



August 27, 2021

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

Revisions to Rule 511-9-2-.01 “Purpose”

Revisions to Rule 511-9-2-.02 “Definitions”

Revisions to Rule 511-9-2-.06 “Licensure of Air Ambulance Services”

Revisions to Rule 511-9-2-.07 “Licensure of Ground Ambulance Services”

Revisions to Rule 511-9-2-.08 “Licensure of Neonatal Transport Services”

Revisions to Rule 511-9-2-.09 “Licensure of Medical First Responder Services”

Revisions to Rule 511-9-2-.11

“Inspections of Ambulance Services, Air Ambulance Services, Neonatal Transport Services, and Medical First Responder Services”

Revisions to Rule 511-9-2-.12 “Licensure of Emergency Medical Services Personnel”

Revisions to Rule 511-9-2-.13

“Licensure Renewal for Emergency Medical Services Personnel”

Revisions to Rule 511-9-2-.14 “[Repealed]”

Revisions to Rule 511-9-2-.15

“General Provisions for Emergency Medical Technician”

Revisions to Rule 511-9-2-.17

“Standards for Emergency Medical Service Instructors and Instructor/Coordinators”

Revisions to Rule 511-9-2-.18 “Standards of Conduct for Licensees”

Revisions to Rule 511-9-2-.19 “Disciplinary Actions Against Licensees”

The Department of Public Health (“DPH”) proposes the attached revisions to Chapter 511-9-2 of its regulations. The revisions relate to adding a new level of EMS Provider, the Emergency Medical Technician-Responder (“EMT-R”), clarifying the CLIA Certificate requirements for EMS Agencies, requiring EMS Agencies to list the Office of EMS and Trauma as an additional insurance certificate holder, clarifying the renewal requirements for EMS Instructors with Paramedic Endorsement, adding language regarding retirement for Medics and Instructors, allowing a deceased status with recognition of service for Medics and Instructors who die while licensed, allowing for the downgrading of Medic and Instructor licenses, clarifying data reporting requirements for EMS Agencies, and establishing reinspection fees for Ambulance Services, and are proposed pursuant to DPH’s authority under O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-1 to 31-11-82.

EMT-R license level

In March of 2020, as a result of the COVID-19 pandemic, there was the need to rapidly increase the EMS workforce. An Emergency Rule was released by DPH that allowed for Temporary and Provisional Licenses and allowed for EMS Agencies with significant shortages to staff Ground Ambulances with a driver who was either a rostered member of a certified Georgia Fire Department or an officer with current POST certification. This Emergency Rule was then replaced in August of 2020 to allow for Non-Licensed Drivers on Ground Ambulances with some restrictions. This allowed thirty-eight (38) EMS Agencies the ability to better staff their non-emergency Ground Ambulances, which was crucial to the COVID-19 efforts for the state of Georgia. While the Public Health Emergency has ended, which means that the Emergency Rule is ending as well, there still exists the need to bolster the EMS workforce in Georgia. One way to do that is to add additional licensed personnel to the EMS workforce and adding the EMT-Responder (EMT-R) level (based on the national EMR level), while it won’t solve all the workforce problems, it will allow for an increase in the workforce, and will allow personnel to have a quicker pathway to gain licensure.

A proposal to add the EMT-R level to Georgia was proposed to the statewide EMS Advisory Council (EMSAC) and the statewide EMS Medical Directors Advisory Council (EMSMDAC) on June 30th. Both groups passed motions to support the proposal. The EMT-R license level has also been supported by the Georgia Ambulance Provider’s Association, the Georgia Fire Chiefs Association, the Region 2 Director’s Association, and multiple EMS Agencies across the state.

There have been some concerns related to the EMT-R proposal expressed by individual Medics or EMS Agencies, and in one case a Regional EMS Council. Most of the concerns stem from the idea that adding this license level would reduce the level of care provided to patients on 9-1-1 calls, and that this may increase the workload on EMTs, EMT-Is, AEMTs, CTs, and Paramedics, because the EMT-R can’t attend to the patient during transport. The same kind of concern was expressed when a rule revision was released a few years ago that would allow for two (2) EMTs on a ground ambulance, and yet GEMSIS data reveals that in 2020, only 0.3% (4,282 out of 1,390,071) of all 9-1-1 Ground Ambulance calls had both providers licensed at the EMT level. On the other hand, several EMS Agencies have indicated that they would in fact be unable to staff all of their 9-1-1 Ground Ambulances if they are not able to use the EMT-R license level when they need it. Given all of this feedback, a middle-ground was reached, in that having an EMT-R on a 9-1-1 Ground Ambulance would only be allowed if the EMS Agency attests that they need the license level to be able to appropriately staff 9-1-1 Ground Ambulances (see below).

Proposed revisions to Rule 511-9-2-.07 “Licensure of Ground Ambulance Services” set the standards that:

1. A Ground Ambulance may not have more than one person licensed at the EMT-R level;
2. EMT-Rs may not serve as the primary patient caregiver during transport on a Ground Ambulance unless the EMT-R is also licensed as RN/NP/PA/MD/DO.
3. 9-1-1 Ground Ambulances may not be staffed by any EMT-R unless the EMT-R is also an RN/NP/PA/MD/DO or the Ground Ambulance Service submits all of the following:

- a. An attestation that the Ground Ambulance Service is unable to fully staff 9-1-1 Ground Ambulances and the public welfare may be negatively affected unless they able to utilize EMT-R on 9-1-1 Ground Ambulances; and
- b. The Ground Ambulance Service Medical Director fully supports the use of EMT-R on 9-1-1 Ground Ambulances.

In addition to the above, EMT-Rs would also be able to serve as the driver on a Neonatal Transport Vehicle and would be able to staff a Medical First Responder Vehicle.

Additional concerns were expressed that this EMT-R proposal would be setting Georgia back in our advancement of our EMS system, especially when compared to other states, and yet a survey of other states found that 39/49 (79.59%) license a level below EMT, in most cases this is the EMR level (73.4%). The survey also revealed the following:

- In 30/49 (61.22%) states, the lower-level provider (EMR) is able to staff non-emergency transport ground ambulances, with an additional 2/49 (4.08%) allowing it sometimes.
- In 28/49 (57.14%) states, the lower-level provider (EMR) is able to staff a 9-1-1 ground ambulance, with an additional 5/49 (10.20%) allowed it sometimes. This is over 67% of other states who allow the lower-level license to staff 911 ground ambulances at least sometimes.

Finally, other concerns were expressed about the Scope of Practice for the EMT-R level and that it lacks key skills necessary for the emergency treatment of patients. It should be noted the Scope of Practice is not listed in Rule, but in the Scope of Practice for EMS Personnel document, and is decided by the EMS Medical Directors Advisory Council (EMSMDAC). All of the comments or concerns about the approved skills for the EMT-R license level have been provided to EMSMDAC and are being addressed by the EMSMDAC Scope of Practice Committee.

Proposed revisions to Rule 511-9-2-.13 “Licensure Renewal for Emergency Medical Services Personnel” adds the renewal requirements for the EMT-R license level, including 16 hours of continuing education and maintaining National Registry EMR status.

In summary, adding the EMT-R license level in Georgia is consistent with other states, is not going to reduce the care provided to patients, and is not going to be required for use by any agency. The EMT-R license level will allow those EMS Agencies (that need additional licensed personnel to respond to calls) to have additional resources to address the EMS workforce needs in their communities. While this new level will not fix all the EMS workforce issues, it is an important step in creating more opportunities for expansion of the EMS workforce.

Additional Proposed Revisions

Proposed revisions to Rule 511-9-2-.01 “Purpose” include allowing the Director or Medical Director of the Office of EMS and Trauma to waive rules during a disaster or state of emergency.

Proposed revisions to Rule 511-9-2-.02 “Definitions” includes new definitions for “CLIA”, “EMT-R”, “Licensee”, “PSAP”, and “Scope of Practice”. These definitions allow for clarification of terms used in DPH Rules and Regulations related to EMS.

Proposed revisions to Rule 511-9-2-.06 “Licensure of Air Ambulance Services” include clarification that the Air Ambulance Service and all its Air Ambulances must be approved by the Federal Aviation Administration (FAA).

Proposed revisions to Rule 511-9-2-.07 “Licensure of Ground Ambulance Services” and to Rule 511-9-2-.09 “Licensure of Medical First Responder Services” remove the statement that a Medical Director is not needed in counties with populations less than 12,000. Currently every EMS Agency, even those present in counties with less than 12,000, has a Medical Director, so the current language is not required. Further, EMS Agencies who do not have a Medical Director will not be able to purchase pharmaceuticals or devices requiring a physician authorization, and that agency’s Medics would not be able to administer medications or perform procedures in the Scope of Practice for EMS Personnel without online medical control approval. Further, the removal of this language was recommended in the State of Georgia Assessment performed by the National Highway Traffic Safety Administration Technical Assistance Team.

The proposed revisions to Rules 511-9-2-.06, 511-9-2-.07, 511-9-2-.08, and 511-9-2-.09 also include that all EMS Agencies must list the Georgia Office of EMS and Trauma (OEMST) as an additional certificate holder on the vehicle insurance that the EMS Agency has – this is so that OEMST will be notified if the EMS Agency cancels its vehicle insurance. EMS Agencies who cancel their vehicle insurance while still currently licensed would be in violation of O.C.G.A. § 31-11-33. *Insurance coverage as condition of licensing.*

Further, the proposed revisions to Rules 511-9-2-.06, 511-9-2-.07, 511-9-2-.08, and 511-9-2-.09 also include that each EMS Agency must have a current CLIA certificate in compliance with 42 CFR §493.2. While this is new in DPH Rules and Regulations, this has been a requirement at the Federal level for any agency who tests any portion of the human body for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings. This means that a CLIA certificate is required for any entity (e.g., EMS Agencies) who tests blood for a blood glucose. Medical First Responder Services who are not *also* licensed as an Ambulance service will be exempt from having a CLIA certificate if the Medical First Responder Service submits an attestation that no Medic or other person employed by or acting on behalf of the Medical First Responder Service will be permitted to examine materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.

Proposed revisions to Rule 511-9-2-.11 “Inspections of Ambulance Services, Air Ambulance Services, Neonatal Transport Services, and Medical First Responder Services” establishes re-inspection fees for Ambulances Services (Air, Neonatal, Ground). Inspection checklists are posted on the OEMST webpage, and each EMS Agency understands that their vehicles will be inspected prior to going in service and annually thereafter. Vehicles are required to pass inspection, pursuant to O.C.G.A. §§ 31-11-9 and 31-11-34. A significant administrative burden is created on the State of Georgia when EMS Agencies have vehicles that are unable to become compliant before an OEMST staff member leaves their location, and the staff member is required to schedule and perform (a) vehicle re-inspection(s). OEMST personnel have had to re-visit an EMS Agency 2, 3, 4 and even 5 times for re-inspections on vehicles, and this causes real cost to the State of Georgia, therefore a re-inspection fee will be charged when EMS Agencies have ambulances that are unable to become compliant before the OEMST staff member departs the location.

Proposed revisions to Rule 511-9-2-.12 “Licensure of Emergency Medical Services Personnel” and Rule 511-9-2-.17 “Standards for Emergency Medical Service Instructors and Instructor/Coordinators” include the clarification of “Retirement” for a Medic, Instructor or Instructor/Coordinator license, allows for a request from the next of kin of an individual who dies while licensed in good standing to have the license(s) placed in a “deceased” status and to obtain a certificate of service from OEMST. In addition, the proposed revisions to 511-9-2-.12 and 511-9-2-.17 allow for Medic, Instructor, and Instructor/Coordinator licenses in good standing to be downgraded (based on the license level) upon request and application to OEMST.

Proposed revisions to Rule 511-9-2-.14 “[Repealed]” includes the renaming of the Rule to “Mandatory Reporting Requirements for EMS Agencies and Medics” and memorializes and updates data reporting requirements enacted in

Emergency Rule 511-9-2-0.3-.20 – Updated Emergency Medical Services Rules for COVID-19 Response. Previously, DPH Rules 511-9-2-.06, 511-9-2-.07, 511-9-2-.08, and 511-9-2-.09 included sections on the data reporting requirements specific to Air Ambulance Services, Ground Ambulance Services, Neonatal Transport Services, and Medical First Responder Services, respectively. The proposed revisions include removing those sections from Rules 511-9-2-.06, 511-9-2-.07, 511-9-2-.08, and 511-9-2-.09 and consolidating them with updates to Rule 511-9-2-.14. The proposed revisions specify that EMS Agencies must have a Data Management Policy, must maintain a dispatch record (with defined minimum data points), and must submit electronic Patient Care Reports (ePCRs) to OEMST within 24 hours of call completion. Further, the proposed revisions specify who must enter and complete the ePCR and clarify the roster reporting requirements for EMS Agencies. In addition, the proposed revisions include that EMS Agencies must notify OEMST if any Medic, Instructor, or Instructor/Coordinator has: been providing services while under the influence of drugs or alcohol; been arrested/indicted/charged/convicted of a felony, crime of violence, or crime of moral turpitude; violated laws of Georgia or other jurisdiction (other than minor traffic offenses); or violated DPH Rules, Scope of Practice, or OEMST policies. The proposed revisions also specify that EMS Agencies must report any violation of a Regional Zoning Plan or any theft of an EMS Agency vehicle that is registered by OEMST.

