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H 03/25/2015 Referred to Committee

S 03/25/2015 Referred to Committee

- 05/14/2015 Agency Withdrawal

120 Day Period Tolled

- 05/14/2015 Permanently Withdrawn

Document No. 4540

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

CHAPTER 61

Statutory Authority: 1976 Code Sections 44-61-30 and 44-78-65

61-7. Emergency Medical Services.

**Synopsis:**

Regulation 61-7 was last substantively amended on June 23, 2006. The purpose of R.61-7 is to provide a set of licensing standards for the emergency medical services of South Carolina. These amendments of the regulation update the nomenclature, the standards of operation, certification requirements, license requirements, and the education requirements to meet the accepted national standards. In addition, stylistic changes were included for corrections for clarity and readability, grammar, references, codification and overall improvement of the text of the regulation.

A Notice of Drafting was published in the *State Register* on August 22, 2014.

Section-by-Section Discussion of Amendments

Title. Statutory Authority: Edited statutory authority to reflect current parlance.

Table of Contents. The Table was revised to bring it current with changes in the text.

Non-substantive changes were made throughout the regulations where applicable to improve outlining, codification, and wording for overall improvement and to avoid conversion problems in electronic publications.

Section 100. Scope and Purpose.

No changes.

Section 200. Definitions.

Section 201.A. was revised to change “drugs” to “medications.”

Section 201.B. was revised to change the name of EMT Intermediate to AEMT, to update clinical\parlance, and to eliminate the “80 percent” rule.

Section 201.C. was revised to expand the definition of air ambulance to include fixed wing and

rotorcraft

Section 201.D. was revised to use up-to-date nomenclature for EMT

Section 201 E. new definition for Commission on Accreditation of Allied Health Education Program (CAAHEP ) was added.

Section 201.F. new definition for Committee on Accreditation of Educational Programs (CoAEMSP) was added.

Existing Section 201.E. was renumbered to Section 201.G. and revised to correct grammar.

Section 201.F. was renumbered to Section 201.H.

Section 201.G. was deleted because it no longer meets the current standards.

Added Section 201.I. to add definition for Credentialing Information System (CIS).

Added Section 201.J to add a definition for Driver.

Added Section 201.K. to add a definition for electronic patient care report (ePCR).

Existing Section 201.H. was renumbered to Section 201.L. No substantive changes

Existing Section 201.I. renumbered to new Section 201.M. and is revised to define the certification levels of the Emergency Medical Technicians (EMT) to match national standards.Existing Section 201.J. renumbered to Section 201.N. EMT First Responder Service is revised to change in title to EMT Rapid Responder Agency.

Existing Section 201.K. was renumbered to Section 201.O. No substantive changes.

Existing Section 201.L. was deleted. Text was incorporated as appropriate in Section 201.C.1.

Existing Section 201.M. was renumbered to Section 201.P.

New Section 201.Q. definition of Ground Ambulance was added.

Existing Section 201.O. added subsections which were moved from existing

Sections R and S to Subsections 1 and 2.

New Section 201.R. definition of Health Insurance Portability and Accountability Act (HIPAA).Existing Section 201.N. was renumbered to Section 201.S. and was revised to add the AEMT and change the EMT-Paramedic to Paramedic. Also added new parlance and eliminated the “80 percent” rule.

Existing Section P. was renumbered Section U. No substantive changes.

New Section 201.T. was added to define the Joint Policy Statement on Equipment for Ground Ambulances (JPS).

Sections 201.O. was renumbered to 201.U. Added subsections under Section U. Changed “unit’s” to “licensed agency’s.”

Existing Section 201.P. was renumbered to Section 201.V. No substantive changes.

New Section 201.W. was added to define National Emergency Medical Services Information System (NEMSIS).

New Section 201.X. definition of National Registry of Emergency Medical Technicians (NREMT) was

added. Also added a note that EMT-Intermediates will cease to exist on March 31, 2017.

Existing Section 201.Q. was renumbered to 201.Y. and added “the patient” to the convenience clause for nonemergency transports.

Existing Sections 201.R. and 201.S. were moved under Section U. as 1 and 2.

Added new Section 201.Z. to define Prehospital Medical Information System (PreMIS).

Existing Section 201.T. renumbered to Section 201.AA. No substantive changes.

Existing Sections 201.U. was deleted and incorporated as appropriate in 201.C.2.

Added Section 201.BB. to define Special Purpose EMT.

Added Section 201.CC. to define Specialty Care and replace outdated 201.V. Special purpose ambulance.

Added Section 201.DD. to define the “Star of Life” mentioned later in the Regulation.

Existing 201.V. Special purpose ambulance deleted.

Existing Section 201.W. was renumbered to 201.EE. No substantive changes.

Existing Section 201.X. was renumbered to 201.FF. No substantive changes.

Section 300. Enforcing Regulations.

Section 301.A. was revised to add medical control physicians.

Section 302.B. was amended to include permitted vehicles and equipment.

Section 302.C. was revised to update the language/technology.

Section 303 was revised add the location of the fines/monetary penalties in Section 1500 and to add that the Department may seek other actions if appropriate (for example: remediation).

Section 304.A. Added “other employees and the general public”, corrected punctuation, and edited for clarity.

Section 304.B. as revised to correct grammar, to add “other employees and the general public”, and for

clarity.

Section 304.C. was revised for clarity.

Section 304.D. was added to denote the new Class IV violations related to re-inspection failures.

Existing Section 304.D. was renumbered to 304.E. and added Class IV language.

Existing Section 304.E was renumbered 304.F. and added “other employees and the general public”.

Added new Section 304.G. to indicate new location of fine schedule in Regulation.

Existing Section 304.F. was deleted and content incorporated in Section 1501.B.

Existing Section 304.G. was renumbered to 304.H.

Section 400. Licensing Procedures.

Section 401.A.3 added a requirement to provide a business license.

Section 401.A.3 was renumbered to 401.A.4 and added VIN and rapid response vehicles.

Section 401.A.4 was renumbered to 401.A.5 and revised to meet national standards and added “or contraction.”Section 401.A.5 was renumbered to 401.A.6 and revised language to add "employees, contractors and affiliates" for those that need listed on the CIS roster.

Section 401.A.6 was renumbered to 401.A.7. No substantive changes.

Section 401.A.7 was renumbered to 401.A.8 and revised to add email address instead of mail address as part of the contact information.

Section 401.A.8 was renumbered to 401.A.9 and revised to name more specifically positions of responsibility.

Section 401.A.9 was renumbered to Section 401.A.10. and changed “units” to “vehicles”and“transporting station” to “fixed station location.”

Section 401.A.10 was renumbered to Section 401.A.11.

Section 401.A.12 was added to meet a federal mandate.

Section 401.A.11 was renumbered to 401.A.13 and revised to enforce per statutory requirements.

Section 401.A.14 was added to meet federal regulation.Section 401.A.12 was renumbered to 401.A.15 to add the word "make" to correct sentence

grammar/structure.Section 401.C. was revised to clarify inspection frequency and operating procedures; changed “ambulances” to “vehicles.” The table with the schedule of fines was moved to Section 1501.B.

Section 401.D., E., F remain unchanged.

Section 401.G. was deleted for clarity.

Section 401.H. was deleted because the exemption is already in the regulation (redundancy).

Section 401.I was renumbered to Section 401.G. No substantive changes.

Section 402 was revised to capitalize all references to Medical Control Physician.

Section 402.A. was revised to insert acronyms for quality assurance and in-service training.

Section 402.A.2 changed “tapes” to “recordings.”

Section 402.A.4 corrected grammar.

Section 402.C. was revised to clarify a requirement of the medical control physician.

Section 402.D. was revised for clarity.

Section 402.E. was revised for clarity.

Section 402.F. was revised to add “or responsibilities.”

Section 402.H. was added that the medical control physician shall complete appropriate continuing education.

Section 402.I. was added to give the medical control physician authority to be on scene calls.

Section 402.J. was added to account for multiple Medical Control Physicians.

Added New Section 403 to add Ambulance Operators or Drivers.

Renumbered existing Section 403 to Section 404 and revised title to match other parallel sections.

Section 404.A. was revised to delete the clause “or can be permitted.” This inadvertently allowed

agencies to continue services by using unpermitted trucks.

Section 404.B. was revised for clarity of the requirement.Section 404.C. was revised to make “on site” into one word “onsite”, to change “calls” to “responses”, and take out the redundant phrase and corrected grammar in sentence.Section 404.C.1. was renumbered Section 404.D. and was revised for clarity and direction for all services on emergency responses and transports.

Section 404.C.2. was deleted.

New Section 404.E. was added to define minimum staffing and equipment standards to provide at least basic life support on all ambulances.

Existing Section 404.E. was renumbered to Section 404.G. and was revised to add "or rapid response" capability to industries providing emergency medical services, and to update the reference within the amended Regulation.

Section 404.F. was renumbered to Section 404.H; revised so that providers maintain "accurate" records which must also include CIS rosters; revised for grammatical clarity; and revised to change “ambulance run reports” to “patient care reports.”

Renumbered Existing Section 404 to Section 405.

Section 405. AEMT was added to the Intermediate requirement to reflect pending National Registry updates. Airway equipment required was amended to reflect new national standards; added defibrillation capability to meet national standards and best practices; eliminated the “80 percent rule” after January 1, 2018.

Renumbered existing Section 405 to Section 406.

Section 406. was revised to remove "EMT" and to update clinical parlance on defibrillation; eliminated the “80 percent rule” after January 1, 2018.

Renumbered Section 406 to Section 407.

Renumbered existing Section 407 to Section 408.

Section 408. was revised to remove "EMT" and add an additional subsection, thus A and B.

Section 408.B. was added to define the staffing requirement of an ALS transport unit to include two certified personnel.

Renumbered Section 408 to Section 409.

Section 409. title was revised to add penalty type II.

Renumbered existing Section 409 to Section 410.

Section 410. title was revised from First to Rapid Responder. (II).

Section 410.A. was revised to change “first” to “rapid” , and to clarify the requirement for rapid responder service.

Section 410.B. was revised to change “first” to “rapid” and to clarify the requirements for rapid responder service. Change “on site” to “onsite” for grammatical clarity.

Section 410.C. was revised to update the reference within the amended Regulation.

Section 500. Permits, Ambulance. (I)

Section 501.B. was revised to change "lower" to "upper." Added “interior” to windshield for permit placement.

Section 501.E. was revised to clarify the instructions for permit sticker removal and added to clarify when to return a permit.

Section 501.F. was added to notify the Department within 72 hours if a licensed provider’s vehicle or aircraft is involved in an accident that caused bodily harm.

Section 501.G. was added to cover unlicensed agencies seeking a vehicle or aircraft permit.

New Section 502. was added to cover temporary assets.

Section 600. Standards for Ambulance Permit.

Section 601.A. was revised to add "NFPA 1917, (or similar specification standards accepted by the Department)" federal ambulance standard and to delete “the most current edition” comment which is superfluous. Deleted section on four-wheel drive recommendation.

Section 601.B. was deleted.

Existing Section 601.C. was renumbered to Section 601.B.

Section 601.B.2.a was deleted.

Section 601.B.2.b was renumbered Section 601.B.2.a.

Section 601.B.2.c was renumbered Section 601.B.2.b.

Section 601.B.2.d was deleted.

New Section 601.B.2.c is added to require out-of state ambulances to meet the same requirements as in-state.

Section 601.D. was renumbered to Section 601.C.

Section 601. E. was renumbered to Section 601.D.

Section 601.D.1.c is revised to clarify the separation partition standard in the ambulance.

Section 601.D.2.d. was revised to add “if carried” in reference to spare tire.

Section 601.F. was renumbered to Section 601.E.

Section 601.G. was renumbered to Section 601.F.

Sections 601.F.3 and 4 were moved to Section 701.CC and DD respectively.

Section 601.H. was renumbered to Section 601.G.

Section 601.G.1. was edited to clarify the armrest requirement in driver compartment seats.

Section 601.I. was renumbered to Section 601.H.

Section 601.H.4. was revised to correct grammar.

Section 601.J. was renumbered to Section 601.I.

New Section 601.I.5. was added to regulate for temperature extremes and drug adulteration based on USP and AAA standards.

Existing Section 601.I.5. was renumbered to Sections 601.J.6.

Section 601.K was renumbered to Section 601.J.

Section 601.J. added NFPA 1917 (or similar specification standards accepted by the Department) standard to be consistent with the other reference in the document; also added “interior cabinets” to clarify equipment in question.

Section 601.L. was renumbered to Section 601.K. No substantive changes.

Section 601.M was renumbered to Section 601.L.

Section 601.L. added the word “minimum” for clarity.

Section 601.N. was renumbered to 601.M.

Section 601.M. deleted rooftop requirement for mounted antenna.

Section 601.O. was renumbered to Section 601.N. No substantive changes.

New Section 601.O. is added to prohibit smoking and tobacco products.

Section 700. Equipment. (II)

Section 700 was rewritten in its entirety due to technological advancements since last Regulation revision in 2006 and to match accepted national prehospital care standards. In the first draft of this revision this equipment list section was largely taken out to be replaced with a posted Minimum EMS Equipment List. In the final revision it was placed back into document after reviewing national standards for best practice.

Section 800. Sanitation Standards for Licensed Providers.

Section 802.A. was corrected for grammar.

Section 802.J. was added to require that all licensed providers carry sufficient and appropriate cleaning supplies.

Section 804.A. was revised to add “packaging not open until used.”

Section 804.C. was revised to make grammatical correction. The “is” is changed to “are.”

Section 804.E. was added requiring all units that carry portable oxygen must have a non-sparking oxygen wrench in order to use on the oxygen regulators in that unit.

Section 805.C. was revised to eliminate the decontamination of oxygen equipment and require single use.

Section 805.D. was added to meet national disinfectant standards.

Section 806.A. was revised to require single-use equipment.

Section 806.D. was revised to require single-use equipment and added “sealed” to requirement.

Section 806.E. was revised include reference to Section 805.D.

Section 807.A. was revised to correct grammar replacing “and” with “or.”

Section 807.F. was added that requires all splints must be in functional working order with the recommended manufacturer's attachments.

Section 807.G. was added to require single-use equipment.

Section 808.A. was revised to correct grammar.

Section 808.E. and F. were revised to address spinal immobilization board construction.

Section 809.C. revised to make burn dressings single use only.

Section 809.D. was revised to state single-use equipment.

Section 810.B. was revised to state single use OB kits.

Section 810.C. was added that individual item that have an expiration date in OB kits may be replaced if the rest of the other items are individually sealed and sterile.

Section 811 was revised to eliminate sterilization of oral airways and laryngoscopes.

Section 812.A. was revised changing language to national standards and standard practice.

Section 815.A. was revised to add non-certified drivers to meet same dress requirements as certified personnel and deleted “neat” from requirement.

Section 815.C. was revised to delete “neat” from requirement and to update regulation with OSHA parlance and accepted practice.

Section 900. Training and Certification.

Section 900 was rewritten in its entirety to meet 2010 State statutory requirements and national standards.

Section 1000. Personnel Requirements. (I)

Section 1000.A. was revised to change the name of the certification levels to reflect the current nomenclature.

Section 1000.B was revised to correct grammar and to add physicians to the exception.

Section 1000.B.1. was amended to match the current parlance of “scope of practice”.

Section 1000.B.2. was amended to correct grammar and to change “home” to “residence”.

New Section 1000.C was added to explain suspension actions by the Department.

Existing Section 1000.C. was renumbered to Section 1000.D. No substantive changes.

Section 1100. Revocation.

Section 1100.A.1 was revised to correct grammar.

Section 1100.B. the Misconduct section was revised in its entirety to correct grammar and flow of the document; and to bring the wording in line with the language in the EMS Act.

Section 1200. Air Ambulances.

Section 1201.A. is revised in its entirety for clarification. Each item required is now delineated for clarity and better understanding of the license and insurance requirements.

Section 1201.B.1 text was deleted due to being obsolete.

New Section 1201.B.1 was added to reflect 44-61 that out of the air ambulances are required to have a South Carolina in order to engage in operations in South Carolina.

New Section 1201.B.3 is added for consistency with other ambulance provider patient care reporting requirements.

Section 1201.C. was deleted because it was superfluous. This activity is captured by prehospital air transports.

Section 1201.C.2 was renumbered to Section 1201.C.1 and revised to improve the sentence clarity in this section.

Section 1201.C.3 was renumbered to Section 1201.C.2. and revised to reflect new nomenclature and to clarify the purpose of a specific purpose air ambulance.

Section 1201.D. was revised in its entirety to bring required configurations in line with national standards for air medical aircraft and to update language.

Section 1201.E. was rewritten in its entirety to reflect current national standards and accepted industry practices.

Section 1201.F.6. was revised to add “requirements” and the section of the regulations which delineates those requirements for Medical Control.

Section 1201.G.2 and G.3 were revised to change advance life support to “prehospital”, to remove "EMT".

Sections 1201.G4 and G5 were added to crew member requirements.

Section 1202 was rewritten in its entirety in accordance with national and industry standards with recommendations from the air ambulance providers.

Section 1203 title was changed eliminating the interfacility air ambulances and the content was edited to match ALS Prehospital Care Ambulance requirements.

Section 1204 was deleted in its entirety and its content incorporated into Section 1202.

Section 1205 was renumbered to Section 1204.

New Section 1204 was revised to add “fluid or blood product” to items needing medical control approval for use in an air transport by registered nurse or physician; replaced the word “drug” with “medication.”

New Sections 1204.A. through 1204.D. were added to bring air ambulance medication requirements in line with ground ambulance requirements.

Section 1206 was renumbered to Sectionn1205. No substantive changes.

Section 1300. Patient Care Reports.

Section Title – Added (III) for emphasis. This section is already a Class III violation.

Section 1301 - New section was added to define and regulate patient care reports.

Existing Section 1301, renumbered to Section 1302, was revised to add compliance with PreMIS.

Existing Section 1301, renumbered to Section 1302 and renamed to Data Manager since all patient care reports are now digitally submitted and stored.

Section 1302. A. was revised to define the role of the Data Manager which replaced the Forms Control Officer.

Section 1302.B. was amended to reflect the role name change from Forms Control Officer to Data Manager.

Added new Section 1302.C. to add a requirement that each ePCR submitted must reflect all the attendants on the incident including a non-certified driver (if applicable).

Existing Section 1302, renumbered to Section 1303.

Section 1303.B. was revised to include “all providers on call” to be part of the patient care report.

Existing Section 1302, renumbered to Section 1303.

Section 1303.C. was revised to change the wording that patient care reports should be written coherently and should include all providers on the call.

Added new Section 1303.D. to provide guidance for documenting refusal calls.

Existing Section 1303, renumbered to Section 1304, added new section 1304.A. to include PreMIS information.

Existing Section 1303.A. renumbered to Section 1304.B. was revised to delete space and supplies which are no longer necessary.

Existing Section 1303.B. renumbered to Section 1304.C. and was revised to meet new entry data requirements.

Existing Sections 1303.C., D. and E. were renumbered to Sections 1304.D., E. and F. respectively.

New Section 1303.D. revised “patient care reports” to ePCRs for consistency throughout document.

Existing Section 1303.F. was deleted because it was no longer relevant.

Section 1304.H. was revised for clarity chaining “their” to “the.”

Section 1400. Do Not Resuscitate Order.

Section 1406.F. was amended to add the clarification “(ONLY withheld in the face of cardiac arrest)” for the restriction of continuous cardiac monitoring.

Section 1407.A. was revised for clarity: “suction” to “suctioning.”

Section 1407.D. was revised for grammar since more than one medication is meant.

Section 1500. Fines/Monetary Penalties.

New Section 1500 was added.

New Section 1501.B. contains a schedule of monetary penalties for class violations. The table related to monetary penalties was moved from existing Section 304.F with no changes to the penalty amounts. This new

Section 1501.B. also incorporates the schedule of fines for failed reinspections of permitted ambulances or the new Category IV violations. The table was moved from existing Section 401.C.1 with defined fine amounts based on failed points accrued.

Existing Section 1500. Severability.

This section was renumbered to 1600 and was revised to correct the outline codification as required by the Legislative Council Standards for drafting regulations. No substantive changes were made.

Existing Section 1600. General.

This section was renumbered to 1700 and was revised to correct the outline codification as required by the Legislative Council Standards for drafting regulations. No substantive changes were made.

**Instructions:** Replace Regulation 61-7, *Emergency Medical Services*, in its entirety.

~~Indicates Matter Stricken~~

Indicates New Matter

**Text:**

**61-7. Emergency Medical Services.**

Statutory Authority: ~~S.C.~~1976 Code ~~Ann.~~ Sections 44-61-30 and 44-78-65 ~~(1976 Code of Laws, as amended)~~

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SECTION 100.

SCOPE AND PURPOSE

**Section 101. Scope of Act 1118 of 1974 as amended.**

A. Establishment of EMS program.

B. General licensing, certification, inspection and training procedures.

C. Establishment of an Emergency Medical Service Council and duties of the Council.

D. Establishment of the Department of Health and Environmental Control authority for enforcement of these rules and regulations.

SECTION 200.

DEFINITIONS

**Section 201. Definitions as stated in the Act.**

A. Advanced Life Support (ALS): An advanced level of prehospital, interhospital, and emergency service care which includes but not limited to the treatment ~~Treatment~~ of life-threatening medical emergencies through the use of techniques such as endotracheal intubation, administration of ~~drugs~~ medications or intravenous fluids, cardiac monitoring, and electrical therapy by a qualified person pursuant to these regulations.

B. Advanced Life Support Service: A service provider that in addition to basic life support minimum standard, provides at least two (2) EMT~~'~~s, one of which is ~~an EMT-Intermediate Advanced EMT (AEMT) or~~ a Paramedic and demonstrates the capability to provide IV therapy, advanced airway care, approved drug therapy, cardiac monitoring and ~~electrical therapy on 80% of all emergency calls~~ defibrillation capability.

C. Air ambulance: Any aircraft that is intended to be used for and is maintained or operated for transportation of persons who are sick, injured or otherwise incapacitated.

1. Fixed Wing: Any aircraft that uses fixed wings to allow it to take off and fly.

2. Rotorcraft: A helicopter or other aircraft that uses a rotary blade to allow vertical and horizontal flight without the use of wings.

D. Basic Life Support Service: A service provider that meets all criteria for basic life support minimum standard and is able to provide one EMT-Basic to one hundred percent (100%) ~~percent~~ of all calls.

E. Commission on Accreditation of Allied Health Education Programs (CAAHEP): A programmatic accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits educational programs in health science occupations.

F. Committee on Accreditation of Educational Programs for the Emergency Medical Service Professionals (CoAEMSP): the national accreditation organization specific to paramedic education programs. Paramedic education programs must have CoAEMSP accreditation or a letter of review from CoAEMSP in order for their students to qualify for the National Registry examination.

~~E~~G. Condition Requiring an Emergency Response: The sudden onset of a medical condition manifested by symptoms of such sufficient severity, including severe pain, ~~that~~which a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect without medical attention, to result in:

1. Serious illness or disability;

2. Impairment of a bodily function;

3. Dysfunction of the body; or

4. Prolonged pain, psychiatric disturbance, or symptoms of withdrawal.

~~F~~H. Continuing education: Aneducational program designed to update the knowledge and skills of its participants by attending conventions, seminars, workshops, educational classes, labs, symposiums, ~~etc~~and the like. Points toward recertification may be awarded for successful completion of approved activities.

~~G. Convalescent vehicle: A vehicle that is used for making nonemergency calls such as scheduled visits to a physician's office or hospital for treatment, routine physical examinations, x-rays or laboratory tests, or is used for transporting patients upon discharge from a hospital or nursing home to a hospital or nursing home or residence, or other nonemergency calls.~~

I. Credentialing Information System (CIS): Database managed by EMS Performance Improvement Center (EMSPIC) which tracks EMS information and data such as certifications, licenses, permits, and inspections.

