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11 March 2016

## **NOTICE OF PROPOSED RULEMAKING**

### **Emergency Medical Services**

### **Revisions to Regulation Chapter 511-9-2**

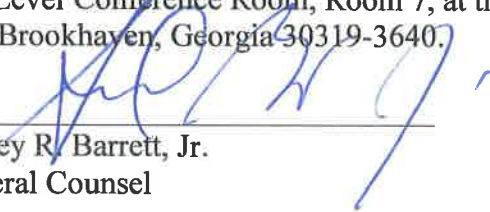
Please take note that the Department of Public Health proposes to amend the administrative regulations codified as Chapter 511-9-2, pursuant to its authority under O.C.G.A. Sections 31-2A-6, 31-11-2, and 31-11-5. The proposed revised regulations are attached. They also may be found on our website at <http://health.state.ga.us/>.

In summary, the Department proposes to clarify and update existing regulations that may be obsolete or redundant, and to harmonize these regulations with other Department regulations and with the Georgia Code.

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

Sidney R. Barrett, Jr.  
General Counsel  
Georgia Department of Public Health  
2 Peachtree Street, NW, 15<sup>th</sup> Floor  
Atlanta GA 30303

Comment may also be presented in person at a public meeting scheduled for 10:00 a.m., 13 April 2016, in the Upper Level Conference Room, Room 7, at the Office of Vital Records, 2600 Skyland Drive NE, Brookhaven, Georgia 30319-3640.

  
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Sidney R. Barrett, Jr.  
General Counsel





# SYNOPSIS OF PROPOSED RULE CHANGES

## RULES OF DEPARTMENT OF PUBLIC HEALTH

### CHAPTER 511-9-2

#### EMERGENCY MEDICAL SERVICES

#### STATEMENT OF PURPOSE AND MAIN FEATURES OF PROPOSED RULE

The Department of Public Health, through its Office of Emergency Medical Services and Trauma (OEMS), proposes the attached proposed Rules and Regulations in order to clarify and revise existing regulations that may be obsolete or redundant.

#### DIFFERENCES BETWEEN EXISTING AND PROPOSED RULES

**Rule 511-9-2-.01** no other changes

**Rule 511-9-2-.02** obsolete terms not referred to in the regulations were eliminated, and new definitions were added to achieve consistency with other sections in O.C.G.A., and other definitions were revised to improve clarity.

**Rule 511-9-2-.03** clarified and revised existing language to be consistent with language already in rule.

**Rule 511-9-2-.04** no changes

**Rule 511-9-2-.05** no changes.

**Rule 511-9-2-.06** revised to clarify information required for licensure, the inspection of records, maintaining proper staffing, following medical direction, and notification of personnel providing services under the influence.

**Rule 511-9-2-.07** revised to clarify information required for licensure, records inspections maintaining proper staffing, following medical direction, compliance with EMS zoning plans, and notification of personnel providing services under the influence.

**Rule 511-9-2-.08** revised to clarify information required for licensure, record inspections, and notification of personnel providing services under the influence.

**Rule 511-9-2-.09** revised to be consistent with other regulations and to clarify information required for licensure, record inspections, medical direction for medical first responder services, and notification of personnel providing services under the influence.

**Rule 511-9-2-.10** no changes.

**Rule 511-9-2-.11** revised to facilitate inspections conducted by the department.

**Rule 511-9-2-.12** new language added to clarify requirements for licensure of personnel and the licensing of individuals with criminal backgrounds.

**Rule 511-9-2-.13** added language to clarify late license renewals for personnel to be consistent with current practice and policy.

**Rule 511-9-2-.14** Repealed as reciprocity is not available for out of state licensed medics in Georgia.

**Rule 511-9-2-.15** no changes.

**Rule 511-9-2-.16** clarified that the Department can approve an opioid antagonist training course.

**Rule 511-9-2-.17** revised to include additional standards for licensure for EMS course instructors and clarify standards for clinical preceptors.

**Rule 511-9-2-.18** revised to clarify standards for licensees and add language that licensees must adhere to examination integrity requirements.

