

TITLE 28. HEALTH AND SAFETY

PART VII. EMERGENCY MEDICAL SERVICES

Subpart A. EMERGENCY MEDICAL SERVICES SYSTEM

CHAPTER 1. ADMINISTRATION OF THE EMS SYSTEM

Subchapter A. GENERAL PROVISIONS

GENERAL INFORMATION

Sec.	
1.1.	Purpose
1.2.	Definitions
1.3.	Applicability
1.4.	Exceptions
1.5.	Investigations
1.6.	Comprehensive EMS system plan
1.7.	Comprehensive regional EMS system plan
1.8.	EMS data collection

§ 1.1. Purpose.

The purpose of this subpart is to facilitate the monitoring, assessment, improvement and coordination of regional EMS systems into a unified, evolving and improving Statewide EMS system, to coordinate the Statewide and regional systems with similar systems in neighboring states, and to otherwise implement the Department's responsibilities under the act consistent with the Department's rulemaking authority.

§ 1.2. Definitions.

The following words and terms, when used in this subpart, have the following meanings, unless the context clearly indicates otherwise:

ACLS course—Advanced cardiac life support course—A course in advanced cardiac life support sanctioned by the American Heart Association.

AEMT—Advanced EMT—Advanced emergency medical technician—An individual who is certified by the Department as an advanced EMT.

ALS—Advanced life support.

ALS ambulance—Advanced life support ambulance—An ambulance that is staffed and equipped to provide EMS above the AEMT level, and which is used in the transport of patients.

ALS squad vehicle—Advanced life support squad vehicle—A vehicle that is maintained or operated to transport EMS providers above the AEMT level, equipment and supplies to rendezvous with the crew of an ambulance for the purpose of providing advanced EMS to patients, and which is not used in the transport of patients.

APLS course—Advanced pediatric life support course—A course in advanced pediatric life support sanctioned by the American Academy of Pediatrics and the American College of Emergency Physicians.

ATLS course—Advanced trauma life support course—A course in advanced trauma life support sanctioned by the American College of Surgeons Committee on Trauma.

Act—The Emergency Medical Services System Act (35 Pa.C.S. §§ 8001-8057).

Advanced EMS—Advanced emergency medical services—EMS exceeding the scope of practice of an EMT, as authorized by the Department.

Advanced EMT—Advanced emergency medical technician—An individual who is certified by the Department as an advanced EMT.

Advisory Board—The State Advisory Board, which is the Board of Directors of the Pennsylvania Emergency Health Services Council.

Air ambulance—A rotorcraft specifically designed, constructed or modified and equipped, used or intended to be used, and maintained or operated for the purpose of providing emergency medical care to, and air transportation of, patients.

Aircraft operator—The person, company or agency, certified by the FAA, under 14 CFR Part 135 (relating to air taxi operators and commercial operators), to conduct air taxi operations.

Ambulance—A ground, water or air vehicle that is maintained or operated for the purpose of providing EMS to and transportation of patients.

BLS—Basic life support.

BLS ambulance—Basic life support ambulance—An ambulance that is equipped to provide EMS at or below the AEMT level, and which is used in the transport of patients.

BLS squad vehicle—Basic life support squad vehicle—A vehicle that is maintained or operated to transport EMS providers, equipment and supplies to rendezvous with the

crew of an ambulance for the purpose of providing EMS at or below the AEMT level to patients, and which is not used in the transport of patients.

Basic EMS—Basic emergency medical services—EMS included within but not exceeding the scope of practice of an EMT.

Basic rescue practices technician—An individual who is certified by the Department as possessing the training and skills to perform a rescue operation as taught in a basic rescue practices technician program approved by the Department.

Basic vehicle rescue technician—An individual who is certified by the Department as possessing the training and skills to perform a rescue from a vehicle as taught in a basic vehicle rescue technician program approved by the Department.

CPR—Cardiopulmonary resuscitation—The combination of artificial respiration and circulation which is started immediately as an emergency procedure when cardiac arrest or respiratory arrest occurs.

CPR course—Cardiopulmonary resuscitation course—A course of instruction in CPR, meeting the Emergency Cardiac Care Committee National Conference on CPR and Emergency Cardiac Care standards. The course shall encompass one and two-rescuer adult, infant and child CPR, and obstructed airway methods.

Commonwealth EMS Medical Director—Commonwealth Emergency Medical Services Medical Director—A physician who is approved by the Department to advise and formulate policy on matters pertaining to EMS.

Continuing education—Learning activities intended to build upon the education and experience EMS providers for the enhancement of practice to strengthen the quality of care provided.

Continuing education course—A unit of continuing education for which the Department will grant an EMS provider or EMSVO continuing education credit.

Continuing education sponsor—An entity or institution that is accredited by the Department as a sponsor of continuing education courses.

Conviction—A judgment of guilt, a plea of guilty or a plea of nolo contendere.

Department—The Department of Health of the Commonwealth.

Department identification number—A number issued by the Department that identifies an individual who participates in the Statewide EMS system and who has been certified, or for another reason is assigned an identification number by the Department.

EMR—Emergency medical responder—An individual who is certified by the Department as an emergency medical responder.

EMSOF—Emergency Medical Services Operating Fund—Moneys appropriated to the Department under section 8153(a) of the act (35 Pa.C.S. § 8153(a)) and which are not assigned to the Catastrophic Medical and Rehabilitation Fund.

EMS—Emergency medical services—Any of the following:

- (i) The medical care, including medical assessment, monitoring, treatment, transportation and observation, which may be provided to a person in responding to an actual or reported emergency to:
 - (A) prevent or protect against loss of life or a deterioration in physiological or psychological condition; or
 - (B) address pain or morbidity associated with the person's condition.
- (ii) The transportation of an individual with medical assessment, monitoring, treatment or observation of the individual who, due to the individual's condition, requires medical assessment, monitoring, treatment or observation during the transport.

EMS agency—Emergency medical services agency—An entity that engages in the business or service of providing EMS to patients within this Commonwealth by operating one or more of the following:

- (i) An ambulance service.
- (ii) An air ambulance.
- (iii) An ALS critical care transport ambulance.
- (iv) An ALS ambulance.
- (v) An ALS squad vehicle.
- (vi) A BLS ambulance.
- (vii) A BLS squad vehicle.
- (viii) A QRS.
- (ix) A special operations EMS service, which includes, but is not limited to, a tactical EMS response service, a wilderness EMS response service, a mass

gathering EMS service, a bike EMS service, a ski patrol service, and an urban search and rescue service.

- (x) Another vehicle or service that provides EMS outside of a health care facility, as prescribed by the Department by regulation.

*EMS agency affiliate number—Emergency medical services agency affiliate number—*A unique number assigned by the Department to an EMS agency, the first two digits of which designate the county in which the EMS agency maintains its primary headquarters.

*EMS agency medical director—Emergency medical services agency medical director—*A physician who is employed by, contracts with or volunteers with, an EMS agency either directly or through an intermediary to evaluate the quality of patient care provided by the EMS providers utilized by the EMS agency and to provide medical guidance and advice to the EMS agency.

*EMS agency medical director course—Emergency medical services agency medical director course—*A course adopted by the Department for EMS agency medical directors, which provides an overview of EMS medical direction.

*EMS educational institute—Emergency medical services educational institute—*An institute accredited by the Department to provide education required for the certification of an EMS provider by the Department.

*EMS PCR—Emergency medical services patient care report—*A report that provides standardized data and information relating to patient assessment and care.

*EMS provider —Emergency medical services provider—*Any of the following:

- (i) An emergency medical responder.
- (ii) An emergency medical technician.
- (iii) An advanced emergency medical technician.
- (iv) A paramedic.
- (v) A prehospital registered nurse.
- (vi) A prehospital physician extender.
- (vii) A prehospital emergency medical services physician.
- (viii) An individual prescribed by regulation of the Department to provide specialized EMS.

*EMS provider educational course—*An educational course approved by the Department, other than a CPR course, the successful completion of which is a requirement for securing an EMS provider certification.

EMS system—Emergency medical services system—The arrangement of personnel, facilities and equipment for the delivery of EMS in a geographic area to prevent and manage emergencies.

EMSVO—EMS vehicle operator—Emergency medical services vehicle operator—An individual who is certified by the Department to operate a ground EMS vehicle.

EMT—Emergency medical technician—An individual who is certified by the Department as an emergency medical technician.

EVOC—The emergency vehicle operator’s course.

Emergency - A physiological or psychological illness or injury of an individual, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate EMS to result in:

- (i) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
- (ii) serious impairment of a bodily function; or
- (iii) serious dysfunction of a bodily organ or part.

Emergency department—An area of the hospital dedicated to offering emergency medical evaluation and initial treatment to individuals in need of emergency care.

FAA—The Federal Aviation Administration.

FAA certification number—An air taxi/commercial operator operating certificate number assigned by the FAA, authorizing the certificate holder to operate aircraft as required by 14 CFR Part 135.

Facility—A physical location at which an entity operates a health care facility licensed under Federal or State law.

Federal KKK standards—The minimum standards and specifications for ambulance vehicles adopted by the United States Department of Transportation.

Federally declared emergency—A state of emergency declared by the President of the United States, upon the request of a governor. Once the President declares the situation a “major disaster,” the Federal government supplements State and local efforts to meet the crisis.

First responder—An individual who is certified by the Department as a first responder.

Hospital—An institution having an organized medical staff which is primarily engaged

in providing to inpatients by or under the supervision of physicians, diagnostic and therapeutic services or rehabilitation services for the care or rehabilitation of injured, disabled, pregnant, diseased, sick or mentally ill persons. The term includes a facility for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not a facility caring exclusively for the mentally ill.

Invalid coach—A vehicle primarily maintained, operated and intended to be used for routine transport of persons who are convalescent or otherwise nonambulatory and do not ordinarily require EMS while in transit. The term does not include an ambulance or another EMS vehicle.

Mass-gathering special event—A planned and organized activity or contest, which will place participants or attendees, or both, in a defined geographic area in which the potential need for EMS exceeds local EMS capabilities, or where access by emergency vehicles might be delayed due to crowd or traffic congestion at or near the event.

Medical advisory committee—An advisory body formed to advise a regional EMS council or the Advisory Board on issues that have potential impact on the delivery of emergency medical care.

Medical audit—A mechanism to evaluate patient care.

Medical Command Course—The course adopted by the Department for medical command physicians which provides an overview of the medical command system.

Medical command facility—A distinct unit that contains the necessary equipment and personnel for providing medical command to and direct medical oversight over EMS providers.

Medical command facility medical director—A medical command physician who meets the criteria established by the Department to assume responsibility for the direction and control of the equipment and personnel at a medical command facility.

Medical command order—An order issued by a medical command physician to an EMS provider who is functioning on behalf of an EMS agency.

Medical command physician—A physician who is certified by the Department to give medical command orders to EMS providers.

Medical coordination—A system which involves the medical community in all phases of the regional EMS system and consists of the following elements:

- (i) Designation of a regional EMS medical director.
- (ii) Responsibility for oversight to assure implementation of all medical requirements, with special emphasis on patient triage and medical treatment protocol.

- (iii) Effective emergency medical planning and recommendation for Department recognition of online command facilities with medical command physicians who give orders to EMS providers.
- (iv) Transfer and medical treatment protocols.
- (v) Technologic innovations which support the training and operations of the physicians giving orders to EMS providers.
- (vi) Technologic innovations which support the training and operations of the EMS program and an effective process for accountability—for example, records, case review and audits.

Medical monitoring—Performing continuous or periodic observations of an individual's condition or continuation of an ordered treatment plan for an individual to prevent pain, suffering or the exacerbation of a preexisting condition.

Medical observation—Performing continuous or periodic observations of an individual's stable condition to determine whether there is a change in that condition.

Medical record—Documentation of the course of a patient's condition and treatment, maintained to provide communication among health care providers for current and future patient care.

PALS course—*Pediatric advanced life support course*—A course in advanced pediatric life support sanctioned by the American Heart Association and the American Academy of Pediatrics.

PSAP—*Public safety answering point*—The Pennsylvania Emergency Management Agency-approved first point at which calls for emergency assistance from individuals are answered, operated 24 hours a day.

Paramedic—An individual who is certified by the Department as a paramedic.

Patient—An individual for whom an EMS provider is:

- (i) providing EMS on behalf of an EMS agency; or
- (ii) required to provide EMS on behalf of an EMS agency because the individual's condition requires or may require medical observation, monitoring, assessment or treatment for an illness, disease, injury or other disability.

Peer review—The evaluation by health care provider of the quality and efficiency of services ordered or performed by EMS providers and physicians who direct or supervise

EMS providers under the act and the regulations of the Department.

Peer review committee—A committee of health care providers who engage in peer review under the act.

Physician—An individual who has a currently registered license to practice medicine or osteopathic medicine in this Commonwealth.

PHP— Prehospital EMS physician—Prehospital emergency medical services physician—A physician who is certified by the Department as a prehospital EMS physician.

PHPE—Prehospital physician extender—A physician assistant who is certified by the Department as a prehospital physician extender.-

PHRN—Prehospital registered nurse—A registered nurse who is certified by the Department as a prehospital registered nurse.

QRS—Quick response service—An operation in which EMS providers of an EMS agency:

- (i) respond to an actual, reported or perceived emergency; and
- (ii) provide EMS to patients pending the arrival of other EMS providers and resources that have been dispatched to the scene.

Receiving facility—A facility to which an ambulance may transport a patient who requires prompt medical care in addition to that provided by EMS providers who respond to an emergency.

Regional EMS council—A nonprofit incorporated entity or appropriate equivalent that is assigned by the Department to:

- (i) plan, develop, maintain, expand and improve EMS systems within a specific geographical area of this Commonwealth and;
- (ii) coordinate those systems into a regional EMS system.

Regional EMS medical director—Regional emergency medical services medical director—The medical director of a regional EMS council.

Registered nurse—An individual who has a current original or renewed license to practice nursing in this Commonwealth as a registered nurse.

Rescue vehicle—A vehicle which is designed or modified and equipped for rescue operations to release persons from entrapment and which is not routinely used for emergency medical care or transport of patients.

Residency program—Training approved or recognized by the State Board of Medicine or the State Board of Osteopathic Medicine as a program of graduate medical training for physicians.

Rural area—An area outside urbanized areas as defined by the United States Bureau of the Census.

Scope of practice—The EMS that an individual who is certified by the Department as an EMS provider is permitted to perform under the certification.

Service area—The area in which an EMS agency routinely provides EMS.

Special vehicle rescue technician—An individual who is certified by the Department as possessing the training and skills to perform special rescue operations as taught in the special vehicle rescue training program approved by the Department.

Specialty receiving facility—A facility identified by the Department as a receiving facility based upon its ability to provide specialized emergency and continuing care to patients, including, in one of the following medical areas: poisoning, neonatal, spinal cord injury, behavioral, burns, cardiac, stroke, trauma, and other specialized care.

State declared emergency—An emergency declared by the Governor.

Statewide EMS protocols—Written EMS protocols adopted by the Department that have Statewide application to the delivery of EMS by EMS providers.

Trauma Foundation—The Pennsylvania Trauma Systems Foundation, a nonprofit Pennsylvania corporation whose function is to accredit trauma centers.

Trauma center—A facility accredited as a trauma center by the Trauma Foundation.

§1.3. Applicability.

This subpart affects all persons and activities regulated by the Department under the act.

§1.4. Exceptions.

(a) The Department may grant exceptions to, and departures from, this subpart when the policy objectives and intentions of the Department as reflected in this subpart are otherwise met or when compliance would create an unreasonable hardship, but would not

impair the health, safety or welfare of the public. No exceptions or departures from this subpart will be granted if compliance with the standard is required by statute.

(b) Requests for exceptions to this subpart shall be made in writing to the Department. The requests, whether approved or not approved, will be documented and retained on file by the Department in accordance with its document retention schedule. Approved requests shall be retained on file by the applicant during the period the exception remains in effect.

(c) A granted request will specify the period during which the exception is operative. The duration of an exception may be extended if the reasons for the original exception continue.

(d) An exception granted may be revoked by the Department for just cause. Just cause includes, but is not limited to, failure to meet the conditions for the exception. Notice of the revocation will be in writing and will include the reason for the action of the Department and a specific date upon which the exception will be terminated.

(e) In revoking an exception, the Department will provide for a reasonable time between the date of the written notice or revocation and the date of termination of an exception for the holder of the exception to come into compliance with this subpart. Failure to comply after the specified date may result in enforcement or disciplinary proceedings.

(f) The Department may, on its own initiative, grant an exception to this subpart if the requirements of subsection (a) are satisfied.

§ 1.5. Investigations.

The Department may investigate any person, entity or activity for compliance with the act and this subpart.

§ 1.6. Comprehensive EMS system plan.

(a) The Department, with the advice of the Advisory Board, will develop and annually update a Statewide EMS system plan, which will include both short-range and long-range goals and objectives for the coordinated delivery of EMS in this Commonwealth.

(b) The plan will contain, but not be limited to:

(1) An inventory of EMS resources available in this Commonwealth.

(2) An assessment of the effectiveness of the existing Statewide EMS system and a determination of the need for changes to the Statewide EMS system.

(3) Performance measures for delivery of EMS to all persons in this Commonwealth.