Proposed revisions to Rule 511-9-2-.15 “General Provisions for Emergency Medical Technician” clarifies that any person driving a vehicle registered to an EMS Agency must have a valid driver’s license.

Further, proposed revisions to Rule 511-9-2-.17 “Standards for Emergency Medical Service Instructors and Instructor/Coordinators” clarify that renewal requirements for EMS Instructors with Paramedic Endorsement are the same as for an EMS Instructor/Coordinator (Paramedic).

Proposed revisions to Rule 511-9-2-.18 “Standards of Conduct for Licensees” include additional standards of conduct related to Scope of Practice, data integrity, duty to act, continuity of patient care, protection of patients and the public, and misappropriation of anything belonging to a patient/employer/public.

Proposed revisions to Rule 511-9-2-.19 “Disciplinary Actions Against Licensees” include clarifying language on the fines for licensees.

The proposed amendments have been posted to the Department’s website at <https://dph.georgia.gov/regulationsrule-making>. Interested persons may submit comments on these proposed revisions in writing addressed to:

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Written comments must be submitted on or before Sunday, September 26, 2021. Due to the COVID-19 pandemic, there will not be a physical in-person meeting, however, oral comments may be presented via phone or via WebEx at a public meeting scheduled for 1:00 p.m. on Wednesday, September 15, 2021. To join the public meeting:

- To join by computer:
 - <https://gdph.webex.com/gdph/j.php?MTID=ml d965b44b5fc529f63cf8637200f1172>
 - Meeting number: 179 516 8052
 - Password: cCBABnG@275 (22222641 from phones)
- Join by phone

- +1-408-418-9388 United States Toll
- Access code: 179 516 8052
- Password: 22222641 from phones

The Commissioner of Public Health will consider the proposed rules for adoption on or about Monday, September 27, 2021, to become effective on or about Thursday, October 28, 2021.



Megan Andrews
Director of Government Relations
Georgia Department of Public Health

**RULES OF THE
DEPARTMENT OF PUBLIC HEALTH**

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

Rule 511-9-2-.01 Purpose

Rule 511-9-2-.02 Definitions

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

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

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

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

Rule 511-9-2-.11 Inspections of ~~EMS Agencies, Ambulance Services, Air Ambulance Services, Neonatal Transport Services, and Medical First Responder Services~~

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

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

Rule 511-9-2-.14 Mandatory Reporting Requirements for EMS Agencies and Medics~~[Repealed]~~

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

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

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

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

Rule 511-9-2-.01 Purpose

- (1) These rules establish standards for Ground aAmbulance services, Aair Aambulance Sservices, Mmedical Ffirst Responder Sservices, Neonatal Transport Sservices, designation of Specialty Care Centers and base station facilities, statewide and regional advisory councils, training and licensing requirements for Medics, EMS Instructor licensing, EMS Instructor/Coordinator licensing, and course approval requirements for Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, ~~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, disaster, or state of emergency in order to provide timely critical care and transportation to the injured or ill. Such waiver shall be in writing and filed with the Commissioner of the Department of Public Health.

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

Rule 511-9-2-.02 Definitions

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

- (a) "Advanced Cardiac Life Support (ACLS) Certification" means successful completion of a course recognized by the Department which utilizes nationally recognized advanced cardiac care standards.
- (b) "Advanced Emergency Medical Technician" or "AEMT" means a person who has been licensed by the Department after having successfully attained certification by the National Registry of Emergency Medical Technicians (NREMT) as an Advanced Emergency Medical Technician (AEMT).
- (c) "Advanced Life Support (ALS)" means the assessment, and if necessary, treatment or transportation by ambulance, utilizing medically necessary supplies and equipment provided by at least one individual licensed above the level of Emergency Medical Technician.
- (d) "Advanced Tactical Practitioner (ATP)" means a certification issued by the United States Special Operations Command (USSOCOM) Medic Certification Program.
- (e) "Air Ambulance" means a rotary-wing aircraft registered by the Department that is specially constructed and equipped and is intended to be used for air medical emergency transportation of patients.
- (f) "Air Ambulance Service" means an agency or company operating under a valid license from the Department that uses ~~A~~air ~~A~~ambulances to provide ~~A~~ambulance ~~S~~service.
- (g) "Ambulance Service" means the provision of emergency care and transportation for a wounded, injured, sick, invalid, or incapacitated human being to or from a place where medical care is furnished; or an entity licensed to provide such services.
- (h) "Approved" means acceptable to the Department based on its determination as to conformance with existing standards.
- (i) "Authorized Agent" means a person with the legal authority to sign on behalf of the legal owner of a business entity.
- (j) "Base of Operations" means the primary location at which administration of the EMS Agency or EMS Initial Education Program occurs and where records are maintained. All licensed EMS Agencies and designated EMS Initial Education Programs must designate one Base of Operations location within the State of Georgia.
- (k) "Basic Life Support (BLS)" means treatment or transportation by ~~G~~ground ~~A~~ambulance vehicle or treatment with medically necessary supplies and services involving non-invasive life support measures.
- (l) "Board" means the Board of Public Health.
- (m) "Cardiac Technician" means a person who has been licensed by the Department after having successfully completed an approved ~~C~~cardiac ~~T~~technician certification exam, or licensed by the Composite State Board of Medical Examiners, now known as the Georgia Composite Medical Board, prior to January 1, 2002. This is a historical reference only, as no new ~~C~~cardiac ~~T~~technician licenses will be issued.
- (n) "Charge" means a formal claim of criminal wrongdoing brought by a law enforcement official or prosecutor against an individual, whether by arrest warrant, information, accusation, or indictment.
- (o) "CLIA" means the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263a) and regulations (42 CFR 493) which specifies the federal standards applicable to all U.S. facilities or sites that test human specimens for health assessment or to diagnose, prevent, or treat disease.
- ~~(p)~~ "Clinical Preceptor" means a licensed Emergency Medical Technician – Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-

Intermediate, Cardiac Technician, Paramedic, IV team member, licensed practical nurse, registered nurse, physician's assistant, allied health professional or physician who meets the requirements for preceptors as established by the Department.

- ~~(p)(q)~~ "Commissioner" means the Commissioner of the Department of Public Health.
- ~~(q)(r)~~ "Communication Protocols" means guidelines that specify which emergency interventions require direct voice order from medical control in the rendering of prehospital emergency medical care to a patient and may include other guidelines relative to communication between Medics and medical control.
- ~~(r)(s)~~ "CPR Certification" means successful completion of a healthcare provider course in cardiopulmonary resuscitation which is recognized by the Department.
- ~~(s)(t)~~ "Department" means the Department of Public Health, Office of Emergency Medical Services and Trauma.
- ~~(t)(u)~~ "Designated 911 Zone Provider" means an EMS agency providing Ground Ambulance service and operating under a valid Ground Ambulance license issued by the Department, which is granted a specific geographical territory or Emergency Response Zone to provide emergency transport services following a Public Call in compliance with the Regional Ambulance Zoning Plan for the respective EMS Region.
- ~~(u)(v)~~ "Emergency" means a request for a non-planned response or an urgent need for the protection of life, health, or safety, as perceived by a prudent layperson.
- ~~(v)~~ ~~"Emergency Medical Responder" or "EMR" means a person who has successfully completed an Emergency Medical Responder course approved by the Department.~~
- (w) "Emergency Medical Services" or "Emergency Medical Services System" or "EMS" or "EMS System" means the integrated system of medical response established and designed to respond, assess, treat, and facilitate the disposition of victims of acute injury or illness and those in need of medically safe transportation. EMS also includes medical response provided in hazardous environments, rescue situations, disasters and mass casualties, mass gathering events, as well as interfacility transfer of patients and participation in community health activities.
- (x) "Emergency Medical Services Agency" or "EMS Agency" means an Air Ambulance Service agency, Ground Ambulance agency Service, Medical First Responder agency Service, or Neonatal Transport agency Service licensed by the Department.
- (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.
- (z) "Emergency Medical Services Medical Director" or "EMS Medical Director" or "Medical Director" means a physician licensed to practice in this state who provides medical direction to an EMS Agency licensed by the Department or an EMS Initial Education Program designated by the Department.
- (aa) "Emergency Medical Services Medical Directors Advisory Council" or "EMSMDAC" means an advisory council that provides advice to the Department on issues essential to medical direction of the EMS system.
- (bb) "Emergency Medical Services Personnel" or "EMS Personnel" means any Emergency Medical Technician - Responder, Emergency Medical Technician, Emergency Medical Technician-Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic licensed by the Department ~~or any Emergency Medical Responder.~~
- (cc) "Emergency Medical Service Region" or "EMS Region" means a geographic area identified by the Department for the purpose of administratively sub-dividing the Emergency Medical Services system

in this state. Each EMS Region shall be comprised of counties from one or more health districts established by the Department.

- (dd) "Emergency Medical Technician" or "EMT" means a person who has been licensed by the Department after being certified by National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Technician (EMT).
- ~~(ee)~~ (ee) "Emergency Medical Technician - Intermediate" or "EMT-I" means a person who has been licensed by the Department after being certified by the National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Technician - Intermediate (EMT-I) prior to March 31, 2013, or licensed by the former Georgia Department of Human Resources as an EMT prior to January 1, 2002. This is a historical reference only, as no new Emergency Medical Technician - Intermediate licenses will be issued.
- ~~(ee)(ff)~~ (ff) "Emergency Medical Technician – Responder" or "EMT-R" means a person who has been licensed by the Department after being certified by the National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Responder (EMR).
- ~~(ff)(gg)~~ (gg) "Emergency Response Zone" or "ERZ" means a geographical territory identified by the Department within each EMS Region for the purposes of providing emergency medical transport services by designated Ground Ambulance Services following a Public Call.
- ~~(gg)(hh)~~ (hh) "EMS Initial Education Program" means an instructional program of Department-approved EMS initial education courses at the EMR, EMT, AEMT, and/or Paramedic levels.
- ~~(hh)(ii)~~ (ii) "EMS Initial Education Program Sponsor" or "Sponsor" means a Georgia licensed EMS Agency or Fire Department; accredited hospital, clinic, or medical center; accredited educational institution, or other Department approved entity that has accepted responsibility for the operation of an EMS Initial Education Program.
- ~~(ii)(jj)~~ (jj) "EMS Instructor" means an individual who is qualified to teach EMS continuing education courses, community education programs, and who is licensed to coordinate or serve as the lead instructor of National Continued Competency Requirement (NCCR) courses as specified by the National Registry of Emergency Medical Technicians (NREMT), and who is further licensed to coordinate or serve as the lead instructor of an EMR initial education course approved by the Department.
- ~~(jj)(kk)~~ (kk) "EMS Instructor/Coordinator (AEMT)" or "EMS I/C (A)" means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, or AEMT course approved by the Department.
- ~~(kk)(ll)~~ (ll) "EMS Instructor/Coordinator (EMT)" or "EMS I/C (E)" means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR or EMT course approved by the Department.
- ~~(ll)(mm)~~ (mm) "EMS Instructor/Coordinator (Paramedic)" or "EMS I/C (P)" means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, AEMT, or Paramedic course approved by the Department.
- ~~(mm)(nn)~~ (nn) "EMS Instructor with Paramedic Endorsement" or "EMS Instructor (Paramedic)" means an individual who was previously licensed by the Department as a Level III EMS Instructor; who does not hold an associate degree or higher, but who otherwise meets all requirements for licensure as an EMS Instructor/Coordinator (Paramedic); and who is qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, or AEMT course approved by the Department and to serve as an instructor in an initial Paramedic course approved by the Department. This is a historical reference only, as no new EMS Instructor with Paramedic Endorsement licenses will be issued.

