Rhode Island Department of Health

PUBLIC NOTICE

The Director of the Rhode Island Department of Health has determined to amend the rules and regulations listed below to remove the specific dollar value of all fees for licensing, laboratory and administrative services provided by the Department of Health from the individual regulations and reference all such fees to a new consolidated fee regulation (to be promulgated separately). These amendments are proposed pursuant to the authority contained in Public Law 2012-241, enacted by the General Assembly on 15 June 2012, and the relevant sections of the respective professional practice and licensure acts.

The following seventy-five (75) regulations are proposed to be amended:

1. Food Code
2. Rules and Regulations Establishing Educational and Experience Requirements for Registration as a Sanitarian
3. Rules and Regulations for Asbestos Control
4. Rules and Regulations for Bottled Water
5. Rules and Regulations for Certifying Analytical Laboratories
6. Rules and Regulations for Determination of Need for New Health Care Equipment and New Institutional Health Services
7. Rules and Regulations for Lead Poisoning Prevention
8. Rules and Regulations for Licensing Assisted Living Residences
9. Rules and Regulations for Licensing Athletic Trainers
10. Rules and Regulations for Licensing Birth Centers
11. Rules and Regulations for Licensing Chemical Dependency Professionals
12. Rules and Regulations for Licensing Clinical Laboratories and Stations
13. Rules and Regulations for Licensing Clinical Social Workers and Independent Clinical Social Workers
14. Rules and Regulations for Licensing Doctors of Acupuncture and Acupuncture Assistants
15. Rules and Regulations for Licensing Home Nursing Care Providers and Home Care Providers
16. Rules and Regulations for Licensing Hospice Care
17. Rules and Regulations for Licensing Interpreters for the Deaf
18. Rules and Regulations for Licensing Kidney Disease Treatment Centers
19. Rules and Regulations for Licensing Massage Therapists
20. Rules and Regulations for Licensing Mental Health Counselors and Marriage and Family Therapists
21. Rules and Regulations for Licensing Occupational Therapists and Occupational Therapy Assistants
22. Rules and Regulations for Licensing of Hospitals
23. Rules and Regulations for Licensing of Midwives
24. Rules and Regulations for Licensing of Nursing Facilities
25. Rules and Regulations for Licensing of Nursing Home Administrators
26. Rules and Regulations for Licensing Physical Therapists and Physical Therapist Assistants
27. Rules and Regulations for Licensing Psychologists
28. Rules and Regulations for Licensing Rehabilitation Hospital Centers

29. Rules and Regulations for Licensing Respiratory Care Practitioners
30. Rules and Regulations for Licensing Speech Pathologists and Audiologists
31. Rules and Regulations for Licensing Swimming and Wading Pools, Hot Tubs, and Spas
32. Rules and Regulations for Licensure and Discipline of Chiropractic Physicians
33. Rules and Regulations for Limited Medical Registration
34. Rules and Regulations for Radon Control
35. Rules and Regulations for the Certification of Administrators of Assisted Living Residences
36. Rules and Regulations for the Certification of Health Plans
37. Rules and Regulations for the Control of Radiation
38. Rules and Regulations for the Licensing of Freestanding Ambulatory Surgical Centers
39. Rules and Regulations for the Licensing of Freestanding Emergency Care Facilities
40. Rules and Regulations for the Licensing of Nurses and Standards for the Approval of Basic Nursing Education Programs
41. Rules and Regulations for the Licensing of Nursing Service Agencies
42. Rules and Regulations for the Licensing of Organized Ambulatory Care Facilities
43. Rules and Regulations for the Licensing of Podiatrists
44. Rules and Regulations for the Licensing of Radiographers, Nuclear Medicine Technologists, Radiation Therapists and Radiologist Assistants
45. Rules and Regulations for the Licensure and Discipline of Physicians
46. Rules and Regulations for the Licensure of Barbers, Hairdressers/Cosmeticians, Manicurists, Estheticians, and Instructors
47. Rules and Regulations for the Licensure of Clinical Laboratory Science Practitioners
48. Rules and Regulations for the Licensure of Physician Ambulatory Surgery Centers and Podiatry Ambulatory Surgery Centers
49. Rules and Regulations for the Licensure of Physician Assistants
50. Rules and Regulations for the Licensure of Veterinarians
51. Rules and Regulations for the Registration of Body Piercing Technicians and Body Piercing Establishments
52. Rules and Regulations for the Registration of Distributors of Controlled Substances in Rhode Island
53. Rules and Regulations for the Registration of Tanning Facilities
54. Rules and Regulations for the Registration of Tattoo Artists and Tattoo Parlors
55. Rules and Regulations for the Utilization Review of Health Care Services
56. Rules and Regulations Governing Vital Statistics
57. Rules and Regulations Pertaining to Certification of Managers in Food Safety
58. Rules and Regulations Pertaining to Dentists, Dental Hygienists, and Dental Assistants
59. Rules and Regulations Pertaining to Embalmers, Funeral Directors, and Funeral Service Establishments
60. Rules and Regulations Pertaining to Opticians
61. Rules and Regulations Pertaining to Optometrists
62. Rules and Regulations Pertaining to Permits for Screening Programs
63. Rules and Regulations Pertaining to Pharmacists, Pharmacies and Manufacturers, Wholesalers, and Distributors
64. Rules and Regulations Pertaining to Public Drinking Water
65. Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides, and the Approval of Nursing Assistant and Medication Aide Training Programs
66. Rules and Regulations Pertaining to the Certification of Public Drinking Water Supply Treatment and Public Water Supply Transmission and Distribution Operators

67. Rules and Regulations Pertaining to the Licensing of Dietitians/Nutritionists
68. Rules and Regulations Pertaining to the Medical Examiner System
69. Rules and Regulations Pertaining to the Newborn Metabolic, Endocrine, and Hemoglobinopathy Screening Program and the Newborn Hearing Loss Screening Program
70. Rules and Regulations Pertaining to the Processing and Distribution of Shellfish
71. Rules and Regulations Prescribing Minimum Standards for Processing, Storage and Transportation of Fish and Fishery Products
72. Rules and Regulations Related to the Licensure of Hearing Aid Dealers and Fitters
73. Rules and Regulations Related to the Medical Marijuana Program
74. Rules and Regulations Related to the Practice of Electrolysis
75. Rules and Regulations Relating to Emergency Medical Services

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Notice is hereby given in accordance with the provisions of §42-35-3(a)(2) of the Rhode Island General Laws, as amended, that the Director is affording all interested persons the opportunity to submit data, views, or arguments in writing on this matter. Opportunity for public hearing shall be granted if requested by twenty-five (25) persons, by a government subdivision or agency, or by an association having not less than twenty-five (25) members. *Otherwise, no hearing shall be convened*. Should a hearing be requested by twenty-five (25) persons, by a government subdivision or agency, or by an association having not less than twenty-five (25) members, *a hearing shall be scheduled only for the regulation(s) for which the request for hearing was received*. All regulations for which a public hearing is not requested will be filed with the Rhode Island Secretary of State pursuant to Chapter 42-35 of the Rhode Island General Laws, as amended, shortly after the 10 September 2012 deadline (as below).

Such input or requests for public hearing must be received in writing **no later than Monday, 10 September 2012**. Such input or requests should be addressed to: Michael Fine, M.D., Director, Rhode Island Department of Health, Three Capitol Hill, Room #401, Providence, Rhode Island 02908-5097.

In the development of these amendments, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach, duplication, or overlap was identified based upon available information.

Copies of all regulations are available for public inspection in the Cannon Building, Room #201, Rhode Island Department of Health, Three Capitol Hill, Providence, Rhode Island 02908-5097, on the Secretary of State's website: http://www.sos.ri.gov/rules/, by calling 401-222-7767, or by e-mail to Bill.Dundulis@health.ri.gov.

