

Rulemaking Hearing Rules
of the
Tennessee Department of Health
Bureau of Health Licensure and Regulation
Division of Emergency Medical Services

Chapter 1200-12-1
General Rules

Amendments of Rules

Paragraph (4) of Rule 1200-12-1-.03 Emergency Medical Services Equipment and Supplies is amended by adding the following language as a new subparagraph (e):

- (e) Pulse oximeter with sensors for use with adult and pediatric patients.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-140-504, 68-140-505, and 68-140-507.

Rule 1200-12-1-.04 Emergency Medical Technician (EMT), is amended by adding the following language as new paragraphs (10) and (11):

- (10) Retirement of an EMS professional license
 - (a) A currently licensed EMT or EMT-P who wishes to permanently retire his or her license shall submit the following information to the Division:
 - 1. A properly completed permanent retirement affidavit form to be furnished by the Division.
 - 2. Other documentation which may be required by the Division pursuant to this purpose.
 - (b) Any EMS professional who has filed the required information for permanent retirement of his or her license shall be permitted to use the appropriate title:
 - 1. For emergency medical technicians, EMT Retired or EMTR.
 - 2. For emergency medical technician –paramedics, EMT-Paramedic Retired, or EMT-PR.
- (11) Reinstatement of a retired EMS professional license.
 - (a) A reinstatement applicant whose license has been retired two years or less may reinstate his or her license by completing the following requirements:
 - 1. Payment of all past due renewal fees, reinstatement, and state regulatory fees pursuant to Rule 1200-12-1-.06; and
 - 2. Submission of documentation to prove satisfactory health and good character.
 - (b) If a reinstatement applicant's license has been retired for more than two years, an applicant must complete refresher training requirements and written and practical examinations that have been approved by the board for the level of licensure for which reinstatement has been applied.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-140-504, 68-140-508, 68-140-509 and 68-140-517.

Rule 1200-12-1-.06 Schedule of Fees, is amended by deleting subparagraph (4)(b) and substituting instead the following language, so that as amended the new subparagraph (4)(b) shall read:

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| (b) Renewal fees for all classes of licenses in (a) | \$48.00 |
| 1. Renewal examination fee (first attempt) | \$100.00 |
| 2. Renewal examination fee (repeated attempt) | \$100.00 |

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-140-504, 68-140-505, 68-140-506, 68-140-508, and 68-140-517.

Rule 1200-12-1-.06 Schedule of Fees, is amended by adding the following language as a new subparagraph (4)(g) and renumbering the remaining subparagraphs accordingly:

- (g) Application fee for license by interstate reciprocity \$100.00

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-140-504, 68-140-505, 68-140-506, 68-140-508, and 68-140-517.

Rule 1200-12-1-.07 Insurance Coverage is amended by deleting the existing language in its entirety, and substituting instead the following language, so that as amended the rule shall read:

- (1) All ambulance services and invalid vehicle services operating pursuant to Chapter 140 of Title 68, Tennessee Code Annotated shall maintain for each vehicle owned, and/or operated as an ambulance or invalid vehicle, insurance for vehicular liability coverage of not less than the minimum limits which are set forth in T.C.A. §29-20-403.
- (2) All emergency medical services, first response units and ambulance services shall maintain coverage for negligence (malpractice) or professional liability of not less than three hundred thousand dollars (\$300,000) per occurrence.
- (3) Each ambulance service and invalid vehicle transport service shall maintain general or professional liability coverage for claims arising in transfer of persons to and from their conveyance, and during transport of not less than three hundred thousand dollars (\$300,000) per occurrence.
- (4) Evidence that such insurance is in force and effect shall be furnished to the Division of Emergency Medical Services by the insurer upon application, license renewal, and upon request.
 - (a) Each service shall list the insurance agent, address, telephone number and each carrier and each policy number for insurance required under paragraphs (1), (2), and (3) upon initial and renewal applications, and shall inform the Division of any changes in agent or carrier.
 - (b) Each service shall have the insurance agent and/or carrier submit to the Division verification of coverage in the form of either a notarized affidavit or such certificate or insurance form as shall be approved by the department of commerce and insurance or the department of health.

- (c) Local government or state entities maintaining coverage under Governmental Tort Liability limits or self insurance programs may demonstrate compliance by submitting to the Division a letter verifying such coverage or alternate limits applicable to paragraphs (1), (2), and (3) attested by the chief risk management official, listing the address and telephone number and claims procedures.
- (5) Air ambulance services shall comply with liability coverage required by the Federal Aviation Administration for air taxi operators, and malpractice and professional liability coverage at not less than three hundred thousand dollars (\$300,000) per occurrence. Air ambulance services shall verify coverage as described in paragraph (4).

Authority: T.C.A., 4-5-202, 68-140-504, and 68-140-507.

Rule 1200-12-1-.16 Emergency Medical First Responders is amended by adding the following language as new subpart (2)(b)(1)(iv):

- (iv) First Responders and Emergency Medical Technicians participating in a recognized first responder organization within the community EMS system may, upon completion of the approved training, periodic review training, and concurrent quality assurance of the local EMS system Medical Director, utilize a dual-lumen airway device (such as the Combitube or Pharyngeal Tracheal Lumen airway) that has been approved by the EMS Board.

Authority: §§ 4-5-202; 4-5-204, 68-140-504, 68-140-506, 68-140-507, 68-140-508, and 68-140-517.

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 16th day of December, 2005, and will become effective on the 1st day of March, 2006.