J. Driver: In the EMS context, the vehicle operator of an ambulance. This person may be a certified EMT of any level or an uncertified individual who meets the minimum requirements as a driver by this Regulation in Section 403.

K. Electronic Patient Care Reports (ePCR): Patient care reports authored and submitted electronically into PreMIS which is compliant with the National EMS Information System (NEMSIS).

L. Emergency: For the purposes of this regulation, an emergency is an acute situation in which a prudent layperson has identified a potential medical threat to life or limb such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.

~~H~~M. Emergency Transport: Services and transportation provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity, including severe pain, that the absence of medical attention could reasonably be expected to result in the following:

1. Placing the patient's health in serious jeopardy;

2. Causing serious impairment ~~to~~of bodily functions; or

3. Causing serious dysfunction of bodily organ or part;

4. A situation ~~that resulted~~resulting from an accident, injury, acute illness, unconsciousness, or shock, for example, ~~required~~requiring oxygen or other emergency treatment, ~~required~~or requiring the patient to remain immobile ~~because of a fracture, stroke, heart attack, or severe hemorrhage~~.

~~I~~N. EMT: Emergency Medical Technician. ~~An individual possessing a valid basic, intermediate, or paramedic certificate issued by the State pursuant to the provisions of these Regulations.~~ When used in general terms for emergency medical personnel, an individual possessing a valid EMT, Advanced EMT (AEMT), or Paramedic certificate issued by the State of South Carolina pursuant to the provisions of this regulation and applicable governing statute.

1. Emergency Medical Technician (EMT): Formerly called an “EMT-Basic,” this nationally credentialed level of prehospital emergency medical providers is a person who is specially trained and certified to administer basic emergency services to victims of trauma or acute illness before and during transportation to a hospital or other healthcare facility.

2. Emergency Medical Technician – Intermediate (EMT-I): A nationally credentialed mid-level of prehospital emergency medical providers. The EMT-I is intended to deliver augmented prehospital critical care and provide rapid on-scene treatment, working in conjunction with EMTs and Paramedics. The EMT-I is authorized to provide more advanced medical treatment than the EMT. According to the NREMT, after March 31, 2017, EMT-Intermediate certifications are being replaced by the Advanced Emergency Medical Technician (AEMT) credential with a greater scope of practice than the EMT-I.

3. Advanced Emergency Medical Technician (AEMT): A nationally credentialed mid-level of prehospital emergency medical providers. The AEMT is intended to deliver augmented prehospital critical care and provide rapid on-scene treatment, working in conjunction with EMTs and Paramedics. The AEMT is authorized to provide more advanced medical treatment than the EMT.

4. Paramedic: The highest nationally credentialed level of prehospital emergency medical providers. The Paramedic is intended to provide leadership and to deliver prehospital emergency care and provide rapid on-scene treatment. The paramedic is authorized to provide the highest level of prehospital care in accordance with standards set by the Department.

~~J~~O. EMT ~~First~~Rapid Responder ~~Service~~ Agency: Formerly known as “EMT First Responder Service,” A licensed agency providing medical care at the EMT level or above as a non-transporting ~~first~~rapid responder.

~~K~~P. FAA: Federal Aviation Administration. The agency of the federal government that governs aircraft design, operations, and personnel requirements.

~~L. Fixed Wing: Any aircraft that uses fixed wings to permit it to take off and fly.~~

~~M~~Q. Flight Nurse: A licensed registered nurse who is trained in all aspects of emergency care ~~except roadside pickups and~~ who has been so designated by the Department.

R. Ground Ambulance: A vehicle maintained or operated by a licensed provider who has obtained the necessary permits and licenses for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated. Ambulances provide both emergent and non-emergent transport.

1. Special purpose ambulance: An ambulance equipped and designated to transport by medical necessity only patients in need of specific specialized types of care and staffed by appropriate specialty care attendant(s). Examples may include special purpose ambulances such neonatal units, and critical care ambulances.

S. HIPAA: Health Insurance Portability and Accountability Act of 1996.

~~N~~T. Intermediate Life Support Service: A service provider that, in addition to basic life support minimum standard, provides at least two (2) EMT~~'~~s, one of which is an EMT-Intermediate, AEMT or ~~EMT-~~Paramedic and demonstrates the capability to provide IV therapy ~~and advanced airway care on 80% of all emergency calls~~, blind insertion airway devices (BIAD), and defibrillation capability.

U. Joint Policy Statement on Equipment for Ground Ambulances (JPS): National document drafted and published on January 1, 2014, by the American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, Emergency Medical Services for Children, Emergency Nurses Association, National Association of EMS Physicians, and the National Association of State EMS Officials to serve as a referenced standard for equipment needs of emergency ground ambulance services in the United States.

~~O~~V. Medical Control: Medical Control is usually provided by a ~~unit's~~licensed agency’s physician who is responsible for the care of the patient by the provider’s medical attendants. Actual medical control may be direct by two-way voice communications (on-line) or indirect by standing orders or protocols (off-line) control.

~~R~~1. Off-Line Medical Control Physician: A provider’s medical control physician who actually takes responsibility for treatment of patients in the prehospital setting by standing orders, protocols, or patient care guidelines.

~~S~~2.On-Line Medical Control Physician: The physician who directly communicates with EMTs regarding appropriate patient care procedures en-route or on-scene. An on-line medical control physician must be available for all EMTs performing procedures designated by the Department.

~~P~~W. Moral Turpitude: Behavior that is not in conformity with and is considered deviant by societal standards.

X. National Emergency Services Information System (NEMSIS): NEMSIS is the national repository of EMS data that is collected from across the United States. The data is used to define EMS and prehospital care, improve patient care, determine the national standard of care, and help design EMS curriculum.

Y. National Registry of Emergency Medical Technicians (NREMT): A national certification agency which establishes uniform standards for training and examination of personnel active in the delivery of prehospital emergency care. Individuals possessing a valid NREMT certification have successfully demonstrated competencies in their level of prehospital provider.

~~Q~~Z. Nonemergency Transport: Services and transportation provided to a patient whose condition is considered stable. A stable patient is one whose condition by caregiver consensus can reasonably ~~reasonably can~~ be expected to remain the same throughout the transport and for whom none of the criteria for emergency transport has been met. Prearranged transports scheduled at the convenience of the service, the patient, or medical facility will be classified as a nonemergency transport.

~~R. Off-Line Medical Control Physician: A provider’s medical control physician who actually takes responsibility for treatment of patients in the prehospital setting, by standing orders or protocols.~~

~~S.~~~~On-Line Medical Control Physician: The physician who directly communicates with EMT's regarding appropriate patient care procedures en-route. An on-line medical control physician must be available for all EMT's performing procedures designated as such by the Department.~~

AA. Patient: A patient is defined as any person who meets any of the following criteria:

1. Receives basic or advanced medical or trauma treatment or;

2. Is physically examined or;

3. Has visible signs of injury or illness or has a medical complaint or;

4. Requires EMS assistance to change locations and/or position or;

5. Identified by any party as a possible patient because of some known, or reasonably suspected illness or injury or;

6. Has a personal medical device evaluated or manipulated by EMS or;

7. Requests EMS assistance with the administration of personal medications or treatments.

BB. Prehospital care: Assessment, stabilization, and care of a patient, including, but not limited to the transportation to an appropriate receiving facility.

CC. Prehospital Medical Information System (PreMIS): A State mandated internet based EMS information system that collects data on each EMS call report made within South Carolina.

~~T~~DD. Revocation: The Department has permanently voided a license, permit, or certificate and the holder no longer may perform the function associated with the license, permit, or certificate. The Department will not reissue the license, permit, or certificate for a period of two (2) years for a license or permit and three (3) years for a certificate. At the end of this period, the holder may petition the Department for reinstatement.

~~U. Rotocraft: A helicopter or other aircraft that uses a rotary blade to permit vertical and horizontal flight without the use of wings.~~

EE. Special Purpose EMT: A State credentialed prehospital emergency medical provider. This person is a South Carolina licensed registered nurse (RN) who works in a critical care hospital setting such as neonatology, pediatrics, or cardiac care. These Special Purpose EMTs provide a continuance of critical care during transport while aboard special purpose ambulances permitted by the State and equipped for their specialty area.

FF. Specialty Care: Advanced care skills provided by an appropriately credentialed attendant in their specific specialty area. These may include but are not limited to paramedics, special purpose EMTs in their area of specialty, RNs, and respiratory therapists.

~~V. Special purpose ambulance: An~~~~ambulance equipped and designated to transport only patients in need of specialized types of care. Examples include neonatal ambulances, cardiac-care ambulances, etc.~~

GG. “Star of Life”: A six (6) barred blue cross outlined with a white border of which all angles are sixty (60) degrees and upon which is superimposed the staff of Aesculapius in white. This is a registered trademark of the U.S. Department of Transportation.

~~W~~HH. Suspension: The Department has temporarily voided a license, permit, or certificate and the holder may not perform the function associated with the license, permit, or certificate until the holder has complied with the statutory requirements and other conditions imposed by the Department.

~~X~~II. The Department: The administrative agency known as the South Carolina Department of Health and Environmental Control.

SECTION 300.

Enforcing Regulations

**Section 301. General.**

A. The Department shall utilize inspections, investigations, consultations, and other pertinent documentation regarding an EMT, training facility, instructor, medical control physician, or provider in order to enforce these regulations.

B. The Department reserves the right to make exceptions to these regulations where it is determined that the health and welfare of those being served would be compromised.

**Section 302. Inspections~~/~~ and Investigations.**

A. An inspection shall be conducted prior to initial licensing of a provider and subsequent inspections conducted as deemed appropriate by the Department.

B. All providers, permitted vehicles, equipment used for rapid response by licensed agencies, EMTs, training facilities, and instructors are subject to inspection or investigation at any time without prior notice by individuals authorized by the Department.

C. Individuals authorized by the Department shall be granted access to all properties and areas, objects, equipment, and records, and have the authority to require that entity to make photo~~copies~~ and/or electronic copies of those documents required in the course of inspections or investigations. ~~Photocopies~~These copies shall be used for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings.

**Section 303. Enforcement Actions.**

When the Department determines that an EMT, provider, instructor, or training facility is in violation of any statutory provision, rule, or regulation relating to the duties therein, the Department may, upon proper notice to that entity, impose a monetary penalty and/or deny, suspend, and/or revoke its certification, license, or authorization or take other actions deemed appropriate by the Department. The schedule of fines and monetary penalties is noted in Section 1501.

**Section 304. Violation Classifications.**

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety~~,~~; or well-being of the persons being served, other employees, or the general public; or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods, operations, or lack thereof may constitute such a violation. ~~The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction.~~ Each day such violation exists ~~after expiration of this time established by the Department~~ may be considered a subsequent violation.

B. Class II violations are those other than Class I violations ~~that~~ the Department determines to have a negative impact on the health, safety or well-being of those being served, other employees, or the general public. A physical condition or one or more practices, means, methods, operations, or lack thereof may constitute such a violation. ~~The citation of a Class II violation may specify the time within which the violation is required to be corrected.~~ Each day such violation exists ~~after expiration of this time~~ may be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. A physical condition or one or more practices, means, methods, operations, or lack thereof may constitute such a violation. ~~The citation of a Class III violation may specify the time within which the violation is required to be corrected.~~ Each day such violation exists ~~after expiration of this time~~ may be considered a subsequent violation.

D. Class IV violations are those that are specific to vehicle reinspection failures. These violations can escalate based on frequency and point value accrued per deficiency identified in the vehicle inspections conducted by the Department.

~~D~~E. The notations “(I)” or “(II)”, placed within sections of this regulation, indicate that those standards are considered Class I or II violations, if they are not met, respectively. Standards not so annotated are considered Class III violations. Class IV violations are specific to vehicle reinspections which may escalate to Class III violations.

~~E~~F. In arriving at a decision to take enforcement actions, the Department shall consider the following factors: specific conditions and their impact or potential impact on the health, safety, or well-being of those being served, other employees and the general public, efforts by the EMT, provider, training facility or instructor to correct cited violations; behavior of the entity in violation that reflects negatively on that entity’s character, such as illegal or illicit activities; overall conditions; history of compliance; and any other pertinent factors that may be applicable to current statutes and regulations.

G. A schedule of all monetary penalties is delineated in Section 1501.

~~F.~~~~When a decision is made to impose monetary penalties, the following schedule shall be used as a guide to determine the dollar amount:~~

~~Frequency of violation of standard within a 36-month period:~~

~~MONETARY PENALTY RANGES~~

|  |  |  |  |
| --- | --- | --- | --- |
| ~~FREQUENCY~~ | ~~CLASS I~~ | ~~CLASS II~~ | ~~CLASS III~~ |
| ~~1~~~~st~~ | ~~$300 - 500~~ | ~~$100 - 300~~ | ~~$50 - 100~~ |
| ~~2~~~~nd~~ | ~~$500 – 1,500~~ | ~~$300 – 500~~ | ~~$100 - 300~~ |
| ~~3~~~~rd~~ | ~~$1,000 – 3,000~~ | ~~$500 – 1,500~~ | ~~$300 - 800~~ |
| ~~4~~~~th~~ | ~~$2,000 - 5,000~~ | ~~$1,000 – 3,000~~ | ~~$500 –1,500~~ |
| ~~5~~~~th~~ | ~~$5,000 - 7,500~~ | ~~$2,000 – 5,000~~ | ~~$1,000 – 3,000~~ |
| ~~6~~~~th~~ ~~or more~~ | ~~$10,000~~ | ~~$7,500~~ | ~~$2,000 – 5,000~~ |

~~G~~H. Any enforcement action taken by the Department may be appealed pursuant to the Administrative Procedures Act beginning with S.C. Code Section 1-23-310.

SECTION 400.

LICENSING PROCEDURES.

**Section 401. Application.**

A. Application for license shall be made to the Department by private firms, public entities, volunteer groups or non-federal governmental agencies. The application shall be made upon forms in accordance with procedures established by the Department and shall contain the following:

1. The name and address of the owner of the licensed provider or proposed licensed provider;

2. The name under which the applicant is doing business or proposes to do business;

3. A copy of the licensed provider or proposed licensed provider’s business license (if applicable) for the location of the service.

~~3~~4. A description of each ambulance, and/or rapid response vehicle, including the make, Vehicle Identification Number (VIN), model, year of manufacture or other distinguishing characteristics to be used to designate applicant's vehicle.

~~4~~5. The location and description of the place or places from which the licensed provider is intended to operate. The Department shall be notified within five (5) working days of any expansion or contraction of the service, level of care (upgrade or downgrade), or if the headquarters,director or any substation locations are changed.

~~5~~6. Personnel roster ~~showing~~representing all employees, volunteers, and affiliates associated with the service including but not limited to EMT~~'~~s ~~name~~, non-certified drivers (if applicable), pilots, RNs ~~address~~, certification numbers and expiration dates of their South Carolina and NREMT credentials (if applicable).

~~6~~7. Type of license applied for.

~~7~~8. Name, email address, and phone number of medical control physician.

~~8~~9. Name, ~~fax,~~ e-mail, and phone number of ~~person in charge of day-to-day operations~~the following if applicable:

a. EMS Director.

b. EMS Assistant Director.

c. Training Officer.

d. Data Manager.

e. Infection Control Officer.

~~9~~10. Number of ~~units~~vehicles and level of service provided from each ~~transporting~~fixed station location.

~~10~~11. Insurance information, to include name of insurance company, agent, phone number and type of coverage. A copy of insurance policy(s) shall be furnished to the Department upon request.The minimum limits of coverage shall be $1,000,000liability and $500,000malpractice per occurrence.

12. A copy of the EMS Non-dispensing Drug Permit from the South Carolina Board of Pharmacy. If out-of-state provider, the respective home state equivalent.

~~11~~13. A copy of the agency’s current Drug Enforcement Agency license (both South Carolina and federal), when applicable. If out-of-state provider, the respective home state equivalent.

14. A copy of the agency’s Clinical Laboratory Improvement Act (CLIA) waiver from the Centers for Medicare & Medicaid Services (CMS) if agency is providing field laboratory testing such as blood glucose readings or cardiac markers.

~~12~~15. Such other information as the Department shall deem reasonable and necessary to make a ~~fair~~ determination of compliance with this regulation.

B. The Department shall issue a license valid for a period of two (2) years when it is determined that all the requirements of this regulation have been met. If disapproved, the applicant may appeal in a manner pursuant to the Administrative Procedures Act beginning with S.C. Code Section 1-23-310.

C. Subsequent to issuance of any license, the Department shall cause to be inspected each licensed provider (~~ambulances~~vehicles, equipment, personnel, records, premises, and operational procedures) whenever that service is initially licensed. Thereafter, services will be inspected by the Department on a random basis with a percentage of permitted ambulances inspected. These random inspections ~~will~~may be conducted dependent upon past compliance history. The schedule of fines and monetary penalties is noted in Section 1501.B.

~~1. Pursuant to Section 44-61-70 of the Code, the following fine schedule shall be used when a permitted ambulance or licensed first responder service loses points upon reinspection:~~

|  |  |
| --- | --- |
| ~~Point Value of Item as Delineated on Inspection Report~~ | ~~Fine for Each Item~~ |
| ~~2~~ | ~~$15.00~~ |
| ~~3~~ | ~~$25.00~~ |
| ~~6~~ | ~~$50.00~~ |
| ~~9~~ | ~~$75.00~~ |
| ~~12~~ | ~~$100.00~~ |

D. The Department is herein authorized pursuant to S.C. Code Section 44-61-70 ~~of the Code~~, to suspend or revoke a license so issued at any time it determines that the holder no longer meets the requirements prescribed for operating as a licensed provider.

E. Renewal of any license issued under the provision of this Act shall require conformance with all the requirements of this Act as upon original licensing.

F. The Department shall be notified within five (5) working days when changes of ownership of a licensed provider are impending or occur so that a new license may be issued.

~~G. The issuance of a license shall not be construed so as to authorize any person, firm, corporation, or association to provide EMT first responder services or ambulance services or to operate any ambulance not in conformity with any ordinance or regulation enacted by any county, municipality or special purpose district or authority.~~

~~H. The Department reserves the right to make exceptions to these standards where it is determined that the health and welfare of the community requires the services of the provider. When an “exception” applies to an existing provider, it will continue to meet the standards in effect at the time it was licensed.~~

~~I~~G. Conditions which have not been covered in these regulations shall be handled in accordance with the standard practices as interpreted by the Department.

**Section 402. Medical Control Physician.** (I)

Each licensed provider that provides patient care shall retain a Medical Control Physician to maintain quality control of the care provided, whose functions include the following:

A. Quality assurance (QA) of patient care including development of protocols, standing orders, training, policies, and procedures; and approval of medications and techniques permitted for field use by direct observation, field instruction, in-service training (IST) or other means including, but not limited to:

1. Patient care report review;

2. Review of field communications ~~tapes~~recordings;

3. Post-run interviews and case conferences;

4. Investigation of complaints or incident reports.

B. The Medical Control Physician shall serve as medical authority for the licensed provider, to perform in liaison with the medical community, medical facilities, and governmental entities.

C. The Medical Control Physician ~~may~~shall have ~~disciplinary~~independent authority sufficient to oversee the quality of patient care for ~~all EMT's and retain other responsibilities as may be negotiated by agreement with~~ the ~~service~~ agency.

D. Providers ~~will~~shall register their Medical Control Physician with the Department and provide a copy of their current standing orders and authorized drug list signed and dated by Medical Control Physician.

E. The Department must be notified of any change in Medical Control Physician, drug list, or standing orders within ten (10) days of the change.

F. The Medical Control Physician may withdraw at his~~/~~ or her discretion, the authorization for personnel to perform any or all patient care procedure(s) or responsibilities.

G. All initial Medical Control Physicians must attend a Medical Control Physician Workshop conducted by the Department within twelve (12) months of being designated Medical Control Physician. Failure to attend the above mentioned workshop will result in immediate dismissal from that position.

H. Medical Control Physicians shall complete Department mandated continuing education updates to maintain their status.

I. Medical Control Physicians may respond to scene calls to render care, function as first response providers, provide medical direction, and/or exercise their medical oversight authority.

J. Providers may have multiple Medical Control Physicians especially if they have multiple regional locations.

**Section 403. Ambulance Operator or Driver. (II)**

A. An ambulance driver shall:

1. Be at least eighteen (18) years old.

2. Be physically able to drive.

3. Possess a valid (non-disqualified) driver’s license from South Carolina or home state of provider.

4. Have a criminal background check required on initial hire and thereafter every four (4) years which meets the same requirements as certified EMS personnel as noted in Section 902.B.

5. Possess a driving record with no more than six (6) points on his or her current driving record using the point system utilized by the South Carolina Department of Motor Vehicles (SCDMV).

6. Display a picture ID in a manner visible to the public all times while driving the ambulance.

7. Be dressed in appropriate attire that identifies him or her with his or her agency.

B. An ambulance driver shall complete a safety driving course specific to emergency vehicles within the first six (6) months of hire.

C. In emergencies that may require a third crew member, such as multiple casualty incidents (MCIs), disasters, or where immediate local EMS resources are taxed, an ambulance may, out of necessity, be driven to the hospital by a member of a fire department, law enforcement agency, or rescue squad. These out-of-necessity drivers are exempt from Section 403.A and B in this limited context.

D. Each EMS agency shall maintain its EMS drivers’ records and submit those credentials upon its initial agency license application and bi-annual agency license renewal.

**Section ~~403~~404. Criteria for License Category ~~of~~– Basic Life Support (Ambulance). (II)**

(Minimum Standard):

A. Must have ambulances that are permitted ~~or can be permitted~~ pursuant to these regulations.

B. Shall haveno less than five (5) currently credentialed South Carolina EMT~~'~~s associated with the provider.

C. Must have staffing patterns, policy and procedure, and if necessary, mutual aid agreements to assure that an ambulance is en route with at least one (1) EMTand one (1) driveronboard to all emergent ~~calls~~responses within five (5) minutes or the next closest staffed ambulance must be dispatched, excluding prearranged transports. ~~(Minimum crew shall be one driver and one EMT.)~~ Volunteer Services (services not utilizing paid personnel) without onsite personnel must have staffing patterns, policy and procedures, and if necessary, mutual aid agreements to assure that an ambulance is en route with at least one (1) EMT and one (1) driveronboardto all emergent calls within ten (10) minutes or have the closest staffed ambulance dispatched. ~~(Minimum crew shall be one driver and one EMT.)~~

~~1~~D. ~~Non-emergent transport services Services~~Vehicle operators or attendants shall not utilize emergency lights and sirens ~~to a call and shall not utilize lights and sirens or from a call~~ unless the service is responding to a patient with a condition requiring emergency response, as defined in Section 201.G. ~~patient condition deteriorates while on scene or onboard the ambulance. Services~~Vehicle operators or attendants shall not utilize emergency lights and sirens from a call unless the service is conducting an emergency transport, as defined in Section 201.L.

~~2. An exception to the above provision regarding utilization of emergency lights and sirens by non-emergent transport services shall be made only when non-emergent transport services are operating under the auspices of a mutual aid agreement with the local emergency transport provider, or during a disaster situation.~~

E. The provider must demonstrate sufficient equipping and staffing capability to assure that basic life support consisting of at least automatic defibrillation (AED), basic airway management, obstetrical care, and basic trauma care are onboard the ambulance.

~~D~~F. The Department will, upon request, be furnished with staffing patterns, policy and procedure, and mutual aid agreements that assures compliance with the en route times noted in Section ~~403(C)~~403.C.

