GEORGIA DEPARTMENT OF PUBLIC HEALTH

Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

200 Piedmont Avenue, SE
Atlanta, Georgia 30334

dph.ga.gov

January 21, 2025

NOTICE OF PROPOSED RULEMAKING
Chapter 511-9-2
"Emergency Medical Services"

The Department of Public Health proposes revisions to the rules located in Chapter 511-9-2, "Emergency Medical Services" pursuant to its authority under Georgia Code Sections 31-2A-3, 31-2A-6, 31-11-5.

The purpose of the proposed rulemaking is to add certain definitions; revise the composition and roles of Statewide Emergency Medical Services Advisory Councils; add certain requirements applicable to designated 911 providers; modify the process for designation or re-designation of specific specialty care centers; revise the requirements for licensure of air ambulances, ground ambulances, neonatal transport services, and medical first responder services; add procedures for issuing temporary medic licenses; modify ambulance staffing requirements for interfacility transfers; modify mandatory reporting requirements for EMS agencies and medics; clarify the standards applicable to EMS education programs and EMS instructors/coordinators; add certain provisions to the standards of conduct applicable to licensees.

The proposed rules are posted on the Department's website at http://dph.georgia.gov/regulationsrule-making. Interested persons may submit comments on these proposed revisions in writing addressed to:

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Written comments must be submitted on or before February 7, 2025. Oral comments may be presented online or via phone at a public meeting scheduled for 2:00 p.m. on Thursday, February 6, 2025. To join the public meeting:

- To join by computer:
  - https://gapublichealth.webex.com/gapublichealth/j.php?MTID=m8a5008313b57b4b4d6de3fb02d411829
  - Meeting Number: 2537 003 8137
  - Password: CuTvbgm63c6

- To join by phone:
  - +1-415-655-0001 US Toll
  - Access Code: 2537 003 8137

The Commissioner of Public Health will consider the proposed rules for adoption on or about February 21, 2025, to become effective on or about March 23, 2025.

Jeffrey T. Rickman
General Counsel
Georgia Department of Public Health

RULES OF THE
DEPARTMENT OF PUBLIC HEALTH

CHAPTER 511-9
EMERGENCY PREPAREDNESS

511-9-2
EMERGENCY MEDICAL SERVICES

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Rule 511-9-2-.01 Purpose

(1) These rules establish standards for Ground Ambulance services, Air Ambulance Services, Medical First Responder Services, Neonatal Transport Services, designation of Specialty Care Centers and base station facilities, statewide and regional advisory councils, training and licensing requirements for Medics, EMS Instructor licensing, EMS Instructor/Coordinator licensing, and course approval requirements for Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic training programs, and others as may be related to O.C.G.A. Chapter 31-11.

(2) The Director or ~~Medical~~ Deputy Director of the Office of Emergency Medical Services and Trauma has the authority to waive any rule, procedure, or policy in the event of a public health emergency, disaster, or state of emergency in order to provide timely critical care and transportation to the injured or ill. Such waiver shall be in writing and filed with the Commissioner of the Department of Public Health.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5.

Rule 511-9-2-.02 Definitions

The following definitions shall apply in the interpretation of these standards:

(a) "Advanced Cardiac Life Support (ACLS) Certification" means successful completion of a course recognized by the Department which utilizes nationally recognized advanced cardiac care standards.

(b) "Advanced Emergency Medical Technician" or "AEMT" means a person who has been licensed by the Department after having successfully attained certification by the National Registry of Emergency Medical Technicians (NREMT) as an Advanced Emergency Medical Technician (AEMT).

(c) "Advanced Life Support (ALS)" means the assessment, and if necessary, treatment or transportation by ambulance, utilizing medically necessary supplies and equipment provided by at least one individual licensed above the level of Emergency Medical Technician.

(d) "Advanced Tactical Practitioner (ATP)" means a certification issued by the United States Special Operations Command (USSOCOM) Medic Certification Program.

(e) "Air Ambulance" means a rotary-wing aircraft registered by the Department that is specially constructed and equipped and is intended to be used for air medical emergency transportation of patients.

(f) "Air Ambulance Service" means an agency or company operating under a valid license from the Department that uses Air Ambulances to provide Ambulance Service.

(g) "Ambulance Service" means the provision of emergency care and transportation for a wounded, injured, sick, invalid, or incapacitated human being to or from a place where medical care is furnished; or an entity licensed to provide such services.

(h) "Approved" means acceptable to the Department based on its determination as to conformance with existing standards.

(i) "Authorized Agent" means a person with the legal authority to sign on behalf of the legal owner of a business entity.

(j) "Base of Operations" means the primary location at which administration of the EMS Agency or EMS Initial Education Program occurs and where records are maintained. All licensed EMS Agencies and designated EMS Initial Education Programs must designate one Base of Operations location within the State of Georgia.

(k) "Basic Life Support (BLS)" means treatment or transportation by Ground Ambulance vehicle or treatment with medically necessary supplies and services involving non-invasive life support measures.

(l) "Board" means the Board of Public Health.

(m) "Cardiac Technician" means a person who has been licensed by the Department after having successfully completed an approved Cardiac Technician certification exam, or licensed by the Composite State Board of Medical Examiners, now known as the Georgia Composite Medical Board, prior to January 1, 2002. This is a historical reference only, as no new Cardiac Technician licenses will be issued.

(n) "Charge" means a formal claim of criminal wrongdoing brought by a law enforcement official or prosecutor against an individual, whether by arrest warrant, information, accusation, or indictment.

(o) "CLIA" means the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263a) and regulations (42 CFR 493) which specifies the federal standards applicable to all U.S. facilities or sites that test human specimens for health assessment or to diagnose, prevent, or treat disease.

(p) "Clinical Preceptor" means a licensed Emergency Medical Technician - Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-Intermediate, Cardiac Technician, Paramedic, IV team member, licensed practical nurse, registered nurse, physician's assistant, allied health professional or physician who meets the requirements for preceptors as established by the Department.

(q) "Commissioner" means the Commissioner of the Department of Public Health.

(r) "Communication Protocols" means guidelines that specify which emergency interventions require direct voice order from medical control in the rendering of prehospital emergency medical care to a patient and may include other guidelines relative to communication between Medics and medical control.

(s) "CPR Certification" means successful completion of a healthcare provider course in cardiopulmonary resuscitation which is recognized by the Department.

(t) "Department" means the Department of Public Health, Office of Emergency Medical Services and Trauma.

(u) “Designated” means the entity specified that satisfies guidelines set forth by the Department.

(v~~u~~) "Designated 911 Zone Provider" means an EMS Agency providing Ground Ambulance service and operating under a valid Ground Ambulance license issued by the Department, which is granted a specific geographical territory or Emergency Response Zone to provide emergency transport services following a Public Call in compliance with the Regional Ambulance Zoning Plan for the respective EMS Region.

(w~~v~~) "Emergency" means a request for a non-planned response or an urgent need for the protection of life, health, or safety, as perceived by a prudent layperson.

(x~~w~~) "Emergency Medical Services" or "Emergency Medical Services System" or "EMS" or "EMS System" means the integrated system of medical response established and designed to respond, assess, treat, and facilitate the disposition of victims of acute injury or illness and those in need of medically safe transportation. EMS also includes medical response provided in hazardous environments, rescue situations, disasters and mass casualties, mass gathering events, as well as interfacility transfer of patients and participation in community health activities.

(y~~x~~) "Emergency Medical Services Agency" or "EMS Agency" means an Air Ambulance Service, Ground Ambulance Service, Medical First Responder Service, or Neonatal Transport Service licensed by the Department.

(z~~y~~) "Emergency Medical Service Advisory Council" or "EMSAC" means an advisory council that provides advice to the Department in matters essential to its operations with respect to Emergency Medical Services.

(aa~~z~~) "Emergency Medical Services Medical Director" or "EMS Medical Director" or "Medical Director" means a physician, as defined in (nnn), licensed to practice in this state who provides medical direction to an EMS Agency licensed by the Department or an EMS Initial Education Program designated by the Department.

(bb~~aa~~) "Emergency Medical Services Medical Directors Advisory Council" or "EMSMDAC" means an advisory council that provides advice to the Department on issues essential to medical direction of the EMS system.

(cc~~bb~~) "Emergency Medical Services Personnel" or "EMS Personnel" means any Emergency Medical Technician - Responder, Emergency Medical Technician, Emergency Medical Technician-Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic licensed by the Department.

(dd~~ee~~) "Emergency Medical Service Region" or "EMS Region" means a geographic area identified by the Department for the purpose of administratively sub-dividing the Emergency Medical Services system in this state. Each EMS Region shall be comprised of counties from one or more health districts established by the Department.

(ccdd) "Emergency Medical Technician" or "EMT" means a person who has been licensed by the Department after being certified by National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Technician (EMT).

(ffee) "Emergency Medical Technician - Intermediate" or "EMT-I" means a person who has been licensed by the Department after being certified by the National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Technician - Intermediate (EMT-I) prior to March 31, 2013, or licensed by the former Georgia Department of Human Resources as an EMT prior to January 1, 2002. This is a historical reference only, as no new Emergency Medical Technician - Intermediate licenses will be issued.

(ggff) "Emergency Medical Technician - Responder" or "EMT-R" means a person who has been licensed by the Department after being certified by the National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Responder (EMR).

(hhgg) "Emergency Response Zone" or "ERZ" means a geographical territory identified by the Department within each EMS Region for the purposes of providing emergency medical transport services by designated Ground Ambulance Services following a Public Call.

(iihh) "EMS Initial Education Program" means an instructional program of Department-approved EMS initial education courses at the EMR, EMT, AEMT, and/or Paramedic levels.

(jjii) "EMS Initial Education Program Sponsor" or "Sponsor" means a Georgia licensed EMS Agency or Fire Department; accredited hospital, clinic, or medical center; accredited educational institution, or other Department approved entity that has accepted responsibility for the operation of an EMS Initial Education Program.

(kkjj) "EMS Instructor" means an individual who is qualified to teach EMS continuing education courses, community education programs, and who is licensed to coordinate or serve as the lead instructor of National Continued Competency Requirement (NCCR) courses as specified by the National Registry of Emergency Medical Technicians (NREMT), and who is further licensed to coordinate or serve as the lead instructor of an EMR initial education course approved by the Department.

(llkk) "EMS Instructor/Coordinator (AEMT)" or "EMS I/C (A)" means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, or AEMT course approved by the Department.

(mmll) "EMS Instructor/Coordinator (EMT)" or "EMS I/C (E)" means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR or EMT course approved by the Department.

(nnmm)"EMS Instructor/Coordinator (Paramedic)" or "EMS I/C (P)" means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, AEMT, or Paramedic course approved by the Department.

(oo~~nn~~) "EMS Instructor with Paramedic Endorsement" or "EMS Instructor (Paramedic)" means an individual who was previously licensed by the Department as a Level III EMS Instructor; who does not hold an associate degree or higher, but who otherwise meets all requirements for licensure as an EMS Instructor/Coordinator (Paramedic); and who is qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, or AEMT course approved by the Department and to serve as an instructor in an initial Paramedic course approved by the Department. This is a historical reference only, as no new EMS Instructor with Paramedic Endorsement licenses will be issued.

(pp~~oo~~) "Good Standing" as used in this rule refers to a license that is not lapsed, is unrestricted, not on probation or suspension, is not currently under investigation, has no pending actions against it, and has had no adverse action taken against it that is still in effect.

(qq~~pp~~) "Ground Ambulance" means a motor vehicle registered by the Department that is specially constructed and equipped and is intended to be used for emergency transportation of patients.

(rr~~qq~~) "Ground Ambulance Service" means an agency or company operating under a valid license from the Department that uses Ground Ambulances to provide Ambulance Service.

(ss~~rr~~) "Health District" means a geographical district designated by the Department of Public Health pursuant to O.C.G.A. § 31-3-15.

(tt~~ss~~) "Invalid Car" means a non-emergency transport vehicle used only to transport persons who are convalescent or otherwise non-ambulatory, and do not require medical care during transport.

(uu~~tt~~) "License (Agency)" means a license issued to a Medical First Responder Service or to a Ground Ambulance Service, Air Ambulance Service or Neonatal Transport Service which signifies that the agency's facilities, vehicles, personnel, and operations comply with Title 31, Chapter 11 of the Official Code of Georgia Annotated, the regulations promulgated thereunder, and the policies of the Department.

(vv~~uu~~) "License (Medic or Instructor)" means a license issued to a person which signifies that the person has met the requirements for the respective level of individual licensure specified in Title 31, Chapter 11 of the Official Code of Georgia Annotated, the regulations promulgated thereunder, and the policies of the Department.

(ww~~vv~~)"Licensee" means all persons licensed by the Department pursuant to Chapter 31-11 and/or these rules, all owners and officers of entities licensed pursuant to Chapter 31-11, and all applicants for a license pursuant to Chapter 31-11 and/or these rules.

(xx~~ww~~)"License Officer" means the Commissioner of Public Health or his/her designee.

(yy~~xx~~) "License Renewal Cycle" means a period of time established by the Department for renewal of licenses.

(zz~~yy~~) "Medic" means an individual who is currently licensed by the Department as an Emergency Medical Technician - Responder, Emergency Medical Technician, Emergency

Medical Technician - Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic.

(aaa~~zz~~)"Medical Control" means the clinical guidance from a physician to EMS Personnel regarding the prehospital management of a patient.

(bbb~~aaa~~)"Medical Direction" means the administrative process of providing medical guidance or supervision including but not limited to system design, education, critique, and quality improvement by a physician to EMS Personnel, EMS Initial Education Programs, and EMS Agencies.

(ccc~~bbb~~)"Medical First Responder Service" means an agency or company duly licensed by the Department that provides on-site care until the arrival of the Department's Designated 911 Zone Provider.

(ddd~~ccc~~)"Medical First Responder Vehicle" means a motor vehicle registered by the Department for the purpose of providing response to emergencies.

(eee~~ddd~~)"Medical Protocol" means prehospital treatment guidelines, approved by the local EMS Medical Director, used to manage an emergency medical condition in the field by outlining the permissible and appropriate medical treatment that may be rendered by EMS Personnel to a patient experiencing a medical emergency or injury.

(fff~~eee~~)"Neonatal Transport Personnel" means licensed or certified health care professionals specially trained in the care of neonates.

(ggg~~fff~~)"Neonatal Transport Service" means an agency or company operating under a valid license from the Department that provides facility-to-facility transport for Neonates, infants, children or adolescents.

(hhh~~ggg~~)"Neonatal Transport Vehicle" or "Neonatal Ambulance" means a motor vehicle registered by the Department that is equipped for the purpose of transporting Neonates to a place where medical care is furnished.

(iii~~hhh~~)"Neonate" means an infant 0 - 184 days of age, as defined by the Georgia Regional Perinatal Care Program.

(jjj~~iii~~) "Nurse" means an individual who is currently licensed in the State of Georgia as a Registered Nurse or Licensed Practical Nurse.

(kkk~~jjj~~)"Office of Emergency Medical Services and Trauma" means the regulatory subdivision of the Georgia Department of Public Health that is directly responsible for administration of the statewide EMS system.

(lll~~kkk~~)"Paramedic" means a person who has been licensed by the Department after having been certified by the National Registry of Emergency Medical Technicians (NREMT) as a Paramedic, certified by the United States Special Operations Command (USSOCOM) as an Advanced Tactical Practitioner (ATP), or licensed as a Paramedic by the Composite State Board of Medical Examiners, now known as the Georgia Composite Medical Board, prior to January 1, 2002.

(mmm~~ll~~)"Patient Care Report" or "Prehospital Care Report" or "PCR" means the required written or electronic data set that is submitted to the Department or to an acute care facility by an EMS Agency regarding each request for an EMS response. The required data set shall include all data elements specified by the Department.

(nnn) "Physician" means a person licensed to practice medicine by and in good standing with the Georgia Composite Medical Board pursuant to Article 2 of Chapter 34 of Title 43.