- ~~(mm)~~(oo) "Good Standing" as used in this rule refers to a license that is not lapsed, is unrestricted, not on probation or suspension, is not currently under investigation, has no pending actions against it, and has had no adverse action taken against it that is still in effect.
- ~~(oo)~~(pp) "Ground Ambulance" means a motor vehicle registered by the Department that is specially constructed and equipped and is intended to be used for emergency transportation of patients.
- ~~(pp)~~(qq) "Ground Ambulance Service" means an agency or company operating under a valid license from the Department that uses Ground Ambulances to provide Ambulance Service.
- ~~(qq)~~(rr) "Health District" means a geographical district designated by the Department of Public Health pursuant to O.C.G.A. § 31-3-15.
- ~~(rr)~~(ss) "Invalid Car" means a non-emergency transport vehicle used only to transport persons who are convalescent or otherwise non-ambulatory, and do not require medical care during transport.
- ~~(ss)~~(tt) "License (Agency)" means a license issued to a Medical First Responder Service or to a Ground Ambulance Service, Air Ambulance Service or Neonatal Transport Ambulance Service which signifies that the agency's facilities, vehicles, personnel, and operations comply with Title 31, Chapter 11 of the Official Code of Georgia Annotated, the regulations promulgated thereunder, and the policies of the Department.
- ~~(tt)~~(uu) "License (Medic or Instructor)" means a license issued to a person which signifies that the person has met the requirements for the respective level of individual licensure specified in Title 31, Chapter 11 of the Official Code of Georgia Annotated, the regulations promulgated thereunder, and the policies of the Department.
- ~~(uu)~~(vv) "Licensee" means all persons licensed by the Department pursuant to Chapter 31-11 and/or these rules, all owners and officers of entities licensed pursuant to Chapter 31-11, and all applicants for a license pursuant to Chapter 31-11 and/or these rules.
- ~~(vv)~~(ww) "License Officer" means the Commissioner of Public Health or his/her designee.
- ~~(ww)~~(xx) "License Renewal Cycle" means a period of time established by the Department for renewal of licenses.
- ~~(xx)~~(yy) "Medic" means an individual who is currently licensed by the Department as an Emergency Medical Technician – Responder, Emergency Medical Technician, Emergency Medical Technician - Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic.
- ~~(yy)~~(zz) "Medical Control" means the clinical guidance from a physician to EMS Personnel regarding the prehospital management of a patient.
- ~~(zz)~~(aaa) "Medical Direction" means the administrative process of providing medical guidance or supervision including but not limited to system design, education, critique, and quality improvement by a physician to EMS Personnel, EMS Initial Education Programs, and EMS Agencies.
- ~~(aaa)~~(bbb) "Medical First Responder Service" means an agency or company duly licensed by the Department that provides on-site care until the arrival of the Department's Designated 911 Zone Provider.
- ~~(bbb)~~(ccc) "Medical First Responder Vehicle" means a motor vehicle registered by the Department for the purpose of providing response to emergencies.
- ~~(ccc)~~(ddd) "Medical Protocol" means prehospital treatment guidelines, approved by the local EMS Medical Director, used to manage an emergency medical condition in the field by outlining the permissible and appropriate medical treatment that may be rendered by EMS Personnel to a patient experiencing a medical emergency or injury.
- ~~(ddd)~~(eee) "Neonatal Transport Personnel" means licensed or certified health care professionals specially trained in the care of neonates.

- ~~(ddd)~~(fff) "Neonatal Transport Service" means an agency or company operating under a valid license from the Department that provides facility-to-facility transport for Neonates, infants, children or adolescents.
- ~~(eee)~~(ggg) "Neonatal Transport Vehicle" or "Neonatal Ambulance" means a motor vehicle registered by the Department that is equipped for the purpose of transporting Neonates to a place where medical care is furnished.
- ~~(fff)~~(hhh) "Neonate" means an infant 0 - 184 days of age, as defined by the Georgia Regional Perinatal Care Program.
- ~~(ggg)~~(iii) "Nurse" means an individual who is currently licensed in the State of Georgia as a Registered Nurse or Licensed Practical Nurse.
- ~~(hhh)~~(jjj) "Office of Emergency Medical Services and Trauma" means the regulatory subdivision of the Georgia Department of Public Health that is directly responsible for administration of the statewide EMS system.
- ~~(iii)~~(kkk) "Paramedic" means a person who has been licensed by the Department after having been certified by the National Registry of Emergency Medical Technicians (NREMT) as a Paramedic, certified by the United States Special Operations Command (USSOCOM) as an Advanced Tactical Practitioner (ATP), or licensed as a Paramedic by the Composite State Board of Medical Examiners, now known as the Georgia Composite Medical Board, prior to January 1, 2002.
- (lll) "Patient Care Report" or "Prehospital Care Report" or "PCR" means the required written or electronic data set that is submitted to the Department or to an acute care facility by an EMS Agency regarding each request for an EMS response. The required data set shall include all data elements specified by the Department.
- ~~(jjj)~~—
- ~~(kkk)~~(mmm) "Provisional License" (Agency)" means a license issued to an EMS Agency on a conditional basis to allow a newly established EMS Agency to demonstrate that its facilities and operations comply with state statutes and these rules and regulations.
- (nnn) "Provisional License (Medic)" is defined as a license at the EMT, AEMT or Paramedic level that is issued by the Department to a person who is provisionally certified by the National Registry of Emergency Medical Technicians (NREMT) at the respective level of application. Provisional licenses are non-renewable except in times of a prolonged public health emergency or as deemed necessary by the Department.
- ~~(lll)~~(ooo) Public Safety Answering Point or "PSAP" means an answering location for 911 calls originating in a given area.
- ~~(mmm)~~(ppp) "Public Call" means a request for an Ground Ambulance Service from a member of the public to a Public Safety Answering Point (PSAP) when dialing "9-1-1" or the PSAP's ten-digit phone number, or a request for an ambulance by any law enforcement agency, fire department, rescue squad, or any other public safety agency.
- ~~(nnn)~~(qqq) "Reasonable Distance" means the allowable distance for patient transport established by the local EMS Medical Director based on the ambulance service's geographical area of responsibility, the ambulance service's ability to maintain emergency capabilities, and hospital resources.
- ~~(ooo)~~(rrr) "Regional Ambulance Zoning Plan" means the Department approved method of distributing emergency calls among designated Ground Ambulance Services in designated geographical territories or Emergency Response Zones within each EMS Region in the State.
- ~~(ppp)~~(sss) "Regional Emergency Medical Services Medical Director" or "Regional EMS Medical Director" means a person, having approval of the Regional EMS Council and Office of Emergency Medical Services and Trauma, who is a physician licensed to practice medicine in this state, familiar with the design and operation of prehospital emergency care, experienced in the prehospital emergency care of

acutely ill or injured patients, and experienced in the administrative processes affecting regional and state prehospital Emergency Medical Services systems.

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

(uuu) "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.

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

~~(sss)~~(www) "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) "Specialty Care Transport" means transportation in a registered ~~G~~ground ~~A~~Ambulance, ~~A~~air ~~A~~Ambulance or ~~N~~eonatal ~~A~~ambulance during which certain special skills above and beyond those taught in state approved initial ~~P~~paramedic education are utilized. Provided, however, that this definition is not intended to authorize a ~~M~~medic to operate beyond his or her ~~S~~scope of ~~P~~practice.

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

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

(1) Applicability

(a) No person shall operate, advertise, or hold themselves out to be an ~~A~~air ~~A~~ambulance ~~S~~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~~Department. However, this Rule shall not apply to the following:

1. An air ambulance or air ambulance service operated by an agency of the United States government;
2. A vehicle rendering assistance temporarily in the case of a declared major catastrophe, ~~or~~ disaster, or public health emergency which is beyond the capabilities of available Georgia licensed ~~A~~air ~~A~~ambulance ~~S~~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~~EMS Agency;
6. An air ambulance or air ambulance service owned and operated by a governmental entity whose primary role is not to transport patients by air ambulance, and who is not receiving payment for such services;
7. An air ambulance or air ambulance service owned and operated by a bona fide non-profit charitable institution and that is not for hire.

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

~~(3)~~ (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.

~~(3)~~(4) Air Ambulance Services must have appropriate and current Federal Aviation Administration (FAA) approval to operate an Air Ambulance Service or Helicopter Air Ambulance Operation, as defined in 14 CFR § 135.

~~(4)~~(5) Standards for Air Ambulances

(a) General:

1. Air Ambulances must have appropriate and current FAA approval (pursuant to 14 CFR § 135 and other applicable federal regulations) to operate as an Air Ambulance service;
2. Air Ambulances must be maintained on suitable premises that meet the county health code and the ~~D~~department's specifications. The ~~D~~department is authorized to establish policy to define minimal standards for suitable premises and base of operations.
3. The ~~A~~air ~~A~~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 ~~A~~air ~~A~~ambulances must be equipped with approved safety belts and restraints for all seats.

5. Prior to use, ~~A~~air ~~A~~ambulances must be inspected and approved by the ~~department~~Department and so registered by affixing a ~~department~~Department decal at a location specified by the ~~department~~Department.
 6. Prior to disposal by sale or otherwise, an ~~A~~air ~~A~~ambulance removed from service must be reported to the ~~department~~Department.
 7. The ~~department~~Department shall utilize the airframe's "N" number issued by the FAA to identify each registered ~~A~~air ~~A~~ambulance.
 8. Whenever an ~~A~~air ~~A~~ambulance ~~provider~~Service utilizes an unregistered air ambulance as a backup air ambulance, the ~~A~~air ~~A~~ambulance ~~Service~~provider must contact the ~~department~~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 ~~A~~air ~~A~~ambulance ~~provider~~Service must have bodily injury, property damage, and professional liability insurance coverage that meets or exceeds 14 C.F.R. § 205.5.
 2. No ~~A~~air ~~A~~ambulance shall be registered nor shall any registration be renewed unless the ~~A~~air ~~A~~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 ~~A~~air ~~A~~ambulance license ~~or registration~~. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license officer, in such form as he may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the ~~A~~air ~~A~~ambulance ~~S~~service license.
 3. ~~A~~ir ~~A~~ambulance ~~providers~~Services must maintain files as required by the FAA.
 - 3.4. ~~The Air Ambulance shall list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.~~
- (c) Service License Fee:
1. Every ~~A~~air ~~A~~ambulance ~~S~~service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall pay an annual license fee, ~~to include an agency license fee and a per-ambulance license fee~~, in an amount to be determined by the Board of Public Health. The amount of said license fee may be periodically revised by said Board, and shall be due upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.
- (d) Communication:
1. Each registered ~~A~~air ~~A~~ambulance shall be equipped with a two-way communication system that provides air ambulance-to-hospital communications.
 2. Each registered ~~A~~air ~~A~~ambulance shall have two-way communication with the location receiving requests for emergency service.
- (e) Infectious Disease Exposure Control:
1. Each ~~A~~air ~~A~~ambulance ~~Service~~provider shall have a written exposure control plan approved by their ~~M~~medical ~~D~~irector.
 2. Air ~~A~~ambulance ~~providers~~Services and ~~E~~mergency ~~M~~medical ~~S~~services ~~P~~ersonnel 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.

~~23.~~ 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.

~~34.~~ 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.~~

~~(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 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.~~

~~(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 ~~A~~air ~~A~~ambulance while in service shall be staffed by two Georgia licensed ~~personnel~~healthcare providers:
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 ~~P~~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 ~~P~~paramedic or other non-EMS licensed healthcare provider as approved by either the transferring or receiving physician, both of whom must be licensed in Georgia;
 3. Personnel shall have successfully completed training specific to the air ambulance environment;
 4. Personnel shall neither be assigned, nor assume the cockpit duties of the flight crew members concurrent with patient care duties and responsibilities;
 5. Personnel shall have documentation of successful completion of training specific to patient care in the air ambulance transport environment in general and licensee's operation, in specific, as required by the ~~D~~department; and
 6. If a ~~P~~paramedic possesses an additional Georgia healthcare provider license, then the ~~P~~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 ~~A~~air ~~A~~ambulance ~~Services~~providers utilizing registered ~~A~~air ~~A~~ambulances.
- (c) Air ~~A~~ambulance ~~S~~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~~Services
1. The ~~A~~air ~~A~~ambulance ~~S~~service ~~M~~medical ~~D~~director shall be a physician licensed to practice medicine in the state of Georgia and subject to approval by the ~~department~~Department. The ~~A~~air ~~A~~ambulance ~~S~~service ~~M~~medical ~~d~~Director must agree in writing to provide medical direction to that particular ~~A~~air ~~A~~ambulance ~~S~~service.
 2. The ~~A~~air ~~A~~ambulance ~~Service~~ ~~M~~medical ~~D~~director shall serve as medical authority for the ~~A~~air ~~A~~ambulance ~~provider~~Service, serving as a liaison between the ~~A~~air ~~A~~ambulance ~~provider~~Service and the medical community, medical facilities and governmental entities.
 3. It will be the responsibility of the ~~A~~air ~~A~~ambulance ~~Service~~ ~~M~~medical ~~D~~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 ~~A~~air ~~A~~ambulance ~~Service~~ ~~M~~medical ~~D~~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 ~~A~~air ~~A~~ambulance personnel shall comply with appropriate policies, protocols, requirements, and standards of the ~~A~~air ~~A~~ambulance ~~S~~ervice ~~M~~edical ~~D~~irector, provided such policies ~~and protocols~~ are not in conflict with these Rules and Regulations, ~~the Department-specified Scope of Practice,~~ or other state statutes.
- (f) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency stabilization care and transportation. When a ~~M~~edic arrives at the scene of a medical emergency, the ~~M~~edic 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 ~~M~~edic 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 ~~M~~edical ~~D~~irector; 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 ~~M~~edic takes reasonable steps to immediately verify the medical credentials of the physician.
 2. Once a physician-patient relationship has been established, the ~~M~~edic 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 ~~M~~edical ~~D~~irector, the ~~M~~edic should immediately contact their local ~~M~~edical ~~D~~irector.
- (g) Air ~~A~~ambulance ~~S~~ervices ~~and applicants for Air Ambulance Services~~ shall not misrepresent or falsify any information, ~~applications, forms or data~~ -filed with ~~or submitted to the department~~~~Department-as-a-result-of-any-air-ambulance-response.~~
- (h) Air ~~A~~ambulance ~~S~~ervices shall not employ, continue in employment, or use as ~~M~~edics any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.
 - ~~(i) Air ambulance services shall report to the department any incidents of medics providing services while under the influence of drugs and/or alcohol.~~

(7) CLIA Certification

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

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

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

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

(1) Applicability.