~~E~~G. Industries that provide ambulance service or rapid response for their employees may exempt the minimum number of EMT~~'~~s noted in Section ~~403.B~~404.B, as long as they meet en route times and staffing requirements of the regulations.

~~F~~H. The provider maintains accurate records that include, but are not limited to, approved ~~ambulance~~ ~~run~~ patient care reports, employee / member rosters, time sheets, CIS rosters, call rosters, training records and dispatch logs that show at least the time call was received, the type of call, and the time the unit ~~is~~was en route. Such records ~~are to~~shall be available for inspection by the Department with copies furnished upon request.

**Section ~~404~~405. Criteria for License Category – Intermediate Life Support: (Ambulance) (II)**

To be categorized as an intermediate life support provider, the provider must meet all criteria established for basic life support**,** minimum standard. Additionally, the provider must demonstrate sufficient equipping ~~and staffing capability~~ to assure that life support consisting of at least IV therapy, blind insertion airway devices (BIAD), and defibrillation capability (either manual or by AED) ~~and advanced airway care~~are onboard the ambulance. The minimum staffing prior to January 1, 2018, shall consist ~~with~~of two (2) EMT~~'~~s, one (1) of which must be an Intermediate, AEMT or Paramedic, at least eighty percent (80%) ~~percent~~ of the time on emergency calls. The minimum staffing after January 1, 2018, shall consist of two (2) EMTs, one (1) of which must be an AEMT or a Paramedic one hundred percent (100%) of the time. ~~For initial applicants seeking licensure with no prior call history, category shall be determined by the Department on a case by case basis.~~

**Section ~~405~~406 Criteria for License Category - Advanced Life Support: (Ambulance) (II)**

To be categorized as an advanced life support provider, the provider must meet all criteria established for basic life support**,** minimum standard. Additionally, the provider must demonstrate sufficient equipping ~~and staffing capability~~ to assure that life support consisting of IV therapy, advanced airway care, cardiac monitoring, ~~electrical therapy~~defibrillation capability and drug therapy, approved by the Department and the unit medical control physician, are onboard the ambulance. The minimum staffing prior to January 1, 2018, shall consist ~~with~~of a minimum of two (2) EMT~~'~~s, one (1) of which must be a ~~an EMT-~~Paramedic at least eighty percent (80%) ~~percent~~ of the time on emergency calls. The minimum staffing after January 1, 2018, shall consist of two (2) EMTs, one (1) of which must be a Paramedic one hundred percent (100%) of the time. ~~For initial applicants seeking licensure with no prior call history, category shall be determined by the Department on a case by case basis.~~

**Section ~~406~~407. Criteria for License Category - Special Purpose Ambulance Provider: (Ambulance) (II)**

A. Have an approved vehicle that is in compliance with Section 201.V ~~of these regulations~~ and meets minimum equipment requirements, as delineated in Section 705.

B. Have a medical control physician as delineated in Section 402 ~~of these regulations~~.

C. Provide the Department with copies of policy and procedures for the operation of the special purpose ambulance.

D. Provide a list of special purpose equipment that is carried on the special purpose ambulance and is approved by the medical control physician for review and approval by the Department.

E. Provide other license information delineated in Section 401~~of these regulations~~.

F. Except during extenuating circumstances, special purpose ambulances shall be used for interfacility transports only.

**Section ~~407~~408. Advanced Life Support Information. (II)**

A. Ambulance service providers professing to provide advanced life support level of care, whether licensed at the ALS level or not, ~~for a patient~~ must at all times transport an ALSpatient in an ambulance which is fully equipped as an advanced life support unit, per these regulations, with a ~~an EMT-~~Paramedic, physician or RN, as delineated in these regulations, in the patient compartment.

B. The minimum staffing for any transport above the BLS level, shall be two (2) certified personnel, one (1) of which must be an Intermediate-EMT, an AEMT, or a Paramedic.

**Section ~~408~~409. Advertising Level of Care. (II)**

Ambulance service providers may not advertise that they provide a level of life support above the category for which they are licensed.

**Section ~~409~~410. Criteria for License Category - EMT ~~First~~Rapid Responder. (II)**

A. Personnel assigned to ~~First~~Rapid Responder duty must be currently certified EMT~~'~~s with no less than five (5) EMT~~'~~s associated with the provider. The certification level of the responder must coincide with the agency’s level of licensure. If the Rapid Responder agency is requested to respond, an EMT must respond on all calls for an EMT licensed agency and a paramedic must respond on all calls for a paramedic licensed agency.

B. Must have staffing patterns, policy and procedures, to assure that a ~~First~~Rapid Responder unit is en route with at least one (1) EMT to all emergent calls within five (5) minutes. Volunteer units (services not utilizing paid personnel) without ~~on site~~onsite personnel must have staffing patterns, policy and procedure to assure that a ~~First~~Rapid Responder unit is en route with at least one (1) EMT to all emergent calls within ten (10) minutes.

C. The Department will, upon request, be furnished with staffing patterns, policy and procedure to assure compliance with the en route times noted in Section ~~409.B~~410.C.

D. The provider maintains records that include, but are not limited to, approved patient care report forms, employee/member rosters, time sheets, call rosters, training records and dispatch logs that show at least time call received, type call and time unit is en route. Such records are to be available for inspection by the Department with copies furnished upon request.

SECTION 500.

PERMITS, AMBULANCE (I)

**Section 501. Vehicle and Equipment.**

A. Before a permit may be issued for a vehicle to be operated as an ambulance, its registered owner must apply to the Department for an ambulance permit. Prior to issuing an original or renewal permit for an ambulance, the Department shall determine that the vehicle for which the permit is issued meets all requirements as to design, medical equipment, supplies and sanitation as set forth in these regulations of the Department. Prior to issuance of the original permit, if the ambulance does not meet all minimum requirements and loses points during the inspection, no permit will be issued.

B. Permits will be issued for specific ambulances and will be displayed on the ~~lower~~upper left-hand interior corner of the windshield of the ambulance or in the aircraft portfolio, whichever is applicable.

C. No official entry made upon a permit may be defaced, altered, removed or obliterated.

D. Permits may be issued or suspended by the Department.

E. Permits must be returned to the Department within ten (10) business days when the ambulance or chassis is sold, ~~or~~ removed from ~~ambulance~~ service~~.~~, or when the windshield is replaced due to damage.

F. The Department must be notified within seventy-two (72) hours of any collision (including pedestrians) involving any licensed provider’s vehicle or aircraft used to provide emergency medical services including rapid response, that results in any degree of injury to personnel, patients, passengers, observers, students, or other persons. The licensed agency must submit to the Department the vehicle’s issued permit (if applicable) if the damage renders the permitted vehicle out of service for more than one (1) week; the investigating law enforcement agency’s accident report.

G. The Department shall not issue a vehicle or aircraft permit to an EMS provider that is unlicensed in South Carolina.

**Section 502. Temporary Assets.**

A. In cases where a short-term solution to an ambulance resource is needed (temporary rentals or loaner ground or air transport units), the Department may issue a temporary permit to a short-term asset. These temporary assets shall meet all initial equipment requirements for classification as specified in this regulation for the level of intended service.

B. Temporary permits shall be issued for a period not to exceed ninety (90) days and may only be renewed for extraordinary circumstances on a case-by-case basis.

C. Minimum exterior markings

1. Illumination devices shall meet Section 601.F.1 and F.2.

2. Emblems and markings shall meet or exceed Section 601.B.1 and B.2 and may be affixed on vehicle with temporary markings.

3. The name of the service as stated in the provider’s license shall be of lettering not less than three (3) inches in height and may be affixed with temporary markings.

4. Temporary permitted air transport units are exempt from the minimal exterior markings requirements.

SECTION 600.

STANDARDS FOR AMBULANCE PERMIT

**Section 601. Ambulance Design and Equipment.**

Thefollowing designs are hereby established as the minimumcriteria for ambulances utilized in South Carolina and are effective with the publication of these regulations. Any emergency ambulance purchased after publication of these requirements must meet the following minimum criteria.

A. Based Unit: Chassis should not be less than three quarter ton. In the case of modular or other type body units, the chassis shall be proportionate to the body unit, weight and size; power train shall be compatible and matched to meet the performance criteria listed in ~~the most current edition of~~ the Federal KKK­-A-1822 Specification, NFPA 1917, or similar specification standards accepted by the Department; maximum effective sized tires; power steering; power brakes; heavy duty cooling system; heavy duty brakes; mirrors; heavy duty front and rear shock absorbers; seventy (70) amp battery; one hundred (100) amp alternator; front end stabilizer; driver and passenger seat belts; padded dash; collapsible steering wheel; door locks for all doors; inside mirror; inside control handles on rear and side doors. ~~Four-wheel drive is recommended for operating in mountainous area during winter months where snow and ice is prevalent, in rough terrain and at the seashores where traction in sand is difficult.~~

~~B. Color: There shall be no restrictions concerning the painted color of the ambulance.~~

~~C~~B. Emblems and Markings: All items in this section shall be of reflective quality and in contrasting color to the exterior painted surface of the ambulance.

1. There shall be a continuous stripe, of not less than three (3) inches on cab and six (6) inches on patient compartment, to encircle the entire ambulance with the exclusion of the hood panel.

2. Emblems and markings shall be of the type, size and location as follows:

~~a. Front: The word “AMBULANCE”, minimum of 4” in height, shall be in mirror image (reverse reading) for mirror identification by drivers ahead, with a “Star of Life”, minimum of 3” height, to the left and right of the word “AMBULANCE.” If vehicle design permits, there shall be a “Star of Life” of no less than 12” in height on the front section of the patient compartment.~~

~~b~~a. Side: Each side of the patient compartment shall have the “Star of Life” not less than twelve (12) inches in height. The word “AMBULANCE”, not less than six (6) inches in height, shall be under or beside each star. The name of the licensee as stated on their provider’s license shall be of lettering not less than three (3) inches in height.

~~c~~b. Rear: The word “AMBULANCE”, not less than six (6) inches in height, and two (2) “Star of Life” emblems of not less than twelve (12) inches in height.

~~d. Top (roof): There shall be a “Star of Life” of not less than 32” in height~~ ~~as well as the individual provider’s ambulance number (example: unit “23”) of not less than 12”in height.~~

c. Out-of-state licensed ground transport units shall meet the same markings and standards as in-state licensed units, unless specifically forbidden by the unit’s home state of licensure.

3. Prior to private sale of ambulance vehicles to the public, all emblems and markings in Section ~~601(C)~~601.C must be removed.

~~D~~C. Interior Patient Compartment Dimensions:

1. Length: The compartment length shall provide a minimum of twenty-five (25) inches clear space at the head and fifteen (15) inches at the foot of a seventy-six (76) ~~inches stretcher~~inch cot. Minimum inside length will be one hundred sixteen (116) inches.

2. Width: Minimum inside width is sixty-nine (69) inches.

3. Height: Inside height of patient compartment shall be a minimum dimension of sixty (60) inches from floor to ceiling.

~~E~~D. Access to Vehicle:

1. Driver Compartment.

a. Driver's seat will have an adjustment to accommodate the 5th percentile to 95th percentile adult male.\*

\*Note: This means that the driver's area will accommodate the male drivers who are ninety percent (90%) ~~percent~~ of the smallest and largest in stature, which includes weight and size.

b. There shall be a door on each side of the vehicle in the driver's compartment.

c. Separation from the patient area is essential to afford privacy for radio communication and to protect the driver from an unruly patient. Provision for both verbal and visual communication between driver and attendant will be provided by a sliding shatterproof ~~glass~~material partition or door ~~at upper portion of partition~~. The bulkhead must be strong enough to support an attendant's seat in the patient area at the top of the patient's head and to withstand deceleration forces of the attendant in case of accident.

2. Patient Compartment:

a. There shall be a door on the right side of the patient compartment near the patient's head area of the compartment. The side door must permit a technician to position himself at the patient's head and quickly remove him from the side of the vehicle should the rear door become jammed.

b. Rear doors shall swing clear of the opening to permit full access to the patient's compartment.

c. All patient compartment doors shall incorporate a holding device to prevent the door closing unintentionally from wind or vibration. When doors are open the holding device shall not protrude into the access area. Special purpose ambulances are exempt as long as access/egress is not obstructed due to wheelchair ramps or other specialized equipment.

d. Spare tire ~~storage~~,if carried, shall be positioned such that the tire can be removed without disturbing the patient.

~~F~~E. Interior Lighting:

1. Driver Compartment: Lighting must be available for both the driver and an attendant, if riding in the driving compartment, to read maps, records, ~~etc~~or other. There must be shielding of the driver's area from the lights in the patient compartment.

2. Patient Compartment: Illumination must be adequate throughout the compartment and provide an intensity of forty-foot (40-foot) candles at the level of the patient for adequate observation of vital signs, such as skin color and pupillary reflex, and for care in transit. Lights should be controllable from the entrance door, the head of the patient, and the driver's compartment. Reduced lighting level may be provided by rheostat control of the compartment lighting or by a second system of low intensity lights.

~~G~~F. Illumination Devices:

1. Illumination Devices: Flood and load lights - there shall be at least one (1) flood light mounted not less than seventy-five (75) inches above the ground and unobstructed by open doors located on each side of the vehicle. A minimum of one (1) flood light, with a minimum of one hundred fifty (150) lumens equivalent, shall be mounted above the rear doors of the vehicle.

2. Warning lights - at a minimum alternating flashing red lights must be on the corners of the ambulance so as to provide three hundred sixty (360)degrees conspicuity.

~~3. Flares: Six red reflectorized or chemically induced illumination devices may be substituted for flares. Combustible type flares are not acceptable.~~

~~4. One set battery jumper cables, minimum 04 gauge copper, 600 amp rating.~~

~~H~~G. Seats:

1. A seat for both driver and attendant will be provided in the driver's compartment ~~with~~. Each seat shall have armrests on each side of driver's compartment.

2. Technician (Patient Compartment): two (2) fixed seats, padded, eighteen (18) inches wide by eighteen (18) inches high; to head of patient behind the driver, the other one may be square bench type located on curb (right) side of the vehicle. Space under the seats may be designed as storage compartments.

~~I~~H. Safety Factors for Patient Compartment:

1. ~~Stretcher~~Cot Fasteners: Crash-stable fasteners must be provided to secure a primary cot and secondary stretcher.

2. ~~Stretcher~~Cot Restraint: If the ~~stretcher~~cot is floor supported on its own support wheels, a means shall be provided to secure it in position under all conditions. These restraints shall permit quick attachment and detachment for quick transfer of patient.

3. Patient Restraint: A restraining device shall be provided to prevent longitudinal or transverse dislodgement of the patient during transit, or to restrain an unruly patient to prevent further injury or aggravation to the existing injury.

4. Safety Belts for Drivers and Attendants:

a. Quick-release safety belts will be provided for ~~both~~the driver, ~~and~~the attendants, ~~plus~~and all seated patients (squad bench). These safety belts will be retractable and self-adjustable.

5. Mirrors:

a. There shall be two (2) exterior rear view mirrors, one mounted on the left side of the vehicle and one (1) mounted on the right side. Location of mounting must be such as to provide maximum rear vision from the driver's seated position.

b. There shall be an interior rear view mirror or rear view camera to provide the driver with a view of occurrences in the patient compartment.

6. Windshield Wipers and Washers:

a. Vehicle is to be equipped with two (2) electrical windshield wipers and washers in addition to defrosting and defogging systems.

7. Sun Visors:

a. There shall be a sun visor for both driver and attendant.

~~J~~I. Environmental Equipment: Driver/Patient Compartment.

1. Heating: Shall be capable of heating the compartment to a temperature of seventy-five (75) degrees ~~F.~~Fahrenheit within a reasonable period while driving in an ambient temperature of ~~0~~zero degrees ~~F~~Fahrenheit. It must be designed to recirculate inside air, also be capable of introducing twenty percent (20%) ~~percent~~ of outside air with minimum effect on inside temperature. Fresh air intake shall be located in the most practical contaminant-free air space on the vehicle.

2. Heating Control: Heating shall be thermostatically or manually controlled. The heater blower motors must be at least a three (3) speed design. Separate switches will be installed in patient compartment.

3. Air Conditioning: Air Conditioning shall have a capacity sufficient to lower the temperature in the driver's and patient's compartment to seventy-five (75)degrees Fahrenheit within a reasonable period and maintain that temperature while operating in an ambient temperature of ninety-five (95) degrees Fahrenheit. The unit must be designed to deliver twenty percent (20%) ~~percent~~ of fresh outside air of ninety-five (95) degrees ~~F.~~Fahrenheit ambient temperature while holding the inside temperature specified. All parts, equipment, workmanship, ~~etc.,~~ shall be in keeping with accepted air conditioning practices.

4. Air Conditioning Controls: The unit air delivery control may be manual or thermostatic. The reheat type system is not required in the driver's compartment unit. Switches or other controls must be within easy reach of the driver in his normal driving position. Air delivery fan motor shall be at least a three (3) speed design. Switches and other control components must exceed in capacity the amperage and resistance requirements of the motors.

5. Environmental Control and Medications: The temperature in the patient compartment or anywhere medications are stored (QRVs, fire apparatus, rapid response vehicles, carry-in bags, and other) shall be monitored for temperature extremes to prevent drug adulteration. Medications (including oxygen) and IV fluids will be removed and discarded if the temperatures reach or exceed one hundred four (104) degrees Fahrenheit (forty (40) degrees Celsius). Medications and IV fluids shall also be removed and discarded if temperatures in the drug storage area drop below fourteen (14) degrees Fahrenheit (negative ten (-10) degrees Celsius).

~~5~~6. Insulation: The entire body, side, ends, roof, floor, and patient compartment doors shall be insulated to minimize conduction of heat, cold, or external noise entering the vehicle interior. The insulation shall be vermin and mildew-proof, fireproof, non-hygroscopic, non-setting type. Plywood floor when undercoated will be considered sufficient insulation for the floor area.

~~K~~J. Storage Cabinets: All cabinets must meet the criteria as stated in the most current edition of the Federal KKK­-A-1822 Specification, NFPA 1917, or similar specification standards accepted by the Department as to types of surfaces, design and storage. Cabinets must be of sufficient size and configuration to store all necessary equipment. All equipment in interior cabinets must be accessible to attendant at all times.

~~L~~K. Two-Way Radio Mobile: Two-way radio mobile equipment shall be included which will provide a reliable system operating range of at least a twenty (20) mile radius from the base station antenna. The mobile installation shall provide microphones for transmitting to at least medical control and receiving agencies, at both the driver's position and in the patient's compartment. Selectable speaker outputs, singly and in combination, shall be provided at the driver's position, in the patient's compartment, and through the PA system.

1. All radio frequencies utilized by a licensed service will be provided to the Department.

2. In the event technological advancements render the above components obsolete, the Department shall make determinations as to the efficacy of proposed technology on an individual basis prior to allowing their use.

~~M~~L. Siren-Public Address: Siren and public address systems shall be provided. If a combined electronic siren and public address system is provided, in siren operation, the power output shall be minimum one hundred (100) watts. In voice operation the power output shall be forty-five (45) watts through two (2) exterior mounted speakers. The public address amplifier shall be independent of the mobile radio unit.

~~N~~M. Antenna: ~~Rooftop~~ ~~mounted~~ Mounted with coaxial cable.

~~O~~N. Glass Windows: All windows, windshield and door glass must be shatterproof.

O. Smoking Policy: Use of tobacco products or tobacco-like products (such as electronic cigarettes) is prohibited in the patient compartment and in the operator compartment of ambulances by all occupants.

~~SECTION 700.EQUIPMENT. (II)~~

~~Section 701. Minimum Ambulance Medical Equipment.~~

~~Effective the date of these Rules and Regulations, all ambulances will be required to be equipped with, but not limited to the following:~~

~~A. Minimum of two stretchers.~~

~~1. One multilevel, elevating, wheeled stretcher with elevating back. Two patient restraining straps (chest and thigh) minimum, at least two inches wide shall be provided.~~

~~2. One secondary patient transport stretcher, with a minimum of two patient restraining straps. Minimum acceptable stretcher is vinyl covered, aluminum frame, folding stretcher.~~

~~B. Suction Devices.~~

~~1. An engine vacuum operated or electrically powered, complete suction aspiration system, shall be installed permanently on board to provide for the primary patient. It shall have wide bore tubing.~~

~~2. A portable suction device, age and weight appropriate, with wide bore tubing and at least a six ounce reservoir.~~

~~3. There must be an assortment of suction catheters (minimum of 2 each) on board. Sizes 6 fr, 8 fr, 10 fr, 16 fr, 18 fr. A rigid suction catheter (e.g. Yankaur) will also be carried. Minimum 2 each.~~

~~C. Bag Mask Ventilation Units.~~

~~1. One adult, hand-operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering 90-100% oxygen to the patient.~~

~~2. One pediatric, hand-operated. Valves must operate in all weather and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. Must include safety pop off mechanism with override capability.~~

~~3. One infant, hand-operated. Valves must operate in all weather and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. Must include safety pop-off mechanism with override capability.~~

~~4. The following sized masks will be carried aboard all permitted ambulances to be used in conjunction with the ventilation units above, 0,1,2,3,4,5. Masks must be clear. Either the disposable or non-disposable types are acceptable.~~

~~D. Nonmetallic Oropharyngeal (Berman type)/ Nasopharyngeal Airways - adult, child and infant sizes. All airways shall be clean and individually wrapped.~~

~~1. Large adult~~

~~2. Med. adult~~

~~3. Large child~~

~~4. Child~~

~~5. Infant~~

~~E. "S" tube type airways may not be substituted for Berman type airways.~~

~~F. Oxygen Equipment.~~

~~1. Portable oxygen equipment: Minimum "D" size (360 Liter) cylinder, two required (one full spare cylinder). Liter flow gauges shall be non-gravity, dependent (Bourdon Gauge) type. Additionally, when the vehicle is in motion, all oxygen cylinders shall be readily accessible and securely stored.~~

~~2. Permanent On-Board Oxygen Equipment: The ambulance shall have a hospital type piped oxygen system, capable of storing and supplying a minimum of 2400 liters of humidified medical oxygen.~~

~~3. Single use, individually wrapped, non-rebreather masks and cannulas in adult and pediatric sizes shall be provided (3 each).~~

~~4. A “no smoking” sign will be prominently displayed in the patient compartment.~~

~~G. Bite sticks commercially made.(Clean and individually wrapped).~~

~~H. Twelve sterile dressings (minimum size 5" x 9").~~

~~I. Thirty-six each sterile gauze pads 4"x 4".~~

~~J. Twelve each bandages, self-adhering type, minimum three inches by five yards. Bandages must be individually wrapped or in clean containers.~~

~~K. A~~~~minimum of four commercial sterile occlusive dressings, four inches by four inches.~~

~~L. Adhesive Tape, hypoallergenic, one, two and three inches wide.~~

~~M. Burn sheets, two, sterile.~~

~~N. Splints:~~

~~1. Traction type, lower extremity, overall length of splint 43 inches, with limb support slings, padded ankle hitch, traction device and heel stand. Either the Bi-polar or Uni-polar type is acceptable.~~

~~2. Padded type, two or more, three feet long, of material comparable to four-ply wood for~~

~~coadaptation splinting of the lower extremities.~~

~~3. Padded wooden type, two or more, 15 inches by three inches, for fractures of the upper extremity.(By local option, commercially available arm or leg splints may be substituted for items N-2,3 above).~~

~~O. Spinal immobilization devices:~~

~~1. Short spine board, at least 16 inches by 36 inches~~~~with appropriate straps. (Commercially available vest type KED, XP1 or other equivalent is acceptable.) Additionally: Child backboard or pedi-board or any type commercially available spinal immobilization device sized for the pediatric patient.~~

~~2. Long spine board, at least 16 inches by 72 inches constructed of three-quarter inch plyboard or equivalent material and having at least three quarter inch runners on each side for lifting with appropriate~~~~straps. If not equipped with runners, board must be designed so handholds are accessible even with gloves on.~~

~~3. Cervical collars to accommodate the infant, child, medium adult and large adult sizes. Collars must be manufactured of semirigid or rigid material.~~

~~4. Three, two inches by nine foot patient restraint straps.~~

~~5. Head immobilization device, commercially available or towel/ blanket rolls.~~

~~P. Five each triangular bandages.~~

~~Q. Two blankets.~~

~~R. Bandage shears, large size.~~

~~S. Obstetrical kit, sterile. The kit shall contain gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressings, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant.~~

~~T. Blood pressure manometer, cuff and stethoscope.~~

~~1. Blood pressure set, portable, both pediatric and adult (non mercurial type).~~

~~2. Stethoscopes.~~

~~U. Emesis basin or commercially available emesis container.~~

~~V. Bedpan and urinal.~~

~~W. Two dependable flashlights or electric lanterns, minimum size, two-D-cell or six volt lanterns.~~

~~X. Minimum of one fire extinguisher, CO2 or dry chemical, five pound capacity, type ABC.~~

~~Y. Working gloves, two pair with leather palms and reflective vests for each crew member.~~

~~Z. Minimum of 1000 cc of sterile water or normal saline solution for irrigation.~~

~~AA. Protective head gear and eye protection devices (minimum two each) must be carried on each ambulance. Standard fire face shield not acceptable.~~

~~BB. Personal protective equipment (gloves, masks, gowns and eyeshields).~~

~~CC. At the option of the medical control the following equipment may be added:~~

~~1. Laryngoscope handle with batteries.~~

~~2. Laryngoscope blades, adult, child and infant sizes. Infant sizes shall be 0,1,2 (straight). In addition, a #2 curved blade will be carried.~~

~~3. Six disposable endotracheal tubes, sizes to be from 2.5-9.0 with at least one of each size available. An intubation stylette sized for the neonate patient shall also be available (6 fr.).~~

~~4. Dual Lumen or LMA airways, age and weight appropriate.~~

~~5. Magill Forceps.~~

~~a. Adult.~~

~~b. Pediatric.~~

~~Section 702. Intermediate and Advanced Equipment~~.

