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Division of Publications
 312 Rosa L. Parks, 8th Floor Snodgrass/TN Tower
 Nashville, TN 37243
 Phone: 615.741.2650
 Fax: 615.741.5133
 Email: register.information@tn.gov

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Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Department of Health
Division:	Emergency Medical Services
Contact Person:	Lucille F. Bond, Assistant General Counsel
Address:	Office of General Counsel 220 Athens Way, Suite 210 Nashville TN
Phone:	(615) 741-1611
Email:	Lucille.f.bond@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	ADA Coordinator at the Division of Emergency Medical Services
Address:	227 French Landing Drive, Suite 303 Heritage Place Metrocenter, Nashville, TN 37243
Phone:	615-741-2584
Email:	

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	227 French Landing Drive		
Address 2:	Heritage Place Metrocenter, Iris Room		
City:	Nashville, TN		
Zip:	37243		
Hearing Date :	12/16/09		
Hearing Time:	9:00 a.m.	<input checked="" type="checkbox"/> X <input type="checkbox"/> CST	<input type="checkbox"/> EST

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendment
- New
- Repeal

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

Chapter Number	Chapter Title
1200-12-01	General Rules
Rule Number	Rule Title
1200-12-1-.05	Air Ambulance Standards

(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>)

Amendments

Chapter 1200-12-01
Rules for the Division of Emergency Medical Services

Rule 1200-12-1-.05 Air Ambulance Standards is amended by deleting the rule in its entirety and substituting instead the following new language so that 1200-12-01-.05, as amended, shall read:

1200-12-1-.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 providers 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 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 shall be 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 having 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,
 - 4. Alternative airway devices, including an adult cricothyrotomy kit and at least (1) one advanced airway device the service medical director approves;
- (e) Resuscitation board suitable for cardiac compression, unless a rigid stretcher or spine board is employed for patient transfer;
- (f) Medical oxygen equipment capable of adjustable flow from 2 to 15 liters per minute including the following:
 - 1. Masks and supply tubing capable of administering variable oxygen concentrations from 24% to 95% fraction inspired oxygen for both adult and pediatric patients;
 - 2. Medical oxygen to allow for treatment 150% of estimated transport; and,
- (g) Sanitary supplies including the following:
 - 1. Bedpan;
 - 2. Urinal;
 - 3. Towelettes;
 - 4. Tissues;
 - 5. Emesis bags;
 - 6. Plastic trash disposable bags; and,
 - 7. Non-latex gloves;

- (h) Sheets and blankets for each patient transported;
 - (l) Patient assessment devices for adult and/or pediatric patients, including:
 - 1. Flashlight and/or penlight;
 - 2. Stethoscope and Doppler stethoscope;
 - 3. Sphygmomanometer and blood pressure cuffs;
 - 4. Electro-cardiographic monitor/recorder and defibrillator, with transcutaneous pacemaker, having a back-up power source;
 - 5. Pulse oximetry;
 - 6. Capnography, both continuous and portable;
 - 7. Transport ventilator; and
 - 8. Clinical thermometer;
 - (j) Trauma supplies, including:
 - 1. Sterile dressings;
 - 2. Roller bandages;
 - 3. Device for chest decompression;
 - 4. Surgical airway device; and
 - 5. Semi-rigid immobilization devices;
 - (k) Intravenous fluids and administration devices; and,
 - (l) Appropriate medications including the advance life support medications described in Rule 1200-12-01-.03.
 - (m) Neonatal transport equipment that shall conform to the standards adopted in the Tennessee Perinatal Care System Guidelines for Transportation, Tennessee Department of Health and Environment, Maternal and Child Health Section, Fifth Edition, 2006 or successor publication.
 - 1. Isolette shall be capable of being opened from its secured position within the aircraft.
- (3) In addition to the medical equipment and supplies required on either a fixed wing or helicopter flight mission as described in paragraph (2) above, the medical director for the emergency medical service shall ensure that the following

medical equipment and supplies shall be provided on each helicopter flight mission:

- (a) Medical oxygen equipment capable of adjustable flow from 2 to 15 liters per minute which shall include:
 - 1. Portable medical oxygen system with at least 300 liters of oxygen; and
 - 2. A backup source of oxygen that shall be delivered via a non-gravity dependent delivery source and may be the required portable tank if it is carried in the patient care area during flight;
- (b) Trauma supplies, including:
 - 1. Lower extremity traction device; and
 - 2. Semi-rigid cervical collars.
- (4) Each air ambulance service shall offer its instruction materials to other EMS providers within its response area to familiarize them with its requirements for control of helicopter access and ground to air communications on the scene.
- (5) Air Ambulance Personnel Qualifications and Duties
 - (a) Medical Director Qualifications and Duties
 - 1. Each helicopter air ambulance service shall employ a Medical Director who is responsible for providing medical direction for the helicopter air ambulance service.
 - 2. The Medical Director for a helicopter air ambulance service must be a physician having the following qualifications:
 - (i) Currently licensed in the State of Tennessee;
 - (ii) Board certified or eligible for Board certification by a professional association or society in general or trauma surgery, Internal medicine, Pediatrics, Emergency Medicine, or Aerospace Medicine;
 - (iii) Certification in Advanced Cardiac Life Support;
 - (iv) Certification in Advanced Trauma Life Support; and
 - (iv) Certification in Pediatric Advanced Life Support or equivalent, including the following:
 - (I) Certification in a Neonatal Resuscitation Program; and

- (II) Possess adequate knowledge regarding altitude physiology/stressors of flight.

3. Duties of the Medical Director for a helicopter air ambulance service shall include the following:

- (i) Active involvement in the Quality Improvement process;
- (ii) Active involvement in the hiring, training and continuing education of all medical personnel for the service; and
- (iii) Responsibility for on line medical control or involved in orienting and collaborating with physicians providing on-line medical direction according to the policies, procedures and patient care protocols of the medical transport service.

4. The service Medical Director shall establish mission specific and clinical procedures. He shall require each medical crew member to complete and maintain documentation of initial and annual training in such procedures, which shall include at least include didactic and hands-on components for the following clinical procedures:

- (i) Pharmacological Assisted Intubation – Adult and Pediatric;
- (ii) Emergency cricothyrotomy;
- (iii) Alternative airway management – Adult and Pediatric;
- (iv) Chest decompression; and
- (v) Intraosseous Access – Adult and Pediatric.

(b) The medical crew shall include:

1. The medical director for the emergency medical service shall ensure that the medical crews for each fixed-wing and helicopter flight mission shall include at least the following:

- (i) One Registered Nurse licensed in the State of Tennessee; and
- (ii) One other licensed, or certified, medical professional; with the following exception,
- (iii) On a fixed-wing flight mission only, the air ambulance service medical director may allow transport of patients in the presence of only one medical professional, the

minimum level of licensure in such a situation would be that of EMT-P.

(c) Medical crew training and qualifications

1. The service medical director shall make a determination that each regular medical crew member serving on an air ambulance is physically fit for duty by ensuring there is documentation the service has documentation that each regular crew member has had a pre-employment and annual medical examination.
2. A Registered Nurse serving as a medical crew member on an air ambulance shall meet the following qualifications:
 - (i) Have three years of registered nursing experience in critical care nursing, or two years fulltime flight paramedic experience and one year critical care nursing experience;
 - (ii) Possess current Tennessee nursing license, unless exempted by T.C.A. § 63-7-102(8);
 - (iii) Obtain certification as an Emergency Medical Technician within twelve (12) months of employment; and
 - (iv) Obtain advance nursing certification within twelve (12) months of employment through one of the following programs:
 - (I) Certified Emergency Nurse; or
 - (II) Critical Care Registered Nurse; or
 - (III) Certified Flight Registered Nurse.
3. An EMT-Paramedic serving as a medical crew member on an air ambulance shall meet the following qualifications:
4. Possess a current Tennessee EMT-P license and have three years experience as an EMT-P in an advanced life support service;
5. Obtain advanced paramedic certification within twelve months of employment through one of the following programs:
 - (i) Critical Care Paramedic, or equivalent; or
 - (ii) Certified Flight Paramedic.
6. Each medical crew member on an air ambulance shall have and maintain certification in Advanced Cardiac Life Support, Pediatric

Advanced Life Support or equivalent (Emergency Nursing Pediatric Course, PEPP), and in neonatal resuscitation.

