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Sequence Number: 05-01-14
Rule ID(s): 5702
File Date: 5/5/14
Effective Date: 8/3/14

Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. T.C.A. § 4-5-205

Agency/Board/Commission: Department of Health
Division: Emergency Medical Services
Contact Person: Keith D. Hodges
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Revision Type (check all that apply):
✓ 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-.14	Categories for Ambulance Service and Mobile Pre-Hospital Emergency Care
1200-12-01-.15	Ambulance Service Records

Rule 1200-12-01-.14 Categories for Ambulance Service and Mobile Pre-Hospital Emergency Care is amended by deleting the rule and the title of the rule in their entirety, and substituting instead the following language, so that as amended, the new rule and new rule title shall read:

1200-12-01-.14 Categories for Emergency Medical Services and/or Ambulance Service and Mobile Pre-Hospital Emergency Care. The following rules are promulgated to establish minimum standards and categorical capabilities for emergency medical services and/or ambulance services licensed in Tennessee and to govern emergency medical services provided to a patient.

(1) Definitions.

(a) "Advanced Life Support" means advanced emergency medical technicians, or other EMS personnel having a higher level of licensure, who treat life-threatening or aggravating medical emergencies under medical control.

(b) "Basic Life Support" means EMS personnel, authorized through the appropriate level of licensure, who treat life-threatening medical emergencies under medical control.

(c) "Base of Operations" means the principal location and physical structure (*i.e.* building), having a street address, city and zip code, from which ambulances and/or personnel operate to provide ambulance service within a service area.

(d) "Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that it could put the patient's health in serious jeopardy, cause serious impairment to bodily function, or cause serious dysfunction of any body organ, system or part without immediate medical attention.

(e) "Emergency Run" means a transport or response, occurring or accomplished without delay, to the perceived need for care for an emergent, trauma or medical condition in order to prevent loss of life or aggravation of illness or injury, including but not limited to the following:

1. Cardiac arrest;

2. Difficulty breathing/shortness of breath/airway impairment;

3. Severe chest pain or heart attack;

4. Severe motor vehicle crashes/entrapment or pin-in;

5. Decreases in level of consciousness/diabetic emergencies;

6. Heat emergencies;

7. Severe lacerations or possible amputations; severe burns (thermal, chemical or electrical);

8. Possible stroke; and

9. Complications of childbirth.

(f) "Emergency Medical Service Director" ("Service Director") means an individual who directs the planning, development, implementation, coordination, administration, monitoring and evaluation of services provided by a licensed ambulance service.

(g) "Emergency Medical Service Medical Director" ("Medical Director") means an individual who has an active, unencumbered license to engage in the practice of medicine pursuant to title 63, chapter 6, or chapter 9, and who provides medical advice, direction, oversight, quality assurance and authorization to emergency medical services personnel at a licensed ambulance service, and/or emergency medical services educational institution.

(h) "Medical Control" means the instruction, advice or orders given by a physician in accordance with locally or regionally approved practices.

(i) "Minimum Standards" means the minimum requirements for ambulance and emergency medical services established by law, regulation, and prevailing standards of care.

(j) "Primary Service" means the EMS service within a specific area that has contracted with or been recognized by the local government to provide an initial response to scene emergencies.

(k) "Service Area" means the political and geographical area with a population that can be expected to use the services offered by a specific provider.

(l) "Specialty Care Transport" ("SCT") means the inter-facility transportation of a critically injured or ill patient by a ground ambulance vehicle, including the provision of medically necessary supplies and services, which requires a level of service beyond the scope of a paramedic.

(m) "Substation" means the physical structure from which ambulances and personnel operate on a day-to-day basis to provide ambulance services, which are supplementary to the services provided from the base of operations for the specified city or county.

(n) "Volunteer ambulance service" means a not-for-profit service that uses volunteer personnel and restricts emergency operations to scheduled events or serves as a relief organization under the constraint of the main or governmental emergency medical services provider within a service area.

(2) Ambulance Operations.

(a) Each base of operations must hold a State-issued service license for the county in which it is located.

(b) No ambulance service shall position, post, stage or otherwise offer or make an ambulance available within the service area where the county, municipality or special purpose district or authority has current ordinances or resolutions preventing such without prior authorization of the governing body of the service area.

(c) Nothing shall preclude an ambulance provider with federal contracts from providing service as required under those contracts.

(3) Classification of Services.

(a) Each ambulance service license the Division issues must indicate the minimum clinical level of service that the ambulance service can provide.

1. The Division shall grant an ambulance service license only after it verifies that the service is in compliance with Division rules for immediate or scheduled patient transport.

2. The license shall designate the level of service the agency provides.

(i) Based on the result of the application and the applicant's compliance with the Division's rules and regulations throughout the inspection process, the EMS Division shall designate agencies that function at or above the Basic Life Support (BLS) service as a BLS service.

(ii) Based on the result of the application and the applicant's compliance with the Division's rules and regulations throughout the inspection

process, the EMS Division shall designate agencies that function at or above the Advanced Life Support (ALS) service level as an ALS service.

(b) The Division shall recognize the following classes of service for licensing or authorization of ambulance and/or emergency medical services:

1. Primary emergency provider. Each ambulance service the local government designates as the primary provider by recognizing it as such or contracting with it to provide initial response to scene emergencies shall operate advanced and/or basic life support ambulances within the service area. The service may also provide ambulance transport services under its license for its county specific service area. It shall coordinate licensed volunteer ambulance services as well as coordinate and oversee emergency medical response agencies within its jurisdiction.