~~Ambulances providing intermediate and advanced life support must, in addition to meeting all other requirements of Section 701~~~~must have the following equipment:~~

~~A. Butterfly or scalp vein needles between 19 and 25 gauge, a total of four.(Medical Control Option)~~

~~B. Four each 14, 16, 18, 22 , and 24 gauge IV cannulae.~~

~~C. Two Macro drip sets.~~

~~D. Two Micro drip sets.~~

~~E. Three 21 or 23 and three 25 gauge needles, total six.(Medical Control Option)~~

~~F. Three tourniquets.~~

~~G. Laryngoscope handle with batteries.~~

~~H. Laryngoscope blades, adult, child, and infant sizes. Infant sizes shall be 0,1,2 (straight). In addition, a #2 curved blade will be carried.~~

~~I. Six disposable endotracheal tubes sizes to be from 2.5-9.0 with at least one of each size available. An intubation stylette sized for the neonate patient shall also be available (6 fr.).~~

~~J. Equipment for drawing blood samples. (Medical Control Option)~~

~~K. Syringes, two each 1 ml, 3 ml, 10 ml, 20 ml, and one 50 ml.~~

~~L. Twelve (12) alcohol and iodine preps for preparing IV injection sites.~~

~~M. One (1) roll of tape, at least ½ inch wide.~~

~~N. Five (5) band-aids.~~

~~O. A minimum of 4 liters of normal saline or other appropriate IV solution.~~

~~P. Intraosseous devices.~~

~~1. Pediatric – minimum of two sizes.~~

~~2. Adult – (Medical Control Option) minimum of one size.~~

~~Q. Ambulances providing advanced cardiac life support must be equipped with a battery powered (DC) portable monitor-defibrillator unit, appropriate for both adult and pediatrics with ECG~~~~printout. The monitor-defibrillator equipment utilized by the service has the capability of producing hard copy of patient's ECG.~~

~~R. Such drugs~~**~~/~~**~~fluids as may be approved by the Board for possession and administration by EMT's trained and certified in their use and authorized by the medical control physician, as documented to the Department.~~

~~S. Magill Forceps.~~

~~1. Adult~~

~~2. Pediatric~~

~~T. Dual Lumen or LMA airways, age and weight appropriate.~~

~~U. Portable sharps container.~~

~~V. Pediatric length/weight-based drug dose chart or tape.~~

~~Section 703.~~~~Minimum Ambulance Rescue Equipment.~~

~~The following additional items will be carried by each ambulance:~~

~~A. Hammer, one four pound with 15 inch handle.~~

~~B. One axe.~~

~~C. Wrecking Bar, minimum 24-inch (bar and two preceding items can either be separate or combined as a forcible entry tool).~~

~~D. Crowbar, minimum 48”, with pinch point.~~

~~Section 704.~~~~Convalescent Transport Units. (II)~~

~~A. Convalescent transport units must meet the requirements of Section 701, minimum ambulance medical equipment, minus items C-3, H, K, M, Y.~~

~~B. Convalescent transport units are exempted from Section 703, minimum ambulance rescue/extrication equipment.~~

~~C. Convalescent transport units are required to be equipped with a radio that meets the requirements of Section 601-N (minus the PA system) whenever transporting a patient outside of its home county.~~

~~D. Convalescent transport units may not have any emergency markings, but shall display the words "Convalescent Transport" and the name of the licensee in letters a minimum of 3" in height, on each side of the ambulance.~~

~~Section 705. Special Purpose Ambulance Equipment.~~

~~A. All special purpose ambulances will be equipped with at least the following items from Section 701 of these regulations: A-1, B, C(appropriate size), D, F, G, T, U, V, W, X in addition to special purpose equipment that is documented to the Department as delineated in Section 406. Item A-1 can be replaced by a specialized patient transfer device so long as there is a provision to safely secure the device in the special purpose ambulance.~~

~~B. Special purpose equipment as documented to the Department as delineated in Section 406~~~~of these regulations must be on the special purpose ambulance when it is in use and is subject to inventory and inspection by the Department as provided for in Section 406 of these regulations.~~

~~Section 706. EMT First Responder Equipment.~~

~~A~~. ~~The First Rapid Responder Agency’s vehicle must be properly marked as to identify the vehicle as an emergency vehicle.~~

~~B. The First Responder Agency will provide a minimum of one EMT-Basic for each response.~~

~~C. All first responder vehicles will be equipped with at least the following items from Section 701~~~~of these regulations:B-2, B-3, C, D, F-1, F-3, G, H, I, J, K, L, M, N-2, N-3, O, P(3each), Q, R, S, T, W(1each), X, Y, Z, BB, CC.~~

~~D. The first responder agency must at all times be able to communicate with (a) on-line medical control, (b) dispatch center and (c) the local transporting service.~~

~~E. Equipment In Addition to 706-C To Be Carried By EMT-Intermediate First Responders.~~

~~1. Four each, 14, 16, 18 and 22 gauge IV cannulae.~~

~~2. Two Macro Drip sets.~~

~~3. Two Micro Drip sets.~~

~~4. One Sharps type container.~~

~~5. A minimum of 4 liters of normal saline or~~~~other appropriate IV solution.~~

~~6. Three Tourniquets.~~

~~7. Twelve each, Alcohol and Betadine Preps for preparing IV injection sites.~~

~~8. Five Bandaids.~~

~~F. Equipment In Addition To 706.C & E To Be Carried By EMT-Paramedic First Responders.~~

~~1. A battery powered Monitor-Defibrillator, appropriate for both adults and pediatrics, capable of producing hard copy of the patient’s ECG.~~

~~2. Such drugs/fluids as may be approved by the Board for possession and administration by EMT's trained and certified in their use and authorized by the medical control physician, as documented to the Department.~~

~~G. All medical and patient care equipment used by a licensed first responder organization shall meet the same standards for cleanliness and communicable diseases as is required of transporting EMS units.~~

SECTION 700.

EQUIPMENT (II)

**Section 701.Minimum Ambulance Medical Equipment.**

The Joint Policy Statement on Equipment for Ground Ambulances (JPS) provides a recommended core list of supplies and equipment that shall be stocked on all ambulances to provide the accepted standards of patient care. For the purposes of this regulation, the following definitions from the JPS have been used:

Neonate: zero to twenty-eight (0-28) days of age.

Infant: twenty-nine (29) days to one (1) year.

Child less than one (1) year old to eighteen (18), with delineations as follows:

Toddlers: one to two (1-2) years old.

Preschoolers: three to five (3-5) years old.

Middle childhood: six to eleven (6-11) years old.

Adolescents: twelve to eighteen (12-18) years old.

Starting July 1, 2016, all ambulances shall be equipped with, but not limited to, all of the following:

A. Minimum of two (2) stretchers.

1. One (1) multilevel, elevating, wheeled cot with elevating back. Two (2) patient restraining straps (chest and thigh) minimum, at least two (2) inches wide shall be provided.

2. One (1) secondary patient transport stretcher, with a minimum of two (2) patient restraining straps. Minimum acceptable stretcher is vinyl covered, aluminum frame, folding stretcher.

B. Suction Devices.

1. An engine vacuum operated or electrically powered, complete suction aspiration system, per federal specifications as noted in JPS, shall be installed permanently on board to provide for the primary patient. It shall have wide bore tubing.

2. Portable suction device with regulator, per federal specifications noted in JPS with at least a six (6) ounce reservoir.

3. Wide-bore tubing, rigid pharyngeal curved suction tip; tonsil and flexible suction catheters, 6 Fr–16 Fr, are commercially available must have two between 6F and 10F and two between 12 Fr and 16 Fr.

C. Oxygen Equipment.

1. Portable oxygen equipment: Minimum “D” size (360 Liter) cylinder, two (2) required (one (1) full spare cylinder). Liter flow gauges shall be non-gravity, dependent type. Additionally, when the vehicle is in motion, all oxygen cylinders shall be readily accessible and securely stored.

2. Permanent On-Board Oxygen Equipment: The ambulance shall have a hospital grade piped oxygen system, capable of storing and supplying a minimum of 2400 liters of humidified medical oxygen.

3. Single use, individually wrapped, non-rebreather masks and cannulas in adult and pediatric sizes shall be provided (three (3) each).

4. A “No Smoking” sign shall be prominently displayed in the patient compartment.

5. Pulse oximeter with adult and pediatric capabilities.

D. Bag Mask Ventilation (BVM) Units.

1. One (1) adult, one (1) pediatric, one (1) infant: hand-operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering ninety to one hundred (90-100) percent oxygen to the patient. BVMs must include safety pop-off mechanism with override capability. Three (3) additional masks sizes small adult, toddler, and neonate shall be carried.

E. Nonmetallic Oropharyngeal (OPA) (Berman type) and Nasopharyngeal Airways (NPA)

1. All airways shall be clean and individually wrapped.

2. “S” tube-type airways may not be substituted for Berman type airways

3. One each of the following sizes: NPA: 14 Fr-34 Fr and OPA sizes to accommodate neonate through large adult.

F. Bite sticks commercially made (clean and individually wrapped).

G. Eight sterile dressings (minimum size five (5) inches by nine (9) inches).

H. Twenty-four (24) sterile gauze pads four (4) inches by four (4) inches.

I. Ten (10) bandages, self-adhering type, minimum three (3) inches by five (5) yards. Bandages must be individually wrapped or in clean containers.

J. A minimum of two (2) commercial sterile occlusive dressings, four (4) inches by four (4) inches.

K. Adhesive Tape, hypoallergenic, one (1) inch, two (2) inch, and three (3) inches wide.

L. Burn sheets, two (2), sterile.

M. Splints:

1. Traction type, lower extremity, overall length of splint minimum of forty-three (43) inches, with limb support slings, padded ankle hitch, traction device and heel stand. Either the Bi-polar or Uni-polar type is acceptable.

2. Padded type, two (2) each, three (3) feet long, of material comparable to four-ply wood for coadaptation splinting of the lower extremities.

3. Padded wooden type, two (2) each, fifteen (15) inches by three (3) inches, for fractures of the upper extremity. By local option, commercially available arm or leg splints may be substituted for items in Section M.2 above, such as cardboard, metal, pneumatic, vacuum, or plastic.

N. Spinal immobilization devices:

1. Commercially available vest type KED, XP1 or other equivalent is acceptable.

2. Child backboard or pediatric board or any type commercially available spinal immobilization device sized for the pediatric patient.

3. Long spine board, at least sixteen (16) inches by seventy-two (72) inches constructed of three-quarter (3/4) inch impervious material and having at least three-quarter (3/4) inch runners on each side for lifting with appropriate straps. If not equipped with runners, board must be designed so handholds are accessible with work gloves.

4. Cervical collars to accommodate the infant, child, adolescent, and adult sizes. Collars must be manufactured of semi-rigid or rigid material. Commercially available adjustable collars may be substituted, must carry two (2) of each child adjustable and adult adjustable.

5. Six (6), two (2) inches by nine (9) foot patient restraint straps or commercially available disposable straps to accommodate patients from large adult to child sizes.

6. Head immobilization device, commercially available or towel/blanket rolls.

O. Five (5) each triangular bandages. One (1) commercially available arterial tourniquet device may be substituted for two (2) triangular bandages.

P. Two (2) blankets.

Q. Bandage shears, large size or trauma shears.

R. Obstetrical kit, sterile. The kit shall contain gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressings, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant.

S. Blood pressure manometer, cuff and stethoscope.

1. Blood pressure set, portable, both pediatric and adult.

2. Stethoscopes (adult and pediatric sizes).

T. Emesis basin or commercially available emesis container.

U. Bedpan and urinal.

V. Two (2) functional battery operated, hand-carried flashlights or electric lanterns, suitable for illuminating both a localized work area or a walkway. Penlights do not meet this requirement.

W. Minimum of one (1) fire extinguisher, CO2 or dry chemical, five (5) pound capacity, type ABC.

X. Working gloves, two (2) pair with leather palms and reflective vests that meet American National Standard (ANSI) for High Visibility Public Safety Vests for each crew member.

Y. Minimum of 1000 cc of sterile water or normal saline solution for irrigation.

Z. Protective head gear and eye protection devices (minimum two (2) each) must be carried on each ambulance. Standard fire helmet face shield is not acceptable.

AA. Latex-free personal protective equipment including gloves, masks, gowns and eye shields.

BB. Automated External Defibrillator (AED) unless staffed by advanced life support personnel who are utilizing a manual monitor or defibrillator. Monitor may be utilized by BLS personnel if “AED Mode” is an available setting. The AED shall have pediatric capabilities, including child sized pads OR a dose attenuator with adult pads.

CC. Flameless Flares: Six (6) red reflectorized (such as reflective triangles) or chemically induced illumination devices may be substituted for flares. Combustible type flares are not acceptable.

DD. One (1) set battery jumper cables, minimum 04 gauge copper, 600 amp rating.

EE. Glucometer with a minimum of five (5) test strips (Medical Control Option).

**Section 702. Intermediate and Advanced Equipment.**

Ambulances providing intermediate and advanced life support must, in addition to meeting all other requirements of Section 701 ~~of these regulations~~ must have the following equipment:

A. Butterfly or scalp vein needles between nineteen (19) and twenty-five (25) gauge, a total of four (4), as a Medical Control Option (MCO).

B. Four (4) each fourteen (14), sixteen (16), eighteen (18), twenty (20), twenty-two (22), and twenty-four (24) gauge IV cannulae.

C. Two (2) macro drip sets.

D. Two (2) micro drip sets.

E. Three (3) twenty-one (21) or twenty-three (23) and three (3) twenty-five (25) gauge needles, total six (6) as an MCO.

F. Three (3) intravenous (IV) tourniquets.

G. Laryngoscope handle with batteries.

H. Laryngoscope blades, adult, child, and infant sizes.

1. 0-4 Miller.

2. ~~2~~1-4 Macintosh.

I. One (1) each disposable endotracheal tubes sizes as well as intubation stylettes sized for each tube.

1. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm cuffed or uncuffed.

2. 6.0, 6.5, 7.0, 7.5, 8.0 mm

J. Equipment for drawing blood samples as an MCO.

K. Syringes, two (2) each 1 ml, 3 ml, 10 ml, 20 ml, and one 50 ml.

L. Twelve (12) alcohol and iodine preps for preparing IV injection sites.

M. One (1) roll of tape, at least one-half (1/2) inch wide.

N. Five (5) adhesive bandages.

O. A minimum of four (4) liters of normal saline or other appropriate IV solution.

P. Intraosseous devices.

1. Pediatric – minimum of two (2) sizes.

2. Adult – Minimum of one (1) size as an MCO.

Q. Ambulances providing advanced cardiac life support must be equipped with a battery powered (DC) portable monitor-defibrillator unit, appropriate for both adult and pediatric patients with ECG printout and capable of transcutaneous pacing. The monitor-defibrillator equipment utilized by the service must have the capability of producing hard copy of patient's ECG, a 12-lead ECG, and performing continuous monitoring of end tidal carbon dioxide (EtCO2) output. Portable EtCO2 devices that meet the same criteria as above may be substituted.

R. Such medications ~~/~~or fluids as may be approved by the Department for possession and administration by EMT~~'~~s trained and certified in their use and authorized by the provider’s Medical Control Physician, as documented to the Department.

S. Magill Forceps.

1. Adult.

2. Pediatric.

T. Blind Insertion Airway Devices (BIAD) such as dual lumen or LMA airways, age and weight appropriate.

U. Portable sharps container.

V. Pediatric length-based, weight-based, or age-based ~~drug~~medication dose chart or tape.

**Section 703. EMT Rapid Responder Equipment.**

A. All licensed Rapid Responders agencies operating within the State shall carry equipment required in the following sections. Protocols submitted must indicate areas where medical control option (MCO) equipment ~~it~~is being authorized.

B. The Rapid Responder Agency’s vehicle must be properly marked as to identify the vehicle as an emergency vehicle.

C. The Rapid Responder ~~agency~~Agency shall follow the exact equipment cleanliness guidelines as outlined for transporting providers in Section 800 ~~of these regulations~~.

D. All Rapid Responder vehicles will be equipped with at least the following items from Section 701 ~~of these regulations~~: B-2, B-3, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X, Y, Z, AA, BB.

E. Age and weight appropriate BIAD’s (Section 702.T) are an MCO for all Rapid Responder licenses.

F. Equipment in addition to Section ~~703(E)~~703.E ~~of these regulations~~ to be carried by EMT-Intermediate or AEMT Rapid Responders:

1. Four (4) each, fourteen (14), sixteen (16), eighteen (18), twenty (20), and twenty-two (22) gauge IV cannulae.

2. Two (2) macro drip sets.

3. Two (2) micro drip sets.

4. One (1) sharps container.

5. A minimum of four (4) liters of normal saline or other appropriate IV solution.

6. Three (3) IV tourniquets.

7. Twelve (12) each, alcohol and iodine preps for preparing IV injection sites.

8. Five (5) adhesive bandages.

9. Such medications ~~/~~or fluids as may be approved by the Department for possession and administration by EMT~~'~~s trained and certified in their use and authorized by the provider’s Medical Control Physician, as documented to the Department.

G. Equipment in addition to Section ~~703(F)~~703.F ~~of these regulations~~ to be carried by Paramedic Rapid Responders:

1. Rapid Responders providing advanced life support must be equipped with a battery powered (DC) portable monitor-defibrillator unit, appropriate for both adult and pediatric patients with ECG printout and capable of transcutaneous pacing. The monitor-defibrillator equipment utilized by the service must have the capability of producing a hard copy of the patient's ECG and performing continuous monitoring of end tidal carbon dioxide (EtCO2) output.

2. Such medications ~~/~~or fluids as may be approved by the Department for possession and administration by EMT~~'~~s trained and certified in their use and authorized by the provider’s Medical Control Physician, as documented to the Department.

3. As an MCO, ALS Rapid Responders may carry the following equipment from Section 702 ~~of these regulations~~: G, H, I, P, S.

4. ALS Rapid Responder agencies not providing laryngoscopic intubation must carry age and weight appropriate Blind Insertion Airway Devices (BIAD~~’~~s) for airway management.

H. Any ALS agency not performing laryngoscopic intubations, and only providing BIAD~~’~~s for airway management, is not required to provide continuous monitoring of end tidal carbon dioxide (EtCO2) output.

**Section 704. Special Purpose Ambulance Equipment.**

A. All special purpose ambulances will be equipped with at least the following items from Section 701 ~~of these regulations~~: A-1, B, C, D (appropriate size), E, F, T, U, V, W, X, AA, BB, CC in addition to the special purpose equipment that is documented to the Department as enumerated in Section 406 ~~of these regulations~~. Item A-1 can be replaced by a specialized patient transfer device so long as there is a provision to safely secure the device in the special purpose ambulance.

B. Special purpose equipment as documented to the Department as enumerated in Section 407 ~~of these regulations~~ must be on the special purpose ambulance when it is in use and is subject to inventory and inspection by the Department as provided for in Section 407 ~~of these regulations~~.

SECTION 800.

SANITATION STANDARDS FOR LICENSED PROVIDERS:

**Section 801. Exterior Surfaces:**

A. The exterior of the vehicle shall have a reasonably clean appearance.

B. All exterior lighting should be kept clear of foreign matter (insects, road grime, ~~etc.~~or other) to assure adequate visibility.

**Section 802. Interior Surfaces Patient Compartment-Ambulance.**

A. Interior surfaces shall be of a nonporous material to allow ease of cleaning. Carpet-type materials shall not be used on any surface of the patient compartment.

B. Floors shall be free from sand, dirt and other residue that may have been tracked into the compartment.

C. Wall, cabinet, and bench surfaces shall be kept free of dust, sand, grease, or any other accumulated surface matter.

D. Interiors of cabinets and compartments shall be kept free from dust, moisture or other accumulated foreign matter.

E. Bloodstains, vomitus, feces, urine and other similar matter must be cleaned from the unit and all equipment after each call, using an agent or hypochlorite solution described in Section ~~802 (H)~~802.H.

F. Window glass and cabinet doors shall be clean and free from foreign matter.

G. A receptacle shall be provided for the deposit of trash, litter, and all used items~~, etc~~.

H. An EPA recommended germicidal/viralcidal agent or a hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach must be used to clean patient contact areas. For surfaces where such an EPA solution is not recommended, alcohol or hypochlorite solution can be used.

I. A container specifically for the deposit of contaminated needles or syringes and a second container for contaminated or infectious waste shall be provided and will be easily accessible from the patient compartment.

J. All licensed providers must carry sufficient, appropriate cleaning supplies in their vehicles so that the crew are able to clean their unit between calls and be in compliance with Sections 802.A through G.

**Section 803. Linen.**

A. Storage area for clean linens shall be provided in such configuration so that linens remain dry and clean. (Ambulance)

B. Freshly laundered or disposable linens (minimum of six (6) sets) shall be used on ~~stretchers~~cots and pillows, and shall be changed after each patient is transported. (Ambulance)

C. Soiled linen is to be transported in a closed plastic bag or container and removed from the ambulance as soon as possible.

D. Blankets and towels shall be clean and stored in such a manner to assure cleanliness.

1. Towels shall not be used more than once between laundering.

2. Blankets shall be laundered~~/~~ or cleaned as they become soiled. Blankets should preferably be of a hypoallergenic material designed for easy maintenance.