(4) Methods to be used in achieving stated performance measures.

(5) A schedule for achievement of the stated performance measures.

(6) A method for monitoring and evaluating whether the stated Statewide performance measures are being achieved.

(7) Estimated costs for achieving the stated performance measures.

(c) The Department will incorporate regional EMS system plans into the Statewide EMS system plan.

(d) The Department will adopt a Statewide EMS system plan, and updates to the plan, after public notice, an opportunity for comment and its consideration of comments received, and will make the plan available to the General Assembly and all concerned agencies, entities and individuals who request a copy.

§ 1.7. Comprehensive regional EMS system plan.

(a) A regional EMS council shall develop and annually update a regional EMS system plan for coordinating and improving the delivery of EMS in the region for which it has been assigned responsibility.

The plan shall contain:

(1) An inventory of EMS resources available in the region.

(2) An assessment of the effectiveness of the existing regional EMS system and a determination of the need for enhancement of the regional EMS system.

(3) A statement of goals and specific measurable objectives for delivery of EMS to all persons in the region.

(4) Identification of interregional problems and recommended measures to resolve those problems.

(5) Methods to be used in achieving stated performance measures.

(6) A schedule for achievement of the stated performance measures.

(7) A method for evaluating whether the stated performance measures have been achieved.

(8) Estimated costs for achieving the stated performance measures.

(9) Other information as requested by the Department.

(c) A regional EMS council shall, in the course of preparing a regional EMS system plan, and updates to the plan, provide public notice and an opportunity for comment. It shall consider all comments before submitting a proposed plan to the Department.

(d) A regional EMS system plan shall become final after it is approved by the Department. The regional EMS council shall make the plan available to all concerned agencies, entities and individuals who request a copy.

§ 1.8. EMS data collection.

(a) *Reasons for EMS data collection.* The Department, either directly, or through regional EMS councils or the Advisory Board, may collect EMS data for the purpose of evaluating the effectiveness of the Statewide and regional EMS system plans and the need to revise those plans and pursue future EMS system initiatives. This will include collecting EMS data to determine the status of the Statewide and regional EMS systems, the degree of compliance with the requirements of the act and this subpart, and the effectiveness of the Statewide and regional EMS systems in reducing morbidity and mortality where the EMS systems are involved.

(b) *Duty to provide EMS data and records.* All persons regulated by the Department under the act, as well as PSAPS and others dispatchers of EMS resources, shall provide data, and access to records, including audio records, without charge, as reasonably requested by the Department, or by the regional EMS councils or the Advisory Board when they are acting for and on behalf of the Department, to aid the Department, the regional EMS councils and the Advisory Board in conducting the activities referenced in subsection (a) and engaging in any investigation authorized pursuant to the act and this subpart.

Subchapter B. AWARD AND ADMINISTRATION OF EMSOF FUNDING

Sec.

- 1.21. Purpose
- 1.22. Entities eligible to receive EMSOF funds through contracts or grants
- 1.23. Award of contract or grant to a regional EMS council
- 1.24. Use of EMSOF funding by a regional EMS council
- 1.25. Allocation of EMSOF funds to regional EMS councils
- 1.26. Technical assistance
- 1.27. Subcontracting

1.28. Contracts and grants with the Advisory Board

§ 1.21. Purpose.

This subchapter implements sections 8012 and 8053 of the act (35 Pa.C.S. §§ 8012 and 8053), which set forth the standards and criteria governing the award and administration of contracts and grants under the act that are funded by EMSOF funds.

§ 1.22. Entities eligible to receive EMSOF funds through contracts or grants.

The following entities are eligible to directly receive EMSOF funds from the Department through contracts and grants:

- (1) Regional EMS councils.
- (2) The Advisory Board.
- (3) Other entities to assist the Department in complying with the provisions of the act.

§ 1.23. Award of contract or grant to a regional EMS council.

(a) EMSOF funds shall be used by a regional EMS council to plan, initiate, maintain, expand or improve a regional EMS system in a manner that is consistent with the Statewide and relevant regional EMS system plans. To apply for a contract or grant for these purposes a regional EMS council or entity that seeks to become a regional EMS council shall submit to the Department a contract or grant application on a form prescribed by the Department in which the applicant does the following:

- (1) Provides information on the organizational structure of the regional EMS council and its provisions to ensure representation of appropriate entities.
- (2) Addresses planning, maintenance, and improvement of the applicable regional EMS system.
- (3) Demonstrates the qualifications of the applicant to plan, maintain, and improve a regional EMS system.

(b) To be awarded a contract or grant to serve as a regional EMS council the applicant must demonstrate to the Department's satisfaction that it has an appropriate organizational structure; that it has made provision for the representation of appropriate entities to meet the requirements of §§ 1.101 and 1.102 (relating to structure of regional

EMS councils; and governing body), and that it has the qualifications and commitment to plan, maintain and improve a regional EMS system.

(c) Upon expiration of a contract or grant with a regional EMS council, the Department, without undertaking a competitive bidding process, may enter into a new contract or grant with the same entity for that entity to continue to serve as a regional EMS council, if that entity in carrying out the prior contract or grant demonstrated its ability and commitment to the Department's satisfaction to plan, maintain and improve the regional EMS system consistent with the terms of the prior contract or grant.

§ 1.24. Use of EMSOF funding by a regional EMS council.

(a) A regional EMS council may receive EMSOF funding from the Department for the following purposes:

(1) Providing public education, information, health promotion and prevention programs regarding EMS, including:

(i) Public education programs, including CPR, first aid, instruction regarding 911 systems, and how to access EMS systems.

(ii) Public information programs, including passenger and driver safety, specialty services and EMS system awareness programs.

(iii) Health promotion programs, including wellness of EMS workforce and EMS safety programs that promote a culture of safe practices among EMS providers.

(iv) Prevention programs, including passenger restraint systems, prudent heart living and general health awareness, and safety practices to prevent errors in patient care and to prevent injuries to EMS providers.

(2) Purchasing ambulances, other EMS vehicles, medical equipment and rescue equipment which enables or enhances the delivery of EMS.

(i) Ambulances and other EMS vehicles will be considered for funding if the funds will be used for the initial acquisition of vehicle or parts, or the addition or replacement of existing vehicles or parts, by an EMS agency or an entity that qualifies for initial licensure as an EMS agency.

(ii) Medical equipment will be considered for funding if the funds will be used to purchase medical equipment for EMS agencies.

(iii) Rescue equipment will be considered for funding if the funds will be used to purchase rescue equipment for EMS agencies, or for rescue services recognized by the Department or the State Fire Commissioner.

(3) Conducting and ensuring the reasonable availability of training and testing programs for EMS providers. Priority consideration with respect to training will be given to training programs leading to the certification of EMS providers, and the continuing education of EMS providers.

(4) Inspecting and investigating EMS agencies, educational institutes, and medical facilities, and conducting other inspections and investigations to assist the Department in carrying out its regulatory responsibilities under the act.

(5) Purchasing communications equipment and services, including medical command communications equipment, and alerting equipment for EMS purposes.

(6) Purchasing equipment for emergency departments, if the equipment is used or intended to be used in equipment exchange programs with EMS agencies. The equipment purchased shall be of a type used by EMS agencies in the EMS provided to patients in a prehospital or interhospital setting. It shall be the type of equipment that can be easily or safely removed from the patient upon arrival or during treatment at a receiving facility.

(7) Maintaining and operating a regional EMS council. Items eligible for funding include:

(i) Salaries, wages and benefits of staff.

(ii) Travel.

(iii) Equipment and supplies.

(iv) Leasing of office space.

(v) Other costs incidental to the conduct of the business of a regional EMS council which are found by the Department to be necessary and appropriate.

(8) Collecting and analyzing data necessary to evaluate the effectiveness of EMS systems in providing EMS and to administer quality improvement programs. These costs may include the processing of both prehospital and hospital data and include the following:

(i) Data collection.

(ii) Data entry.

(iii) Data processing of information.

(iv) Analysis and evaluation of data.

(v) Dissemination and interpretation of data.

(9) Facilitating the merger of EMS agencies or assisting an EMS agency to acquire another EMS agency, when the Department determines circumstances exist such that the transaction and financial assistance are needed to serve the public interest.

(10) The recruitment and retention EMS providers by EMS agencies.

(11) Other costs determined by the Department to be appropriate and necessary for the implementation of a comprehensive regional EMS system.

(b) The Department will set forth additional priorities for funding on a yearly basis in notices published in the *Pennsylvania Bulletin*.

(c) Funds appropriated to the Department from EMSOF will not be made available for any of the following:

(1) Acquisition, construction or rehabilitation of facilities or buildings, except renovation as may be necessary for the implementation or modification of 911 and EMS communication systems.

(2) The purchase of hospital equipment, other than communications equipment for medical command and receiving facilities, unless the equipment is used or intended to be used in an equipment exchange program with EMS agencies.

(3) Maintenance of ambulances, other EMS vehicles and equipment.

(4) Costs deemed by the Department as inappropriate for carrying out the purposes of the act.

(5) Costs which are normally borne by patients, except for extraordinary costs as determined by the Department.

(d) As approved by the Department, a regional EMS council may make purchases and other expenditures of funds on behalf of EMS agencies, recognized rescue services, accredited educational institutes, and medical command facilities for cost-savings purposes, or it may distribute funds to these entities to make such purchases and other expenditures of funds.

(e) The Department, by contract, grant or notice published in the *Pennsylvania Bulletin*, may require a regional EMS council or entity to which a regional EMS council distributes funds to provide matching funds in specified percentages as a condition for receiving EMSOF funds.

§ 1.25. Allocation of EMSOF funds to regional EMS councils.

The Department will consider the following factors in determining the amount of EMSOF funding regional EMS councils will receive:

- (1) The total amount of funds available.
- (2) Conformity of the application for funding to the Statewide EMS system plan.
- (3) Financial need of the regional EMS system.

(4) Funds available to the regional EMS council for the purpose set forth in the application for funding, including non-State contributions, Federal grants or Federal contracts pertaining to EMS. Non-State contributions include cash and in-kind services provided to the contractor or toward the operation of a regional EMS system by private, public or government entities, including the Federal government.

- (5) Geographic area.
- (6) Population of the geographic area served by the applicant.
- (7) Special rural needs of the geographic area served by the applicant.
- (8) Potential duplication of services.
- (9) Priorities of the Department.

(10) Other factors set forth by the Department in notices published in the *Pennsylvania Bulletin*.

§ 1.26. Technical assistance.

(a) Regional EMS councils that obtain contracts or grants from the Department may request technical assistance from the Department, if necessary, for the purpose of carrying out their contracts or grants. Special consideration shall be given to regional EMS councils that serve rural areas to assist with matters such as recruitment, retention of EMS providers, EMS agency management, and the use of EMS agency equipment.

(b) Technical assistance from the Department may also be available to subcontractors or other recipients of funds from the regional EMS council when technical assistance resources are not available from the regional EMS council.

(c) Examples of technical assistance resources include, but are not limited to:

- (1) Communications assistance.
- (2) Public education resources.
- (3) Information management sources.

§ 1.27. Subcontracting.

(a) A regional EMS council may receive the Department’s written approval to subcontract certain of its duties to other entities as deemed necessary and appropriate for the proper execution of the contract or grant with the Department.

(b) A regional EMS council may not execute a subcontract until the Department determines in writing that the subcontract is necessary and appropriate.

§ 1.28. Contracts and grants with the Advisory Board.

Sections 1.22—1.27 do not apply to contracts or grants between the Department and the Advisory Board. The Department will enter into a contract or grant with the Advisory Board to perform the services the Advisory Board is required to perform under the act, and may contract with the Advisory Board for it to assist the Department in complying with other provisions of the act.

Subchapter C. COLLECTION OF DATA AND INFORMATION

Sec.

- 1.41. EMS patient care reports.
- 1.42. Dissemination of information.
- 1.43. Vendors of EMS patient care reports.

§ 1.41. EMS patient care reports.

(a) EMS agencies shall collect, maintain and electronically report complete, accurate and reliable patient data and such other information as solicited on the EMS PCR form for calls for assistance in the format prescribed by the Department. An EMS agency shall file the report for any call to which it responds that results in EMS being provided. The report shall be made by completing an EMS PCR within the time prescribed by the EMS agency’s written policies, which shall be no later than 72 hours after the EMS agency concludes patient care, and then submitting it, within 7 days, to the regional EMS council that is assigned responsibilities for the region in which the EMS agency initially encounters the patient. An entity located out-of-state, but licensed as an EMS agency by the Department, shall file its EMS PCRs with the regional EMS council with which it has been directed to file its EMS PCRs by the Department. The Department will publish a list of the data elements and the form specifications for the EMS PCR form in a notice in the *Pennsylvania Bulletin* and on the Department’s World Wide Web Site. The reporting shall conform with the requirements published in the *Pennsylvania Bulletin* notice. The

Department will maintain a list of software it has determined to satisfy the requirements for electronic reporting.

(b) When an EMS provider relinquishes primary responsibility for the care of a patient to another EMS provider, the EMS provider relinquishing that responsibility shall provide the other EMS provider with the patient information that has been collected.

(c) When an EMS agency transports a patient to a receiving facility, before its ambulance departs from the receiving facility, the EMS agency having primary responsibility for the patient shall verbally, and in writing or other means by which information is recorded, report to the individual at the receiving facility assuming responsibility for the patient, the patient information that is essential for immediate transmission for patient care. The Department will publish a notice in the *Pennsylvania Bulletin* specifying the types of patient information that are essential for patient care. The EMS agency shall provide the completed EMS PCR to the receiving facility to which the patient was transported within 72 hours after the EMS agency concluded patient care. Upon request of any other facility that subsequently provides health care services to the patient related to reason the patient was transported to the original receiving facility, the EMS agency shall provide the completed EMS PCR to that facility within 24 hours of the request or within 72 hours after the EMS agency concluded patient care, whichever is later. The EMS agency shall submit the data to the facility in any manner mutually acceptable to the facility which ensures the confidentiality of information in the EMS PCR.

(d) An EMS agency shall have a policy for designating which member of its responding crew is responsible for completing an EMS PCR. That EMS provider shall ensure that the EMS PCR is accurate and complete, and completed within the time prescribed by the EMS agency under subsection (a). When a patient is transported to a receiving facility, an EMS provider of the EMS agency having primary responsibility for the patient shall also ensure that before the ambulance departs from the receiving facility essential patient information is reported to the receiving facility as required by subsection (c).

(e) The EMS agency shall retain a copy of the EMS PCR for a minimum of 7 years.

§ 1.42. Dissemination of information.

(a) A person who collects, has access to, or knowledge of information collected under § 1.41 (relating to EMS patient care reports), by virtue of that person's participation in the Statewide EMS system, may not provide the EMS PCR, or disclose the information contained in the report or a report or record thereof, except:

(1) To another person who by virtue of that person's office as an employee of the Department or a regional EMS council is entitled to obtain the information.

(2) For research or EMS planning purposes approved by the Department, subject to strict supervision by the Department to ensure that the use of the data is limited to the specific research or planning and that appropriate measures are taken to protect patient confidentiality.

(3) To the patient who is the subject of the report or to a person who is authorized to exercise the rights of the patient with respect to securing the information, such as a person appointed as the patient's health care agent pursuant to a health care power of attorney.

(4) Pursuant to an order of a court of competent jurisdiction, including a subpoena when it constitutes a court order, except when the information is of a nature that disclosure under a subpoena is not authorized by law.

(5) For the purpose of quality improvement or peer review activities, with strict attention to patient confidentiality.

(6) For the purpose of data entry/retrieval and billing, with strict attention to patient confidentiality.

(7) As authorized under § 1.41.

(8) To a health care provider to whom a patient's medical record may be released under the law.

(b) The Department or a regional EMS council may disseminate nonconfidential, statistical data collected from EMS PCRs to EMS agencies and other participants in the Statewide EMS system for improvement of services.

§ 1.43. Vendors of EMS patient care reports.

(a) An EMS agency shall submit EMS PCRs as required under § 1.41 (relating to EMS patient care reports) by using only a software program approved by the Department.

(b) A vendor may not sell or otherwise provide or offer reporting forms or software marketed as appropriate for use in making EMS PCRs unless the vendor submits the product to the Department for review and receives the Department's approval. EMS agencies may ascertain which vendor products have been approved by the Department under this subsection by contacting the Department's Bureau of Emergency Medical Services.

(c) If the Department makes changes to the minimum data elements of the EMS PCR, it will publish a notice of the changes in the *Pennsylvania Bulletin*, which shall make the effective date of the changes no less than 60 days after publication of the notice.

(d) After publication of the changes, a vendor may not market as appropriate for making EMS PCRs a product that had been approved by the Department prior to the Department publishing the notice of changes, unless the vendor clearly discloses that the forms or software were approved prior to the publication of the changes and may only be used to make EMS PCRs until the changes go into effect.

(e) A vendor may store EMS PCR data on its server for data entry or processing purposes arranged by an EMS agency or a regional EMS council to facilitate the transmission of EMS PCR information between the EMS agency, a receiving facility and the regional EMS council, but may not transmit or provide access to that data to any other entity, except the Department, and may not use the data for any other purpose.

(f) The Department may assess a vendor a civil money penalty of up to \$5,000 for each day a vendor violates a duty imposed by subsections (b) or (d) of this section.