(ooo~~mmm~~)"Provisional License (Agency)" means a license issued to an EMS Agency on a conditional basis to allow a newly established EMS Agency to demonstrate that its facilities and operations comply with state statutes and these rules and regulations.

(ppp~~nnn~~)"Provisional License (Medic)" is defined as a license at the EMT, AEMT or Paramedic level that is issued by the Department to a person who is provisionally certified by the National Registry of Emergency Medical Technicians (NREMT) at the respective level of application. Provisional licenses are non-renewable except in times of a prolonged public health emergency or as deemed necessary by the Department.

(qqq~~ooo~~)"Public Safety Answering Point" or "PSAP" means an answering location for 911 calls originating in a given area.

(rrr~~ppp~~)"Public Call" means a request for a Ground Ambulance Service from a member of the public to a Public Safety Answering Point (PSAP) when dialing "911" or the PSAP's ten-digit phone number, or a request for an ambulance by any law enforcement agency, fire department, rescue squad, or any other public safety agency.

(sss~~qqq~~)"Reasonable Distance" means the allowable distance for patient transport established by the local EMS Medical Director based on the ambulance service's geographical area of responsibility, the ambulance service's ability to maintain emergency capabilities, and hospital resources.

(ttt~~rrr~~) "Regional Ambulance Zoning Plan" means the Department approved method of distributing emergency calls among designated Ground Ambulance Services in designated geographical territories or Emergency Response Zones within each EMS Region in the State.

(uuu~~sss~~)"Regional Emergency Medical Services Medical Director" or "Regional EMS Medical Director" means a person, having approval of the Regional EMS Council and Office of Emergency Medical Services and Trauma, who is a physician licensed to practice medicine in this state, familiar with the design and operation of prehospital emergency care, experienced in the prehospital emergency care of acutely ill or injured patients, and experienced in the administrative processes affecting regional and state prehospital Emergency Medical Services systems.

(vvv~~ttt~~)"Regional Trauma Advisory Committee" or "RTAC" means a trauma-specific multidisciplinary, multi-agency advisory group that is a committee of the Regional EMS Advisory Council for a given EMS Region.

(wwwuuu)"Reserve Ambulance" means a registered ambulance that temporarily does not meet the standards for ambulance equipment and supplies in these rules and policies of the Department.

(xxxvvv)"Scope of Practice" means the description, as specified by the Department, of what a Licensee legally can, and cannot, do, based on the Licensee's level of licensure. It is a legal description of the distinction between licensed health care personnel and the lay public, and between different licensed health care professionals.

(yyywww)"Specialty Care Center" means a licensed hospital dedicated to a specific sub-specialty care including, but not limited to, trauma, stroke, pediatric, burn and cardiac care.

(zzzxxx)"Specialty Care Transport" means transportation in a registered Ground Ambulance, Air Ambulance or Neonatal Ambulance during which certain special skills above and beyond those taught in state approved initial Paramedic education are utilized. Provided, however, that this definition is not intended to authorize a Medic to operate beyond his or her Scope of Practice.

(aaaa) "Systems of Care Advisory Council" or "SCAC" means an advisory council that provides advice to the Department in matters essential to operations, development, and sustainment of specialty systems of care in Georgia.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-2, 31-11-5.

Rule 511-9-2-.03 Statewide Emergency Medical Services Advisory Councils

(1) Emergency Medical Services Advisory Council.

(a) Purpose. A statewide Emergency Medical Services Advisory Council (EMSAC) shall be established to advise the Department in matters essential to its operations with respect to emergency medical services systems.

(b) General Provisions.

1. The Director and Deputy Director of the State Office of EMS and Trauma shall act as liaisons between EMSAC and the Department, and shall provide support, education, and guidance to EMSAC related to its roles.

2. EMSAC recommendations are advisory and are not binding on the Department or on agencies under contract to the Department.

3. EMSAC shall adopt bylaws subject to the approval of the Department and shall conduct its business in accordance with the Georgia Open Records Act, O.C.G.A. § 50-18-70 et seq, and Open Meetings Acts, O.C.G.A. § 50-14-1 et seq. Bylaws shall address frequency of meetings, recording of minutes, membership, creation and function of committees, managing of conflicts of interest, voting, and other issues relevant to the function of an advisory council.

4. EMSAC shall be composed of between twenty-five (25) and thirty-five (35) members who are knowledgeable in the field of EMS systems and all components thereof, and who

represent a broad cross-section of Georgia's citizens. Membership shall include representation from each of the following categories, provided that a single member may represent more than one category:

(i) At least one representative from each of the state's ten EMS Regions;

(ii) A representative from the statewide Systems of Care Advisory Council; ~~At least one representative from each of the following systems of care:~~

~~(a) Cardiac~~

~~(b) Stroke~~

~~(c) Trauma~~

~~(d) Pediatrics~~

~~(e) Perinatal Care/Obstetrics~~

(iii) A representative from the statewide Emergency Medical Services Medical Director's Advisory Council;

(iv) A representative of EMS education;

(v) A representative from a fire/rescue service;

(vi) A representative from an emergency management agency;

(vii) At least one representative from each of the following EMS agency license types:

(a) Ground Ambulance

(b) Neonatal Ambulance

(c) Air Ambulance

(d) Medical First Responder

(viii) At least one representative from each of the following EMS agency ownership types:

(a) Government (City, County, or State)

(b) Private (Corporation, Limited Liability Company, Sole Proprietorship, or other entity)

(c) Hospital

~~(ix) Consumers or experts in the field of EMS.~~

5. Members shall be appointed by the Commissioner or his/her designee for a term specified in EMSAC's bylaws.

6. Each EMSAC member shall serve in a volunteer capacity, without remuneration by the Department, and shall not be entitled to reimbursement of any expenses, including travel expenses.

(c) EMSAC's responsibilities shall include, but not be limited to:

1. Recommending standards and policies which affect those persons, services, or agencies regulated under these rules and Chapter 11 of Title 31 of the Official Code of Georgia;

2. Reviewing and providing comment on legislative proposals as requested by the Department; and

3. Serve to promote the interest ~~Participating as an advocacy body of~~to improvement of Georgia's statewide emergency medical services systems and all components thereof.

(2) Emergency Medical Services Medical Directors Advisory Council.

(a) Purpose. The Department shall establish a statewide Emergency Medical Services Medical Directors Advisory Council (EMSMDAC) to advise the Department on issues related to medical direction of the EMS system.

(b) General Provisions.

1. The Director and Deputy Director of the State Office of EMS and Trauma and the State EMS Medical Director shall serve as liaisons between EMSMDAC and the Department, and shall provide support, education, and guidance to EMSMDAC related to its roles.

2. EMSMDAC recommendations are advisory and are not binding on the Department or on agencies under contract to the Department.

3. EMSMDAC shall adopt bylaws subject to the approval of the Department and shall conduct its business in accordance with the Georgia Open Records Act, O.C.G.A. § 50-18-70 et seq, and Open Meetings Act~~s~~, O.C.G.A. § 50-14-1 et seq. Bylaws shall address frequency of meetings, recording of minutes, membership, creation and function of committees, managing conflicts of interest, voting, and other issues relevant to the function of an advisory council.

4. EMSMDAC shall be composed of between twenty-five (25) and thirty (30) physician members who are knowledgeable in the field of EMS systems and all components thereof, and who represent a broad cross-section of Georgia's EMS programs and the medical community. Membership shall include representation from each of the following categories, provided that a single member may represent more than one category:

(i) At least one member from each of the state's ten EMS Regions;

(ii) At least one representative from each of the following systems of care:

(a) Cardiac

(b) Stroke

(c) Trauma

(d) Pediatrics

(e) Perinatal Care/Obstetrics

(iii) Physicians with an interest and/or expertise in the provision of emergency medical care.

5. EMSMDAC members shall be appointed by the Commissioner or his/her designee for a term specified in EMSMDAC's bylaws.

6. Each EMSMDAC member shall serve in a volunteer capacity, without remuneration by the Department, and shall not be entitled to reimbursement of any expenses, including travel expenses.

(c) Responsibilities of EMSMDAC shall include, but not be limited to:

1. Acting as a liaison with the medical community, medical facilities, and appropriate governmental entities;

2. Advising and providing consultation to the Department on practice issues related to the care delivered by entities and personnel under the jurisdiction of the Department;

3. Advising on and reviewing matters of medical direction and training in conformity with accepted emergency medical practices and procedures;

4. Recommending and reviewing policies and procedures affecting patient care rendered by EMS personnel;

5. Advising on the scope and extent of EMS practice for the emergency medical services of Georgia;

6. Advising on the scope of practice for EMS personnel licensed in Georgia;

7. Advising on the formulation of medical, communication, and emergency transportation protocols; and

8. Advising on quality improvement issues related to patient care rendered by EMS personnel.

(3) Systems of Care Advisory Council.

(a) Purpose. The Department shall establish a statewide multidisciplinary Systems of Care Advisory Council (SCAC) to advise the Department on issues essential to specialty systems of care in Georgia.

(b) General Provisions.

1. The Director and the Deputy Director of Systems of Care for the State Office of EMS and Trauma shall act as liaisons between SCAC and the Department, and shall provide support, education, and guidance to SCAC related to its roles.

2. SCAC recommendations are advisory and are not binding on the Department or on agencies under contract to the Department.

3. SCAC shall adopt bylaws subject to the approval of the Department and shall conduct its business in accordance with the Georgia Open Records Act, O.C.G.A. § 50-18-70 et seq, and Open Meetings Act, O.C.G.A. § 50-14-1 et seq. Bylaws shall address frequency of meetings, recording of minutes, membership, creation and function of committees, managing conflicts of interest, voting, and other issues relevant to the function of an advisory council.

4. SCAC shall be composed of between twenty-five (25) and thirty (30) members who are knowledgeable in specialty systems of care and all components thereof, and who represent a broad cross-section of Georgia's citizens. Membership shall include representation from each of the following categories, provided that a single member may represent more than one category:

(i) At least one representative from each of the state's ten EMS Regions;

(ii) At least one representative from a designated facility in each of the following specialty systems of care:

(a) Cardiac

(b) Stroke

(c) Trauma

(d) Pediatrics

(e) Perinatal Care/Obstetrics

(iii) An EMS representative from the statewide Emergency Medical Services Advisory Council;

(iv) An EMS Medical Director representative from the statewide Emergency Medical Services Medical Director Advisory Council;

(iv) A representative from hospital emergency preparedness;

(v) At least one representative from each of the following facility types:

(a) Non-designated hospital

(b) Critical Access hospital

(c) Rural hospital

(d) Hospital rehabilitation services

(e) Free Standing Emergency Department and/or Urgent Care Center

(vi) A hospital administrator from a designated specialty care center

5. Members shall be appointed by the Commissioner or his/her designee for a term specified in SCAC's bylaws.

6. Each SCAC member shall serve in a volunteer capacity, without remuneration by the Department, and shall not be entitled to reimbursement of any expenses, including travel expenses.

(c) SCAC responsibilities shall include, but not be limited to:

1. Recommending standards and policies which affect those persons, services, or agencies regulated under these rules and Chapter 11 of Title 31 of the Official Code of Georgia;

2. Reviewing and providing comment on legislative proposals as requested by the Department; and

3. Serve to promote the interest of improvement in Georgia's specialty systems of care and all components thereof.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-60.1.

Rule 511-9-2-.04 Regional Emergency Medical Services Advisory Councils

(1) Purpose. In accordance with the designation made by the Board of Public Health pursuant to Georgia Code Section 31-11-3(a), a Regional Emergency Medical Services Advisory Council (REMSAC) shall serve as the local coordinating entity in each EMS Region.

(2) General Provisions

(a) The Regional EMS Director shall serve as a liaison between the Department and the REMSAC in each EMS Region, and shall provide support, education, and guidance on the REMSAC's responsibilities related to its role as the designated local coordinating entity for their EMS Region.

(b) Each REMSAC shall adopt bylaws subject to the approval of the Department and shall conduct its business in accordance with the Georgia Open Record~~s~~, O.C.G.A. § 50-14-1 et seq and Open Meetings Act~~s~~, O.C.G.A. § 50-14-1 et seq. Bylaws shall address frequency of meetings, recording of minutes, membership, terms of members, creation and function of committees, managing conflicts of interest, voting, administration and review of the Regional Ambulance Zoning Plan, and other issues relevant to the function of an advisory council.

(c) Each REMSAC shall be composed of between twenty-five (25) and fifty (50) members who are both knowledgeable and interested in the EMS system and represent the interests of a broad cross-section of the EMS Region's citizens. Membership shall include representation from each of the following categories, provided that a single member may represent more than one category:

1. At least one member from each of the counties served by the REMSAC shall be appointed by the county commission, subject to membership requirements specified in the REMSAC bylaws;

2. At least one representative from each of the following systems of care:

(i) Cardiac

(ii) Stroke

(iii) Trauma

(iv) Pediatrics

(v) Perinatal Care/Obstetrics

3. An EMS agency medical director from a designated 911 zone provider in a county served by the REMSAC;

4. A representative of EMS education;

5. A representative from a fire/rescue service;

6. A representative from an emergency management agency;

7. At least one representative from each of the following EMS agency license types, if present in the EMS Region:

(i) Air Ambulance

(ii) Ground Ambulance

(iii) Neonatal Ambulance

(iv) Medical First Responder

8. At least one representative from each of the following EMS agency ownership types, if present in the EMS Region:

(i) Government (City, County, or State)

(ii) Private (Corporation, Limited Liability Company, Sole Proprietorship, or other entity)

(iii) Hospital

9. Consumers or experts in the field of EMS.

(d) REMSAC members, other than those appointed by the county commissions, shall be appointed by the Commissioner or his/her designee, subject to membership requirements specified in the REMSAC bylaws.

(e) Each REMSAC member shall serve in a volunteer capacity, without remuneration by the Department, and shall not be entitled to reimbursement of any expenses, including travel expenses.

(3) Regional Ambulance Zoning Plan

(a) Each EMS Region shall have a Regional Ambulance Zoning Plan that is based primarily on the considerations of economy, efficiency, and benefit to the public welfare.

(b) The Department shall develop the Regional Ambulance Zoning Plan based on recommendations from the REMSAC and shall provide oversight and supervision of the operations of the Regional Ambulance Zoning Plan for each EMS Region.

(c) The REMSAC shall make recommendations to the Board or its designee for the designation of one or more 911 Zone Provider(s) for each Emergency Response Zone within the EMS Region, subject to approval or modification by the Board or its designee in accordance with the procedures set forth in Code Section 31-11-3 and under the circumstances outlined in subparagraph (4) of this Rule.

(d) Following implementation of the Regional Ambulance Zoning Plan, the REMSAC may review data regarding key performance measures specified by the Department for each designated 911 Zone Provider in the EMS Region.

(e) The Department may make administrative updates to the Regional Ambulance Zoning Plan as needed. Such updates may include business name changes and documentation of subcontracting relationships between designated 911 zone providers and other licensed ambulance services.

(f) The Department may designate a licensed ambulance service to serve as a temporary 911 Zone Provider for an Emergency Response Zone if the current designated 911 Zone Provider abandons the Emergency Response Zone, is no longer eligible to participate in the Regional Ambulance Zoning ~~Plan, or~~Plan, or surrenders the Emergency Response Zone with notice insufficient to allow timely modification of the Regional Ambulance Zoning Plan. The temporary designation shall be in place until the Regional Ambulance Zoning Plan is modified in accordance with subsection (4), below.

(g) The designated 911 zone provider must provide a minimum of ninety (90) days' notice to the Department of intent to surrender or vacate a zone(s), to allow timely modification of the Regional Ambulance Zoning Plan for the Emergency Response Zone. During this notice period, the designated zone provider must continue to provide the same level of service within the zone.