(a) No person shall operate, advertise, or hold themselves out to be an ~~an~~ Ground Ambulance Sservice 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~~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, or public health emergency which is beyond the capabilities of available Georgia licensed ambulance services;
3. An ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;
4. An invalid car or the operator thereof.
5. An ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia unless such ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport.

(b) No provision of these rules shall be construed as prohibiting or preventing a municipality from fixing, charging, assessing or collecting any license fee or registration fee on any business or profession or anyone engaged in any related profession governed by the provisions of these rules, or from establishing additional regulations regarding Ground Ambulance Sservices 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 ~~Department~~license officer, to include at a minimum the name, address, email address, and employer identification number of the owner(s).

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

(4) Standards for Ground Ambulances.

(a) General.

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

4. Each ~~Ground A~~ ambulance ~~S~~service may place up to one-third (rounded to nearest whole number) of its registered ~~Ground A~~ambulances in reserve status. When a ~~R~~reserve ~~A~~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~~Department.
 5. Prior to disposal by sale or otherwise, an ~~Ground A~~ambulance removed from service must be reported to the ~~department~~Department.
 6. All registered ~~Ground A~~ambulances shall have on both sides of the vehicle an identification number designated by the ~~department~~Department. The name of the ~~Ground A~~ Ambulance ~~S~~service and the vehicle identification number shall be visible on each side of the ~~Ground Ambulance vehicle~~ in at least 3-inch lettering for proper identification.
- (b) Insurance:
1. Each registered ~~Ground A~~ambulance shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.
 2. No ~~Ground A~~ambulance shall be registered nor shall any registration be renewed unless the ~~Ground A~~ambulance has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each ~~Ground A~~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~~Department in a manner and on forms specified by the Department, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the ~~Ground A~~ambulance ~~S~~service license.
 3. ~~EMS providers~~Ground Ambulance Services must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the ~~department~~Department.
 - 3.4. ~~The Ground Ambulance Service shall list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.~~
- (c) Service License Fee:
1. Every ~~Ground A~~ambulance ~~S~~service, whether privately operated or operated by any political subdivision of the state or any municipality, as a condition of maintaining a valid license shall pay an annual license fee, to include an agency license fee and a per-ambulance license fee, in an amount to be determined by the Board of Public Health. The amount of said license fee may be periodically revised by said Board, and shall be due upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.
- (d) Communication:
1. Each registered ~~Ground A~~ambulance shall be equipped with a two-way communication system that provides ambulance-to-hospital communications.
 2. All ~~Ground A~~ambulance ~~providers~~Services shall have two-way communication between each ~~Ground A~~ambulance and the location receiving requests for emergency service.
- (e) Infectious Disease Exposure Control:
1. Each ~~Ground A~~ambulance ~~S~~service shall have a written infectious disease exposure control plan approved by the local ~~M~~medical ~~D~~irector.
 2. ~~Ground~~ Ambulance ~~providers~~Services and ~~E~~mergency ~~M~~medical ~~S~~services ~~P~~ersonnel 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~~Department. The ~~department~~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~~Department shall establish through policy the minimum equipment and supplies required on each Ground A 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)~~(5) General Provisions for Ground A Ambulance Services.

- (a) No person shall make use of the word "ambulance" to describe any ground transportation or facility or service associated therewith which such person provides, or to otherwise hold oneself out to be an ambulance service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter.
- (b) Each Ground A ambulance while transporting a patient shall be manned by not less than two Medics, one of whom must be in the patient compartment. If Advanced Life Support is being rendered, personnel qualified to administer the appropriate level of Advanced Life Support must be in the patient compartment and responsible for patient care.

1. A Ground Ambulance may not be staffed by more than one (1) Emergency Medical Technician – Responder.
2. Emergency Medical Technician – Responders may not staff Ground Ambulances that routinely respond to Public Calls, unless:
 - (i) The Emergency Medical Technician - Responder is also licensed as a registered nurse, nurse practitioner, physician assistant or physician; OR
 - (ii) The Ground Ambulance Service provides all of the following on an annual basis to the Department in a manner and on forms specified by the Department:
 - (a) An attestation that the staffing at the EMS Agency is currently insufficient to properly staff Ground Ambulances responding to Public Calls;
 - (b) An attestation that the public welfare may be negatively affected if the Ground Ambulance Service is unable to use the Emergency Medical Technician - Responder license level to staff Ground Ambulances that respond to Public Calls; and
 - (c) An attestation from the Ground Ambulance Medical Director that they fully support the use of Emergency Medical Technician - Responders on Ground Ambulances that respond to Public Calls for the Ground Ambulance Service.
- 4.3. Emergency Medical Technician – Responders who do not hold an additional Georgia license as a registered nurse, nurse practitioner, physician assistant or physician may not serve as the primary patient caregiver during patient transport on a Ground Ambulance.
- (b)(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.
- (e)(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.
- (d)(e) _____ Ground Ambulance Services shall be provided on a twenty-four hour, seven day a week basis.
- (e)(f) _____ Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.
- (f)(g) _____ Sufficient licensed personnel shall be immediately available to respond with at least one Ground Ambulance. When the first Ground Ambulance is on a call, Ground Ambulance Service providers shall respond to each additional emergency call within their designated geographic territory as requested provided that Medics and an Ground Ambulance are available. If Medics and an Ground Ambulance are not available, the Ground Ambulance Service provider shall request mutual aid assistance. If mutual aid assistance is not available the Ground Ambulance Service provider shall respond with its next available Ground Ambulance.
- (g)(h) _____ Medical Direction for Ground Ambulance Services.
 1. To enhance the provision of emergency medical care, each Ground 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 Ground Ambulance Service.

2. The local Mmedical Director shall serve as medical authority for the Ground Ambulance Service, serving as a liaison between the Ground Ambulance Service and the medical community, medical facilities and governmental entities.
3. It will be the responsibility of the local Mmedical 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 Mmedical 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 Mmedical Services Personnel shall comply with appropriate policies, protocols, requirements, and standards of the local Mmedical Director for that Ground Ambulance Service, provided that such policies and protocols are not in conflict with these Rules and Regulations, the Department-specified Scope of Practice, or other state statutes.
 - (i) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency care and transportation. When a Medic arrives at the scene of a medical emergency, the Medic may act as an agent of a physician when a physician-patient relationship has been established.
 1. For purposes of this section, a physician-patient relationship has been established when:
 - (i) A Medic utilizes medical control, either through direct on-line medical control or off-line medical control, by the use of medical protocols established by the local Mmedical 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 Mmedical Director, the Medic should immediately contact their local Mmedical Director.
 - (j) All licensed Ground Ambulance Services must adhere to all Regional Ambulance Zoning Plans approved by the ~~department~~Department. Any Ground Ambulance that arrives at the scene of an emergency without having been designated as responsible by the Regional Ambulance Zoning Plan, shall provide the emergency medical care necessary to sustain and stabilize the patient until the arrival of the designated Ground Ambulance Serviceprovider. A non-designated ~~ambulance provider~~EMS Agency shall not transport a patient from the scene of a medical emergency except under the following conditions:

 1. The designated Ground Ambulance is canceled by the appropriate dispatching authority with express approval of the designated Ground Ambulance Service; or
 2. Medical control determines that the patient's condition is life-threatening or otherwise subject to rapid and significant deterioration and there is clear indication that, in view of the estimated time of arrival of the designated Ground Ambulance, the patient's condition warrants immediate transport. In the event the Medic is unable to contact medical control,

the ~~M~~edic will make this decision. The transporting ~~G~~round ~~A~~mbulance ~~S~~ervice shall file a copy of the ~~P~~atient ~~C~~are ~~R~~eport to the ~~d~~epartment~~D~~epartment ~~within seven days of the transport in compliance with these rules~~, to include an explanation of the circumstances and the need for the non-designated ~~G~~round ~~A~~mbulance ~~S~~ervice to transport the patient.

~~(j)~~(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 ~~M~~edic'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 ~~M~~edical ~~D~~irector; and
 - (iv) The patient does not, in the judgment of the ~~M~~edical ~~D~~irector 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 ~~M~~edical ~~D~~irector, 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 ~~G~~round ~~A~~mbulance ~~S~~ervice 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.

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

~~(l)~~(m) Ground Ambulance ~~S~~ervices shall not employ, continue in employment, or use as ~~M~~edics 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.~~

(6) CLIA Certification

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

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

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

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

(1) Applicability.

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

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

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

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

(3) License Fee.

(a) As a condition of maintaining a valid license, every ~~Neonatal Transport Service~~, whether privately operated or operated by any political subdivision of the state or any municipality, shall pay an annual license fee, to include an agency license fee and a per-ambulance license fee, in an amount to be determined by the Board of Public Health. The license fee may be periodically revised by the Board, and shall be due upon the initial issuance of the license and each year thereafter on the anniversary date of the initial license issuance.

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

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

(5) Standards for Neonatal Transport Vehicles.

(a) General.

1. A registered ~~Neonatal Transport Vehicle~~ is a special type of vehicle and must be maintained on suitable premises that meet the county health code and the ~~department~~Department's specifications. The ~~department~~Department is authorized to establish policy to define minimum standards for suitable premises and ~~Base of Operations~~.
2. The registered Neonatal Transport Vehicle must be properly equipped, maintained, and operated in accordance with these rules and regulations so as to contribute to the general well-being of patients. Heat and air conditioning must be available and operational in both the patient compartment and driver compartment.
3. The Neonatal Transport Vehicle must have sufficient floor space to accommodate two neonatal transport isolettes and a crew of three in the patient compartment.
4. Each Neonatal Transport Vehicle must be equipped with an electrical generator of at least 3.0 kilowatt output and an electrical inverter or motor generator of at least 1000 watts capacity.
5. There must be at least one compressed air outlet and one oxygen outlet available to each isolette.
6. There must be at least one duplex electrical outlet available to each isolette.
7. There must be at least one electrical wall-mounted suction outlet in the vehicle.
8. All registered ~~Neonatal Transport Vehicles~~ must be equipped with approved safety belts for all seats.

9. Registered ~~N~~neonatal ~~T~~ransport ~~V~~ehicles must be inspected and approved by the ~~department~~Department and so designated by affixing a ~~department~~Department decal at a location specified by the ~~department~~Department.
 10. Prior to disposal by sale or otherwise, a registered ~~N~~neonatal ~~T~~ransport ~~V~~ehicle removed from service must be reported to the ~~department~~Department.
 11. All registered ~~N~~neonatal ~~T~~ransport ~~V~~ehicles shall have on both sides of the vehicle an identification number designated by the ~~department~~Department. The name of the service and the number shall be visible on each side of the vehicle in at least 3-inch lettering for proper identification. In addition each vehicle shall have the words "neonatal" or "neonatal transport" prominently displayed on each side of the vehicle.
- (b) Insurance.
1. Every registered ~~N~~neonatal ~~T~~ransport ~~V~~ehicle shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.
 2. No ~~N~~neonatal ~~T~~ransport ~~V~~ehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each ~~n~~Neonatal ~~T~~ransport ~~S~~ervice license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the license office, in such form as the license officer may specify, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the neonatal transport service license.
 - ~~3.~~ Neonatal ~~T~~ransport ~~S~~ervice providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the ~~department~~Department.
 - ~~3.4.~~ The Neonatal Transport Service must list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.
- (c) Communication.
1. Each registered ~~N~~neonatal ~~T~~ransport ~~V~~ehicle shall be equipped with a two-way communication system that provides ambulance-to-hospital communications.
- (d) Infectious Disease Exposure Control.
1. Each ~~N~~neonatal ~~T~~ransport ~~S~~ervice shall have a written infectious disease exposure control plan approved by the local medical director.
 2. Neonatal ~~T~~ransport ~~S~~ervice providers and ~~E~~mergency ~~M~~edical ~~S~~ervices ~~P~~ersonnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.
- (e) Equipment and Supplies.
1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and shall be readily accessible when needed.
 2. Supplies may not be used after their expiration date.
 3. In order to substitute any item from the required items, written approval must be obtained from the ~~department~~Department. The ~~department~~Department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.
 4. Vehicles approved to operate as both a ~~N~~neonatal ~~T~~ransport ~~V~~ehicle and an ~~a~~ Ground ~~A~~mbulance must be inspected as both.
 5. The ~~department~~Department shall establish through policy the minimum equipment and supplies required for each neonatal transport unit while being used to transport ~~N~~eonates; however, other equipment may be added as desired.