**Rule 511-9-2-.19** revised language regarding the imposition of fines to mirror O.C.G.A § 31-2-8(c)(6).

**RULES OF  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES**

**CHAPTER 511-9-2  
EMERGENCY MEDICAL SERVICES**

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**511-9-2-.01 Purpose.**

(1) These rules establish standards for ambulance services, air ambulance services, medical first responder services, neonatal transport services, designation of specialty care centers and base station facilities, training and licensing requirements for medics, instructor licensing and course approval requirements for emergency medical technician, advanced emergency medical technician, cardiac technician and paramedic training programs, and others as may be related to O.C.G.A. Chapter 31-11.

(2) The Director or Medical 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 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. **History:** Original Rule entitled “Definitions” 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. Amended: F. June 22, 1981; eff. July 22, 1981, as specified by the Agency. Repealed: New Rule of same title adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled “Purpose” 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 of same title adopted as R. 111-9-2-.01. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.01. F. December 14, 2011; eff. January 3, 2012.

**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 department approved course utilizing 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 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 Life Support (ALS) Assessment” means an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient’s reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment.~~
- ~~(e) “Advanced Life Support (ALS) Intervention” means a procedure that is, in accordance with state and local laws, beyond the scope of authority of the Emergency Medical Technician.~~
- (d) “Advanced Tactical Paramedic (ATP) means a certification issued by the United States Special Operations Command (USSOCOM) Medic Certification Program.
- ~~(f)(e)~~ “Air Ambulance Service” means an agency or company providing ambulance service with rotor-wing aircraft that is operated under a valid license from the department.
- ~~(g)(f)~~ “Ambulance – Air” 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.
- ~~(h)(g)~~ “Ambulance – Ground” 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.
- ~~(i)(h)~~ “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.
- ~~(j)(i)~~ “Ambulance Service Medical Director” means a physician licensed to practice in this state, who provides medical direction to a service licensed by the department.
- ~~(k)(j)~~ “Approved” means acceptable to the department based on its determination as to conformance with existing standards.
- ~~(l)(k)~~ “Arrest” means the taking or detaining in custody of a person by a law enforcement official upon probable cause of a crime.
- ~~(m)(l)~~ “Authorized Agent” means a person with the legal authority to sign on behalf of the legal owner of a business entity.

- ~~(n)~~(m) "Base of Operations" means the primary location at which administration of the service occurs and where records are maintained. ~~An Ambulance~~ All service Providers must designate one Base of Operations location within the State of Georgia.
- ~~(o)~~ "Base Station Facility" means a facility responsible for providing direct physician control of emergency medical services.
- ~~(p)~~(n) "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.
- ~~(q)~~(o) "Board" means the Board of Public Health.
- ~~(r)~~(p) "Cardiac Technician" means a person who has been licensed by the department after having successfully completed an approved cardiac technician training program certification exam. This is a historical reference only, as no new cardiac technician licenses will be issued.
- ~~(s)~~(q) "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.
- ~~(t)~~(r) "Clinical Preceptor" means a licensed emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate, cardiac technician, paramedic, IV team member, registered nurse, physician's assistant, allied health professional or physician who meets the requirements for preceptors as established by the department.
- ~~(u)~~(s) "Commissioner" means Commissioner of the Department of Public Health.
- ~~(v)~~(t) "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.
- ~~(w)~~(u) "CPR Certification" means successful completion of a department-approved healthcare provider course in cardiopulmonary resuscitation.
- ~~(x)~~(v) "Department" means the Department of Public Health, Office of Emergency Medical Services and Trauma.
- ~~(y)~~(w) "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.
- ~~(z)~~(x) "Emergency Medical Service" or "EMS" means air ambulance services, ground ambulance services, medical first responder services, and neonatal transport services licensed by the department.
- ~~(aa)~~(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.
- ~~(bb)~~(z) "Emergency Medical Service Instructor - Level I" means an individual qualified and licensed to teach continuing education and community education programs.
- ~~(cc)~~(aa) "Emergency Medical Service Instructor - Level II" means an individual qualified and licensed to





~~(mm)~~(ii) "Ground Ambulance Service" means an agency or company providing ambulance service with ground based vehicles ~~that is operated~~ing under a valid license from the department.