(4) Modification of the Regional Ambulance Zoning Plan

(a) The REMSAC shall make recommendations for modification of the Regional Ambulance Zoning Plan to the Board or its designee, in accordance with the procedures established in subparagraph (b) of this section, if any of the following events occurs:

1. The current designated 911 Zone Provider is no longer eligible to participate in the Regional Ambulance Zoning Plan, as determined by the Department; or

2. The current designated 911 Zone Provider notifies the Department that it intends to voluntarily surrender its designation status for its assigned Emergency Response Zone(s); or

3. The current designated 911 Zone Provider has abandoned its assigned Emergency Response Zone(s), as determined by the Department; or

4. The REMSAC receives a written request for a detailed examination and assessment of the Regional Ambulance Zoning plan for one or more Emergency Response Zones, conducts a detailed examination and assessment in accordance with procedures specified by the Department, and determines that:

(i) There has been a significant decline in the economy, efficiency, or benefit to the public welfare within a specific Emergency Response Zone or the EMS Region as a whole; or

(ii) There exists an opportunity for significant improvement in the economy, efficiency, or benefit to the public welfare within a specific Emergency Response Zone or the EMS Region as a whole.

(b) The REMSAC shall comply with the following procedures when making recommendations for modification of the Regional Ambulance Zoning Plan:

1. The REMSAC shall post a notice soliciting proposals from all licensed ambulance providers seeking designation as the 911 zone provider for a specific Emergency Response Zone. The notice shall specify:

(i) The ten (10) day period during which proposals will be accepted; and

(ii) The information that must be included in the proposal including, but not limited to, a written description of the territory in which the ambulance provider can respond to emergency calls and data regarding key performance measures as specified by the Department.

2. The REMSAC shall evaluate all proposals based primarily on the considerations of economy, efficiency, and benefit to the public welfare.

3. Within ten (10) days after the period for receiving proposals has ended, the REMSAC shall make a recommendation to the Board or its designee, in the format specified by the Department, regarding the territorial zones and the method of distributing emergency calls among the ambulance providers within the EMS Region. If the REMSAC's recommendation includes a change in one or more designated 911 zone providers, the recommendation shall provide for a transition plan and include the effective date of the modification.

(c) The Board or its designee, upon receipt of the REMSAC's recommendation, shall either approve the recommendation, conduct a hearing as provided in Code Section 31-11-3(d), or remand the recommendation back to the REMSAC if the Department determines the REMSAC did not follow procedures set forth in this rule.

(d) The Regional Ambulance Zoning Plan shall be administered in accordance with the decision of the Board or its designee.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-3, 31-11-5.

Rule 511-9-2-.05 Designation of Specialty Care Centers

(1) Trauma and Burn Centers.

(a) Applicability.

1. No hospital shall hold itself out as or advertise to the public that it is designated by the Department as a trauma or burn center without first meeting the requirements of these rules and obtaining approval from the Department.

2. This section is not intended to prevent any hospital from providing medical care to any trauma or burn patient.

(b) Designation of Trauma and Burn Centers.

1. Any hospital seeking designation or re-designation by the Department as a Level I, Level II, Level III, or Level IV trauma center must submit a written application to the Department in a manner and on forms as determined by the Department, and shall meet, at a minimum, the

~~requirements~~ standards defined in the most recent edition of Resources For Optimal Care of the Injured Patient by the American College of Surgeons Committee on Trauma.

(i.) Designation or re-designation may be obtained by:

(I) Successful completion of an evaluation as specified by the Department; or

(II) Successful verification by the American College of Surgeons (ACS); if the hospital:

I. Applies for verification from ACS;

II. Informs the Department at least 30 calendar days prior to the dates of the ACS Verification site survey; and

III. Invites the Department to review the facility and documentation of capabilities of the hospital during the ACS verification site survey.

2. Any hospital seeking designation or re-designation by the Department as a burn center must submit a written application to the Department in a manner and on forms as determined by the ~~Department, and~~Department and must hold and maintain current verification as a burn center by the American Burn Association.

(i.) Designation or re-designation may be obtained by:

(I) ~~———~~Successful verification by the American Burn Association (ABA); if the hospital:

I. ~~—~~Applies for verification from ABA;

II. ~~—~~Informs the Department at least 30 calendar days prior to the dates of the ABA Verification site survey; and

III. ~~———~~Invites the Department to review the facility and documentation of capabilities of the hospital during the ABA verification site survey.

3. The Department may establish additional levels and types of trauma and burn centers as necessary based on advancements in medicine and patient care.

4. Each designated trauma center shall submit data to the state trauma registry in a manner and frequency as prescribed by the Department.

(c) The Department may suspend or revoke a hospital's designation as a trauma or burn center, after providing written notice to the hospital, if the Department determines that the hospital is not in compliance with the requirements or criteria of these rules or applicable statutes. The Department shall provide an administrative hearing on the action to suspend or revoke a hospital's designation if the hospital makes a written request for a hearing. Such written request must be delivered to and received by the Department no later than twenty days after the hospital receives notice of the action. If a timely request for a hearing is not received, the action will become effective twenty days after the hospital's receipt of the notice. In lieu of suspending or revoking a hospital's trauma or burn center designation, the Department may re-designate the hospital at another level and/or type of trauma or burn center if it is determined that the hospital

does not meet the criteria for its current level of designation but meets criteria for a lower-level designation during a site survey.

(2) Stroke Centers.

(a) Applicability.

1. No hospital shall hold itself out as or advertise to the public that it is designated by the Department as a comprehensive, thrombectomy-capable, primary, remote treatment, or any other level of stroke center without first meeting the requirements of these rules and obtaining approval from the Department.

2. This section is not intended to prevent any hospital from providing medical care to any stroke patient.

3. The Department, in consultation with the Georgia Coverdell Acute Stroke Registry, may establish additional levels of stroke centers as necessary based on advancements in medicine and patient care.

(b) Designation of Comprehensive, Thrombectomy-Capable, and Primary Stroke Centers.

1. Any hospital seeking designation or re-designation by the Department as a comprehensive, thrombectomy-capable, or primary stroke center must submit a written application to the Department in a manner and on forms as determined by the Department.

2. An applicant for designation or re-designation as a comprehensive, thrombectomy-capable, or primary stroke center must hold and maintain a current certification as a comprehensive, thrombectomy-capable, or primary stroke center by a national healthcare accreditation body recognized by the Department.

(c) Designation of Remote Treatment Stroke Centers.

1. Any hospital seeking designation or re-designation by the Department as a remote treatment stroke center must submit a written application to the Department in a manner and on forms as determined by the Department.

2. Designation Through National Accreditation. An applicant must hold and maintain a current certification as an acute stroke-ready hospital by a national healthcare accreditation body recognized by the Department to be eligible for designation as a remote treatment stroke center.

3. Designation Through Evaluation by Department.

(i) An applicant that does not hold a current certification as an acute stroke-ready hospital by a national healthcare accreditation body recognized by the Department shall undergo an evaluation by the Department. The Department will schedule and conduct an inspection of the applicant's facility within ninety days of receipt of a complete application.

(ii) The applicant will be evaluated on the standards and clinical practice guidelines established by the American Heart Association and American Stroke Association. In addition, the applicant must establish cooperating stroke care agreements with designated comprehensive,

thrombectomy-capable, or primary stroke center and must utilize current and acceptable telemedicine protocols relative to acute stroke treatment.

(d) In order to assure that patients are receiving the appropriate level of care and treatment at each level of stroke center in the state, each hospital designated and identified by the Department as a stroke center must participate in the Georgia Coverdell Acute Stroke Registry, and shall submit data to the Registry as required by the Department in accordance with time frame requirements as established by the Department, including, but not limited to, the following information:

1. Date of admission and discharge;

2. Patient disposition at discharge;

3. Patient identifier, currently known as "Georgia LONGID," that consists of elements as defined by the Department;

4. Patient age, gender, and race;

5. Location where stroke occurred;

6. Patient arrival mode;

7. Patient's past medical and medication history;

8. Clinical diagnosis of type of stroke or transient ischemic attack;

9. The National Institutes of Health stroke scale score;

10. Serum low density lipoprotein level;

11. Whether stroke symptoms were resolved at time of presentation;

12. Earliest time patient placed on comfort measure only;

13. Whether patient was admitted for elective carotid intervention;

14. Whether patient was participating in a stroke related clinical trial;

15. Whether in-hospital treatment with intravenous or intra-arterial thrombotic or mechanical clot removal, antithrombotic, or venous thromboembolism prophylaxis was provided, or reason for not providing each treatment;

16. Date and time of last known well visit, hospital arrival, imaging, and treatment administration;

17. Whether dysphagia screen had been completed;

18. Whether treatment at discharge with antithrombotic, anticoagulant, or statin (lipid-lowering medication) was provided, or reason for not providing each treatment;

19. Whether smoking cessation advice or counseling was provided;

20. Whether stroke education was provided;

21. Whether rehabilitation services were provided; and

22. Modified Rankin Scale score at discharge.

(e) The Department may suspend or revoke a hospital's designation as a stroke center, after providing written notice to the hospital, if the Department determines that the hospital is not in compliance with the requirements or criteria of these rules or applicable statutes. The Department shall provide an administrative hearing on the action to suspend or revoke a hospital's designation if the hospital makes a written request for a hearing. Such written request must be delivered to and received by the Department no later than twenty days after the hospital receives notice of the action. If a timely request for a hearing is not received, the action will become effective twenty days after the hospital's receipt of the notice. In lieu of suspending or revoking a hospital's stroke center designation, the Department may re-designate the hospital at another level of stroke center if it is determined that the hospital does not meet the criteria for its current level of designation.

(3) Emergency Cardiac Care Centers.

(a) Applicability.

1. No hospital shall hold itself out as or advertise to the public that it is designated by the Department as a Level I, Level II, or Level III emergency cardiac care center without first meeting the requirements of these rules and obtaining approval from the Department.

2. This section is not intended to prevent any hospital from providing medical care to any cardiac patient.

3. The Department may establish additional levels of emergency cardiac care centers as necessary based on advancements in medicine and patient care.

(b) Designation of Emergency Cardiac Care Centers.

1. Any hospital seeking designation or re-designation by the Department as an emergency cardiac care center must submit a written application to the Department in a manner and on forms as determined by the Department.

2. The Department's review of applications for designation and re-designation as an emergency cardiac care center may include an on-site inspection of the hospital.

(c) Designation Criteria.

1. Applicants for designation as an emergency cardiac care center shall meet, at a minimum, the following criteria:

(i) Level I:

(I) Cardiac ~~catherization~~catheterization and angioplasty facilities available 24 hours per day, seven days per week, 365 days per year;

(II) On-site cardiothoracic surgery capability available 24 hours per day, seven days per week, 365 days per year;

(III) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients;

(IV) The ability to implant percutaneous left ventricular assist devices for support of hemodynamically unstable patients experiencing out-of-hospital cardiac arrest or heart attack;

(V) Neurologic protocols to measure functional status at hospital discharge; and

(VI) The ability to implant automatic implantable cardioverter defibrillators.

(ii) Level II:

(I) Cardiac ~~catherization~~catheterization and angioplasty facilities available 24 hours per day, seven days per week, 365 days per year, but no on-site cardiothoracic surgery capability;

(II) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients;

(III) Neurologic protocols to measure functional status at hospital discharge; and

(IV) A written transfer plan with one or more Level I emergency cardiac care centers for patients who need left ventricular assist devices or cardiothoracic surgery.

(iii) Level III:

(I) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients; and

(II) A written plan for systematic transfer of patients to a Level I or Level II facility.

2. Coordinating agreements established between cardiac care centers shall be in writing and shall include at a minimum:

(i) Transfer agreements for the transport and acceptance of cardiac patients seen by:

(I)~~i.~~ A Level I emergency cardiac care center for care which a Level II or III emergency cardiac care center does not provide; or

(II)~~ii.~~ A Level II emergency cardiac care center for care which a Level III emergency cardiac care center does not provide; and

(ii) Communications criteria and protocols between the emergency cardiac care centers.

(d) Data Reporting.

1. Each hospital designated and identified by the Department as an emergency cardiac care center must report the following to designated registries as determined by the Department in accordance with time frame requirements established by the Department:

(i) Required data elements on all out-of-hospital cardiac arrest patients as determined by the Department; and

(ii) Required data elements on all heart attack patients as determined by the Department.

2. Each emergency cardiac care center shall have a written system describing the timely submission of all data described in subsection (i) and (ii) of this section.

(e) The Department may suspend or revoke a hospital's designation as an emergency cardiac care center, after providing written notice to the hospital, if the Department determines that the hospital is not in compliance with the requirements or criteria of these rules or applicable statutes. The Department shall provide an administrative hearing on the action to suspend or revoke a hospital's designation if the hospital makes a written request for a hearing. Such written request must be delivered to and received by the Department no later than twenty days after the hospital receives notice of the action. If a timely request for a hearing is not received, the action will become effective twenty days after the hospital's receipt of the notice. In lieu of suspending or revoking a hospital's designation, the Department may re-designate a hospital at another level of emergency cardiac care if it is determined that a hospital does not meet the criteria for a hospital's current level of designation.

(4) Confidentiality. All information reported to any registry as described by this Rule shall be deemed confidential, except that the Department may in its discretion release such reports or data in de-identified form or for research purposes determined by the Department to have scientific merit. Under no circumstances may information reported to any registry as described by this Rule be released in such a manner as to lead to the identification of any hospital, institution, or clinic.

(5) Provisional designation. ~~A hospital seeking initial designation as a~~ Sspecialty care centers may be designated on a provisional basis, in the Department's sole discretion, to afford the hospital additional time to demonstrate that its facilities and operations are able to maintain full compliance with the requirements of this rule. Provisional designation shall be granted for a specified time period, not to exceed one year, and shall be subject to the terms and conditions established by the Department.

Authority: O.C.G.A. §§ 31-2A-6, 31-5-5, 31-11-110 through 31-11-119, 31-11-130 through 31-11-139.

Rule 511-9-2-.06 Licensure of Air Ambulance Services

(1) Applicability

(a) No person shall operate, advertise, or hold themselves out to be an Air Ambulance Service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the Department. However, this Rule shall not apply to the following:

1. An air ambulance or air ambulance service operated by an agency of the United States government;

2. A vehicle rendering assistance temporarily in the case of a declared major catastrophe, disaster, or public health emergency which is beyond the capabilities of available Georgia licensed Air Ambulance Services;

3. An air ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;

4. An air ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia, unless such air ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport;

5. An air ambulance licensed in a state adjacent to Georgia that is responding to a request from a Georgia licensed EMS Agency;

6. An air ambulance or air ambulance service owned and operated by a governmental entity whose primary role is not to transport patients by air ambulance, and who is not receiving payment for such services;

7. An air ambulance or air ambulance service owned and operated by a bona fide non-profit charitable institution and that is not for hire.

(2) Application for a license or provisional license shall be made to the license officer in the manner and on the forms approved by the Department, to include at a minimum the name, address, email address, and employer identification number of the owner(s).

(3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

(a) Any license not renewed prior to the license expiration date is considered "Lapsed-Failure to Renew" and is not permitted to operate as an Air Ambulance Service. Late renewal is permitted during the three (3) month period immediately following the expiration date for the last license renewal cycle. After that three-month period, and the agency must apply as a new applicant in accordance with applicable rules and regulations.

(4) Air Ambulance Services must have appropriate and current Federal Aviation Administration (FAA) approval to operate an Air Ambulance Service or Helicopter Air Ambulance Operation, as defined in 14 CFR § 135.

(5) Standards for Air Ambulances

(a) General:

1. Air Ambulances must have appropriate and current FAA approval (pursuant to 14 CFR § 135 and other applicable federal regulations) to operate as an Air Ambulance;

2. Air Ambulances must be maintained on suitable premises that meet the ~~county health code and the~~ Department's specifications. The Department is authorized to establish policy to define minimal standards for suitable premises and base of operations.

3. The Air Ambulance must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein and be maintained and operated so as to contribute to the general well-being of patients. The aircraft must have an appropriate system for ensuring an adequate temperature environment suitable for patient transport.

4. All Air Ambulances must be equipped with approved safety belts and restraints for all seats.

5. Prior to use, Air Ambulances must be inspected and approved by the Department and so registered by affixing a Department decal at a location specified by the Department.