2. Licensed Ambulance Transport Services. Each licensed ambulance service shall operate ambulances for unscheduled or scheduled transportation of patients. The level of the licensed ambulance service must be consistent with their issued service license level.

3. Volunteer not-for-profit ambulance service using volunteer personnel shall restrict emergency operation to scheduled events or serve as a relief organization under the coordination of the primary emergency provider. Volunteer ambulance services may, in times of disaster, be utilized in their communities as deemed necessary by local authorities and/or primary service providers.

(c) Conditional Ambulance Services. The Division may place a new service or a service having deficiencies in a conditional license category for up to ninety (90) days from the date of the deficiency or issuance of the license.

(4) Personnel. Each ambulance or emergency medical service shall assign qualified persons to perform functions to ensure compliance with its licensure as follows:

(a) Medical Director. Each ambulance service shall retain a medical director who serves as medical authority for the ambulance service and functions as a liaison to the medical community, medical facilities, and governmental entities. His or her duties shall include, but not be limited to, the following:

1. Quality management and improvement of patient care, including the following:

(i) Development of protocols, standing orders, training, procedures, approval of medications and techniques permitted for field use by service personnel in accordance with regulations of the Division;

(ii) Quality management and improvement of field performance as may be achieved by direct observation, field instructions, in-service training or other means including, but not limited to:

(I) Ambulance run report review;

(II) Review of field communications tapes;

(III) Post-run interviews and case conferences;

(IV) Critiques of simulated or actual patient presentations; and

(V) Investigation of complaints or incidents reports.

2. The medical director shall have disciplinary and/or corrective action authority sufficient to oversee quality management and improvement of patient care as the service director of the ambulance service deems appropriate.

(b) Advanced Life Support Service Personnel. Each service licensed to provide advanced life support shall use a crew comprised of an advanced EMT and a paramedic on ninety-five percent (95%) of emergency transports.

(c) Basic Life Support Service Personnel. Each service licensed to provide basic life support shall use a crew comprised of two advanced EMTs on ninety-five percent (95%) of all transports.

(d) Advanced and Basic Life Support Services personnel who hold a current license as an EMT when this rule becomes effective shall be grandfathered. All individuals hired after the effective date of this rule shall comply with the requirements in subparagraphs (b) and (c) above.

(5) Each ambulance service shall require and document continuing education of at least fifteen (15) contact hours annually for ninety-five percent (95%) of emergency care personnel. Each service shall implement a competency-based evaluation program in accordance with board policy.

(6) Each ambulance service shall also conduct training for new procedures or remedial instruction as ordered by the medical director and or emergency medical service director.

(7) EMS/Ambulance Services who do not use educational institutions or other educational accrediting bodies to provide continuing education contact hour credit for in-service training hours for renewal of personnel licenses may count such in-service training hours as continuing education contact hours as required for renewal of personnel licenses, provided the service meets the following requirements:

(a) The service must have an individual who maintains at a minimum an authorization of an EMT instructor/coordinator authorized by the Division of EMS to maintain educational records and coordinate in-service education for the service's personnel.

(b) The service must maintain all educational records for five (5) years.

(c) The service's educational records must contain:

1. A curriculum vitae establishing the instructor's expertise in the content for each lesson plan;

2. Lesson plans shall include, but not be limited to:

(i) A list of course objectives, and

(ii) A course outline;

3. Course evaluations by students;

4. An evaluation of each student's performance in the course; and

5. A sign-in sheet bearing the signatures of all students who attended the course.

(d) The service's training records will be randomly audited annually for compliance.

(8) The Division shall issue each service permits identifying the county in which ambulances or response units are based. The service owner may maintain records for such operations at a central location. The service owner shall maintain records to detail all activities at the county base of operations.

(9) Licensing Procedures

(a) No person, partnership, association, corporation, or state, county or local government unit, or division, department, board or agency thereof, shall establish, conduct, operate, or maintain in the state of Tennessee any ambulance, invalid vehicle service or vehicle operated with a patient cot for transfer of persons without having a license.

1. A license shall only be issued to the applicant named and only for the base of operations and substations listed in the application for licensure.

2. Licenses are not transferable or assignable and shall expire annually on June 30.

3. The license shall be conspicuously posted at the base of operations.

(b) Initial Licensure

1. In order to make application for a new license, applications shall have service names that are unique and the business name shall be registered with the Department of State, Division of Business Services.

2. The applicant shall submit an application on a form prepared by the department. The service shall report the names, titles and summary of responsibilities of the service director and those persons who will be supervising the ambulance service as officers, directors or other ambulance service officials, and information as to any misdemeanor or felony convictions, or disciplinary sanctions against licenses, certifications, or other authorizations to practice a health care occupation or profession, that have been imposed against them in this or any other state.

3. Each applicant for a license shall pay the annual license fee and permit fees based on the number of ambulances or permitted invalid vehicles. The fees must be submitted with the application and are non-refundable.

4. The issuance of an application form is in no way a guarantee that the completed application will be accepted or that a license will be issued by the Division. Patients shall not be transported until a license has been issued. Applicants shall not hold themselves out to the public as being an ambulance service until the license has been issued. A license shall not be issued until the service is in substantial compliance with these rules and regulations, including submission of all information required by T.C.A. § 68-140-306, or as later amended, and of all information required by the Division.

5. The applicant shall not use subterfuge or other evasive means to obtain a license, such as filing for a license through a second party when an individual has been denied a license, had a license disciplined, or has attempted to avoid the inspection and review process in this or any other state.