7. Each medical crew member on an air ambulance shall attend and maintain training in one of the following:
 - (i) Advanced Trauma Life Support ;
 - (ii) Flight Nurse Advanced Trauma Care Course;
 - (iii) Basic Trauma Life Support;
 - (iv) Prehospital Trauma Life Support; or,
 - (v) Trauma Nurse Care Course.
- (d) Each fixed wing air ambulance service shall have an air medical consultant who shall be a physician licensed within the jurisdiction of the base of operations and shall advise on the restrictions and medical requirements for patient transport.
- (e) Each helicopter air ambulance service shall have a Medical Control Physician who shall be available to provide on line medical control continuously via radio or telephone from a physician who shall be board certified or eligible for board certification by a professional association or society in general or trauma surgery, Internal medicine, Pediatrics, Emergency Medicine, Family Practice, or Aerospace Medicine.
- (f) Air Medical Communications specialist qualifications and duties:
 1. Each air medical communications specialists shall meet the following qualifications:
 - (i) At a minimum, be licensed as an Emergency Medical Technician; or
 - (ii) Be a higher level licensed health care professional with at least two years of emergency medical or emergency communications experience; and
 2. Have initial and recurrent training for medical coordination and telecommunications.
 3. Air medical communications specialists shall be certified through the National Association of Air Medical Communication Specialists (NAACS) or obtain such certification within twelve (12) months of employment.
 - (i) Air medical communication specialists shall coordinate helicopter air ambulance service flights.

4. Air medical communications specialists shall not be required to work more than sixteen (16) hours in any one twenty-four (24) hour period and no more than (forty-eight (48) hours in any work week.
- (g) Duty time for medical crew members on an air ambulance shall not exceed twenty-four (24) consecutive hours or more than forty-eight (48) hours within a seventy-two (72) hour period. The air ambulance service shall provide the medical flight crew adequate rest and meal time. Personnel must have at least eight (8) hours of rest with no work-related interruptions prior to any scheduled shift of twelve (12) hours or more in the air transport environment.
- (6) Flight Coordination
- (a) Each air ambulance service operations office director shall maintain an Operations Manual detailing policies and procedures and shall ensure that it is available for reference in the operations office. Personnel shall be familiar and comply with policies contained within the manual which shall include:
1. Criteria for the medical conditions including indication or contraindications for transfer;
 2. Procedures for call verification and advisories to the requesting party;
 3. Radio and telephone communications procedures;
 4. Policies and procedures for accidents and incidents;
 5. Procedures for informing the requesting party of operations procedure, ambulance arrival, termination of mission and delayed responses, including the following:
 - (i) Estimated Time of Arrival includes from time of operations acceptance to landing on scene; and
 - (ii) Any deviation from ETA greater than 5 minutes will be reported to the requesting agency;
 6. Procedures shall be established for communications failure or overdue transports;
 7. Emergency protocols for alerting search and rescue; and
 8. Utilization of the Air Medical Communication Safety Questionnaire (as approved by the board).
- (7) Telecommunications

- (a) The operations center for an air ambulance service operating in Tennessee shall include radio and telephone equipment to enable personnel to contact the helicopters and crew. Telecommunications devices shall include the following:
 - 1. EMS Communications on the established frequencies of 155.205 MHz, 155.340 MHz, and/or upon such specific channels or frequencies as may be designated within each region as are approved and published as a supplement to the State EMS Telecommunications Plan;
 - 2. Direct telephone circuits accessible by air communication; and
 - 3. Recording equipment for both telephone and radio messages and instant message recall

- (8) Helicopter Air Ambulance Response and Destination Guidelines and Procedures.
 - (a) Medical necessity shall govern air ambulance service response, including medical responsibility and destination coordination, to emergency medical situations.
 - (b) Medical Necessity.
 - 1. The medical director for the helicopter air ambulance shall determine whether there is a medical necessity to transport a patient by air ambulance. Medical necessity will be met if the following conditions occur:
 - (i) At the time of transport indicates the patient has an actual or anticipated medical or surgical need requiring transport or transfer that would place the patient at significant risk for loss of life or impaired health without helicopter transport;
 - (ii) Patients meet the criteria of the trauma destination guidelines;
 - (iii) Available alternative methods may impose additional risk to the life or health of the patient; or,
 - (iv) Speed and critical care capabilities of the helicopter are essential; or,
 - (v) The patient is inaccessible to ground ambulances; or,
 - (I) Patient transfer is delayed by entrapment, traffic congestion, or other barriers; or,
 - (II) Necessary advanced life support is unavailable or subject to response time in excess of twenty (20) minutes.