6. Prior to disposal by sale or otherwise, an Air Ambulance removed from service must be reported to the Department.

7. The Department shall utilize the airframe's "N" number issued by the FAA to identify each registered Air Ambulance.

~~8. Whenever an Air Ambulance Service utilizes an unregistered air ambulance as a backup air ambulance, the Air Ambulance Service must contact the Department within forty-eight hours of placing said air ambulance in service to provide the following information:~~

~~(i) Make and model of aircraft,~~

~~(ii) Number,~~

~~(iii) Color and any descriptive markings, and~~

~~(iv) Expected length of service.~~

(b) Insurance:

1. The Air Ambulance Service must have bodily injury, property damage, and professional liability insurance coverage that meets or exceeds 14 C.F.R. § 205.5.

2. No Air Ambulance shall be registered nor shall any registration be renewed unless the Air Ambulance has current insurance coverage as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each Air Ambulance license or registration. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as he may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the Air Ambulance Service license.

3. Air Ambulance Services must maintain files as required by the FAA.

4. The Air Ambulance shall list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.

(c) ~~Service License~~ Fees:

1. ~~Every Air Ambulance Service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall~~

~~pay an annual license fee, to include an agency license fee and a per-ambulance license fee, in an amount to be determined by the Board of Public Health. The amount of said license fee may be periodically revised by said Board, and shall be due upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.~~ Any fee submitted to the Department that results in insufficient funds will be assessed a non-sufficient fund fee. The return check fee and non-sufficient fee will be due within two business days by cashier's check.

(d) Communication:

1. Each registered Air Ambulance shall be equipped with a two-way communication system that provides air ambulance-to-hospital communications.

2. Each registered Air Ambulance shall have two-way communication with the location receiving requests for emergency service.

(e) Infectious Disease Exposure Control:

1. Each Air Ambulance Service shall have a written exposure control plan approved by their Medical Director.

2. Air Ambulance Services and Emergency Medical Services Personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease control procedures.

(f) Equipment and Supplies:

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient.

2. No supplies may be used after their expiration date.

3. In order to substitute any item for the required items, written approval must be obtained from the Department. The Department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.

4. The Department shall establish through policy the minimum equipment and supplies required on each Air Ambulance; however, other equipment and supplies may be added as desired.

(6) General Provisions for Air Ambulance Services

(a) Each Air Ambulance while in service shall be staffed by two Georgia licensed healthcare providers:

1. When responding to an emergency scene at least one of the personnel shall be a registered nurse, physician's assistant, nurse practitioner, or physician and the second person must be a Paramedic, both of whom must be licensed in Georgia;

2. When responding for an interfacility transfer, at least one of the personnel shall be a registered nurse, nurse practitioner, physician's assistant, or physician and the second person

must be at least a Paramedic or other non-EMS licensed healthcare provider as approved by either the transferring or receiving physician, both of whom must be licensed in Georgia;

3. Personnel shall have successfully completed training specific to the air ambulance environment;

4. Personnel shall neither be assigned, nor assume the cockpit duties of the flight crew members concurrent with patient care duties and responsibilities;

5. Personnel shall have documentation of successful completion of training specific to patient care in the air ambulance transport environment in general and licensee's operation, in specific, as required by the Department; and

6. If a Paramedic possesses an additional Georgia healthcare provider license, then the Paramedic may perform to the higher level of training for which he or she is qualified under that license when directed to do so by a physician, either directly or by approved protocols.

(b) If an air ambulance transport is requested for an inter-hospital transfer, then such transfer shall be conducted by licensed Air Ambulance Services utilizing registered Air Ambulances.

(c) Air Ambulance Services shall be provided on a twenty-four hour a day, seven day a week basis unless weather or mechanical conditions prevent safe operations.

(d) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.

(e) Medical Direction for Air Ambulance Services

1. The Air Ambulance Service Medical Director shall be a physician licensed to practice medicine in the state of Georgia, must complete Department required training, and ~~subject~~ must ~~to~~ be approved~~al~~ by the Department. The Air Ambulance Service Medical Director must agree in writing to provide medical direction to that particular Air Ambulance Service.

2. The Air Ambulance Service Medical Director shall serve as medical authority for the Air Ambulance Service, serving as a liaison between the Air Ambulance Service and the medical community, medical facilities and governmental entities.

3. It will be the responsibility of the Air Ambulance Service Medical Director, to provide for medical direction, specifically to ensure there is a plan to provide medical oversight of patient care delivered by air medical personnel during transport, to include on-line medical control or off-line medical control (through written guidelines or policies) and also to participate in training for the air ambulance personnel, in conformance with acceptable air ambulance emergency medical practices and procedures.

4. Duties of the Air Ambulance Service Medical Director shall include, but not be limited to, the following:

(i) The approval of policies and procedures affecting patient care;

(ii) The development and approval of medical guidelines or protocols;

(iii) The formulation and evaluation of training objectives;

(iv) Continuous quality improvement of patient care.

5. Each Air Ambulance Service shall have a minimum set of clinical guidelines and/or protocols for the assessment, treatment and transportation of both adult and pediatric patients as specified by the Department.

6. All Air Ambulance personnel shall comply with appropriate policies, protocols, requirements, and standards of the Air Ambulance Service Medical Director, provided such policies and protocols are not in conflict with these Rules and Regulations, the Department-specified Scope of Practice, or other state statutes.

(f) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency stabilization care and transportation. When a Medic arrives at the scene of a medical emergency, the Medic may act as an agent of a physician when a physician-patient relationship has been established.

1. For purposes of this section, a physician-patient relationship has been established when:

(i) A Medic utilizes medical control, either through direct on-line medical control or off-line medical control, by the use of medical protocols established by the local Medical Director; or

(ii) A physician is on the scene and demonstrates a willingness to assume responsibility for patient management or purports to be the patient's personal physician and the Medic takes reasonable steps to immediately verify the medical credentials of the physician.

2. Once a physician-patient relationship has been established, the Medic must follow the medical direction of that physician. In the event of a conflict between the medical direction given and the medical protocols established by the local Medical Director, the Medic should immediately contact their local Medical Director.

(g) Air Ambulance Services and applicants for Air Ambulance Services shall not misrepresent or falsify any information, applications, forms or data filed with or submitted to the Department.

(h) Air Ambulance Services shall not employ, continue in employment, or use as Medics any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.

(7) CLIA Certification

(a) All Air Ambulance Services must maintain current CLIA certification as a laboratory that is permitted to perform waived tests, as defined in 42 CFR § 493.2.

1. Documentation regarding this certification must be submitted to the Department in a manner and on forms specified by the Department.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-9-2, 31-9-3, 31-11-5 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 31-12-8.

Rule 511-9-2-.07 Licensure of Ground Ambulance Services

(1) Applicability.

(a) No person shall operate, advertise, or hold themselves out to be a Ground Ambulance Service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the Department. However, this Rule shall not apply to the following:

1. An ambulance or ambulance service operated by an agency of the United States government;

2. A vehicle rendering assistance temporarily in the case of a major catastrophe, disaster, or public health emergency which is beyond the capabilities of available Georgia licensed ambulance services;

3. An ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;

4. An invalid car or the operator thereof.

5. An ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia unless such ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport.

6. An ambulance service licensed in another state, that is located in an adjacent county to the public call and is responding to a mutual aid request from a Georgia licensed ambulance service who is the Emergency Response Zone provider.

(b) No provision of these rules shall be construed as prohibiting or preventing a municipality from fixing, charging, assessing or collecting any license fee or registration fee on any business or profession or anyone engaged in any related profession governed by the provisions of these rules, or from establishing additional regulations regarding Ground Ambulance Services as long as there is no conflict with these rules.

(2) Application for a license or provisional license shall be made in the manner and on the forms ~~approved~~ specified by the Department, to include at a minimum the name, address, email address, and employer identification number of the owner(s).

(3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

(a) Any license not renewed prior to the license expiration date is considered "Lapsed-Failure to Renew" and is not permitted to operate as a Ground Ambulance Service. Late renewal is permitted during the three (3)-month period immediately following the expiration date for the last license renewal cycle. After that three-month period, the agency must apply as a new applicant in accordance with applicable rules and regulations.

(4) Standards for Ground Ambulances.

(a) General.

1. Ground Ambulances must be maintained on suitable premises that meet the Department's specifications. The Department is authorized to establish policy to define minimal standards for suitable premises and Base of Operations. Ground Ambulances, including raised roof van or modular type, must meet design and safety standards as approved by the Department. The interior of the patient compartment shall provide a minimum volume of 30 cubic feet of enclosed and shelf storage space that shall be conveniently located for medical supplies, devices, and installed systems as applicable for the service intended. The Ground Ambulance must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein and be maintained and operated so as to contribute to the general well-being of patients. Heat and air conditioning must be available and operational in both the patient compartment and driver compartment.

2. All Ground Ambulances must be equipped with approved safety belts for all seats.

3. Prior to their use, Ground Ambulances must be inspected and approved by the Department and so registered by affixing a Department decal at a location specified by the Department. Any Ground Ambulance manufactured or remounted on or after July 1, 2027 must meet the current Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standards or National Fire Protection Association (NFPA) Standard for Automotive Ambulances.

4. Each Ground Ambulance Service may place up to one-third (rounded to nearest whole number) of its registered Ground Ambulances in reserve status. When a Reserve Ambulance is placed in service (ready to respond to an emergency call) it must meet the provisions of these rules and policies of the Department.

5. Prior to disposal by sale or otherwise, a Ground Ambulance removed from service must be reported to the Department.

6. All registered Ground Ambulances shall have on both sides of the vehicle an identification number designated by the Department. The name of the Ground Ambulance Service and the vehicle identification number shall be visible on each side of the Ground Ambulance in at least 3-inch lettering for proper identification.

(b) Insurance:

1. Each registered Ground Ambulance shall have at least $1,000,000 combined single limit (CSL) insurance coverage.

2. No Ground Ambulance shall be registered nor shall any registration be renewed unless the Ground Ambulance has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each Ground Ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the

Department in a manner and on forms specified by the Department, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the Ground Ambulance Service license.

3. Ground Ambulance Services must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the Department.

4. The Ground Ambulance Service shall list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.

(c) ~~Service License~~ Fees:

1. ~~Every Ground Ambulance Service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall pay an annual license fee, to include an agency license fee and a per-ambulance license fee, in an amount to be determined by the Board of Public Health. The amount of said license fee may be periodically revised by said Board, and shall be due upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.~~ Any fee submitted to the Department that results in insufficient funds will be assessed a non-sufficient fund fee. The return check fee and non-sufficient fee will be due within two business days by cashier's check.

(d) Communication:

1. Each registered Ground Ambulance shall be equipped with a two-way communication system that provides ambulance-to-hospital communications.

2. All Ground Ambulance Services shall have two-way communication between each Ground Ambulance and the location receiving requests for emergency service.

(e) Infectious Disease Exposure Control:

1. Each Ground Ambulance Service shall have a written infectious disease exposure control plan approved by the local Medical Director.

2. Ground Ambulance Services and Emergency Medical Services Personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease control procedures.

(f) Equipment and Supplies:

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed.

2. No supplies may be used after their expiration date.

3. In order to substitute any item for the required items, written approval must be obtained from the Department. The Department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.

4. The Department shall establish through policy the minimum equipment and supplies required on each Ground Ambulance; however, other equipment and supplies may be added as desired.

(5) General Provisions for Ground Ambulance Services.

(a) No person shall make use of the word "ambulance" to describe any ground transportation or facility or service associated therewith which such person provides, or to otherwise hold oneself out to be an ambulance service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter.

(b) Each Ground Ambulance while transporting a patient shall be manned by not less than two Medics, one of whom must be in the patient compartment. If Advanced Life Support is being rendered, personnel qualified to administer the appropriate level of Advanced Life Support must be in the patient compartment and responsible for patient care.

1. A Ground Ambulance may not be staffed by more than one (1) Emergency Medical Technician - Responder, unless:

(i) Conducting an interfacility transfer; and

(ii) One (1) of the Emergency Medical Technician-Responders maintains an active, unrestricted Georgia license as a Registered Nurse, Nurse Practitioner, Physician Assistant or Physician.

2. Emergency Medical Technician - Responders may not staff Ground Ambulances that routinely respond to Public Calls, unless:

(i) The Emergency Medical Technician - Responder is also licensed as a registered nurse, nurse practitioner, physician assistant or physician with an unrestricted license; OR

(ii) The Ground Ambulance Service provides all of the following on an annual basis to the Department in a manner and on forms specified by the Department:

(a) An attestation that the staffing at the EMS Agency is currently insufficient to properly staff Ground Ambulances responding to Public Calls;

(b) An attestation that the public welfare may be negatively affected if the Ground Ambulance Service is unable to use the Emergency Medical Technician - Responder license level to staff Ground Ambulances that respond to Public Calls; and

(c) An attestation from the Ground Ambulance Medical Director that they fully support the use of Emergency Medical Technician - Responders on Ground Ambulances that respond to Public Calls for the Ground Ambulance Service.

3. Emergency Medical Technician - Responders who do not hold an additional Georgia license as a registered nurse, nurse practitioner, physician assistant or physician may not serve as the primary patient caregiver during patient transport on a Ground Ambulance.

(c) If a Medic possesses an additional Georgia healthcare provider license, then the Medic may perform to the higher level of training for which he or she is qualified under that license when directed to do so by a physician, either directly or by approved protocols.

(d) Interhospital transfers shall be conducted by licensed ambulance services in registered ambulances when the patient requires, or is likely to require, medical attention during transport. The transferring or receiving physician may request the highest level of Emergency Medical Services Personnel available or additional qualified medical personnel access to the patient during the interhospital transfer. If requested, the ambulance service must allow the highest level medical personnel available to attend to the patient during the interhospital transfer.

(e) Ground Ambulance Services responsible for an emergency response zone by designation or service delivery agreement shall be provided on a twenty-four hour, seven day a week basis.

(f) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.

(g) Sufficient licensed personnel shall be immediately available to respond with at least one Ground Ambulance. When the first Ground Ambulance is on a call, Ground Ambulance Services shall respond to each additional emergency call within their designated geographic territory as requested provided that Medics and a Ground Ambulance are available. If Medics and a Ground Ambulance are not available, the Ground Ambulance Service shall request mutual aid assistance. If mutual aid assistance is not available the Ground Ambulance Service shall respond with its next available Ground Ambulance.

(h) Medical Direction for Ground Ambulance Services.

1. To enhance the provision of emergency medical care, each Ground Ambulance Service shall have a Medical Director. The local Medical Director shall be a physician licensed to practice medicine in the state of Georgia, must complete Department required training, and ~~subject~~ must ~~to~~be approved~~al~~ by the Department. The local Medical Director must agree in writing to provide medical direction to that particular Ground Ambulance Service.

2. The local Medical Director shall serve as medical authority for the Ground Ambulance Service, serving as a liaison between the Ground Ambulance Service and the medical community, medical facilities and governmental entities.

3. It will be the responsibility of the local Medical Director to provide for medical direction and training for the ambulance service personnel in conformance with acceptable emergency medical practices and procedures.

4. Duties of the local Medical Director shall include but not be limited to the following:

(i) The approval of policies and procedures affecting patient care;

(ii) The formulation of medical protocols and communication protocols;

(iii) The formulation and evaluation of training objectives;

(iv) Performance evaluation;

(v) Continuous quality improvement of patient care; and

(vi) Development and implementation of policies and procedures for requesting air ambulance transport.

5. Each Ground Ambulance Service shall have a minimum set of clinical guidelines and/or protocols for the assessment, treatment and transportation of both adult and pediatric patients as specified by the Department.

6. All Emergency Medical Services Personnel shall comply with appropriate policies, protocols, requirements, and standards of the local Medical Director for that Ground Ambulance Service, provided that such policies and protocols are not in conflict with these Rules and Regulations, the Department-specified Scope of Practice, or other state statutes.

(i) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency care and transportation. When a Medic arrives at the scene of a medical emergency, the Medic may act as an agent of a physician when a physician-patient relationship has been established.