Subchapter D. QUALITY IMPROVEMENT AND PEER REVIEW

Sec.

- 1.61. Components of Statewide quality improvement program
- 1.62. Regional quality improvement programs
- 1.63. Peer review
- 1.64. Cooperation

§ 1.61. Components of Statewide quality improvement program.

(a) The Department, in conjunction with the Advisory Board, will identify the necessary components for a Statewide EMS quality improvement program for the Statewide EMS system. The Statewide EMS quality improvement program shall be operated to monitor the delivery of EMS.

(b) The Department will develop and update a Statewide EMS Quality Improvement Plan in which it will establish goals and reporting thresholds.

§ 1.62. Regional quality improvement programs.

A regional EMS council, after considering input from participants in and persons served by the regional EMS system, shall develop, update and implement a regional EMS quality improvement program to monitor the delivery of EMS, which addresses, at a minimum, the quality improvement components identified by the Department. A regional EMS council quality improvement program shall:

(1) Conduct quality improvement audits of the regional EMS system including reviewing the quality improvement activities conducted by the EMS agency medical directors and medical command facilities within the region.

(2) Have a regional quality improvement committee that, in conjunction with the regional medical advisory committee, shall recommend to the regional EMS council ways to improve the delivery of EMS within the region based upon State and regional goals.

(3) Develop and implement a regional EMS quality improvement plan to assess the EMS system in the region.

(4) Investigate complaints concerning the quality of care rendered and forward recommendations and findings to the Department.

(5) Submit to the Department reports as prescribed by the Department.

§ 1.63. Peer Review

(a) *Persons subject to peer review.* Peer review under this section may be conducted of EMS providers, EMS agency medical directors, and medical command physicians.

(b) *Purpose.* The purpose of peer review conducted under this section is to evaluate the quality and efficiency of services performed under this part by EMS providers, EMS agency medical directors, and medical command physicians. This includes reviews to evaluate and improve the quality of EMS rendered, to determine whether the direction and supervision of EMS providers was in accordance with accepted standards, and to determine whether the EMS provided or not provided was in accordance with accepted standards of care.

(c) *Composition of peer review committee.* A peer review committee established under this section may include health care providers such as EMS providers, EMS agency medical directors and other physicians, nurses, physician assistants, EMS agency managers and administrators, hospital personnel with expertise in quality assurance, and PSAP dispatchers and administrators.

(d) *Proceedings and records of a peer review committee.* The proceedings and records of a peer review committee conducted under this section have the same protections from discovery and introduction into evidence in civil proceedings as they would under the Peer Review Protection Act (63 P.S. §§ 425.1-425.4). A person who attends a meeting of a peer review committee has the same right as a person who attends a meeting of a review organization under the Peer Review Protection Act with respect to not to testifying in a civil action as to evidence or other matters produced or presented during the peer review proceeding or as to findings, recommendations, evaluations opinions or other actions of the peer review committee or other records thereof. These protections do

not apply to records that are reviewed in peer review, but were not created for the sole purpose of being reviewed in a peer review proceeding. A person who testifies before a peer review committee or who is a member of a peer review committee is not protected from testifying as to matters within that person's knowledge, except as to that person's testimony before the peer review committee, matters learned by that person through that person's participation in the peer review committee's proceeding, or opinions formed by that person as a result of the peer review proceeding.

(e) *Persons who provide information to a peer review committee.* A person who provides information to a peer review committee conducting peer review under this section has the same protections from civil and criminal liability as a person who provides information to a review organization under the Peer Review Protection Act.

(f) *Members and employees of a peer review committee and persons who furnish professional services to a review committee.* An individual who is a member or employee of a peer review committee or who provides professional services to a peer review committee conducting peer review under this section has the same protections from civil and criminal liability for the performance of any duty, function or activity required of the peer review committee as a person who performs the duty, function or activity under the Peer Review Protection Act.

§ 1.64. Cooperation.

Each individual and entity licensed, certified, recognized, accredited or otherwise authorized by the Department to participate in the Statewide EMS system shall cooperate in the Statewide and regional EMS quality improvement programs and peer reviews conducted under the act and this subchapter and shall provide information, data, reports and access to records, including audio records as reasonably requested by quality improvement and peer review committees to conduct such reviews.

Subchapter E. TRAUMA CENTERS

Sec.

- 1.81. Purpose
- 1.82. Requirements
- 1.83. Complaints

§ 1.81. Purpose.

The purpose of this subchapter is to integrate trauma centers into the Statewide EMS system, by providing access to trauma centers and by providing for the effective and appropriate utilization of resources.

§ 1.82. Requirements.

To ensure that trauma centers are integrated into the Statewide EMS system, trauma centers shall:

(1) Maintain a dedicated telephone number to allow for access by referring hospitals to make arrangements for the most appropriate and expeditious mode of transportation to the trauma center, as well as allow for direct consultation between the two facilities prior to transfer and during the course of treatment of the patient.

(2) Develop and implement outreach education programs to be offered to referring hospitals and emergency services dealing with management of major and multiple systems trauma patients and the capabilities of the trauma center.

(3) Develop and institute a system to ensure the provision of patient outcome and treatment information to the transferring facility and the EMS agency or agencies involved in transporting the patient to the transferring facility, if the patient was transferred to the trauma center, or to the EMS agency or agencies involved in transporting the patient to the trauma center if the patient was not transferred to the trauma center by another facility, on each patient transported to the trauma center by ambulance.

(4) Maintain a medical command facility to allow for communication between a transporting ground ambulance or air ambulance and the trauma center to ensure that patient information and condition updates are available to the trauma center and that medical consultation is available to the transporting ambulance crew. The capabilities shall be in accordance with regional and Statewide EMS telecommunications plans.

§ 1.83. Complaints.

The Department will investigate complaints related to the delivery of services by trauma centers and forward the results of the investigation to the Trauma Foundation with a recommendation for action.

Subchapter F. REGIONAL EMS COUNCILS

Sec.

1.101. Designation of regional EMS councils

- 1.102. Structure of regional EMS councils
- 1.103. Governing body
- 1.104. Responsibilities of regional EMS councils

§ 1.101 Designation of regional EMS councils.

(a) The Department will designate a regional EMS council that satisfies the structural and representation requirements in § 1.102 (relating to structure of regional EMS councils) for each geographic area of this Commonwealth that the Department designates as a regional EMS geographic area for regional EMS system purposes.

(b) The designation of the geographical area will be based on:

(1) The capability to provide definitive care services to the majority of general, emergent and critical patients.

(2) The capability to establish community-wide and regional care programs.

(3) The capability to interact and liaison with hospitals, other health care facilities, and important public health and public safety entities.

(c) The Department will evaluate the performance and effectiveness of each regional EMS council on a periodic basis to assure that each council is appropriately meeting the needs of the EMS region to which it is assigned in planning, developing, maintaining, expanding, improving and upgrading the regional EMS system.

§ 1.102. Structure of regional EMS councils.

(a) Regional EMS councils shall be organized by one of the following:

(1) A unit of general local government with an advisory council.

(2) A representative public entity administering a compact or other areawide arrangement or consortium.

(3) A public or private nonprofit entity.

(b) If the regional EMS council is a unit of local government it shall have an advisory council which is determined by the Department to be representative of health care consumers, the health professions, and major private and public and volunteer agencies, organizations and institutions concerned with providing EMS.

(c) A regional EMS council shall have a governing body.

(d) A regional EMS council shall have a director who is approved by the Department.

(e) A regional EMS council shall have a medical director and establish committees which are necessary to carry out the responsibilities of the regional EMS council.

§ 1.103. Governing body.

(a) If the regional EMS council is a public or private nonprofit organization, its governing body shall satisfy the representation requirements in § 1.104 (relating to structure of regional EMS councils).

(b) If the governing body consists of a board, it shall adopt written policies which include, but are not limited to:

- (1) A method of selection for board membership.
- (2) Qualifications for board membership.
- (3) Criteria for continued board membership.
- (4) Frequency of meetings.

(c) The duties of the governing body shall include, but not be limited to:

(1) Selecting a director who will be responsible for the daily operations of the regional EMS council.

(2) Selecting a regional EMS medical director.

(3) Describing the organizational structure.

(4) Establishing appropriate committees, including a quality improvement committee and a medical advisory committee.

(i) A majority of the members of the medical advisory committee shall be physicians.

(ii) The regional medical advisory committee shall assist the regional EMS medical director in matters of medical coordination and shall ensure that EMS is provided within the region in a manner that considers patient safety and the quality of EMS.

(5) Monitoring and ensuring the regional EMS council's compliance with contracts and grants from the Department.

(d) The governing body shall make available to the public an annual report which includes, but is not limited to:

- (1) Activities and accomplishments of the preceding year.
- (2) A financial statement of income and expenses.
- (3) A statement disclosing the names of officers and directors.

(e) A staff member of a regional EMS council may not serve as a voting member of the governing body.

§ 1.104. Responsibilities of regional EMS councils.

In addition to other responsibilities imposed upon regional EMS councils by this subpart, regional EMS councils have responsibility for the following:

- (1) Organizing, maintaining, implementing, expanding and improving the EMS system within the geographic area for which the regional EMS council has been assigned responsibilities.
- (2) Developing and implementing comprehensive EMS plans, as approved by the Department.
- (3) Advising PSAPs, and municipal and county governments, as to EMS resources available for dispatching and recommending dispatching criteria that may be developed by the Department, or by the regional EMS council as approved by the Department.
- (4) Developing, maintaining, implementing, expanding and improving programs of medical coordination. The programs are subject to approval by the Department.
- (5) Providing input to hospitals, upon their request, in the development and coordination of a comprehensive written plan for emergency care as required under § 117.11 (relating to emergency services plan).
- (6) Assisting the Department in achieving a unified Statewide EMS system and regional EMS system components and goals as described in section 8105 of the act (35 Pa.C.S. § 8105).
- (7) Assisting the Department in the collection and maintenance of standardized data and information provided through EMS PCRs.
- (8) Providing EMS agencies with data summary reports.

(9) Assuring the reasonable availability of training programs, including continuing education programs, for EMS providers. The programs shall include those that lead to certification of EMS providers by the Department. Regional EMS councils may also develop and implement additional educational programs.

(10) Monitoring EMS provider, EMS agency, EMS agency medical director, medical command physician, medical command facility medical director, and medical command facility compliance with minimum standards established by the Department.

(11) Facilitating the integration of medical command facilities into the regional EMS system in accordance with policies and guidelines established by the Department.

(12) Developing and implementing regional protocols for issues of regional importance that are not addressed by the Statewide EMS protocols. Protocols shall be developed in consultation with the regional EMS council's medical advisory committee and approved by the Department. Protocols shall:

- (i) Be consistent with the Department's established protocol format.
- (ii) Address matters the Department directs regional EMS councils to address.
- (iii) Be distributed to EMS agencies within the region.
- (iv) Be reviewed annually, and revised as necessary in consultation with the regional EMS council's medical advisory committee.
- (v) Be consistent with Chapter 3 (relating to personnel) which governs the scope of practice of EMS providers.
- (vi) Be based upon accepted standards of emergency medical care, with consideration given to maximizing patient safety.

(13) Assisting Federal, State and local agencies, upon request, in the provision of onsite mitigation, technical assistance, situation assessment, coordination of functions or postincident evaluations, in the event of a potential or actual disaster, mass casualty situation or other substantial threat to public health.

(14) Maintaining an inventory of EMS resources, including EMS providers, available in the EMS region and promoting the recruitment, retention and recognition of EMS providers.

(15) Designating a regional EMS medical director.

(16) Supervising the regional EMS medical director to assure that the roles and responsibilities in § 3.4 (relating to regional EMS medical director) are carried out.

(17) Assisting EMS providers, other persons, and EMS agencies operating in the regional EMS system to meet the licensure, certification, registration and continuing education requirements established under the act and this subpart, and assisting the Department in ensuring that those requirements are met.

(18) Having a conflict of interest policy and requiring its employees and officials to agree to the policy in writing.

(19) Assisting the Department in carrying out the act and this part and adhering to policy direction established by the Department.

(20) Performing other duties deemed appropriate by the Department for the initiation, expansion, maintenance and improvement of the regional and Statewide EMS system which are in accordance with the Statewide EMS System Plan.

Subchapter G. ADVISORY BOARD

Sec.

- 1.121. Duties and purpose.
- 1.122. Meetings and members.
- 1.123. Disasters.

§ 1.121. Duties and purpose.

(a) The Advisory Board shall advise the Department on EMS issues that relate to manpower and training, communications, EMS agencies, the content of EMS PCR's, the content of rules and regulations, standards and policies promulgated by the Department, the permitted scope of continuing education courses, and other subjects as required by the act or deemed appropriate by the Department or the Advisory Board. The Advisory Board shall also advise the Department on the content of the Statewide EMS System Plan, and proposed revisions to it.

(b) The Advisory Board shall adopt written policies which include, but are not limited to:

- (1) A method of selection for board membership.
- (2) Qualifications for board membership.
- (3) Criteria for continued board membership.
- (4) Frequency of meetings.

(c) The Advisory Board shall:

(1) Select a director who will be responsible for the daily operations of the Advisory Board and the Pennsylvania Emergency Health Services Council.

(2) Describe its organizational structure.

(3) Establish appropriate committees, including a medical advisory committee with a majority of its members being physicians.

(d) The Advisory Board shall make available to the public an annual report which shall include, but need not be limited to:

(1) A description of its activities and accomplishments of the preceding year.

(2) A financial statement of income and expenses.

(3) A statement disclosing the names of officers and members of the Advisory Board.

§ 1.122. Meetings and members.

(a) Meetings of the Advisory Board shall be held in accordance with 65 Pa.C.S. Ch. 7 (relating to open meetings) or a successor act.

(b) A voting member of the Advisory Board shall serve a 3-year term. A voting member may not serve more than two consecutive terms.

(c) A simple majority of the voting members of the Advisory Board constitutes a quorum for the transaction of business.

(d) A member of the Advisory Board shall serve without compensation, except for reimbursement of reasonable expenses incurred by members while performing official duties.

(e) A staff member of the Pennsylvania Emergency Health Services Council may not serve as a voting member of the Advisory Board.

§ 1.123. Disasters.

In the event of a potential or actual disaster, mass casualty situation or other substantial threat to public health, the Advisory Board shall, upon request, assist Federal, State and local agencies in the provision of onsite mitigation, technical assistance, situation

assessment, coordination of functions or postincident evaluations. Recruitment of volunteer expertise available to the Advisory Board will be requested and utilized as conditions and circumstances necessitate.

Subchapter H. EMS RESEARCH

Sec.

1.141. Research.

§ 1.141. Research.

(a) Prior to engaging in a clinical investigation or study that relates to the provision of EMS, the principal investigator shall file with the Department a report of the planned investigation or study on a form prescribed by the Department. The principal investigator shall also file with the Department a report at the conclusion of the investigation or study and status reports as requested by the Department.

(b) A person who wants to secure from the Department or a regional EMS council and use, for research purposes, information collected by the Department or a regional EMS council through EMS PCRs, or information collected by the Department or a regional EMS council regarding patients who utilize emergency departments without being admitted to a hospital or who are admitted to a hospital through emergency departments, trauma centers or directly to special care units, shall submit the proposed research project to the Department. If the Department concludes that the proposed use of the information would serve the public interest, it may refer the proposal to the medical advisory committee of the Advisory Board, or to one or more of the medical advisory committees of the regional EMS councils for review and recommendation.

(c) If access to and use of the information requested under subsection (b) is approved by the Department, the Department will release or direct the release of the information for the research project under conditions specified by the Department.

(d) A research proposal submitted under subsection (c) shall include and address the following in a format specified by the Department:

(1) A specific statement of the hypothesis to be investigated and the clinical significance of the hypothesis.

(2) A specific description of the methodology to be used in the research.

(3) An estimated duration of the research.

(4) An explanation of how patient confidentiality will be protected.

- (5) A letter from the principal investigator in which that person identifies himself as the principal investigator and assumes responsibility for compliance with the conditions imposed by the Department.
- (6) A plan for providing the Department with progress reports, annually at a minimum, and a final report on the research.
- (e) If institutional review board approval is required by law, the Department will not approve access to the requested information until it receives evidence of institutional review board approval.
- (f) The Department may direct that the use of the information be terminated if the Department determines that the use of the information fails to satisfy the conditions under which the Department approved use of the information.
- (g) An EMS agency or other person that intends to conduct research that would involve an EMS agency violating a regulation in this part or an EMS protocol adopted or approved by the Department shall apply for an exception to the regulation or protocol under § 1.4 (relating to exceptions).
- (h) This regulation does not empower the Department to approve research that involves any act otherwise prohibited by law.

CHAPTER 1003. PERSONNEL

Subchapter A. ADMINISTRATIVE AND SUPERVISORY EMS PERSONNEL

- Sec.
- 3.1. EMS agency medical director
- 3.2. Medical command physician
- 3.3. Medical command facility medical director
- 3.4. Regional EMS medical director
- 3.5. Commonwealth EMS Medical Director

§ 3.1. EMS agency medical director.