- (vi) Specialty Missions with specialized medical care personnel, special medical products and equipment, emergency supplies, and special assistance for major casualty incidents or disasters, or mutual aid to other aeromedical services are medically necessary when their availability might lessen aggravation or deterioration of the patient's condition.
 - (c) The incident commander or his designee will coordinate the transfer of medical responsibility to the medical flight crew by emergency services responsible for the patient at the scene of the incident.
 - 1. If a helicopter air ambulance lands on a scene and it is determined through patient assessment and coordination between ground and air medical personnel that it is not medically necessary to transport the patient by helicopter, the appropriate ground EMS agency will transport the patient.
 - 2. Interfacility transfers shall not be initiated unless an appropriate physician at the receiving facility has accepted the patient for transfer.
 - (d) Patient destination shall be established pursuant to Rule 1200-12-1-.11(7).
- (9) Records and Reports
- (a) The air ambulance service shall maintain records including the following:
 - 1. A record for each patient transported including:
 - (i) Name of the person transported;
 - (ii) Date of transport;
 - (iii) Origin and destination of transport;
 - (iv) Presenting illness, injury, or medical condition necessitating air ambulance service;
 - (v) Attending and medical personnel;
 - (vi) Accessory ground ambulance services;
 - (vii) Medical facilities transferring and receiving the patient;
 - (viii) Documentation of treatment during transport; and
 - (ix) A copy shall be provided to the receiving facility.

2. Each air ambulance service shall report the number of air ambulance transfers performed annually on the form provided for such purposes to the Division of Emergency Medical Services.
- (b) Each air ambulance service shall retain patient records for at least ten years.
- (10) Utilization Review (UR)
- (a) The air ambulance service management shall ensure appropriate utilization review process based on:
1. Chart review of medical benefits delivered to a random sample of patients, including the following:
 - (i) Timeliness of the transport as it relates to the patient's clinical status;
 - (ii) Transport to an appropriate receiving facility;
 - (iii) On scene transports (RW) – the following types of criteria are used in the triage plan for on-scene transports:
 - (I) Anatomic and physiological identifiers;
 - (II) Mechanism of injury identifiers;
 - (III) Situational identifiers;
 - (IV) Pediatric and Geriatric Patients;
 - (iv) Specialized medical transport personnel expertise available during transport are otherwise unavailable;
 - (v) Structured, periodic review of transports will be performed at least semi-annually and resulting in a written report; and
 - (vi) The program will list criteria used to determine medical appropriateness. It will maintain records of such reviews for two years.
- (11) Quality Improvement (QI)
- (a) The service shall conduct an ongoing Quality Improvement program designed to assess and improve the quality and appropriateness of patient care provided by the air medical service.

- (b) The service shall have established patient care guidelines/standing orders. The QI committee and medical director(s) shall periodically review such guidelines/standing orders.
 - (c) The Medical Director(s) is responsible for ensuring timely review of patient care, utilizing the medical record and pre-established criteria.
 - (d) The service shall have an established Quality Improvement Program, including the medical director(s) and management, in place.
 - (e) Operational criteria shall include at least the following quantity indicators:
 - (i) Number of completed transports;
 - (ii) Number of air medical missions aborted and canceled due to weather; and
 - (iii) Number of air medical missions aborted and canceled due to patient condition and use of alternative modes of transport.
 - (f) For both QI and utilization review programs, the air ambulance service shall record procedures taken to improve problem areas and the evaluation of the effectiveness of such action.
 - (g) For both QI and utilization review programs, the air ambulance service shall report results to its sponsoring institution(s) or agency (if applicable) indicating that there is integration of the medical transport service's activities with the sponsoring institution or agency (if applicable).
- (12) Compliance. Compliance with the foregoing regulations shall not relieve the air ambulance operator from compliance with other statutes, rules, or regulations in effect for medical personnel and emergency medical services, involving licensing and authorizations, insurance, prescribed and proscribed acts and penalties.
- (13) Separation of Services. Air ambulance service shall constitute a separate class of license and authorization from the Board and Department.

Authority: T.C.A. §§ 68-140-504 and 68-140-507.

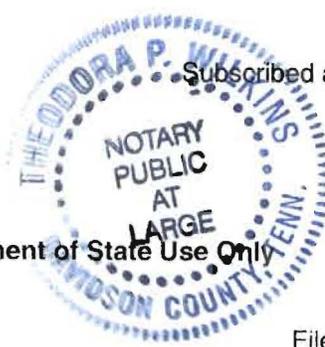
I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 10/27/09

Signature: Lucille F. Bond

Name of Officer: Lucille F. Bond
Assistant General Counsel

Title of Officer: Department of Health



Subscribed and sworn to before me on: 10/27/09

Notary Public Signature: Theodora P. Wilkins

My commission expires on: 11/7/2011

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Tre Hargett by Mon Sant, POA

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Secretary of State

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