

Chapter 511-9-2

Emergency Medical Services

2009. Repealed: New Rule of same title adopted as R. 111-9-2-.07. F. June 10, 2011; eff. June 30, 2011.

Repealed: New Rule of same title adopted as R. 511-9-2-.07. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.08 Licensure of Neonatal Transport Services.****(1) Applicability.**

(a) Any ambulance provider may utilize a registered ambulance for the transport of neonates.

(b) No person shall 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 ~~Neonatal Transport Service License~~ Application for a License or provisional license shall be made to the license officer in the manner and on the forms prescribed by the license officer to include at a minimum the name, address, and employer identification number of the owner(s).

**(3) License Fee.**

(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 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.

1. This fee shall not be applicable in cases where the provider is also licensed as an ambulance service, uses the vehicles for dual-purposes, and pays the fee under the ambulance 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.

**(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 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 vehicle must have sufficient floor space to accommodate two neonatal transport isolettes and a crew of three in the patient compartment.

4. Each 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 providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.

(c) Communication.

1. Each registered neonatal transport vehicle shall be equipped with a two-way communication system that provides ambulance-to-hospital ~~communication that meets the standard set in the Regional EMS Communication Plan.~~
2. ~~The neonatal transport vehicle shall be able to operate within the regional emergency medical services communication plan.~~

(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 providers 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 an 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 (~~emergency medical technician-basic, emergency medical technician, emergency medical technician-intermediate, advanced emergency medical technician, cardiac technician, or paramedic~~).
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.

(h) Records of Neonatal Transport Response.

1. Records of each neonatal transport response shall be made by the neonatal transport service in a manner, frequency and on such prehospital care report forms as approved by the department. A printed or electronic prehospital care report ("PCR") utilizing the set of data elements approved by the department must be completed for each response initiated by the neonatal transport provider. If a PCR is not left with the patient at the time of transfer of patient care, then documentation identifying the patient, the service, crew members, date, time, patient history, exam findings and treatment provided must be left at the receiving facility. A printed copy of the prehospital care report shall be provided to the hospital within twenty-four hours of receiving the patient. Such records shall be available for inspection by the department or its authorized agents ~~during reasonable business hours in accordance with Chapter 511-9-2-.11 of these regulations. A detailed electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.~~

2. A detailed electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.

(i) A dispatch record shall be maintained on all calls received. The record 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 calls;
- 4. Call back telephone number;
- 5. Location of patient;
- 6. Apparent problems;
- 7. Unit dispatched and time of dispatch;
- 8. Time arrived at scene;
- 9. Time left scene;
- 10. Time arrived at transferring facility (if applicable);
- 11. Time left transferring facility (if applicable);

12. Time arrived at receiving facility; and
13. Destination of patient.

(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) ~~The neonatal transport provider administration~~ Neonatal transport services shall report to the department all incidents of substance abuse or personnel impairment by licensed personnel within their service any incidents of medics providing services while under the influence of drugs or alcohol.

**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. **History:** Original Rule entitled “Standards for Ambulance Attendants and Drivers” adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule entitled “Standards for Ambulance Personnel” adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Amended: ER. 290-5-30-0.2-.08 adopted. F. and eff. Jan. 20, 1982, the date of adoption. Amended: Permanent Rule adopted. F. Apr. 22, 1982; eff. May 12, 1982. Repealed: New Rule entitled “Disciplinary Action Against Ambulance Service Providers and First Responder Services” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Automatic Defibrillator Program” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “Licensure of Neonatal Transport Services” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.08. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.08. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.09 Licensure of Medical First Responder Services.****(1) Applicability.**

(a) No person shall hold himself 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 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 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 or disaster which is beyond the capability of licensed medical first responder services or licensed ambulance services.

(2) Application for a License. Application for a ~~License~~ license or provisional license shall be made to the license officer in the manner and on the forms approved by the license officer to include at a minimum the name, 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.

**(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 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. Prior to disposal by sale or otherwise, a registered medical first responder vehicle removed from service must be reported to the department.

~~5. All registered first responder vehicles shall have on both sides of the vehicle an identification number designated by the department. The name of the service, the words "MEDICAL FIRST RESPONDER" and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification.~~

(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 license officer, 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 lead to immediate revocation of the medical first responder service license.