(f) Supplies and Medications.

1. The types and quantities of supplies and medications to be carried in the vehicle while being used to transport neonates shall be determined by the ~~M~~medical ~~D~~irector of the ~~N~~eonatal ~~T~~ransport ~~S~~ervice in conformance with current medical standards of care in the treatment and transportation of neonates.
2. A listing of the supplies and medications shall be updated at least annually and signed by the ~~M~~medical ~~D~~irector and a copy thereof is to be in the vehicle at all times. This list shall be used for any inspection purposes by the ~~department~~Department.

(g) Personnel.

1. Neonatal ~~T~~ransport ~~P~~ersonnel shall function under protocols developed by the ~~M~~medical ~~D~~irector.
2. Neonatal ~~T~~ransport ~~P~~ersonnel with appropriate skills to treat and transport a neonate must be in the patient compartment during transport. Documentation attesting to their qualifications shall be signed by the local ~~M~~medical ~~D~~irector and on file at the base location.
3. The driver of the vehicle shall be a Georgia licensed ~~M~~edic.
4. A minimum of two patient care personnel shall be in the patient compartment and shall consist of any combination of the following during initial transport to the tertiary care center as determined by the local ~~M~~medical ~~D~~irector:
 - (i) Paramedic;
 - (ii) Registered Nurse;
 - (iii) Respiratory Care Technician;
 - (iv) Physician's Assistant; or
 - (v) Physician.

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

~~(h) Records of Neonatal Transport Response.~~

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

~~(i) A dispatch record shall be maintained on all calls received. The record shall contain at a minimum, when applicable, but not be limited to, the following:~~

- ~~1. Date call received;~~
- ~~2. Time call received;~~
- ~~3. Source of calls;~~
- ~~4. Call back telephone number;~~

- ~~5. Location of patient;~~
- ~~6. Apparent problems;~~
- ~~7. Unit dispatched and time of dispatch;~~
- ~~8. Time arrived at scene;~~
- ~~9. Time left scene;~~
- ~~10. Time arrived at transferring facility (if applicable);~~
- ~~11. Time left transferring facility (if applicable);~~
- ~~12. Time arrived at receiving facility; and~~
- ~~13. Destination of patient.~~

(6) General Provisions.

- (a) The local ~~M~~medical ~~D~~irector shall be a physician licensed to practice medicine in the state of Georgia, be a member of the staff of the neonatal intensive care facility from which the service originates or with which the service is contracted, and provide medical direction for the ~~N~~eonatal ~~T~~ransport ~~S~~ervice.
- (b) Neonatal ~~T~~ransport ~~S~~ervices shall be provided on a twenty-four hour, seven day a week basis.
- (c) ~~Neonatal transport services shall report to the department any incidents of medics providing services while under the influence of drugs or alcohol.~~ Neonatal Transport Services and applicants for Neonatal Transport Services shall not misrepresent or falsify any information, applications, forms or data filed with or submitted to the Department or completed as a result of any ambulance response.

(7) CLIA Certification

- (a) All Neonatal Transport Services must maintain current CLIA certification as a laboratory that is permitted to perform waived tests, as defined in 42 CFR §493.2.
 - 1. Documentation regarding this certification must be submitted to the Department in a manner and on forms specified by the Department.

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

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

(1) Applicability.

- (a) No person shall ~~operate, advertise, or~~ hold ~~himself themselves~~ out to be a ~~M~~medical ~~F~~first ~~R~~responder ~~S~~service, or advertise as such in the state of Georgia without first meeting the following requirements and being duly licensed by the ~~department~~Department.
- (b) However, the provisions of this chapter shall not apply to:
1. Any first responder unit operated by an agency of the United States government.
 2. Any rescue organization licensed by the Georgia Emergency Management ~~and Homeland~~ Security Agency, including its individual members.
 3. Any person or designated first responder unit directly requested to the scene of an emergency by an appropriate public safety agency or ambulance service for the purpose of rendering on-site care, rescue or extrication, until the arrival of a duly licensed ~~Ground A~~ambulance ~~S~~service, ~~Air Ambulance Service~~, or duly licensed ~~M~~medical ~~F~~first ~~R~~responder ~~S~~service. This includes agencies routinely requested to the scene in this manner that cannot or choose not to meet the requirements of these rules.
 4. Any supervisory vehicle of a licensed ambulance service.
 5. A person rendering assistance temporarily in the case of a major catastrophe, ~~or disaster, or~~ ~~public health emergency~~ which is beyond the capability of licensed ~~M~~medical ~~F~~first ~~R~~responder ~~S~~services or licensed ~~Ground A~~ambulance ~~S~~services.

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

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

(4) Standards for Medical First Responder Vehicles.

(a) General.

1. Registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicles must be maintained on suitable premises that meet the county health code and the ~~department~~Department's specifications. The ~~department~~Department is authorized to establish policy to define minimum standards for suitable premises and base of operations. The registered ~~Medical First Responder V~~vehicle must be properly equipped, maintained, and operated in accordance with other Rules and Regulations contained herein.
2. All registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicles must be equipped with approved safety belts for all seats.
3. Registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicles must be inspected and approved by the ~~department~~Department and so designated by affixing a ~~department~~Department decal at a location specified by the ~~department~~Department.
4. Prior to disposal by sale or otherwise, a registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicle removed from service must be reported to the ~~department~~Department.

(b) Insurance.

1. Every registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicle shall have at least \$1,000,000 combined single limit (CSL) insurance coverage.
2. No ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicle shall be registered nor shall any registration be renewed unless the vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each ~~M~~medical ~~F~~first

- ~~R~~esponder ~~S~~ervice license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the ~~license officer, in such form as the license officer may specify~~ Department, in a manner and on forms specified by the Department, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will lead to immediate revocation of the ~~M~~edical ~~F~~irst ~~R~~esponder ~~S~~ervice license.
3. Medical ~~F~~irst ~~R~~esponder ~~S~~ervice providers must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the ~~department~~ Department.
- ~~3.4. The Medical First Responder Service must list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.~~
- (c) Communication.
1. All ~~M~~edical ~~F~~irst ~~R~~esponder ~~S~~ervice providers shall have two-way communication between the vehicle and the location receiving requests for emergency service.
- (d) Infectious Disease Exposure Control.
1. Each ~~M~~edical ~~F~~irst ~~R~~esponder ~~S~~ervice shall have a written infectious disease exposure control plan approved by the local ~~M~~edical ~~D~~irector.
 2. Medical ~~F~~irst ~~R~~esponder ~~S~~ervice providers and ~~E~~mergency ~~M~~edical ~~S~~ervices ~~P~~ersonnel shall comply with all applicable local, state and federal laws and regulations in regard to infectious disease control procedures.
- (e) Equipment and Supplies.
1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner and shall be readily accessible when needed.
 2. Supplies may not be used after their expiration date.
 3. In order to substitute any item from the required items written approval must be obtained from the ~~department~~ Department. The ~~department~~ 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~~ Department shall through policy establish the minimum equipment and supplies required on ~~M~~edical ~~F~~irst ~~R~~esponder ~~V~~ehicles ~~units~~; however, other equipment and supplies may be added as desired.
- ~~(5) Records of Medical First Responder Services:~~
- ~~(a) Records of each medical first responder response shall be made by the medical first responder service in a manner, frequency and on such prehospital care report forms as may be approved by the department. A printed or electronic prehospital care report utilizing the set of data elements approved by the department must be completed for each response initiated and completed by the medical first responder provider. Such records shall be available for inspection by the department or its authorized agents during reasonable business hours.~~
- ~~(b) A detailed 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 contain at a minimum, when applicable, but not be limited to, the following:~~
- ~~1. Date call received;~~
 - ~~2. Time call received;~~
 - ~~3. Source of call;~~

4. ~~Call back telephone number;~~
5. ~~Location of patient;~~
6. ~~Apparent problems;~~
7. ~~Unit dispatched and time of dispatch; and~~
8. ~~Time arrived at scene.~~

~~(6)~~(5) General Provisions: Medical First Responder Services.

- (a) Each registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicle when on an emergency call shall be manned by at least one ~~Medic of the following: emergency medical technician, emergency medical technician intermediate, advanced emergency medical technician, cardiac technician, or paramedic.~~ If ~~A~~advanced ~~L~~life ~~S~~support is being rendered, there must be at least one ~~E~~emergency ~~M~~medical ~~T~~technician - ~~I~~intermediate, ~~A~~advanced ~~E~~emergency ~~M~~medical ~~T~~technician, ~~C~~cardiac ~~T~~technician or ~~P~~paramedic responsible for patient care.
- (b) Medical ~~F~~first ~~R~~responder ~~S~~services shall be provided on a twenty-four hour, seven day a week basis.
- (c) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.
- (d) Sufficient licensed personnel shall be immediately available to respond with at least one registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicle. When the first registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicle is on a call, ~~providers Medical First Responder Services~~ shall respond to each additional emergency call within their designated geographic territory as requested providing a ~~M~~medic and a registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicle are available. If a ~~M~~medic and a registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicle are not available, the ~~M~~medical ~~F~~first ~~R~~responder ~~S~~service shall request mutual aid assistance. If mutual aid assistance is not available the ~~provider Medical First Responder Service~~ shall respond with its next available registered ~~Medical First Responder V~~vehicle.
- (e) The driver of a registered ~~M~~medical ~~F~~first ~~R~~responder ~~V~~vehicle, when responding to an emergency call, is authorized to operate the vehicle as an emergency vehicle pursuant to the provisions of O.C.G.A. § 40-6-6.
- (f) Medical Direction for Medical First Responder Services.
 1. To enhance the provision of emergency medical care, each ~~M~~medical ~~F~~first ~~R~~responder ~~S~~service, ~~except those in counties with populations less than 12,000,~~ shall be required to have a ~~M~~medical ~~D~~director. The ~~M~~medical ~~D~~director shall be a physician licensed to practice medicine in this state and subject to approval by the ~~department~~Department. The local ~~M~~medical ~~D~~director must agree in writing to provide medical direction to that particular ~~M~~medical ~~F~~first ~~R~~responder ~~S~~service.
 2. The local ~~M~~medical ~~D~~director shall serve as the medical authority for the ~~M~~medical ~~F~~first ~~R~~responder ~~S~~service, serving as a liaison between the service and the medical community, medical facilities and governmental entities.
 3. It will be the responsibility of the local ~~M~~medical ~~D~~director to provide medical direction and training for the ~~M~~medical ~~F~~first ~~R~~responder ~~S~~service personnel in conformance with acceptable emergency medical practices and procedures.
 4. Duties of the local ~~M~~medical ~~D~~director shall include but not be limited to the following:
 - (i) The approval of policies and procedures affecting patient care;
 - (ii) The formulation of medical protocols and communication protocols;
 - (iii) The formulation and evaluation of training objectives;
 - (iv) Performance evaluation;
 - (v) Continuous quality improvement of patient care; and

- (vi) Development and implementation of policies and procedures for requesting air ambulance transport.
5. The ~~M~~medical ~~D~~irector of a ~~M~~medical ~~F~~irst ~~R~~esponder ~~S~~ervice must coordinate the medical protocols and procedures of the service with the ~~M~~medical ~~D~~irector of the designated ~~G~~round ~~A~~mbulance ~~S~~ervice in the ~~R~~egional ~~A~~mbulance ~~Z~~oning ~~P~~lan.
 6. All ~~E~~mergency ~~M~~medical ~~S~~ervices ~~P~~ersonnel shall comply with appropriate policies, protocols, requirements, and standards of local ~~M~~medical ~~D~~irector for that service, provided that such policies and protocols are not in conflict with these Rules and Regulations, the Department-specified Scope of Practice, -or other state statutes.
- (g) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency care and transportation. When a ~~M~~edic arrives at the scene of a medical emergency, the ~~M~~edic 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 ~~M~~edic 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 ~~M~~medical ~~D~~irector; 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 ~~M~~edic takes reasonable steps to immediately verify the medical credentials of the physician.
 2. Once a physician-patient relationship has been established, the ~~M~~edic 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 ~~M~~medical ~~D~~irector, the ~~M~~edic should immediately contact their local ~~M~~medical ~~D~~irector.
- (h) Medical ~~F~~irst ~~R~~esponder ~~S~~ervices and applicants for Medical First Responder Services shall not misrepresent or falsify any information, applications, forms or data on forms filed with or submitted to the ~~department~~Department.
- (i) Medical ~~F~~irst ~~R~~esponder ~~S~~ervices shall not employ, continue in employment, or use as ~~M~~edics, individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these Rules and Regulations.
 - (j) Medical ~~F~~irst ~~R~~esponder ~~S~~ervices are required to notify the dispatch center designated by the ~~R~~egional ~~A~~mbulance ~~Z~~oning ~~P~~lan as responsible for distributing ~~G~~round ~~A~~mbulance calls prior to departure on any direct calls received.
 - ~~(k) Medical first responder services shall report to the department any incident of medics providing services while under the influence of drugs or alcohol.~~

(6) CLIA Certification

- (a) All Medical First Responder Services must maintain current CLIA certification as a laboratory that is permitted to perform waived tests, as defined in 42 CFR §493.2.
 1. Documentation regarding this certification must be submitted to the Department in a manner and on forms specified by the Department.
 2. Medical First Responder Services who do not hold additional licensure as a Ground Ambulance Service, Air Ambulance Service, or Neonatal Transport Service, shall be exempt from the requirement to maintain a current CLIA certificate, provided that:
 - (i) The Medical First Responder Service submits an attestation that no Medic or other person employed by or acting on behalf of the Medical First Responder Service will be permitted to examine materials derived from the human body for the purpose of providing

information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.