~~(nn)~~(jj) "Guidelines" (See "mMedical pProtocol").

~~(oo)~~(kk) "Health District" means the geographical district designated by the department.

~~(pp)~~(ll) "Inactive Status" in the context of a license or designation issued by the department means said license, or designation is no longer valid due to failure to meet current required standards.

~~(qq)~~(mm) "Indictment" means a formal written charge of criminal wrongdoing framed by a prosecuting authority and found by a grand jury.

~~(rr)~~ "Infant" means a child up to one year of age.

~~(ss)~~(nn) "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.

~~(tt)~~(oo) "License" when issued to a person signifies that its facilities, vehicles, personnel and operations comply with O.C.G.A. Chapter 31-11, Rules and Regulations, and policies of the department.

~~(uu)~~(pp) "License Office" means the Commissioner of Public Health or his/her designee.

~~(vv)~~(qq) "License Renewal Cycle" means a period of time established by the department for renewal of licenses. The term recertification as it applies to individuals is synonymous with license renewal.

~~(ww)~~(rr) "Licensed Nurse" means an individual who is currently licensed or registered in the State of Georgia as a registered nurse, advanced practice registered nurse, nurse practitioner or licensed practical nurse.

~~(xx)~~ "Local Coordinating Entity" means the public or nonprofit private entity designated by the Board to coordinate and administer the emergency medical services system for each health district, and make recommendations to the department on other EMS related issues. The terms "Local Coordinating Entity" and "Regional EMS Council" are synonymous.

~~(yy)~~(ss) "Medic" means any ~~emergency medical technician-basic~~, emergency medical technician, emergency medical technician - intermediate, advanced emergency medical technician, cardiac technician, or ~~emergency medical technician-paramedic~~ licensed by the department.

~~(zz)~~(tt) "Medical Advisor" (See "Ambulance Service Medical Director").

~~(aaa)~~(uu) "Medical Control" means the clinical guidance from a physician to emergency medical services personnel regarding the prehospital management of a patient.

~~(bbb)~~(vv) "Medical Control Physician" means the physician providing clinical guidance to emergency medical services personnel regarding the prehospital management of a patient.

~~(eee)~~(ww) "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 emergency medical services personnel.

~~(ddd)~~(xx) "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 ambulance provider.

~~(eee)~~(yy) "Medical First Responder Vehicle" means a motor vehicle registered by the department for the purpose of providing response to emergencies.

~~(fff)~~(zz) "Medical Protocol" means a 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 emergency medical services personnel to a patient experiencing a medical emergency.

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

~~(hhh)~~(bbb) "Neonatal Transport Provider" means an agency or company providing facility-to-facility transport for neonates that is operated under a valid neonatal transport license from the department.

~~(iii)~~(ccc) "Neonatal Transport Vehicle" 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.

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

~~(kkk)~~(eee) "Office of Emergency Medical Services and Trauma" (the department) means the regulatory subdivision of the Georgia Department of Public Health, directly responsible for the statewide emergency medical services system.

~~(fff)~~ "Paramedic" means a person who has been licensed by the department after having being certified by the National Registry of Emergency Medical Technicians (NREMT) as a paramedic or Unites States Special Operations Command (USSOCOM) as an Advanced Tactical Paramedic (ATP).

~~(HH)~~(ggg) "Patient Care Report (PCR)" means the documentation that contains the data set required by the department, either written or electronic that records the information regarding a request for a response. This includes, but is not limited to: Agency responding, vehicle identity, medics on the call, date of the call, times pertinent to the call, care rendered, treatment and transport information, pertinent patient information such as vital signs, and symptoms. Patient Care Report is synonymous with Prehospital Care Report.

~~(mmm)~~"Prehospital Care Report (PCR)". See "Patient Care Report."

~~(hhh)~~ "Provisional License" when issued to an ambulance service means a license issued to an ambulance service on a conditional basis to allow a newly established ambulance service to demonstrate that its facilities and operations comply with state statues and these rules and regulations.

~~(nnn)~~(iii) "Reasonable Distance" means that distance established by the local medical director based on the ambulance service's geographical area of responsibility, the ambulance service's ability to maintain emergency capabilities, and hospital resources.