6. An applicant shall allow the premises, the service, and its vehicles to be inspected by a representative of the Division.

7. In the event that deficiencies are noted, the applicant shall submit a plan of corrective action to the Division. Once the deficiencies have been corrected, then the Division shall reconsider the application for licensure. If vehicles have failed inspection, a repeat inspection fee must be submitted to the Division.

(c) License Renewal

1. In order to renew a license, each service shall subject its premises, operational procedures, records, equipment, personnel and vehicles to periodic inspections by representatives of the Division for compliance with these rules. If deficiencies are noted, the licensee shall submit an acceptable plan of corrective action, remedy

the deficiencies and pay any applicable repeat inspection fees. In addition, each licensee shall submit a renewal form approved by the Division and any applicable renewal fees prior to the expiration date of the license.

2. Upon reapplication, the licensee shall submit its base of operations, stations, and vehicles to inspections by representatives of the department for compliance with these rules.

3. EMS services must show documented proof of annual mandatory random drug screening for employees.

4. An ambulance service may renew the service 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 the ambulance service license is not renewed within sixty (60) days following the license expiration date, then the licensee shall reapply for licensure in accordance with the rules established by the board.

(d) Changes of address, insurance agents or policies, service director, officers, or other service officials, EMS medical director, or bankruptcy filings must be reported to the Division no later than five (5) business days after the change or date of effective action.

(e) A proposed change of ownership, including a change in a controlling interest, must be reported to the Division a minimum of thirty (30) days prior to the change. The Division must receive a new application and fee before the license may be issued.

Authority: T.C.A. §§ 68-140-304, 68-140-306 and 68-140-307.

Rule 1200-12-01-.15 Ambulance Service Records is amended by adding a new subparagraph (2)(d), so that as amended, the new subparagraph (2)(d) shall read as follows:

(d) Each licensed service shall file a written report with the Division within five (5) business days from the discovery by the service of any incident that results in serious injury to a patient that could not reasonably be expected as a result of the patient's condition. A serious injury is one that results in exacerbation, complication or other deterioration of a patient's condition. Such reportable incidents include, but are not limited to, the following:

1. Medication errors resulting in serious injury;

2. The failure to provide treatment in accordance with the service treatment protocols resulting in serious injury; or

3. A major medical or communications device failure or other equipment failure or user error resulting in serious injury or delay in response or treatment.

Authority: T.C.A. §§ 68-140-304, 68-140-306, and 68-140-307.

* 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)
Timothy Bell	X				
Dr. Christopher Brooks				X	
Jeffrey L. Davis	X				
Richard Holliday	X				
Larry Hutsell	X				
Kevin Mitchell	X				
Dennis W. Parker	X				
James E. Ross	X				
Dr. Sullivan K. Smith	X				
Stephen Sutton	X				
Robert W. Thurman, Jr.	X				
Robert A Webb	X				
Tyler White	X				

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 March 27, 2013, 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: 02/01/13

Rulemaking Hearing(s) Conducted on: (add more dates). 03/27/13

Date: 4/25/14

Signature:

Name of Officer: Keith D. Hodges

Title of Officer: Assistant General Counsel

Subscribed and sworn to before me on: 4-25-14

Notary Public Signature:

My commission expires on: MY COMMISSION EXPIRES APRIL 19, 2017

SUZANNE MECHKOWSKI STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

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.

Robert E. Cooper, Jr.
Attorney General and Reporter

4-25-14
Date

Department of State Use Only

Filed with the Department of State on: 5/5/14

Effective on: 8/3/14

Tre Hargett
Secretary of State

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SECRETARY OF STATE

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.

1. Comment: A member of the public asked whether the the proposed amendments to Rule 1200-12-01-.14(7) would require paramedic instructor/coordinators to teach full time in a paramedic program.

   Response: No.

2. Comment: A member of the public asked what effect the proposed amendments to Rule 1200-12-01-.14(2)(b) would have on private ambulances that are staged at hospitals for the purpose of expediting inter-facility transfers?

   Response: There would be no effect as long as the ambulance service has a license for the county in which the hospital is located and is in compliance with local ordinances or resolutions.

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.

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 ambulance service licensure requirements for Division of Emergency Medical Services.

(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 ON SMALL BUSINESSES

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

Rulemaking hearing date:

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

The proposed amendments would only affect EMS ambulance service licensees, some of which are small businesses and some of which are county-run services.

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

The proposed amendments would affect EMS ambulance service licensees only. The economic impact on these licensees was considered when drafting the proposed amendments in an effort to ensure that any cost increases are minimized.

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

The proposed amendments would likely directly benefit small, county-run ambulance services by clarifying the statutory requirement that an ambulance service must have a county-specific license for each base of operations.

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

The proposed amendments 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 amendments.

Comparison of the proposed rule with federal or state counterparts:

Federal: None.

State: The proposed 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 EMS ambulance services.

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)

The proposed amendments will not 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;

Rule 1200-12-01-.14 Categories for Ambulance Service and Mobile Pre-hospital Emergency Care is amended by deleting it in its entirety and substituting a new rule in its place. The proposed rule amendments replace prior ambulance service licensure classifications by substituting proposed classifications that coordinate with CMS payment structure and language. Additionally, the proposed rules add a definition of "base of operations" in an effort to interpret T.C.A. § 68-140-506(f), which requires an ambulance service to have a county-specific license for each base of operations The proposed rules clarify the role of the service medical director and add a definition for service director.

