contact the Department of Health, Division of Emergency Medical Services to discuss any auxiliary aids or services needed to facilitate such participation. Such initial contact may be made no less than ten (10) days prior to the scheduled meeting date or the date the party plans to review such filings, to allow time for the Division of Emergency Medical Services to determine how it may reasonably provide such aid or service. Initial contact may be made with Richard F. Land, Director of Ambulance Service Licensure and Regulation, Division of Emergency Medical Services, Cordell Hull Building, First Floor, 425 Fifth Avenue, North, Nashville, TN 37247-0701, 615-741-2584.

For a copy of the entire text of the notice of rulemaking, contact Richard F. Land, Director of Ambulance Service Licensure and Regulation, Division of Emergency Medical Services, Cordell Hull Building, First Floor, 425 Fifth Avenue, North, Nashville, TN 37247-0701, 615-741-2584.

### **SUBSTANCE OF PROPOSED RULES**

#### **CHAPTER 1200-12-1**

#### **AMENDMENTS**

Subparagraph (f) paragraph (3) of Rule 1200-12-1-.02 Ambulance Safety Standards, relative to Ambulance Radio Requirements is amended by deleting the existing language of part 1 in its entirety, and substituting instead the following language, so that as amended part 1 shall read:

1. Two-way Radio (Mobile).

Mobile radio equipment shall include VHF capabilities at a minimum, as established in Rule 1200-12-1-.08 (EMS Telecommunications), or means of alternative compliance as established in Rule 1200-12-1-.08. Radio control functions for the VHF and dispatch radio shall be accessible to the vehicle operator. The medical communication radio (or radio controls) shall be available in the patient compartment and comply with the respective regional frequency use plans and radio standards as published in the State EMS Telecommunications Plan.

Rule 1200-12-1-.08 Emergency Medical Services Telecommunications is amended by deleting paragraphs (2), (4), and (5) in their entirety, and substituting instead the following language, so that as amended paragraphs (2), (4), and (5) shall read:

- (2) EMS Telecommunications Resource Coordination Centers, also known as Regional Medical Communications Centers, (RMCC), shall be designated by the Director of the Division of Emergency Medical Services for each emergency medical services area of the state, and shall be charged with the following responsibilities:

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- (a) The RMCC shall be operational 24 hours daily and shall coordinate emergency medical services traffic, as required.
1. The RMCC shall coordinate radio communications between ambulances and receiving hospitals and adjacent regional centers;
  2. Coordinate emergency medical consultation services for hospitals and ambulance services;
  3. Monitor the status and availability of hospitals and special services throughout the region;
  4. Conduct routine communications checks and systems tests with systems participants; and,
  5. Assist in public health, injury, and disease surveillance programs in association with the Department of Health.
- (b) The RMCC shall monitor and respond to all EMS telecommunications so directed to the regional center for those messages originating on the designated Tennessee EMS radio frequencies in the very high frequency (VHF) high band spectrum. Where applicable, the RCC shall also:
1. assign the UHF MED channels for real-time use by ambulances within two-way radio range of the center's equipment, assuring an interference-free MED channel for ambulances during multiple or simultaneous runs; and,
  2. monitor and respond to EMS units as enabled on 800 MHz radio systems; and,
  3. shall record all EMS message traffic by date and 2400 hour time and retain the recordings for a minimum of one (1) year.
- (c) The RMCC will maintain and coordinate its activities through a regional committee to promote and conduct quality improvement programs and review, and to guide plans and procedures for daily operations,. This committee shall coordinate development of communications procedures and other regional emergency medical services system planning as necessary for disasters and mass casualty incidents, including specialty care for trauma, burn, cardiac, stroke, and pediatric patients.
1. The committee shall be organized of representatives within the region designated from the following provider agencies and officials:
    - (i) Each hospital with an active emergency department;
    - (ii) Each primary provider of emergency ambulance services, each helicopter air ambulance service, and those private ambulance services with more than ten (10) permitted ambulances;
    - (iii) Regional Emergency Medical Services Consultant, Department of Health;
    - (iv) Regional Hospital Coordinator, Department of Health; and,