1. For purposes of this section, a physician-patient relationship has been established when:

(i) A Medic utilizes medical control, either through direct on-line medical control or off-line medical control, by the use of medical protocols established by the local Medical Director; or

(ii) A physician is on the scene and demonstrates a willingness to assume responsibility for patient management or purports to be the patient's personal physician and the Medic takes reasonable steps to immediately verify the medical credentials of the physician.

2. Once a physician-patient relationship has been established, the Medic must follow the medical direction of that physician. In the event of a conflict between the medical direction given and the medical protocols established by the local Medical Director, the Medic should immediately contact their local Medical Director.

(j) All licensed Ground Ambulance Services must adhere to all Regional Ambulance Zoning Plans approved by the Department. Any Ground Ambulance that arrives at the scene of an emergency without having been designated as responsible by the Regional Ambulance Zoning Plan, shall provide the emergency medical care necessary to sustain and stabilize the patient until the arrival of the designated Ground Ambulance Service. A non-designated EMS Agency shall not transport a patient from the scene of a medical emergency except under the following conditions:

1. The designated Ground Ambulance is canceled by the appropriate dispatching authority with express approval of the designated Ground Ambulance Service; or

2. Medical control determines that the patient's condition is life-threatening or otherwise subject to rapid and significant deterioration and there is clear indication that, in view of the estimated time of arrival of the designated Ground Ambulance, the patient's condition warrants immediate transport. In the event the Medic is unable to contact medical control, the Medic will

make this decision. The transporting Ground Ambulance Service shall file a copy of the Patient Care Report to the Department in compliance with these rules, to include an explanation of the circumstances and the need for the non-designated Ground Ambulance Service to transport the patient.

(k) Hospital Destination of Prehospital Patients.

1. When a patient requires initial transportation to a hospital, the patient shall be transported by the ambulance service to the hospital of his or her choice provided:

(i) The hospital chosen is capable of meeting the patient's immediate needs;

(ii) The hospital chosen is within a reasonable distance as determined by the Medic's assessment in collaboration with medical control so as to not further jeopardize the patient's health or compromise the ability of the EMS system to function in a normal manner;

(iii) The hospital chosen is within a usual and customary patient transport or referral area as determined by the local Medical Director; and

(iv) The patient does not, in the judgment of the Medical Director or an attending physician, lack sufficient understanding or capacity to make a responsible decision regarding the choice of hospital.

2. If the patient's choice of hospital is not appropriate or if the patient does not, cannot, or will not express a choice, the patient's destination will be determined by pre-established guidelines. If for any reason the pre-established guidelines are unclear or not applicable to the specific case, then medical control shall be consulted for a definitive decision.

3. If the patient continues to insist on being transported to the hospital he or she has chosen, and it is within a reasonable distance as determined by the local Medical Director, then the patient shall be transported to that hospital after notifying local medical control of the patient's decision. The choice of hospital for the patient may be selected pursuant to O.C.G.A. § 31-9-2.

4. If the patient does not, cannot, or will not express a choice of hospitals, the Ground Ambulance Service shall transport the patient to the nearest hospital believed capable of meeting the patient's immediate medical needs without regard to other factors, e.g., patient's ability to pay, hospital charges, county or city limits, etc.

(l) Ground Ambulance Services and applicants for Ground Ambulance Services shall not misrepresent or falsify any information, applications, forms or data filed with or submitted to the Department or completed as a result of any ambulance response.

(m) Ground Ambulance Services shall not ~~employ, continue in employment, or use~~ utilize as Medics any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.

(6) CLIA Certification

(a) All Ground Ambulance Services must maintain current CLIA certification as a laboratory that is permitted to perform waived tests, as defined in 42 CFR § 493.2.

1. Documentation regarding this certification must be submitted to the Department in a manner and on forms specified by the Department.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-9-2, 31-9-3, 31-11-5 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 31-12-8, 40-6-6.

Rule 511-9-2-.08 Licensure of Neonatal Transport Services

(1) Applicability.

(a) Any Ground Ambulance Service may utilize a registered and approved Ground Ambulance for the transport of Neonates.

(b) Any Air Ambulance Service may utilize a registered and approved Air Ambulance for the transport of Neonates.

(c) No person shall operate, advertise, or hold themselves out to be a licensed Neonatal Transport Service, or advertise as such without meeting the following requirements and without being duly licensed by the Department. However, the provisions of this chapter shall not apply to any neonatal transport vehicle operated by an agency of the United States government.

(2) Application for a license or provisional license shall be made to the license officer in the manner and on the forms prescribed by the Department, to include at a minimum the name, address, email address, and employer identification number of the owner(s).

(3) ~~License~~ Fees.

(a) ~~As a condition of maintaining a valid license, every Neonatal Transport Service, whether privately operated or operated by any political subdivision of the state or any municipality, shall pay an annual license fee, to include an agency license fee and a per-ambulance license fee, in an amount to be determined by the Board of Public Health. The license fee may be periodically revised by the Board, and shall be due upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.~~ Any fee submitted to the Department that results in insufficient funds will be assessed a non-sufficient fund fee. The return check fee and non-sufficient fee will be due within two business days by cashier's check.

~~1. This fee shall not be applicable in cases where the provider is also licensed as a Ground Ambulance Service, uses the vehicles for dual-purposes, and pays the fee under the Ground Ambulance Service license.~~

(4) Renewal of License. Renewal of any license issued under the provisions of these rules shall require conformance with all the requirements of these rules as upon original licensing.

(a) Any license not renewed prior to the license expiration date is considered "Lapsed-Failure to Renew" and is not permitted to operate as a Neonatal Ambulance Service. Late renewal is permitted during the three (3)-month period immediately following the expiration date for the last license renewal cycle. After that three-month period, and the agency must apply as a new applicant in accordance with applicable rules and regulations.

(5) Standards for Neonatal Transport Vehicles.

(a) General.

1. A registered Neonatal Transport Vehicle is a special type of vehicle and must be maintained on suitable premises that meet ~~the county health code and~~ the Department's specifications. The Department is authorized to establish policy to define minimum standards for suitable premises and Base of Operations.

2. The registered Neonatal Transport Vehicle must be properly equipped, maintained, and operated in accordance with these rules and regulations so as to contribute to the general well-being of patients. Heat and air conditioning must be available and operational in both the patient compartment and driver compartment.

3. The Neonatal Transport Vehicle must have sufficient floor space to accommodate two neonatal transport isolettes and a crew of three in the patient compartment.

4. Each Neonatal Transport Vehicle must be equipped with an electrical generator of at least 3.0 kilowatt output and an electrical inverter or motor generator of at least 1000 watts capacity.

5. There must be at least one compressed air outlet and one oxygen outlet available to each isolette.

6. There must be at least one duplex electrical outlet available to each isolette.

7. There must be at least one electrical wall-mounted suction outlet in the vehicle.

8. All registered Neonatal Transport Vehicles must be equipped with approved safety belts for all seats.

9. Registered Neonatal Transport Vehicles must be inspected and approved by the Department and so designated by affixing a Department decal at a location specified by the Department.

10. Prior to disposal by sale or otherwise, a registered Neonatal Transport Vehicle removed from service must be reported to the Department.

11. All registered Neonatal Transport Vehicles shall have on both sides of the vehicle an identification number designated by the Department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification. In addition, each vehicle shall have the words "neonatal" or "neonatal transport" prominently displayed on each side of the vehicle.

(b) Insurance.

1. Every registered Neonatal Transport Vehicle shall have at least $1,000,000 combined single limit (CSL) insurance coverage.

2. No Neonatal Transport Vehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for

approval prior to the issuance or renewal of each Neonatal Transport Service license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license office, in such form as the license officer may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the neonatal transport service license.

3. Neonatal Transport Services must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the Department.

4. The Neonatal Transport Service must list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.

(c) Communication.

1. Each registered Neonatal Transport Vehicle shall be equipped with a two-way communication system that provides ambulance-to-hospital communications.

(d) Infectious Disease Exposure Control.

1. Each Neonatal Transport Service shall have a written infectious disease exposure control plan approved by the local medical director.

2. Neonatal Transport Services and Emergency Medical Services Personnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.

(e) Equipment and Supplies.

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and shall be readily accessible when needed.

2. Supplies may not be used after their expiration date.

3. In order to substitute any item from the required items, written approval must be obtained from the Department. The Department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.

4. Vehicles approved to operate as both a Neonatal Transport Vehicle and a Ground Ambulance must be inspected as both.

5. The Department shall establish through policy the minimum equipment and supplies required for each neonatal transport unit while being used to transport Neonates; however, other equipment may be added as desired.

(f) Supplies and Medications.

1. The types and quantities of supplies and medications to be carried in the vehicle while being used to transport neonates shall be determined by the Medical Director of the Neonatal Transport Service in conformance with current medical standards of care in the treatment and transportation of neonates.

2. A listing of the supplies and medications shall be updated at least annually and signed by the Medical Director and a copy thereof is to be in the vehicle at all times. This list shall be used for any inspection purposes by the Department.

(g) Personnel.

1. Neonatal Transport Personnel shall function under protocols developed by the Medical Director.

2. Neonatal Transport Personnel with appropriate skills to treat and transport a neonate must be in the patient compartment during transport. Documentation attesting to their qualifications shall be signed by the local Medical Director and on file at the base location.

3. The driver of the vehicle shall be a Georgia licensed Medic.

4. A minimum of two patient care personnel shall be in the patient compartment and shall consist of any combination of the following during initial transport to the tertiary care center as determined by the local Medical Director:

(i) Paramedic;

(ii) Registered Nurse;

(iii) Respiratory Care Technician;

(iv) Physician's Assistant; or

(v) Physician.

Only one of the above shall be required in the patient compartment during transport back to the initial referring facility.

(6) General Provisions.

(a) The local Medical Director shall be a physician licensed to practice medicine in the state of Georgia, be a member of the staff of the neonatal intensive care facility from which the service originates or with which the service is contracted, and provide medical direction for the Neonatal Transport Service.

(b) Neonatal Transport Services shall be provided on a twenty-four hour, seven day a week basis.

(c) Neonatal Transport Services and applicants for Neonatal Transport Services shall not misrepresent or falsify any information, applications, forms or data filed with or submitted to the Department or completed as a result of any ambulance response.

(7) CLIA Certification

(a) All Neonatal Transport Services must maintain current CLIA certification as a laboratory that is permitted to perform waived tests, as defined in 42 CFR § 493.2.

1. Documentation regarding this certification must be submitted to the Department in a manner and on forms specified by the Department.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5 to 31-11-7, 31-11-9, 31-11-30 to 31-11-36, 31-11-50, 31-11-53.1, 31-11-60.1, 31-12-8, 40-6-6.

Rule 511-9-2-.09 Licensure of Medical First Responder Services

(1) Applicability.

(a) No person shall operate, advertise, or hold themselves out to be a Medical First Responder Service, or advertise as such in the state of Georgia without first meeting the following requirements and being duly licensed by the Department.

(b) However, the provisions of this chapter shall not apply to:

1. Any first responder unit operated by an agency of the United States government.

2. Any rescue organization licensed by the Georgia Emergency Management and Homeland Security Agency, including its individual members.

3. Any person or designated first responder unit directly requested to the scene of an emergency by an appropriate public safety agency or ambulance service for the purpose of rendering on-site care, rescue or extrication, until the arrival of a duly licensed Ground Ambulance Service, Air Ambulance Service, or duly licensed Medical First Responder Service. This includes agencies routinely requested to the scene in this manner that cannot or choose not to meet the requirements of these rules.

4. Any supervisory vehicle of a licensed ambulance service.

5. A person rendering assistance temporarily in the case of a major catastrophe, disaster, or public health emergency which is beyond the capability of licensed Medical First Responder Services or licensed Ground Ambulance Services.

(2) Application for a License. Application for a license or provisional license shall be made to the license officer in the manner and on the forms approved by the Department to include at a minimum the name, address, email address, and employer identification number of the owner(s).

(3) Renewal of License. Renewal of any license issued under the provisions of the rules shall require conformance with all the requirements of these rules as upon original licensing.

(a) Any license not renewed prior to the license expiration date is considered “Lapsed-Failure to Renew” and is not permitted to operate as a Medical First Responder Service. Late renewal is permitted during the three (3)-month period immediately following the expiration date for the last license renewal cycle. After that three-month period, and the agency must apply as a new applicant in accordance with applicable rules and regulations.

(4) Standards for Medical First Responder Vehicles.

(a) General.

1. Registered Medical First Responder Vehicles must be maintained on suitable premises that meet the ~~county health code and the~~ Department's specifications. The Department is

authorized to establish policy to define minimum standards for suitable premises and base of operations. The registered Medical First Responder Vehicle must be properly equipped, maintained, and operated in accordance with other Rules and Regulations contained herein.

2. All registered Medical First Responder Vehicles must be equipped with approved safety belts for all seats.

3. Registered Medical First Responder Vehicles must be inspected and approved by the Department and so designated by affixing a Department decal at a location specified by the Department.

4. Each Medical First Responder Service may place up to one-third (rounded to nearest whole number) of its registered Medical First Responder vehicles in reserve status. When a Reserve Medical First Responder vehicle is placed in service (ready to respond to an emergency call) it must meet the provisions of these rules and policies of the Department.

5. Prior to disposal by sale or otherwise, a registered Medical First Responder Vehicle removed from service must be reported to the Department.

(b) Insurance.

1. Every registered Medical First Responder Vehicle shall have at least $1,000,000 combined single limit (CSL) insurance coverage.

2. No Medical First Responder Vehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each Medical First Responder Service license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the Department, in a manner and on forms specified by the Department, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the Medical First Responder Service license.

3. Medical First Responder Services must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the Department.

4. The Medical First Responder Service must list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.

(c) Communication.

1. All Medical First Responder Services shall have two-way communication between the vehicle and the location receiving requests for emergency service.

(d) Infectious Disease Exposure Control.

1. Each Medical First Responder Service shall have a written infectious disease exposure control plan approved by the local Medical Director.

2. Medical First Responder Services and Emergency Medical Services Personnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.

(e) Equipment and Supplies.

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner and shall be readily accessible when needed.

2. Supplies may not be used after their expiration date.

3. In order to substitute any item from the required items written approval must be obtained from the Department. The Department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.

4. The Department shall through policy establish the minimum equipment and supplies required on Medical First Responder Vehicles; however, other equipment and supplies may be added as desired.

(5) General Provisions: Medical First Responder Services.

(a) Each registered Medical First Responder Vehicle when on an emergency call shall be manned by at least one Medic. If Advanced Life Support is being rendered, there must be at least one Emergency Medical Technician - Intermediate, Advanced Emergency Medical Technician, Cardiac Technician or Paramedic responsible for patient care.

(b) Medical First Responder Services shall be provided on a twenty-four hour, seven day a week basis.

(c) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.

(d) Sufficient licensed personnel shall be immediately available to respond with at least one registered Medical First Responder Vehicle. When the first registered Medical First Responder Vehicle is on a call, Medical First Responder Services shall respond to each additional emergency call within their designated geographic territory as requested providing a Medic and a registered Medical First Responder Vehicle are available. If a Medic and a registered Medical First Responder Vehicle are not available, the Medical First Responder Service shall request mutual aid assistance. If mutual aid assistance is not available the Medical First Responder Service shall respond with its next available registered Medical First Responder Vehicle.

(e) The driver of a registered Medical First Responder Vehicle, when responding to an emergency call, is authorized to operate the vehicle as an emergency vehicle pursuant to the provisions of O.C.G.A. § 40-6-6.

(f) Medical Direction for Medical First Responder Services.

1. To enhance the provision of emergency medical care, each Medical First Responder Service shall be required to have a Medical Director. The Medical Director shall be a physician

licensed to practice medicine in this state, must complete Department required training, and ~~subject~~ must be ~~to~~ approved~~al~~ by the Department. The local Medical Director must agree in writing to provide medical direction to that particular Medical First Responder Service.

2. The local Medical Director shall serve as the medical authority for the Medical First Responder Service, serving as a liaison between the service and the medical community, medical facilities and governmental entities.