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

Rule 511-9-2-.11 Inspections of ~~EMS Agencies Ambulance Services, Air Ambulance Services, Neonatal Transport Services, and Medical First Responder Services~~

- (1) The ~~De~~partment and its duly authorized agents shall be permitted to enter upon and inspect licensed ~~emergency services~~ EMS Agencies, including registered vehicles, other agency owned vehicles that resemble a first responder vehicle or ambulance, facilities, records applicable to licensure, including but not limited to call logs, vehicle maintenance records, patient care reports, communication tapes, and personnel licensing records in a reasonable manner in regards to the operation of ~~E~~mergency ~~M~~edical ~~S~~ervices. The ~~De~~partment is authorized to set policy for such inspections and records. EMS Agencies shall permit scheduled and unscheduled inspections by the Department and its duly authorized agents.
- (2) When the ~~De~~partment conducts an inspection, the findings shall be recorded on an inspection report form provided for this purpose. The ~~provider or~~ authorized representative of the EMS Agency shall sign a form acknowledging the inspection. Signing this form does not indicate agreement with the findings thereon. A copy or electronic version of the inspection form shall be furnished to the ~~provider~~ EMS Agency within ten business days.
- (a) EMS Agencies or those applying to be an EMS Agency whose Ground Ambulance(s), Air Ambulance(s) or Neonatal Transport Vehicle(s) is/are unable to fully pass the Department-specified inspection and is/are unable to become compliant before the assigned Department personnel depart(s) the inspection site, shall have the inspection(s) recorded as (a) failed inspection(s) and shall be subject to a re-inspection fee for each re-inspection of that/those ambulance(s)/vehicle(s). A subsequent inspection for that/those Ground Ambulance(s), Air Ambulance(s), or Neonatal Transport Vehicle(s) will not be performed until the re-inspection fee is received by the Department. Re-inspection fees will be as follows:
1. For the first re-inspection of a Ground Ambulance, Air Ambulance, or Neonatal Transport Vehicle, the re-inspection fee will be equal to ten percent (10%) of the Department-specified annual Ground Ambulance/Air Ambulance/Neonatal Transport Vehicle license fee.
 2. For the second and subsequent re-inspection(s) of a Ground Ambulance, Air Ambulance, or Neonatal Transport Vehicle, the re-inspection fee will be equal to twenty-five percent (25%) of the Department-specified annual Ground Ambulance/Air Ambulance/Neonatal Transport Vehicle license fee.
- (2)(3) Inspections of pharmaceuticals will be handled in accordance with policies established by the ~~De~~partment and state and federal laws and regulations where applicable.

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

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

- (1) No person shall practice or hold themselves out as an Emergency Medical Technician – Responder, Emergency Mmedical Technician, Emergency Mmedical Technician - Intermediate, Advanced Emergency Mmedical Technician, Cardiac Technician, or Paramedic without being licensed by the Department.
- (2) Prior to licensure, all applicants must be certified by the National Registry of Emergency Medical Technicians (NREMT) at the level for which they are applying, or must be certified by the United States Special Operations Command (USSOCOM) as an Advanced Tactical Paramedic-Practitioner (ATP).
- (3) All applicants for licensure must provide information to the Department in a manner and on forms prescribed-specified by the Department, to include at a minimum the name, home address, mailing address, email address, phone number, date of birth and social security number of the applicant.
- (4) Applicants shall not misrepresent or falsify any information on forms, applications, or-and documents filed with or submitted to the Department for the purpose of licensure or any other purpose specified in these rules.
- (5) The Department may refuse to issue a license to an applicant who has been subject to disciplinary action imposed by another state or lawful licensing or certifying authority.
- (6) All applicants for licensure must submit to a fingerprint based criminal history records check from the Georgia Crime Information Center (GCIC) and the Federal Bureau of Investigation (FBI).
 - (a) Fingerprints shall be in such form and of such quality as prescribed by the departmentDepartment, the GCIC and under standards adopted by the FBI.
 - (b) Fees may be charged as necessary to cover the costs of the records search.
- (7) Fees.
 - (a) All applications for initial licensure must be accompanied by a fee payable to the Department in an amount and form determined by the Department.
 - (b) Fees are not refundable after being submitted.
- (8) Licensing of Individuals with Criminal History.
 - (a) The Department shall deny any license application submitted by an applicant who has been convicted of a felony, a crime of violence, or a crime of moral turpitude; and, may deny any license application submitted by an applicant who has been convicted of driving under the influence or possession of a controlled substance.
 - (b) The Department may deny any license application submitted by an applicant with unresolved criminal charges, whether initiated by arrest warrant, information, accusation, or indictment. This subsection shall not apply to minor traffic offenses.
 - (c) At its discretion, the Department may reconsider an application subject to subsections (a) or (b) above on the ground that;
 1. The conviction has been set aside, pardoned, expunged, or overturned on appeal;
 2. The criminal charges were finally resolved in the applicant's favor through acquittal, dismissal, or nolleprosequi; or
 3. The applicant has demonstrated significant efforts toward rehabilitation, such that the applicant can be trusted with the care of sick or injured patients, their property, and the equipment and supplies that may be entrusted to him or her.
- (9) Any currently licensed Emergency Mmedical Services PersonnelMedic may voluntarily surrender a-their Medic license by notifying the Department in writing a manner and on forms specified by the Department. Once processed by the Department, surrenders are not reversible, and the individual

would need to complete the current Department-specified application process and meet all licensing requirements to obtain a new Medic license.

- (10) Upon request, the Department shall be authorized to place a Medic license in retired status after which the individual will be permitted to continue to use the former licensure level title and number with "(Ret.)" after it. An individual in retired status will not be licensed to perform the duties of a Medic as defined in these rules. Applications for license retirement shall be submitted in a manner and on forms specified by the Department and must be submitted by the Medic themselves. Once processed by the Department, retirements are not reversible, and the individual would need to complete the current Department-specified application process and meet all licensing requirements to obtain a new Medic license. Eligibility requirements for retirement of a Medic license are as follows:
- (a) The individual must be currently licensed as a Georgia Medic, and the Medic license must be in Good Standing at the time of application; and
 - (b) The individual must have a minimum of 15 years of continuous uninterrupted licensure as a Georgia Medic, inclusive of the date of application.
- (11) Upon request from the next of kin to place a Medic license in deceased status and obtain a certificate of active service for an individual who dies while currently licensed in Good Standing as a Georgia Medic, the Department shall be authorized to place the respective Medic license in deceased status and provide a certificate of service to the next of kin. The request shall be accompanied by a certified death certificate or other documents recognized by the Department.
- (12) Downgrades of Medic Licenses. Currently licensed Medics in Good Standing who hold a non-provisional license at the EMT level or higher may voluntarily request the Department to downgrade their Medic license. The request shall be made to the Department in a manner and on forms specified by the Department and shall indicate the requested new level of license. Once processed by the Department, downgrades are not reversible, and the Medic would need to complete the current Department-specified application process and meet all licensing requirements to obtain a higher level of Medic license.
- (a) Permitted downgrades are as follows:
 - 1. Currently licensed Paramedics and Cardiac Technicians in Good Standing will be permitted to request a downgrade to the AEMT, EMT, or EMT-R levels.
 - 2. Currently licensed AEMTs and EMT-Is in Good Standing will be permitted to request a downgrade to the EMT or EMT-R levels.
 - 3. Currently licensed EMTs in Good Standing will be permitted to request a downgrade to the EMT-R level.
 - (b) Applications for downgrade must be accompanied by the following:
 - 1. A fingerprint based criminal history records check from the Georgia Crime Information Center (GCIC) and the Federal Bureau of Investigation (FBI), as described in paragraph (6) of this rule, and subject to paragraph (8) of this rule; and
 - 4.2. An application fee, as described in paragraph (7) of this rule.

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

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

- (1) Licensed ~~E~~emergency ~~M~~medical ~~S~~services ~~P~~personnel, on a schedule and in the manner established by the ~~D~~department, shall submit an application and a non-refundable license renewal fee pursuant to these rules.
- (a) ~~The continuing education requirement for Emergency Medical Technicians, Emergency Medical Technician – Intermediates, Advanced Emergency Medical Technicians, Cardiac Technicians, and Paramedics shall be met by completing Department-approved or Department-recognized continuing education of not less than forty contact hours for each twenty-four month period of the license renewal cycle, with subject matter that includes cardiac care, pediatric care and trauma care. All continuing education must be consistent with the appropriate level EMS course curriculum or above. Training to maintain CPR certification shall be in addition to the continuing education requirement. For Cardiac Technicians and Paramedics, training to maintain ACLS or equivalent shall be in addition to the forty required biennial hours of continuing education.~~
- ~~(a)(b) The continuing education requirement for Emergency Medical Technician – Responders shall be met by completing Department-approved or Department-recognized continuing education of not less than sixteen (16) hours for each twenty-four month period of the license renewal cycle, with subject matter that includes training to maintain CPR certification and all modules and hour requirements specified in the current EMR National Continued Competency Program (NCCP) specified by the National Registry of EMTs (NREMT). All continuing education must be consistent with the appropriate level EMS course curriculum or above.~~
- ~~(b)(c) Continuing education that meets the requirements of this section must be approved in writing or electronic correspondence by the Department or must be recognized by the Department, a regional medical director or local medical director. All approved continuing education must be assigned an approval number by the Department and that number must be included on the course certificate of completion. All continuing education must comply with the continuing education policies of the Department.~~
- ~~(c) Individuals who become licensed or reinstated as emergency medical services personnel during any license renewal cycle shall be considered to have satisfied the requirements of this section for that license renewal cycle.~~
- (d) Licensed ~~E~~emergency ~~M~~medical ~~S~~services personnel shall ~~make available document all continuing education in a manner and on forms specified by to the Department, upon request, proof of continuing education.~~
- ~~(2) Emergency Medical Technician – Responders shall be required to maintain current EMR certification through the National Registry of EMTs throughout the renewal period. Prior to renewal of an Emergency Medical Technician – Responder license, the licensee’s certification through the National Registry of Emergency Medical Technicians shall be renewed.~~
- ~~(2)(3) The Department is authorized to perform random audits of license renewal documentation during each license renewal cycle.~~
- ~~(3)(4) Late renewal is permitted during the six-month period immediately following the expiration date for the last license renewal cycle. Licenses that are not renewed prior to the expiration date are considered to be lapsed, and must be renewed in order for previously licensed individuals to perform the duties and services of a licensee. During this six-month period, a penalty fee for late renewal applies. The penalty fee shall be double the established fee for the level of licensure. After that six-month period, the license will have permanently lapsed and the individual must apply for licensure as a new applicant in accordance with Regulation 511-9-2-.12.~~

~~(4)~~(5) The ~~D~~e~~p~~artment has the authority to mandate a specific license renewal cycle and continuing education modules.

~~(5)~~(6) The ~~D~~e~~p~~artment shall be authorized to waive the continuing education requirements in cases of hardship, disability, illness, military deployment or under such other circumstances as the ~~D~~e~~p~~artment deems appropriate.