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- (v) At least one EMS Medical Director affiliated with an EMS primary provider.
- 2. The committee shall elect from its membership of designated representatives, an executive committee and officers to preside at and record the business of the committee, including a chairman, vice-chairman, and secretary, and to function as necessary between the regular meetings of the committee.
- 3. The secretary of the committee shall keep minutes of the committee meetings, which shall be available for public inspection, except for those quality improvement oversight activities that are otherwise exempted by law.
- 4. Any committee member may place items before the committee for discussion.
- (d) The RMCC shall conduct a continuing education program on its communication equipment, assuring that all employees, including supervisory personnel, can function at the telecommunicator position(s).
- (e) The RMCC will participate with dispatcher and telecommunicator training and promote training for all personnel within the region involved in EMS radio communications.
- (f) The RMCC, within the geographical area of responsibility, shall serve as the coordination point in situations requiring added EMS resources, over those locally available. During a disaster or multiple casualty incident local agencies shall notify the RMCC of changes in status and the need for added resources and upon such notification:
  - 1. The RMCC shall receive scene reports and staging area information, and coordinate communications with the local dispatch center or incident command liaison; and
  - 2. Coordinate emergency medical services resources responding to the incident, including ground and air ambulances, specialty teams, and state officials; and
  - 3. Notify hospitals in accordance with the anticipated system demands and planned activities and allocate patients among hospitals in accordance with the patients' condition, bed availability, and clinical specialty capabilities.
  - 4. The RMCC will communicate situational information to the health department and emergency management officials, and will maintain liaison with the emergency service coordinators at the State Emergency Operations Center, and other officials as identified by the Department of Health or the Tennessee Emergency Management Agency.
- (g) The RMCC shall operate with professional radio operator techniques at all times, to monitor and promote system discipline, correct faulty operating practices within the system, and report any violations of system discipline to the regional EMS Consultant for appropriate action.
- (h) The RMCC shall cooperate with radio repair services during their performance of maintenance on EMS radio equipment.
- (i) The RMCC shall maintain a current and accurate index of Federal Communications Commission (FCC) assigned call signs and commercial telephone numbers of all regional ambulance services and medical facilities participating in the EMS radio communications system and shall assure adherence to applicable Tennessee statutes and rules and regulations of the FCC on the part of all regional participants. All local EMS agencies and participants shall notify the RCC of any changes of radio call signs and telephone numbers.

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- (j) The RMCC shall maintain a constant status of emergency readiness, assuring that all employees are knowledgeable of the procedures for emergency operation and are familiar with the operation, capability and limitation of equipment. Centers maintaining controlled entrance to their facilities will provide the regional EMS Consultant with a personal method of access, and will immediately notify that Consultant on learning of an occurrence of a natural or man-made disaster or mass casualty incident that may tax the resources within the region.
  - (k) Only one RMCC shall be designated in each region.
- (4) EMS Telecommunications Operating Techniques - All emergency medical services entities participating in the Tennessee EMS Telecommunications System shall conform to the radio operation techniques approved by the Division of Emergency Medical Services.
- (5) EMS Telecommunications System Access - Access to the statewide emergency medical services telecommunications system, including the use of selective signals or tones, shall comply with technical specifications developed or approved by the Division of Emergency Medical Services, and correspond to the procedures outlined in the State EMS Telecommunications Plan. Emergency medical service entities in the statewide network shall meet the following requirements:
- (a) Each ambulance permitted to transact business in the State of Tennessee and each emergency ambulance dispatching center shall have two-way radio capability with the following devices and frequencies as addressed in either part 1 or part 2 of this rule.
    - 1. A Very High Frequency radio on the frequency of 155.205 MHz with approved equipment utilizing Digital coded squelch of 205, not later than six months following the effective date of this rule.
      - (i) Each entity shall have a valid radio station license or letter providing frequency use agreement from a radio station license issued by the Federal Communications Commission (FCC) for all transmitting equipment on the frequency used; or,
      - (ii) Those services having a FCC license for mobile operation only on 155.205 MHz shall have a written agreement with a nearby service operating a properly licensed base station on this frequency, such agreement extending cooperative communications to radio equipped vehicles of the service.
      - (iii) The frequency 155.205 MHz shall be used for ambulance mutual aid activities.
    - 2. Those counties with a population of more than 250,000 people according to the 2000 U.S. Census and that rely upon an 800 MHz radio system for public safety communications may apply to use an alternative communications system to accomplish the objectives of this rule, as detailed in paragraphs (a),(b), and (c). The alternative must provide for ambulance to ambulance and ambulance to hospital communications for the affected Tennessee licensed ambulances when operating outside their primary base of operations.
      - (i) Communications equipment or techniques proposed as an alternative for VHF radio requirements identified by this rule shall be determined by the Division of Emergency Medical Services on a case by case basis. The Division may review alternative methods by requiring a demonstration of such equipment and procedures at any time to determine whether the alternative process is adequate.