**Section 804. Oxygen Administration Apparatus. (II)**

A. Oxygen administration devices such as masks, cannulas, and delivery tubing shall be disposable.

B. All masks and cannulas and tubing shall be individually wrapped and not opened until used on a patient.

C. Once used, the masks, cannulas and tubing ~~is~~are to be disposed of and not reused.

D. Oxygen humidifiers should be filled with distilled or sterile water upon use only. Reusable humidifiers must be cleaned after each use. Disposable, single use humidifiers are acceptable in lieu of multiuse types.

E. All units that carry portable oxygen must have a non-sparking oxygen wrench for use with the oxygen tanks on that unit.

**Section 805. Resuscitation Equipment. (II)**

A. Bag mask assemblies and masks shall be stored in the original container, jump kit, or a closed compartment to promote sanitation of the unit. Additional equipment needed to facilitate the use of a bag valve mask, such as a syringe, shall be stored with the bag mask assembly.

B. The bag mask assembly shall be free from dust, moisture and other foreign matter.

C. Masks, valves, reservoirs and other items or attachments for bag mask assemblies shall be clean. ~~cleaned and sanitized after each use. A ten (10) minute sodium hypochlorite soak ninety-nine (99) parts water to one (1) part bleach, or other acceptable method shall be used.~~ Manufacturer’s recommendations on single-use equipment must be followed where indicated.

D. An EPA recommended germicidal/viralcidal agent or a hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach must be used to clean equipment not specifically addressed as single-use. For surfaces where such an EPA solution is not recommended, alcohol or hypochlorite solution shall be used.

**Section 806. Suction Unit.**

A. Suction hoses shall be clean and free from foreign matter. ~~Preferably, disposable type hoses should be used~~Manufacturer’s recommendations on single-use equipment must be followed where indicated.

B. Suction reservoir shall be clean and dry.

C. Suction units shall be clean and free from dust, dirt or other foreign matter.

D. Tonsil tips and suction catheters shall be of the single-use, disposable type, stored in sealed, sterile packaging until used. Tonsil tips and suction catheters shall not be reused.

E. Suction units with attachments shall be cleaned and sanitized after each use. (See Section 805.C and D).

**Section 807. Splints.**

A. Padded splints shall be neatly covered with a non-permeable material and clean. When the outside cover of the splint becomes soiled, they should be thoroughly cleaned ~~and~~or replaced.

B. Pneumatic trousers, if used, shall be clean and free from dust, dirt or other foreign matter.

C. Commercial splints shall be free of dust, dirt or other foreign matter.

D. Traction splints with commercial supports shall be clean and free from accumulated material.

E. All splinting materials must be stored in such a manner as to promote~~/~~ and maintain cleanliness.

F. All splints must be in functional working order with the recommended manufacturer’s attachments.

G. Manufacturer’s recommendations on single-use equipment must be followed where indicated.

**Section 808. Stretchers and Spine Boards.**

A. Pillows, mattresses and head immobilization devices (HIDs) shall be covered with a non-permeable material and in good repair. (Single use items are exempt.)

B. Stretchers, cots,pillows, HIDs and spine boards shall be clean and free from foreign material.

C. Canvas or neoprene covers on portable type stretchers shall be in good repair.

D. All restraint straps~~/~~ and/or devices shall be kept clean and shall be washed immediately if soiled.

E. ~~Wooden spine~~Spinal immobilization boards shall be manufactured ~~sealed~~ with an appropriate substance to facilitate cleaning.

F. All ~~spine boards~~spinal immobilization boards shall be free from rough edges~~/~~ or areas that may cause ~~splinters~~ injury.

**Section 809. Bandages and Dressings. (II)**

A. Bandages need not be sterile, but they must be clean. They should be individually wrapped or stored in a closed container or cabinet to insure cleanliness.

B. Dressings must be sterile, individually packaged and sealed, and stored in a closed container or compartment. If the seal is broken or wrap is torn, the dressing is to be discarded.

C. Dressings or burn sheets must be sterile and single use only. ~~that are not commercially wrapped must be sterilized in an autoclave or gas sterilizer, with the date of sterilization shown on each item. Items with a sealed plastic dust cover may remain on the unit no longer than six months without being resterilized or rotated with other sterile equipment. Cloth covered items must be resterilized or rotated at least every thirty (30) days.~~

D. Triangular bandages must be single use ~~washed after each use if not the~~ disposable type.

E. All bandages or dressings that have been exposed to moisture or otherwise have become soiled must be replaced.

**Section 810. Obstetrical Kits. (II)**

A. All OB kits must be sterile and wrapped with cellophane or plastic. If the wrapper is torn or the kit is opened but not used, the items in the kit that are not individually wrapped must be resterilized or discarded and replaced.

B. OB kits must be single use only ~~that are not commercially wrapped must be sterilized in an autoclave or gas sterilizer with a date of sterilization shown on the item. Items with a sealed plastic cover may remain on the unit no longer than six months without being resterilized or rotated at least every thirty (30) days~~.

C. Items that have an expiration date in OB kits may be replaced individually if the rest of the other items are individually sealed and sterile.

**Section 811. Oropharyngeal Appliances. (II)**

Instruments inserted into a patient's mouth or nose ~~shall be~~ that are single-use ~~service~~only~~,~~ shall be individually wrapped and stored properly. ~~Oropharyngeal airways designed for multi use shall be sterilized in an autoclave or gas sterilizer, Cidex or sodium hypochlorite soak (ninety-nine (99) parts water to one (1) part bleach) and individually wrapped.~~All instruments inserted into a patient’s mouth (such as laryngoscope blades) that are not intended for single-use only must be cleaned and decontaminated following manufacturer guidelines.

**Section 812. Communicable Diseases. (II)**

A. When an ambulance or transport vehicle has been ~~utilized~~contaminated in the transport of a patient known to have a ~~communicable disease~~blood-borne or respiratory droplet-borne pathogen, the vehicle must be taken out of service until cleaning and ~~disinfecting~~decontamination is completed.

B. Linen must be removed from the ~~stretcher~~cot and properly disposed of, or immediately placed in a plastic bag or container and sealed until properly cleaned.

C. Patient contact areas, equipment and any surface soiled during the call, must be cleaned in accordance with Section ~~802(H)~~802.H of these guidelines.

**Section 813. Miscellaneous Equipment.**

Miscellaneous equipment such as scissors, stethoscopes, BP cuffs and/or other items used for direct patient care should be cleansed as they become soiled. Items should be kept clean and free from foreign matter.

**Section 814. Equipment and Materials Storage Areas.**

Equipment not used in direct patient care shall be in storage spaces that prevent contamination~~/~~ or damage to direct patient care equipment or materials.

**Section 815. Personnel.**

A. All personnel functioning on the vehicle shall present themselves in a clean~~, neat~~ appearance at all times. This includes both the certified EMS attendants and the non-certified drivers if applicable.

B. Hands and forearms should be thoroughly washed according to Standard 1910.1030 set forth by the Occupational Safety and Health Administration (OSHA).

C. Uniforms~~/~~ and clothing should be ~~neat,~~ clean or changed if they become soiled, contaminated, or exposed to vomitus, blood or other ~~foreign matter~~potentially infectious material (OPIM).

SECTION 900.

~~TRAINING AND CERTIFICATION~~ EMERGENCY MEDICAL TECHNICIANS

~~Section 901. Emergency Medical Technician Training Programs.(II)~~

~~A. Emergency Medical Technician-Basic Training Program - This program is established by the Department and is~~~~only conducted~~~~in approved~~~~local technical colleges, colleges, vocational schools, and regional EMS training offices. The curriculum for this training program is the Department of Transportation curriculum for EMT's or any other curriculum approved by the Department.~~

~~B. Emergency Medical Technician-Intermediate Training Program - This program is established by the Department to provide a level of care between the basic and Paramedic programs and is only conducted in approved local technical colleges, colleges, vocational schools, and regional EMS training offices. The curriculum for this training program is the Department of Transportation curriculum for EMT-Intermediate or any other curriculum approved by the Department.~~

~~C. The Emergency Medical Technician-Paramedic Training Program - The curriculum for this training~~~~program is the Department of Transportation curriculum for EMT-Paramedic or~~~~any other EMT-Paramedic training program as developed or established and approved by the Department and is only conducted in approved local~~~~technical colleges, colleges, vocational schools, and regional EMS training offices.~~

~~D. Candidates may complete their required refresher training program by one of the following methods:~~

~~1. Complete the~~~~state approved EMT-Basic, EMT-Intermediate, or EMT-Paramedic refresher course as appropriate to the individual certification level, including the~~~~state approved practical and written examination.~~

~~2. Complete refresher course requirements by attending state approved C.E. unit lectures and/or seminars that equate to the regular structured refresher courses, including the~~~~state approved~~~~practical and written examination.~~

~~3. Complete the state approved in-service training program that meets the requirements of the~~~~Department, including the~~~~state approved practical and written examination. In-service training program requirements include, medical control physician participation and supervision of the service's program. Participation includes development of the service's in-service training program to meet~~~~the Department requirements and the needs of the individual service.~~

~~4. EXCEPTIONS - Candidates may exempt the state written and/or practical examinations if they meet the following criteria:~~

~~a. Candidates that complete the state approved in-service program may, if otherwise qualified, exempt the practical examination if the medical control physician signs a statement indicating the individual is competent in all the skills published by~~~~the Department for the level of EMT certification the candidate is recertifying. Candidates may also exempt the written examination if the medical control physician signs a statement indicating they are knowledgeable, proficient, and capable of performing all of the duties for the level of EMT certification they are recertifying.~~

~~b. Candidates that are nationally reregistered may exempt the state written and practical examinations.~~

~~E. Criteria for Special Purpose EMT. In order to be issued a valid special purpose EMT certificate, one must meet all of the following criteria:~~

~~1. The special purpose EMT must be a registered nurse.~~

~~2. The special purpose EMT must have completed an acceptable training program for delivery of the special area or possess experience in that special care area satisfactory to the Department.~~

~~3. The special purpose EMT must be employed by the medical service which utilizes the special purpose ambulance and recommended by the director of the medical service which utilizes a special purpose ambulance.~~

~~4. The medical service by which the special purpose EMT is employed must have operational procedures and medical protocols directing the daily operations of the special purpose EMT and special purpose ambulance. These medical protocols must be in written form, approved and signed by the director of the medical service in order for the special purpose EMT to administer medical treatment required by the protocols.~~

~~F. Pilot Programs. The Department may authorize providers~~~~to initiate pilot programs which~~~~provide training in new and innovative procedures that have potential for lifesaving care. Those who wish to initiate a pilot program must provide in writing to the Department a detailed proposal of the program and any supporting materials. Under no circumstances shall pilot programs be initiated without prior approval by the Department. The EMT's who participate in these programs are allowed to perform the pilot procedures, under medical control physician supervision, during the period of the pilot program. At the conclusion of the pilot program a report must be submitted to the Department describing the outcome/results of the program. Research gained from the pilot programs~~~~will be used to revise and upgrade existing EMT programs and scope of practice.~~

~~G. Department approved Advanced Training Centers in existence prior to the effective date of these regulations shall continue to provide EMT training in accordance with the provisions of this article.~~

~~Section 902. Certification. (I)~~

~~A. No persons shall act or serve in the capacity of primary~~~~patient care attendant in an ambulance without first completing, minimally, an approved Emergency Medical Technician-Basic Training Program and holding a South Carolina certificate as an emergency medical technician-Basic. Emergency medical technician-Basic certificates are in force for three years and are subject to renewal before expiration date if the candidate continues to meet state qualification. Certified emergency medical technician-Basic may perform those functions taught in the approved EMT Basic curriculum. Emergency medical technician-Basic certificates may be issued to eligible personnel, eighteen years of age or older, upon the satisfactory completion of any of the following requirements:~~

~~1. Any person completing the Department approved "Emergency Medical Technician-Basic Course" (to include examination), or~~

~~2. Any person who has successfully passed the written and practical portions of the "National Registry of Emergency Medical Technician-Basic" examination and other requirements established by the Department, and is currently registered, (applies to initial State certification only) "These candidates are exempt from the state practical and written certification examinations," or~~

~~3. Any person who receives comparable training within three years of their application. Comparable course credit may be determined by submitting copies of course certification and content to the Department for review. Comparable course credit is normally allotted to selected individuals completing extensive emergency courses, such as RNs and United States armed forces medical personnel. These personnel must~~~~complete and pass the appropriate state approved refresher course and satisfactorily pass the State~~~~or National Registry approved practical and written emergency medical technician examinations.~~

~~4. Special Purpose EMT Qualifications. The Department may issue a valid special purpose EMT certificate to those registered nurses who are both extensively trained in a particular special area of care and approved by the Department to attend patients needing that particular care while being transported in special purposes ambulances. These special purpose EMT's may be assisted by other health professionals who are determined qualified and approved by the Department to assist in attendance of the patient during transportation in a special purpose ambulance.~~

~~B. Emergency Medical Technician-Intermediate or Paramedic - No person shall act in the capacity of an emergency medical technician-Intermediate or Paramedic without satisfactorily completing an approved emergency medical technician Intermediate or Paramedic training course and holding a South Carolina certificate. EMT-Intermediate or Paramedic certificates are in force for three years and subject to renewal if the candidate continues to meet State qualifications. Appropriate certificates will be issued to candidates who satisfactorily complete an EMT-Intermediate or Paramedic program approved by the Department.~~

~~C. Guidance for EMT's - All currently certified emergency medical technicians may only "engage in those practices for which they have been trained" in the~~~~state approved curriculum and for which the supervising physician will assume responsibility. In all cases, an EMT will perform procedures under the supervision of a physician licensed in the State of South Carolina. Means of supervision should be direct, by standing orders or by radio and telephone communications.~~

~~D. Emergency medical technicians (Intermediate and Paramedic levels only) whose certificates have expired may be reactivated by the candidate completing an appropriate EMT refresher course and submitting an application for certification prior to taking state examinations. Emergency medical technicians at the Basic level whose certificate has expired may only be reactivated by completing all necessary requirements to become Nationally Registered.~~

~~E. Emergency medical technician must notify the Department~~~~each time they have change of address and furthermore, provider associated EMT's will provide their correct address on the personnel roster required in Section 401.A.5 of these regulations each time their provider submits a license or relicensure application.~~

~~F. All initial EMT certifications (Basic, Intermediate, Paramedic) must maintain a National Registry credential to be certified and recertified in South Carolina.~~

~~G. The Department may deny certification to applicants with certain past felony convictions and to those who are under felony indictment. Applications for certification of individuals convicted of or under indictment for the following crimes will be denied in all cases\*:~~

~~1. Felonies involving criminal sexual conduct;~~

~~2. Felonies involving the physical or sexual abuse of children, the elderly, or the infirm including, but not limited to, criminal sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on a vulnerable adult;~~

~~3. A crime in which the victim is a patient or resident of a healthcare facility, including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.~~

~~\*Applications from individuals convicted of, or under indictment for, other offenses not listed above will be reviewed by the Department on a case by case basis.~~

~~Section 903. Application for Certification as an Emergency Medical Technician-Basic.~~

~~A. Applications for certification as an Emergency Medical Technician-Basic in South Carolina are to be submitted to the Department, indicating that the student has satisfactorily completed the required curriculum to include any required clinical experience. Reciprocity candidates must provide a copy of their out-of-state certificate that has at least six months remaining on it prior to its expiration date, and have met other requirements as established by the Department. Candidates holding an out of state certificate~~~~will be issued a provisional South Carolina certification that expires on the~~~~date of their out-of-state certificate,~~~~or up to but not exceeding 1 year, whichever is less. During their provisional status, the candidate must become Nationally Registered to be recertified in South Carolina. National Registry candidates requesting initial reciprocity will receive a South Carolina Certification,~~~~providing they have a certificate that has at least six months remaining on it prior to its expiration date and have met other requirements as established by the Department.~~

~~B. Upon receipt of the completed application, practical and written examinations will be given at such times as will be scheduled by the Department. An~~~~emergency medical technician-Basic certificate will be issued by the Department upon satisfactory completion of the state approved practical and written examinations, and will be effective for three years from the date of issue. A pocket ID card will be issued along with the Basic certificate and must be in the possession of the EMT-Basic at all times that patient care is rendered.~~

~~Section 904. Application for certification as an Emergency Medical Technician-Intermediate or Paramedic.~~

~~A. Applications for certification as an EMT-Intermediate or Paramedic in South Carolina are to be submitted to the Department, using forms provided by the Department~~~~as follows:~~

~~1. Candidates completing a South Carolina approved course must provide a certificate application card that indicates satisfactory completion of the course.~~

~~2. Candidates applying for certification by reciprocity must provide a certificate application card along with a copy of their out-of-state certificate that has at least six months remaining on it prior to its expiration date and have met other requirements as established by the Department. They must also provide statements from a South Carolina licensed provider and the unit medical control physician indicating sponsorship. Candidates holding an out of state certificate will be issued a provisional South Carolina certification that expires on the date of their out-of-state certificate, or up to but not exceeding 1 year, whichever is less. During their provisional status, the candidate must become Nationally Registered to be recertified in South Carolina. National Registry EMT-Intermediate or~~~~Paramedic candidates requesting reciprocity, will receive a South Carolina certification providing they have a certificate that has at least six months remaining on it prior to its expiration date and have met other requirements as established by the Department.~~

~~B. Candidates that meet the requirements in "A." above will be permitted to take the state approved examinations. Candidates that pass the state approved examinations will then be issued an intermediate or paramedic EMT certificate as appropriate by the Department which will be effective for three years. A pocket ID card will be issued along with the EMT-Intermediate or Paramedic certificate and must be in the possession of the EMT-Intermediate or Paramedic at all times that patient care is rendered.~~

~~Section 905. Recertification as a Emergency Medical Technician-Basic.~~

~~A. Recertification as an emergency medical technician-Basic within a 12-month period prior to the expiration date of the EMT-Basic certificate, each emergency medical technician-Basic is required to submit an application for recertification, indicating completion of an approved EMT-Basic refresher course, CEUs or state approved in-service training program, to qualify for recertification. Upon receipt of this application, the Department will schedule and conduct the practical and written examination, as necessary. Upon satisfactory completion of the practical and written examinations, the Department will extend the individual's EMT-Basic certification for another three-year period of time.~~

~~B. All initial EMT certifications (Basic, Intermediate, Paramedic) must maintain a National Registry credential to be certified and recertified in South Carolina.~~

~~Section 906. Recertification as an EMT-Intermediate or Paramedic.~~

~~Each EMT-intermediate or paramedic must do the following prior to their certificate expiring in a three-year period:~~

~~A. Submit an application for recertification to the Department~~~~requesting recertification. Application to include:~~

~~1. Signed statement from licensed provider’s medical control physician indicating he will sponsor and supervise the candidate.~~

~~2. Signed statement from the licensed provider’s director indicating the candidate is a functioning member of the service. Provides documentation that he has the required continuing education points, refresher course completion certificate or in-service EMT training completion record as appropriate.~~

~~3. Pass the state practical and written examination. Candidates completing in-service training may with concurrence of the medical control physician, exempt the practical and/or written state examinations.~~

~~B. Upon successful completion of the above requirements, the Department will renew the applicant's EMT-intermediate or paramedic certificate, as appropriate, for another three-year period.~~

~~C. All initial EMT certifications (Basic, Intermediate, Paramedic) must maintain a National Registry credential to be certified and recertified in South Carolina.~~

~~Section 907. Emergency Medical Technician Course Approval Regulations. (II)~~

~~A. All EMT courses at all levels, conducted by EMS regional offices or local technical colleges or vocational centers, or colleges must be taught by EMT instructors certified and approved by the Department for the level they are teaching.~~

~~B. All EMS training institutions must receive prior approval from the Department prior to starting any course.~~

~~C. All licensed providers who wish to conduct approved in-service training program must receive prior approval of the Department~~~~and follow the established guidelines of the program.~~

~~Section 908. Emergency Medical Technician Instructor Training Programs and Certification.~~

~~A. The Department is responsible for the review and approval of all EMT instructor courses. Instructors that meet the requirements and satisfactorily complete the Department approved instructor's course, will be certified by the Department. Certification will coincide with the EMT certification date.~~

~~B. Emergency Medical Technician - Basic Instructor Training Program and Authorization.~~

~~Requirements for authorization as an initial EMT-Basic instructor are as follows:~~

~~1. Be twenty-one years of age or older with a high school diploma or GED.~~

~~2. Must be currently certified Paramedic with 1 year of experience as an EMT-Paramedic.~~

~~3.~~~~Complete the Department~~~~approved EMS instructor course.~~

~~4. Be recommended by a teaching institution that sponsors EMT-Basic courses.~~

~~5. Provide the Department with an approved and current CPR instructor card.~~

~~6.~~~~Meet all other requirements as determined by the Department.~~

~~C. The Department is responsible for certification of EMT-Intermediate and Paramedic Instructors who must meet the following qualifications:~~

~~1. Be a registered nurse with experience and knowledge in critical care areas; OR~~

~~be a current South Carolina and Nationally Registered~~~~EMT-Paramedic with 5 years~~~~experience, high school or GED, and be twenty-one years of age or older.~~

~~2. Meet all instructor requirements in areas such as Pediatrics, Trauma and Cardiology as determined by the Department.~~

~~3. Be recommended by a~~~~teaching institution that sponsors EMT-Intermediate or Paramedic courses.~~

~~4. Provide the Department with a copy of an approved and current CPR instructor card.~~

~~5. Meet all other requirements as determined by the Department.~~

~~6. Complete the Department~~~~approved EMS instructor course.~~

~~D. Instructor certificates may be renewed as follows:~~

~~1. Must provide a letter of endorsement from the teaching institution.~~

~~2. Be currently certified as a South Carolina and Nationally Registered~~~~EMT-Paramedic.~~

~~3. Provide the Department with a copy of an approved and current CPR instructor card.~~

~~4. Have met all teaching requirements as determined by the Department.~~

~~5.Participate in 12 hours of Department approved continuing education in Instructor Methodology during the 3 year certification period.~~

~~6. Meet all other requirements as determined by the Department.~~

~~E. An EMT Instructor authorization may be suspended or revoked for any of the following reasons:~~

~~1. Any act of misconduct as outlined in SECTION 1100 of these regulations.~~

~~2. Suspension or revocation of the holder’s EMT certificate.~~

~~3. Failure to maintain required credentials necessary for instructor designation.~~

~~4. Any act of proven sexual harassment toward another instructor or candidate.~~

~~5. Use of profane, obscene or vulgar language while in the presence of candidates or the EMT program coordinator during the context of class or related functions.~~

~~6. Conducting class without the minimum required equipment available and in working condition.~~

~~7. The use of any curricula not approved by the Department.~~

~~8. Gross or repeated violations of policy pertaining to the EMT training program.~~

~~9. Multiple instructor reprimands within a given period of time as established by the Department.~~

~~10. Any other actions determined by the Department that compromises the integrity of the program. Those actions may include, but are not limited to the following:~~

~~a. An instructor who places himself/herself in a situation which will embarrass or bring unfavorable notoriety to himself/herself or the training institution.~~

~~b. Unprofessional behavior in the classroom.~~

~~c. Failure to notify the EMT program coordinator when classes must be cancelled or rescheduled.~~

~~d. Consistently starting class late or dismissing class early.~~

~~e. Conducting classes while under the influence of alcohol.~~

~~f. Conducting classes while under the influence of drugs that negatively impair your ability to instruct (prescribed, non-prescribed, or illegal).~~

~~g. Falsification of any documents pertaining to the course. (attendance logs, equipment checklists, etc.)~~

~~h. Repeated poor class results on the written and/or practical portion(s) of candidate examinations.~~

**Section 901. General.**

A. All ambulance attendants shall have a valid Emergency Medical Technician (EMT, AEMT, or Paramedic) certificate. No person shall provide patient care within the scope of an Emergency Medical Technician (EMT, AEMT, or Paramedic) without having proper certification from the Department. (I)

B. EMTs (EMT, AEMT, or Paramedic) shall only engage in those practices for which they have been trained and are within the scope of their Department-issued certification. (I)

C. EMTs (EMT, AEMT, or Paramedic) shall perform procedures under the supervision of a physician licensed in the State of South Carolina. The means of supervision shall be direct, by standing orders or by electronic or voice communications. (I)

D. All Department-certified EMTs (EMT, AEMT, or Paramedic) shall maintain an up-to-date profile in the South Carolina Credentialing Information System (CIS). (III)

E. A pocket ID card shall be issued along with the South Carolina certificate. The original pocket card must be in the possession of the EMT (EMT, AEMT, or Paramedic) at all times that the EMT is on-duty or patient care is being rendered. (III)

**Section 902. Initial EMT, AEMT, and Paramedic Certification. (I)**

A. Any person seeking certification as an EMT, AEMT, or Paramedic shall complete the appropriate Department-approved training program, pass the National Registry of Emergency Medical Technicians (NREMT) examination for the level of certification desired, possess a current NREMT credential, and meet the requirements established by the Department as provided by S.C. Code Section 44-61-80(C).

