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August 26, 2020

*By email to: [aparules@sos.ga.gov](mailto:aparules@sos.ga.gov)*

Administrative Procedure Section  
Office of the Georgia Secretary of State

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

Dear Colleagues:

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

If you have any questions regarding this action, please contact me at (404) 657-2728.

Best regards,

A handwritten signature in blue ink, appearing to read 'Megan K. Andrews', is written over a light blue horizontal line.

Megan K. Andrews  
Director of Government Relations

Enclosures

**CERTIFICATION OF ADMINISTRATIVE RULES**  
**FILED WITH THE SECRETARY OF STATE BRAD RAFFENSPERGER**

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

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

Filed: August 26, 2020

The Department has repealed the 'Emergency Rule 511-9-2-0.2-.20 Emergency Medical Services Rules for COVID-19 Response' previously promulgated and has adopted the attached 'Emergency Rule 511-9-2-0.3-.20 entitled Updated Emergency Medical Services Rules for COVID-19 Response' this 26th day of August 2020. The effective date shall be August 26, 2020 and will continue for 120 days after the end of the COVID-19 public health emergency, as specified by subsection (b) of Section 4 of the Georgia Administrative Procedure Act.

This action is taken pursuant to O.C.G.A. §§ 31-2A-6, 31-11-5, 31-11-51 and 50-13-4(b).

**Justification for Emergency Rule:**

Pursuant to O.C.G.A. § 50-13-4(b), in response to the COVID-19 public health crisis and the need to maintain an adequate workforce of Emergency Medical Services Personnel, the Department of Public Health seeks to increase the number of persons able to function as medics in Georgia, as defined in DPH Rule 511-9-2-.02. This emergency rule also requires EMS agencies to be more timely in providing patient care reports to hospitals and to the Department, thereby allowing hospitals to receive information critical to the continuity of patient care and allowing the Department to notify Emergency Medical Services agencies of patients their personnel have come into contact with that are found to be COVID-19 positive.



Megan Andrews

Director of Government Relations, Georgia Department of Public Health

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

Sworn to and subscribed before me this 26<sup>th</sup> day of August, 2020.



(Signature of Notary Public)



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

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

**Emergency Rule 511-9-2-0.3-.20 Updated Emergency Medical Services Rules for COVID-19 Response**

(1) This Emergency Rule hereby replaces and supersedes the previous Emergency Rule 511-9-2-0.2-.20 Emergency Medical Services Rules for COVID-19 Response.

(2) EMS Workforce

(a) "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 actions taken against it that are still in effect.

(b) "Temporary License (Medic)" is defined as a license at the EMT, EMT-Intermediate, AEMT, or Paramedic level that is issued by the Department during a public health emergency. A temporary license shall not be valid for longer than 120 days and is non-renewable except as deemed necessary by the Department. At no point shall a temporary license be valid for more than 120 days past the end of a declared public health emergency. A temporary license may be issued by the Department to a person who is currently licensed as an EMS professional in good standing in another U.S. State or Territory.

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

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

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

2. When responding for an interfacility transfer, at least one of the personnel shall be a registered nurse, nurse practitioner, physician assistant, or physician and the second person must be at least a paramedic or other non-EMS licensed healthcare provider as

approved by either the transferring or receiving physician, both of whom must be licensed in Georgia, and one of whom must not hold a temporary license;

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

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

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

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

2. During times of significant EMS shortage for an EMS Agency directly resulting from the COVID-19 public health emergency, as determined by the Department, and if verified by the EMS Agency Director and supported by the EMS Agency Medical Director, a ground ambulance EMS Agency may petition the Department to temporarily allow a single Georgia licensed medic to serve as the attendant of a single patient during transport, and the driver of the ground ambulance to be staffed by a person not licensed by the Department. Petitions will only be accepted from EMS Agencies that have a ground ambulance license that is in good standing and are current with all data submission requirements to the Department. An EMS Agency's petition must be submitted to the Department in a manner and on forms specified by the Department, and if approved, the EMS Agency must comply with the following:

(i) This method of transport shall not be used for any request for 911 ambulance services, emergency/urgent interfacility transports, interfacility transports to a higher level of care, or for transports to any healthcare facility for acute medical care;

(ii) No more than one (1) patient may be in the ambulance during this method of transport;

(iii) The patient does not require medical care above the level of an EMT during this method of transport;

(iv) The attendant of the patient during transport must hold a non-temporary Georgia medic license that is in good standing;

(v) The EMS Agency must have a ground ambulance license that is in good standing and is current with all data submission requirements to the Department; and

(vi) The driver of the ambulance must be rostered by the EMS Agency in the Department's License Management System, and must meet the following requirements:

(I) Current CPR Certification;

(II) At least eighteen (18) years of age;

(III) Documented training that includes at a minimum: EMS workforce safety and wellness; Medical/Legal/Ethics, including HIPAA and patient confidentiality; EMS systems; EMS operations, including vehicle and stretcher operations and safe lifting/moving principles; and EMS communications systems; and

(IV) Satisfactory national background check, as evidenced by the driver being one of the following:

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

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

III. Any employee of the EMS Agency who meets the following criteria:

A. The employee has had a national criminal background check run by the EMS Agency within the last eighteen (18) months that confirms that the employee has had no felony charges, indictments or convictions and has had no charges, indictments, or convictions for crimes of violence or crimes of moral turpitude; and

B. The employee does not appear on the Georgia Sex Offender Registry, as described in O.C.G.A. § 42-1-12.

(f) The Department may establish guidelines, requirements and procedures that allows persons previously licensed by the Department as a medic to apply for, and if all requirements are fulfilled, receive reinstatement of their previously lapsed medic license. Applicants for reinstatement must have a Georgia medic license that lapsed between March 31, 2017 and March 31, 2019.

(3) Data Reporting Requirements for EMS Agencies

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

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

Transport Response; and

4. Rule 511-9-2-.09, paragraph (5) - Records of Medical First Responder Services.

(b) Responses

1. EMS Agencies shall maintain a dispatch record on all calls received. The 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:

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

2. Electronic Patient Care Reports (ePCRs) shall be completed by the responding crew for each response made by any vehicle, crew or medic for each EMS Agency, and must be completed before the end of the current work shift for the responding crew. EMS Agencies shall electronically submit all ePCRs to the Department within 24 hours of call completion, and each submission shall comply with the Department's data submission requirements related to transmission, format, accuracy, completeness, uniformity, integration, validity and accessibility. The responding medics are responsible for ensuring that the ePCRs are factual and accurate. In the event of a failure of the EMS Agency's ePCR software or the hardware used to access the software, the responding crew must complete a paper PCR that is 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. 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.

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

- (i) patient first name, last name, gender, and date of birth;
- (ii) name of the EMS Agency and names of the crew members that transported the patient;
- (iii) date and time when the call was received;
- (iv) date and time when the transporting EMS Agency crew arrived on scene, left the scene and arrived at the destination;
- (v) date and time when the patient was injured, last known to be well, and had a return of spontaneous circulation;
- (vi) date and time of first medical contact;
- (vii) name of any first responder agency that cared for or made contact with the patient;
- (viii) patient history, chief complaint, exam findings, and any treatments provided;
- (ix) transporting EMS Agency incident number; and
- (x) any other information available to the EMS Agency that is necessary for the continued care of the patient at the receiving facility.

(c) Personnel Roster

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

- (i) EMS Agencies must submit additions to their roster of any driver (excluding helicopter pilots),<sup>4</sup> medic, nurse, physician assistant or physician prior to the person being permitted to staff an ambulance or medical first responder vehicle; and
- (ii) EMS Agencies must submit deletions or modifications to their roster within 96 hours of the employment status change.

Authority: O.C.G.A. §§ 31-2A-6, 31-11-1 , 31-11-5, and 31-11-51