~~(6) Upon request, the department shall be authorized to place a license in retired status after which the medic will be permitted to continue to use the former licensure level title and number with "(Ret.)" after it. An individual in retired status will not be licensed to perform the duties of medic as defined in this chapter.~~

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

Rule 511-9-2-.14 Mandatory Reporting Requirements for EMS Agencies and Medics~~[Repealed]~~

- (1) All EMS Agencies shall comply with all federal, state and local data reporting requirements, including all data reporting requirements in these Rules.
- (2) Data Management Policy
- (a) Each EMS Agency that is not contracting out all its requested responses to another EMS Agency is required to have and maintain a Data Management Policy that conforms to the requirements specified by the Department.
1. Each individual that serves as a crew member on any vehicle registered by the EMS Agency shall comply with the EMS Agency's Data Management Policy, provided that the EMS Agency's Data Management Policy is not in conflict with these rules or the policies of the Department.
 2. The Data Management Policy must be submitted in a timeframe and manner specified by the Department and on forms specified by the Department.
- (3) EMS Responses
- (a) EMS Agencies shall maintain a dispatch record on all calls received. The dispatch record shall be made available to the Department within twenty-four (24) hours of a request from the Department, and the record shall be maintained for a minimum of three years and shall contain at a minimum, when applicable, but not be limited to, the following:
1. Date call received;
 2. Time call received;
 3. Source of call;
 4. Call back telephone number;
 5. Location of patient;
 6. Apparent problems;
 7. Unit (unit number, GA EMS Vehicle ID number);
 8. Crew dispatched;
 9. Time of dispatch;
 10. Time arrived at scene;
 11. Time left scene;
 12. Time arrived at transferring facility;
 13. Time left transferring facility;
 14. Time arrived at patient's destination or receiving facility; and
 15. Destination of patient.
- (b) Electronic Patient Care Reports (ePCRs)
1. ePCRs shall be completed for each response made by any vehicle, crew, or Medic for each EMS Agency, as follows:
 - (i) For responses with no patient present, the ePCR shall be entered into the EMS Agency's ePCR software system by one of the crew members present on the responding vehicle before the end of the current work shift for the responding crew member(s).
 - (ii) For responses with one or more patients present, an ePCR for each patient present shall be entered into the EMS Agency's ePCR software system by the primary patient caregiver (of the responding crew for the respective EMS Agency and the respective patient) before the end of the current work shift for the primary patient caregiver for that respective EMS Agency and specific patient.
 - (a) If the primary patient caregiver is unable to enter or complete the ePCR prior to the end of the current scheduled work shift for the primary patient caregiver due to acute

- injury, illness, or death, the EMS Agency shall assign the ePCR entry and completion to another employee of the respective EMS Agency. ePCRs completed pursuant to this paragraph shall be entered into the EMS Agency's ePCR software system and completed within 24 hours of call completion.
- (iii) The individual entering and completing an ePCR is responsible for ensuring that each ePCR is factual and accurate and compliant with the Department's data requirements related to data version, transmission, format, accuracy, completeness, uniformity, integration, validity and accessibility.
2. EMS Agencies shall electronically submit all ePCRs to the Department within 24 hours of call completion, and each submission shall comply with the Department's data submission requirements related to data version, transmission, format, accuracy, completeness, uniformity, integration, validity and accessibility.
 3. In the event of a failure of the EMS Agency's ePCR software or the hardware used to access the software, the responding Medics must complete a paper PCR that is accurate and factual and is substantially similar to the EMS Agency's ePCR and the response information must be entered into the EMS Agency's ePCR software by the responding Medics and submitted to the Department within 24 hours of the resolution of the software or hardware failure.
 - (i) In the event the EMS Agency's software and/or hardware failure extends for longer than 7 calendar days, the EMS Agency shall immediately use the Department's ePCR software for direct entry of ePCRs by the Medics and continue using it until the EMS Agency's software and/or hardware failure is completely resolved.
 4. In the event an EMS Agency's ePCR vendor is unable to submit the EMS Agency's ePCRs to the Department in compliance with this rule, whether as a result of a software failure, hardware failure, validation rule(s) failure, or mis-configuration of the ePCR software, the EMS Agency must submit a ePCR to the receiving facility in printed or electronic form, and the response information must be submitted to the Department within 24 hours of the resolution of the software or hardware failure.
 - (i) In the event the EMS Agency's ePCR vendor is unable to transmit ePCRs to the Department for longer than 7 calendar days, the EMS Agency shall immediately use the Department's ePCR software for direct entry of ePCRs by the Medics and continue using it until the EMS Agency's ePCR vendor is able to transmit ePCRs for the EMS Agency in compliance with this rule.
 5. All ePCR software or hardware failures must be reported to the Department within 12 hours of the failure and must be documented by the EMS Agency in a log that shall be made available for inspection by the Department immediately upon request.
 6. The Department shall be authorized to inspect the ePCR software system of the EMS Agency to ensure compliance with this rule.
- (c) EMS Agency crew members of the vehicle that transports a patient to an acute care facility, hospital, or any other facility that requests a Patient Care Report (PCR), shall deliver a PCR to the receiving facility prior to departing the facility. If the EMS Agency is unable to deliver a complete PCR to the facility electronically or in printed format prior to the departure of the transporting crew from the facility, then the primary patient caregiver of the transporting vehicle shall complete and deliver to the facility a written or printed abbreviated PCR that includes at a minimum, when applicable, the following data elements related to the current incident:
1. patient first name, last name, gender, and date of birth;
 2. name of the EMS Agency and names of the crew members that transported the patient;

3. date and time when the call was received;
4. date and time when the transporting EMS Agency crew arrived on scene, left the scene and arrived at the destination;
5. date and time when the patient was injured, last known to be well, and had a return of spontaneous circulation;
6. date and time of first medical contact;
7. name of any first responder agency that cared for or made contact with the patient;
8. patient history, chief complaint, exam findings, and any treatments provided;
9. transporting EMS Agency incident number; and
10. any other information available to the EMS Agency that is necessary for the continued care of the patient at the receiving facility.

(4) Personnel Roster

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

1. EMS Agencies shall submit additions to their roster of any driver (excluding helicopter pilots), Medic, Nurse, physician assistant, physician, and all other licensed healthcare personnel prior to that person being permitted to staff an Air Ambulance, Ground Ambulance, Neonatal Transport Vehicle or Medical First Responder Vehicle; and
2. EMS Agencies shall submit deletions or modifications to their roster within 96 hours of the employment status change.

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

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

1. Provided services while under the influence of drugs or alcohol;
2. Been arrested or indicted for, charged with, or convicted of any felony, crime of violence, or crime of moral turpitude;
3. Violated the laws of Georgia, another state or territory, or the United States. This shall not include violations which involve minor traffic offenses; or
4. Violated any Department rule or regulation, Scope of Practice, or any of the Department's policies governing EMS in Georgia.

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

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

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

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

- (1) Emergency ~~M~~medical ~~S~~services ~~P~~personnel shall at all times while on duty wear visible identification, to include name, company name and license level and may include the State EMS patch or embroidered facsimile, along with license level rocker. Patches of other ~~certifying or~~ licensing agencies are not an acceptable substitute.
- (2) Emergency ~~M~~medical ~~S~~services ~~P~~personnel shall at all times while on duty have a government issued photo identification on their person. ~~the official department issued identification on their person.~~
- (3) ~~Emergency Mmedical Sservices Ppersonnel, EMS Instructors and EMS Instructor/Coordinators~~ must shall notify the ~~D~~department in a manner and on forms specified by the Department within ten (10) days ~~writing~~ of any change in their name, email address, home address, ~~or~~ mailing address, or phone number.
- (4) All persons operating any vehicle registered to an EMS Agency shall possess a valid and unrestricted driver's license which permits the person to drive and operate the respective vehicle in compliance with all federal, state and local laws, rules and regulations.

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

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

- (1) Licensure of EMS Instructors and EMS Instructor/Coordinators.
 - (a) No individual shall hold himself or herself out as an EMS Instructor unless the individual holds an active EMS Instructor license issued by the Department.
 - (b) No individual shall hold himself or herself out as an EMS Instructor/Coordinator at any level unless the individual holds an active EMS Instructor/Coordinator license issued by the Department.
 - (c) An application for licensure as an EMS Instructor or EMS Instructor/Coordinator shall be submitted on the form specified by the Department and shall include adequate demographic information and documentation that the applicant meets all licensure requirements set forth in this rule.
 - (d) Once issued, a license shall be valid for a period of two years or until the biennial renewal date established by the Department.
 - (e) The Department may deny an application for licensure as an EMS Instructor or EMS Instructor/Coordinator, or revoke or otherwise sanction a license, after notice and an opportunity for a hearing, upon any of the grounds set forth in Rule 511-9-2-.18.
- (2) Eligibility for Licensure as an EMS Instructor or EMS Instructor/Coordinator.
 - (a) EMS Instructor. All applicants for initial licensure as an EMS Instructor must meet the following requirements:
 1. Current CPR Certification that is maintained throughout the Instructor license period.
 2. Successful completion of a Department-recognized instructional techniques course, Department-recognized EMS instructional preparation curriculum, or Department-recognized equivalent not more than three (3) years prior to the application.
 3. Current Georgia healthcare license that is maintained throughout the instructor license period in a field specified by the Department, together with documentation of a minimum length of continuous licensure in Georgia or another state or territory at an approved healthcare license level.
 - (b) EMS Instructor/Coordinator. All applicants for initial licensure as an EMS Instructor/Coordinator must meet the following requirements:
 1. Minimum Requirements for all Instructor/Coordinator Levels.
 - (i) Current CPR Certification that is maintained throughout the Instructor/Coordinator license period.
 - (ii) Successful completion of a Department-recognized EMS instructional preparation curriculum or Department-recognized equivalent not more than three (3) years prior to the application.
 - (iii) Current Georgia healthcare license that is maintained throughout the instructor/coordinator license period in a field specified by the Department that is at or above the Instructor/Coordinator level, together with documentation of a minimum length of continuous licensure and active clinical practice in Georgia or another state or territory at that healthcare license level.
 - (iv) Documentation of competency in national EMS clinical standards as evidenced by:
 - (I) For an applicant who is licensed by the Department, current certification from the National Registry of Emergency Medical Technicians (NREMT) which is maintained throughout the Instructor/Coordinator license period, as follows:

- I. An applicant licensed by the Department as an EMT, AEMT, or Paramedic shall hold NREMT certification at the applicant's Medic license level;
 - II. An applicant licensed by the Department as an EMT-I shall hold NREMT certification at the EMT level; and
 - III. An applicant licensed by the Department as a Cardiac Technician shall hold NREMT certification at the AEMT level; or
- (II) For an applicant who is licensed by a Georgia licensing authority other than the Department, successful completion of the NREMT assessment exam at or above the Instructor/Coordinator level within a time frame specified by the Department.
- (v) Documentation of at least forty (40) hours of active teaching/internship in a Department-approved EMS Initial Education Program that meets or exceeds objectives specified by the Department.
2. Additional Requirements for EMS Instructor/Coordinator (Paramedic).
 - (i) Current ACLS Certification that is maintained throughout the Instructor/Coordinator license period.
 - (ii) An Associate Degree or higher from an academic institution that is accredited by an institutional accrediting agency recognized by the United States Department of Education. The degree may be in any major.
- (3) License Renewal for EMS Instructors and EMS Instructor/Coordinators.
- (a) Licensed EMS Instructors and EMS Instructor/Coordinators may renew their licenses biennially by submitting a renewal application on or before the expiration date. A renewal application shall be submitted on the form specified by the Department and shall include adequate documentation of the licensee's compliance with the continuing education and active teaching requirements set forth below. The Department may, in its discretion, specify mandatory continuing education topics during the renewal cycle.
 1. EMS Instructors must submit adequate documentation of the following for each renewal cycle:
 - (i) Completion of twelve (12) hours of Department-approved instructor continuing education during the renewal cycle in instructional topics, six (6) of which must be approved only for instructors. Continuing education courses/hours applied towards the continuing education requirements for renewal of a Georgia healthcare provider license may not be applied towards the continuing education requirements for renewal of an EMS Instructor license.
 - (ii) Completion of twenty (20) hours of active teaching during the renewal cycle in Department-approved continuing education courses or EMS Initial Education Courses offered by designated EMS Initial Education Programs.
 2. EMS Instructors with Paramedic Endorsement must submit adequate documentation of the following for each renewal cycle:
 - (i) Completion of twenty-four (24) hours of Department-approved instructor continuing education during the renewal cycle in instructional topics, twelve (12) of which must be approved only for instructors. Continuing education courses/hours applied towards the continuing education requirements for renewal of a Georgia healthcare provider license may not be applied towards the continuing education requirements for renewal of an EMS Instructor with Paramedic Endorsement license.
 - (ii) Completion of forty (40) hours of active teaching during the renewal cycle in EMS Initial Education Courses offered by designated EMS Initial Education Programs, twenty (20) of which must be taught at the Paramedic level.