B. A person seeking certification as an EMT, AEMT, or Paramedic must undergo a state criminal history background check, supported by fingerprints by the South Carolina Law Enforcement Division (SLED), and a national criminal history background check, supported by fingerprints by the Federal Bureau of Investigation (FBI).

1. The results of these criminal history background checks are reported to the Department. SLED is authorized to retain the fingerprints for certification purposes and for notification of the Department regarding criminal charges.

2. The cost of the state criminal history background check is delineated in S.C. Code Section 44-61-80(D).

3. The state and national criminal history background checks are required for all EMTs when the EMT applies for certification or recertification.

4. Applications for certification of individuals convicted of or under indictment for the following crimes shall be denied in all cases:

a. Felonies involving criminal sexual conduct;

b. Felonies involving the physical or sexual abuse of children, the elderly, or the infirm including, but not limited to, criminal sexual conduct with a minor, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on a vulnerable adult;

c. Crimes against vulnerable victims (such as patients or residents of a healthcare facility) including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

C. Applications from individuals convicted of, or under indictment for, other offenses not listed above will be reviewed by the Department on a case by case basis.

D. All Certifications are valid for a period not exceeding four (4) years from the date of issuance as provided in S.C. Code Section 44-61-80(D).

**Section 903. Recertification of EMT, AEMT, and Paramedic Certification.**

A. EMTs, AEMTs, and Paramedics shall recertify their Department-issued certification by submitting the following to the Department a minimum of thirty (30) days prior to expiration of their certificate:

1. A properly completed and signed application for recertification.

2. Documentation of current NREMT credentials for the appropriate level of certification.

3. Other credential(s) as required by the Department (CPR certification and/or Advanced Cardiac Life Support (ACLS) certification).

4. An individual who was certified in this State before October 1, 2006, and has continuously maintained a South Carolina state EMT certification at any level without lapse, may continue to renew that certification without a NREMT credential.

5. An individual who has gained a NREMT credential on or after October 1, 2006 must maintain their NREMT credential to be certified, recertified, and maintain their South Carolina certification.

B. EMTs, AEMTs, and Paramedics seeking recertification shall undergo~~ing~~ a state and national criminal history background check as provided for in S.C. Code Section 44-61-80(D).

**Section 904. Special Purpose EMT.**

A. All South Carolina certified individuals shall maintain an up-to-date profile in the South Carolina Credentialing Information System (CIS).

B. A person seeking a certification or recertification as a Special Purpose EMT must undergo a state criminal history background check as provided in S.C. Code Section 44-61-80(D).

C. In order to be issued a valid Special Purpose EMT certificate, an individual must meet all of the following criteria:

1. The Special Purpose EMT must be a licensed registered nurse (RN) who works in a critical care hospital setting such as neonatology, pediatrics, or cardiac care.

2. The Special Purpose EMT must have completed an acceptable training program for delivery of the special area or possess experience in that special care area satisfactory to the Department.

3. The Special Purpose EMT must be employed by the medical service which utilizes the special purpose ambulance and recommended by the director of the medical service which utilizes the special purpose ambulance.

4. The medical service by which the Special Purpose EMT is employed must have operational procedures and medical protocols directing the daily operations of the Special Purpose EMT and special purpose ambulance. These medical protocols must be in written or electronic form, approved, and signed by the medical control director of the licensed EMS agency which operates the special purpose ambulance in order for the Special Purpose EMT to administer the special medical treatment required by these protocols.

5. A South Carolina Special Purpose EMT certificate shall be in force no more than four (4) years.

6. A pocket ID card shall be issued along with the South Carolina certificate. The original pocket card must be in the possession of that Special Purpose EMT individual all times that the person is on-duty or patient care is being rendered.

7. Special Purpose EMTs shall only engage in those practices for which they have been trained and have been approved by the Department.

D. Special purpose EMTs may be assisted by other healthcare professionals who are determined qualified and approved by the Department to assist in attendance of the patient during transportation in a special purpose ambulance.

**Section 905. Reciprocity.**

A. Candidates seeking reciprocity in South Carolina must hold either a NREMT credential or a current certification from another state for the level for which they are applying.

B. Candidates seeking reciprocity as an EMT, AEMT, or Paramedic must undergo the required criminal history background check in accordance with S.C. Code Section 44-61-80(D).

C. Candidates not certified in South Carolina who hold a current and valid NREMT certification may apply for direct reciprocity at the level of the NREMT credential they hold by creating (and maintaining) an up-to-date profile in the South Carolina Credentialing Information System (CIS) and submitting the following:

1. A properly completed and signed reciprocity application.

2. A copy of their current NREMT certification for the level of reciprocity for which they are making application.

3. All other requirements as established by the Department.

D. South Carolina EMT certificates for all levels of direct reciprocity shall expire four (4) years from their NREMT certification or recertification expiration date.

E. A pocket ID card shall be issued along with the South Carolina certificate. The original pocket card must be in the possession of that individual at all times that the EMT is on-duty or patient care is being rendered.

F. EMT certifications (EMT, AEMT, and Paramedic) must maintain a NREMT credential to be certified, recertified, and maintain their current South Carolina certification.

G. Candidates not certified in South Carolina who hold a current and valid EMT certification from other states may apply for a one (1) year provisional reciprocity at the level of the certification they hold by creating (and maintaining) an up-to-date profile in the South Carolina Credentialing Information System (CIS) and submitting the following:

1. A properly completed and signed reciprocity application.

2. A properly completed out-of-state certification verification form.

3. A copy of their current state certification pocket card for the level of provisional reciprocity for which they are making application. The pocket card must show their out-of-state certification expiration date. All provisional reciprocity candidates must have a minimum of one (1) year remaining on their out-of-state certification by the time the Department receives all required documentation necessary for certification.

4. All other requirements as established by the Department.

H. South Carolina EMT certificates for all levels of provisional reciprocity will expire on the fifteenth (15th) of the month one (1) year from the date of issue. Provisional certifications are non-renewable and extensions are not permitted.

I. A pocket ID card will be issued along with the South Carolina certificate. The original pocket card must be in the possession of that individual all times that patient care is being rendered.

J. To convert a provisional certification to a regular South Carolina certification a reciprocity candidate must complete all requirements necessary to obtain a NREMT certification. All recertification requirements must meet all conditions stated in Section 903.

K. EMT certifications (EMT, AEMT, and Paramedic) must maintain a current NREMT credential to be certified, recertified, and maintain their current South Carolina certification.

**Section 906. Certification Examinations.**

A. Any candidate desiring EMT certification in South Carolina must successfully pass the NREMT examinations and obtain a NREMT certification.

B. The Department is responsible for the approval and location of all EMT psychomotor examination sites in South Carolina.

C. In accordance to NREMT guidelines and at the discretion of the Department, the psychomotor portion of the NREMT examinations for the EMT may be delegated to the approved training institutions to be conducted as part of the EMT course or may be conducted as a separate psychomotor examination approved by the Department. The ability of a training institution to conduct an NREMT psychomotor examination may be revoked at any time should the Department discover such examinations are not being held in accordance with NREMT guidelines.

D. The AEMT and Paramedic psychomotor portion of the NREMT examination shall be conducted in accordance to the NREMT guidelines.

**Section 907. Emergency Medical Technician Training Programs. (II)**

A. Emergency Medical Technician Training Programs – These programs, which include initial and refresher EMT, AEMT, and Paramedic, are established by the Department and offered in approved technical colleges, other colleges and universities, the South Carolina Fire Academy, and State Regional EMS training offices. The curricula for these training programs are the National EMS Education Standards (“Standards”) or any other curricula approved by the Department. Paramedic programs must be CAAHEP accredited or hold a CoAEMSP Letter of Review.

1. An application must be filed with the Department for a training institution to receive approval. No EMT, AEMT, or Paramedic training program may be conducted without approval by the Department.

2. All approved training institutions must designate one (1) person as the EMT program coordinator. This person shall be responsible to the Department for compliance with all applicable requirements pertaining to the training program.

3. Upon recommendation of the South Carolina EMS Training Committee and approval of the South Carolina EMS Advisory Council, a list of required equipment for the training programs will be maintained by the Department and updated as necessary.

4. Training institutions will be granted approval for no more than two (2) years at which time a reapproval may be granted to training institutions which have been compliant with all requirements and have actively conducted initial EMT training programs.

5. Department-approved Training Centers in existence prior to the effective date of these regulations may continue to provide EMT training in accordance with the provisions of this article.

6. All EMS training institutions must be granted approval by the Department prior to advertising or beginning any EMT course.

7. Any EMT course offered through an approved institution shall be an open course. Regardless of the location of the course, any candidate who satisfies the eligibility requirements shall be granted a seat in the course on a first-come, first-served basis until all seats have been filled.

8. EMT teaching institutions that instruct advance life support shall retain a Medical Control Physician to provide medical oversight over their program.

B. In-Service Training (IST) Program – This program is established by the Department and is granted to approved South Carolina licensed EMS agencies for the sole purpose of recertification of the EMTs on their roster.

1. EMS agencies seeking approval for an IST program must file an application with the Department.

2. Upon recommendation of the South Carolina EMS Training Committee and approval of the South Carolina EMS Advisory Council, a list of required equipment for the IST programs will be maintained by the Department and updated as necessary.

3. IST programs will be granted approval for no more than four (4) years at which time reapproval may be granted to IST programs which have been compliant with all requirements.

4. All IST programs must meet or exceed all requirements established by the NREMT for recertification.

5. No South Carolina licensed EMS provider may begin an IST program prior to receiving approval by the Department.

C. Pilot Programs – The Department may authorize providers to initiate pilot programs which provide training in new and innovative procedures that have potential for lifesaving care.

1. Under no circumstances shall pilot programs be initiated without prior approval by the Department.

2. Those who wish to initiate a pilot program must provide in writing to the Department a detailed proposal of the program and any supporting materials. Upon recommendation by the South Carolina Medical Control Committee and with approval by the South Carolina EMS Advisory Council, the Department may authorize the program.

3. The EMTs who participate in these programs are allowed to perform the pilot procedures, under medical control physician oversight, during the period of the pilot program.

4. At the conclusion of the pilot program, a study must be submitted to the Department describing the outcome or results of the program. Research gained from the pilot programs may be used to revise and upgrade existing EMT programs and scope of practice.

D. All training programs shall be taught by Department-certified instructors. Instructors that meet all requirements and satisfactorily complete the Department’s instructor orientation of the EMT Course Administration and Policy Guidelines shall be certified by the Department. Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.

E. To be certified as an EMT instructor, all new candidates must meet the following requirements:

1. Be twenty-one (21) years of age or older;

2. Possess high school diploma or GED;

3. Must have a current State and NREMT Paramedic credential;

4. Has successfully completed a state, national EMS, fire, or South Carolina Criminal Justice Academy instructor methodology course;

5. Must have a current and valid CPR instructor credential;

6. Must submit a properly completed and signed instructor application; and

7. Meet all other requirements for their level of instructor certification as required by the Department.

F. Instructor certificates may be renewed by submission of the following:

1. A properly completed and signed instructor recertification application;

2. A copy of a current South Carolina and NREMT Paramedic certification;

3. A copy of a current and valid CPR instructor credential;

4. Satisfaction of all teaching requirements as determined by the Department; and

5. Satisfaction of all other requirements as determined by the Department.

G. An EMT Instructor authorization may be suspended or revoked for any of the following reasons:

1. Any act of misconduct as outlined in Section 1100;

2. Suspension or revocation of the holder’s South or NREMT certification;

3. Failure to maintain required credentials necessary for instructor designation;

4. Any act of proven sexual harassment toward another instructor or candidate.

5. Conducting class without the minimum required equipment available and in working condition;

6. The use of any curricula not approved by the Department;

7. Gross or repeated violations of policy pertaining to the EMT training program; or

8. Multiple instructor reprimands within a given period of time as established by the Department.

9. Any other actions determined by the Department that compromises the integrity of the program. Those actions may include, but are not limited to the following:

a. Unprofessional behavior in the classroom;

b. Failure to notify the EMT program coordinator when classes must be cancelled or rescheduled;

c. Consistently starting class late or dismissing class early;

d. Conducting classes while under the influence of alcohol;

e. Conducting classes while under the influence of drugs that negatively impair the ability to instruct (prescribed, non-prescribed, or illegal);

f. Falsification of any documents pertaining to the course (such as attendance logs, equipment checklist); or

g. Repeated class results on the written and/or practical portion(s) of candidate examinations reflecting a class pass rate on the NREMT cognitive or psychomotor examinations of less than fifty percent (50%) (first-time pass rate) for two (2) consecutive same level classes or two (2) classes of the same level in three (3) years.

**Section 908. Certification Patches.**

A. An individual initially certified in South Carolina at any level shall receive a complimentary patch for the level which he or she received his or her certification.

B. Additional patches may be purchased for individuals for services which meet the following criteria:

1. The individual holds a current South Carolina certification.

2. The individual is an EMS agency director, logistics officer, or training officer and is purchasing patches in bulk for his or her service.

SECTION 1000.

PERSONNEL REQUIREMENTS. (I)

A. During the transportation of patients, there shall be an EMT ~~emergency medical technician-Basic~~, EMT-Intermediate, AEMT or paramedic in the patient compartment at all times. The crew member with the highest level of certification shall determine which crew member will attend the patient during transport. If advanced life support procedures are in use, the responsible EMT-intermediate, AEMT or paramedic shall attend the patient in the patient compartment during transport.

B. Exception: Transferring or receiving medical facilities’ registered nurses and physicians are authorized as ground ambulance attendants when assisting emergency medical technicians in the performance of their duties when all of the following requirements are met:

1. The required medical care of the patient is beyond the ~~limit~~ scope of practice for the certification level of the EMT.

2. When the ambulance transport is between medical facilities or from medical facility to the patient's ~~home~~residence.

3. When the responsible physician, transferring or receiving, assumes responsibility of the patient and provides appropriate orders, written preferred, to the registered nurse for patient care.

4. The registered nurse is on duty with the appropriate medical facility during the ambulance transport.

C. No person under the age of eighteen (18) shall operate any emergency vehicle owned or operated by the licensed provider.

D. No person shall act or serve in the capacity of attending a patient while under felony indictment or with certain past felony convictions as listed in Section ~~902.G~~902.B.4 ~~of these regulations~~.

E. All licensed providers must notify the Department immediately should they become aware of a felony indictment or conviction of any person on their roster.

SECTION 1100.

REVOCATION OR SUSPENSION OF CERTIFICATES OF EMERGENCY

MEDICAL TECHNICIANS (I)

A. The Department shall, upon receiving a complaint of misconduct as herein defined, initiate an investigation to determine whether or not suitable cause exists to take action against the holder of an emergency medical technician certificate.

1. The initial complaint shall be in the form of a brief statement, dated and signed by the person making the complaint, which shall identify the personor service ~~who~~that is the subject of the complaint and contain a summary as to the nature of the complaint. The Department is also authorized to initiate an investigation based upon information acquired from other sources.

2. Information received by the Department through inspection, complaint or otherwise authorized under S.C. Code~~,~~ Sections 44-61-10 et~~.~~ seq. shall not be disclosed publicly except in a proceeding involving the question of licensing, certification or revocation of a license or certificate.

B. "Misconduct~~,~~" ~~which constitutes~~constituting grounds for a revocation or suspension or other restriction of a certificate~~,~~ ~~shall be a satisfactory showing of any of the following:~~means~~,~~ while holding a certificate, the holder:

1. ~~That~~Used a false, fraudulent, or forged statement or document ~~has been used, or any~~or practiced a fraudulent, deceitful, or dishonest act ~~has been practiced by the holder of a certificate~~ in connection with any of the certification requirements or official documents required by the Department~~.~~;

2. ~~That, while holding a certificate, the holder is was~~Was convicted of a felony or ~~any other~~ another crime involving moral turpitude, drugs, or gross immorality~~.~~;

3. ~~That the holder of a certificate is~~Was addicted to alcohol or drugs to such a degree as to render ~~him~~the holder unfit to perform as an EMT~~.~~;

4. ~~That the holder of a certificate has sustained~~Sustained ~~any~~a physical or mental disability ~~which~~that renders further practice by him dangerous to the public~~.~~;

5. ~~That the holder of a certificate is guilty of obtaining~~Obtained fees or ~~assisting~~assisted in the obtaining of such fees under dishonorable, false or fraudulent circumstances~~.~~;

6. ~~That the holder of a certificate is guilty of disregarding~~Disregarded an appropriate order by a physician concerning emergency treatment and transportation~~.~~;

7. ~~That the holder of a certificate has, at~~At the scene of an accident or illness, refused to administer emergency care on the grounds of age, sex, race, religion, creed or national origin of the patient~~.~~;

8. ~~That the holder of a certificate has, after~~After initiating care of a patient at the scene of an accident or illness, discontinued such care or abandoned the patient without the patient's consent or without providing for the further administration of care by an equal or higher medical authority~~.~~;

9. ~~That a holder of a certificate has revealed~~Revealed confidences entrusted to him in the course of medical attendance, unless such revelation is required by law or is necessary in order to protect the welfare of the individual or the community~~.~~;

10. ~~That the holder of a certificate has, by~~By action or omission and without mitigating circumstance, contributed to or furthered the injury or illness of a patient under his care~~.~~;

11. ~~That the holder of a certificate is guilty of the~~Was careless, or reckless, or irresponsible operation of an emergency vehicle~~.~~;

~~12. That the holder of a certificate is guilty of a breach of any section of the Emergency Medical Services Act of South Carolina (Act 1118 of 1974) or any subsequent amendment of the Act or any of the Rules and Regulations published pursuant to the Act.~~

~~13~~12. ~~That the holder of a certificate has performed~~Performed skills above the level for which he was certified or performed skills that he was not trained to do~~.~~;

~~14~~13. ~~That the holder of a certificate did allow~~Observed the administration of sub-standard care ~~to be administered~~ by another ~~individual~~EMT or other medical provider without documenting the event and notifying a supervisor ~~being notified.~~;

~~15~~14. ~~That the holder of a certificate has, by~~By his actions, or inactions created a substantial possibility that death or serious physical harm could result ~~therefrom.~~;

~~16~~15. ~~That the holder of a certificate has not taken or completed~~Did not take or complete remedial training or other courses of action as directed by the Department~~as a result of an investigation.~~;

~~17~~16. ~~That the holder of a certificate is~~Was found ~~to be~~ guilty of the falsification of any documentation as required by the Department~~.~~;

~~12~~17. Breached a section of the Emergency Medical Services Act of South Carolina or a subsequent amendment of the act or any rules or regulations published pursuant to the Act.

18. Failed to provide a patient emergency medical treatment of a quality deemed acceptable by the Department.

C. The Department may take enforcement action, including suspending or revoking certifications or assessing a monetary penalty against the holder of a certificate at any time it is determined that the holder no longer meets the prescribed qualifications for being a certified EMT as provided in this Regulation and the EMS Act.

~~C~~D. The suspension or revocation of the emergency medical technician certificate shall include all levels of certification.

SECTION 1200.

AIR AMBULANCES

**Section 1201. Licensing. (I)**

It shall be unlawful for any ambulance service provider, agent or broker to secure or arrange for air ambulance service originating in the State of South Carolina unless such ambulance service meets the provisions of South Carolina Emergency Medical Services Law and Regulations.

A. Air Ambulance Licensing and Insurance Requirements:

1. Air ambulance licensing procedures ~~are contained~~must meet the requirements in Section 400 ~~of these regulations~~. Air ambulance permit procedures are contained in Section 500~~of these regulations~~. A Department issued permit is required for each aircraft.

2. As part of the licensing procedure, every air ambulance operator shall carry an air ambulance insurance policy. ~~This policy shall cover malpractice~~**~~,~~** ~~bodily injury and property damage with solvent and responsible insurers licensed to do business in the State of South Carolina. This policy shall provide payment for any loss or damage resulting from any occurrence arising out of or caused by the medical treatment or operation or use of any of the operator's aircraft. Each aircraft shall be insured for the sum of at least $1,000,000 for injuries to or death of any one person arising out of any one incident and the sum of at least $3,000,000 for injuries to or death of more than one person in any one incident. In addition, the provider shall carry at least $500,000~~~~malpractice insurance. Every insurance policy or contract for such insurance shall provide for the payment and satisfaction of any financial judgment entered against the operator and present insured, or any person flying the insured aircraft. All such insurance shall provide for thirty-day cancellation notice to the Department.~~The coverage amounts shall ensure that:

a. Each aircraft shall be insured for the minimum amount of one million dollars ($1,000,000) for injuries to, or death of, any one (1) person arising out of any one (1) incident or accident; and

b. The minimum amount of three million dollars ($3,000,000) for injuries to, or death of, more than one (1) person in any one (1) accident; and

c. The minimum amount of five hundred thousand dollars ($500,000) for damage to property from any one (1) accident; and

d. Submit proof that the provider carries professional liability coverage in the minimum amount of five hundred thousand dollars ($500,000) per occurrence, with a company license to do business in the aircraft’s home assigned state.

e. All listed insurance shall provide a thirty (30) day cancellation notice to the Department. In accordance with Section 303, an agency is subject to enforcement action including but not limited to revocation or fines for laps of coverage for any period of time. A schedule of fines is listed in Section 1501.

3. Submit a copy of current FAA operational certificate and includes designation for air ambulance operations, Administration Air Taxi and Commercial Operator Certification, ACTO; and

4. Submit a letter of agreement that all aircraft shall meet the specifications of subsection of Section 500, if the aircraft is leased from a pool; and

5. Proof that the Medical Control Physician meets the qualifications of Section 402; and

6. The operator or firm must conform to all Federal Aviation Regulations (FARs), which are rules prescribed by the Federal Aviation Administration (FAA) Part 135.

7. Each aircraft must be inspected and permitted by the Department prior to use.

B. Out-of-State Air Ambulances.

~~1. Out-of-state air ambulances transporting patients from locations in South Carolina must be licensed in their home state, if applicable. The medical attendant must be a basic or advanced EMT or have flight nurse who is certified in the home-ported state.~~

1. Out-of-state air ambulances transporting patients from locations originating in South Carolina must obtain a license in South Carolina prior to engaging in operations and must have a current and valid license in their home state, if applicable, except where exempt pursuant S.C. Code Section 44-61-100(D).

2. Out-of-state air ambulances operating in a state where no license is available must obtain a license in South Carolina and meet all requirements in Section 1200.