- (a) *Roles and responsibilities.* An EMS agency medical director is responsible for the following:

(1) Providing medical guidance and advice to the EMS agency, including:

(i) Reviewing the Statewide EMS protocols and Department-approved regional EMS protocols that are applicable to the EMS agency and ensuring that its EMS providers and other relevant personnel are familiar with the protocols applicable to the EMS agency.

(ii) Performing medical audits of EMS provided by the EMS agency's EMS providers.

(iii) Participating in and reviewing quality improvement and peer reviews of EMS provided by the EMS agency.

(iv) Reviewing regional mass casualty and disaster plans and providing guidance to the EMS agency regarding its provision of EMS under those plans.

(v) Providing guidance to the EMS agency, when applicable, with respect to the ordering, stocking and replacement of medications, and compliance with laws and regulations impacting upon the EMS agency's acquisition, storage and use of those medications.

(vi) Making an initial assessment of each EMS provider at or above the AEMT level to determine whether the EMS provider has the knowledge and skills to competently perform the skills within the EMS provider's scope of practice, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level. This paragraph does not apply if the EMS provider was working for the EMS agency at the same level prior to the physician becoming the medical director for the EMS agency and the EMS provider was credentialed at that EMS agency within the last year as being able to perform at the EMS provider's certification level.

(vii) Making an assessment at least annually of each EMS provider at or above the AEMT level to determine whether the EMS provider has demonstrated competency in the knowledge and skills to perform the skills within the EMS provider's scope of practice, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level.

(viii) Recommending to the EMS agency that an EMS provider not be permitted to provide EMS at the EMS provider's certification level if the EMS agency medical director determines that the EMS provider has not demonstrated competency in the knowledge and skills to perform the skills within the EMS provider's scope of practice, or a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level, and recommending restrictions on the EMS provider's practice for the EMS agency, if appropriate, to ensure patient safety.

(2) Maintaining a liaison with the regional EMS medical director.

(3) Participating in the regional and Statewide quality improvement programs.

(4) Recommending to the relevant regional EMS council, when appropriate, EMS protocols for inclusion in the Statewide and regional EMS protocols.

(5) Recommending to the Department the suspension, revocation or restriction of an EMS provider's certification.

(b) *Minimum qualifications.* To qualify and continue to function as an EMS agency medical director, an individual shall:

(1) Be a physician.

(2) Satisfy one of the following:

(i) Have successfully completed an emergency medicine residency program accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.

(ii) Have successfully completed a residency program in surgery, internal medicine, family medicine, pediatrics or anesthesiology, accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine. The physician shall also have successfully completed or taught the ACLS course within the preceding two years and have completed, at least once, the ATLS course and PALS course or APLS course, or other programs determined by the Department to meet or exceed the standards of these programs.

(iii) Have served as an advanced life support service medical director under the repealed act of July 3, 1985 (P.L.164, No.45), known as the Emergency Medical Services Act, prior to February 14, 2010.

(3) Have a valid Drug Enforcement Agency number.

(4) Have completed an EMS agency medical director course, or an EMS fellowship or other EMS training program that is determined by the Department to be equivalent. This training shall assure that the EMS agency medical director has knowledge of:

(i) The scope of practice of EMS providers.

(ii) The provision of EMS pursuant to the Statewide EMS protocols.

(iii) The interface between EMS providers and medical command physicians.

(iv) Quality improvement and peer review principles.

(v) Emergency medical dispatch principles and EMS agency communication capabilities.

(vi) EMS system design and operation.

(vii) Federal and State laws and regulations regarding EMS.

(viii) Regional and State mass casualty and disaster plans.

(ix) Patient and EMS provider safety principles.

§ 3.2. Medical command physician.

(a) *Roles and responsibilities.* A medical command physician functions under the direction of a medical command facility medical director and under the auspices of a medical command facility. A medical command physician is responsible for the following:

(1) Providing medical command orders to EMS providers whenever they seek direction.

(2) Issuing medical command orders consistent with Statewide protocols and protocols that are in effect either in the region in which EMS originates or the region from which the EMS providers who are providing EMS begin receiving medical command direction. For good cause, a medical command physician may give medical command orders that are inconsistent with these protocols.

(3) Documenting patient information received from EMS providers and medical command orders given to EMS providers.

(b) *Minimum qualifications.* To qualify and continue to function as a medical command physician, an individual shall be serving as a medical command physician immediately prior to February 14, 2010, or shall:

(1) Complete an application for medical command physician certification on a form or through an electronic application process, as prescribed by the Department.

(2) Be a physician.

(3) Satisfy one of the following:

(i) Have successfully completed a residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.

(ii) Have had an emergency medicine practice in another jurisdiction and establish to the Department that the physician has a combination of training, education and emergency medicine practice that makes the physician qualified to serve as a medical command physician.

(iii) Have successfully completed or taught the ACLS course within the preceding 2 years and have completed or taught the ATLS course, and either an APLS or PALS course, or other programs determined by the Department to meet or exceed the standards of these programs.

(4) Have an arrangement with a medical command facility to serve as a medical command physician for that facility after receiving certification as a medical command physician.

(5) Be practicing as an emergency medicine physician, or be participating as a resident in a second or subsequent year in an emergency medicine residency program accredited by an accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine, or have had at least three years' experience as a full-time emergency medicine physician.

(6) Have a current Drug Enforcement Agency (DEA) number or be an emergency medicine resident in an emergency medicine residency program accredited by an accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine, who is authorized to use a hospital's DEA number for practice within the emergency medicine residency program.

(7) Have successfully completed the Medical Command Course.

(c) *Triennial registration.* A medical command physician's certification is deemed registered for three years. Thereafter, a medical command physician shall triennially register the certification on a form or through an electronic process, as prescribed by the Department. The Department will issue a new registration within 30 days after the application for registration is filed if the application demonstrates that the medical command physician:

(1) Maintains licensure as a physician.

(2) Has an arrangement with a medical command facility to serve as a medical command physician for that facility.

(3) Is practicing as an emergency medicine physician or has had at least 3 years' experience as a full-time emergency medicine physician.

(4) Has completed the most recent update or refresher course that the Department provided on State and regional EMS protocols.

§ 3.3. Medical command facility medical director.

(a) *Roles and responsibilities.* A medical command facility medical director is responsible for the following for the medical command facility:

- (1) Medical command.
- (2) Quality improvement.
- (3) Liaison with regional EMS medical director.
- (4) Participation in prehospital training activities.
- (5) Clinical and continuing education training of EMS providers.
- (6) Verifying to the Department that an applicant for medical command physician certification has an arrangement to serve as a medical command physician for the medical command facility under the direction of the medical command facility medical director and meets all medical command physician certification requirements.
- (7) Monitoring the operation of the medical command facility and the performance of its medical command physicians to ensure that they are satisfying all statutory and regulatory requirements.

(b) *Minimum qualifications.* To qualify and continue to function as a medical command facility medical director, an individual shall be serving as a medical command facility medical director immediately prior to February 14, 2010, or shall:

- (1) Complete an application for medical command facility medical director certification on a form or through an electronic application process, as prescribed by the Department.
- (2) Be currently serving as a medical command physician.
- (3) Satisfy one of the following:
 - (i) Have completed a residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.
 - (ii) Have completed a residency program in surgery, internal medicine, family medicine, pediatrics or anesthesiology accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine; and completed or taught, the ACLS course within the preceding 2 years, the ATLS course, and either an APLS or PALS course, or other programs determined by the Department to meet or exceed the standards of these programs.

- (4) Have experience in prehospital and emergency department care of the acutely ill or injured patient.
- (5) Have experience in providing medical command direction to EMS providers.
- (6) Have experience in the training of EMS providers above and below the AEMT level.
- (7) Have experience in the medical audit, review and critique of EMS providers above and below the AEMT level.
- (8) Have an arrangement with a medical command facility to serve as its medical director after receiving certification as a medical command facility medical director.

(c) *Triennial registration.* A medical command facility medical director's certification is deemed registered for three years. Thereafter, a medical command facility medical director shall triennially register the certification on a form or through an electronic process, as prescribed by the Department. The Department will issue a new registration within 30 days after the application for registration is filed if the application demonstrates that the medical command facility medical director will be:

- (1) Serving as a medical command physician and a medical command facility medical director for a medical command facility.
- (2) Providing prehospital and emergency department care of acutely ill or injured patients.
- (3) Providing training to EMS providers above and below the AEMT level.
- (4) Performing medical audit, review and critique of EMS providers above and below the AEMT level.

§ 3.4. Regional EMS medical director.

(a) *Roles and responsibilities.* A regional EMS medical director shall carry out the following duties:

- (1) Maintain liaison with the Commonwealth EMS Medical Director.
- (2) Assist the regional EMS council, after consultation with the regional medical advisory committee, to establish and revise, subject to Department approval, regional EMS protocols.
- (3) Assist the regional EMS council to develop, subject to Department approval, criteria to recommend to PSAPs for emergency medical dispatch, including criteria for

prearrival instructions, level of care to be dispatched to respond to various clinical conditions, types of EMS resources to be sent, and mode of EMS resource response.

(4) Serve as a member of the regional EMS council's quality improvement committee and as that committee's liaison to the regional EMS council's medical advisory committee.

(5) Serve on the State EMS Quality Improvement Committee.

(6) Serve as chairperson of the regional EMS council's medical advisory committee.

(7) Assist, as appropriate, the regional EMS council in its investigations, analysis of investigation information, and recommendations to make to the Department on actions the Department should pursue, if any, against certifications, licenses, accreditations, and other authorizations issued by the Department under the act.

(8) Review regional plans, procedures and processes for compliance with State standards of EMS.

(b) *Minimum qualifications.* A regional EMS medical director shall have the following qualifications:

(1) Licensure as a physician.

(2) Experience in prehospital and emergency department care of the acutely ill or injured patient.

(3) Experience as a medical command physician and as an EMS agency medical director or as an ALS service medical director under the repealed act of July 3, 1985 (P.L. 164, No. 45), known as the Emergency Medical Services Act.

(4) Have completed a residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine or have served as a medical command physician in this Commonwealth prior to October 14, 2000.

(5) Experience in the training of EMS providers above and below the AEMT level.

(6) Experience in the medical audit, review and critique of EMS providers above and below the AEMT level.

(c) *Disclosure.* A regional EMS medical director shall disclose to a regional EMS council and the Department all financial or other interest in entities regulated by the

Department under the act and in other matters which present a potential conflict of interest.

§ 3.5. Commonwealth EMS Medical Director.

(a) *Roles and responsibilities.* The Commonwealth EMS Medical Director is responsible for the following:

- (1) Providing medical advice and recommendations to the Department regarding the EMS system.
- (2) Assisting in the development and implementation of a Statewide EMS quality improvement program.
- (3) Evaluating and making recommendations on regional EMS quality improvement programs and on programs to improve patient and provider safety and provider wellness.
- (4) Assisting the Department in revising or modifying the scope of practice of EMS providers.
- (5) Providing advice and guidance to the Department on investigations and the pursuit of disciplinary actions against EMS providers and other persons and entities regulated by the Department under the act.
- (6) Reviewing, evaluating and making recommendations for the Statewide EMS protocols.
- (7) Reviewing, evaluating and making recommendations regarding regional EMS protocols that supplement Statewide EMS protocols.
- (8) Providing direction and guidance to the regional EMS medical directors for training and quality improvement monitoring and assistance.
- (9) Meeting with representatives and committees of regional EMS councils and the Advisory Board as necessary and as directed by the Department to provide guidance and direction.
- (10) Reviewing, evaluating and making recommendations to the Department on requests, for research purposes, for data made confidential by the act.
- (11) Assisting the Department in the development of regulations under the act.

(12) Providing other services relating to the Department's administration of the act as assigned by the Department.

(b) *Minimum qualifications.* The Commonwealth EMS Medical Director shall possess the same qualifications as a regional EMS medical director under § 3.4 (relating to regional EMS medical director):

(c) *Disclosure.* The Commonwealth EMS Medical Director shall disclose to the Department all financial or other interest in EMS agencies and other entities regulated by the Department, and in other matters which present a potential conflict of interest.

(d) *Prohibition against dual service.* A physician may not simultaneously serve as the Commonwealth EMS Medical Director and a regional EMS medical director.

Subchapter B. EMS PROVIDERS AND VEHICLE OPERATORS

Sec.

- 3.21. General rights and responsibilities
- 3.22. EMS vehicle operator
- 3.23. Ambulance attendant and first responder
- 3.24. Emergency medical responder
- 3.25. Emergency medical technician
- 3.26. Advanced emergency medical technician
- 3.27. Paramedic
- 3.28. Prehospital physician extender
- 3.29. Prehospital registered nurse
- 3.30. Prehospital EMS physician
- 3.31. Continuing education requirements
- 3.32. Credit for continuing education
- 3.33. Endorsement
- 3.34. Reciprocity

§ 3.21. General rights and responsibilities.

(a) *Change of address.* An EMS provider, an EMSVO and an applicant for EMS provider or EMSVO certification shall ensure that the Department has a current address at which the person can be reached by mail at all times. This applies to an EMS provider and an EMSVO whether or not that person maintains current registration of the EMS provider or EMSVO certification.

(b) *Reports of criminal convictions, discipline and exclusions.*

(1) An applicant for EMS provider or EMSVO certification shall report to the Department, on a form or through an electronic process, as prescribed by the Department, all misdemeanor, felony and other criminal convictions that are not summary or equivalent offenses, and all disciplinary sanctions that have been imposed upon a license, certification or other authorization of the applicant to practice an occupation or profession. An applicant for an EMSVO certification shall also report to the Department any other conviction of an offense involving reckless driving or driving under the influence of alcohol or drugs. The applicant shall also arrange for the custodian of the criminal charging, judgment and sentencing document for each conviction and the custodian of an adjudication or other document imposing discipline against the applicant to provide the Department with a certified copy of those records. If the applicant has not been sentenced on a criminal conviction at the time of making application for certification, the applicant shall so inform the Department and then arrange, within 5 days after the applicant is sentenced, for the custodian of the sentencing document to provide the Department with a certified copy of that document. If, after making application for EMS provider certification, but before the Department acts upon an application, the applicant is convicted of a reportable offense or has discipline imposed upon a license, certification or other authorization to practice an occupation or profession, the applicant is to report that information to the Department immediately in the manner prescribed in the application form.

(2) An applicant for EMS provider certification shall report to the Department, on a form or through an electronic process, as prescribed by the Department, an exclusion from a Federal or State health care program of the applicant, or of an entity in which the applicant had equity or capital, stock or profits equal to at least 5 % of the value of the property or assets of the entity at the time of the exclusion. The applicant shall also provide the Department with a certified copy of the document by which the applicant is excluded from the health care program. A health care program is a program in which the State or Federal government serves as a payor for health care services, such as the Medicare and Medicaid programs. If, after making application for EMS provider certification, but before the Department acts upon an application, there is an exclusion from a Federal or State health care program that is reportable under this paragraph, the applicant is to report that information to the Department immediately in the manner prescribed in the application form.

(3) The Department will not act upon an application for certification that reports information under paragraph (1) or (2) until it receives a certified copy of each document that is required to be provided under those paragraphs, unless the applicant establishes that the document from which a certified copy would be made does not exist.

(4) An EMS provider and an EMSVO shall report the same type of information and arrange for the same documents to be provided to the Department, as required under paragraphs (1) and (2), within 30 days after each conviction, discipline and exclusion. This applies to an EMS provider and an EMSVO whether or not the person maintains current registration of the EMS provider's or EMSVO's certification.

(c) *Certification examinations.*

(1) An applicant for EMS provider certification shall take the required certification examinations within 1 year after completing the education required for the EMS provider certification.

(2) Except as otherwise provided in this section, a person who fails a written or practical skills certification examination may repeat the failed examination without retaking any certification examination passed.

(3) A person who fails a written certification examination three times shall complete a refresher course approved by the Department or repeat the education required for the EMS provider certification before retaking a written certification examination.

(4) A person who fails a practical skills certification examination three times shall complete a remedial course approved by the Department or repeat the education required for the EMS provider certification before retaking a practical skills certification examination.

(5) A person who either fails an EMS provider certification examination six times, or does not pass all required EMS provider certification examinations within 2 years after completing the EMS provider education required for the EMS provider certification shall receive no credit for an examination previously passed. If that person elects to continue to pursue EMS provider certification that person shall be required to repeat the EMS provider education program and take the EMS provider certification examinations in accordance with paragraphs (1)-(4).

(d) *Exceptions to certification registration requirements for members of armed forces.* An EMS provider or EMSVO who returns from active military service and who had a certification registration expire during a tour of duty or will have a certification registration expire within 12 months after returning from active military service may secure an exception to the certification registration requirements as follows:

(1) An EMS provider who chooses to secure registration of the EMS provider's certification by satisfying continuing education requirements may apply for an exception to the period of time in which the EMS provider was required or would be required to satisfy the continuing education requirements, and the Department will grant the EMS provider an extended period of time to satisfy those requirements as the Department deems appropriate under the circumstances. If the EMS provider is certified at an AEMT level or higher, before the EMS provider may begin work for an EMS agency without a current registration, the EMS provider needs to be approved by the EMS agency's medical director, under § 3.1(a)(1)(viii) (relating to EMS agency medical director) as having current competency in the knowledge and skills required to provide the level of EMS the EMS agency intends to assign to the EMS provider.

