



Kathleen E. Toomey, M.D., M.P.H., **Commissioner**

Brian Kemp, **Governor**

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Atlanta, Georgia 30303-3142

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March 26, 2020

By email to: aparules@sos.ga.gov

Administrative Procedure Section
Office of the Secretary of State

RE: Letter of Transmittal
Georgia Department of Public Health, Emergency Medical Services & Trauma
Amendment to Ga. Comp. R. & Regs. 511-9-2

Dear Colleagues:

Attached please find an electronic copy of the above listed rules in Microsoft Word format, as well as a .pdf file of the signed Certification Page, for filing with the Secretary of State in accordance with Georgia Code Section 50-13-4(b) and Rule 590-2-1-.04. In accordance with Georgia Code Section 31-5-1, the amended rules will become effective on March 26, 2020.

If you have any questions regarding this action, please contact me at (678) 215-4745.

Respectfully,

A handwritten signature in black ink, appearing to read 'Marlon Bull', written over a white background.

Marlon Bull
Associate General Counsel

Enclosures



CERTIFICATION OF ADMINISTRATIVE RULES

FILED WITH THE SECRETARY OF STATE BRAD RAFFENSPERGER

Pursuant to O.C.G.A. §§ 50-13-3, 50-13-4 and 50-13-6, I do hereby certify that the attached emergency rule is a correct copy as promulgated and adopted on the 26 day of March, 2020.

GEORGIA DEPARTMENT OF PUBLIC HEALTH; OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA

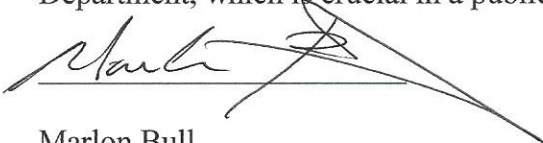
Filed: March 26, 2020

Emergency Rule 511-9-2-0.2-.20 entitled Emergency Medical Services Rules of COVID-19 Response is hereby adopted. The effective date shall be March 26, 2019 until June 30, 2020 or for the duration of the Public Health Emergency, as specified by subsection (b) of Section 4 of the Georgia Administrative Procedure Act.

This action is taken pursuant to O.C.G.A. § 50-13-4(b).

Justification for Emergency Rule:

Pursuant to O.C.G.A. § 50-13-4(b), in response to the COVID-19 public health emergency, the National Emergency declaration by President Donald Trump on March 13, 2020, the Public Health State of Emergency declared by Governor Brian Kemp on March 14, 2020, and the need to maintain an adequate workforce of Emergency Medical Services (“EMS”) Personnel, the Department of Public Health seeks to increase the number of persons able to function as medics in Georgia, as defined in Ga. Comp. R. & Regs. 511-9-2-0.2-.20. This emergency rule also requires EMS agencies to promptly provide patient care reports to hospitals and to the Department, which is crucial in a public health emergency.



Marlon Bull

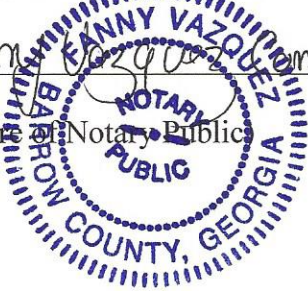
Associate General Counsel

(Signature of Officer authorized to promulgate and adopt rules and regulations, or his deputy.)

Sworn to and subscribed before me this 26th day of March, 2020.

 Tanny Vazquez, Notary Public, exp. 11, 2023

(Signature of Notary Public)



**RULES
OF THE
GEORGIA DEPARTMENT OF PUBLIC HEALTH
EMERGENCY PREPAREDNESS**

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

Emergency Rule 511-9-2-0.2-.20 Emergency Medical Services Rules for COVID-19 Response

(1) EMS Workforce

(a) “Good Standing” as used in this rule refers to a license that is unrestricted, not on probation, suspension and is not currently under investigation, and has had no adverse actions taken against that are still in effect.

(b) “Temporary License (Medic)” is defined as a license at the EMT, EMT-Intermediate, AEMT, Cardiac Technician or Paramedic level that is issued by the Department during a public health emergency. A temporary license shall not be valid for longer than 30 days past the existence of a declared public health emergency in Georgia and is non-renewable except as deemed necessary by the Department. Temporary licenses will only be issued to applicants who are sponsored by an EMS Agency, hospital, or acute care medical facility. A temporary license may be issued by the Department to:

1. A person who is currently licensed as an EMS professional in good standing in another U.S. State or Territory; or
2. A person who was previously licensed by the Department as a medic and was in good standing when their Georgia medic license lapsed. Applicants must have a Georgia medic license that lapsed on or after March 31, 2017.