3. It will be the responsibility of the local Medical Director to provide medical direction and training for the Medical First Responder Service personnel in conformance with acceptable emergency medical practices and procedures.

4. Duties of the local Medical Director shall include but not be limited to the following:

(i) The approval of policies and procedures affecting patient care;

(ii) The formulation of medical protocols and communication protocols;

(iii) The formulation and evaluation of training objectives;

(iv) Performance evaluation;

(v) Continuous quality improvement of patient care; and

(vi) Development and implementation of policies and procedures for requesting air ambulance transport.

5. The Medical Director of a Medical First Responder Service must coordinate the medical protocols and procedures of the service with the Medical Director of the designated Ground Ambulance Service in the Regional Ambulance Zoning Plan.

6. Each Medical First Responder Service shall have a minimum set of clinical guidelines and/or protocols for the assessment and treatment of both adult and pediatric patients as specified by the Department.

7. All Emergency Medical Services Personnel shall comply with appropriate policies, protocols, requirements, and standards of local Medical Director for that service, provided that such policies and protocols are not in conflict with these Rules and Regulations, the Department-specified Scope of Practice, or other state statutes.

(g) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency care and transportation. When a Medic arrives at the scene of a medical emergency, the Medic may act as an agent of a physician when a physician-patient relationship has been established.

1. For purposes of this section, a physician-patient relationship has been established when:

(i) A Medic utilizes medical control, either through direct on-line medical control or off-line medical control, by the use of medical protocols established by the local Medical Director; or

(ii) A physician is on the scene and demonstrates a willingness to assume responsibility for patient management or purports to be the patient's personal physician and the Medic takes reasonable steps to immediately verify the medical credentials of the physician.

2. Once a physician-patient relationship has been established, the Medic must follow the medical direction of that physician. In the event of a conflict between the medical direction given and the medical protocols established by the local Medical Director, the Medic should immediately contact their local Medical Director.

(h) Medical First Responder Services and applicants for Medical First Responder Services shall not misrepresent or falsify any information, applications, forms or data filed with or submitted to the Department.

(i) Medical First Responder Services shall not ~~employ, continue in employment, or use~~ utilize as Medics, individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these Rules and Regulations.

(j) Medical First Responder Services are required to notify the dispatch center designated by the Regional Ambulance Zoning Plan as responsible for distributing Ground Ambulance calls prior to departure on any direct calls received.

(6) CLIA Certification

(a) All Medical First Responder Services must maintain current CLIA certification as a laboratory that is permitted to perform waived tests, as defined in 42 CFR § 493.2.

1. Documentation regarding this certification must be submitted to the Department in a manner and on forms specified by the Department.

2. Medical First Responder Services who do not hold additional licensure as a Ground Ambulance Service, Air Ambulance Service, or Neonatal Transport Service, shall be exempt from the requirement to maintain a current CLIA certificate, provided that:

(i) The Medical First Responder Service submits an attestation that no Medic or other person employed by or acting on behalf of the Medical First Responder Service will be permitted to examine materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5 to 31-11-7, 31-11-30 to 31-11-36, 31-11-50, 31-11-53 to 31-11-55, 31-11-59, 31-11-60, 31-11-60.1, 31-12-8, 40-6-6.

Rule 511-9-2-.10. Procurement, Control, Handling, and Accountability of Pharmaceuticals

(1) Procurement of Pharmaceuticals. Medical directors of licensed ambulance services, medical first responder services, or neonatal transport services are authorized to contract with Georgia licensed pharmacies to furnish dangerous drugs and controlled substances for the

vehicles of their particular services. Such dangerous drugs and controlled substances shall be furnished, secured, and stored in the manner provided for in O.C.G.A. § 26-4-116.

(2) Storage of Pharmaceuticals. Pharmaceuticals shall not be left unattended on vehicles unless such vehicles are maintained in environmentally controlled facilities, or the pharmaceuticals are kept in environmentally controlled boxes in the patient compartment or in the patient compartment when the compartment is maintained at a temperature within the range specified by pharmaceutical manufacturers, and such vehicles are locked. Pharmaceuticals shall not be left outside of kits on open shelves or compartments. Narcotics must be maintained in accordance with Georgia Pharmacy Regulations. The theft of any pharmaceuticals must be reported immediately to the proper local and state authorities, as well as to the department.

(3) Accountability of Pharmaceuticals. All licensed emergency medical services must have a written policy, signed by the administrative director of the EMS, the local medical director of the EMS, and the pharmacist from whom pharmaceuticals are obtained. The policy shall address at a minimum the following areas: procurement, par levels, receiving, storage, distribution, accountability, inventory check frequency, waste/expiration, handling of inventory discrepancies, and other issues deemed important by any of the signees.

Authority: O.C.G.A. §§ 26-4-116, 31-2A-3, 31-2A-6, 31-11-5, 31-11-6, 31-11-9, 31-11-34, 31-11-53 to 31-11-55, 31-11-59, 31-11-60, 31-11-60.1.

Rule 511-9-2-.11 Inspections of EMS Agencies

(1) The Department and its duly authorized agents shall be permitted to enter upon and inspect licensed EMS Agencies, including registered vehicles, other agency owned vehicles that resemble a first responder vehicle or ambulance, facilities, records applicable to licensure, including but not limited to call logs, vehicle maintenance records, patient care reports, communication tapes, and personnel licensing records in a reasonable manner in regards to the operation of Emergency Medical Services. The Department is authorized to set policy for such inspections and records. EMS Agencies shall permit scheduled and unscheduled inspections by the Department and its duly authorized agents.

(2) When the Department conducts an inspection, the findings shall be recorded on an inspection report form provided for this purpose. The authorized representative of the EMS Agency shall sign a form acknowledging the inspection. Signing this form does not indicate agreement with the findings thereon. A copy or electronic version of the inspection form shall be furnished to the EMS Agency within ten business days.

(a) EMS Agencies or those applying to be an EMS Agency whose Ground Ambulance(s), Air Ambulance(s) or Neonatal Transport Vehicle(s) is/are unable to fully pass the Department-specified inspection and is/are unable to become compliant before the assigned Department personnel depart(s) the inspection site, shall have the inspection(s) recorded as (a) failed inspection(s) and shall be subject to a re-inspection fee for each re-inspection of that/those ambulance(s)/vehicle(s). A subsequent inspection for that/those Ground Ambulance(s), Air

Ambulance(s), or Neonatal Transport Vehicle(s) will not be performed until the re-inspection fee is received by the Department. Re-inspection fees will be as follows:

1. For the first re-inspection of a Ground Ambulance, Air Ambulance, or Neonatal Transport Vehicle, the re-inspection fee will be ~~equal to ten percent (10%) of the Department-specified annual Ground Ambulance/Air Ambulance/Neonatal Transport Vehicle license fee.~~$150.00 for each vehicle.

2. For the second and subsequent re-inspection(s) of a Ground Ambulance, Air Ambulance, or Neonatal Transport Vehicle, the re-inspection fee will be ~~equal to twenty-five percent (25%) of the Department-specified annual Ground Ambulance/Air Ambulance/Neonatal Transport Vehicle license fee.~~$250.00 for each vehicle.

(3) Inspections of pharmaceuticals will be handled in accordance with policies established by the Department and state and federal laws and regulations where applicable.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-6, 31-11-9, 31-11-30 to 31-11-36.

Rule 511-9-2-.12 Licensure of Emergency Medical Services Personnel

(1) No person shall practice or hold themselves out as an Emergency Medical Technician - Responder, Emergency Medical Technician, Emergency Medical Technician - Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic without being licensed by the Department.

(2) Prior to licensure, all applicants must be certified by the National Registry of Emergency Medical Technicians (NREMT) at the level for which they are applying, or must be certified by the United States Special Operations Command (USSOCOM) as an Advanced Tactical Practitioner (ATP).

(3) All applicants for licensure must provide information to the Department in a manner and on forms specified by the Department, to include at a minimum the name, home address, mailing address, email address, phone number, date of birth and social security number of the applicant.

(4) Applicants shall not misrepresent or falsify any information on forms, applications, or documents filed with or submitted to the Department for the purpose of licensure or any other purpose specified in these rules.

(5) The Department may refuse to issue a license to an applicant who has been subject to disciplinary action imposed by another state or lawful licensing or certifying authority.

(6) All applicants for licensure must submit to a fingerprint based criminal history records check from the Georgia Crime Information Center (GCIC) and the Federal Bureau of Investigation (FBI).

(a) Fingerprints shall be in such form and of such quality as prescribed by the Department, the GCIC and under standards adopted by the FBI.

(b) Fees may be charged as necessary to cover the costs of the records search.

(7) Fees.

(a) All applications for initial licensure must be accompanied by a fee payable to the Department in an amount and form determined by the Department.

(b) Fees are not refundable after being submitted.

(8) Licensing of Individuals with Criminal History.

(a) The Department shall deny any license application submitted by an applicant who has been convicted of a felony, a crime of violence, or a crime of moral turpitude; and, may deny any license application submitted by an applicant who has been convicted of driving under the influence or possession of a controlled substance.

(b) The Department may deny any license application submitted by an applicant with unresolved criminal charges, whether initiated by arrest warrant, information, accusation, or indictment. This subsection shall not apply to minor traffic offenses.

(c) At its discretion, the Department may reconsider an application subject to subsections (a) or (b) above on the ground that;

1. The conviction has been set aside, pardoned, expunged, or overturned on appeal;

2. The criminal charges were finally resolved in the applicant's favor through acquittal, dismissal, or nolle prosequi; or

3. The applicant has demonstrated significant efforts toward rehabilitation, such that the applicant can be trusted with the care of sick or injured patients, their property, and the equipment and supplies that may be entrusted to him or her.

(9) The Department may issue Temporary Medic Licenses at the EMT, AEMT, and Paramedic level. A Temporary Medic License is non-renewable, shall not exceed 120 days from the date of issuance, and may not be issued more than once within a calendar year. Eligibility requirements for a Temporary Medic License are as follows:

(a) Must be currently licensed and in good standing in a US state or territory that requires National Registry certification for initial EMS licensure.

(b) All applicants for licensure must submit to a fingerprint based criminal history records check from the Georgia Crime Information Center (GCIC) and the Federal Bureau of Investigation (FBI).

1. Fingerprints shall be in such form and of such quality as prescribed by the Department, the GCIC and under standards adopted by the FBI.

2. Fees may be charged as necessary to cover the costs of the records search.

(c) All applicants for licensure must provide information to the Department in a manner and on forms specified by the Department, to include at a minimum the name, home address, mailing address, email address, phone number, date of birth and social security number of the applicant.

(d) Applicants shall not misrepresent or falsify any information on forms, applications, or documents filed with or submitted to the Department for the purpose of licensure or any other purpose specified in these rules.

(e) The Department may refuse to issue a license to an applicant who has been subject to disciplinary action imposed by another state or lawful licensing or certifying authority.

(f) Fees.

1. All applications for initial licensure must be accompanied by a fee payable to the Department in an amount and form determined by the Department.

2. Fees are not refundable after being submitted.

(10) Any currently licensed Medic may voluntarily surrender their Medic license by notifying the Department in a manner and on forms specified by the Department. Once processed by the Department, surrenders are not reversible, and the individual would need to complete the current Department-specified application process and meet all licensing requirements to obtain a new Medic license.

(11~~0~~) Upon request, the Department shall be authorized to place a Medic license in retired status after which the individual will be permitted to continue to use the former licensure level title and number with "(Ret.)" after it. An individual in retired status will not be licensed to perform the duties of a Medic as defined in these rules. Applications for license retirement shall be submitted in a manner and on forms specified by the Department and must be submitted by the Medic themselves. Once processed by the Department, retirements are not reversible, and the individual would need to complete the current Department-specified application process and meet all licensing requirements to obtain a new Medic license. Eligibility requirements for retirement of a Medic license are as follows:

(a) The individual must be currently licensed as a Georgia Medic, and the Medic license must be in Good Standing at the time of application; and

(b) The individual must have a minimum of 15 years of continuous uninterrupted licensure as a Georgia Medic, inclusive of the date of application.

(12~~1~~) Upon request from the next of kin to place a Medic license in deceased status and obtain a certificate of active service for an individual who dies while currently licensed in Good Standing as a Georgia Medic, the Department shall be authorized to place the respective Medic license in deceased status and provide a certificate of service to the next of kin. The request shall be accompanied by a certified death certificate or other documents recognized by the Department.

(13~~2~~) Downgrades of Medic Licenses. Currently licensed Medics in Good Standing who hold a non-provisional license at the EMT level or higher may voluntarily request the Department to downgrade their Medic license. The request shall be made to the Department in a manner and on forms specified by the Department and shall indicate the requested new level of license. Once processed by the Department, downgrades are not reversible, and the Medic would need to

complete the current Department-specified application process and meet all licensing requirements to obtain a higher level of Medic license.

(a) Permitted downgrades are as follows:

1. Currently licensed Paramedics and Cardiac Technicians in Good Standing will be permitted to request a downgrade to the AEMT, EMT, or EMT-R levels.

2. Currently licensed AEMTs and EMT-Is in Good Standing will be permitted to request a downgrade to the EMT or EMT-R levels.

3. Currently licensed EMTs in Good Standing will be permitted to request a downgrade to the EMT-R level.

(b) Applications for downgrade must be accompanied by the following:

1. A fingerprint based criminal history records check from the Georgia Crime Information Center (GCIC) and the Federal Bureau of Investigation (FBI), as described in paragraph (6) of this rule, and subject to paragraph (8) of this rule; and

2. An application fee, as described in paragraph (7) of this rule.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51, 31-11-52, 31-11-56.

Rule 511-9-2-.13. Licensure Renewal for Emergency Medical Services Personnel

(1) Licensed Emergency Medical Services Personnel, on a schedule and in the manner established by the Department, shall submit an application and a non-refundable license renewal fee pursuant to these rules.

(a) The continuing education requirement for Emergency Medical Technicians, Emergency Medical Technician - Intermediates, Advanced Emergency Medical Technicians, Cardiac Technicians, and Paramedics shall be met by completing Department-approved or Department-recognized continuing education of not less than forty contact hours for each twenty-four month period of the license renewal cycle, with subject matter that includes cardiac care, pediatric care and trauma care. All continuing education must be consistent with the appropriate level EMS course curriculum or above. Training to maintain CPR certification shall be in addition to the continuing education requirement. For Cardiac Technicians and Paramedics, training to maintain ACLS or equivalent shall be in addition to the forty required biennial hours of continuing education.

(b) The continuing education requirement for Emergency Medical Technician - Responders shall be met by completing Department-approved or Department-recognized continuing education of not less than sixteen (16) hours for each twenty-four month period of the license renewal cycle, with subject matter that includes training to maintain CPR certification and all modules and hour requirements specified in the current EMR National Continued Competency Program (NCCP) specified by the National Registry of EMTs (NREMT). All continuing education must be consistent with the appropriate level EMS course curriculum or above.

(c) Continuing education that meets the requirements of this section must be approved in writing or electronic correspondence by the Department or must be recognized by the Department. All approved continuing education must be assigned an approval number by the Department and that number must be included on the course certificate of completion. All continuing education must comply with the continuing education policies of the Department.

(d) Licensed Emergency Medical Services personnel shall document all continuing education in a manner and on forms specified by the Department.

(2) Emergency Medical Technician - Responders shall be required to maintain current EMR certification through the National Registry of EMTs throughout the renewal period. Prior to renewal of an Emergency Medical Technician - Responder license, the licensee's certification through the National Registry of Emergency Medical Technicians shall be renewed.

(3) The Department is authorized to perform random audits of license renewal documentation during each license renewal cycle.

(4) Late renewal is permitted during the six-month period immediately following the expiration date for the last license renewal cycle. Licenses that are not renewed prior to the expiration date are considered to be lapsed, and must be renewed in order for previously licensed individuals to perform the duties and services of a licensee. During this six-month period, a penalty fee for late renewal applies. The penalty fee shall be double the established fee for the level of licensure. After that six-month period, the license will have permanently lapsed and the individual must apply for licensure as a new applicant in accordance with Regulation 511-9-2-.12.