(2) An EMS provider who chooses to secure registration of the EMS provider's certification by satisfying continuing education requirements may ask the Department to endorse the EMS provider's relevant military training as satisfying some or all of the continuing education requirements.

(3) An EMSVO may apply for an exception to the period of time in which the EMSVO was required or would be required to satisfy the continuing education requirements, and the Department will grant the EMSVO an extended period of time to satisfy those requirements as the Department deems appropriate under the circumstances. An EMSVO may also ask the Department to endorse the EMSVO's relevant military training as satisfying some or all of the continuing education requirements.

(e) *Lapse of registration.* An EMS provider who does not secure a new registration of an EMS provider certification before a registration expires may secure a new registration within 2 years after the registration expires by completing a registration form or through an electronic process, as prescribed by the Department, if the information provided establishes that the EMS provider has passed the written certification registration examination as well as the clinical patient care and other core continuing education requirements that would have been needed to timely secure the registration by satisfying the continuing education requirements for registering the certification. An EMS provider who does not secure a new registration of an EMS provider certification before a registration expires may secure a new registration later than 2 years after the registration expires by completing a registration form or through an electronic process, as prescribed by the Department, if the information provided establishes that the EMS provider has passed both the written and practical skills certification registration examinations and the clinical patient care and other core continuing education requirements for each registration of a certification that was missed. The paramedic certification registration examinations are the certification registration examinations for a PHPE, a PHRN and a PHP who seeks to register a certification after the registration of that certification lapses. A registration secured under this subsection shall expire when the registration would have expired if past registrations would have been secured on a timely basis.

(f) *Authority derived from protocols and medical command orders.* An EMS provider shall provide EMS for an EMS agency within the EMS provider's scope of practice and, other than a PHP, pursuant to Statewide and regional EMS protocols and medical command orders.

(g) *Downgraded certification or practice.* An EMS provider who is certified at or above the AEMT level who chooses not to practice at that level or who is not permitted to practice at that level for an EMS agency by its EMS agency medical director under §§ 3.1(a)(1)(vi) or (vii) and____, has the following options with respect to EMS provider certification and registration of that certification:

(1) Upon expiration of the biennial registration period the EMS provider may choose to maintain EMS provider certification at the EMS provider's current certification

level, in which case the EMS provider would need to satisfy the requirements for the registration of that EMS provider certification to renew registration of that certification.

(2) Prior to or upon expiration of the registration period the EMS provider may choose to transition to a lower level EMS provider certification than the EMS provider's current certification level, in which case the EMS provider would need to satisfy the requirements for the registration of that EMS provider certification to secure registration of that lower level EMS provider certification. If the EMS provider satisfies the registration requirements for that lower level of EMS provider certification, the Department will issue the EMS provider an EMS provider certification at that level, which shall be deemed registered for 3 years or 2 years, depending upon the level of certification.

(3) When providing EMS, an EMS provider who transitions to a lower level EMS provider certification may not display a higher level insignia, patch, registration card or any other indicia of the EMS provider's certification at the higher EMS provider level.

(4) An EMS provider who, for any period of time, has been precluded from practicing for an EMS agency at the EMS provider's certification level pursuant to § _____, shall report such action to all other EMS agencies for which the EMS provider is providing or seeks to provide EMS and to all regional EMS councils having responsibility for the EMS regions in which those EMS agencies are headquartered.

(5) An EMS provider who transitions to a lower level EMS provider certification may later renew registration of the EMS provider's certification at the higher level by satisfying the requirements in subsection (e).

(h) *Identification.* If an EMS provider is asked to provide proof of authority to practice as an EMS provider when the EMS provider is providing EMS, or an EMSVO is asked to provide proof of authority to operate an EMS vehicle when the EMSVO is operating an EMS vehicle, the EMS provider or EMSVO shall present a card or certificate issued by the Department that shows current registration of the EMS provider's or EMSVO's certification.

(i) *Interaction with law enforcement officers.*

(1) If a law enforcement officer is at the scene of a police incident when an EMS provider arrives, the EMS provider shall not enter the scene to provide EMS if the law enforcement officer so directs, until the law enforcement officer advises that it is safe for the EMS provider to enter.

(2) An EMS provider shall have access to a patient at a police incident scene before the patient is removed from the scene by or at the direction of a law enforcement officer.

(3) If, pursuant to a medical treatment protocol or a medical command order, an EMS provider is required to transport to a receiving facility a patient whom a law enforcement officer has taken or wants to take into custody or whom the law enforcement officer believes needs to be spoken to immediately by the law enforcement officer, the EMS provider shall transport the patient to a receiving facility by ambulance. The EMS provider and EMSVO shall allow the law enforcement officer to accompany the patient in the ambulance if the law enforcement officer so chooses, and shall not interfere with the law enforcement officer employing security precautions deemed necessary by the law enforcement officer to ensure the safety of the officer and others, however, a law enforcement officer is not permitted to implement security precautions that unreasonably interfere with the provision of EMS to the patient.

§ 3.22. EMS vehicle operator.

(a) *Roles and responsibilities.* An EMSVO operates ground EMS vehicles for an EMS agency, as authorized by an EMS agency.

(b) *Certification.*

(1) The Department will certify as an EMSVO an individual who meets the following qualifications:

(i) Completes an application for EMSVO certification on a form or through an electronic process, as prescribed by the Department.

(ii) Is 18 years of age or older.

(iii) Has a current driver's license.

(iv) Is not addicted to alcohol or drugs.

(v) Is free from physical or mental defect or disease that may impair the person's ability to drive an EMS vehicle.

(vi) Has successfully completed an emergency vehicle operator's course of instruction approved by the Department.

(vii) Has not:

(A) Been convicted within the last four years prior to the date of application of driving under the influence of alcohol or drugs.

(B) Within the last two years prior to the date of application, been convicted of reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation.

(viii) Has successfully completed an emergency vehicle operator's course of instruction approved by the Department following a disqualification from certification under subparagraph (vii), regardless of whether the person successfully completed the course previously.

(c) *Transition for operators of ground ambulances and squad vehicles.* A person who drove an ambulance or squad vehicle prior to [effective date of the regulation], and who satisfies the certification requirements under subsection (b), may serve as an EMSVO until [90 days after effective date of the regulation], without having secured a certification as an EMSVO.

(d) *Registration.*

(1) Except as otherwise provided in this subsection an EMSVO's certification is deemed registered for three years. Thereafter, an EMSVO shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An EMSVO shall submit the form or complete the electronic process no less than 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMSVO certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the EMSVO completes the form or the electronic process if the information provided establishes that the EMSVO has a current driver's license and has successfully completed the continuing education requirements for registration of an EMSVO certification in § 3.31(a) (relating to continuing education requirements).

(2) If an EMSVO also has an EMS provider's certification, the registration of the EMSVO's certification shall expire at the same time as the registration of the EMS provider's certification. If the EMSVO does not maintain current registration of the EMS provider's certification, the registration of the EMSVO's certification shall continue on the same renewal cycle. If an EMSVO who is an EMS provider becomes certified as a higher-level EMS provider, the registration of the EMSVO's certification shall expire at the same time as the registration of the higher-level EMS provider's certification.

(3) An EMSVO who does not secure a new registration of an EMSVO certification later than 2 years after the registration expires may secure a new registration by completing a registration form or through an electronic process, as prescribed by the Department, if the information provided establishes that the EMSVO has completed the continuing education requirements for that registration period and an EVOC within the preceding 2 years.

(4) An EMSVO who is a member of the armed forces who is returning from active military service and whose EMSVO registration has expired or will expire within 12 months after returning from active military service may secure an exception to the registration requirements under § 3.21(d) (relating to general rights and responsibilities).

(5) An EMSVO who operates an EMS vehicle exclusively for a QRS operated by an EMS agency shall have no registration requirements.

§ 3.23. Ambulance attendant and first responder.

An individual who is an ambulance attendant or who is certified as a first responder on [effective date of section, which is 180 days after the regulations are adopted] shall be deemed to be an EMR with a current registration and shall thereafter be subject to § 3.24 (relating to emergency medical responder). The Department will issue an EMR certification to an individual who is certified as a first responder on [effective date of section]. The Department will issue an EMR certification to an individual who is qualified as an ambulance attendant on [effective date of section] if that individual submits an application for EMR certification on a form or through an electronic process, as prescribed by the Department, which documents that the individual was qualified as an ambulance attendant under former § 1003.21(b) (relating to ambulance attendant). An individual who qualifies for EMR certification by virtue of having been an ambulance attendant may serve as an EMR until [180 days after the regulation is effective] without having obtained an EMR certification. The initial registration of an EMR certification of a person who qualified for that certification by having been a first responder shall expire when that person's first responder certification would have expired. The initial registration of an EMR certification of a person who qualified for that certification by having been an ambulance attendant shall expire when that person's qualifications as an ambulance attendant would have expired.

§ 3.24. Emergency medical responder.

(a) *Roles and responsibilities.* An EMR performs for an EMS agency BLS skills involving basic interventions with minimum EMS equipment as follows:

(1) As a member of a QRS to stabilize and improve a patient's condition until a higher level EMS provider arrives at the scene, and then the EMR may assist the higher level EMS provider if requested to do so.

(2) As a member of the crew of an ambulance or squad vehicle.

(3) As a member of a special operations EMS service.

(b) *Certification.*

(1) The Department will certify as an EMR an individual who meets the following qualifications:

(i) Completes an application for EMR certification on a form or through an electronic process, as prescribed by the Department.

(ii) Is 16 years of age or older.

(iii) Has successfully completed an EMS provider educational course for EMRs or by [the effective date of the regulation] a first responder education course previously approved by the Department as a education course leading to first responder certification.

(iv) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(v) Has passed a written examination for EMR certification prescribed by the Department, or has passed an examination which the Department has determined to be equivalent in both content and manner of administration to the written examination for EMR certification.

(vi) Has passed a practical test of EMR skills for EMR certification prescribed by the Department, or has passed an examination which the Department has determined to be equivalent in both content and manner of administration to the practical test of EMR skills for EMR certification.

(2) The Department will also certify as an EMR an individual who completes an application on a form or through an electronic process, as prescribed by the Department and who applies for EMR certification pursuant to § 3.21(g) (relating to general rights and responsibilities).

(c) Triennial registration.

(1) An EMR's certification is deemed registered for three years. Thereafter, an EMR shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An EMR shall submit the form or complete the electronic process no less than 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMR certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the EMR completes the form or the electronic process if the information provided establishes that the EMR has successfully completed one of the following:

(i) The EMR practical skills and written knowledge triennial registration examinations prescribed by the Department.

(ii) The continuing education requirements for triennial registration of an EMR certification in § 3.31(b) (relating to continuing education requirements).

(2) An EMR who is a member of the armed forces who is returning from active military service and whose EMR registration has expired or will expire within 12 months

after returning from active military service may secure an exception to the triennial registration requirements under §3.21(d).

(d) *Scope of practice.*

(1) An EMR's scope of practice includes the specific skills in the following skill areas, as published in the *Pennsylvania Bulletin*, if the EMR has been educated to perform those skills-

- Scene and provider safety.
- Patient assessment.
 - Obtaining manual vital signs and ongoing evaluation.
- Resuscitation
 - Cardiopulmonary resuscitation with manual closed chest compressions.
 - Manual techniques for foreign body airway obstruction management.
 - Use of an automated external defibrillator.
- Airway/Respiratory.
 - Insertion of airway adjuncts intended to go into the oropharynx and nasopharynx.
 - Use of positive pressure ventilation by a bag-valve-mask.
 - Suctioning of the upper airway.
 - Supplemental oxygen therapy.
- Pharmacologic.
 - Use of unit dose auto-injectors for the administration of nerve agent antidote medications intended for self or peer rescuer use in hazardous materials situations.
- Trauma care.
 - Manual stabilization of suspected cervical spine injuries.
 - Manual stabilization of extremity fractures.
 - Bleeding control, including tourniquet application.
 - Basic wound and burn care.
- Emergency moves for endangered patients.

(2) An EMR's scope of practice may be expanded to include other BLS skills as the Department shall publish in notices in the *Pennsylvania Bulletin*. An EMR may not perform those additional skills unless the EMR has received education to perform those skills, and is able to document having received the education, in one of the following:

- (i) A course approved by the Department that covers the complete curriculum for certification as an EMR.
- (ii) A course which is determined by the Department to meet or exceed the standards of a course approved by the Department under subparagraph (i).
- (iii) A course for which the EMR may receive continuing education credit towards triennial registration of the EMR's certification or, if the EMR was

previously certified as a first responder, a course for which the EMR received continuing education credit towards first responder recertification prior to [effective date of regulation].

(3) The Department will publish in the *Pennsylvania Bulletin*, at least biennially, a list of the skills the Department has approved as being within the scope of practice of an EMR.

§ 3.25. Emergency medical technician.

(a) *Roles and responsibilities.* An EMT performs basic EMS skills involving basic interventions and equipment found on an EMS vehicle as follows:

(1) For an EMS agency as a member of the crew of an ambulance or squad vehicle.

(2) For an EMS agency as a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital setting until an ambulance arrives, and then may assist the ambulance crew.

(3) As a member of a special operations EMS service.

(4) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency. When serving in this capacity independent of an EMS agency the EMT does not function under the direction of an EMS agency medical director or a medical command physician. The EMT shall perform skills as prescribed by applicable Statewide and regional EMS protocols, and may not perform any skill for which the EMT is required to secure medical command direction pursuant to those protocols.

(b) *Certification.*

(1) The Department will certify as an EMT an individual who meets the following qualifications:

(i) Completes an application for EMT certification on a form or through an electronic process, as prescribed by the Department.

(ii) Is 16 years of age or older.

(iii) Has successfully completed an EMS provider educational course for EMTs.

(iv) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(v) Has passed a written examination for EMT certification prescribed by the Department.

(vi) Has passed a practical test of EMT skills for EMT certification prescribed by the Department.

(2) The Department will also certify as an EMT an individual who completes an application on a form or through an electronic process, as prescribed by the Department and who applies for EMT certification pursuant to § 3.21(g) (relating to general rights and responsibilities).

(c) *Triennial registration.*

(1) An EMT's certification is deemed registered for three years. Thereafter, an EMT shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An EMT shall submit the form or complete the electronic process no less than 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMT certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the EMT completes the form or the electronic process if the information provided establishes that the EMT has successfully completed one of the following:

(i) The EMT practical skills and written knowledge triennial registration examinations prescribed by the Department.

(ii) The continuing education requirements for triennial registration of an EMT certification in § 3.31(c) (relating to continuing education requirements).

(2) An EMT who is a member of the armed forces who is returning from active military service and whose EMT registration has expired or will expire within 12 months after returning from active military service may secure an exception to the triennial registration requirements under § 3.21(d).

(d) *Scope of practice.*

(1) An EMT's scope of practice incorporates the scope of practice of an EMR as set forth in § 3.24(d) (relating to emergency medical responder) and specific skills in the following skill areas, as published in the *Pennsylvania Bulletin*, if the EMT has been educated to perform those skills:

Patient assessment.

Monitoring of pulse oximetry.

Automated measurement of blood pressure.

Airway and breathing.

Use of positive pressure ventilation devices such as manually triggered ventilators and automatic transport ventilators.

Pharmacologic interventions.

Assist patients in taking, or administer to a patient, his or her own prescribed medications.

Administration of the specified over-the-counter medications, for example:

Oral glucose for suspected hypoglycemia.

Aspirin for chest pain of suspected ischemic origin.

Trauma care.

Spinal immobilization.

Extremity immobilization including traction splinting.

Obstetrics.

Childbirth, including maneuvers for specified complications of childbirth.

Management of patients with behavioral emergencies, including physical restraint techniques.

Patient packaging, transferring, and moving.

Transportation of a patient with an indwelling intravenous catheter without medication running, unless the medication is part of the patient's normal treatment plan and the transport of the patient with medication running is consistent with the Statewide BLS medical treatment protocols.

(2) An EMT's scope of practice may be expanded to include other basic EMS skills as the Department shall publish in notices in the *Pennsylvania Bulletin*. An EMT may not perform those additional skills unless the EMT has received education to perform those skills, and is able to document having received the education, in one of the following:

(i) A course approved by the Department that covers the complete curriculum for certification as an EMT.

(ii) A course which is determined by the Department to meet or exceed the standards of course approved by the Department under subparagraph (i).

(iii) A course for which the EMT may receive continuing education credit towards recertification.

(3) The Department will publish in the *Pennsylvania Bulletin*, at least biennially, a list the Department has approved as being within the scope of practice of an EMT.

§ 3.26. Advanced emergency medical technician

(a) *Roles and responsibilities.* An AEMT performs basic EMS and ALS skills which include interventions and administration of medications with basic and advance equipment found on an EMS vehicle as follows:

(1) For an EMS agency as a member of the crew of an ambulance or squad vehicle.

(2) For an EMS agency as a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital setting until an ambulance arrives, and then may assist the ambulance crew.

(3) As a member of a special operations EMS service.

(4) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency. When serving in this capacity independent of an EMS agency an AEMT does not function under the direction of an EMS agency medical director or a medical command physician. The AEMT shall perform skills as prescribed by applicable Statewide and regional EMS protocols, and may not perform the following:

(i) Skills other than those permitted at the EMT level of care.