Rule 1200-12-01-.15 Ambulance Service Records is amended to add a section requiring services to report incidents that result in serious injury to a patient that would not ordinarily be expected as a result of the patient's condition to the Division's administrative office.

(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;

There is no federal law or regulation or any state law or regulation that mandates promulgation of the proposed amendments or establishing guidelines relevant thereto.

(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;

The proposed amendments would most directly affect private and county ambulance services. To the extent that the Ambulance Service Committee, which worked on the proposed amendments and submitted them for the Board's approval, reflects the will of ambulance services across the state, such services support the proposed amendments.

(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 and reporter or judicial rulings that directly relate to the proposed amendments.

(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;

The proposed amendments will have no fiscal impact on state and local government revenues and expenditures.

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

Keith Hodges, Assistant General Counsel, Department of Health and Donna Tidwell, Board Director

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

Keith Hodges, Assistant General Counsel, Department of Health and Donna Tidwell, Board Director

(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

Keith Hodges Assistant General Counsel Office of General Counsel Tennessee Department of Health 665 Mainstream Drive Nashville, Tennessee 37243 (615) 741-1611 keith.d.hodges@tn.gov	Donna Tidwell Board Director 665 Mainstream Drive Nashville, Tennessee 37243 (615) 741-4521 donna.g.tidwell@tn.gov

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

The department's representative, Keith Hodges, will provide any information that the committee requests.

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

filed October 22, 1993; effective January 5, 1994. Amendment filed August 5, 1996; effective October 19, 1996. Repeal and new rule filed January 11. 2013; effective April 11, 2013.

~~**1200-12-01-.14 CATEGORIES FOR AMBULANCE SERVICE AND MOBILE PRE-HOSPITAL EMERGENCY CARE.** The following rules are promulgated to establish minimal standards and categorical capabilities for ambulance services licensed in Tennessee and to govern emergency medical services provided to a patient.~~

~~(1) Definitions - as used in this rule, the following definitions shall apply:~~

~~(a) "Advanced Life Support" shall mean the treatment of life-threatening medical emergencies by authorized emergency medical technician-paramedics under medical control, pursuant to the rules of the department, or the provision of such treatment by other qualified and licensed medical or nursing personnel.~~

~~(b) "Basic Life Support" shall mean the treatment of life-threatening medical emergencies by an emergency medical technician or other qualified and licensed medical and nursing personnel qualified through the use of such techniques as patient assessment basic cardiopulmonary resuscitation, splinting, obstetrical assistance, bandaging, administration of oxygen, application of pneumatic antishock trousers, and other techniques described in the Basic Emergency Medical Technician curriculum or otherwise approved by the Board, pursuant to the rules of the department.~~

~~(c) "Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could be expected to result in placing the patient's health in serious jeopardy; serious impairment to bodily function; or, serious dysfunction of any body organ or part.~~

~~(d) "Emergency Run" means a response "to the perceived need for immediate medical care in order to prevent loss of life or aggravation of illness or injury".~~

~~(e) "Extended Life Support" shall mean the treatment of life-threatening medical emergencies by emergency medical technicians, qualified pursuant to the rules of the department, performing under medical control, to include airway retention with an esophageal obturator airway; venipuncture, administration and maintenance of intravenous fluids, and such other procedures as may be approved pursuant to the rules of the department and may include such advanced life support as shall be provided by emergency medical technician-paramedics or other qualified and licensed medical and nursing personnel operating pursuant to the rules of the department.~~

~~(f) "Medical Director" shall mean a physician licensed to practice in the State of Tennessee, contracted by an ambulance service to provide medical supervision and assure the provision of quality emergency medical care by the agents of the service.~~

~~(g) "Minimum Standards" shall mean the minimum essential requirements for ambulance and emergency medical services established by law, regulation of the department, and such prevailing standards or practices as may be cited within the State.~~

~~(h) "Primary Provider" or primary service shall mean the EMS provider within a service area who has contracted or been recognized by the local government to provide the initial response to scene emergencies.~~

~~(i) "Occasional use" shall mean the isolated, unplanned use of a vehicle for patient transfer which is not maintained by an ambulance service, when such use is likely to expedite care for the patient.~~

(Rule 1200-12-01-.14, continued)

~~(j) "Rescue operation" shall mean the use of specialized equipment and procedures to free persons from confinement entrapment, impingement or the search for and removal or transportation of persons from locations inaccessible to conventional means of vehicle travel.~~

~~(k) "Rescue vehicle" shall mean a vehicle operated by an association, squad, service, department, or any other persons equipped to provide extrication, fire suppression, or specialized services, and not maintained with fixed litters for the transport of patients, in accordance with T. C.A. §68-39-516(3).~~

~~(l) "Service Area" shall mean the political and geographical area with a population that can be expected to use the services offered by a specific provider.~~

~~(m) "Special Ambulance Service" shall mean a service restricting emergency operations to scheduled events or, serving as a relief organizations under the constraint of the main purveyor or governmental Emergency Medical Services provider within a service area.~~

~~(2) Classification of Services - The following classes of service shall be recognized by the Department in licensing or authorization of ambulance and/or emergency medical services:~~

~~(a) Ambulance Services~~

~~1. Class A - Advanced Life Support Ambulance Services shall conduct operations of ambulances to provide capabilities for advanced life support or special critical care on ninety-five percent (95%) of emergency runs within their service area, staffed to provide twenty-four hour service. All ambulances shall be equipped at a minimum as a basic life support unit. Staffed ambulances shall be equipped to provide advanced life support.~~