~~(ooo)~~(jjj) "Recertification Cycle" (See "License Renewal Cycle").

~~(ppp)(kkk)~~ "Regional Ambulance Zoning Plan" means the department approved method of distributing emergency calls among designated ambulance services in designated geographical territories or zones within each health district in the State. (See "Emergency Medical Systems Communications Program").

~~(qqq)~~ "Regional Emergency Medical Services Communications Plan" means a plan for the purpose of consolidating and coordinating applicable telecommunications services and facilities into an integrated system within a health district, which insures that the goals and objectives of the State Emergency Medical Services Communication Plan are addressed.

~~(rrr)~~ "Regional Emergency Medical Services Council" (See "Local Coordinating Entity").

~~(sss)(lll)~~ "Regional Emergency Medical Services 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 of acutely ill or injured patients, and experienced in the administrative processes affecting regional and state prehospital emergency medical services systems.

~~(ttt)~~ "Registered Agent - Corporation" means the person or entity designated by the corporation with the Georgia Secretary of State's Office as its registered agent.

~~(uuu)(mmm)~~ "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.

~~(vvv)~~ "Satellite Location" means a fixed site from which emergency vehicles respond.

~~(www)(nnn)~~ "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.

~~(xxx)(ooo)~~ "Specialty Care Transport" means transportation in a registered ambulance or neonatal unit between health care facilities 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.

~~(yyy)~~ "Standing Order" means the prior written authorization by the local EMS medical director for EMS personnel within that service to provide certain elements of a medical protocol to a patient experiencing a medical emergency prior to establishing direct voice communication with medical control. Standing orders commonly authorize the use of certain medications or invasive procedures, and they are a subset of a medical protocol.

~~(zzz)~~ "State Emergency Medical Services Communication Plan" means a plan approved by the Georgia Technology Authority or its successor agency, for the purpose of consolidating and coordinating telecommunications services and facilities into an integrated system for the state of Georgia.

**Authority:** O.C.G.A. §§31-2A-3, 31-2A-6, 31-11-2, 31-11-5. **History:** Original Rule entitled "General Provisions" 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 "Applicability of Chapter" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Definitions" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule of

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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 of same title adopted as R. 111-9-2-.02. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.02. F. December 14, 2011; eff. January 3, 2012.

**511-9-2-.03 Emergency Medical Services Advisory Councils.**

## (1) Emergency Medical Services Advisory Council (EMSAC).

(a) Purpose. The Department shall establish an Emergency Medical Services Advisory Council to advise the department in matters essential to its operations with respect to emergency medical services systems.

## (b) General Provisions.

1. Council recommendations are advisory and are not binding on the department or on agencies under contract to the department.

2. The Council shall be composed of members who are knowledgeable in the field of emergency medical service systems and all components thereof, who represent a broad section of Georgia's citizens, including consumers of services, providers of services, and recognized experts in the field.

3. Members shall be appointed by the commissioner or his/her designee for a term specified in the council bylaws.

4. The Council shall adopt bylaws subject to the approval of the department and shall conduct its business in accordance with the Georgia Open Records and Open Meetings Acts. Said bylaws shall address frequency of meetings, recording of minutes, creation and function of committees, and other issues relevant to the function of an advisory council.

5. Staff assistance essential to the operations of the Council shall be provided from the resources of the Department of Public Health and are subject to the Department's approval.

6. Responsibilities shall include, but not be limited to: reviewing and providing comment on legislative activities, standards, and policies which affect those persons, services, or agencies regulated under these rules and O.C.G.A. Chapter 31-11; and, participating as an advocacy body to improve Georgia's statewide emergency medical services systems and all components thereof.

## (2) Emergency Medical Services Medical Directors Advisory Council (EMSMDAC).

(a) Purpose. The Department shall establish an 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. Council recommendations are advisory and are not binding on the department or on agencies under contract to the department.

2. The council members shall be appointed by the commissioner or his/her designee for a term specified in council bylaws.

3. The Council shall be composed of physician members who are knowledgeable in the field of EMS systems and all components thereof, and who represent a broad section of the Georgia's EMS programs and the medical community.