(ii) Any skill for which the EMT is required to secure medical command direction pursuant to those protocols.

(b) *Certification*

(1) The Department will certify as an AEMT an individual who meets the following qualifications:

(i) Completes an application for AEMT certification on a form or through an electronic process, as prescribed by the Department.

(ii) Is 18 years of age or older.

(iii) Has successfully completed one of the following:

(A) An EMS provider educational course for AEMTs.

(B) An EMS provider educational course for EMTs, and education, through continuing education courses, in skills required in the scope of practice of an AEMT for which the applicant did not receive education in the EMT course.

(iv) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(v) Has passed a written examination for AEMT certification prescribed by the Department.

(vi) Has passed a practical test of advance EMT skills for advance EMT certification prescribed by the Department.

(2) The Department will also certify as an AEMT an individual who completes an application on a form or through an electronic process, as prescribed by the Department and who applies for AEMT certification pursuant to § 3.21(g) (relating to general rights and responsibilities).

(c) *Biennial registration.*

(1) When an AEMT certification is issued it is deemed registered through December 31 of that year if it is issued in an odd-numbered year, or through December 31 of the next odd-numbered year if it is issued in an even-numbered year. Thereafter, an AEMT shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An AEMT shall submit the form or complete the electronic process no less than 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the AEMT certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the AEMT completes the form or the electronic process if the information provided establishes that the AEMT has successfully completed one of the following:

(i) The AEMT practical skills and written knowledge biennial registration examinations prescribed by the Department.

(ii) The continuing education requirements for biennial registration of an AEMT certification in § 3.31(d) (relating to continuing education requirements).

(2) An AEMT who is a member of the armed forces who is returning from active military service and whose AEMT registration has expired or will expire within 12 months after returning from active military service may secure an exception to the biennial registration requirements under § 3.21(d).

(d) *Scope of practice.*

(1) An AEMT's scope of practice incorporates the scope of practice of an EMT as set forth in § 3.25(d) (relating to emergency medical technician) and specific skills in the following skill areas, as published in the *Pennsylvania Bulletin*, if the AEMT has been educated to perform those skills:

Patient assessment.

Monitoring of blood glucose.

Obtaining and transmitting 12-lead electrocardiogram.

Obtaining venous blood samples for analysis, but only for diagnostic and treatment purposes.

Resuscitation.

Using mechanical cardiopulmonary resuscitation devices.

Airway and breathing.

Insertion of approved airway devices that are not intended for insertion into the trachea.

Tracheobronchial suctioning of an already intubated patient.

Use positive pressure ventilation by continuous positive airway pressure devices.

Pharmacologic interventions.

Administration of specified medications, as approved for use by an AEMT as listed on the statewide ALS medication list, and vaccinations by oral, sublingual, subcutaneous, intranasal, inhalation, rectal, topical, or intramuscular routes, for example:

Administer sublingual nitroglycerin.

Administer subcutaneous or intramuscular epinephrine to patient in anaphylaxis.

Administer glucagon to a hypoglycemic patient.

Administer inhaled beta-agonists to a patient experiencing wheezing from bronchospasm.

Administer narcotic antagonists.

(2) An AEMT's scope of practice may be expanded to include other ALS skills as the Department shall publish in notices in the *Pennsylvania Bulletin*. An AEMT may not perform those additional skills unless the AEMT has received education to perform those skills, and is able to document having received the education, in one of the following:

(i) A course approved by the Department that covers the complete curriculum for an AEMT.

(ii) A course which is determined by the Department to meet or exceed the standards of a course approved by the Department under subparagraph (i).

(iii) A course for which an AEMT may receive continuing education credit towards biennial registration of the AEMT certification.

(3) The Department will publish in the *Pennsylvania Bulletin*, at least biennially, a list of the skills the Department has approved as being within the scope of practice of an AEMT.

§ 3.27. Paramedic.

(a) *Roles and responsibilities.*

A paramedic performs basic and advanced EMS skills which include interventions and administration of medications with basic and advanced equipment found on an EMS vehicle as follows:

(1) For an EMS agency as a member of the crew of an ambulance or squad vehicle.

(2) For an EMS agency as a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital emergency until an ambulance arrives at the scene and then may assist the ambulance crew.

(3) As a member of a special operations EMS service.

(4) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency. When serving in this capacity independent of an EMS agency a paramedic does not function under the direction of an EMS agency medical director or a medical command physician. The paramedic shall perform skills as prescribed by applicable Statewide and regional EMS protocols, and may not perform the following:

(i) Skills other than those permitted at the EMT level of care.

(ii) Any skill for which the EMT is required to secure medical command direction pursuant to those protocols.

(b) *Certification.*

The Department will certify as a paramedic an individual who meets the following qualifications:

(1) Completes an application for paramedic certification on a form or through an electronic process, as prescribed by the Department.

(2) Is certified as an EMT or an AEMT by the Department or possesses an equivalent certification issued by another state.

(3) Is 18 years of age or older.

(4) Has a high school diploma or its equivalent.

(5) Has successfully completed an EMS provider educational course for paramedics.

(6) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(7) Has passed a practical test of paramedic skills for paramedic certification approved by the Department.

(8) Has passed a written examination for paramedic certification approved by the Department.

(c) *Biennial registration.*

(1) When a paramedic certification is issued it is deemed registered through December 31 of that year if it is issued in an odd-numbered year, or through December 31 of the next odd-numbered year if it is issued in an even-numbered year. Thereafter, a paramedic shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. A paramedic shall submit the form or complete the electronic process no less than 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the paramedic certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the paramedic completes the form or the electronic process if the information provided establishes that the paramedic has successfully completed one of the following:

(i) The paramedic practical skills and written knowledge biennial registration examinations prescribed by the Department.

(ii) The continuing education requirements for biennial registration of a paramedic certification in § 3.31(e) (relating to continuing education requirements).

(2) A paramedic who is a member of the armed forces who is returning from active military service and whose paramedic registration has expired or will expire within 12 months after returning from active military service may secure an exception to the triennial registration requirements under § 3.21(d) (relating to general rights and responsibilities).

(d) *Scope of practice.*

(1) A paramedic's scope of practice incorporates the scope of practice of an AEMT as set forth in § 3.26(d) (relating to advanced emergency medical technician) and specific skills in the following skill areas, as published in the *Pennsylvania Bulletin*, if the paramedic has been educated to perform those skills:

Patient assessment.

Monitoring capnography.

Monitoring electrocardiogram.

Interpreting 12-lead electrocardiogram.

Airway and breathing.

Visualizing the airway by use of the laryngoscope and remove foreign bodies with forceps.

Perform endotracheal intubation.

Perform cricothyrotomy.

Decompress the pleural space.

Perform insertion of gastric tube and gastric decompression.

Pharmacologic interventions.

Insert an intraosseous cannula.

Administration of medications approved for use by paramedics as listed on the statewide ALS medication list.

Access indwelling catheters and implanted central intravenous ports for fluid and medication administration.

Administer medications by intravenous infusion.

Medical/Cardiac care.

Perform cardioversion, manual defibrillation, and transcutaneous pacing.

(2) A paramedic's scope of practice may be expanded to include other advanced EMS skills as the Department shall publish in notices in the *Pennsylvania Bulletin*. A paramedic may not perform those additional skills unless the paramedic has received education to perform those skills, and is able to document having received the education, in one of the following:

(i) A course approved by the Department that covers the complete curriculum for certification as a paramedic.

(ii) A course which is determined by the Department to meet or exceed the standards of a course approved by the Department under subparagraph (i).

(iii) A course for which the paramedic may receive continuing education credit towards biennial registration of the paramedic certification.

(3) The Department will publish in the *Pennsylvania Bulletin*, at least biennially, a list of the skills the Department has approved as being within the scope of practice of a paramedic.

§ 3.28. Prehospital physician extender.

(a) *Roles and responsibilities.* A PHPE performs for an EMS agency basic and advanced EMS skills, and additional skills within the scope of practice of a physician assistant under the Medical Practice Act of 1985 (63 P.S. §§ 422.1-422.45) or the Osteopathic Medical Practice Act (63 P.S. §§ 271.1-271.18), or a successor act, as follows:

(1) As a member of the crew of an ambulance or squad vehicle.

(2) As a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital emergency until an ambulance arrives at the scene and then may assist the ambulance crew.

(3) As a member of a special operations EMS service.

(4) As a first aid or safety officer, or in a similar capacity.

(b) *Certification.* The Department will certify as a PHPE an individual who meets the following qualifications:

(1) Completes an application for PHPE certification on a form or through an electronic process, as prescribed by the Department.

(2) Has a currently registered license as a physician assistant with the State Board of Medicine or the State Board of Osteopathic Medicine.

(3) Is 18 years of age or older.

(4) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(5) Has passed a practical test of PHPE skills for PHPE certification approved by the Department.

(6) Has passed a written test of PHPE skills for PHPE certification approved by the Department.

(c) *Biennial registration.*

(1) When a PHPE certification is issued it is deemed registered through December 31 of that year, if it is issued in an odd-numbered year, or through December 31 of the next odd-numbered year, if it is issued in an even-numbered year. Thereafter, a PHPE shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. A PHPE shall submit the form or complete the electronic process no less than 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the PHPE certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the PHPE completes the form or the electronic process if the information provided establishes that the PHPE has satisfied the following:

(i) Has a current physician assistant license or current registration of that license.

(ii) Has completed the continuing education requirements for biennial registration of a PHPE certification in § 3.31(f) (relating to continuing education requirements).

(2) A PHPE who is a member of the armed forces who is returning from active military service and whose PHPE registration has expired or will expire within 12 months after returning from active military service may secure an exception to the biennial registration requirements under § 3.21(d) (relating to general rights and responsibilities).

(d) *Scope of practice.* A PHPE may perform skills within a paramedic's scope of practice and other skills a physician assistant is authorized to perform by the Medical Practice Act of 1985 or the Osteopathic Medical Practice Act, whichever applies to the physician assistant, when authorized by a medical command physician or an applicable Statewide or regional EMS protocol. When a PHPE functions in this capacity, the physician supervision requirements under the Medical Practice Act of 1985 and the Osteopathic Medical Practice Act do not apply. A PHPE who has not been educated in a skill within a paramedic's scope of practice may not perform that skill unless and until the PHPE has received education to perform the skill and is able to document having received the education as required by § 3.27(d)(2) (relating to paramedic) or otherwise documents having received the education to competently perform the skill.

§ 3.29. Prehospital registered nurse.

(a) *Roles and responsibilities.* A PHRN performs for an EMS agency basic and advanced EMS skills and additional skills within the scope of practice of a registered nurse under the The Professional Nursing Law (63 P.S. §§ 211-225.5), or a successor act, as follows:

(1) As a member of the crew of an ambulance or squad vehicle.

(2) As a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital emergency until an ambulance arrives at the scene and then may assist the ambulance crew.

(3) As a member of a special operations EMS service.

(4) As a first aid or safety officer, or in a similar capacity.

(b) *Certification.* The Department will certify as a PHRN an individual who meets the following qualifications:

(1) Completes an application for PHRN certification on a form or through an electronic process, as prescribed by the Department.

(2) Has a current license as a registered nurse with the State Board of Nursing.

(3) Is 18 years of age or older.

(4) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(5) Has passed a practical test of PHRN skills for PHRN certification approved by the Department.

(6) Has passed a written test of PHRN skills for PHRN certification approved by the Department.

(c) *Biennial registration.*

(1) When a PHRN certification is issued it is deemed registered through December 31 of that year, if it is issued in an odd-numbered year, or through December 31 of the next odd-numbered year, if it is issued in an even-numbered year. Thereafter, a PHRN shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. A PHRN shall submit the form or complete the electronic process no less than 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the PHRN certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the PHRN completes the form or the electronic process if the information provided establishes that the PHRN has satisfied the following:

(i) Has a current registered nurse license or current registration of that license.

(ii) Has completed the continuing education requirements for biennial registration of a PHRN certification in § 3.31(g) (relating to continuing education requirements).

(2) A PHRN who is a member of the armed forces who is returning from active military service and whose PHRN registration has expired or will expire within 12 months after returning from active military service may secure an exception to the biennial registration requirements under § 3.21(d) (relating to general rights and responsibilities).

(d) *Scope of practice.* A PHRN may perform skills within a paramedic's scope of practice and other skills authorized by The Professional Nursing Law (63 P. S. §§ 221—225.5), when authorized by a medical command physician or the applicable Statewide or regional EMS protocol. A PHRN who has not been educated in a skill within a paramedic's scope of practice may not perform that skill unless and until the PHRN has received education to perform the skill and is able to document having received the education as required by § 3.27(d)(2) (relating to paramedic) or otherwise documents having received the education to competently perform the skill.

§ 3.30. Prehospital EMS physician.

(a) *Roles and responsibilities.* A PHP performs for an EMS agency basic and advanced EMS skills within the scope of practice of a physician under the Medical Practice Act of 1985 (63 P.S. §§ 422.1-422.45) or the Osteopathic Medical Practice Act (63 P.S. §§ 271.1-271.18), or a successor act, as follows:

- (1) As a member of the crew of an ambulance or squad vehicle.
- (2) As a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital setting.
- (3) As a member of a special operations EMS service.
- (4) As a first aid or safety officer, or in a similar capacity.

(b) *Certification.* The Department will certify as PHP a physician who meets the following qualifications:

- (1) Completes an application for PHP certification on a form or through an electronic process, as prescribed by the Department.
- (2) Has successfully completed one of the following:
 - (i) A residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.
 - (ii) The first year of a residency program that satisfies clause (A) and the ACLS course, the ATLS course, the APLS or PALS course or, for each of these courses, a course that the Department determines meets or exceeds the requirements of the course.
 - (iii) A residency program in anesthesia, general surgery, internal medicine, or family medicine, by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine, and the ACLS course, the ATLS course, the APLS or PALS course or, for each of these courses, a course that the Department determines meets or exceeds the requirements of the course.
- (3) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.
- (4) Has passed a practical test of EMS skills prescribed by the Department for a PHP or served as a prehospital health professional physician prior to [effective date of the regulation].

(c) *Transition for prehospital health professional physicians.* A physician who served as a prehospital health professional physician prior to [effective date of the regulation], and who satisfies the certification requirements under paragraph (b)(2), may serve as a PHP until [90 days after effective date of the regulation], without having secured a certification as a PHP.

(d) *Biennial registration.*

(1) When a PHP certification is issued it is deemed registered through December 31 of that year, if it is issued in an odd-numbered year, or through December 31 of the next odd-numbered year, if it is issued in an even-numbered year. Thereafter, a PHP shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. A PHP shall submit the form or complete the electronic process no less than 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the PHP certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the PHP completes the form or the electronic process if the information provided establishes that the PHP has satisfied the following:

(i) Has a current physician license or current registration of that license.

(ii) Has completed the continuing education requirements for biennial registration of a PHP certification in § 3.31(h) (relating to continuing education requirements).

(2) A PHP who is a member of the armed forces who is returning from active military service and whose PHP registration has expired or will expire within 12 months after returning from active military service may secure an exception to the biennial registration requirements under § 3.21(d) (relating to general rights and responsibilities).

(e) *Scope of practice.* A PHP may perform skills within a paramedic's scope of practice and other skills within the practice of medicine or osteopathic medicine. A PHP may not perform a skill that the PHP has not been educated to perform. A regional EMS medical director shall verify that a PHP who is also an EMS agency medical director and who qualifies for PHP certification by satisfying subsection (b)(2)(iii) has the competency to perform all skills within a paramedic's scope of practice.

§ 3.31. Continuing education requirements.

(a) *EMS vehicle operator.* Commencing with the first full registration period an EMSVO begins following [effective date of regulation], an EMSVO whose certification is currently registered shall, prior to the expiration of the registration period, successfully complete 3 continuing education credits if the registration is on a three-year renewal cycle and 2 continuing education credits if the registration is on a two-year renewal cycle,

as specified in a notice the Department publishes in the *Pennsylvania Bulletin*. The continuing education requirements imposed by this subsection for registration of an EMSVO certification are in addition to those imposed upon an EMS provider for registration of an EMS provider certification.

(b) *EMRs*. Commencing with the first full registration period an EMR begins following [effective date of the regulation], an EMR whose certification is currently registered and who elects to qualify for triennial registration of the certification by fulfilling continuing education requirements shall, prior to the expiration of the 3-year registration period, successfully complete the following:

(1) Sixteen credits in instruction in subjects related to the scope of practice of an EMR as set forth in § 3.24(a) and (d) (relating to emergency medical responder) and which have been approved by the Department for continuing education credit. At least twelve of those credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*. During an initial registration period that goes into effect on [effective date of regulation], an EMR who has transitioned from a first responder certification to an EMR certification shall satisfy the continuing education requirements that had been imposed upon a first responder under former § 1003.29(a) (relating to continuing education requirements) to renew a first responder certification.

(2) A CPR course completed or taught biennially.