~~2. Class B - Extended Life Support Ambulance Services shall conduct operations of ambulances to provide capabilities for extended life support on ninety-five percent (95%) of emergency runs within their service area, staffed to provide twenty-four hour service. All ambulances shall be equipped as a minimum as a basic life support unit.~~

~~3. Class C - Basic Life Support Ambulance Services shall conduct operations of ambulances to provide capabilities for basic life support on ninety-five percent (95%) of emergency runs within their service area, staffed to provide twenty-four hour service. All ambulances shall be equipped as a minimum as a basic life support unit.~~

~~4. Class D - Minimum Standard Ambulance Services shall conduct operations in compliance with minimum standards for ambulance services, staffed to provide twenty-four hour service. All ambulances shall be equipped as a minimum as a basic life support unit.~~

~~5. Special Ambulance Services - shall conduct operations only upon a preplanned schedule or as a secondary resource when services classified under 1 through 4, as designated above, are unable to provide service; but shall otherwise comply with all minimum standards as set forth in statute or rule. All ambulances shall be equipped as a minimum as a basic life support unit.~~

~~6. Air Ambulance Services - shall constitute a separate class of service for operation under standards established in Rule 1200-12-01-.05.~~

(Rule 1200-12-01-.14, continued)

~~(b) Conditional Ambulance Services - Upon issuance of a new service license or finding of deficiencies services may be placed in a conditional license category for up to one year from the date of deficiency or issuance.~~

~~(c) Advanced Life Support/Non-Transport Service - Services providing Advanced Life Support response to the public without association as a First Responder to a licensed ambulance service shall be licensed by, the Department as a separate entity.~~

~~1. Advanced Life Support/Non-Transport services shall remit a license fee and fees for each specialty vehicle in the same manner as provided for ambulance services in Rule 1200-12-01-.06.~~

~~2. ALS/Non-Transport services shall demonstrate compliance for insurance coverage as required in Rule 1200-12-01-.07.~~

~~3. Mechanical safety of specialty vehicles used for ALS/Non-Transport shall be demonstrated in the same manner as prescribed for ambulance in Rule 1200-12-01-.02(n) except that such forms shall not be submitted to the Division, but shall be retained at the service for inspection by a representative of the Department.~~

~~4. ALS/Non-Transport services shall demonstrate compliance with operational and procedural requirements; destination guidelines and referral for transportation, and records as provided in Rules 1200-12-01-.11 and 1200-12-01-.15.~~

~~5. Each service shall provide sufficient coverage with an Emergency Medical Technician and Emergency Medical Technician-Paramedic as provided in (3)(b).~~

~~(3) Personnel. As classified in (1) above, each ambulance or emergency medical service shall insure compliance by assigning persons qualified to perform the following functions:~~

~~(a) Medical Director - Each service classified or otherwise providing advanced or extended life support shall retain a medical director to maintain quality control of the care provided, whose functions shall include the following:~~

~~1. Quality Assurance of patient care, including development of protocols, standing orders, training, policies, and procedures; and approval of medications and techniques permitted for field use by service personnel in accordance with regulations of the department; quality assurance of field performance as may be provided by direct observation, field instruction, inservice training or other means including, but not limited to:~~

~~(i) Ambulance Run Report Review~~
~~(ii) Review of field communications tapes~~
~~(iii) Post-run interviews and case conferences~~
~~(iv) Critiques of simulated or actual patient presentations~~
~~(v) Investigation of complaints or incident reports~~

~~2. The Medical Director shall serve as medical authority for the ambulance service, to perform liaison with the medical community, medical facilities, and governmental entities.~~

~~3. The Medical Director may have disciplinary authority sufficient to oversee quality control as deemed appropriate by the Administrative Director of the Ambulance Service and retain other responsibilities as may be negotiated by agreement with the service.~~

(Rule 1200-12-01-.14, continued)

~~(b) Advanced Life Support Service Personnel - Each service classified for advanced life support shall provide sufficient coverage with a crew comprised of an Emergency Medical Technician and Emergency Medical Technician-Paramedic on ninety-five percent (95%) of all emergency runs staffed to provide twenty-four hour service.~~

~~(c) Extended Life Support Service Personnel - Each service classified for extended life support shall provide sufficient coverage with a crew comprised of two Emergency Medical Technicians on ninety-five percent (95%) of all emergency runs; one of the Emergency Medical Technicians shall hold extended skills certification for Esophageal Airway and Intravenous Therapy, or shall be certified as an EMT-Paramedic; the service shall be staffed to provide twenty-four hour service.~~

~~(d) Basic Life Support Service Personnel - Each service classified for basic life support shall provide sufficient coverage with a crew comprised of two Emergency Medical Technicians on ninety-five percent (95%) of all emergency runs, staffed to provide twenty-four hour service.~~

~~(e) Reserved for future use.~~

~~(4) Each service shall require and document continuing education of at least twelve (12) hours for seventy-five percent (75%) of emergency care personnel. In-service training shall be conducted as ordered by the Medical Director for new procedures or remedial instructions.~~

~~(5) No service shall be required to comply with revised classification standards of paragraph (3)(b), (c) and (d); and paragraph (4) until January 1, 1992.~~

~~(6) Each service shall be issued permits identifying the county in which ambulances or response units are based. Records for such operations may be maintained at a central operating base by the service owner but shall be maintained to detail all activities on a county specific basis.~~

1200-12-01-.14 Categories for Emergency Medical Services and/or Ambulance Service and Mobile Pre-Hospital Emergency Care. The following rules are promulgated to establish minimum standards and categorical capabilities for emergency medical services and/or ambulance services licensed in Tennessee and to govern emergency medical services provided to a patient.