3. Out-of-state air ambulances transporting patients initiating in South Carolina must have the patient care report submitted into the South Carolina PreMIS system within seventy-two (72) hours of completing the transport.

C. Air Ambulance Categories:

~~1. Interfacility Transport. Air ambulance services that transport patients receiving definitive care within the medical care system are those services which provide inter hospital, medical facility to hospital, hospital to other facility, or similar transports where the patients involved are transported from a definitive care medical setting. These transports may be accomplished by fixed-wing or rotary wing aircraft, and range from the transport of a critically ill patient requiring a sophisticated aircraft equipped with special care facilities, staff and supplies to the transport of a patient who has no special medical requirements. It is the responsibility of the medical director to insure that the level of patient care required in any given transport is adequate for that patient's medical needs~~.

~~2~~1. Prehospital Transport Air Ambulance. Air ambulance services that transport patients in the prehospital setting will be permitted as either an advanced or basic life support service. In addition ~~and~~ each prehospital service shall be required to meet the requirements and be licensed accordingly. Each such service shall contract with a medical control physician.

~~3~~2. Special Purpose Air Ambulance. ~~Air ambulances that meet the special purpose ambulance requirements.~~The interfacility transportation of a critically injured or ill patient by an air ambulance (fixed-wing or rotary-wing aircraft) that includes the provision of medically necessary supplies and services, at a level of service beyond the normal scope of practice of a paramedic. The Special Purpose air unit is necessary when a patient’s condition requires ongoing care that must be furnished by one (1) or more healthcare professionals in an appropriate specialty area (such as neonate, critical care nursing, respiratory care, cardiovascular care), or a paramedic with additional training approved by the Department. It is the responsibility of the provider’s Medical Control Physician to ensure that the level of patient care required in any given transport is adequate for that patient's medical needs.

D. Air Ambulance Aircraft Requirements. The aircraft operator shall, in all operations, comply with all federal aviation regulations which are adopted by reference, FAA Part 135. The aircraft shall meet the following specifications:

1. Be configured in such a way that the medical attendants have adequate access for the provision of patient care within the cabin to give cardiopulmonary resuscitation and maintain patient's life support.

a. The aircraft or ambulance must have an entry that allows loading and unloading without excessive maneuvering (no more than forty-five (45) degrees about the lateral axis and thirty (30) degrees about the longitudinal axis) of the patient.

b. The configuration does not compromise functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation.

2. A minimum of one (1) stretcher or cot must be provided that can be carried to the patient and ~~Allow~~allow loading of a supine patient by two (2) attendants.

a. The maximum gross weight allowed on the stretcher or cot (inclusive of patient and equipment) as consistent with manufacturer’s guidelines.

b. Aircraft stretchers, cots, and the means of securing it in-flight must be consistent with national aviation regulations.

c. The stretcher or cot must be sturdy and rigid enough that it can support cardiopulmonary resuscitation.

d. The head of the cot is capable of being elevated at least thirty (30) degrees for patient care and comfort.

e. The patient placement must allow for safe medical personnel egress.

3. Have appropriate communication equipment to ~~insure~~ensure both internal crew and air to ground exchange of information between individuals and agencies appropriate to the mission, including at least medical control, air traffic control, emergency services (EMS, law enforcement agencies, and fire), and navigational aids.

4. Be equipped with radio headsets that ~~insure~~ensure internal crew communications and transmission to appropriate agencies.

5. Pilot is able to control and override radio transmissions from the cockpit in the event of an emergency situation.

~~5~~6. ~~Have adequate interior lighting, so that patient care can be given and patient status be monitored without interfering with the pilot's vision.~~ Lighting. Supplemental lighting system shall be installed in the aircraft or ambulance in which standard lighting is insufficient for patient care.

a. A self-contained lighting system powered by a battery pack or a portable light with a battery source must be available.

b. There must be adequate lighting for patient care. Use of red lighting or low intensity lighting in the patient care area is acceptable if not able to isolate the patient care area from effects on the cockpit or on a pilot.

c. For those flights meeting the definition of “long range,” additional policies must be in place to address how adequate cabin lighting will be provided during fueling and or technical stops to ensure proper patient assessment can be performed and adequate patient care provided.

~~6~~7. Have hooks and/or appropriate devices for hanging intravenous fluid bags.

~~7~~8. Helicopters must have an external landing light and tail-rotor illumination unless equipped with a Fenestron tail rotor system.

~~8~~9. Design must not compromise patient stability in loading, unloading, or in-flight operations.

~~9~~10. ~~Have factory installed or FAA approved add-on air conditioning which has the capacity to lower the temperature in the patient's compartment to 75~~~~0~~ ~~F within a reasonable period and maintain that temperature while operating in an ambient temperature of 95~~~~0~~ ~~F. All parts, equipment, workmanship, etc., shall be in keeping with accepted air conditioning practices.~~Temperature.

a. The interior of the aircraft must be climate controlled to avoid adverse effects on patients and personnel on board.

b. Thermometer is to be mounted inside the cabin.

c. Cabin temperatures must be measured and documented every fifteen (15) minutes during a patient transport until temperatures are maintained within the range of fifty to ninety-five (50 to 95) degrees Fahrenheit (ten to thirty-five (10 to 35) degrees Celsius) for aircraft.

~~10~~11. Electric power outlet. Must be provided with an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft or ambulance equipment. Extra batteries are required for critical patient care equipment.

E. Aircraft Flight Crew Manning Requirements. The aircraft operator shall, in all operations, comply with all federal aviation regulations which are adopted by reference, FAA Part 135.

1. ~~Rotor craft~~Rotorcraft Pilot:

~~a. The pilot must possess commercial rotor craft certification and a minimum of 1,000 rotor craft flight hours as pilot in command and 50 hours of pilot in command flight time in helicopters within the 12 months prior to application for permitted air ambulance certification. Of this time during which the pilot is in command (referred to as "pilot in command time"), 25~~~~hours must be in the same make and model of aircraft to be used in the proposed air ambulance operation.~~

~~b. The pilot must have received factory training or equivalent and must have at least five hours in the specific type of aircraft, before flying as pilot in command on patient missions.~~

~~c. The pilot must have received factory training or equivalent in flying over the types of terrain and under the conditions unique to the air ambulance flight program.~~

a. The pilot must possess at least a commercial rotorcraft-helicopter and instrument helicopter rating 05.07.02.

b. The pilot in command must possess two thousand (2000) total flight hours (or total flight hours of at least fifteen hundred (1500) hours and recent experience that exceeds the operator’s pre-hire qualifications such as current air medical and/or search and rescue experience or Airline Transport Pilot, ATP, rated) prior to an assignment with a medical service with the following stipulations:

i. A minimum of twelve hundred (1200) helicopter flight hours.

ii. At least one thousand (1000) of those hours must be as Pilot-in-Charge (PIC) in rotorcraft.

iii. One hundred (100) hours unaided (if pilot is not assigned to an Night Vision Goggles (NVG) base or aircraft).

iv. One hundred (100) hours unaided or fifty (50) hours unaided as long as the pilot has one hundred (100) hours aided (if assigned to an NVG base or aircraft).

v. A minimum of five hundred (500) hours of turbine time.

~~d~~c. The pilot must be readily available within a defined call-up time to insure an expeditious and timely response.

~~e. The helicopter mechanic is vital to mission readiness and, as such, should possess at least two years of experience and must be a certified air frame and power plant mechanic.~~

~~f. The mechanic must be properly trained and FAA certified to maintain the aircraft designed by the flight service for its aeromedical program.~~

2. Rotorcraft mechanic:

a. The helicopter mechanic is vital to mission readiness and, as such, should possess at least two (2) years of experience and must be a certified air frame and power plant mechanic.

b. The mechanic must be properly trained and FAA certified to maintain the aircraft designed by the flight service for its aeromedical program.

~~2~~3. Fixed-Wing Pilot:

~~a. The pilot must possess a commercial pilot airplane license with a multi-engine land rating and a minimum of 1,000 flight hours as pilot in command and 50 hours of pilot in command flight time in multi-engine airplanes within the 12 months prior to application for permitted air ambulance certification.~~

~~b. If flying IFR, the pilot must possess an aircraft instrument rating with a minimum 50 hours of instrument flying time, to include no more than 20 hours in a ground simulator acceptable to the FAA.~~

~~c. The pilot must have received factory training or equivalent and must have at least five hours in the specific type of aircraft, before flying as pilot in command on patient missions.~~

~~d The pilot must be readily available within a defined call-up time to insure an expeditious and timely response.~~

~~e. The mechanic is vital to mission readiness and must be a certified air frame and power plant mechanic.~~

~~f. The mechanic must be properly trained and FAA certified to maintain the aircraft designated by the flight service for its aeromedical program.~~

a. A fixed-wing pilot must possess two thousand (2000) airplane flight hours prior to assignment with a medical service with the following stipulations:

i. At least one thousand (1000) of those hours must be as Pilot-in-Charge (PIC) in an airplane.

ii. At least five hundred (500) of those hours must be multi-engine airplane time as PIC. (Not required of single-engine turbine aircraft).

iii. At least one hundred (100) of those hours must be night flight time as PIC.

iv. Both pilots in a two-pilot aircraft must be ATP rated.

b. In aircraft that require two (2) pilots, both pilots must be type rated for that make and model, and both pilots must hold first class medical certificates if the certificate holder operates internationally. Both pilots must have training on Crew Resource Management (CRM), or Multi-pilot Crew Coordination (MCC).

4. Fixed-Wing Mechanic:

a. The mechanic is vital to mission readiness and must be a certified air frame and power plant mechanic.

b. The mechanic must be properly trained and FAA certified to maintain the aircraft designated by the flight service for its aeromedical program.

c. The mechanic must obtain and maintain a current Airframe and Powerplant (A&P) certificate.

F. Off-Line Medical Control Physician (Medical Director). The off-line medical control physician of air ambulance services shall be responsible for:

1. Being knowledgeable of the capabilities and limitations of the aircraft used by his service.

2. Being knowledgeable of the medical staff's capability relative to the patient's needs.

3. Being knowledgeable of the routine and special medical equipment available to the service.

4. Ensuring that each patient is evaluated prior to a flight for the purpose of determining that appropriate aircraft, flight and medical crew and equipment are provided to meet the patient's needs.

5. Ensuring that all medical crew members are adequately trained to perform in-flight duties prior to functioning in an in-flight capacity.

6. Must meet ~~All~~all requirements, duties and responsibilities listed in Section 402 ~~of these regulations~~.

G. Aircraft Medical Crew Requirements:

1. Each basic life support air ambulance must be staffed with at least one (1) currently certified EMT.

2. Each ~~advanced life support~~prehospital air ambulance must be staffed with at least one (1) currently certified ~~EMT~~ Paramedic or flight nurse as may be required by the patient's condition.

3. Each special purpose air ambulance must be staffed with at least one (1) special purpose EMT, ~~EMT~~ Paramedic or RN with specialty training, as approved by the Department.

4. Each crew member must wear a flame retardant uniform with reflective striping.

5. Each crew member must display a legible photo identification with first name and certification level (for example, pilot, RN, or other) while patient care is anticipated to be rendered.

H. Orientation Program:

1. All medical flight crew members must complete flight orientation program approved by the Department and supervised by the service's medical control physician.

2. The flight orientation program shall be of sufficient duration and substance to cover all patient care procedures, including altitude physiology, and flight crew requirements.

~~Section 1202. Basic Life Support Air Ambulance Medical Equipment Requirements. (II)~~

~~Each prehospital basic life support air ambulance shall be equipped with the following basic life support equipment:~~

~~A. There shall be one vinyl covered folding stretcher or acceptable equivalent with at least two patient restraint straps and stretcher fasteners for each patient (spine board is not acceptable). Stretcher fasteners must be bolted directly on the air frame of the aircraft.~~

~~B. Suction Device:~~

~~1. A portable suction device,~~~~age and weight appropriate, with wide bore tubing and at least a six ounce reservoir.~~

~~2. There must be an assortment of suction catheters (minimum of two each) on board. Sizes 6 fr, 8 fr, 10 fr, and 14 fr. A rigid suction catheter (e.g. Yankaur) will also be carried. Minimum, 2 each.~~

~~C. Bag Valve Ventilation Units:~~

~~1. One adult, hand operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering 90-100% oxygen to the patient.~~

~~2. One pediatric, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. Must include safety pop-off mechanism with override capability.~~

~~3. One infant, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. Must include safety pop-off mechanism with override capability.~~

~~4. The following sized masks will be carried aboard all permitted ambulances to be used in conjunction with the ventilation units above, 0,1,2,3,4,5. Masks must be clear. Either the disposable or nondisposable types are acceptable.~~

~~D. Nonmetallic oropharyngeal (Berman type)/Nasopharyngeal airways: adult, child, and infant sizes. All airways shall be clean and individually wrapped.~~

~~1. Large adult~~

~~2. Medium adult~~

~~3. Large child~~

~~4. Child~~

~~5. Infant~~

~~E. "S" tube type airways may not be substituted for Berman type airways.~~

~~F. Fixed and portable oxygen equipment - The portable equipment should be: Minimum "D" size (360 liter) cylinder (one required), adequate tubing and semirigid valveless, transparent, single use, individually wrapped nonrebreather masks and nasal cannulas in adult and pediatric sizes, minimum of three each. In addition, a "No Smoking" sign with minimum one inch letter shall be displayed in the patient compartment. When the vehicle is in motion, all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings. Liter flow gauge shall be non- gravity dependent (Bourdon gauge) type.~~

~~G. Bite stick commercially made. (Clean and individually wrapped.)~~

~~H. Six sterile dressings (minimum size 5"x 9") compactly folded and packaged.~~

~~I. Thirty-six each sterile gauze pads 4"x 4".~~

~~J. Four each bandages, self-adhering tape, minimum three inches by five yards. Bandages must be individually wrapped or in clean containers.~~

~~K. A minimum of four commercial sterile occlusive dressing, 4"x 4".~~

~~L. Adhesive tape, hypoallergenic, one, two, and three inches wide.~~

~~M. Burn sheets, two, sterile.~~

~~N. Splints:~~

~~1. Traction type, lower extremity splint. Uni-polar or bi-polar type is acceptable (Medical Control Option).~~

~~2. Padded, wooden type splints, two each, 15"x 3" and 36"x 3", or other approved commercially available splints for arm or leg fractures.~~

~~3. Pneumatic splints not acceptable.~~

~~O. Spine Boards:~~

~~1. Long, at least 16"x 72". (The use of folding backboards is acceptable as a substitute for the long spine board.) (Medical Control Option)~~

~~2. Cervical collars. Small, medium, and large. (Each cervical collar should be manufactured with rigid or semi-rigid material) (Medical Control Option)~~

~~P. Triangular bandages, four each.~~

~~Q. Nine foot straps, three required.~~

~~R. Bandage shears, large size.~~

~~S. Obstetrical kit, sterile. The kit shall contain gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant. (Medical Control Option)~~

~~T. Blood pressure manometer, cuff and stethoscope.~~

~~1. Blood pressure set, portable,~~~~both adult and pediatric (non mercurial type).~~

~~2. Stethoscopes.~~

~~U. Emesis basin.~~

~~V. Bedpan and urinal. (Medical Control Option)~~

~~W. Two dependable flashlights or electric lanterns, minimum size, two "D" cell or six volt lanterns.~~

~~X. Minimum of one fire extinguisher, clean agent type,~~~~five pound capacity.~~

~~Y. Working gloves. (Medical Control Option)~~

~~Z. Minimum of 1000 cc of sterile water or normal saline for irrigation.~~

~~AA. Dual Lumen or LMA airways, age and weight appropriate.~~

~~BB. Magill forceps.~~

~~1. Adult.~~

~~2. Pediatric.~~

~~CC.~~~~Flame retardant uniform with reflective striping to be worn by each crew member.~~

**Section 1202. Medical Supplies and Equipment. (II)**

A. Local medical control option (MCO) items are required equipment, unless the medical control physician declines to carry suggested equipment. The MCO items must be stated in writing (such as incorporated into SOPs or Standing Orders) and submitted to the Department within ten (10) days of change.

B. Delivering Oxygen. Oxygen shall be installed according to national aviation regulations (FAA Part 135.91). Medical transport personnel can determine how oxygen is functioning by pressure gauges mounted in the patient care area.

1. Each gas outlet shall be clearly identified.

2. “No Smoking” sign shall be included.

3. Oxygen flow must be stoppable at or near the oxygen source from inside the aircraft or ambulance.

4. The following indicators shall be accessible to medical transport personnel while en route:

a. Quantity of oxygen remaining; and

b. Measurement of liter flow.

5. Adequate amounts of oxygen for anticipated liter flow and length of transport with an emergency reserve must be available for every mission.

6. When the vehicle is in motion, all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings.

C. Sanitation. The floor, sides, ceiling and equipment in the patient cabin of the aircraft or ambulance must be a nonporous surface capable of being cleaned and disinfected by the standards listed in Section 800.

D. Basic Life Support (BLS) Equipment. BLS Air Ambulances shall have all the following equipment on board:

1. Automatic External Defibrillator (AED):

a. An AED shall be secured and positioned for easy access to the medical attendant(s).

b. Adult and Pediatric paddles, pads, and cables shall be available.

2. Suction Device. A portable suction device, age and weight appropriate, with wide bore tubing and at least a six (6) ounce reservoir.

a. Wide-bore, rigid pharyngeal curved suction tip: Minimum, two (2) each.

b. Sterile, single use, flexible suction catheter between 6 Fr – 16 Fr: Minimum, two (2):

i. One (1) must be between 6 Fr – 10 Fr.

ii. One (1) must be between 12 Fr – 16 Fr.

3. Airway Equipment:

a. Nasal Cannulas (NC): Adult and pediatric with adequate length tubing, two (2) each.

b. Non-Rebreather Mask (NRB): Adult and pediatric with adequate length tubing, two (2) each.

c. Nasopharyngeal airways (NPAs): 16 Fr-34 Fr adult and child sizes, one (1) each. All airways shall be stored in a manner to maintain cleanliness.

d. Nonmetallic oropharyngeal airways (OPAs): sizes 0-5, one (1) each. All airways shall be stored in a manner to maintain cleanliness.

e. Bag Valve Ventilation Units (BVMs):

i. One (1) adult, hand operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering ninety to one hundred (90 to 100) percent oxygen to the patient.

ii. One (1) child, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering ninety to one hundred (90 to 100) percent oxygen to the patient. The BVM must include safety pop-off mechanism with override capability.

iii. One (1) infant, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering ninety to one hundred (90 to 100) percent oxygen to the patient. The BVM must include safety pop-off mechanism with override capability.

iv. In conjunction with the ventilation units above, 0, 1, 2, 3, 4, 5 masks will be carried (either the disposable or non-disposable types, local MCO).

f. Adult and Pediatric Magill forceps, one (1) each (local MCO).

g. Blind Insertion Airway Devises (BIAD): meet all age and weight size categories as defined by Food and Drug Administration (FDA). Syringe(s) needed to inflate blubs should be included in packaging, if not appropriate size(s) must be carried by provider (local MCO).

4. Bandage Material.

a. ABD pad five (5) inches by nine (9) inches, or larger, two (2) minimum.

b. Individually wrapped, sterile four (4) inches by four (4) inches gauze pad, fifteen (15) minimum.

c. Gauze bandage rolls individually wrapped and sterile in three (3) varieties of sizes (i.e. 4.5 inches x 4.1 yards, 3.4 inches x 3.6 yards), one (1) each.

d. Commercial sterile occlusive dressing, minimum size four (4) inches by four (4) inches, two (2) each.

e. Adhesive tape, hypoallergenic, one (1), two (2), and three (3) inches wide, one (1) each.

f. Sterile burn sheet, one (1) each (local MCO).

g. Triangular bandages, minimum two (2) each (local MCO).

h. Large trauma bandage shears, one (1) each.

i. Minimum of 250 mL of sterile water or normal saline for irrigation.

5. Splints:

a. Traction-type, lower extremity splint. Uni-polar or bi-polar type is acceptable (local MCO).

b. Padded, wooden-type splints, two (2) each, fifteen (15) inches by three (3) inches and thirty-six (36) inches by three (3) inches, or other approved commercially available splints for arm or leg fractures (local MCO).

6. Spine Boards:

a. One (1) Long Spine Board (at least sixteen (16) inches by seventy-two (72) inches). The use of folding backboards is acceptable as a substitute for the long spine board (local MCO).

b. Cervical collars for adult and pediatric adjustable or available in sizes of short, regular, or tall; minimum one (1) each. Each cervical collar should be manufactured with rigid or semi-rigid material (local MCO).

c. Adult and Pediatric head immobilization device, commercially or premade: One (1) each (local MCO).

d. Nine (9) foot straps, minimum three (3) each, or one set of 10-point spider straps (local MCO).

7. Obstetrical kit: The kit shall be sterile, latex free and contain the following: gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant (local MCO).

8. Assessment tools:

a. Adult and Pediatric blood pressure sphygmomanometer, cuff, bladder, and tubing must be clean and in good repair.

b. Stethoscope with membrane(s) and tubing in good repair.

c. Adult and Pediatric pulse oximeter with numeric reading.

d. Glucometer or blood glucose measuring device (local MCO).

9. Miscellaneous Equipment:

a. Eye protection or face shield, one (1) for each medical crew member (local MCO).

b. Non-sterile, latex free exam gloves in two (2) variations of size, labeled; minimum of five (5) pairs each.

c. Waterless hand cleanser, commercial antimicrobial.

d. EPA recommended germicidal/viralcidal agent or a hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach used for cleaning equipment.

e. A clearly marked sharps container (may be fixed or portable) with locking mechanism.

f. Emesis basin, one (1) (local MCO).

g. Bedpan and urinal, one (1) each (local MCO).

h. Two (2) dependable flashlights or electric lanterns.

i. Two (2) fire extinguishers approved for aircraft use. Each shall be fully charged with valid inspection certification and capable of extinguishing type A, B, or C fires. One (1) extinguisher shall be accessible to the cockpit crew and one shall be in the cabin area accessible to the medical crew member. Aircraft configured in such a manner that a single extinguisher may be mounted and accessible to both cockpit and medical crew members may carry only a single fire extinguisher.

j. Additional equipment. Equipment not found in this regulation is subject to inspection and must be stored and operate to the manufacture recommendations. If any fault is found, the equipment must be immediately removed for repair and/or replacement.

E. Advanced Life Support (ALS) Equipment. Air ambulances providing ALS in the Prehospital or Special Purpose category must have all the following equipment and supplies on board in addition to Section 1202.D:

1. Cardiac monitor:

a. Must be secured and positioned so that displays are visible to the medical attendant(s) and;

b. Must have printable four (4) lead waveform, twelve (12) lead/EKG, SpO2 waveform with numeric reading, and invasive pressure monitor port(s) for adult and pediatric (including neonate, if applicable) and;

c. One (1) extra roll of printer paper;

d. Have an internal rechargeable battery pack(s);

e. Extra battery or AC adapter and cord available;

f. Defibrillator, which may be integrated into cardiac monitor modular to include:

i. Adult and Pediatric paddles and pads are available; and

ii. Appropriate size pads and settings must be available for neonatal transports (if neonatal transports are conducted); and

g. Adult and Pediatric capabilities to Transcutaneous Pace. Either stand-alone unit or integrated in to cardiac monitor modular.