Signed this 3rd day of August 2012

Original signed by Michael Fine, MD

Michael Fine, M.D., Director of Health

RULES AND REGULATIONS RELATING TO EMERGENCY MEDICAL SERVICES

[R23-4.1-EMS]

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH
July 1976

***AS AMENDED*:**

April 1981
February 1984
December 1984 (E)
April 1984 (E)
June 1985
June 1986
September 1989
June 1990
August 1990 (E)
February 1992 (E)
April 1992
May 1993
October 1993
November 1993 (E)
December 1993(E)
February 1994
November 1994 (E)
March 1995 (E)
May 1995
November 1996 (E)
January 1997 (E)
January 1997
May 1997 (E)
July 1997
February 1998
June 1998
September 1998 (E)
December 1998
February 2000
June 2001
November 2001
January 2002 (re- filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
April 2002 (E)
June 2002
January 2007 (re- filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
July 2007
April 2009
January 2012 (re- filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
April 2012
August 2012 (Proposed)

COMPILER'S NOTES:
Proposed Additions: Underlined
Proposed Deletions: ~~Strikeouts~~

INTRODUCTION

These *Rules and Regulations Relating to Emergency Medical Services* [*R23-4.1-EMS*] are promulgated pursuant to the authority conferred under sections 23-4.1-4 and 23-4.1-10(b) of the General Laws of Rhode Island, as amended, and are established for the purpose of making technical revisions consistent with statutory provisions and for the purpose of redefining licensure requirements, functions, and services of emergency medical technicians and ambulances, and establishing criteria for financial capacity of private ambulance service providers.

Pursuant to the provisions of §42-35-3(c) of the General Laws of Rhode Island, as amended, the following issues have been given consideration in arriving at the regulations (1) alternative approaches to the regulations; and (2) duplication or overlap with other state regulations. No alternative approach, duplication or overlap was identified based on information available.

These rules and regulations shall supersede any other rules and regulations pertaining to emergency medical services which were previously promulgated and filed with the Secretary of State.

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PART I *Definitions and General Licensure Requirements*

Section 1.0 *Definitions*

Wherever used in these rules and regulations the following terms shall be construed to mean:

1.1 ***"Act"*** refers to Chapter 23-4.1 of the General Laws of Rhode Island, as amended, entitled "Emergency Medical Transportation Services."

1.2 ***"Advanced life support (ALS)"*** means a level of prehospital emergency care that includes basic life support functions plus administration of specific medications, drugs, and solutions, use of certain adjunctive medical devices, and other techniques and procedures as authorized by the Department.

1.2.1 ***"Advanced life support limited"*** means a level of prehospital emergency care that includes basic life support functions plus administration of specific medications, drugs, and solutions, use of certain adjunctive medical devices, and other techniques and procedures as authorized by the Department. Such practice requires providing ALS coverage/staffing a minimum of 40 hours/week and/or a minimum of 25% of the total annual runs incurred by a rescue service.

1.3 ***"Advanced emergency medical technician"*** pursuant to section 23-17.6-2 of the General Laws of Rhode Island, as amended entitled "Mobile Intensive Care Unit Program" means personnel who have been specially trained in emergency cardiac and non-cardiac care in an advanced emergency medical technician course approved by the Department and shall be equivalent to EMT-C or EMT-P as defined in 1.10.3 and 1.10.4 herein.

1.4 ***"Air medical personnel"*** means the Rhode Island licensed health care personnel delivering patient care as part of an air medical service.

1.5 ***"Air medical service"*** means a licensed EMS provider that provides air transportation to patients requiring emergency treatment and/or transportation of persons who are sick, injured, wounded, or otherwise incapacitated or helpless.

1.6 ***"Air medical team***" means the pilot(s) and health care personnel who are delivering patient care as part of air medical transport services.

1.7 ***"Ambulance"*** means any publicly or privately owned vehicle, specifically intended, designed, constructed or modified, and equipped to be used for, and maintained or operated for, the emergency treatment and/or transportation of persons who are sick, injured, wounded, or otherwise incapacitated or helpless.

1.8 ***"Ambulance Service Advisory Board"*** (ASAB) hereinafter referred to as the board, is the board appointed and functioning pursuant to the provisions of sections 23-4.1-2 and 23-4.1-3 of the Act.

1.9 ***"Approved course"*** means a course of instruction for the training of EMTs the content of which meets the national curriculum guidelines of the U.S. Department of Transportation or other such training standards or guidelines as approved by the Department and which shall

include a practical examination component as defined in the Department's EMT training course guidelines.

1.10 ***"Attendant"*** hereinafter referred to as Emergency Medical Technician (EMT) means an individual who holds a license to function in one of the following classifications of emergency medical technicians and in accordance with the regulatory and statutory provisions herein:

1.10.1 ***"Emergency Medical Technician-Basic"*** - (EMT-B) means an individual who holds a certificate of completion of an EMT-B emergency medical training course approved by the Department and who holds a license to function as an EMT-B in this state in accordance with the regulatory requirements herein. The "Emergency Medical Technician-Ambulance (EMT-A)" licensure designation shall be synonymous with that of "Emergency Medical Technician-Basic (EMT-B)."

1.10.2 ***"Emergency Medical Technician-Intermediate"*** - (EMT-I) means an individual who holds a certificate of completion of an EMT-B emergency medical training course and the EMT-I emergency medical training course approved by the Department and who holds a license to function as an EMT-I in this state, in accordance with these Regulations the regulatory requirements herein. The "Emergency Medical Technician-Intermediate (EMT-I)" licensure designation shall be synonymous with that of "Emergency Medical Technician-Basic (EMT-B)."

1.10.3 ***"Emergency Medical Technician-Cardiac"*** - (EMT-C) means an individual who holds a certificate of completion of an EMT-B emergency medical training course and an EMT-C training course approved by the Department and who holds a license in this state to function as an emergency medical technician-cardiac, in accordance with the regulatory requirements herein.

1.10.4 ***"Emergency Medical Technician-Paramedic"*** - (EMT-P) means an individual who holds a certificate of completion of an EMT-B emergency medical training course and an EMT-Paramedic training course approved by the Department and who holds a license in this state to function as an emergency medical technician-paramedic in accordance with the regulatory requirements herein.

1.11 ***"Automated External Defibrillator"*** (AED) means an automatic or semi-automatic defibrillator designed to deliver a prescribed sequence of electrical countershocks to a patient suffering from cardiac arrest due to ventricular fibrillation or ventricular tachycardia.

1.12 ***Basic life support (BLS)"*** means a level of prehospital emergency care that consists of basic emergency functions including cardiopulmonary resuscitation (CPR) and other techniques and procedures as authorized by the Department in accordance with the regulatory requirements herein.

1.13 C***ertificate of Inspection"*** means the sticker or other device affixed to an ambulance indicating successful completion of an annual ambulance inspection conducted by the Department.

1.14 "***Change of ownership***", as used herein, means

(a) in the case of an ambulance service that is a partnership, the removal, addition or substitution of a partner which results in a new partner acquiring a controlling interest in such partnership;

(b) in the case of an ambulance service that is an unincorporated solo proprietorship, the transfer of the title and property to another person;

(c) in the case of an ambulance service that is a corporation:

(i) a sale, lease, exchange or other disposition of all, or substantially all, of the property and assets of the corporation; or

(ii) a merger of the corporation into another corporation; or

(iii) the consolidation of two or more corporations, resulting in the creation of a new corporation; or

(iv) in the case of an ambulance service that is a business corporation, any transfer of corporate stock which results in a new person acquiring a controlling interest in such corporation; or

(v) in the case of an ambulance service that is a non-business corporation, any change in membership which results in a new person acquiring a controlling vote in such corporation.