(5) The Department has the authority to mandate a specific license renewal cycle and continuing education modules.

(6) The Department shall be authorized to waive the continuing education requirements in cases of hardship, disability, illness, military deployment or under such other circumstances as the Department deems appropriate.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-7-2, 31-7-2.1, 31-11-1, 31-11-5, 31-11-51, 31-11-52, 31-11-53.1, 31-11-56 to 31-11-58, 31-11-58.1.

Rule 511-9-2-.14 Mandatory Reporting Requirements for EMS Agencies and Medics

(1) All EMS Agencies shall comply with all federal, state and local data reporting requirements, including all data reporting requirements in these Rules.

(2) Data Management Policy

(a) Each EMS Agency that is not contracting out all its requested responses to another EMS Agency is required to have and maintain a Data Management Policy that conforms to the requirements specified by the Department.

1. Each individual that serves as a crew member on any vehicle registered by the EMS Agency shall comply with the EMS Agency's Data Management Policy, provided that the EMS Agency's Data Management Policy is not in conflict with these rules or the policies of the Department.

2. The Data Management Policy must be submitted in a timeframe and manner specified by the Department and on forms specified by the Department.

(3) EMS Responses

(a) EMS Agencies shall maintain a dispatch record on all calls received. The dispatch record shall be made available to the Department within twenty-four (24) hours of a request from the Department, and the record shall be maintained for a minimum of three years and shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;

2. Time call received;

3. Source of call;

4. Call back telephone number;

5. Location of patient;

6. Apparent problems;

7. Unit (unit number, GA EMS Vehicle ID number);

8. Crew dispatched;

9. Time of dispatch;

10. Time arrived at scene;

11. Time left scene;

12. Time arrived at transferring facility;

13. Time left transferring facility;

14. Time arrived at patient's destination or receiving facility; and

15. Destination of patient.

(b) Electronic Patient Care Reports (ePCRs)

1. ePCRs shall be completed for each response made by any vehicle, crew, or Medic for each EMS Agency, as follows:

(i) For responses with no patient present, the ePCR shall be entered into the EMS Agency's ePCR software system by one of the crew members present on the responding vehicle before the end of the current work shift for the responding crew member(s).

(ii) For responses with one or more patients present, an ePCR for each patient present shall be entered into the EMS Agency's ePCR software system by the primary patient caregiver (of the

responding crew for the respective EMS Agency and the respective patient) before the end of the current work shift for the primary patient caregiver for that respective EMS Agency and specific patient.

(a) If the primary patient caregiver is unable to enter or complete the ePCR prior to the end of the current scheduled work shift for the primary patient caregiver due to acute injury, illness, or death, the EMS Agency shall assign the ePCR entry and completion to another employee of the respective EMS Agency. ePCRs completed pursuant to this paragraph shall be entered into the EMS Agency's ePCR software system and completed within 24 hours of call completion.

(iii) The individual entering and completing an ePCR is responsible for ensuring that each ePCR is factual and accurate and compliant with the Department's data requirements related to data version, transmission, format, accuracy, completeness, uniformity, integration, validity and accessibility.

2. EMS Agencies shall electronically submit all ePCRs to the Department within 24 hours of call completion, and each submission shall comply with the Department's data submission requirements related to data version, transmission, format, accuracy, completeness, uniformity, integration, validity and accessibility.

3. In the event of a failure of the EMS Agency's ePCR software or the hardware used to access the software, the responding Medics must complete a paper PCR that is accurate and factual and is substantially similar to the EMS Agency's ePCR and the response information must be entered into the EMS Agency's ePCR software by the responding Medics and submitted to the Department within 24 hours of the resolution of the software or hardware failure.

(i) In the event the EMS Agency's software and/or hardware failure extends for longer than 7 calendar days, the EMS Agency shall immediately use the Department's ePCR software for direct entry of ePCRs by the Medics and continue using it until the EMS Agency's software and/or hardware failure is completely resolved.

4. In the event an EMS Agency's ePCR vendor is unable to submit the EMS Agency's ePCRs to the Department in compliance with this rule, whether as a result of a software failure, hardware failure, validation rule(s) failure, or mis-configuration of the ePCR software, the EMS Agency must submit a ePCR to the receiving facility in printed or electronic form, and the response information must be submitted to the Department within 24 hours of the resolution of the software or hardware failure.

(i) In the event the EMS Agency's ePCR vendor is unable to transmit ePCRs to the Department for longer than 7 calendar days, the EMS Agency shall immediately use the Department's ePCR software for direct entry of ePCRs by the Medics and continue using it until the EMS Agency's ePCR vendor is able to transmit ePCRs for the EMS Agency in compliance with this rule.

5. All ePCR software or hardware failures must be reported to the Department within 12 hours of the failure and must be documented by the EMS Agency in a log that shall be made available for inspection by the Department immediately upon request.

6. The Department shall be authorized to inspect the ePCR software system of the EMS Agency to ensure compliance with this rule.

(c) EMS Agency crew members of the vehicle that transports a patient to an acute care facility, hospital, or any other facility that requests a Patient Care Report (PCR), shall deliver a PCR to the receiving facility prior to departing the facility. If the EMS Agency is unable to deliver a complete PCR to the facility electronically or in printed format prior to the departure of the transporting crew from the facility, then the primary patient caregiver of the transporting vehicle shall complete and deliver to the facility a written or printed abbreviated PCR that includes at a minimum, when applicable, the following data elements related to the current incident:

1. patient first name, last name, gender, and date of birth;

2. name of the EMS Agency and names of the crew members that transported the patient;

3. date and time when the call was received;

4. date and time when the transporting EMS Agency crew arrived on scene, left the scene and arrived at the destination;

5. date and time when the patient was injured, last known to be well, and had a return of spontaneous circulation;

6. date and time of first medical contact;

7. name of any first responder agency that cared for or made contact with the patient;

8. patient history, chief complaint, exam findings, and any treatments provided;

9. transporting EMS Agency incident number; and

10. any other information available to the EMS Agency that is necessary for the continued care of the patient at the receiving facility.

(d) If the EMS agency crew members were unable to deliver a completed PCR to the receiving facility electronically or in printed format prior to the departure of the transporting crew and the facility requests a completed PCR from the EMS agency, the EMS agency must provide a completed PCR to the facility within 24 hours of the request.

(4) Personnel Roster

(a) EMS Agencies shall submit rosters to the Department of all drivers and all licensed Medics, Nurses, physician assistants, physicians, and all other licensed healthcare workers employed by, volunteering for, or contracted by the EMS Agency. Rosters shall be submitted on forms specified by the Department with a minimum set of data elements specified by the Department, in compliance with the following:

1. EMS Agencies shall submit additions to their roster of any driver (excluding helicopter pilots), Medic, Nurse, physician assistant, physician, and all other licensed healthcare personnel

prior to that person being permitted to staff an Air Ambulance, Ground Ambulance, Neonatal Transport Vehicle or Medical First Responder Vehicle; and

2. EMS Agencies shall submit deletions or modifications to their roster within 96 hours of the employment status change.

(5) Each EMS Agency shall notify the Department in a manner and on forms specified by the Department within twenty-four hours of:

(a) The receipt of a report or other information suggesting that a Medic, EMS Instructor, or EMS Instructor/Coordinator has:

1. Provided services while under the influence of drugs or alcohol;

2. Been arrested or indicted for, charged with, or convicted of any felony, crime of violence, or crime of moral turpitude;

3. Violated the laws of Georgia, another state or territory, or the United States. This shall not include violations which involve minor traffic offenses; or

4. Violated any Department rule or regulation, Scope of Practice, or any of the Department's policies governing EMS in Georgia.

(b) The violation of any Department approved Regional Ambulance Zoning Plan by any EMS Agency or Medic; and

(c) The theft of any Air Ambulance, Ground Ambulance, Neonatal Transport Vehicle, or Medical First Responder Vehicle registered to the EMS Agency.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-1 to 31-11-5, 31-11-9, 31-11-34, 31-11-35, 31-11-50, 31-11-51, 31-11-52, 31-11-53.1, 31-11-56 to 31-11-58, 31-11-58.1.

Rule 511-9-2-.15. General Provisions for Emergency Medical Services Personnel, EMS Instructors, and EMS Instructor/Coordinators

(1) Emergency Medical Services Personnel shall at all times while on duty wear visible identification, to include name, company name and license level and may include the State EMS patch or embroidered facsimile, along with license level rocker. Patches of other licensing agencies are not an acceptable substitute.

(2) Emergency Medical Services Personnel shall at all times while on duty have a government issued photo identification on their person.

(3) Emergency Medical Services Personnel, EMS Instructors and EMS Instructor/Coordinators shall notify the Department in a manner and on forms specified by the Department within ten (10) days of any change in their name, email address, home address, mailing address, or phone number.

(4) All persons operating any vehicle registered to an EMS Agency shall possess a valid and unrestricted driver's license which permits the person to drive and operate the respective vehicle in compliance with all federal, state and local laws, rules and regulations.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51 to 31-11-61.

Rule 511-9-2-.16 Standards for Emergency Medical Services Education

(1) EMS Initial Education.

(a) No EMS Agency, fire department, hospital, clinic, medical center, educational institution, or other entity shall hold itself out as a designated or approved EMS Initial Education Program at the EMR, EMT, AEMT, or Paramedic level without holding current designation by the Department as an EMS Initial Education Program for the respective level(s) of EMS initial education.

(b) Designation of EMS Initial Education Programs.

1. Any ~~EMS Agency, fire department, hospital, clinic, medical center, educational institution, or other~~ entity seeking designation or re-designation as an EMS Initial Education Program at the EMR, EMT, AEMT, and/or Paramedic levels must submit an application to the Department in a manner and on forms as determined by the Department,~~.~~ and shall meet at a minimum, the requirements defined by the Department.

2. An application for designation or re-designation as an EMS Initial Education Program must include a statement from an authorized agent of the Program's Sponsor attesting that the Sponsor accepts responsibility for the operation of the Program.

3. The Department's review of applications for designation and re-designation as an EMS Initial Education Program may include an on-site inspection of the program.

4. All EMS Initial Education Programs, including individual courses, are subject to periodic monitoring and announced or unannounced site visits by the Department.

5. All EMS Initial Education Programs must maintain satisfactory records for student ~~admission, advisement,~~ attendance, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the Sponsor in a safe and accessible location. All EMS Initial Education Program records are subject to review by the Department at any time.

(c) EMS Initial Education Program Designation Criteria. Applicants for designation or re-designation as an EMS Initial Education Program shall meet Department-specified standards that address, at a minimum, the following criteria:

1. Program sponsorship;

2. Program direction and administration;

3. Medical direction;

4. Instructional personnel;

~~5. Financial resources;~~

5~~6~~. Physical resources, including classroom and laboratory facilities, equipment and supplies, and learning resources;

6~~7~~. Admission requirements for all levels of EMS initial education courses offered by the Program;

7~~8~~. Clinical and field internship resources;

8~~9~~. Academic and administrative policies, procedures, and records retention requirements;

9~~10~~. Program outcomes and evaluation;

1~~1~~0. Curriculum; and

11~~2~~. Delivery of instruction by distance learning technology.

(d) Data Reporting Requirements and Course Notifications for EMS Initial Education Programs. Each designated EMS Initial Education Program shall:

1. Notify the Department of each EMS initial education course that it intends to offer, in a time frame and on forms specified by the Department.

2. Report specified data elements to the Department regarding each EMS initial education course offered, in a time frame, format, and frequency specified by the Department. All such data reported to the Department shall be accurate and factual.

3. Notify the Department of any substantive changes to the EMS Initial Education Program, as specified by the Department, in a time frame and on forms specified by the Department.

4. Provide the Department with full access to all data from its student clinical tracking system and its learning management system.

5. Notify the Department within twenty-four hours of receipt of a report or other information suggesting that a program instructor, preceptor, student, or field clinical/internship site has:

(i) Provided services while under the influence of drugs or alcohol;

(ii) Been arrested or indicted for, charged with, or convicted of any felony, crime of violence, or crime of moral turpitude; or

(iii) Violated the laws or rules governing EMS in Georgia or the Department's policies related to EMS Initial Education Programs.

(e) The Department may suspend, revoke, or place on probation a designation as an EMS Initial Education Program, after providing written notice to the Program's Sponsor, if the Department determines that the Program is not in compliance with the requirements or criteria of these rules or applicable statutes or policies. The Department shall provide an administrative hearing on the action to suspend or revoke the Program's designation if the Sponsor makes a

written request for a hearing. Such written request must be delivered to and received by the Department no later than twenty days after the Sponsor receives notice of the action. If a timely request for a hearing is not received, the action will become effective twenty days after the Sponsor's receipt of the notice. In lieu of suspending or revoking a Program's EMS Initial Education Program designation, the Department may re-designate the Program at another level of EMS Initial Education Program if it is determined that the Program does not meet the criteria for its current level(s) of designation.

(2) EMS Continuing Education.

(a) No EMS Agency, fire department, hospital, clinic, medical center, educational institution, other entity or person shall hold itself/themselves out as offering or teaching an approved EMS continuing education course unless the course has been approved or recognized by the Department or accredited by the Commission on Accreditation for Prehospital Continuing Education (CAPCE).

(b) Approval of EMS Continuing Education Courses.

1. All requests for Department approval of EMS continuing education courses must be submitted to the Department in a time frame and on forms specified by the Department.

2. EMS continuing education courses shall consist of educational activities designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of professional practice, thus improving the quality of Emergency Medical Services provided to the public.

3. All EMS continuing education courses are subject to periodic monitoring and announced or unannounced site visits by the Department. EMS continuing education courses that are delivered through distance education are subject to review and audit by the Department at any time.

4. All EMS continuing education courses must comply with course standards specified by the Department.

(c) Data reporting requirements

1. Department-approved EMS continuing education courses shall be assigned an approval number by the Department.

2. All providers of approved EMS continuing education courses shall issue a certificate or letter of completion to each student who completes the course. The certificate or letter must include information specified by the Department regarding the completion of the course.

3. If the provider of an approved EMS continuing education course is a Georgia licensed EMS Agency or designated EMS Initial Education Program, the provider shall submit a roster of the students who completed the course to the Department in a time frame and on forms specified by the Department.

(d) The Department's approval of an EMS continuing education course is contingent upon the course being taught according to the approved curriculum and in line with current standards

and may be rescinded at any time. No course credit shall be given to attendees of a course for which the Department has rescinded its approval or to persons who have not attended and completed the continuing education course.

(e) Providers of Department or CAPCE approved EMS continuing education shall not issue a certificate of credit/completion for EMS continuing education hours to any person without the person meeting the EMS continuing education completion requirements as specified by the Department for the respective EMS continuing education course.

Authority: O.C.G.A. §§ 31-2A-6, 31-11-5, 31-11-51 to 31-11-61.

Rule 511-9-2-.17 Standards for Emergency Medical Service Instructors and Instructor/Coordinators

(1) Licensure of EMS Instructors and EMS Instructor/Coordinators.

(a) No individual shall hold himself or herself out as an EMS Instructor unless the individual holds an active EMS Instructor license issued by the Department.

(b) No individual shall hold himself or herself out as an EMS Instructor/Coordinator at any level unless the individual holds an active EMS Instructor/Coordinator license issued by the Department.

(c) An application for licensure as an EMS Instructor or EMS Instructor/Coordinator shall be submitted on the form specified by the Department and shall include adequate demographic information and documentation that the applicant meets all licensure requirements set forth in this rule.

(d) Once issued, a license shall be valid for a period of two years or until the biennial renewal date established by the Department.

(e) The Department may deny an application for licensure as an EMS Instructor or EMS Instructor/Coordinator, or revoke or otherwise sanction a license, after notice and an opportunity for a hearing, upon any of the grounds set forth in Rule 511-9-2-.18.

(2) Eligibility for Licensure as an EMS Instructor or EMS Instructor/Coordinator.