- 2.3. EMS Instructor/Coordinators must submit adequate documentation of the following for each renewal cycle:
- (i) Completion of twenty-four (24) hours of Department-approved instructor continuing education during the renewal cycle in instructional topics, twelve (12) of which must be approved only for instructors. Continuing education courses/hours applied towards the continuing education requirements for renewal of a Georgia healthcare provider license may not be applied towards the continuing education requirements for renewal of an EMS Instructor/Coordinator license.
 - (ii) Completion of forty (40) hours of active teaching during the renewal cycle in EMS Initial Education Courses offered by designated EMS Initial Education Programs, twenty (20) of which must be taught at or above the Instructor/Coordinator level.
- (b) An EMS Instructor or EMS Instructor/Coordinator license that is not renewed prior to the expiration date shall be placed in lapsed status. A lapsed license may be renewed during a six-month late renewal period immediately following the expiration date, provided that all requirements for license renewal are met.
- (c) An EMS Instructor or EMS Instructor/Coordinator license that is not renewed prior to the end of the late renewal period shall be expired and not eligible for renewal. To regain licensure, the individual must submit a new application to the Department and meet all current eligibility requirements for licensure as an EMS Instructor or EMS Instructor/Coordinator.
- (4) License Fees for EMS Instructors and EMS Instructor/Coordinators.
- (a) All applications for initial licensure as an EMS Instructor or EMS Instructor/Coordinator or for renewal of an EMS Instructor or EMS Instructor/Coordinator license submitted on or after July 1, 2021, shall be accompanied by a fee payable to the Department in an amount and form determined by the Department.
 - (b) All applications for late renewal of an EMS Instructor or EMS Instructor/Coordinator license submitted on or after January 1, 2023, shall be accompanied by the applicable renewal fee, plus a late renewal penalty fee in an amount equal to the renewal fee, payable to the Department in a form determined by the Department.
- (5) Clinical Preceptors.
- (a) Clinical preceptors may precept Paramedic, AEMT, EMT, and ~~EMRT~~ students at or below the preceptor's provider license level.
 - (b) Clinical preceptors must be approved by the Program Director of the EMS Initial ~~Continuing~~ Education Program and the Program's EMS Medical Director after successfully completing a clinical preceptor training course approved by the Department.
 - (c) The course coordinator must maintain student clinical records involving clinical preceptors for a time period specified in the Department's published record retention schedule for EMS Initial Education Programs.
- (6) Any currently licensed EMS Instructor or EMS Instructor/Coordinator may voluntarily surrender their EMS Instructor or EMS Instructor/Coordinator license by notifying the Department in a manner and on forms specified by the Department. Once processed by the Department, surrenders are not reversible, and the individual would need to complete the current Department-specified application process and meet all licensing requirements to obtain a new EMS Instructor or EMS Instructor/Coordinator license.
- (7) Upon request, the Department shall be authorized to place an EMS Instructor or EMS Instructor/Coordinator license in retired status after which the individual will be permitted to continue to use the former licensure level title and number with "(Ret.)" after it. An individual in retired status will not be licensed to perform the duties of an EMS Instructor or EMS Instructor/Coordinator as

defined in these rules. Applications for license retirement shall be submitted in a manner and on forms specified by the Department and must be submitted by the Licensee themselves. Once processed by the Department, retirements are not reversible, and the individual would need to complete the current Department-specified application process and meet all licensing requirements to obtain a new EMS Instructor or EMS Instructor/Coordinator license. Eligibility requirements for retirement of an EMS Instructor or EMS Instructor/Coordinator license are as follows:

- (a) The individual must be currently licensed as a Georgia EMS Instructor or EMS Instructor/Coordinator, and the respective license must be in Good Standing at the time of application; and
- (b) The individual must have a minimum of 15 years of continuous uninterrupted licensure as a Georgia EMS Instructor or EMS Instructor/Coordinator, inclusive of the date of application.
- (8) Upon request from the next of kin to place an EMS Instructor or EMS Instructor/Coordinator license in deceased status and obtain a certificate of active service for an individual who dies while currently licensed in Good Standing as a Georgia EMS Instructor or EMS Instructor/Coordinator, the Department shall be authorized to place the respective license in deceased status and provide a certificate of active service to the next of kin. The request shall be accompanied by a certified death certificate or other documents recognized by the Department.
- (9) Downgrades of Instructor and Instructor/Coordinator Licenses. Currently licensed EMS Instructors with Paramedic Endorsement and EMS Instructor/Coordinators in Good Standing may voluntarily request the Department to downgrade their Instructor or Instructor/Coordinator license. The request shall be made to the Department in a manner and on forms specified by the Department and shall indicate the requested new level of license. Once processed by the Department, downgrades are not reversible, and the individual would need to complete the current Department-specified application process to obtain a higher level of Instructor or Instructor/Coordinator license.
 - (a) Permitted downgrades are as follows:
 1. Currently licensed EMS Instructors with Paramedic Endorsement and EMS Instructor/Coordinators (Paramedic) in Good Standing will be permitted to request a downgrade to the EMS Instructor, EMS Instructor/Coordinator (AEMT), or EMS Instructor/Coordinator (EMT) levels.
 2. Currently licensed EMS Instructor/Coordinators (AEMT) in Good Standing will be permitted to request a downgrade to the EMS Instructor, or EMS Instructor/Coordinator (EMT) levels.
 3. Currently licensed EMS Instructor/Coordinators (EMT) in Good Standing will be permitted to request a downgrade to the EMS Instructor level.
 - (b) Applications for downgrade must be accompanied by the following:
 1. An application fee, as described in paragraph (4) of this rule.

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

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

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

- (1) A licensee shall comply at all times with the provisions of Chapter 31-11 and the Rules and Regulations of the Department.
- (2) A licensee shall not obtain a license by fraud, forgery, deception, misrepresentation, or omission of a material fact.
- (3) A licensee shall not present a check to the Department for which there are insufficient funds in the account.
- (4) A licensee shall not tamper with, alter, or change any license issued by the Department.
- (5) A licensee shall fully cooperate with the Department and its agents during the course of any investigation or inspection, and provide true information upon request.
- (6) A licensee shall take no action in any other jurisdiction that would result in a fine, suspension, or revocation of any license similar to that issued to the licensee pursuant to Chapter 31-11.
- (7) A licensee shall not advertise its services in a false or misleading manner.
- (8) A licensee shall not provide any type or level of service that is not authorized by its license or by law.
- (9) A licensee shall not provide services while its license is suspended, or revoked, inactive, or has lapsed for failure to renew, whether personally or through employees, agents, or volunteers.
- (10) A licensee shall correct as soon as practicable all violations and deficiencies found during a Department inspection.
- (11) A licensee's equipment shall be clean and in proper operating condition at all times.
- (12) A licensee shall not falsify any record, patient care report, other report or record, or any other document which the licensee is required to maintain under state or federal law or Department regulations or policies.
- (13) A licensee shall not employ fraud or misrepresentation to obtain a fee or any reimbursement in the course of Emergency Medical Services or other services under its licensure.
- (14) A licensee shall report to the Department within ten days the bringing of any criminal charges against the licensee, whether by arrest warrant, information, accusation, or indictment. This subsection shall not apply to minor traffic offenses.
- (15) A licensee shall, upon request by the Department, submit copies or permit inspection of any document, which the licensee is required to maintain under state or federal law or Department regulations.
- (16) A licensee shall not provide services while under the influence of drugs or alcohol, nor permit any employee or co-worker to do so.
- (17) A licensee shall use no less than the requisite number of licensed individuals applicable to its license.
- (18) A licensee shall act with due regard for the safety of patients and the public in the operation of an emergency vehicle, and shall not use vehicle warning devices unnecessarily or in a manner that endangers the safety of the patient or the public.
- (19) A licensee shall not aid or abet the unlicensed practice of emergency medical care.
- (20) A licensee shall not accept anything of value in return for a patient referral.
- (21) A licensee shall abide by all Regional Ambulance Zoning Plans.

- (22) A licensee shall take no action that would jeopardize the health or safety of a patient, including without limitation the abandonment or mistreatment of a patient.
- (23) A licensee shall pay all administrative fines in full within thirty days.
- (24) A licensee shall display proper identification at all times while on duty, including the Georgia level of licensure.
- (25) A licensee shall maintain the confidentiality of all patient records and information and shall not disclose any confidential information or knowledge concerning a patient except where required or allowed by law.
- (26) A licensee shall take no action that may result in a criminal conviction on a felony charge, a crime of moral turpitude, or the crime of driving under the influence or possession of a controlled substance.
- (27) An EMS Instructor or EMS Instructor/Coordinator licensee shall maintain student records as required by the Department, and shall meet all license renewal requirements.
- (28) An EMS Instructor/Coordinator licensee serving as the Program Director of a designated EMS Initial Education Program shall ensure that all state, national, and applicable accreditation requirements are met for each student before validating that the student has completed the course and/or is clear to test the National Registry exam for the respective level of initial education.
- (29) A licensee shall not discriminate on the basis of national origin, race, color, creed, religion, gender, sexual orientation, age, economic status, or physical or mental ability in providing services.
- (30) A licensee shall not violate any lawful order of the Department.
- (31) A licensee shall not violate any statute, rule or regulation, state or federal, which pertains to Emergency Medical Services.
- (32) A licensee shall not violate the security of any exam or exam material for purposes of obtaining or maintaining an EMS license by any means including but not limited to removing any exam materials from an examination area, the unauthorized possession of exam materials, the unauthorized reproduction of exam materials, impersonating an examinee, or having another person take an exam on behalf of a licensee.
- (33) An EMS Instructor or EMS Instructor/Coordinator serving as the Program Director, Course Coordinator, Lead Instructor, Clinical Coordinator, or other instructional staff in a EMS Initial Education course shall ensure that all data related to any student, instructor or preceptor that is submitted to or required by the Department is accurate and factual and complies with all state, national, and applicable accreditation requirements.
- (34) A licensee shall not issue a certificate of credit/completion for EMS continuing education hours to any person without the person meeting the EMS continuing education completion requirements as specified by the Department for the respective EMS continuing education course.
- (35) A licensee shall take no action that would jeopardize the health, safety, or wellbeing of a student, including without limitation the abandonment or mistreatment of a student.
- (36) A licensee shall at no time violate, exceed, or disregard the Department specified Scope of Practice for their respective license level(s).
- (37) A licensee shall not make false or misleading statements in any oral, written, or electronic report regarding the provision of emergency medical care to any patient.
- (38) A licensee shall not destroy or cause to be destroyed any patient care report.
- (39) A licensee shall not fail to respond to a call while on duty and shall not leave their duty assignment without the proper approval.
- (40) A licensee shall not delegate EMS functions to a person who lacks the education, training, experience, knowledge, or licensure to provide appropriate level of care for the patient.

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

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

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

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

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

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

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

- (1) The ~~D~~department shall revoke the license of any individual or entity licensed under Chapter 31-11 for failure to comply with Chapter 31-11, the regulations of the ~~D~~department, or approved Regional Aambulance Zzoning Pplans. The term "license" as used in this regulation includes certificates issued to EMS personnel or instructors pursuant to Article 3 of Chapter 31-11.
- (2) The ~~D~~department may, in its discretion, impose a lesser sanction where the circumstances of the violation do not merit revocation of the license, including probation on specified terms or suspension.
- (3) In addition to revocation, suspension, or probation of a license, the ~~D~~department in its discretion may impose a fine not to exceed a total of \$25,000 for each violation or up to \$1,000 per day for each violation of Chapter 31-11, the rules and regulations of the ~~D~~department, or approved Regional Aambulance Zzoning Pplans.
- (4) Procedure.
 - (a) The ~~D~~department shall give written notice of any disciplinary action taken pursuant to this regulation by certified mail or statutory overnight delivery to the licensee's last known address, unless the licensee provides a different address to which notices may be sent. The notice shall set forth the individual facts or conduct, which warrant the disciplinary action.
 - (b) The ~~D~~department shall provide an administrative hearing on the disciplinary action if the licensee makes a written request for a hearing. Such written request must be actually delivered to and received by the Director of the Georgia Office of EMS and Trauma not later than twenty days after the licensee receives the notice of disciplinary action.
 - (c) The licensee shall have at least twenty days' prior notice of the time and place of the hearing.
- (5) Effective date of disciplinary action.
 - (a) All disciplinary actions by the ~~department~~Department are effective twenty days after the licensee's receipt of the notice, unless the licensee makes a timely request for a hearing. In that event, the action shall become effective upon the agency's final decision.
 - (b) Upon a written finding set forth in the notice of disciplinary action that the public safety, health, and welfare imperatively require emergency action, the suspension of the license shall be effective immediately upon issuance of the notice, and a hearing promptly scheduled to consider final revocation of the license.
- (6) Upon request by the licensee for exculpatory, favorable, or arguably favorable information relative to pending allegations involving disciplinary action, the ~~department~~Department shall either furnish such information, indicate that no such information exists, or provide such information to the hearing officer for in camera inspection pursuant to O.C.G.A. § 50-13-18(d)(2).

Authority: O.C.G.A. §§ 31-2-8(c)(6); 31-2A-3, 31-2A-6, 31-11-5, 31-11-6, 31-11-9, 31-11-30, 31-11-36, 31-11-56, 31-11-57, 50-13-18.