1.15 ***"Commission on Accreditation of Medical Transport Systems"***, hereinafter referred to as ***"CAMTS"***, means a not-for-profit organization which issues certificates of accreditation by providing a mechanism to assure the protection of the public through verifying achievement of accreditation standards for patient care and safety for air and ground medical transport services.

1.16 ***"Department"*** means the Rhode Island Department of Health.

1.17 ***"Director"*** means the Director of the Rhode Island Department of Health.

1.18 ***"Division"*** means the Division of Emergency Medical Services, Rhode Island Department of Health.

1.19 ***"Emergency Locator Transmitter (ELT)"*** means a radio transmitter attached to the aircraft structure which is designed to locate a downed aircraft without human action after an accident.

1.20 ***"Emergency Medical Services"*** hereinafter referred to as EMS means the out-of-hospital services utilized in responding to the real or perceived needs for immediate medical assessment, care, and/or transportation or continuing or preventive care in order to prevent loss of life or aggravation of illness or injury.

1.21 ***"Emergency Medical Technician Instructor-Coordinator"***, hereinafter referred to as an EMT Instructor-Coordinator, means an individual licensed in this state in an emergency medical technician classification, and certified/licensed as an EMT Instructor-Coordinator in

accordance with the Department approved EMT Instructor-Coordinator training guidelines, and the rules and regulations herein.

1.22 ***"Extended role skill"*** means a practical treatment skill such as EMT-Defibrillation (Automated External Defibrillation AED) or Endotracheal intubation which is not a part of the core curriculum for the training of EMTs, but for which EMTs may become qualified through completion of an approved training program.

1.23 ***"FAR"*** means federal aviation regulation.

1.24 ***"Fixed wing aircraft"*** means an aircraft utilized in the delivery of air medical services.

1.25 ***"Full accreditation"*** means an air medical service demonstrates substantial compliance with the Accreditation Standards.

1.26 ***"Interfacility transfer"*** means a patient transfer between licensed health care facilities.

1.27 ***"Licensed EMS provider"*** means any municipal/fire district, volunteer, not for profit and for profit services and the persons employed or affiliated thereof licensed by the Department to provide Emergency Medical Services.

1.28 ***"Medical emergency"*** means an event affecting an individual(s) in such a manner that there is a real or perceived need for immediate medical care to preserve life or limb.

1.29 ***"Municipal service/fire district"*** means the corporate authorities of each city/town (municipal service) or the Board of Trustees of any fire protection district (fire district) rendering care as a licensed EMS provider within the said municipality/fire district so as to provide and maintain life saving and rescue personnel, equipment, services and facilities of said city/town or fire district.

1.30 ***"Mutual aid/mutual assistance"*** means interagency EMS agreements that establish protocols to provide assistance by interacting with other licensed services.

1.31 ***"National Registry of Emergency Medical Technicians"***, hereinafter referred to as "National Registry", means a not-for-profit, independent, non-governmental registration agency which issues certificates of competency by providing a mechanism to assure the protection of the public through verifying achievement of the minimal competencies of EMTs at nationally recognized levels of out-of-hospital care.

1.32 ***"Not-for-profit organization"*** means a licensed EMS provider service/organization which is incorporated with the Secretary of State as a nonprofit corporation under Chapter 7.6 of the R.I. General Laws, as amended.

1.33 ***"Out-of-hospital emergency care"*** means those emergency medical services rendered for evaluation, stabilization or prevention purposes, precedent to and during transportation of such individuals to or between emergency treatment facilities.

1.34 "***Peer review board***" means any committee of a state or local professional association or society, or any committee authorized by the Director, or a committee of any licensed

emergency medical service employing practicing licensed emergency medical personnel, organized for the purpose of furnishing emergency medical services, the function of which, or one of the functions of which, is to evaluate and improve the quality of health care rendered by providers of health care service or to determine that health care services rendered were professionally indicated or were performed in compliance with the applicable standard of care or that the cost of health care rendered was considered reasonable by the providers of professional health care services in the area.

1.35 ***"Person"*** means any individual, trust, or estate, partnership, corporation (including associations, organizations, joint stock companies), or political subdivisions or instrumentality of the state, city or town.

1.36 ***"Refresher training course"*** means a course of instruction, approved by the Department, which follows the review of subjects pertinent to Emergency Medical Technicians and which shall include a practical examination component as defined in the Department's EMT training course standards.

1.37 ***"Reportable Event"*** means any event that interferes with or impedes the normal provision of patient care by the licensed service.

1.38 ***"Reportable Incident"*** means any incident that results in serious injury to a patient not ordinarily expected as a result of the patient's condition, resulting in exacerbation, complication or other deterioration of a patient's condition.

1.39 ***"Rotor wing aircraft"*** means a helicopter utilized in the delivery of air medical services.

1.40 "***State-approved practical examination"*** means a practical examination offered in conjunction with a Department-approved EMT training course.

1.41 "***Student"*** means an individual enrolled in an EMT emergency medical training course approved by the Department.

1.42 ***"Volunteer"*** means a licensed EMS provider who provides emergency medical treatment without expectation of remuneration for any treatment given, other than nominal payment or reimbursements for expenses, and who does not depend in any significant way in the provision of such care for their livelihood.

Section 2.0 ***General Requirements for Licensure***

2.1 An individual shall not function in this state as an emergency medical technician as defined in section 1.10 herein, without being licensed as an emergency medical technician in accordance with the statutory and regulatory provisions herein.

2.2 A person, except those exempt pursuant to sections 23-4.1-6(d) and (e) of the Act, shall not engage in the business or service of providing emergency medical services and/or transportation of patients in this state, unless licensed by the Director as an ambulance service in accordance with the statutory and regulatory requirements herein.

2.3 The fees provided for in this section shall be deposited as general revenues and shall not apply to any city or town employee providing services referenced in the Act on behalf of the city or town, and shall not apply to any individual providing services referenced in the Act on behalf of any bona fide volunteer or not for profit organization. Further, the services licensure fees and vehicle inspection fees shall not apply to services and vehicles operated by any city, town, or fire district or to services and vehicles operated by bona fide volunteer or not for profit organizations.

2.4 Any ambulance service, vehicle or person licensed or certified in another state or commonwealth to provide emergency medical treatment, and entering Rhode Island in response to a call for assistance from a Rhode Island licensed ambulance service or in a mass casualty/major incident situation is exempt from the provisions of these rules requiring licensure or certification.

2.5 These rules and Regulations herein shall not prohibit a person enrolled in an EMT emergency medical training course approved by the Department, under the direct supervision of an appropriately licensed health care professional, from performing those duties consistent with the requirements for completion of a student's clinical or field service training program.

PART II *Licensing Requirements for Emergency Medical Technicians*

Section 3.0 *License Requirements*

3.1 It shall be unlawful for any individual to practice or to offer to practice in this state in any classification of emergency medical technician as defined under section 1.10 herein, or to use any title, abbreviation, sign, or card or device, or to indicate that such individual is functioning as an emergency medical technician unless such an individual holds a current license in one of the emergency medical technician classifications in accordance with the rules and Regulations herein and the statutory provisions of the Act, except those exempted under certain conditions as specified in the Act.

Section 4.0 *Qualifications of Emergency Medical Technicians*

4.1 Applicants for licensure to function in this state in one of the classifications of emergency medical technician shall meet the following requirements:

4.1.1 Aged eighteen (18) years or older;

4.1.2 Be a high school graduate or equivalent;

4.1.3 Have demonstrated to the satisfaction of the Director that he/she is of good moral character;

4.1.4 Provide a current course certificate which demonstrates evidence of having successfully completed an approved course in cardiopulmonary resuscitation (CPR);

4.1.5 Have successfully completed a Department-approved Emergency Medical Technician training course conducted under the supervision of an EMS Instructor-Coordinator for the license classification for which the applicant is applying. Such training shall have been completed within three (3) years of the date of license application. **OR**

Possess current National Registry registration; **OR**

Possess current license in another jurisdiction where the training is deemed to be equivalent to that in this state (see section 4.4 herein).