34. The Council shall adopt bylaws subject to the approval of the department and shall conduct its business in accordance with the Georgia Open Records and Open Meetings Acts. Said bylaws shall address frequency of meetings, recording of minutes, creation and function of committees, and other issues relevant to the function of an advisory council.

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

1. Act as a liaison with the medical community, medical facilities, and appropriate governmental entities;
2. Advise and provide consultation to the department on practice issues related to the care delivered by entities and personnel under the jurisdiction of the department;
3. Advise on and review matters of medical direction and training in conformity with accepted emergency medical practices and procedures;
4. Recommend and review policies and procedures affecting patient care rendered by Emergency Medical Services personnel;
5. Advise on the scope and extent of EMS practice for the emergency medical services of Georgia;
6. Advise on the formulation of medical, communication and emergency transportation protocols; and
7. Advise on quality improvement issues related to patient care rendered by Emergency Medical Services personnel.

**Authority:** O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-60.1, 50-4-4, 50-4-5. **History:** Original Rule entitled "License" 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 "Licensure" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Emergency Medical Services Advisory Council (EMSAC)" 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 entitled "Emergency Medical Services Advisory Council" adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule entitled "Emergency Medical Services Advisory Councils" adopted F. as R. 111-9-2-.03. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.03. F. December 14, 2011; eff. January 3, 2012.

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

## (1) Trauma Centers.

## (a) Applicability.

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

2. No hospital or medical facility shall hold itself out or advertise to be a designated trauma center without first meeting the requirements of these rules.

## (b) Designation.

1. The department shall define the process for trauma center designation and redesignation.

2. The department has the authority to review, enforce, and recommend removal of trauma center designation for trauma centers failing to comply with applicable statutes, Rules and Regulations, and department policy.

3. Designation will be for a period of three years.

4. Each designated trauma center will be subject to periodic review.

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

## (2) Stroke Centers

## (a) Applicability.

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

2. No hospital or medical facility shall hold itself out or advertise to be a designated stroke center without first meeting the requirements of these rules.

## (b) Standards for Designation of Primary Stroke Centers.

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

2. The application must include adequate documentation of the hospital's valid certification as a primary stroke center by a nationally recognized healthcare accreditation body.

3. Each designated primary stroke center must participate in the Georgia Coverdell Acute Stroke Registry and must submit data to the department annually in accordance with the requirements established in O.C.G.A. §31-11-116.



4. The department may suspend or revoke a hospital's designation as a primary stroke center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirement of these rules or applicable statutes.

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

1. Hospitals seeking designation as a remote treatment stroke center must submit a written application to the department.

2. The department shall define in policy the application process and establish a remote stroke center checklist outlining the requirements.

3. Upon receipt of a completed application, the department shall schedule and conduct an inspection of the applicant's facility no later than ninety days after receipt of the application.

4. Hospitals will be evaluated on the standards and clinical practice guidelines established by the American Heart Association and American Stroke Association and must utilize current and acceptable telemedicine protocols relative to acute stroke treatment.

5. Each hospital seeking designation as a remote treatment stroke center must participate in the Georgia Coverdell Acute Stroke Registry prior to making application for designation and following designation, must submit data to the department on an annual basis in accordance with the requirements established in O.C.G.A. § 31-11-116, and must establish cooperating stroke care agreements with designated primary stroke centers.

6. The department may suspend or revoke a hospital's designation as a remote treatment stroke center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirements of these rules or applicable statutes.

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

**511-9-2-.05 Reserved.**

**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 major catastrophe or disaster 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 provider;
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 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 O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

## (4) Standards for Air Ambulances

## (a) General:

1. Must have appropriate and current FAA approval to operate an air ambulance service;
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 provider utilizes an unregistered air ambulance as a backup air ambulance, the air ambulance provider 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 provider 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. 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 providers must maintain files as required by the FAA.
- (c) Service License Fee:
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 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.

## (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 provider shall have a written exposure control plan approved by their medical director.
2. Air ambulance 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.

## (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.

## (5) Records of Air Ambulance Providers.

(a) Records of each air ambulance response shall be made by the air ambulance provider in a manner, frequency and on such printed or electronic 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 and completed by the EMS provider. Such records shall be available for inspection by the department or its authorized agents during reasonable business hours. 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 in accordance with Chapter 511-9-2-.11 of these regulations. ~~An electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.~~

(b) An 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 their licensure, 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.