3. Medical first responder providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.

(c) Communication.

~~1. Each registered first responder vehicle shall be equipped with a two-way communication system that meets the standards set in the Regional EMS Communication Plan.~~

~~2.1.~~ All medical first responder providers 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 providers 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 units; however, other equipment and supplies may be added as desired.

(5) Records of Medical First Responder Services.

(a) Records of each medical first responder response shall be made by the medical first responder service in a manner, frequency and on such prehospital care report forms as may be approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and completed by the medical first responder provider. Such records shall be available for inspection by the department or its authorized agents during reasonable business hours. ~~A detailed electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.~~

(b) A detailed electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.

~~(b)~~(c) Training records for each employee containing pertinent information regarding licensing as a medic, and any other department required courses shall be maintained and readily available for the department or its authorized agents upon request, at the base location.

(c)(d) A dispatch record shall be maintained on all calls received. The record 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 dispatched and time of dispatch; and
8. Time arrived at scene.

(6) 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 of the following: ~~emergency medical technician-basic~~, emergency medical technician, emergency medical technician-~~intermediate~~, advanced emergency medical technician, cardiac technician, or paramedic. 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, providers 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 provider shall respond with its next available registered 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, except those in counties with populations less than 12,000, shall be required to have a medical director. The medical director shall be a physician licensed to practice medicine in this state and subject to approval 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.

~~2.3. It will be the responsibility of the local medical director to provide medical direction and training when appropriate for the medical first responder service personnel in conformance with acceptable emergency medical practices and procedures. These responsibilities include the formulation of policies and procedures affecting patient care, the formulation and evaluation of training objectives and performance, and quality control of patient care, including the evaluation of protocols, procedures and field techniques in accordance with department regulations.~~

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.

3.5. The medical director of a medical first responder service must coordinate the medical protocols and procedures of the service with the medical director of a local the licensed designated ambulance service in the regional zoning plan.

6. 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 are not in conflict with these Rules and Regulations or other state statutes.

(4) — The medical director of a medical first responder service is responsible for the development and implementation of policies and procedures for requesting air ambulance transport.

(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.

(g)(h) Medical first responder services shall not misrepresent or falsify any information on forms filed with the department.

(h)(i) Medical first responder services shall not employ, continue in employment, or use as medics (emergency medical technician-basics, emergency medical technicians, emergency medical technician-intermediates, advanced emergency medical technicians, cardiac technicians or paramedics) individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these Rules and Regulations.

(i)(j) Medical first responder services are required to notify the dispatch center designated by the regional ambulance zoning plan as responsible for distributing ambulance calls prior to departure on any direct calls received.

(j)(k) The medical Medical first responder provider administration services shall report to the department all incidents of substance abuse or personnel impairment by licensed personnel within their service any incident of medics providing services while under the influence of drugs or alcohol.

**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. **History:** Original Rule entitled "Standards for Ambulances" adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the

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## Emergency Medical Services

Agency. Repealed: New Rule entitled "First Responder Services" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Procurement, Control, Handling, and Accountability of Pharmaceuticals" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Licensure of Medical First Responder Services" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.09. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.09. F. December 14, 2011; eff. January 3, 2012.

**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. **History:** Original Rule entitled "Inspection" adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled "Standards for Neonatal Vehicles" adopted. F. June 22, 1981; eff. July 22, 1981, as specified by the Agency. Repealed: New Rule entitled "Neonatal Vehicles" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Inspections of Ambulance Services, Neonatal Transport Services, and Medical First Responder Services" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Procurement, Control, Handling, and Accountability of Pharmaceuticals" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.10. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.10. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.11 Inspections of Ambulance Services, Air Ambulance Services, Neonatal Transport Services, and Medical First Responder Services.**

(1) The department and its duly authorized agents shall be permitted to enter upon and inspect licensed emergency services, including registered vehicles, 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. ~~Inspections will be made during reasonable business hours.~~ The department is authorized to set policy for such inspections and records.

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

(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.