4.1.6 Declare his or her affiliation, if any, with an ambulance service licensed in this state.

4.1.7 Have successfully completed an examination, as indicated in section 6.0, for a specific classification for which the applicant is seeking licensure.

4.1.8 Individuals who are graduates of programs following the approved curriculum of the Department of Transportation for the training of EMT-Paramedics and who are not currently registered as an EMT-Paramedic by the National Registry at the time of application may be licensed as EMT-Cs in this state upon successful completion of the appropriate Department approved written examination in accordance with section 6.0 herein and upon documentation of graduation from said paramedic training program. In the absence of a current EMT-P license from a Department approved jurisdiction, such Department approved EMT-P training must have been completed within three (3) years from the date of license application.

4.1.9 ***Emergency Medical Technician-Cardiac (EMT-C)****:* Current licensure as an EMT-B or higher and completion of a Department-approved Emergency Medical Technician-Cardiac (EMT-C) training course completed within three (3) years from the date of license application.

4.1.10 ***Emergency Medical Technician-Paramedic (EMT-P)***: Current licensure as an EMT-B or higher and successful completion of a Department approved Emergency Medical Technician Paramedic (EMT-P) Training course and current registration as a paramedic by the National Registry.

4.2 EMT-paramedic applicants shall possess current registration as a paramedic by the National Registry.

Other Health Professions

4.3 Individuals licensed or certified in a health profession in this state seeking to function as an emergency medical technician shall be required to be licensed as an emergency medical technician by successfully passing the Department approved written examination for licensure in one of the classifications of emergency medical technician based on the individual's level of training and experience as follows:

(a) Currently, licensed registered nurses, physicians or physician assistants who possess a current Rhode Island EMT-B or EMT-I license and are certified in one (1) professional certification from both Category I and Category II as listed below may be licensed as EMT-Cs upon successfully passing the Department approved written examination for initial licensure in accordance with section 6.0 herein.

Category I

(1) Certified Emergency Nurse (CEN) - Emergency Nurses Association

(2) Critical Care Registered Nurse (CCRN) - American Association of Critical Care Nurses

(3) Advanced Cardiac Life Support (ACLS) - American Heart Association

Category II

(1) Basic Trauma Life Support (BTLS) - American College of Emergency Physicians

(2) Advanced Trauma Life Support (ATLS) - American College of Emergency Physicians

(3) Trauma Nurse Care Course (TNCC) - Emergency Nurses Association

(4) Prehospital Trauma Life Support (PHTLS) - American College of Surgeons

Licensure by Endorsement

4.4 An individual currently licensed as an EMT in another state or jurisdiction may be licensed in this state by successfully passing the Department approved written licensure examination in the specific classification in which he or she was trained. Provided, however, the applicant shall submits documented evidence of successful completion of said training program in the specific classification for which the applicant is seeking licensure. Furthermore the applicant shall provide documented evidence that the training program is

equivalent to the training program offered in this state at the time of the application and which includes an equivalent final practical examination as administered by the out-of-state training program or the state licensing agency.

Section 5.0 ***Application for Licensure and Fee***

5.1 Each application for licensure as an Emergency Medical Technician shall be made on forms provided by the Department, which shall be completed prior to the scheduled date of examination. Such application shall be accompanied by the following documents:

(a) Evidence of having successfully completed an approved course of EMT training for the license classification for which the applicant is applying;

(b) Current course certificate providing evidence of having successfully completed an approved course in cardiopulmonary resuscitation (CPR);

(c) Official declaration of affiliation, if any, with a licensed ambulance service;

(d) Such other information as the Department may require;

(e) The application fee ~~of ninety dollars ($90.00) made payable by cashier's check or money order, to the General Treasurer, State of Rhode Island, or credit card (not refundable),~~ as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* for those individuals not exempt under section 2.3 of these Regulations.

Obligation to Report

5.2 Each application for licensure as an Emergency Medical Technician shall be considered a continuing application with the applicant/licensee having an affirmative duty to report to the Division in writing within ten (10) days any of the following:

(a) Any felony charge or felony conviction in Rhode Island or any other jurisdiction;

(b) Any charge or conviction for driving while intoxicated in Rhode Island or any other jurisdiction;

(c) Any charge or conviction for driving under the influence in Rhode Island or any other jurisdiction;

(d) Any charge or conviction for driving so as to endanger in Rhode Island or any other jurisdiction.

Section 6.0 ***Licensing of Emergency Medical Technician/EMT Instructor-Coordinators***

Emergency Medical Technicians

6.1 Applicants shall be required to pass a Department-approved written and a practical examination for the specific classification for which the applicant is seeking licensure to test the qualifications of the applicants in accordance with the regulatory requirements herein.

6.1.1 ***By Examination:*** For written examinations:

(a) The minimal passing score of each written licensure or relicensure examination administered shall be 70%;

(b) Examinations shall be given at least twice a year at such time and place as designated by the Director;

(c) An examination fee ~~of ninety dollars ($90.00) payable by cashier's check or money order to the General Treasurer, State of Rhode Island, or credit card,~~ as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* shall be submitted along with the application for examination, for those individuals not exempt under section 2.3 of these Regulations. The examination fee shall be nonrefundable/non-returnable.

(d) The written examination shall be in English. The use of interpreters or others to assist in communicating shall not be permitted during the written examination. No oral form of the examination will be made available;

(e) Applicants entering the examination process will have a period of one (1) calendar year from the date of first examination to satisfactorily complete all requirements for EMT licensure. Failure to complete all licensing requirements within one calendar year from the date of first examination will require the candidate to initiate a new application and complete all licensing requirements set forth herein.

6.1.2 ***Without Examination*:** A license may be issued without examination to:

(a) an applicant who holds a current license from a state or jurisdiction that has a current reciprocity agreement with Rhode Island; or

(b) applicants for EMT-B licensure who submit documentation of current registration as an EMT-B by the National Registry at the time of licensure application.

6.1.3 ***Re-Examination:***

(a) Within one (1) calendar year from the date of the first examination, all applicants shall be allowed six (6) attempts to satisfactorily pass a written examination.

(i) In the event of a third (3rd) failure, notwithstanding the filing of a new application, the opportunity for re-examination(s) shall be subject to the applicant's successful completion of a Department-approved refresher training course. Upon successful completion of the refresher training course, the applicant shall be allowed an additional three (3) attempts to satisfactorily pass a written examination

(ii) In the event of a sixth (6th) failure, the opportunity for re-examination(s) shall be subject to the applicant's prior repetition of the full course of instruction as required by the Department for that classification of licensure.

(b) A re-examination fee ~~of sixty dollars ($60.00) payable by cashier's check or money order to the General Treasurer, State of Rhode Island, or credit card~~ as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* shall be rendered for each re-examination prior to the date of testing for those individuals not exempt under section 2.3 of these Regulations. The re-examination fee shall be non-refundable/non-returnable.

EMT Instructor-Coordinator

6.2 A licensed EMT who holds a certificate of successful completion of the EMT Instructor-Coordinator Training Program approved by the Department shall be eligible for licensure as an EMT Instructor-Coordinator.

6.2.1 A license issued to an EMT Instructor-Coordinator shall be valid for a maximum of three (3) years from the date of issuance and may be renewed every three (3) years (unless sooner suspended or revoked) provided the applicant meets the relicensure requirements set forth herein. Licenses issued pursuant to this section shall expire on the same date as the holder's EMT license.