(1) Definitions.

(a) "Advanced Life Support" means advanced emergency medical technicians, or other EMS personnel having a higher level of licensure, who treat life-threatening or aggravating medical emergencies under medical control.

(b) "Basic Life Support" means EMS personnel, authorized through the appropriate level of licensure, who treat life-threatening medical emergencies under medical control.

(c) "Base of Operations" means the principal location and physical structure (*i.e.* building), having a street address, city and zip code, from which ambulances and/or personnel operate to provide ambulance service within a service area.

(d) "Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that it could put the patient's health in serious jeopardy, cause serious impairment to bodily function, or cause serious dysfunction of any body organ, system or part without immediate medical attention.

(Rule 1200-12-01-.14, continued)

(e) "Emergency Run" means a transport or response, occurring or accomplished without delay, to the perceived need for care for an emergent, trauma or medical condition in order to prevent loss of life or aggravation of illness or injury, including but not limited to the following:

1. Cardiac arrest;

2. Difficulty breathing/shortness of breath/airway impairment;

3. Severe chest pain or heart attack;

4. Severe motor vehicle crashes/entrapment or pin-in;

5. Decreases in level of consciousness/diabetic emergencies;

6. Heat emergencies;

7. Severe lacerations or possible amputations; severe burns (thermal, chemical or electrical);

8. Possible stroke; and

9. Complications of childbirth.

(f) "Emergency Medical Service Director" ("Service Director") means an individual who directs the planning, development, implementation, coordination, administration, monitoring and evaluation of services provided by a licensed ambulance service.

(g) "Emergency Medical Service Medical Director" ("Medical Director") means an individual who has an active, unencumbered license to engage in the practice of medicine pursuant to title 63, chapter 6, or chapter 9, and who provides medical advice, direction, oversight, quality assurance and authorization to emergency medical services personnel at a licensed ambulance service, and/or emergency medical services educational institution.

(h) "Medical Control" means the instruction, advice or orders given by a physician in accordance with locally or regionally approved practices.

(i) "Minimum Standards" means the minimum requirements for ambulance and emergency medical services established by law, regulation, and prevailing standards of care.

(j) "Primary Service" means the EMS service within a specific area that has contracted with or been recognized by the local government to provide an initial response to scene emergencies.

(k) "Service Area" means the political and geographical area with a population that can be expected to use the services offered by a specific provider.

(l) "Specialty Care Transport" ("SCT") means the inter-facility transportation of a critically injured or ill patient by a ground ambulance vehicle, including the provision of medically necessary supplies and services, which requires a level of service beyond the scope of a paramedic.

(Rule 1200-12-01-.14, continued)

(m) "Substation" means the physical structure from which ambulances and personnel operate on a day-to-day basis to provide ambulance services, which are supplementary to the services provided from the base of operations for the specified city or county.

(n) "Volunteer ambulance service" means a not-for-profit service that uses volunteer personnel and restricts emergency operations to scheduled events or serves as a relief organization under the constraint of the main or governmental emergency medical services provider within a service area.

(2) Ambulance Operations.

(a) Each base of operations must hold a State-issued service license for the county in which it is located.

(b) No ambulance service shall position, post, stage or otherwise offer or make an ambulance available within the service area where the county, municipality or special purpose district or authority has current ordinances or resolutions preventing such without prior authorization of the governing body of the service area.

(c) Nothing shall preclude an ambulance provider with federal contracts from providing service as required under those contracts.

(3) Classification of Services.

(a) Each ambulance service license the Division issues must indicate the minimum clinical level of service that the ambulance service can provide.

1. The Division shall grant an ambulance service license only after it verifies that the service is in compliance with Division rules for immediate or scheduled patient transport.

2. The license shall designate the level of service the agency provides.

(i) Based on the result of the application and the applicant's compliance with the Division's rules and regulations throughout the inspection process, the EMS Division shall designate agencies that function at or above the Basic Life Support (BLS) service as a BLS service.

(ii) Based on the result of the application and the applicant's compliance with the Division's rules and regulations throughout the inspection process, the EMS Division shall designate agencies that function at or above the Advanced Life Support (ALS) service level as an ALS service.

(b) The Division shall recognize the following classes of service for licensing or authorization of ambulance and/or emergency medical services:

1. Primary emergency provider. Each ambulance service the local government designates as the primary provider by recognizing it as such or contracting with it to provide initial response to scene emergencies shall operate advanced and/or basic life support ambulances within the service area. The service may also provide ambulance transport services under its license for its county specific service area. It shall coordinate licensed

volunteer ambulance services as well as coordinate and oversee emergency medical response agencies within its jurisdiction.

2. Licensed Ambulance Transport Services. Each licensed ambulance service shall operate ambulances for unscheduled or scheduled transportation of patients. The level of the licensed ambulance service must be consistent with their issued service license level.

3. Volunteer not-for-profit ambulance service using volunteer personnel shall restrict emergency operation to scheduled events or serve as a relief organization under the coordination of the primary emergency provider. Volunteer ambulance services may, in times of disaster, be utilized in their communities as deemed necessary by local authorities and/or primary service providers.

(c) Conditional Ambulance Services. The Division may place a new service or a service having deficiencies in a conditional license category for up to ninety (90) days from the date of the deficiency or issuance of the license.