**History:** Original Rule entitled "Enforcement" adopted. F. May 29, 1973; eff. July 1, 1973, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 28, 1979; eff. Oct. 15, 1979, as specified by the Agency. Repealed: New Rule entitled "Inspection" adopted. F. June 22, 1981; eff. July 22, 1981, as specified by the Agency. Repealed: New Rule entitled "Standards for Basic EMT Certification" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Disciplinary Action Against Ambulance Services, Neonatal Transport Services, and Medical First Responder Services" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Inspections of Ambulance Services, Neonatal Transport Services, and Medical First Responder Services" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.11. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.11. F. December 14, 2011; eff. January 3, 2012.

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

(1) No person shall practice as an ~~Emergency Medical Technician—Basic, Emergency Medical Technician, Emergency Medical Technician - Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic or Emergency Medical Technician—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 Paramedic (ATP).

~~(2)~~(3) All applicants for licensure must provide information to the department on forms prescribed by the department, to include at a minimum the name, address, date of birth and social security number of the applicant;

(4) Applicants shall not misrepresent or falsify any information on forms and documents filed with the department for the purpose of licensure.

(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.

~~(3)~~(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.

~~(4)~~(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.

~~(5)~~(8) Licensing of ~~Convicted~~ 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 ~~shall~~ 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) ~~An applicant~~ At its discretion, the department may seek reconsideration of an application subject to any denial under subsections (a) or (b) above on the ground that;

- (i)1. ~~1~~The conviction has been set aside, pardoned, expunged, or overturned on appeal;
  - (ii)2. ~~2~~The criminal charges were finally resolved in the applicant's favor through acquittal, dismissal, or nolle prosequi; or
  - (iii)3. ~~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.
- (6)(9) Any currently licensed emergency medical services personnel may voluntarily surrender a license by notifying the department in writing.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51, 31-11-52, 31-11-56. History: Original Rule entitled "Enforcement" adopted. F. June 22, 1981; eff. July 22, 1981, as specified by the Agency. Repealed: New Rule entitled "Recertification" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Standards for Emergency Medical Technician Certification" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Initial Licensing of Emergency Medical Services Personnel" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.12. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule entitled "Licensure of Emergency Medical Services Personnel" adopted as R. 511-9-2-.12. F. December 14, 2011; eff. January 3, 2012.

**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 shall be met by completing approved 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. Training to maintain ACLS or equivalent shall be in addition to the forty required biennial hours of continuing education.

(b) Continuing education that meets the requirements of this section must be approved in writing by the department, a regional medical director or local medical director. 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.

(c) Individuals who become licensed or reinstated as emergency medical services personnel during any license renewal cycle shall be considered to have satisfied the requirements of this section for that license renewal cycle.

(d) Licensed emergency medical services personnel shall make available to the department, upon request, proof of continuing education.

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

(3) 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.

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

(5) 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.

(6) Upon request, the department shall be authorized to place a license in retired status after which the medic 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 medic as defined in this chapter.

**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. **History:** Original Rule entitled “General Provisions for Emergency Medical Technicians” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Recertification of Emergency Medical Technicians” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “License Renewal for Emergency Medical Services Personnel” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule entitled “Licensure Renewal for Emergency Medical Services” adopted as R. 111- 9-2-.13. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.13. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.14    ~~Reciprocity of Emergency Medical Services Personnel.~~ Repealed**

- (1) — ~~No person shall practice as an Emergency Medical Technician — Basic, Emergency Medical Technician, Emergency Medical Technician — Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic, or Emergency Medical Technician — Paramedic without being licensed by the department.~~
- (2) — ~~Applicants seeking reciprocity must possess current registration as required by the Department, at the level for which reciprocity is sought.~~
- (3) — ~~Applicants must comply with all provisions of DPH Rules and Regulations Chapter 511-9-2 and the department Policies.~~
- (4) — ~~All applicants for licensure must provide information to the department on forms prescribed by the department.~~
- (5) — ~~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.~~

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51 to 31-11-55, 31-11-59 to 31-11-61.