Instructor-Coordinator Licensure for Rhode Island Applicants

6.3 To qualify for admission to the EMT Instructor-Coordinator Training Program, an applicant shall meet the following requirements:

(a) Hold a current Rhode Island EMT license;

(b) Held a Rhode Island license or been licensed in a Department-approved jurisdiction for a period of at least five (5) years;

(c) Participated as faculty in a Department-approved EMT program. This shall include instruction in all psychomotor skill stations as may be required for licensure as a Rhode Island EMT-Basic. Participation shall have occurred within the last three (3) years;

(d) Secured the signature(s) of the Rhode Island-licensed EMT Instructor-Coordinator(s) verifying demonstrated proficiency in the instruction of psychomotor skills required for EMT-Basic licensure.

6.4 Upon successful completion of the EMT Instructor-Coordinator training program and prior to licensure as an EMT Instructor-Coordinator, each person shall fulfill the following post-graduate requirements:

(a) Successful completion of twenty-four (24) hours of student teaching (i.e., five (5) lectures and three (3) labs, with no repeated sessions) under the direction of at least three (3) Rhode Island-licensed Instructor-Coordinators.

(b) Successful completion of a Rhode Island Instructor-Coordinator administrative orientation session where training materials, regulations, and other information about conducting courses will be covered in detail.

6.5 A licensed EMT who holds a certificate of successful completion from a Department-approved EMT Instructor-Coordinator training program shall be eligible for licensure as an EMT Instructor-Coordinator. Licensure shall be contingent upon the successful completion of post-graduate requirements stated above within a period of one (1) year following the conclusion of the EMT Instructor-Coordinator training program..

Instructor-Coordinator Licensure for Out-of-State Applicants

6.6 An out-of-state applicant for licensure as a Rhode Island EMT Instructor-Coordinator shall hold a certificate of completion from a Department-approved Instructor-Coordinator training program.

6.7 The applicant shall also meet the following requirements:

(a) Hold a current Rhode Island EMT license;

(b) Held a Rhode Island license or been licensed in a Department-approved jurisdiction for a period of at least five (5) years;

(c) Participated as faculty in a Department-approved EMT program. This shall include instruction in all psychomotor skill stations as may be required for licensure as a Rhode Island EMT-Basic. Participation shall have occurred within the last three (3) years;

(d) Secured the signature(s) of the Rhode Island-licensed EMT Instructor-Coordinator(s) verifying demonstrated proficiency in the instruction of psychomotor skills required for EMT-Basic licensure.

(e) Successful completion of a Rhode Island Instructor-Coordinator administrative orientation session where training materials, regulations, and other information about conducting courses will be covered in detail.

6.8 An applicant for licensure as a Rhode Island EMT Instructor-Coordinator who holds a certificate of course completion from a Department-approved EMT Instructor-Coordinator training program shall be deemed to have met the Instructor-Coordinator training program requirements and the Department may waive the EMT student teaching requirement.

Instructor-Coordinator Licensure for Applicants with a Baccalaureate Degree or Higher

6.9 An applicant for licensure as a Rhode Island EMT Instructor-Coordinator who holds a baccalaureate degree (or higher) in education, including student teaching experience, and/or is certified or is eligible for teacher certification in Rhode Island or another jurisdiction, shall meet the foregoing requirements for licensure except that:

6.9.1 The applicant may request a waiver in whole or in part of the EMT Instructor-Coordinator training program and/or student teaching requirements. Such waivers will be granted on a case-by-case basis at the discretion of the Department based on a review of the applicant's credentials and teaching experience. All other requirements, including completion of a Rhode Island EMT Instructor-Coordinator administrative orientation session, shall be met.

Instructor-Coordinator Licensure for Out-of-State or Rhode Island Applicants with an NFPA 1041 Fire Instructor Certification

6.10 An applicant for licensure as a Rhode Island EMT Instructor-Coordinator who holds an NFPA 1041 Fire Instructor Certification , shall meet the foregoing requirements for licensure except that:

6.10.1 The applicant may request a waiver in whole or in part of the EMT Instructor-Coordinator training program and/or student teaching requirements. Such waivers

will be granted on a case-by-case basis at the discretion of the Department based on a review of the applicant's credentials and teaching experience. All other requirements, including completion of a Rhode Island EMT Instructor-Coordinator administrative orientation session, shall be met.

Section 7.0 ***Issuance and Renewal of License***

7.1 The Director may issue an initial license to those individuals who meet the requirements herein and who have not engaged in any activity described in section 14.0. Such license shall be issued for a period of time consistent with the provisions hereunder:

7.1.1 A license shall be issued which shall expire on a date consistent with the licensure renewal cycle established by the Department and the Board. The licensure renewal system established by the Department and the Board shall be available upon request.

Renewal of License

7.2 A license may be renewed prior to the date of its expiration in accordance with the provisions of sections 7.1.1 above, by submitting to the Director, a completed application form together with an application fee ~~of ninety dollars ($90.00) made payable by cashier's check or money order, to the General Treasurer, State of Rhode Island, or credit card~~ (not refundable/non-returnable), as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* for those individuals not exempt under section 2.3 of these Regulations and establishing compliance with the requirements for licensure renewal as prescribed in section 7.0 herein.

7.3 Any individual functioning in any classification after lapse of licensure shall be considered in violation of the Act and the rules and Regulations herein and shall be subject to the penalties of the provisions of section 23-4.1-9 of the Act.

Requirements for EMT License Renewal

7.4 Applicants for EMT B, I or C licensure renewal shall be required to present written evidence of having completed a department approved refresher training course conducted under the supervision of an EMS Instructor-Coordinator. Said course shall have been completed prior to the expiration date of the applicant's current license. Provided, however, an EMT-B licensee seeking to renew his/her license may submit documentation of a current registration as an EMT-B by the National Registry at the time of license renewal in lieu of the requirement above.

7.5 A refresher course may be conducted by an EMS Instructor-Coordinator, who is licensed outside of Rhode Island, provided the applicant submits documented evidence that said course is equivalent to the Department approved refresher course offered in Rhode Island, and provided said course is in the specific classification in which the applicant is trained.

7.6 Applicants for EMT-P Licensure renewal shall be required to submit documentation of a current registration as a paramedic by the National Registry at the time of license renewal.

7.7 EMS Instructor-Coordinator applicants for EMT-B, I or C license renewal may seek relicensure under the following provisions:

a) By completion of the training requirements as specified in section 7.4; OR

b) By coordinating one EMT-B Refresher Training Program, as approved by the Department within the term of the applicant's EMT license. Written evidence of this must be submitted to the Department at the time of relicensure. In addition, applicants for EMT-C licensure shall be required to present written evidence of having coordinated a Department approved EMT-C refresher training module; OR

c) By coordinating one EMT-B Training Program and/or one EMT-B Refresher Training Program and coordinating an EMT-C Training Program as approved by the Department within the term of the applicant's EMT license. Written evidence of this must be submitted to the Department at the time of relicensure.

7.8 EMS Instructor-Coordinator applicants for EMT-P licensure renewal shall complete the requirements as specified in section 7.6.

7.9 Documented evidence satisfactory to the Director shall accompany each application for license renewal for any emergency medical technician classification as follows:

7.9.1 Emergency Medical Technician (EMT-B, I, C) must submit documented evidence of:

a) A current course certificate providing evidence of successful completion of a Department approved course in cardiopulmonary resuscitation (CPR);

b) Successful completion of an approved refresher training course or current registration as an EMT by the National Registry at the time of license renewal;

c) Declaration of his/her affiliation, if any, with an ambulance service licensed in this state.

d) Application fee ~~of ninety dollars ($90.00) made payable by cashier's check or money order, to the General Treasurer, State of Rhode Island, or credit card~~ (not refundable/non-returnable) as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* for those individuals not exempt under section 2.3 of these Regulations.

7.9.2 All EMT Instructor-Coordinators shall maintain a current EMT license and accrue credits for teaching activity as follows:

a) EMT Instructor/Coordinators licensed at the EMT-Basic, EMT-Intermediate, or EMT-Cardiac level must complete thirty (30) credits of EMS I/C teaching activity in a three (3) year period.

b) EMT Instructor/Coordinators licensed at the EMT-Paramedic level must complete twenty (20) credits of EMS I/C teaching activity in a two (2) year period.