(c) *EMTs*. Commencing with the first full registration period an EMT begins following [effective date of the regulation], an EMT whose certification is currently registered and who elects to qualify for triennial registration of the certification by fulfilling continuing education requirements shall, prior to the expiration of the 3-year registration period, successfully complete the following:

(1) Twenty-four credits in instruction in subjects related to the scope of practice of an EMT as set forth in § 3.25(a) and (d) (relating to emergency medical technician) and which have been approved by the Department for continuing education credit. At least 18 of those credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*. During an initial registration period that goes into effect on [effective date of regulation], an EMT shall satisfy the continuing education requirements that had been imposed upon an EMT under former § 1003.29(b) (relating to continuing education requirements) to renew an EMT certification.

(2) A CPR course completed or taught biennially.

(d) *Advanced EMTs*. An AEMT whose certification is currently registered and who elects to qualify for biennial registration of the certification by fulfilling continuing education requirements shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of an AEMT as set forth in § 3.26(a) and (d) (relating to advanced EMT) and which have been approved by the Department for continuing education credit. At least 27 of those credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*, commencing with the first full registration period the AEMT begins following the initial registration period. The continuing education requirements to register an AEMT certification for a second registration period shall be prorated based upon the month the certification was secured, with any fractional requirement rounded down.

(2) A CPR course completed or taught biennially.

(e) *Paramedics*. A paramedic whose certification is currently registered and who elects to qualify for biennial registration of the certification by fulfilling continuing education requirements shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of a paramedic as set forth in § 3.27(a) and (d) (relating to paramedic) and which have been approved by the Department for continuing education credit. At least 27 of those credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*, commencing with the first full registration period the paramedic begins following the initial registration period. The continuing education requirements to register a paramedic certification for a second registration period shall be prorated based upon the month the certification was secured, with any fractional requirement rounded down.

(2) A CPR course completed or taught biennially.

(3) Prior to January 1, 2014, a paramedic shall satisfy the continuing education requirements that had been imposed upon a paramedic under former § 1003.29(c) (relating to continuing education requirements) to renew medical command authorization.

(f) *PHPEs*. A PHPE whose certification is currently registered shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of a PHPE as set forth in § 3.28(a) and (d) (relating to prehospital physician extender) and which have been approved by the Department for continuing education credit. At least 27 of those credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*. The continuing education requirements to register a PHPE certification for a second registration period shall be

prorated based upon the month the certification was secured, with any fractional requirement rounded down.

(2) A CPR course completed or taught biennially.

(3) Prior to January 1, 2014, a PHPE shall satisfy the continuing education requirements that had been imposed upon a paramedic under former § 1003.29(c) (relating to continuing education requirements) to renew medical command authorization.

(g) *PHRN*s. A PHRN whose certification is currently registered shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of a PHRN as set forth in § 3.29(a) and (d) (relating to prehospital registered nurse) and which have been approved by the Department for continuing education credit. At least 27 of those credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*. The continuing education requirements to register a PHRN certification for a second registration period shall be prorated based upon the month the certification was secured with any fractional requirement rounded down.

(2) A CPR course completed or taught biennially.

(3) Prior to January 1, 2014, a PHRN shall satisfy the continuing education requirements that had been imposed upon a PHRN under former § 1003.29(d) (relating to continuing education requirements) to renew medical command authorization.

(h) *PHP*s. A PHP whose certification is currently registered shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of a PHP as set forth in § 3.30(a) and (e) (relating to prehospital EMS physician) and which have been approved by the Department for continuing education credit. At least 27 of those credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*. The continuing education requirements to register a PHP certification for a second registration period shall be prorated based upon the month the certification was secured, with any fractional requirement rounded down.

(2) A CPR course completed or taught biennially.

(i) This section does not prohibit an EMS agency from requiring EMS providers or EMSVO to satisfy continuing education requirements it may choose to impose as a condition of employment, provided that the EMS agency may not excuse an EMS

provider or EMSVO from meeting continuing education requirements imposed by this section.

§ 3.32. Credit for continuing education.

(a) *Credit.* An EMS provider and an EMSVO shall receive 1 credit for each 60 minutes of instruction approved by the Department for continuing education credit presented in a classroom setting by a continuing education sponsor. Credit may not be received if attendance or other participation in the course is not adequate to meet the educational objectives of the course as determined by the course sponsor. Credit may not be received for other than 30 or 60-minute units of instruction, however the course shall be at least 30 minutes. For completing a continuing education course that is not presented in a classroom setting, or that is not presented by a continuing education sponsor, the EMS provider or EMSVO shall receive the number of credit hours assigned by the Department to the course.

(b) *Course completion.* An EMS provider or EMSVO may not receive credit for a continuing education course not completed, as evidenced by satisfaction of the check-in/check-out process for a course presented in a classroom setting by a continuing education sponsor, which reflects that the EMS provider or EMSVO met the continuing education attendance requirement for receiving credit, and the continuing education sponsor's report to the Department verifying that the EMS provider or EMSVO has completed the course. The course will also not be considered completed if the EMS provider or EMSVO does not satisfy other course completion requirements imposed by this chapter and the continuing education sponsor.

(c) *Continuing education credit for instruction.* An EMS provider or EMSVO shall receive credit for serving as an instructor in a continuing education course offered by a continuing education sponsor, or in a course that satisfies requirements for EMS provider or EMSVO certification conducted by an EMS educational institute. An EMS provider shall receive credit for teaching a continuing education course equal to the amount of credit for which a continuing course is approved by the Department, and shall receive credit for teaching a course that satisfies requirements for EMS provider or EMSVO certification equal to the number of hours served as an instructor in that course. An EMS provider or EMSVO shall receive credit for teaching the same course only once during a registration renewal cycle.

(d) *Continuing education credit through endorsement.* An EMS provider or EMSVO who attends or teaches a course offered by an organization with National or state accreditation to provide education may apply to the Department to receive credit for the course. The EMS provider or EMSVO shall have the burden of demonstrating to the Department that the course meets standards substantially equivalent to the standards imposed in this chapter.

(e) *Continuing education credit assigned to courses not conducted by a continuing education sponsor.* If a course is offered by an organization with National or state accreditation to provide education, which is not a continuing education sponsor, the Department will assign credit to the course, including the possibility of no credit or partial credit, based upon considerations of whether the course bears entirely upon appropriate subject matter and whether the method of presenting the course meets standards substantially equivalent to those prescribed in this chapter.

(f) *Continuing education credit assigned to self-study courses.* Credit may be sought from the Department for a self-study continuing education course. The EMS provider or EMSVO shall submit an application to the Department to approve the self-study course for credit prior to commencing the course and shall supply the Department with the materials the Department requests to conduct the evaluation. The Department will assign credit to the course based upon considerations of whether the course addresses appropriate subject matter and whether the method of completing the course meets standards substantially equivalent to those prescribed in this chapter. The Department may require modifications to the proposed self-study as a precondition to approving it for credit.

(g) *Continuing education credit assigned to courses not presented in a classroom setting.* An EMS provider or EMSVO shall be awarded credit for completing a course without the EMS provider or EMSVO physically attending the course in a classroom setting, provided the course has been approved by the Department for credit when presented in that manner.

(h) *Department record of continuing education credits.* A record of the continuing education credits received by EMS providers and EMSVOs shall be maintained by the Department in a Statewide registry that may be accessed by an EMS provider or EMSVO through a secure access process provided by the Department.

(i) *Resolution of discrepancies.* It is the responsibility of an EMS provider and an EMSVO to review the record of continuing education credits in the Statewide registry for that individual and to notify the appropriate regional EMS council of any discrepancy. The Department will resolve all discrepancies between the number of continuing education credits reported and the number of continuing education credits an EMS provider or EMSVO alleges to have earned, which are not resolved by the regional EMS council. An EMS provider and an EMSVO shall receive no credit for completing the same continuing education course more than once during a registration renewal cycle.

§ 3.33. Endorsement of course or examination.

(a) When acting upon an application for EMS provider certification, if the Department, upon review of an EMS provider educational course or an EMS provider examination approved by another state as the education requirement or the examination requirement

for an EMS provider certification or equivalent authorization in that state, or upon review of a National course or examination, determines that the course or examination meets or exceeds the standards for such course or examination for the EMS provider certification issued by the Department, the Department may endorse the course or examination as meeting the course or examination requirement for that type of EMS provider certification.

(b) When acting upon an application for registration of an EMS provider certification, if the Department, upon review of an EMS provider continuing education course or an EMS provider examination approved by another state towards the education requirement or the examination requirement for renewal or registration of EMS provider certification or similar authorization in that state, or upon review of a National course or examination, determines that the course or examination meets or exceeds the standards for such course or examination for registration of the EMS provider certification issued by the Department, the Department may endorse the course or examination as meeting the course or examination registration requirement for that type of EMS provider certification.

§ 3.34. Reciprocity.

(a) If the Department, upon review of the criteria for certification or equivalent authorization of a type of EMS provider in another state determines that the criteria is substantially equivalent to the criteria for a type of EMS provider certification it issues, the Department may enter into a reciprocity agreement with its counterpart agency in the other state to certify the same type of provider in the Commonwealth based solely upon the other state's certification of the EMS provider, provided:

(1) The agreement provides that the counterpart authority in the other state will accord the equivalent EMS provider certified by the Department the same treatment in the other state.

(2) The agreement does not deprive the Department of its authority to deny a certification based upon disciplinary considerations.

(b) The Department will publish in the *Pennsylvania Bulletin*, and update as appropriate, a notice listing all states with which it has entered into a reciprocity agreement and, for each state, the type of EMS provider covered by the reciprocity agreement.

Subchapter C. OTHER PERSONS ASSOCIATED WITH THE STATEWIDE EMS SYSTEM

Sec.

- 3.41. Certified EMS instructors
- 3.42. Rescue personnel

§ 3.41. Certified EMS instructors.

(a) *Certification.* The Department will certify as an EMS instructor an individual who meets the following qualifications:

- (1) Has completed an application for EMS instructor certification on a form or through an electronic process, as prescribed by the Department.
- (2) Is 18 years of age or older.
- (3) Has successfully completed an EMS instructor course approved by the Department, or possesses a bachelor's degree in education or a teacher's certification in education.
- (4) Has provided at least 20 hours of instruction time in an EMS provider educational course monitored by a certified EMS instructor designated by the EMS educational institute's administrative director.
- (5) Possesses current certification as an EMT or higher level EMS provider.
- (6) Possesses current certification in CPR or current certification as a CPR instructor.
- (7) Possesses at least 1 year experience in providing EMS as an EMT or higher level EMS provider.

(b) *Triennial registration.* An EMS instructor certification is deemed registered for 3 years. Thereafter, an EMS instructor shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An EMS instructor shall submit the form or complete the electronic process no less than 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMS instructor certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the EMS instructor completes the form or the electronic process if the information provided establishes that the EMS instructor has met the following requirements:

- (1) Has provided documentation to the Department to establish that the individual conducted at least 60 hours of teaching EMS provider or rescue courses during the previous 3 years.

(2) Possesses current registration of a certification as an EMT or higher level EMS provider.

(3) Possesses current certification in CPR or a current certification as a CPR instructor.

(c) *Standards for providing instruction.* An EMS instructor shall satisfy the following in providing instruction in an EMS educational institute:

(1) Presenting EMS educational program course materials as required by § 1004.1(h)(6) (relating to accreditation and operational requirements of EMS educational institutes).

(2) Utilize a variety of instructional strategies, adapting to students with diverse backgrounds and different learning styles.

(3) Establish and clearly communicate to students the goals and objectives for the certification class being taught, and administer periodic evaluations to assess whether those goals and objectives are being met.

(4) Maintain class order and discipline, manage the classroom learning environment, and monitor the effectiveness of instruction.

(5) Ensure proper class time management, with particular attention to completion of all required class hours.

§ 3.42. Rescue personnel.

(a) *Basic rescue practices technician.*

(1) *Roles and responsibilities.* A basic rescue practices technician is an individual certified by the Department as possessing the training and skills to perform rescue skills in accordance with the basic rescue practices course approved by the Department in consultation with the State Fire Commissioner. A basic rescue practices technician utilizes basic tools and equipment of the rescue service to perform a safe and efficient rescue operation.

(2) *Minimum qualifications.* To secure certification as a basic rescue practices technician an applicant shall make an application for basic rescue practices technician certification on a form or through an electronic process, as prescribed by the Department and shall have successfully completed a training program for basic rescue practices approved by the Department and a written basic rescue practices test developed by the Department.

(b) *Basic vehicle rescue technician.*

(1) *Roles and responsibilities.* A basic vehicle rescue technician is an individual certified by the Department as possessing the training and skills to perform rescue skills in accordance with the basic vehicle rescue course approved by the Department in consultation with the State Fire Commissioner. That program provides the student with the knowledge and skills necessary to achieve the rescue of persons involved in automobile accidents.

(2) *Minimum qualifications.* To secure certification as a basic vehicle rescue technician an applicant shall make application for basic vehicle rescue practices technician certification on a form or through an electronic process, as prescribed by the Department and shall have successfully completed a training program for basic vehicle rescue approved by the Department and a written basic vehicle rescue practices test developed by the Department.

(c) *Special vehicle rescue technician.*

(1) *Roles and responsibilities.* A special vehicle rescue technician is an individual certified by the Department as possessing the training and skills to perform rescues in accordance with the specialized rescue training course approved by the Department in consultation with the State Fire Commissioner.

(2) *Minimum qualifications.* To secure certification as a special vehicle rescue technician an applicant shall make application for special vehicle rescue practices technician certification on a form or through an electronic process, as prescribed by the Department and shall have successfully completed a training program for specialized vehicle rescue approved by the Department and a written special vehicle rescue technician test developed by the Department.

(d) *Rescue instructor.* The Department will develop a program in consultation with the State Fire Commissioner providing for the certification of rescue instructors. Courses that seek Department approval as a rescue training course for a basic rescue practices technician, basic vehicle rescue technician, or special vehicle rescue technician shall be taught by certified rescue instructors.

(e) *Certificates.* The rescue technician certifications issued by the Department under this section do not constitute a legal prerequisite for the performance of rescues. The rescue instructor certifications issued by the Department under this section do not constitute a legal prerequisite for serving as a rescue instructor in programs other than rescue training courses approved by the Department. The Department approves the rescue programs and issues the certifications referenced within this section to promote the Statewide EMS system having personnel with sufficient education and skills to perform rescues.

CHAPTER 5. EDUCATION

Subchapter A. EMS EDUCATIONAL INSTITUTES

Sec.

- 5.1. Accreditation and operational requirements of EMS educational institutes
- 5.2. Accreditation process
- 5.3. Advertising

§ 5.1. Accreditation and operational requirements of EMS educational institutes.

(a) *Eligible entity.* An EMS educational institute shall be a secondary or postsecondary institution, hospital, regional EMS council, an educational institute in a branch of the armed forces, or another entity which meets the criteria in this chapter.

(b) *Educational programs.*

(1) An EMS educational institute that is accredited by the Department to offer BLS educational courses (BLS educational institute) shall evidence the ability to conduct one or more of the following EMS provider educational courses:

- (i) Emergency Medical Responder Course.
- (ii) Emergency Medical Technician Course.

(2) An EMS educational institute that is accredited by the Department to offer ALS educational courses (ALS educational institute) shall evidence the ability to conduct one or more of the following EMS provider educational courses:

- (i) Advanced Emergency Medical Technician Course.
- (ii) Paramedic Course.

(c) *Advisory committee.*

(1) An EMS educational institute shall have an advisory committee that is comprised of representatives of the EMS communities that have an interest in the EMS provider educational courses the institute offers, and which also includes a representative of an appropriate regional EMS council and the institute's medical director.

(2) The advisory committee shall meet at least annually, and shall assist program personnel in formulating and periodically revising appropriate goals and objectives and in monitoring the EMS educational institute's performance.

(d) *Disclosure to students and prospective students.* An EMS educational institute shall disclose the following to students and prospective students:

- (1) The institute's accreditation status.
- (2) That the Department is the accrediting body, and the contact information for the Department, and the regional EMS councils where its courses are offered, as provided to the institute by the Department and those regional EMS councils.
- (3) The institute's admissions, discipline and discharge policies and practices.
- (4) The functional job analysis of each EMS provider classification for which it is offering an EMS provider educational course.
- (5) The requirements for completing each EMS provider educational course it offers, including, to the extent known, advance notice of the books and materials required for each course.
- (6) The tuition fees and other costs involved in completing each EMS provider educational course.
- (7) The policies and processes for withdrawal from a course and for the refund of tuition and other fees.
- (8) Information as to how students may perform clinical work while enrolled in an EMS provider educational course.
- (9) The percentage of students for the three previous years who enrolled in each EMS provider educational course offered by the institute and completed each course.
- (10) The percentage of students for the three previous years, for each EMS provider educational course, who obtained EMS provider certification, and a percentage of such students who obtained certification after a first examination.
- (11) The regulatory requirements for testing leading to EMS provider certification.
- (12) The EMS educational institute's policies for the prevention of sexual harassment.

(e) *Medical director.*

(1) An EMS educational institute shall have a medical director who is a physician. The medical director shall be experienced in emergency medical care, and shall have demonstrated ability in education and administration.

(2) The responsibilities of the medical director shall include:

- (i) Reviewing course content to ensure compliance with this chapter.
- (ii) Reviewing and approving the EMS educational institute's criteria for the recruitment, selection and orientation of educational institute faculty.
- (iii) Providing technical advice and assistance to the EMS educational institute faculty and students.
- (iv) Reviewing the quality and medical content of the education, and compliance with protocols.
- (v) Participating in the review of new technology for training and education.