2. Advanced airway and ventilatory support equipment:

a. One (1) laryngoscope handle with extra set of batteries and bulbs, if applicable.

b. Laryngoscope blades.

i. 0-3 straight or Miller, one (1) of each.

ii. 2-4 curved or Macintosh, one (1) of each.

c. Disposable endotracheal tubes.

i. Six (6) assorted sizes 2.5-5.5 ETTs with one (1) pediatric stylette (6 Fr).

ii. Six (6) assorted sizes 6.0-8.0 ETTs with one (1) adult stylette (9 Fr).

iii. Other sizes (local MCO).

d. Water soluble lubricating jelly, four (4) each.

e. Adult and Pediatric Magill forceps, one (1) each.

f. Blind Insertion Airway Devises (BIAD) that meet all age and weight size categories as defined by FDA. Syringe(s) needed to inflate blubs should be included in packaging, if not appropriate size(s) must be carried by provider.

g. Age appropriate Positive End-Expiratory Pressure (PEEP) valve (may be incorporated into BVMs).

h. A mechanical ventilator and circuit appropriate to age/weight, including neonate (if applicable) which must include measurement of:

i. Fraction of inspired oxygen (FiO2) and;

ii. Tidal volume (Vt) and;

iii. Respiratory rate (RR) or frequency and;

iv. Positive End-Expiratory Pressure (PEEP).

i. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator; appropriate settings and attachments (such as face masks) for adults and pediatric patients, and neonate patients (if applicable).

j. Bi-level Positive Airway Pressure (BiPAP), which may be incorporated within the mechanical ventilator; appropriate settings and attachments for adults and pediatric; neonate (if applicable).

k. Printable waveform End-tidal CO2 continuous monitoring capabilities, which may be incorporated within cardiac monitor modular.

3. Venous Access:

a. Intravenous catheters 14g-20g, two (2) of each.

i. 22g-24g, two (2) each required if pediatric or neonate transports are conducted.

b. Intraosseous needles.

i. Adult and Pediatric needles.

ii. Neonate size required if applicable.

c. Minimum of two (2) macro drip sets, 10-20gtts/mL

d. Minimum of two (2) independent multi-channel infusion pump that allows fluid and medications to be administered at different rates, sequentially. IV pump, at minimum, must:

i. Have an internal rechargeable battery pack;

ii. Have a AC adapter and cord; and

iii. Display the infusion rate, volume infused, and volume remaining.

e. Two (2) sets of IV pump tubing.

f. 18g-25g needles at least one and one-half inch length, minimum of four (4):

i. Two (2) must be 18g-20g.

ii. Two (2) must be 23g-25g.

g. Syringes.

i. 1mL, two (2) each.

ii. 3-5mL, two (2) each.

iii. 10-20mL, four (4) each.

h. Minimum of three (3) IV start kits containing:

i. Latex free tourniquet.

ii. Antiseptic solution.

iii. Latex free IV catheter dressing.

iv. Intravenous arm boards for pediatric patients, two (2) each (local MCO).

4. Intravenous Fluids.

a. A total of 2000mL of intravenous fluids onboard, may be a combination of:

i. Sizes (such as 100mL-1000mL).

ii. Variety (such as Lactated Ringers, Normal Saline, D5W).

iii. Must have the capability to administer warm fluids.

5. Miscellaneous Equipment:

a. A current color-coded Pediatric weight and length-based drug dose chart.

b. Alcohol or iodine prep pads for preparing IM injections, minimum six (6).

6. Additional equipment: equipment not found in this regulation is subject to inspection and must be stored and operate to the manufacture recommendations. If any fault is found, the equipment must be immediately removed for repair and/or replacement.

**Section 1203. ~~Interfacility and~~ Special Purpose Air Ambulances. (II)**

All ~~inter facility and~~ special purpose air ambulances must be equipped with at least the following items from Section 1202: A, B, C, D, ~~F, G, T, U, V, W,~~and ~~X~~E.

~~Section 1204. Advanced Life Support Air Ambulance Medical Equipment Requirements. (II)~~

~~Air ambulances providing advanced life support in the prehospital, interfacility or special purpose category must have the following equipment and supplies on board in addition to Section 1202:~~

~~A. Battery powered (DC) portable monitor-defibrillator unit, appropriate for both adults and pediatrics, with ECG printout. The monitor-defibrillator equipment utilized by the service has the capability of producing hard copy of patient's ECG.~~

~~B. Butterfly or scalp vein needles 26 gauge, total of two.~~

~~C. Two each 14, 16, 18, and 20 gauge IV cannula.~~

~~D. Two macro drip sets.~~

~~E. Two micro drip sets.~~

~~F. Three 21 or 23 and three 25 gauge needles, total six.~~

~~G. Three tourniquets.~~

~~H. Laryngoscope handle with batteries.~~

~~I. Laryngoscope blades, adult, child, and infant sizes. Sizes must include 0,1,2 straight and #2 curved.~~

~~J. Six disposable endotracheal tubes, assorted sizes (2.5-9.0). An intubation stylet sized for the pediatric patient will also be carried (6 fr.).~~

~~K. Suitable equipment and supplies for collection and temporary storage of two blood samples (Medical Control Option).~~

~~L. Syringes, two 1 ml, 3 ml, 10 ml, 20ml, and one 50 ml.~~

~~M. Backup power supply for all patient care devices carried.~~

~~N. Twelve (12) alcohol and iodine preps for preparing IV injection sites.~~

~~O. One (1) roll of tape.~~

~~P. Five (5) Band-Aids.~~

~~Q. Intraosseous needles in sizes 14, 18 ga. (1 each).~~

~~R. Four liters of normal saline or other appropriate IV solution.~~

~~S. Dual lumen or LMA airways, age and weight appropriate.~~

~~T.~~~~Magill forceps.~~

~~1. Adult.~~

~~2. Pediatric.~~

~~U. Sharps container.~~

~~V. Pediatric length/weight-based drug dose chart or tape.~~

**Section ~~1205~~1204. Medication and Fluids for Advanced Life Support Air Ambulances. (II)**

Such ~~drugs~~medications and fluids approved by the Board for possession and administration by EMT~~'~~s, and specified by the medical control physician, will be carried on the air ambulance. ~~Drugs~~Medications not included on the approved ~~drug~~medication list for paramedics may be carried on board the air ambulance so long as there is a written protocol which is signed and dated by the medical control physician, for the use of the ~~drug~~medications, fluid, or blood product and delineates administration only by a registered nurse or physician.

A. Medications must be easily accessible.

B. Controlled substances are in a double locked system and kept in a manner consistent with state and federal Drug Enforcement Agency (DEA) regulations.

C. Storage of medications allows for protection from extreme temperature changes within the USP guidelines as listed in Section 601.I.5, if environment deems it necessary.

D. If there is a refrigerator on the vehicle for medications, a temperature monitoring and tracking policy is required, and the refrigerator is used and labeled “for medication use only.”

**Section ~~1206~~1205. Rescue Exception. (II)**

A non-permitted aircraft may be used for occasional non routine missions, such as the rescue and transportation of victim/patients, who may or may not be ill or injured, from structures, depressions, water, cliffs, swamps or isolated scenes, when in the opinion of the rescuers or EMS provider present at the scene, such is the preferred method of rescue and transportation incident thereto due to the nature of the entrapment, condition of the victim, existence of an immediate life-threatening condition, roughness of terrain, time element and other pertinent factors:

A. Provided that after the initial rescue, an EMT or higher level EMS technician accompanies the victim-patient en-route with the necessary and appropriate EMS supplies needed for the en-route care of the specific injuries or illness involved.

B. Provided the aircraft is of adequate size and configuration to effectively make the rescue and to accommodate the victim-patient, attendant(s) and equipment.

C. Provided reasonable space is available inside the aircraft for continued victim-patient comfort and care.

D. Provided a permitted aircraft is not available within a reasonable distance response time; and

E. Provided the victim-patient is transferred to a higher level of EMS ground transportation for stabilization and transport if such ground unit is available at a reasonably safe landing area.

SECTION 1300.

PATIENT CARE REPORTS (III)

**Section 1301. Patient Care Reports.**

A. Each licensed provider must create and submit an electronic patient care report (ePCR) for each patient contact regardless of patient transport decision.

B. The primary care attendant is responsible for documenting all patient contact, care, and transport decision within the ePCR. All required documentation must be completed within twenty-four (24) hours of the conclusion of call.

C. Each licensed provider must submit its ePCRs into PreMIS within seventy-two (72) hours of the conclusion of call.

D. When transporting to an emergency room (ER), patient ePCR should be submitted to the ER within thirty (30) minutes of the completion of the call. In lieu of that, a paper pre-run information sheet may be substituted until the ePCR is sent. ePCR information may not be sent later than twenty-four (24) hours from completion of the call.

**Section ~~1301~~1302. ~~Forms Control Officer~~Data Manager.**

A. Each licensed provider that provides patient care shall appoint a ~~forms control officer~~Data Manager ~~to maintain supplies, ensure safe storage, edit~~ to ensure accuracy, HIPAA compliance, security, and provide ~~monthly~~ timely ~~reporting~~submission of ePCRs ~~to the Department~~into the Prehospital Medical Information System (PreMIS) of South Carolina.

B. The Department must be notified of any change in ~~forms control officer~~the Data Manager within ten (10) days.

C. The Data Manager shall ensure that each ePCR submitted reflects all the attendants on the incident including non-certified drivers (if applicable).

**Section ~~1302~~1303. Content.**

A. The format~~/~~ or design of the patient care report must be approved by the Department, including medium to be used.

B. Patient care reports shall reflect services, treatment, and care provided directly to the patient by the provider including, but not limited to; information required to properly identify the patient, a narrative description of the call from time of first patient contact to final destination, all providers on the call, and other information as determined by the Department.

C. All ~~entries~~patient care reports shall be ~~indelibly~~coherently written, authenticated by the author, and ~~dated~~time stamped.

D. Patient care reports involving refusals shall include, but not be limited to the following: details of any assessment performed; information regarding the patient’s capacity to refuse; information regarding an informed refusal by the patient; information regarding provider’s efforts to convince the patient to accept care; and any efforts by the provider to protect the patient after the refusal if the patient becomes incapacitated.

**Section ~~1303~~1304. Report Maintenance.**

A. South Carolina utilizes PreMIS, an electronic patient care reporting system which is based on the National EMS Information System (NEMSIS).

~~A~~B. The licensed provider shall provide accommodations~~, space, supplies,~~ and equipment adequate for the protection, security, and storage of patient care reports.

~~B~~C. The Department maintains an electronic data stream ~~copy~~ of the ~~patient care report~~ePCR ~~shall be maintained by the Department for a period of no less than one (1) year~~with the state-required data elements from the original report. Licensed providers must maintain their copy of the original ePCR ~~patient care report~~ for no less than ten (10) years on all adult patients and thirteen (13) years for pediatric patients. ~~Reports shall be destroyed after this time period in accordance with state and federal laws.~~The license provider has the original copies of the ePCRs.

~~C~~D. Prior to closure of business, the licensed provider must arrange for preservation of ~~patient care reports~~ ePCRs to ensure compliance with these regulations. The provider must notify the Department, in writing, describing these arrangements within ten (10) days of closure.

~~D~~E. In the event of a change of ownership, all patient care reports shall be transferred to the new owner(s).

~~E~~F. The patient care report is confidential. Reports containing protected or confidential health information shall be made available only to authorized individuals in accordance with state and federal laws.

~~F. The Department copy of the patient care report, to include “Page 2” and supplemental forms, shall be sent to the Department on or before the fifteenth (15~~~~th~~~~) of the month following the close of a month along with a monthly summary as specified by the Department.~~

G. When patient care is transferred, the receiving agency shall receive ~~their~~the copy of the patient care report within a reasonable amount of time, preferably at the time of transfer, to ensure continuity in quality care.

H. Pursuant to S.C. Code Section 44-61-160 ~~of the S.C. Code~~, a person who intentionally fails to comply with reporting, confidentiality, or disclosure of requirements in this section is subject to a civil penalty of not more than one hundred dollars for a violation of the first time a person fails to comply and not more than five thousand dollars for a subsequent violation.

SECTION 1400.

DO NOT RESUSCITATE ORDER

**Section 1401. Purpose and Authority of Emergency Medical Services Do Not Resuscitate Order.**

A. Title 44, Chapter 78 of the 1976 S.C. ~~code~~Code ~~as amended~~ directs the Department to promulgate regulations necessary to provide directions to emergency medical personnel in identifying and honoring the wishes of patients who have executed a Do Not Resuscitate Order for Emergency Services. The Do Not Resuscitate Order for Emergency Services is commonly referred to as the EMS DNR law.

B. The EMS DNR law is applicable only to resuscitative attempts by EMS providers in the pre-hospital setting such as the declarant's home, a long-term care facility, during transport to or from a health care facility and in other locations outside of acute care hospitals.

C. Specific statutory authority is found in S.C. Code Section 44-78-65.

**Section 1402. Definitions.**

A. The definitions contained in S.C. Code Section 44-78-15 are hereby incorporated by reference.

B. Agent or Surrogate means a person appointed by the declarant under a Health Care Power of Attorney, executed or made in accordance with the provisions of S.C. Code Sections 62-5-504 and/or ~~Section~~ 44-77-10.

C. Cardiac Arrest means the cessation of a functional heartbeat.

D. Cardiopulmonary Resuscitation or CPR means the use of artificial respirations to support restoration of functional breathing combined with closed chest massage to support restoration of a functional heart beat following cardiac arrest.

E. Department means the South Carolina Department of Health & Environmental Control.

F. Respiratory Arrest (Pulmonary Arrest) means cessation of functional breathing.

G. Do Not Resuscitate Order for Emergency Medical Services marker is a bracelet or necklace that is engraved with the patient's name, the health care provider's name and telephone number and the words "Do Not Resuscitate" or the letters DNR.

**Section 1403. General Provisions.**

A. The EMS DNR Form. The document which is to be a "Do Not Resuscitate Order" for EMS purposes must be in substantially the following form:

NOTICE TO EMS PERSONNEL

This notice is to inform all emergency medical personnel who may be called to render assistance to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of patient)

that he/she has a terminal condition which has been diagnosed by me and has specifically requested that no resuscitative efforts including artificial stimulation of the cardiopulmonary system by electrical, mechanical, or manual means be made in the event of cardio-pulmonary arrest.

REVOCATION PROCEDURE

THIS FORM MAY BE REVOKED BY AN ORAL STATEMENT BY THE PATIENT TO EMS PERSONNEL, OR BY MUTILATING, OBLITERATING, OR DESTROYING THE DOCUMENT IN ANY MANNER.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient's Signature (or Surrogate or Agent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician's Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician's Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician's Telephone Number

B. Distribution of the EMS DNR Form. The EMS DNR form, along with instructions for execution and a patient information sheet shall be distributed by the Department to health care providers. Informational pamphlets shall be prepared by the Department and made available to other interested parties upon request.

C. Location of the Executed EMS DNR Form. The executed EMS DNR Form shall be placed in a location where the document is easily observed and recognized by EMS personnel. The form shall be displayed in such a manner that it will be visible and protected at all times.

D. EMS DNR Marker. The DNR marker shall be a bracelet or necklace as approved by the Department. The marker may be worn upon the execution of the EMS DNR Document. Wearing of the marker shall not be mandatory but is encouraged. The marker will alert EMS personnel of the probable existence of the EMS DNR document. The marker shall be of metallic construction and shall be unique and easily recognizable. The marker shall contain the patient's name, the health care provider's name and telephone number and the words "Do Not Resuscitate" or the letters DNR.

**Section 1404. Revocation of EMS DNR Order.**

The EMS DNR Order may be revoked at any time by the oral expression of the patient to EMS personnel or by the mutilation, obliteration or destruction of the document in any manner. If the order is revoked, EMS personnel shall perform full resuscitation and treatment of the patient.

**Section 1405. Patient's Assessment and Intervention. (II)**

When EMS Personnel report to a scene, they shall do a patient assessment. If an EMS DNR bracelet or necklace is found during the assessment, EMS personnel shall make a reasonable effort to determine that an EMS DNR form exists and to assure that the EMS DNR form applies to the person on which the assessment is being made. If no DNR form is found, resuscitative measure will be initiated. If after starting resuscitative measures an EMS DNR form is later found, resuscitative measure must be stopped.

**Section 1406. Resuscitative Measures to be Withheld or Withdrawn. (II)**

In the event that the patient has a valid EMS DNR order, the following procedures shall be withheld or withdrawn~~.~~:

A. CPR;

B. Endotracheal intubation and other advanced airway management;

C. Artificial ventilation;

D. Defibrillation;

E. Cardiac resuscitation medication;

F. Cardiac diagnostic monitoring (ONLY withheld in the face of cardiac arrest).

**Section 1407. Procedures to Provide Palliative Treatment. (II)**

The following treatment may be provided as appropriate to patients who have executed a valid EMS DNR order:

A. Suctioning;

B. Oxygen;

C. Pain medication;

D. Non-cardiac resuscitation medications;

E. Assistance in the maintenance of an open airway as long as such assistance does not include intubation or advanced airway management;

F. Control of bleeding;

G. Comfort care;

H. Support to patient and family.

**Section 1408. DNR Information for the Patient, the Patient's Family, the Health Care Provider and EMS Personnel. (II)**

A. Responsibilities of the patient or his~~/~~ or her Surrogate or agent.

The patient and his/her surrogate or agent shall:

1. Make all care givers aware of the location of the EMS DNR Form and ensure that the form is displayed in such a manner that it will be visible and available to EMS personnel.

2. Be aware of the consequences of refusing resuscitative measures.

3. Be aware that if the form is altered in any manner resuscitative measures will be initiated.

4. Understand that in all cases, supportive care will be provided to the patient.

B. Responsibilities of the Health Care Provider (Physician) The patient's physician:

1. Has determined that the patient has a terminal condition.

2. Has completed the patient's EMS DNR Form.

3. Has explained to the patient and family the consequences of withholding resuscitative care; the medical procedures that will be withheld and the palliative and supportive care that will be administrated to the patient.

C. Responsibilities of EMS Personnel.

EMS personnel:

1. Will confirm the presence of the EMS DNR Form and the identity of the patient.

2. Upon finding an unaltered EMS DNR Form, will withhold or withdraw resuscitative measures such as CPR, endotracheal intubation or other advanced airway management, artificial ventilation, defibrillation, cardiac resuscitation medication and related procedures.

3. Will provide palliative and supportive treatment such as suctioning the airway, administration of oxygen, control of bleeding, provision of pain and non-cardiac medications, provide comfort care and provide emotional support for the patient and the patient's family.

4. Must have in his possession either the original or a copy of the DNR Order during transport of the patient.

SECTION 1500.

FINES AND MONETARY PENALTIES

**Section 1501. Fines and Monetary Penalties**.

A. When a decision is made to impose monetary penalties, the following schedule shall be used as a guide to determine the dollar amount:

MONETARY PENALTY RANGES

|  |  |  |  |
| --- | --- | --- | --- |
| FREQUENCY | CLASS I | CLASS II | CLASS III |
| 1st | $300 - 500 | $100 - 300 | $50 - 100 |
| 2nd | $500 – 1,500 | $300 – 500 | $100 - 300 |
| 3rd | $1,000 – 3,000 | $500 – 1,500 | $300 - 800 |
| 4th | $2,000 - 5,000 | $1,000 – 3,000 | $500 –1,500 |
| 5th | $5,000 - 7,500 | $2,000 – 5,000 | $1,000 – 3,000 |
| 6th or more | $10,000 | $7,500 | $2,000 – 5,000 |

B. When a licensed agency fails a vehicle reinspection, a Class IV penalty may be levied upon the agency. Pursuant to S.C. Code Section 44-61-70, the following Class IV fine schedule shall be used when a permitted ambulance or licensed rapid responder service loses points upon reinspection:

Frequency of violation of standard within a 36-month period:

MONETARY PENALTY RANGES

|  |  |
| --- | --- |
| FREQUENCY | CLASS IV Points/Penalty |
| 1st | 0-24 $25-50 |
| 2nd | 25-50 $50-100 |
| 3rd | 51-100 $100-300 |
| 4th | 101-500 $300-500 |
| 5th | 501-1000 $500-1500 |
| 6th or more | Over 1001 $1000-3000 |

C. There may be multiple occurrences of a violation (Class I, II, and III) within a one (1) day period that would constitute multiple fineable occurrences. (For example, in allowing uncertified personnel to render patient care, each patient treated is an “occurrence” and thus a separate fineable offense.)

SECTION ~~1500~~1600.

SEVERABILITY

In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect, as if such invalid portions were not originally a part of these regulations.

SECTION ~~1600~~1700.

GENERAL

Conditions that have not been addressed in these regulations shall be managed in accordance with best practices as interpreted by the Department.

**Fiscal Impact Statement:**

These amendments will have no substantial fiscal or economic impact on the sale or its political subdivisions. Implementation of these amendments will not require additional resources beyond those allowed. There is no anticipated additional cost by the Department or State government due to any inherent requirements of this regulation.

**Statement of Need and Reasonableness:**

The Department’s Bureau of Health Facilities Licensing formulated this statement determined by analysis pursuant to S.C. Code Ann Section 1-23-115 C(1)-(3) and (9)-(11) (2005).

DESCRIPTION OF REGULATION: R.61-7, *Emergency Medical Services.*

Purpose: These amendments update the language and content of the EMS Regulation in accordance with governing law and patient-focused policy. In addition, stylistic changes were included for corrections for clarity and readability, grammar, references, codification and overall improvement of the text of the regulation.

Legal Authority: 1976 Code Section 44-7-260.

Plan for Implementation: Upon approval from the S.C. General Assembly and publication as a final regulation in the South Carolina State Register, a copy of Regulation 61-7 will be available electronically on the Department’s regulation development website under the Health Regulations category at <http://www.scdhec.gov/Agency/RegulationsAndUpdates/>LawsAndRegulations/ and subsequently in the Code of Regulations on the South Carolina Legislature Online website. Printed copies will be available for a fee from the Department’s Freedom of Information Office. Staff will educate the regulated community on the provisions of the Act and the requirements of the regulation.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The Department last amended R.61-7 June 23, 2006. S.C. Code Section 1-23-120(J) (Supp. 2012) requires state agencies to perform a review of its regulations every five years and update them if necessary.

Statutory mandates, issues found in the review, and necessity for overall updates render the amendment needed and reasonable. The amendments seek to improve and update the regulation of EMS programs, credentialing, and EMS education in South Carolina. The amendments increase the quality regarding stylistic changes for clarity and readability.

DETERMINATION OF COSTS AND BENEFITS:

Internal Costs: Implementation of this regulation should not require additional resources. There is no anticipated additional cost by the Department or State government due to any inherent requirements of this regulation.

External Costs: There are no external costs anticipated.

External Benefits: The amendments update standards of licensure, procedures, and requirements for EMS organizations and providers while maintaining the interests of patient health and safety and lessening provider burdens.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

There should be no effect on the environment.

The amendments seek to reasonably simplify the EMS regulations while providing standards in the interest of patient care and safety for the treatment and transport of the sick and injured in South Carolina.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There should not be a detrimental effect on the environment.

If the revision is not implemented, unnecessary burdens may be placed on the EMS providers by not updating the regulations to current national standards.

**Statement of Rationale:**

It was necessary to amend R.61-7 to incorporate changes in the Emergency Medical Services Act of South Carolina, S.C. Code Ann. Section 44-61-10 et. seq. (Supp. 2013). Specifically, the amendments incorporate updated statutory requirements for EMT certification and training to meet national standards; update the vehicle equipment list; modify the ground ambulance requirement to reflect the latest standards and specifications; update the air ambulance requirements to reflect the latest statutory amendments; include ambulance drivers into the regulation; and modify names of certain response agencies.

The Department has also included stylistic changes, which include corrections for clarity and readability, grammar, punctuation, definitions, references, codification and overall improvement of the text of the regulation.