**History:** Original Rule entitled “Disciplinary Action Against Basic EMT’s” adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Services Which May Be Rendered by Certified Emergency Medical Technicians, Cardiac Technicians, Paramedics and Trainees” adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled “Reciprocity of Emergency Medical Services Personnel” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.14. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.14. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.15 General Provisions for Emergency Medical Technician.**

- (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 certifying or licensing agencies are not an acceptable substitute.
- (2) Emergency medical services personnel shall at all times while on duty have the official department issued identification on their person.
- (3) Emergency medical services personnel must notify the department in writing of any change in their home or mailing address.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51 to 31-11-61. **History:** Original Rule entitled "General Provisions for Emergency Medical Technicians" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule of same title adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule entitled "General Provisions for Emergency Medical Technician" adopted as R. 111-9-2-.15. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.15. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.16 Standards for Emergency Medical Service Courses.****(1) Emergency Medical Service Course Standards**

(a) All emergency medical service courses must be approved by the department prior to the course starting date.

(b) In order for any course to be approved, the course coordinator must be a currently licensed instructor in good standing at the applicable level.

(c) A complete course application must be submitted by the sponsoring agency to the department at least twenty business days in advance of the actual starting date of the proposed course on forms prescribed by the department.

(d) The sponsoring agency of the course must establish contracts with the appropriate agencies to ensure that clinical requirements for the course will be met.

(e) The department shall establish standards for all emergency medical service courses.

(f) All approved courses are subject to monitoring by the department including unannounced on-site evaluations and other methods as deemed appropriate by the department.

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

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

**511-9-2-.17 Standards for Emergency Medical Service Instructors.**

(1) Eligibility for Instructor Licensing. All applicants for instructor licensure must meet the following requirements:

(a) Emergency Medical Services Instructor - Level I.

1. Written recommendation from the local medical director;
2. Current Georgia licensure in good standing as an emergency medical technician, emergency medical technician-intermediate, advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant, or physician;

(b) Emergency Medical Services Instructor - Level II.

1. Current Georgia licensure in good standing as an advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant, or physician;
2. Successful completion of a department approved course with curriculum specific to Georgia's emergency medical service system; and
3. Demonstrate proficiency by the successful completion of practical and written examinations approved by the department.

(c) Emergency Medical Service Instructor - Level III.

1. Current Georgia licensure in good standing as a paramedic, registered nurse, physician's assistant, or physician;
2. A minimum of an associate degree or ninety quarter hours of college credit (or semester equivalent) from a regionally or nationally accredited institution;
3. Successful completion of a department approved course with curriculum specific to Georgia's emergency medical service system; and
4. Demonstrate proficiency by the successful completion of practical and written examinations approved by the department.

(2) Licensure of Instructors.

(a) Candidates must submit an application and provide other documentation as prescribed by the department, to include at a minimum the name, address, date of birth, and social security number of the applicant.

(b) No individual shall hold oneself out as an emergency medical service instructor at any level unless licensed by the department.

(c) Initial licensure shall be for a period of time specified by the department.

(3) License Renewal for Emergency Medical Service Instructors.

(a) The emergency medical service instructor - level I must:

1. Maintain a license in good standing as an emergency medical technician, emergency medical technician- intermediate, advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant or physician;

(b) The emergency medical service instructor - level II must:

1. Maintain a license in good standing as an advanced emergency medical technician, cardiac technician, paramedic, registered nurse, physician's assistant or physician.

(c) The emergency medical service instructor - level III must:

1. Maintain a license in good standing as a paramedic, registered nurse, physician's assistant, or physician

(d) The instructor must teach a minimum of forty hours per instructor license renewal period in approved courses.

(e) The instructor must participate in a minimum of twenty-four hours of department-approved continuing education in instructional techniques per license renewal period.

(4) Inactive Status for Instructors. Any instructor who does not meet the above requirements will be placed in an inactive status.

(5) Reinstatement of Instructor Status. Any instructor, whose license is placed in an inactive status for a period of not more than four years, may be reinstated to an active status by meeting the following requirements:

(a) The eligibility for instructor licensure standards at the appropriate level;

(b) For each year of inactive status participate in a minimum of twelve hours of continuing education in instructional techniques approved by the department;

(c) Demonstrate proficiency by the successful completion of practical and written examinations approved by the department; and

(d) Instructors whose license has been inactive or revoked for four years plus one day or more must complete all requirements anew.