7.9.3 An EMT-P shall meet the same requirements as specified in sections 7.9.1(a), (c) and (d) above.

7.10 Upon verification of the application and accompanying documentation as required herein, the Director may grant a license renewal effective for a period consistent with the licensure renewal schedule established by the Department and the board and in accordance with the provisions of sections 7.1.1 above, unless sooner suspended or revoked for just cause.

Renewal of Lapsed Licenses: EMTs

7.11 Any licensee who allows his or her license to lapse for a period of less than one (1) year by failing to renew the license by the appropriate date or who has not maintained current licensure in a Department-approved jurisdiction may be reinstated upon submission of a license application and fee as outlined in section 5.1, and upon meeting the licensure renewal requirements as required in section 7.0 herein.

a) Any individual in any classification whose license has lapsed for a period of one (1) to five (5) years or who has not maintained current licensure in a Department-approved jurisdiction may be relicensed by successfully completing an approved refresher training course as specified per section 7.4 of the Regulations. Further, the reapplicant shall complete other such relicensure requirements as stated herein. Upon successful completion of said course, the reapplicant will then be required to take and pass a written examination for licensure. An examination fee ~~of ninety dollars ($90.00) payable by cashier's check or money order to the General Treasurer, State of Rhode Island, or credit card~~ as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* shall be submitted along with the application for examination, for those not exempt under section 2.3 of these Regulations. The examination fee shall be non-refundable.

b) Reapplicants entering the examination process will have a period of one (1) calendar year from the date of first examination to satisfactorily complete all requirements for EMT licensure. Failure to complete all licensing requirements within one (1) calendar year from the date of first written examination will require the candidate to initiate a new application and complete all licensing requirements set forth in section 4.0.

i) EMT-B or I Reapplicants:

1) Upon successful completion of the EMT-Basic Refresher Training Program described in section 7.11(b) above, reapplicants shall be eligible to sit for the EMT-Basic (EMT-B) licensure examinations, regardless of whether the reapplicant originally held an EMT-B or EMT-I license.

2) Reapplicants completing the required components of the EMT-B examination within one calendar year from the date of the first examination shall be awarded an EMT-B license, regardless of whether the reapplicant originally held an EMT-B or EMT-I license.

c) An EMT-B or I whose license has lapsed for a period of one (1) to five (5) years or who has not maintained current licensure in a Department-approved jurisdiction may be re-licensed by submitting documentation of current registration as a EMT-B by the National Registry at the time of license renewal and other such relicensure requirements as specified herein. As of September 1, 1998, upon approval of said documentation and other materials as required herein by the Department, the reapplicant shall be awarded an

EMT-B license, regardless of whether he or she originally held an EMT-B or EMT-I license.

d) Any individual in any classification whose license has lapsed for five (5) years or longer or who has not maintained current licensure in a Department-approved jurisdiction shall be subject to the requirements for initial license as set forth in sections 4.0, 5.0 and 6.0 herein.

Renewal of Lapsed Licenses: EMT- Instructor/Coordinators

7.12 Any licensee who allows his/her EMT-Instructor/Coordinator license to lapse for a period of less than twelve (12) months by failing to renew the license by the appropriate date or who has not maintained current licensure in a Department-approved jurisdiction may be reinstated upon submission of a license application, and meeting the licensure renewal requirements as required in section 7.0 herein.

7.13 Any EMT-Instructor/Coordinator whose license has lapsed for a period of twelve (12) to twenty-four (24) months or who has not maintained current licensure in a Department-approved jurisdiction may be relicensed upon:

i) Successful completion of twenty-four (24) hours of student teaching (i.e., five (5) lectures and three (3) labs, with no repeated sessions) under the direction of at least three (3) Rhode Island-licensed Instructor/Coordinators.

ii) Successful completion of a Rhode Island Instructor/Coordinator administrative orientation session where training materials, regulations, and other information about conducting courses will be covered in detail.

iii) Successful completion of any additional EMT-Instructor/Coordinator training requirements established by the Department.

iv) Submission of a license application and meeting the licensure renewal requirements as required in section 7.0 herein.

7.14 Any EMT-Instructor/Coordinator whose license has lapsed for a period of twenty-four (24) months or longer or who has not maintained current licensure in a Department-approved jurisdiction shall be subject to the requirements for initial license as set forth in sections 4.0, 5.0 and 6.0 herein.

Re-Examination:

7.15 Within one (1) calendar year of the date of the first examination, all reapplicants shall be allowed six (6) attempts to satisfactorily pass a written examination.

(a) In the event of a third (3rd) failure, notwithstanding the filing of a new application, the opportunity for re-examination(s) shall be subject to the reapplicant's successful completion of a Department-approved refresher training course.

(b) Upon successful completion of the refresher training course, the reapplicant shall be allowed an additional three (3) attempts to satisfactorily pass a written examination.

(c) In the event of a sixth (6th) written failure, the opportunity for re-examination(s) shall be subject to the reapplicant's prior repetition of the full course of instruction as required by the Department for that classification of licensure.

Section 8.0 ***Functions and Responsibilities of Emergency Medical Technicians***

8.1 Each Emergency Medical Technician in discharging his or her functions and responsibilities for specific classifications as outlined hereunder for which he or she is licensed, shall be subject to the current standards of practice as set forth in the *State of Rhode Island Prehospital Care Protocols and Standing Orders* approved by the Department.

8.2 Interfacility transfer care shall be governed by the interfacility transfer protocol as set forth in the *State of Rhode Island Protocols and Standing Orders* approved by the Department.

General Responsibilities Relating to all Classifications of Emergency Medical Technicians

8.3 Pursuant to the provisions of section 23-4.1-14, any person requiring emergency medical transportation from his/her home or business establishment by any private or public ambulance or rescue vehicle, and no member of the patient's family, household or a business associate is present at the time of evacuation, the rescue team shall affix a sticker or other means of notification in the place of evaluation. The sticker shall note the patient's name, if available and a telephone number where information can be obtained to ascertain the patient's whereabouts. Failure to comply with the provisions of this section shall not result in any civil or criminal liability on the part of the private or public ambulance or rescue vehicle company or their personnel.

Emergency Medical Technician-Ambulance/Basic (EMT-B)

8.4 Functions which a licensed EMT-B is authorized to perform based on his/her training, include basic emergency medical care as defined in the *State of Rhode Island Prehospital Care Protocols and Standing Orders.*

8.5 Responsibilities which a licensed EMT-B shall assume include the following:

(1) Upon arrival at the scene of a medical emergency, promptly treat any sick or injured person and continue treatment as needed until relieved by an equally skilled or more skilled provider unless the health or safety of the Emergency Medical Technician is jeopardized;

(2) At no time persuade or attempt to persuade any person engaging an ambulance to patronize or retain the services of any particular: nursing home, mortuary, cemetery, attorney, accident investigatory, nurse, physician or other service, occupation or profession, except where treatment protocols approved by the Department designates specific facilities;

(3) Insure that deficiencies in ambulance equipment are reported to the proper authority;

(4) Maintain patient compartment in ambulance and equipment clean and safe and in working condition;

(5) Any additional duties necessary to discharge his/her function as an EMT-B; and

(6) In addition to the responsibilities listed, an EMT may perform the functions of any extended role skills for which he or she has been trained and certified in a Department-approved training program.

(7) Maintain current knowledge of Department regulations and EMS prehospital care protocols and standing orders.

(8) Complete the Department approved Run Report(s) of all emergency calls with such data as the nature of the call, disposition of patient, emergency care administered and such other data as may be deemed necessary by the Department.

(9) Maintain compliance with the *Rhode Island Diversion Plan* and associated policies as referenced herein.