(4) Personnel. Each ambulance or emergency medical service shall assign qualified persons to perform functions to ensure compliance with its licensure as follows:

(a) Medical Director. Each ambulance service shall retain a medical director who serves as medical authority for the ambulance service and functions as a liaison to the medical community, medical facilities, and governmental entities. His or her duties shall include, but not be limited to, the following:

1. Quality management and improvement of patient care, including the following:

(i) Development of protocols, standing orders, training, procedures, approval of medications and techniques permitted for field use by service personnel in accordance with regulations of the Division;

(ii) Quality management and improvement of field performance as may be achieved by direct observation, field instructions, in-service training or other means including, but not limited to:

(I) Ambulance run report review;

(II) Review of field communications tapes;

(III) Post-run interviews and case conferences;

(IV) Critiques of simulated or actual patient presentations; and

(V) Investigation of complaints or incidents reports.

2. The medical director shall have disciplinary and/or corrective action authority sufficient to oversee quality management and improvement of patient care as the service director of the ambulance service deems appropriate.

(b) Advanced Life Support Service Personnel. Each service licensed to provide advanced life support shall use a crew comprised of an advanced EMT and a paramedic on ninety-five percent (95%) of emergency transports.

(c) Basic Life Support Service Personnel. Each service licensed to provide basic life support shall use a crew comprised of two advanced EMTs on ninety-five percent (95%) of all transports.

(d) Advanced and Basic Life Support Services personnel who hold a current license as an EMT when this rule becomes effective shall be grandfathered. All individuals hired after the effective date of this rule shall comply with the requirements in subparagraphs (b) and (c) above.

(5) Each ambulance service shall require and document continuing education of at least fifteen (15) contact hours annually for ninety-five percent (95%) of emergency care personnel. Each service shall implement a competency-based evaluation program in accordance with board policy.

(6) Each ambulance service shall also conduct training for new procedures or remedial instruction as ordered by the medical director and or emergency medical service director.

(7) EMS/Ambulance Services who do not use educational institutions or other educational accrediting bodies to provide continuing education contact hour credit for in-service training hours for renewal of personnel licenses may count such in-service training hours as continuing education contact hours as required for renewal of personnel licenses, provided the service meets the following requirements:

(a) The service must have an individual who maintains at a minimum an authorization of an EMT instructor/coordinator authorized by the Division of EMS to maintain educational records and coordinate in-service education for the service's personnel.

(b) The service must maintain all educational records for five (5) years.

(c) The service's educational records must contain:

1. A curriculum vitae establishing the instructor's expertise in the content for each lesson plan;

2. Lesson plans shall include, but not be limited to:

(i) A list of course objectives, and

(ii) A course outline;

3. Course evaluations by students;

4. An evaluation of each student's performance in the course; and

5. A sign-in sheet bearing the signatures of all students who attended the course.

(d) The service's training records will be randomly audited annually for compliance.

(Rule 1200-12-01-.14, continued)

(8) The Division shall issue each service permits identifying the county in which ambulances or response units are based. The service owner may maintain records for such operations at a central location. The service owner shall maintain records to detail all activities at the county base of operations.

(9) Licensing Procedures

(a) No person, partnership, association, corporation, or state, county or local government unit, or division, department, board or agency thereof, shall establish, conduct, operate, or maintain in the state of Tennessee any ambulance, invalid vehicle service or vehicle operated with a patient cot for transfer of persons without having a license.

1. A license shall only be issued to the applicant named and only for the base of operations and substations listed in the application for licensure.

2. Licenses are not transferable or assignable and shall expire annually on June 30.

3. The license shall be conspicuously posted at the base of operations.

(b) Initial Licensure

1. In order to make application for a new license, applications shall have service names that are unique and the business name shall be registered with the Department of State, Division of Business Services.

2. The applicant shall submit an application on a form prepared by the department. The service shall report the names, titles and summary of responsibilities of the service director and those persons who will be supervising the ambulance service as officers, directors or other ambulance service officials, and information as to any misdemeanor or felony convictions, or disciplinary sanctions against licenses, certifications, or other authorizations to practice a health care occupation or profession, that have been imposed against them in this or any other state.

3. Each applicant for a license shall pay the annual license fee and permit fees based on the number of ambulances or permitted invalid vehicles. The fees must be submitted with the application and are non-refundable.

4. The issuance of an application form is in no way a guarantee that the completed application will be accepted or that a license will be issued by the Division. Patients shall not be transported until a license has been issued. Applicants shall not hold themselves out to the public as being an ambulance service until the license has been issued. A license shall not be issued until the service is in substantial compliance with these rules and regulations, including submission of all information required by T.C.A. § 68-140-306, or as later amended, and of all information required by the Division.

5. The applicant shall not use subterfuge or other evasive means to obtain a license, such as filing for a license through a second party when an individual has been denied a license, had a license disciplined, or has attempted to avoid the inspection and review process in this or any other state.

(Rule 1200-12-01-.14, continued)

6. An applicant shall allow the premises, the service, and its vehicles to be inspected by a representative of the Division.

7. In the event that deficiencies are noted, the applicant shall submit a plan of corrective action to the Division. Once the deficiencies have been corrected, then the Division shall reconsider the application for licensure. If vehicles have failed inspection, a repeat inspection fee must be submitted to the Division.

(c) License Renewal

1. In order to renew a license, each service shall subject its premises, operational procedures, records, equipment, personnel and vehicles to periodic inspections by representatives of the Division for compliance with these rules. If deficiencies are noted, the licensee shall submit an acceptable plan of corrective action, remedy the deficiencies and pay any applicable repeat inspection fees. In addition, each licensee shall submit a renewal form approved by the Division and any applicable renewal fees prior to the expiration date of the license.