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

(d) For the duration of this emergency rule, the following replaces DPH Rule 511-9-2-.06, paragraph (6), subparagraph (a), subparagraphs 1 and 2, related to the staffing of air ambulances:

1. When responding to an emergency scene at least one of the personnel shall be a registered nurse, physician assistant, nurse practitioner, or physician and the second person must be a paramedic, both of whom must be licensed in Georgia, and one of whom must not hold a temporary license;

2. When responding for an interfacility transfer, at least one of the personnel shall be a registered nurse, nurse practitioner, physician assistant, or physician and the second person must be at least a paramedic or other non-EMS licensed healthcare provider as approved by either the transferring or receiving physician, both of whom must be licensed in Georgia, and one of whom must not hold a temporary license;

(e) For the duration of this emergency rule, the following replaces DPH Rule 511-9-2-.07, paragraph (6), subparagraph (b), related to the staffing of ground ambulances:

1. Each ground ambulance while transporting a patient shall be manned by either:

(i) Not less than two medics, one of whom must be in the patient compartment, and at least one of whom must be a medic who does not hold a temporary license; or

(ii) Not less than one medic and one registered nurse, physician assistant or physician, both of whom must be licensed in Georgia and in good standing, and at least one of whom does not hold a temporary license. The registered nurse, physician assistant or physician must be present in the patient compartment during patient transport.

2. During times of significant EMS personnel shortage, as determined by the Department, a ground ambulance EMS Agency may petition the Department to allow a single Georgia licensed medic to serve as the attendant of the patient(s) during transport, and the driver of the ground ambulance to be staffed by:

(i) Any rostered member of a certified Georgia Fire Department who has undergone a background check that has been found to be acceptable by the Georgia Firefighters Standards and Training Council; or

(ii) Any officer holding current certification by the Georgia Peace Officer Standards and Training Council who has undergone a background check that has been found to be acceptable by the Georgia Peace Officer Standards and Training Council.

(f) The Department may establish guidelines, requirements and procedures that allows persons previously licensed by the Department as a medic to apply for, and if all requirements are fulfilled, receive reinstatement of their previously lapsed medic license. Applicants must have a Georgia medic license that lapsed between March 31, 2017 and March 31, 2020.

(2) Data Reporting Requirements for EMS Agencies

(a) The contents of subparagraphs (b) and (c) of this paragraph hereby replaces the following DPH rule sections for the duration of this emergency rule:

1. Rule 511-9-2-.06, paragraph (5) - Records of Air Ambulance Providers;
2. Rule 511-9-2-.07, paragraph (5) - Records of Ambulance Services;
3. Rule 511-9-2-.08, paragraph (5), subparagraphs (h) and (i) - Records of Neonatal Transport Response; and
4. Rule 511-9-2-.09, paragraph (5) - Records of Medical First Responder Services.

(b) Responses

1. EMS Agencies shall maintain a dispatch record 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:

- (i) Date call received;
- (ii) Time call received;
- (iii) Source of call;
- (iv) Call back telephone number;
- (v) Location of patient;
- (vi) Apparent problems;
- (vii) Unit and crew dispatched and time of dispatch;
- (viii) Time arrived at scene;
- (ix) Time left scene;
- (x) Time arrived at transferring facility;
- (xi) Time left transferring facility;
- (xii) Time arrived at patient's destination or receiving facility; and
- (xiii) Destination of patient.

2. Electronic Patient Care Reports (ePCRs) shall be completed by the responding crew for each response made by any vehicle, crew or medic for each EMS Agency, and must be completed before the end of the current work shift for the responding crew. EMS Agencies shall electronically submit all ePCRs to the Department within 24 hours of call completion, and each submission shall comply with the Department's data submission requirements related to transmission, format, accuracy, completeness, uniformity, integration, validity and accessibility. In the event of a failure of the EMS Agency's ePCR software or the hardware used to access the software, the responding crew must complete a paper PCR that is substantially similar to the EMS Agency's ePCR and the response information must be entered into the EMS Agency's ePCR software and submitted to the Department within 24 hours of the resolution of the software or hardware failure. All ePCR software or hardware failures must be reported to the Department within 12 hours of the failure and must be documented by the EMS Agency in a log that shall be made available for inspection by the Department.

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

- (i) patient first name, last name, gender, and date of birth;
- (ii) name of the EMS Agency and names of the crew members that transported the patient;
- (iii) date and time when the call was received;
- (iv) date and time when the transporting EMS Agency crew arrived on scene, left the scene and arrived at the destination;
- (v) date and time when the patient was injured, last known to be well, and had a return of spontaneous circulation;
- (vi) date and time of first medical contact;

- (vii) name of any first responder agency that cared for or made contact with the patient;
- (viii) patient history, chief complaint, exam findings, and any treatments provided;
- (ix) transporting EMS Agency incident number; and
- (x) any other information available to the EMS Agency that is necessary for the continued care of the patient at the receiving facility.

(c) Personnel Roster

1. EMS Agencies shall submit rosters to the Department of all licensed medics, nurses, physician assistants and physicians employed by, volunteering for, or contracted by the EMS Agency. Rosters shall be submitted on forms specified by the Department with a minimum set of data elements specified by the Department, in compliance with the following:

- (i) EMS Agencies must submit additions to their roster of any driver (excluding helicopter pilots), medic, nurse, physician assistant or physician prior to the person being permitted to staff an ambulance or medical first responder vehicle; and
- (ii) EMS Agencies must submit deletions or modifications to their roster within 96 hours of the employment status change.

Authority: O.C.G.A. §§ 31-2A-6, 31-11-1 and 31-11-5