Emergency Medical Technician-Cardiac (EMT-C)

8.6 Functions which a licensed EMT-C is authorized to perform include advanced emergency medical care as defined in the *State of Rhode Island Prehospital Care Protocols and Standing Orders.*

8.7 Responsibilities which a licensed EMT-C must assume include all the responsibilities of the EMT-B listed in sections 8.4 and 8.5 above in addition to duties necessary to discharge his/her functions as an EMT-C.

Emergency Medical Technician-Paramedic (EMT-P)

8.8 Functions which a licensed EMT-P is authorized to perform based on his/her training include advanced emergency medical care as defined in the *State of Rhode Island Prehospital Care Protocols and Standing Orders.*

8.9 Responsibilities which a licensed EMT-P must assume include all the responsibilities of an EMT-C listed in section 8.6 above, and in addition to those duties necessary to discharge his/her functions as an EMT-P.

Extended Role Skills

8.10 EMTs performing extended role skills, as defined herein, shall have completed a Department-approved training program and received Department-required certification before such skills are utilized.

EMT Instructor-Coordinators

8.11 All EMT Instructor-Coordinators shall:

(a) Conduct and/or administer Department-approved training program(s) in accordance with standards set forth by the Department.

(b) Submit an application for those training programs requiring prior approval by the Department in accordance with the requirements set forth herein or the Department's application procedures.

(c) Offer a training program which is consistent with the approved application.

(d) Observe recognized professional standards in the course content and operation of the training program. Such standards include adherence to R.I. Prehospital Care Protocols and other such standards as may be established by the Department.

(e) Utilize training personnel who are appropriate for the type of training offered. (The I/C is responsible for the conduct of any lesson which is offered, regardless of who delivers it and whether it is a lecture or practical demonstration.) This includes physicians and other specialty lectures where the I/C must assure that the material presented is appropriate and delivered at a level of comprehension suitable to a basic student. Responsibility for the lesson includes insuring appropriateness of all equipment and supplies regardless of who utilizes them.

(f) Maintain acceptable and consistent student performance on the Department-approved written state licensure examination as compared to the state average for similar groups.

(g) Keep accurate and adequate records of course management for a period no less than five (5) years. Such records shall include, but not be limited to: student attendance; grades; evaluation of written and practical skills and examinations; in-hospital observation times/clinical rotations and locations; lesson make-up; guest lecturer and instructor aide attendance; issuance of CPR cards; a record of training completed by all graduates and attendees; other records relevant to the conduct of the course.

(h) Allow the Department to inspect, observe, or evaluate programs, including program personnel, facilities, classes and clinical practice sessions.

(i) Attend Department mandated training programs, instructional updates, examiner sessions or other such programs as may be required by the Department.

(j) Consistently comply with the Department examination process for EMT licensure/certification, and in no way influence or attempt to influence the outcome of any examination.

(k) Maintain professional, responsible and accountable conduct related to the role of EMT Instructor-Coordinator.

Documentation of Pre-Hospital Exposure of Emergency Medical Services Workers

8.12 In accordance with section 23-4.1-19 of the Rhode Island General Laws, as amended, any emergency service worker responding on behalf of a licensed ambulance/rescue service, or a fire department or a law enforcement agency who has sufficient reason to believe that, in the course of their professional duties, they have been exposed to bodily fluids or other substances that may result in the worker contracting a serious infection and/or illness shall complete a pre-hospital exposure form approved by the Department. The worker shall file a copy of the form with the hospital receiving the transported patient believed to be the source of the infectious materials to which the worker believes he or she has been exposed. The worker shall file the form with the hospital immediately post exposure. The worker shall retain a copy of the completed form, except for that information protected by applicable confidentiality laws. The source patient's diagnostic information shall not appear on the pre-hospital exposure form.

Pain Assessment

8.13 All health care providers licensed by this state to provide health care services and all health care facilities licensed under Chapter 23-17 of the Rhode Island General Laws, as amended, shall assess patient pain in accordance with the requirements of the ***Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)*** of reference 5 herein.

PART III *Licensing Requirements for Ambulance and Ambulance Services*

Section 9.0 *License Requirements*

9.1 All persons engaged in the business or service of providing emergency medical services and/or transportation of patients in this state shall comply with the minimum standards for ambulance and ambulance services as prescribed herein pursuant to section 23-4.1-6 of the Act, except those exempt pursuant to section 23-4.1-6(e)(2) of the Act.

Air Medical Transportation Services

9.2 Applicants for licensure of air medical services must meet all Federal Aviation Regulations (FARs) specific to the operations of the air medical service.

9.3 Applicants for licensure of air medical services shall be required to demonstrate current Full Accreditation by the Commission on the Accreditation of Medical Transport Systems (CAMTS) or shall meet the requirements of section 9.5 herein (below). Air medical services must provide both advanced life support and basic life support services.

9.4 In the event CAMTS withdraws the accreditation of a licensed air medical service, or if the accreditation expires, licensure as an air medical service shall immediately become void and the license shall be returned to the Department.

9.5 If an air medical service is ineligible to apply for CAMTS accreditation based upon stated CAMTS requirements, the applicant shall provide such documentation to the Department to demonstrate equivalence with CAMTS standards for such areas to include, but not be limited to:

- management and operational policies and procedures;
- aircraft;
- base facility;
- helipad;
- flight operations;
- communications;
- maintenance;
- medical operations;
- subspecialty care services;
- equipment and supplies;
- air medical and flight personnel;
- community outreach; and
- other such areas as deemed necessary by the Department.

9.6 The Director shall make or cause to be made such service assessments and aircraft inspections and/or investigations as deemed necessary to determine compliance with the licensure requirements herein. Prior to granting licensure, the Department shall be reimbursed by the air medical transportation applicant for all fees related to said assessments, inspections, and/or investigations, based upon actual costs incurred by the Department.

9.7 Provided further, requirements particular to equipment and vehicles for the conduct of interfacility transfers shall be governed by the interfacility transfer protocol as set forth in the *State of Rhode Island Protocols and Standing Orders* approved by the Department.

9.8 The eight (8) classifications of ambulance vehicles are based on the capability of each ambulance and ambulance service to provide:

Class A-1: Advanced and Basic Life Support

Class A-1A: Advanced Life Support limited and Basic Life Support

Class A-2: Basic Life Support only

Class C-1: Advanced and Basic Life Support: Equipment and Supplies Only (no transportation)

Class C-1A: Advanced Life Support limited and Basic Life Support: Equipment and Supplies Only (no transportation)

Class C-2: Basic Life Support, Equipment and Supplies Only (no transportation)

Class D-1: Advanced and Basic Life Support: Air Medical Services - Rotor Wing Aircraft

Class E-1: Advanced and Basic Life Support: Air Medical Services - Fixed Wing Aircraft

9.9 A person shall not operate an ambulance on public ways in this state if the ambulance is not licensed by the Director pursuant to the statutory provisions of the Act and the regulatory provisions herein. Furthermore, the ambulance must be owned or leased and be operated by an ambulance service licensed under one of the following classifications:

Class A: Advanced Life Support only
Vehicle Class: A-1, C-1, D-1, E-1

Class B: Basic Life Support only
Vehicle Class: A-2, - C-2

Class AB: Advanced and Basic Life Support combined
Vehicles Class: A-1, A-1A, C-1, C-1A and other classes of vehicles as necessary

Class BA: Basic Life with Limited Advanced capabilities
Vehicles Class: A-2, C-2

Class U: Advanced or Basic Life Support
Vehicle Class: A1, A-1A, A2 C-1, C-1A, C2
Restricted to university/college services dependent upon a volunteer work force
Service availability may be predicated on academic year schedule.