(a) EMS Instructor. All applicants for initial licensure as an EMS Instructor must meet the following requirements:

1. Current CPR Certification that is maintained throughout the Instructor license period.

2. Successful completion of a Department-recognized instructional techniques course, Department-recognized EMS instructional preparation curriculum, or Department-recognized equivalent not more than three (3) years prior to the application.

3. Current Georgia healthcare license that is maintained throughout the instructor license period in a field specified by the Department, together with documentation of a minimum length

of continuous licensure in Georgia or another state or territory at an approved healthcare license level.

(b) EMS Instructor/Coordinator. All applicants for initial licensure as an EMS Instructor/Coordinator must meet the following requirements:

1. Minimum Requirements for all Instructor/Coordinator Levels.

(i) Current CPR Certification that is maintained throughout the Instructor/Coordinator license period.

(ii) Successful completion of a Department-recognized EMS instructional preparation curriculum or Department-recognized equivalent not more than three (3) years prior to the application.

(iii) Current Georgia healthcare license that is maintained throughout the instructor/coordinator license period in a field specified by the Department that is at or above the Instructor/Coordinator level, together with documentation of a minimum length of continuous licensure and active clinical practice in Georgia or another state or territory at that healthcare license level.

(iv) Documentation of competency in national EMS clinical standards as evidenced by:

(I) For an applicant who is licensed by the Department, current certification from the National Registry of Emergency Medical Technicians (NREMT) which is maintained throughout the Instructor/Coordinator license period, as follows:

I. An applicant licensed by the Department as an EMT, AEMT, or Paramedic shall hold NREMT certification at the applicant's Medic license level;

II. An applicant licensed by the Department as an EMT-I shall hold NREMT certification at the EMT level; and

III. An applicant licensed by the Department as a Cardiac Technician shall hold NREMT certification at the AEMT level; or

(II) For an applicant who is licensed by a Georgia licensing authority other than the Department, successful completion of the NREMT assessment exam at or above the Instructor/Coordinator level within a time frame specified by the Department.

(v) Documentation of at least forty (40) hours of active teaching/internship in a Department-approved EMS Initial Education Program that meets or exceeds objectives specified by the Department.

2. Additional Requirements for EMS Instructor/Coordinator (Paramedic).

(i) Current ACLS Certification that is maintained throughout the Instructor/Coordinator license period.

(ii) An Associate Degree or higher from an academic institution that is accredited by an institutional accrediting agency recognized by the United States Department of Education. The degree may be in any major.

(3) License Renewal for EMS Instructors and EMS Instructor/Coordinators.

(a) Licensed EMS Instructors and EMS Instructor/Coordinators may renew their licenses biennially by submitting a renewal application on or before the expiration date. A renewal application shall be submitted on the form specified by the Department and shall include adequate documentation of the licensee's compliance with the continuing education and active teaching requirements set forth below. The Department may, in its discretion, specify mandatory continuing education topics during the renewal cycle.

1. EMS Instructors must submit adequate documentation of the following for each renewal cycle:

(i) Completion of twelve (12) hours of Department-approved instructor continuing education during the renewal cycle in instructional topics, six (6) of which must be approved only for instructors. Continuing education courses/hours applied towards the continuing education requirements for renewal of a Georgia healthcare provider license may not be applied towards the continuing education requirements for renewal of an EMS Instructor license.

(ii) Completion of twenty (20) hours of active teaching during the renewal cycle in Department-approved continuing education courses or EMS Initial Education Courses offered by designated EMS Initial Education Programs.

2. EMS Instructors with Paramedic Endorsement must submit adequate documentation of the following for each renewal cycle:

(i) Completion of twenty-four (24) hours of Department-approved instructor continuing education during the renewal cycle in instructional topics, twelve (12) of which must be approved only for instructors. Continuing education courses/hours applied towards the continuing education requirements for renewal of a Georgia healthcare provider license may not be applied towards the continuing education requirements for renewal of an EMS Instructor with Paramedic Endorsement license.

(ii) Completion of forty (40) hours of active teaching during the renewal cycle in EMS Initial Education Courses offered by designated EMS Initial Education Programs., ~~twenty (20) of which must be taught at the Paramedic level~~.

3. EMS Instructor/Coordinators must submit adequate documentation of the following for each renewal cycle:

(i) Completion of twenty-four (24) hours of Department-approved instructor continuing education during the renewal cycle in instructional topics, twelve (12) of which must be approved only for instructors. Continuing education courses/hours applied towards the continuing education requirements for renewal of a Georgia healthcare provider license may not

be applied towards the continuing education requirements for renewal of an EMS Instructor/Coordinator license.

(ii) Completion of forty (40) hours of active teaching during the renewal cycle in EMS Initial Education Courses offered by designated EMS Initial Education Programs.~~, twenty (20) of which must be taught at or above the Instructor/Coordinator level.~~

(b) An EMS Instructor or EMS Instructor/Coordinator license that is not renewed prior to the expiration date shall be placed in lapsed status. A lapsed license may be renewed during a six-month late renewal period immediately following the expiration date, provided that all requirements for license renewal are met.

(c) An EMS Instructor or EMS Instructor/Coordinator license that is not renewed prior to the end of the late renewal period shall be expired and not eligible for renewal. To regain licensure, the individual must submit a new application to the Department and meet all current eligibility requirements for licensure as an EMS Instructor or EMS Instructor/Coordinator.

(4) License Fees for EMS Instructors and EMS Instructor/Coordinators.

(a) All applications for initial licensure as an EMS Instructor or EMS Instructor/Coordinator or for renewal of an EMS Instructor or EMS Instructor/Coordinator license ~~submitted on or after July 1, 2021,~~ shall be accompanied by a fee payable to the Department in an amount and form determined by the Department.

(b) All applications for late renewal of an EMS Instructor or EMS Instructor/Coordinator license ~~submitted on or after January 1, 2023,~~ shall be accompanied by the applicable renewal fee, plus a late renewal penalty fee in an amount equal to the renewal fee, payable to the Department in a form determined by the Department.

(5) Clinical Preceptors.

(a) Clinical preceptors may precept Paramedic, AEMT, EMT, and EMR students at or below the preceptor's provider license level.

(b) Clinical preceptors must be approved by the Program Director of the EMS Initial Education Program and the Program's EMS Medical Director after successfully completing a clinical preceptor training course approved by the Department.

(c) The course coordinator must maintain student clinical records involving clinical preceptors for a time period specified in the Department's published record retention schedule for EMS Initial Education Programs.

(6) Any currently licensed EMS Instructor or EMS Instructor/Coordinator may voluntarily surrender their EMS Instructor or EMS Instructor/Coordinator license by notifying the Department in a manner and on forms specified by the Department. Once processed by the Department, surrenders are not reversible, and the individual would need to complete the current Department-specified application process and meet all licensing requirements to obtain a new EMS Instructor or EMS Instructor/Coordinator license.

(7) Upon request, the Department shall be authorized to place an EMS Instructor or EMS Instructor/Coordinator license in retired status after which the individual will be permitted to continue to use the former licensure level title and number with "(Ret.)" after it. An individual in retired status will not be licensed to perform the duties of an EMS Instructor or EMS Instructor/Coordinator as defined in these rules. Applications for license retirement shall be submitted in a manner and on forms specified by the Department and must be submitted by the Licensee themselves. Once processed by the Department, retirements are not reversible, and the individual would need to complete the current Department-specified application process and meet all licensing requirements to obtain a new EMS Instructor or EMS Instructor/Coordinator license. Eligibility requirements for retirement of an EMS Instructor or EMS Instructor/Coordinator license are as follows:

(a) The individual must be currently licensed as a Georgia EMS Instructor or EMS Instructor/Coordinator, and the respective license must be in Good Standing at the time of application; and

(b) The individual must have a minimum of 15 years of continuous uninterrupted licensure as a Georgia EMS Instructor or EMS Instructor/Coordinator, inclusive of the date of application.

(8) Upon request from the next of kin to place an EMS Instructor or EMS Instructor/Coordinator license in deceased status and obtain a certificate of active service for an individual who dies while currently licensed in Good Standing as a Georgia EMS Instructor or EMS Instructor/Coordinator, the Department shall be authorized to place the respective license in deceased status and provide a certificate of active service to the next of kin. The request shall be accompanied by a certified death certificate or other documents recognized by the Department.

(9) Downgrades of Instructor and Instructor/Coordinator Licenses. Currently licensed EMS Instructors with Paramedic Endorsement and EMS Instructor/Coordinators in Good Standing may voluntarily request the Department to downgrade their Instructor or Instructor/Coordinator license. The request shall be made to the Department in a manner and on forms specified by the Department and shall indicate the requested new level of license. Once processed by the Department, downgrades are not reversible, and the individual would need to complete the current Department-specified application process to obtain a higher level of Instructor or Instructor/Coordinator license.

(a) Permitted downgrades are as follows:

1. Currently licensed EMS Instructors with Paramedic Endorsement and EMS Instructor/Coordinators (Paramedic) in Good Standing will be permitted to request a downgrade to the EMS Instructor, EMS Instructor/Coordinator (AEMT), or EMS Instructor/Coordinator (EMT) levels.

2. Currently licensed EMS Instructor/Coordinators (AEMT) in Good Standing will be permitted to request a downgrade to the EMS Instructor, or EMS Instructor/Coordinator (EMT) levels.

3. Currently licensed EMS Instructor/Coordinators (EMT) in Good Standing will be permitted to request a downgrade to the EMS Instructor level.

(b) Applications for downgrade must be accompanied by the following:

1. An application fee, as described in paragraph (4) of this rule.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51 to 31-11-61.

Rule 511-9-2-.18 Standards of Conduct for Licensees

In order to protect the public and ensure the integrity of the emergency medical response system, all persons licensed by the Department pursuant to Chapter 31-11, all owners and officers of entities licensed pursuant to Chapter 31-11, and all applicants for a license pursuant to Chapter 31-11 (hereinafter licensees) shall at all times meet the following standards of conduct:

(1) A licensee shall comply at all times with the provisions of Chapter 31-11 and the Rules and Regulations of the Department.

(2) A licensee shall not obtain a license by fraud, forgery, deception, misrepresentation, or omission of a material fact.

(3) A licensee shall not present a check to the Department for which there are insufficient funds in the account.

(4) A licensee shall not tamper with, alter, or change any license issued by the Department.

(5) A licensee shall fully cooperate with the Department and its agents during the course of any investigation or inspection, and provide true information upon request.

(6) A licensee shall take no action in any other jurisdiction that would result in a fine, suspension, or revocation of any license similar to that issued to the licensee pursuant to Chapter 31-11.

(7) A licensee shall not advertise its services in a false or misleading manner.

(8) A licensee shall not provide any type or level of service that is not authorized by its license or by law.

(9) A licensee shall not provide services while its license is suspended, or revoked, inactive, or has lapsed for failure to renew, whether personally or through employees, agents, or volunteers.

(10) A licensee shall correct as soon as practicable all violations and deficiencies found during a Department inspection.

(11) A licensee's equipment shall be clean and in proper operating condition at all times.

(12) A licensee shall not falsify any record, patient care report, other report or record, or any other document which the licensee is required to maintain under state or federal law or Department regulations or policies.

(13) A licensee shall not employ fraud or misrepresentation to obtain a fee or any reimbursement in the course of Emergency Medical Services or other services under its licensure.

(14) A licensee shall report to the Department within ten days the bringing of any criminal charges against the licensee, whether by arrest warrant, information, accusation, or indictment. This subsection shall not apply to minor traffic offenses.

(15) A licensee shall, upon request by the Department, submit copies or permit inspection of any document, which the licensee is required to maintain under state or federal law or Department regulations.

(16) A licensee shall not provide services while under the influence of drugs or alcohol, nor permit any employee or co-worker to do so.

(17) A licensee shall use no less than the requisite number of licensed individuals applicable to its license.

(18) A licensee shall act with due regard for the safety of patients and the public in the operation of an emergency vehicle, and shall not use vehicle warning devices unnecessarily or in a manner that endangers the safety of the patient or the public.

(19) A licensee shall not aid or abet the unlicensed practice of emergency medical care.

(20) A licensee shall not accept anything of value in return for a patient referral.

(21) A licensee shall abide by all Regional Ambulance Zoning Plans.

(22) A licensee shall take no action that would jeopardize the health or safety of a patient, including without limitation the abandonment or mistreatment of a patient.

(23) A licensee shall pay all administrative fines in full within thirty days.

(24) A licensee shall display proper identification at all times while on duty, including the Georgia level of licensure.

(25) A licensee shall maintain the confidentiality of all patient records and information and shall not disclose any confidential information or knowledge concerning a patient except where required or allowed by law.

(26) A licensee shall take no action that may result in a criminal conviction on a felony charge, a crime of moral turpitude, or the crime of driving under the influence or possession of a controlled substance.

(27) An EMS Instructor or EMS Instructor/Coordinator licensee shall maintain student records as required by the Department, and shall meet all license renewal requirements.

(28) An EMS Instructor/Coordinator licensee serving as the Program Director of a designated EMS Initial Education Program shall ensure that all state, national, and applicable accreditation requirements are met for each student before validating that the student has completed the course and/or is clear to test the National Registry exam for the respective level of initial education.

(29) A licensee shall not discriminate on the basis of national origin, race, color, creed, religion, gender, sexual orientation, age, economic status, or physical or mental ability in providing services.

(30) A licensee shall not violate any lawful order of the Department.

(31) A licensee shall not violate any statute, rule or regulation, state or federal, which pertains to Emergency Medical Services.

(32) A licensee shall not violate the security of any exam or exam material for purposes of obtaining or maintaining an EMS license by any means including but not limited to removing any exam materials from an examination area, the unauthorized possession of exam materials, the unauthorized reproduction of exam materials, impersonating an examinee, or having another person take an exam on behalf of a licensee.

(33) An EMS Instructor or EMS Instructor/Coordinator serving as the Program Director, Course Coordinator, Lead Instructor, Clinical Coordinator, or other instructional staff in a EMS Initial Education course shall ensure that all data related to any student, instructor or preceptor that is submitted to or required by the Department is accurate and factual and complies with all state, national, and applicable accreditation requirements.

(34) A licensee shall not issue a certificate of credit/completion for EMS continuing education hours to any person without the person meeting the EMS continuing education completion requirements as specified by the Department for the respective EMS continuing education course.

(35) A licensee shall take no action that would jeopardize the health, safety, or wellbeing of a student, including without limitation the abandonment or mistreatment of a student.

(36) A licensee shall at no time violate, exceed, or disregard the Department specified Scope of Practice for their respective license level(s).

(37) A licensee shall not make false or misleading statements in any oral, written, or electronic report regarding the provision of emergency medical care to any patient.

(38) A licensee shall not destroy or cause to be destroyed any patient care report.

(39) A licensee shall not fail to respond to a call while on duty and shall not leave their duty assignment without the proper approval.

(40) A licensee shall not delegate EMS functions to a person who lacks the education, training, experience, knowledge, or licensure to provide appropriate level of care for the patient.

(41) A licensee shall not falsify, misrepresent, or alter clinical, field and/or internship documents for EMS students.

(42) A licensee shall not behave in a disruptive manner toward other EMS personnel, law enforcement, firefighters, hospital personnel, other medical personnel, patients, family members or others, that interferes with patient care or could be reasonably expected to adversely impact the quality of care rendered to a patient.

(43) A licensee shall not fail to protect and/or advocate for patients/clients/students and/or the public from unnecessary risk of harm from another EMS personnel.

(44) A licensee shall not misappropriate medications, supplies, equipment, personal items, or money belonging to the patient, employer or any other person or entity.

(45) A licensee shall not misrepresent any level of certification or licensure.

(46) A licensee shall not refuse a drug screen where the drug screen is requested from an employer, based on a reasonable suspicion that drug screening is necessary.

(47) A licensee shall be responsible for completing the patient care report for all EMS responses made by the licensee and ensuring that each PCR is factual and accurate before the end of the current work shift as described in 511-9-2-.14 (3) b.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-6, 31-11-9, 31-11-30, 31-11-36, 31-11-56, 31-11-57, 50-13-18.