(e)(d) A dispatch record shall be maintained on all calls received. 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 called received;
3. Source of call;
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 patient's destination; and
11. Destination of patient.

#### (6) General Provisions for Air Ambulance Services

(a) Each air ambulance while in service shall be staffed by two Georgia licensed personnel:

1. When responding to an emergency scene at least one of the personnel shall be a registered nurse, physicians 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, physicians 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, registered nurse, nurse practitioner, respiratory therapist, physicians assistant or 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 providers 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 Providers

1. ~~To enhance the provision of emergency medical care, each air ambulance provider, must have a medical director who is currently licensed in Georgia and meets a minimum set of qualifications as recommended by EMSMDAC. The air ambulance service medical director shall be a physician licensed to practice medicine in the state of Georgia and subject to approval by the department. The air ambulance service medical director must agree in writing to provide medical direction to that particular ambulance service.~~

2. The air ambulance medical director shall serve as medical authority for the air ambulance provider, serving as a liaison between the air ambulance provider and the medical community, medical facilities and governmental entities.

3. It will be the responsibility of the air ambulance 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 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. All air ambulance personnel shall comply with appropriate policies, protocols, requirements, and standards of the air ambulance medical director, provided such policies are not in conflict with these Rules and Regulations 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.

~~(f)~~(g) Air ambulance services shall not misrepresent or falsify any information filed with the department as a result of any air ambulance response.

~~(g)~~(h) Air ambulance services shall not employ, continue in employment, or use as EMS personnel 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.

~~(h)~~(i) Air ambulance services shall report to the department any incidents of substance abuse or impairment of licensed personnel to the appropriate licensing authority medics providing services while under the influence of drugs and/or alcohol.

**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. **History:** Original Rule entitled "Renewal of License" 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 "Inspections" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Repealed: New Rule entitled "Licensure of Neonatal Transport Services" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Designation of Trauma Centers" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule entitled "Licensure of Air Ambulance Services" adopted. F. May 29, 2009; eff. June 18, 2009. Repealed: New Rule of same title adopted as R. 111-9-2-.06. F. June 10, 2011; eff. June 30, 2011. Repealed: New Rule of same title adopted as R. 511-9-2-.06. F. December 14, 2011; eff. January 3, 2012.



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

## (1) Applicability.

(a) No person shall operate, advertise, or hold themselves out to be an 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 or disaster 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.

(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 ambulance service 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 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 O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

## (4) Standards for Ambulances.

## (a) General.

1. 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. Ambulances, including raised roof van or modular type, must meet be of a design and safety standards as approved by the department ~~that meets a 60-inch headroom requirement in the patient compartment~~. 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 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 ambulances must be equipped with approved safety belts for all seats.
3. Prior to their use, ambulances must be inspected and approved by the department and so registered by affixing a department decal at a location specified by the department.
4. Each ambulance service may place up to one-third (rounded to nearest whole number) of its registered 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, an ambulance removed from service must be reported to the department.
6. All registered ambulances 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.

(b) Insurance:

1. Each registered ambulance shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.
2. No ambulance shall be registered nor shall any registration be renewed unless the 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 ambulance 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 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 ambulance service license.
3. EMS providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the department.

(c) Service License Fee:

1. Every 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 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.

(d) Communication:

1. Each registered ambulance 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 in which they operate.~~

2. All ambulance providers shall have two-way communication between each ambulance and the location receiving requests for emergency service.

~~(3) The ambulance communication system shall be able to operate within the regional emergency medical services communications plan.~~

(e) Infectious Disease Exposure Control:

1. Each ambulance service shall have a written infectious disease exposure control plan approved by the local medical director.

2. Ambulance 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.

(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 ambulance; however, other equipment and supplies may be added as desired.

(5) Records of Ambulance Services.

(a) Records of each ambulance response shall be made by the ambulance service in a manner, frequency and on such printed or electronic 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 and completed by the EMS 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. An electronic file of all responses must be submitted to the department in a manner and frequency approved by the department.~~

(b) An 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.

