

13 February 2015

NOTICE OF PROPOSED RULEMAKING
“Emergency Medical Services”
Revisions to Regulation Chapter 511-9-2

The Department of Public Health, through its Office of Emergency Medical Services and Trauma (OEMS), proposes the attached amendments to DPH Regulations 511-9-2-.04 and 511-9-2-.16 pursuant to its authority under O.C.G.A. Sections 31-2A-4(12) and 31-2A-6.

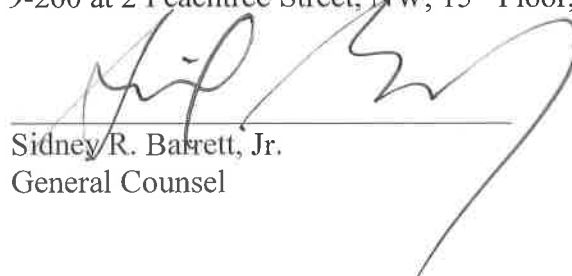
During the 2014 session of the Georgia General Assembly, legislation was enacted authorizing the administration of opioid antagonists by medics licensed by the department and first responders as defined in the newly enacted O.C.G.A. § 31-11-51.1(b)(1), and directing the Department of Public Health to prescribe content and standards of training needed to administer an opioid antagonist through regulations. In addition, during the 2012 session of the Georgia General Assembly, O.C.G.A. § 31-11-113 was amended to permit the Department to accept a certification of a primary stroke center from a nationally recognized health care accreditation body.

The department proposes amendments to reflect these legislative changes, and to document the Department’s existing policy that requires participation in the Georgia Coverdell Acute Stroke Registry in order to be designated as a primary stroke center.

Interested persons may submit comments on these proposed revisions in writing addressed to:

Zain Farooqui
Associate General Counsel
Georgia Department of Public Health
2 Peachtree Street, NW, 15th Floor
Atlanta GA 30303

Comment may also be presented in person at a public meeting scheduled for 1:30 p.m., 12 March 2015, in room 9-260 at 2 Peachtree Street, NW, 15th Floor, Atlanta GA.



Sidney R. Barrett, Jr.
General Counsel

PROPOSED RULE CHANGES

GEORGIA DEPARTMENT OF PUBLIC HEALTH REGULATION CHAPTER 511-9-2 EMERGENCY MEDICAL SERVICES

511-9-2-.04 Designation of Specialty Care Centers.

(1) Trauma Centers.

(a) Applicability.

1. This section is not intended to prevent any hospital or medical facility from providing medical care to any trauma patient.
2. No hospital or medical facility shall hold itself out or advertise to be a designated trauma center without first meeting the requirements of these rules.

(b) Designation.

1. The department shall define the process for trauma center designation and redesignation.
2. The department has the authority to review, enforce, and recommend removal of trauma center designation for trauma centers failing to comply with applicable statutes, Rules and Regulations, and department policy.
3. Designation will be for a period of three years.
4. Each designated trauma center will be subject to periodic review.
5. Each designated trauma center shall submit data to the state trauma registry in a manner and frequency as prescribed by the department.

(2) Stroke Centers

(a) Applicability.

1. This section is not intended to prevent any hospital or medical facility from providing medical care to any stroke patient.
2. No hospital or medical facility shall hold itself out or advertise to be a designated stroke center without first meeting the requirements of these rules.

(b) Standards for Designation of Primary Stroke Centers.

1. Any hospital seeking designation and identification by the department as a primary stroke center must submit a written application to the department.

2. The application must include adequate documentation of the hospital's valid certification as a primary stroke center by ~~the Joint Commission on Accreditation of Healthcare Organizations~~ a nationally recognized healthcare accreditation body.
3. Each designated primary stroke center must participate in the Georgia Coverdell Acute Stroke Registry and must submit data to the state department annually in accordance with the requirements established in O.C.G.A. § 31-11-116.
4. The department may suspend or revoke a hospital's designation as a primary stroke center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirements of these rules or applicable statutes.

(c) Standards for Designation of Remote Treatment Stroke Centers.

1. Hospitals seeking designation as a remote treatment stroke center must submit a written application to the department.
2. The department shall define in policy the application process and establish a remote stroke center checklist outlining the requirements.
3. Upon receipt of a completed application, the department shall schedule and conduct an inspection of the applicant's facility no later than ninety days after receipt of the application.
4. Hospitals will be evaluated on the standards and clinical practice guidelines established by the American Heart Association and American Stroke Association and must utilize current and acceptable telemedicine protocols relative to acute stroke treatment.
5. Each hospital seeking designation as a remote treatment stroke center must participate in the Georgia Coverdell Acute Stroke Registry prior to making application for designation and following designation, must submit data to the department on an annual basis in accordance with the requirements established in O.C.G.A. § 31-11-116, and must establish cooperating stroke care agreements with designated primary stroke centers.
6. The department may suspend or revoke a hospital's designation as a remote treatment stroke center; after notice and hearing, if the department determines that the hospital is not in compliance with the requirements of these rules or applicable statutes.

511-9-2-.16 Standards for ~~Emergency Medical Services Courses~~ Training.

(1) Emergency Medical Service Course Standards

- (a) ~~(1)~~ All emergency medical service courses must be approved by the department prior to the course starting date.
- (b) ~~(2)~~ In order for any course to be approved, the course coordinator must be a currently licensed instructor in good standing at the applicable level.

- (c) (3) A complete course application must be submitted by the sponsoring agency to the department at least twenty business days in advance of the actual starting date of the proposed course on forms prescribed by the department.
- (d) (4) The sponsoring agency of the course must establish contracts with the appropriate agencies to ensure that clinical requirements for the course will be met.
- (e) (5) The department shall establish standards for all emergency medical service courses.
- (f) (6) All approved courses are subject to monitoring by the department including unannounced on-site evaluations and other methods as deemed appropriate by the department.

(2) Training For Administration of Opioid Antagonists. In order to be authorized to administer opioid antagonists to a person experiencing an opioid related overdose, a first responder shall first undergo a course of training approved by the State EMS medical director and made available on the department's website. For purposes of this subparagraph, "first responder" shall mean any person or agency who provides on-site care until the arrival of a duly licensed ambulance service, including but not limited to persons who routinely respond to calls for assistance through an affiliation with law enforcement agencies, fire departments, and rescue agencies.