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## NOTICE OF PROPOSED RULEMAKING **-Rescheduled Public Meeting-**

### "Emergency Medical Services" Revision to Regulation Chapter 511-9-2

The Department of Public Health (DPH) sent out the below Notice of Proposed Rulemaking, and had originally scheduled a public meeting for in-person comments on April 9, 2018. The original Notice can be found on the DPH website. The new date is being rescheduled for:

**Friday April 13, 2018, at 11am, in the EOC Briefing Room at 2 Peachtree Street, N.W., 3<sup>rd</sup> Floor, Atlanta Georgia 30303.**

The Department of Public Health, through its Office of Emergency Medical Services and Trauma, proposes the attached amendment to DPH Regulations Chapter 511-9-2-.07 pursuant to its authority under O.C.G.A. Sections 31-2A-6 and 31-11-5.

The purpose of the proposed rulemaking is to revise the minimum staffing requirement for ground ambulance services while transporting a patient. The current regulation requires that all emergency transports be staffed by not less than two emergency medical services personnel, only one of whom may be licensed at the EMT level; the other medic must be licensed at a higher level, e.g., EMT-Intermediate, Advanced EMT, Cardiac Technician, or Paramedic. This requirement is out of date and not consistent with industry standard. The proposed amendment revises DPH Regulation Chapter 511-9-2-.07(6)(b) to allow both medics in ground emergency transports to be licensed at the EMT level.

A handwritten signature in black ink, appearing to read 'M. Zain Farooqui', is written over a horizontal line.

M. Zain Farooqui  
Associate General Counsel  
Georgia Department of Public Health

# **RULES OF THE DEPARTMENT OF PUBLIC HEALTH**

## **CHAPTER 511-9-2 Emergency Medical Services**

### **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 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 design and safety standards as approved by the department. The interior of the patient compartment shall provide a minimum volume of 30 cubic feet of enclosed and shelf storage space that shall be conveniently located for medical supplies, devices, and installed systems as applicable for the service intended. The 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 communications.

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

(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 in accordance with Chapter 511-9-2-.11 of these regulations.

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

(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.

(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~~ medics, one of whom must be in the patient compartment. ~~Only one individual licensed at the 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 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, 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 care and transportation. When a medic arrives at the scene of a medical emergency, the medic may act as an agent of a physician when a physician-patient relationship has been established.

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

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

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

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

(j) All licensed 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 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 designated ambulance service; or
2. Medical control determines that the patient's condition is life-threatening or otherwise subject to rapid and significant deterioration and there is clear indication that, in view of the estimated time of arrival of the designated 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 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 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 services shall not employ, continue in employment, or use as medics any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.

(n) Ambulance services shall report 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.