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- (ii) Communications equipment or techniques proposed as an alternative for such VHF radio requirements for EMS systems interoperability must be accompanied by all of the following:
    - (I) A realistic assessment of the range, coverage, and efficiency of those procedures and devices which are proposed;
    - (II) The availability of alternatives and the time necessary to deploy such alternatives; and
    - (III) The cost analysis for deployment of resources outside of the jurisdiction of the primary ambulance service provider for a seventy-two hour period, and statement that such deployment would not affect the capabilities within the primary jurisdiction to provide public safety interoperability.
- (b) Each emergency ambulance operated by an emergency medical service entity licensed to transact business in the State of Tennessee shall have mobile two-way radio capability on the frequency 155.295 MHz utilizing Digital coded squelch of 155, with approved equipment for on-scene interoperability and communications among health agencies and emergency medical services providers. Radio modifications for this frequency shall be required not later than six months following the effective date of this rule. All future paging activity on 155.295 MHz within the State of Tennessee shall be prohibited.
- (c) Each emergency ambulance operated by an emergency medical service entity licensed to transact business in the State of Tennessee shall have two-way radio capability on the frequency 155.340 MHz with approved equipment. The entity shall have a valid radio station license issued by the FCC (MOBILE ONLY) for all transmitting equipment on this frequency. The entity shall have a written agreement with an adjacent, or nearby, hospital operating a properly licensed base station on this frequency, such agreement extending cooperative communications to radio equipped vehicles of the entity. The ambulance crew shall use this frequency (155.340 MHz) as the primary patient information frequency in the absence of Ultra High Frequency (UHF) or 800 MHz capability between the ambulance and the medical facility.
- (d) Each licensed hospital within the State of Tennessee which maintains an emergency room and offers the facilities of this department to the general public shall have a two-way radio base station access capability on the EMS radio frequency(s) of 155.340 MHz and such other frequencies within the predominant service area of the hospital or identified in the approved Regional Frequency Use Plan. The primary service area is defined as a radius of not more than thirty (30) miles from the transmitting antenna site. The accessing control point for the base station shall be located in, or adjacent to, the emergency department of the hospital. When participating in an ultra high frequency system (MED channels), the hospital must retain a radio for responding to calls on 155.340 MHz. This frequency (155.340 MHz) is intended and dedicated as a two-way voice channel between the emergency medical technician, ambulance, and the hospital emergency department physician or authorized nurse. All paging activity on 155.340 MHz shall be prohibited.
- (e) Licensed hospitals within the State of Tennessee may, at their option, license the use of frequency 155.280 MHz. This frequency may be used by the hospital to converse with adjacent hospitals during routine or emergency situations, and may be further licensed for mobile operation and other medical purposes, as approved within the Regional EMS Communications Plan and the EMS Communications Manager.

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- (f) Audible tones will be restricted to actual emergency radio transmissions alerting EMS or rescue personnel or in accordance with the approved Regional Frequency Use and State EMS Telecommunications Plans. Use of audible tones of more than two seconds preceding, during or following routine EMS radio transmission on these frequencies is prohibited.
- (g) The Tennessee Emergency Medical Services State EMS Communications Plan will guide technical specifications and approval of equipment. The plan will be revised, as appropriate, to reflect improvement in technology and systems design. Responsibility for development, implementation, and revision of the plan is delegated to the Director, Division of Emergency Medical Services.

**Authority:** T.C.A. §§§ 4-5-202, 4-5-204, 68-140-201, 68-140-203, 68-140-204, 68-140-205, 68-140-206, 68-140-207, 68-140-208, 68-140-502, 68-140-504, 68-140-505, and 68-140-513.

The notice of rulemaking set out herein was properly filed in the Department of State on the 20th day of April, 2006. (04-21)