(6) Clinical Preceptor.

(a) Clinical preceptors may precept paramedic, ~~emergency medical technician-Intermediate,~~ advanced emergency medical technician, and emergency medical technician students at or below the preceptor's provider license level.

(b) Clinical preceptors can only be approved by the course coordinator and the course 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 two years from the student's course completion.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-51 to 31-11-61. **History:** Original Rule entitled "Standards for Certification of Emergency Medical Technician Instructors and Paramedic Instructors and Approval of Emergency Medical Technician, Cardiac Technician, and Paramedic Courses" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Standards for Emergency Medical Service Instructors" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.17. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.17. F. December 14, 2011; eff. January 3, 2012.

**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 ~~and those who serve the people of Georgia as ambulance service providers and emergency medical personnel~~, 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 a patient record or any other document which the licensee is required to maintain under state or federal law or department regulations.
- (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.
- (26) A licensee shall take no action that results 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 licensee shall maintain student records as required by the department, and shall meet all license renewal requirements.
- (28) An EMS instructor licensee must receive a satisfactory evaluation after being monitored by the department on two occasions within a twelve-month period.
- (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 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.

31-11-57, 50-13-18. **History:** Original Rule entitled “Administrative Action, Fines, Probation, Suspension, and/or Revocation of the License, Designation of EMS Providers, EMS Personnel, Ambulance Zones and/or Base Stations” adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule of same title adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule entitled “Administrative Action, Fines, Probation, Suspension, Summary Suspension and/or Revocation of the License, Designation of EMS Providers, EMS Personnel, Ambulance Zones, Specialty Care Centers and/or Base Stations” adopted as R. 111-9-2-.18. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule entitled “Standards of Conduct for Licensees” adopted as R. 511-9-2-.18. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-19 Disciplinary Actions Against Licensees.**

(1) The department shall revoke the license of any individual or entity licensed under Chapter 31-11 for failure to comply with Chapter 31-11, the regulations of the department, or approved ambulance zoning plans. The term “license” as used in this regulation includes certificates issued to EMS personnel or instructors pursuant to Article 3 of Chapter 31-11.

(2) The department may, in its discretion, impose a lesser sanction where the circumstances of the violation do not merit revocation of the license, including probation on specified terms or suspension.

(3) In addition to revocation, suspension, or probation of a license, the department in its discretion may impose a fine not to exceed a total of up to \$25,000 or up to \$1,000 per day for each violation failure to comply with of Chapter 31-11, the regulations of the department, or approved ambulance zoning plans.

(4) Procedure.

(i)(a) The department shall give written notice of any disciplinary action taken pursuant to this regulation by certified mail or statutory overnight delivery to the licensee’s last known address, unless the licensee provides a different address to which notices may be sent. The notice shall set forth the individual facts or conduct, which warrant the disciplinary action.

(ii)(b) The department shall provide an administrative hearing on the disciplinary action if the licensee makes a written request for a hearing. Such written request must be actually delivered to and received by the Director of EMS and Trauma not later than twenty days after the licensee receives the notice of disciplinary action.

(iii)(c) The licensee shall have at least twenty days’ prior notice of the time and place of the hearing.

(5) Effective date of disciplinary action.

(i)(a) All disciplinary actions by the department are effective twenty days after the licensee’s receipt of the notice, unless the licensee makes a timely request for a hearing. In that event, the action shall become effective upon the agency’s final decision.

(ii)(b) Upon a written finding set forth in the notice of disciplinary action that the public safety, health, and welfare imperatively require emergency action, the suspension of the license shall be effective immediately upon issuance of the notice, and a hearing promptly scheduled to consider final revocation of the license.

(6) Upon request by the licensee for exculpatory, favorable, or arguably favorable information relative to pending allegations involving disciplinary action, the department shall either furnish such information, indicate that no such information exists, or provide such information to the hearing officer for *in camera* inspection pursuant to O.C.G.A. § 50-13-18(d)(2).

**Authority:** O.C.G.A. §§ 31-2-8(c)(6); 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. **History:** Original Rule entitled “Disciplinary Actions Against Licensees” adopted as R. 511-9-2-.19. F. December 14, 2011; eff. January 3, 2012.