Rulemaking Hearing Rules
of the
Tennessee Department of Health
Bureau of Health Licensure and Regulation
Division of Emergency Medical Services

Chapter 1200-12-1
General Rules

Table of Contents
Amendments of Rules

Chapter 1200-12-1-.16 Emergency Medical First Responders

Paragraph (2) of Rule 1200-12-1-.16 Emergency Medical First Responders is amended by deleting the present language of paragraph (2) in its entirety and substituting the following language so that as amended the paragraph shall read:

- (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-I.V. 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 1200-12-1-.04(3).
 - 2. Such procedures shall be consistent with protocols or standing orders as established by the ambulance service medical director.

3. Services shall provide at least six (6) hours of annual in-service training to all EMS First Responder personnel, in a plan and with instructors approved by the medical director.
- (c) Provide services twenty-four (24) hours a day, seven (7) days a week, and notify the primary service and dispatching agent of any time period in which the service is not available or staffed for emergency medical response.
 - (d) Provide minimum equipment and supplies and such other equipment and supplies as shall be mutually adopted under the agreement with the primary ambulance service and medical director. The following minimum equipment shall be provided:
 1. Emergency Medical Care (Jump) Kit containing:
 - (i) Dressings and bandaging supplies, with adhesive tape, bandaids, sterile 4" gauze pads, sterile ABD pads, 3" or wider gauze roller bandages, bandage shears, occlusive dressing materials, at least four triangular bandages, and burn sheets.
 - (ii) Patient assessment and protective supplies including a flashlight, disposable gloves, antibacterial wipes or solution with tissues, trash bags, an adult blood pressure cuff with manometer and a stethoscope.
 2. Resuscitative devices including oral airways in at least five sizes; a pocket mask; suction device capable of 12 inches vacuum with suction tips for oropharyngeal suction; and, an oxygen administration unit, capable of 2 to 15 liters per minute flow rate with a minimum 150 liter supply.
 3. Splints for upper and lower extremities.
 4. Patient handling equipment including a blanket and appropriate semi-rigid extrication collars.
 - (e) Develop and maintain a memorandum of understanding or agreement of coordination within the service area with the primary provider of emergency ambulance services. If the primary provider is a contracted ambulance service, said agreement shall be developed and maintained with the designated representative of the county or local government. Such agreement will provide for policies and procedures for the following:
 1. Personnel and staffing, including a roster of response personnel and approved procedures for such personnel, and the crew component operational for emergency medical response.
 2. Designation of vehicles to be operated as prehospital emergency response vehicles, including unit identifiers and station or location from which vehicles will be operated.
 3. Nature of calls for which first response services will be dispatched, and dispatch and notification procedures that assure resources are simultaneously dispatched and that ambulance dispatch is not deferred or delayed.
 4. Radio communications and procedures between medical response vehicles and emergency ambulance services.
 5. On-scene coordination, scene control and responsibilities of the individuals in attendance by level of training.

6. Medical direction and protocols and/or standing orders under the authority of the ambulance service medical director.
 7. Exchange and recovery of required minimum equipment and supplies and additional items adopted for local use.
 8. Exchange of patient information, records and reports, and quality assurance procedures.
 9. Terms of the agreement including effective dates and provisions for termination or amendment.
- (f) First response services shall maintain professional liability insurance providing indemnity to emergency care personnel and the organization. Each first response service shall maintain the minimum liability coverage which are set forth in T.C.A. § 29-20-403.

Subparagraph (c) of paragraph (6) of Rule 1200-12-1-.16 Emergency Medical First Responders is amended by deleting the present language of the subparagraph in its entirety, and substituting the following language, so that as amended the subparagraph shall read:

- (c) Applicant's score of 70 percent or higher must be obtained on the written examination.
1. Applicants who fail to pass the written examination shall be eligible to reapply for examination for a period up to one year from the original course ending date.
 2. Fees for examination and certification must be submitted if authorized pursuant to Rule 1200-12-1-.06.

Subparagraph (d) of paragraph (6) of Rule 1200-12-1-.16 Emergency Medical First Responders is amended by deleting the present language of the subparagraph in its entirety, and substituting the following language, so that as amended the subparagraph shall read:

- (d) First Responder certification may be renewed upon filing an application, possession of a current Cardiopulmonary Resuscitation card verifying successful completion of a basic life support course which includes automatic external defibrillation for health care professionals, and verification of one of the following:
1. Successful completion of refresher training course of at least sixteen (16) hours meeting the refresher course curriculum approved by the board; or
 2. Satisfactory completion of the examination as established in paragraph (6)(c); or
 3. Completion of ten (10) continuing education hours in the following areas:
 - (i) Preparatory: one (1) hour consisting of:
 - (I) EMS systems
 - (II) Well being of the first responder
 - (III) Legal and ethical issues
 - (IV) Human body
 - (V) Lifting and moving patients
 - (ii) Airway: two (2) hours
 - (iii) Patient assessment: two (2) hours

- (iv) Circulation: one (1) hour
- (v) Illness and injury: two (2) hours
 - (I) Medical: one (1) hour
 - (II) Trauma: one (1) hour
- (vi) Children and childbirth: one (1) hour
- (vii) Rescue and EMS operations: one (1) hour.

Authority: §§ 4-5-202; 4-5-204, 68-140-504, 68-140-506, 68-140-508, and 68-140-517.

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 16th day of November, 2005, and will become effective on the 30th day of January, 2006.