(3) Additional responsibilities for a medical director of an ALS educational institute include:

- (i) Approving the content of course written and practical skills examinations.
- (ii) Identifying and approving facilities where students are to fulfill clinical and field internship requirements.
- (iii) Identifying and approving individuals to serve as field and clinical preceptors to supervise and evaluate student performance when fulfilling clinical and field internship requirements.
- (iv) Signing skill verification forms for students who demonstrate the knowledge and skills required for successful completion of the EMS provider educational course and entry level competency for the EMS provider for which the EMS provider educational course is offered.

(f) *Administrative director.*

(1) A BLS educational institute shall have an administrative director who has at least 2 years experience in administration and 3 years experience in prehospital care.

(2) An ALS educational institute shall have an administrative director who has at least 2 years experience in administration and 3 years experience in ALS prehospital care, and who has a Bachelor's degree from an accredited school of higher education and an EMS provider certification above the AEMT level.

(3) Responsibilities of the administrative director include ensuring:

(i) The adequacy of the system for processing student applications and the adequacy of the student selection process.

(ii) The adequacy of the process for the screening and selection of instructors for the EMS educational institute.

(iii) The EMS educational institute maintains an adequate inventory of necessary educational equipment and that the training equipment is properly prepared and maintained.

(iv) The adequate administration of the course and written and practical skills examinations involved in the course.

(v) There is an adequate system for the maintenance of student records and files.

(vi) There is an appropriate mechanism to resolve disputes between students and faculty.

(vii) Serve as the contact person and liaison between the EMS educational institute and the Department and regional EMS councils, or designate another person to perform those functions and monitor that person's performance to ensure that the contact and liaison responsibilities are being satisfied.

(g) *Course coordinator.*

(1) The EMS educational institute shall designate a course coordinator for each EMS provider educational course conducted by the educational institute.

(2) A course coordinator shall satisfy the following requirements:

(i) Reading and language skills commensurate with the resource materials to be utilized in the course.

(ii) Knowledge of the Statewide EMS protocols and of the regional EMS protocols for each EMS region where the course is offered.

(iii) Have 3 years of clinical experience providing prehospital care as an EMS provider at or above the EMT level.

(iv) Be certified as an EMS instructor.

(3) The 3 years of clinical experience providing prehospital care of a course coordinator for an ALS educational course shall be as an EMS provider above the AEMT level.

(4) A course coordinator is responsible for the management and supervision of each EMS provider educational course offered by the educational institute for which that individual serves as a course coordinator.

(5) Specific duties of a course coordinator shall be assigned by the EMS educational institute.

(6) One person may serve both as the administrative director and a course coordinator.

(h) *Instructors.*

(1) An EMS educational institute shall ensure the availability of qualified and responsible instructors for each EMS provider educational course.

(2) The EMS educational institute shall make available faculty development for EMS instructors in the concepts of utilizing a variety of instructional strategies, adapting to students with diverse backgrounds and different learning styles and shall be responsible for ensuring that its instructors are competent in providing education employing those instructional strategies.

(3) An instructor shall be 18 years of age or older, and possess a high school diploma or GED equivalent.

(4) At least 75% of the instruction provided in EMS provider educational courses shall be provided by instructors who are EMS instructors certified by the Department who have at least 3 years of experience as an EMS at or above the level they are teaching and at least 2 years experience in teaching an EMS provider educational course at or above the level they are teaching; or who are determined by a review body of the EMS educational institute to meet or exceed these standards.

(5) The EMS educational institute's medical director, in consultation with appropriate course coordinators, is responsible for verifying the special expertise of an instructor who does not satisfy the requirements in paragraph (4) and for specifying the portions of the curriculum that are appropriate for the instructor to teach.

(6) Instructors are responsible for presenting course materials in accordance with the curriculum established for the course based upon the National scope of practice for the EMS provider level of the course and the Statewide EMS protocols applicable to that EMS provider level.

(i) *Clinical preceptors.*

(1) An EMS educational institute shall ensure the availability of clinical preceptors for each EMS provider educational course.

(2) A clinical preceptor is responsible for the supervision and evaluation of students while fulfilling clinical requirements for an EMS provider educational course.

(j) *Field preceptors.*

(1) An EMS educational institute shall ensure the availability of field preceptors for each student enrolled in an EMS provider educational course at or above the AEMT level.

(2) A EMS educational institute shall ensure the availability of a field preceptor for each student enrolled in an EMS provider educational course below the AEMT level for whom it provides a field internship.

(3) An EMS educational institute shall use as a field preceptor for an EMS provider educational course an EMS provider who is certified and practicing at or above the level of the EMS provider certification for which the course is being taught.

(4) A field preceptor is responsible for the supervision and evaluation of students while fulfilling a field internship for an EMS provider educational course. A field preceptor shall directly supervise a student's performance of any EMS skill for which the student does not have an EMS provider certification pursuant to which the student is authorized to perform the skill.

(k) *Facilities and equipment.* An EMS educational institute shall:

(1) Maintain educational facilities necessary for the provision of EMS provider educational courses, including satisfying applicable State and Federal standards to address the needs of persons with disabilities. The facilities shall include classrooms and space for equipment storage, and shall be of sufficient size and quality to conduct didactic and practical skill performance sessions.

(2) Provide, properly prepare and maintain the essential equipment, including simulators and task trainers, and the supplies to administer the course.

(l) *Operating procedures.* An EMS educational institute shall:

(1) Adopt and implement a nondiscrimination policy with respect to student selection and faculty recruitment.

(2) Maintain a file on each enrolled student which includes class performance, practical and written examination results, and reports made concerning the progress of the student during the EMS provider educational course.

(3) Provide a mechanism by which students may grieve decisions made by the institute regarding dismissal from an EMS provider educational course or other disciplinary action.

(4) Provide students with preparation for testing leading to EMS provider certification.

(5) Have a policy regarding the transfer of a student into or out of an EMS provider educational course from one EMS educational institute to another.

(6) Have a continuing quality improvement process in place for students, instructors, and clinical evaluation.

(7) Require each student applicant to complete an application for enrollment provided by the Department.

(8) Prepare a course completion form for each student who successfully completes the EMS provider educational course and, no later than 14 days after the educational course has concluded, forward that form to the regional EMS council having responsibility in the EMS region where the EMS educational institute operates.

(9) Participate in EMS educational institute system evaluation activities as requested by the Department.

(10) Require each student to complete and submit the form, or complete the electronic process, as prescribed by the Department under § 3.21(b) (relating to general rights and responsibilities) for reporting criminal convictions, discipline and exclusion from a State or Federal health care program, and inform each student of their duty to update the report if there is a change in such information before the Department acts upon the student's application for EMS provider certification.

(11) No later than 14 days after the first class session, forward a copy of the application completed under paragraph (8) and the form completed under paragraph (10) to the regional EMS council having responsibility in the EMS region where the EMS educational institute operates.

(m) *Providing access to facility and records.* An EMS educational institute and an applicant for EMS educational institute accreditation shall promptly make available to the Department or a regional EMS council, upon their request, its educational facility for inspection and provide them with complete and accurate records relating to the institute's compliance with the requirements of this subchapter.

(n) *Transitional requirements.* The requirements of this section shall apply to an EMS educational institute that is accredited on [the effective date of this regulation, which is 180 days after the regulation is promulgated] beginning with its initial application for reaccreditation as an EMS educational institute on or after [the effective date of this regulation, which is 180 days after the regulation is promulgated] and to its operations as an EMS educational institute beginning with its accreditation pursuant to that application.

§ 5.2. Accreditation process.

For an EMS educational institute to be accredited by the Department, the following are required:

(1) The applicant shall submit an application for accreditation on forms or through an electronic process, as prescribed by the Department, to the regional EMS council having responsibility in the EMS region where the EMS educational institute intends to conduct its primary operations. An applicant for reaccreditation shall submit the application at least 180 days, but not more than 1 year, prior to expiration of the current accreditation.

(2) The regional EMS council shall review the application for completeness and accuracy.

(3) The regional EMS council shall have 45 days in which to review the application, conduct an onsite assessment of the institute and determine whether the applicant has satisfied the requirements of § 5.1 (relating to accreditation and operational requirements of EMS educational institutes).

(4) The regional EMS council shall forward to the Department the application for accreditation either with an endorsement or with an explanation as to why the application has not been endorsed, citing regulatory standards it believes have not been satisfied.

(5) Within 150 days of receipt, the Department will review the application and make one of the following determinations:

(i) *Full accreditation.* The EMS educational institute meets the criteria in § 5.1 as applicable, and will be accredited to operate for 3 years.

(ii) *Conditional accreditation.* The EMS educational institute does not meet criteria in § 5.1 as applicable, but the deficiencies identified are deemed correctable by the Department. The EMS educational institute will be allowed to proceed or continue to provide accredited EMS education with close observation by the Department. Deficiencies which prevent full accreditation shall be enumerated and corrected within a time period specified by the Department. Conditional accreditation may not exceed 1 year, and may not be renewed.

(iii) *Nonaccreditation.* The institute does not meet criteria in § 1004.1 and the deficiencies identified are deemed to be serious enough to preclude any type of accreditation.

(6) An EMS educational institute that has received full or conditional accreditation shall submit status reports to the Department as requested.

(7) Prior to and during accreditation, an EMS educational institute is subject to review, including inspection of records, facilities and equipment by the Department. An authorized representative of the Department may enter, visit and inspect an accredited EMS educational institute or a facility operated by or in connection with the EMS educational institute, with or without prior notification. The Department may accept the survey results of another accrediting body if the Department determines that the accreditation standards of the other accrediting body are equal to or exceed the standards in this chapter, and that the survey process employed by the other accrediting body is adequate to gather the information necessary for the Department to make an accreditation decision.

(8) An EMS educational institute shall advise the Department at least 90 days prior to an intended change of ownership, or control of the institute. Accreditation is not transferable to new owners or controlling parties.

(9) An EMS educational institute that intends to conduct an EMS educational course in an EMS region under the jurisdiction of a regional EMS council other than that through which it submitted its application for accreditation, shall file a written application to amend its accreditation with the regional EMS council having responsibility for the region in which it intends to conduct these courses. That application shall be processed by that regional EMS council and acted upon by the Department within 90 days.

§ 5.3. Advertising.

(a) An entity may advertise an educational course in a manner that states or suggests that the successful completion of the course satisfies the EMS provider educational course requirement for an EMS provider certification issued by the Department only after the entity has been accredited by the Department as an EMS educational institute and the course has been approved by the Department for that purpose under § 5.2 (relating to accreditation process).

(b) When an EMS provider educational course has been approved under § 5.2, the EMS education institute shall announce, in its brochures or registration materials: this course has been approved by the Pennsylvania Department of Health as meeting the educational course requirement that an applicant for certification as a/an (the type of EMS provider or EMS vehicle operator to which the course applies) needs to satisfy to be certified by the Pennsylvania Department of Health as a/an (the type of EMS provider or EMS vehicle operator to which the course applies).

Subchapter B. EMS CONTINUING EDUCATION COURSES

Sec.

5.11. Accreditation of sponsors of continuing education

- 5.12. Responsibilities of continuing education sponsors
- 5.13 Advertising

§ 5.11. Accreditation of sponsors of continuing education.

(a) Entities and institutions may apply for accreditation as a continuing education sponsor by submitting to the Department an application on a form or through an electronic process, as prescribed by the Department. The applicant shall supply all information requested in the application. The Department will grant accreditation to an applicant for accreditation as a continuing education sponsor if the applicant satisfies the Department that the courses the applicant will offer will meet the following minimum standards:

- (1) The courses shall be of intellectual and practical content.
- (2) The courses shall contribute directly to the professional competence, skills and education of EMS providers or EMSVOs.
- (3) The course instructors shall possess the necessary practical and academic skills to conduct the course effectively.
- (4) Course materials shall be well written, carefully prepared, readable and distributed to attendees at or before the time the course is offered whenever practical.
- (5) The courses shall be presented by a qualified responsible instructor in a suitable setting devoted to the educational purpose of the course.

(b) Accreditation of the continuing education sponsor shall be effective for 3 calendar years.

(c) At least 90 days prior to expiration of the 3-year accreditation period, a continuing education sponsor shall apply to the Department for renewal of the sponsor's accreditation on a form or through an electronic process, as prescribed by the Department. The Department will renew the sponsor's accreditation if the sponsor meets all of the following requirements:

- (1) The sponsor has presented, within the preceding 3 years, a continuing education course or courses on at least five occasions which met the minimum standards in subsection (a).
- (2) The sponsor establishes to the Department's satisfaction that future courses to be offered by the sponsor will meet the minimum standards in subsection (a).

(3) The sponsor has satisfied its responsibilities under § 5.12 (relating to responsibilities of continuing education sponsors).

§ 5.12. Responsibilities of continuing education sponsors.

(a) *Course approval.* A continuing education sponsor shall submit, to the regional EMS council that exercises responsibility for the EMS region in which the continuing education sponsor intends to conduct a new continuing education course, an application for approval of that continuing education course. The continuing education sponsor shall submit that application at least 30 days prior to the date the continuing education sponsor expects to conduct the course.

(b) *Registration of course.* A continuing education sponsor may not offer for continuing education credit, a course for which another continuing education sponsor has received approval to offer as a continuing education course, without registering with the Department to offer that course for continuing education credit.

(c) *Record of attendance.* A continuing education sponsor shall maintain a record of attendance for a course presented in a classroom setting by maintaining a check-in/check-out process approved by the Department, and shall assign at least one person to ensure that all individuals attending the course check in when entering and check out when leaving. If an individual enters a course after the starting time, or leaves a course before the finishing time, the assigned person shall ensure that the time of arrival or departure is recorded for the individual.

(d) *Reporting attendance.* A continuing education sponsor shall report to the Department, in the manner and format prescribed by the Department, attendance at each continuing education course presented in a classroom setting within 10 days after the course has been presented.

(e) *Course evaluation.* A continuing education sponsor shall develop and implement methods to evaluate its course offerings to determine their effectiveness. The methods of evaluation shall include providing a course evaluation form to each person who attends a course.

(f) *Record retention.* The continuing education sponsor shall retain the completed course evaluation forms for each course it presents, and the check-in/check-out record for each course it presents in a classroom setting. These records shall be retained for at least 4 years from the presentation of the course.

(g) *Providing access to records.* A continuing education sponsor and an applicant for accreditation as a continuing education sponsor shall promptly make available for inspection and provide the Department or a regional EMS council with complete and

accurate records relating to its compliance with the requirements of this subchapter as requested by the Department or a regional EMS council.

(h) *Course not presented in a classroom setting.* A continuing education sponsor shall be exempt from the requirements of subsections (a) and (b) for a course which is not presented in a classroom setting, if the course is approved by the Department for credit when presented in that manner. When presenting the course to the Department for approval for credit, the continuing education sponsor shall present a procedure for monitoring, confirming and reporting EMS provider or EMSVO participation in a manner that achieves the purposes of subsections (a) and (b).

(i) *Monitoring responsibilities.* A continuing education sponsor shall ensure that a course was presented in a manner that met all of the educational objectives for the course, and shall determine whether each EMS provider or EMSVO who enrolled in the course met the requirements of this chapter and the continuing education sponsor to receive credit for completing the course.

(j) *Course completion.* A continuing education sponsor shall report to the Department, in a manner and format prescribed by the Department, completion of a course by an EMS provider or EMSVO who completes the course, and shall identify to the Department an EMS provider or EMSVO who seeks credit for a course but who did not meet the requirements of the continuing education sponsor or this chapter to receive continuing education credit. The continuing education sponsor shall also provide an EMS provider or EMSVO who completes a course with a document certifying completion of the course.

§ 5.13. Advertising.

(a) A continuing education sponsor may advertise a course as a continuing education course in a manner that states or suggests that the course meets the requirements of this chapter only if the course has been approved by the Department to be offered by that continuing education sponsor.

(b) When a course has been approved for continuing education credit, the continuing education sponsor shall announce, in its brochures or registration materials: this course has been approved by the Pennsylvania Department of Health for (the approved number of hours) of continuing education credit for (the type of EMS provider(s) or EMS vehicle operator to which the course applies).

(c) If a continuing education sponsor advertises that it has applied to the Department to secure continuing education credit for a course, prior to presenting the course it shall disclose to all enrollees whether the course has been approved or disapproved for credit.

End of first public draft.....

This is the first draft that does not include all aspects of the total rules and regulations. There **will be** additional draft that will include other areas of the rules and regulations and there will be a complete draft later in 2010.

The purpose of providing this early draft is to allow for the Commonwealth EMS Stakeholders the opportunity to start review the work that the committee has developed. The BEMS can ensure that the committee is working hard to complete the first full draft as soon as possible.

Other areas to be completed:

EMS Agencies
Advanced Life Support Ambulances
Air Ambulances
Advanced Life Support Squad Vehicle
Basic Life Support Ambulance
Basic Life Support Squad Vehicle
Quick Response Services
Special Operations EMS
First Aid and Other Safety Services
Other Vehicles and Services
Stretcher and Wheelchair Vehicles
Conditional Temporary licenses
Plan of Correction
EMS Agency Licensing Sanctions