(e)(d) A dispatch record shall be maintained on all calls received. 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 dispatched and time of dispatch;
8. Time arrived at scene;
9. Time left scene;
10. Time arrived at patient's destination; and
11. Destination of patient.

(6) General Provisions for 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 ambulance while transporting a patient shall be manned by not less than two emergency medical services personnel (~~emergency medical technician-basic, emergency medical technician, emergency medical technician-intermediate, advanced emergency medical technician, cardiac technician, or paramedic~~), one of whom must be in the patient compartment. Only one individual licensed at the ~~emergency medical technician – basic level or emergency medical technician level~~ can be used to satisfy this requirement. 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.

(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) Ambulance services 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 ambulance. When the first ambulance is on a call, ambulance providers shall respond to each additional emergency call within their designated geographic territory as requested provided that medics and an ambulance are available. If medics and an ambulance are not available, the ambulance provider shall request mutual aid assistance. If mutual aid assistance is not available the ambulance provider shall respond with its next available ambulance.

(h) Medical Direction for Ambulance Services.

1. To enhance the provision of emergency medical care, each ambulance service, except those in counties with populations less than 12,000, shall have a medical director. The local medical director shall be a physician licensed to practice medicine in the state of Georgia and subject to approval by the ~~regional EMS council~~ department. The local medical director must agree in writing to provide medical direction to that particular ambulance service.

2. The local medical director shall serve as medical authority for the ambulance service, serving as a liaison between the 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. All emergency medical services personnel shall comply with appropriate policies, protocols, requirements, and standards of local medical director for that service, ~~or the policies, protocols, requirements, and standards provided by the regional medical director for those services not having a medical director~~, provided that such policies are not in conflict with these Rules and Regulations 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 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, and contact is made with medical control by that medic, a physician/patient relationship is established between the patient and the physician providing medical control. The physician is responsible for the management of the patient and the medic acts as an agent of medical control unless a patient's physician is present. When a physician other than the patient's physician on the scene of a medical emergency properly identifies himself and demonstrates his willingness to assume responsibility for patient management and documents his intervention by signing the patient care report, the medic should place the intervening physician in communication with medical control. If there is disagreement between the intervening physician and the medical control physician, or if the intervening physician refuses to speak with medical control, the medic should continue to take orders from the medical control physician.

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 ambulance services must adhere to all regional zoning plans approved by the department. Any ambulance that arrives at the scene of an emergency without having been ~~requested or~~ designated as responsible by the regional zoning plan, shall provide the emergency medical care necessary to sustain and stabilize the patient until the arrival of the designated ambulance provider. A non-designated ambulance provider shall not transport a patient from the scene of a medical emergency except under the following conditions:

1. The designated ambulance is canceled by the appropriate dispatching authority with express approval of the responding designated ambulance provider 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 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 ambulance service shall file a copy of the patient care report to the department within seven days of the transport to including an explanation of the incident to the department within seven calendar days of the transport. include an explanation of the circumstances and the need for the non-designated 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 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) Ambulance ~~providers~~ services shall not misrepresent or falsify any information on forms filed with the department or completed as a result of any ambulance response.
  - (m) Ambulance ~~providers~~ services shall not employ, continue in employment, or use as EMS-~~personnel~~ 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.
  - (n) ~~The ambulance provider administration~~ Ambulance services shall report ~~incidents of substance abuse or personnel impairment occurring with licensed personnel within their service to the department~~ to the department 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, 31-9-2, 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. **History:** Original Rule entitled "Revocation of License" 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 "General Provisions for Ambulance Providers" adopted. F. Aug. 21, 1986; eff. Sept. 10, 1986. Amended: F. Aug. 16, 1990; eff. Sept. 5, 1990. Repealed: New Rule entitled "Licensure of Medical First Responder Services" adopted. F. Oct. 21, 1993; eff. Nov. 10, 1993. Repealed: New Rule entitled "Licensure of Ambulance Services" adopted. F. Feb. 25, 2005; eff. Mar. 17, 2005. Repealed: New Rule entitled "Licensure of Ground Ambulance Services" adopted. F. May 29, 2009; eff. June 18,