2. Upon reapplication, the licensee shall submit its base of operations, stations, and vehicles to inspections by representatives of the department for compliance with these rules.

3. EMS services must show documented proof of annual mandatory random drug screening for employees.

4. An ambulance service may renew the service 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 the ambulance service license is not renewed within sixty (60) days following the license expiration date, then the licensee shall reapply for licensure in accordance with the rules established by the board.

(d) Changes of address, insurance agents or policies, service director, officers, or other service officials, EMS medical director, or bankruptcy filings must be reported to the Division no later than five (5) business days after the change or date of effective action.

(e) A proposed change of ownership, including a change in a controlling interest, must be reported to the Division a minimum of thirty (30) days prior to the change. The Division must receive a new application and fee before the license may be issued.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 68-140-504, 68-140-506, and 68-140-507.* ***Administrative History:*** *Original rule filed November 30, 1984; effective February 12, 1985. Amendment filed March 22, 1985; effective April 21, 1985. Amendment filed June 30, 1987; effective August 14, 1987. Amendment filed September 23, 1991; effective November 7, 1991. Amendment filed October 22, 1993; effective January 5, 1994. Amendment filed March 7, 1994; effective May 21, 1994. Amendment filed January 7, 1997; effective March 23, 1997.*

1200-12-01-.15 AMBULANCE SERVICE RECORDS. Each ambulance service and invalid vehicle operator, licensed or permitted by the Tennessee Department of Health and Environment shall maintain records that include, but are not limited to, the following information:

(Rule 1200-12-01-.15, continued)

(1) Each ambulance service shall maintain the following records and provide information to the Division office at the request of any authorized representative of the Division relative to ambulance service personnel, including, but not limited to the following:

(a) Records indicating the individual's driver's license type and number, emergency medical technician license number, training or expiration date of CPR courses, the date of the individual's last physical examination, and the status of the individual's EMS telecommunication training, defensive driving courses, emergency vehicle operation courses, and other in-service training.

(b) Time cards, time sheets, call rosters, or shift schedules accurately indicating the availability of ambulance service personnel and the crews assigned on each date for each staffed ambulance within a specified county or jurisdiction.

(2) Dispatch and Run Records shall be provided for every call to which an ambulance responds or when a patient is evaluated, treated, or transported; including information in accordance with the following requirements:

(a) A dispatch log shall be maintained to record the assignment of all units, including the date, the time the call is received, time and unit dispatched, time of arrival on scene, time of arrival at the destination, and time available for return to service. The dispatch log will specify responding or attending personnel by name and level of licensure, and cross-reference any ambulance run report number. Calls will be logged to reflect immediate emergency or non-emergency response or scheduled transfers. Compliance may be demonstrated by a single log, or such combination of records that can confirm the required information. Ambulance dispatch logs will be retained for a period of at least ten (10) years.

(b) Ambulance service run reports shall be filed with the Division of Emergency Medical Services to include all information in required data fields and such other information as may be detailed in the Board approved prehospital care data set. This information shall be transmitted in an approved format using Tennessee subset schema definitions (XSD) in Extensible Markup Language (XML) in compliance with information systems procedures adopted by the State of Tennessee. Each service shall submit reports, either web based or via compiled form, to the Division of Emergency Medical Services within sixty (60) days. Notices shall be sent to the service within fifteen (15) days for non-compliance or citing deficiencies in the reported data elements or required information.

(c) For each patient transported to a hospital emergency department or transferred between medical facilities, emergency medical services personnel shall submit a report to the emergency department or hospital personnel in a written or electronic format or method approved by the Division or the Board. This report shall provide brief information identifying the patient by name (if known), age, and gender; the location from which the patient was transported; the approximate times of the medical incident, initiation of transport, and arrival at the hospital; the chief complaint or description of the illness or injuries, with appropriate notation of vital signs and patient condition; and shall describe the care and treatment provided at the scene or during transport. This report shall identify the name(s) and professional license level of the attending personnel, ambulance unit, and ambulance service. The receiving facility should receive any records or copies of physicians' orders for scope of treatment (POST) that may accompany the patient. Should circumstances or other emergencies preclude the submission of the report at the time of arrival at the emergency department, the report shall be submitted in not less than twenty-four hours from time of transport. If circumstances or other emergencies preclude the submission of the report at the time of arrival at the emergency department, the attending personnel must give a verbal

(Rule 1200-12-01-.15, continued)

report of above information to receiving personnel at health care facility with that individual signing for receipt of verbal report before attending personnel leave the health care facility. This report, while classified as confidential, shall be deemed as an essential element for continuity of care.

(d) Each licensed service shall file a written report with the Division within five (5) business days from the discovery by the service of any incident that results in serious injury to a patient that could not reasonably be expected as a result of the patient's condition. A serious injury is one that results in exacerbation, complication or other deterioration of a patient's condition. Such reportable incidents include, but are not limited to, the following:

1. Medication errors resulting in serious injury;

2. The failure to provide treatment in accordance with the service treatment protocols resulting in serious injury; or

3. A major medical or communications device failure or other equipment failure or user error resulting in serious injury or delay in response or treatment.

(3) Vehicle and Equipment Records - Records regarding the acquisition and maintenance of all vehicles and equipment shall be retained by each service, which shall include the following:

(a) Registration and title certificates or notarized copies of such documents for each vehicle.

(b) Maintenance records shall be maintained on each vehicle, detailing all mechanical work.

(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) 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.

(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