9.9.1 A licensed Class A1, A-1A. or A2 ambulance shall be utilized and operated exclusively as an ambulance.

Advertising Services

9.10 No service shall describe its services or advertise by any means such as signs, symbols or letterings unless the service and its vehicle(s) are licensed in this state as an ambulance and

ambulance service in accordance with the requirements herein. All licensed ambulances shall be identified by lettering the name of the service prominently on the rear and on both sides of the vehicle.

9.11 Only vehicles licensed and equipped in accordance with the provisions of these regulations as Class A-1, Class A-1A, Class C-1, C-1A, D-1, or E-1 (Advanced Life Support) vehicles may be advertised or identified by lettering or any other means as "Advanced Life Support", "Mobile Intensive Care" or any similar designation.

9.12 Any licensee licensed pursuant to the Act shall include in any advertising of its services that is directed to the general public the following language: “In case of medical emergency dial 911.

Financial Capacity of Private Ambulance Service Providers

9.13 Private ambulance service providers (ground ambulance services) shall have the following minimum insurance coverage types and limit requirements in effect at all times when applying for initial licensure and at all times while licensed by the Department:

9.13.1 General liability insurance with limits of not less than one million dollars ($1,000,000) each occurrence and two million dollars ($2,000,000) aggregate.

9.13.2 Automobile liability insurance with limits of not less than one million dollars ($1,000,000) each accident and shall include all vehicles used by the applicant.

9.13.3 Professional liability insurance covering errors and omissions with limits of not less than one million dollars ($1,000,000) per each claim and two million dollars ($2,000,000) aggregate.

9.13.4 Workers compensation insurance with statutory limits of coverage with employer liability limits of five-hundred thousand dollars ($500,000) each accident, disease limit each employee of five-hundred thousand dollars ($500,000) and disease policy limit of five-hundred thousand dollars ($500,000).

9.14 Private ambulance service providers shall provide the Department with a certificate of insurance or other evidence of insurance coverage which meets or exceeds the requirements of §9.13 under the following circumstances:

9.14.1 Upon initial application;

9.14.2 When the insurance policy is renewed or reissued;

9.14.3 When the dollar value of the coverage changes; and

9.14.4 When there is a change in the insurer issuing the policy.

9.14.5 Private ambulance service providers already licensed by the Department as of the effective date of these requirements shall provide the required certificate of insurance or other evidence of insurance coverage within thirty (30) days of the effective date of these requirement.

Section 10.0 ***Application for License***

10.1 Each application for a license to conduct, maintain or operate an ambulance and ambulance services as defined in section 1.7 herein shall be made in writing on forms provided by the Department. Said application shall be submitted to the Department and shall contain a list of all persons authorized to act as an attendant on any ambulance owned or operated by them, and such information as the Department reasonably requires which may include affirmative evidence of ability to comply with the provisions of the Act and the rules and Regulations herein.

10.2 The fees for licensure shall be ~~as follows~~ as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* for those services/vehicles not exempt under section 2.3~~:~~.

~~(a) Four hundred ninety dollars ($490.00) for an annual license for an ambulance service;~~

~~(b) Two hundred fifty dollars ($250.00) per vehicle for an annual vehicle license;~~

~~(1) Vehicle licensure applications received within six (6) months of a department/service vehicle expiration date as specified in the most current *Ambulance Licensure and Inspection Manual* shall remit a fee of one hundred thirty dollars ($130.00) per vehicle for a vehicle license.~~

~~(c) One hundred seventy dollars ($170.00) for an inspection of a vehicle for a vehicle license.~~

~~d) Reinspection fees for any vehicle shall be ninety dollars ($90.00) and shall be submitted prior to the date of reinspection.~~

10.3 Fees shall be submitted with licensure application, and shall be made payable, using cashier's check or money order, to the General Treasurer, State of Rhode Island, or credit card and shall be non-refundable/non-returnable.

Section 11.0 ***Issuance and Renewal of License***

11.1 Upon receipt of an application for a license for an ambulance and/or ambulance service the Director ay issue a license for a period of one (1) year if the applicant meets the requirements of the Act and the rules and regulations herein. Said license, unless sooner suspended or revoked, may be renewed annually after approval by the Department.

11.2 Applicants for license renewal of air medical services shall be required to demonstrate continuing current Full Accreditation by the Commission on the Accreditation of Medical Transport Systems (CAMTS) or shall meet the requirements of section 9.5 herein.

11.3 The licensure renewal schedule for each ambulance service and vehicle is specified in the current *Ambulance Licensure and Inspection Manual* approved by the Department. The licensure renewal system established by the Department and the board shall be available upon request.

11.4 For those services/vehicles not exempt, the fees for licensure renewal shall be as cited in ~~section 10.2 herein.~~ the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health.*

11.5 Fees shall be submitted with the renewal licensure application and shall be made payable, using a cashier's check or money order, to the General Treasurer, State of Rhode Island, or credit card and shall be nonrefundable/non-returnable.

11.6 A license shall be issued to a specific licensee for a specific classification of ambulance under section 9.8 and ambulance service under section 9.9 and shall not be transferable. The license shall be issued only to the individual owner, or to the corporate entity responsible for its governance.

11.7 A license issued hereunder shall be the property of the state and loaned to such licensee and it shall be kept posted in a conspicuous place in the ambulance or in the office of the ambulance service.

11.8 When a change of ownership or operation or when discontinuation of a service is contemplated, the owner and/or corporate entity shall notify the Department in writing sixty (60) days prior to the proposed action.

11.9 A license shall immediately become void and shall be returned to the Department when service is discontinued or when any changes in ownership occur.

11.10 Upon such a change of ownership, the Director shall issue a ninety (90) day temporary license upon the application of the new owner for a current license pursuant to section 23-4.1-6(f) of the Act. A license fee ~~of one hundred thirty dollars ($130.00) payable by cashier's check or money order to the General Treasurer, State of Rhode Island, or credit card and~~ as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* shall be non-refundable/non-returnable for those services not exempt under section 2.3 of the Regulations.

11.11 The Director shall make or cause to be made such inspections and investigations as deemed necessary to determine compliance with the licensure requirements herein.

11.12 Every ambulance and ambulance service shall be given prompt notice of all deficiencies reported as a result of inspections or investigations in accordance with procedures established by the -Department. No vehicle licenses will be issued without full correction of all deficiencies cited in the inspections.

Section 12.0 ***Standards for All Classifications of Ambulances and Ambulance Services***

12.1 ***Availability:*** Each ambulance service licensed in this state shall be available to provide ambulance services to individuals requiring emergency medical care on a twenty-four (24) hour basis, seven (7) days a week, year-round either directly or under a written arrangement, approved by the Department, with other licensed EMS services. If other such arrangements are made, a copy of the written agreement between the services to that effect shall be submitted by the service requiring the service coverage to the Department for approval prior

to the commencement of such arrangement and as part of their EMS service license application. Class U services are exempt from the twenty-four (24) hour, seven (7) days a week, year round requirement.

12.2 ***Policies and Procedures:*** Each ambulance service shall have written policies and procedures that are consistent with Department rules and regulations, accepted standards of EMS care, and applicable laws. These policies shall set out guidelines for operating and maintaining the service and its ambulances. Copies of such policies shall be provided to all EMTs affiliated with the ambulance service. These policies shall be comprehensive in nature shall reflect current day-to-day operations, and shall address subjects to include but not be limited to:

1. Licensure requirements for EMTs, including the service's responsibility to ensure all personnel maintain current licensure;
2. Orientation of all new ambulance service personnel;
3. Duties related to transportation and delivery of patient to appropriate healthcare facilities;
4. Non-discrimination, freedom from harassment;
5. Arrangements for backup services and mutual aid, including provisions for when such services are to be used;
6. Dispatch and communications;
7. Stocking of medications, supplies, and equipment;
8. Use of lights and warning signals;
9. Staffing requirements and duties;
10. Conduct of personnel;
11. Mechanical failure of vehicles or equipment;
12. Compliance with inspection authorities;
13. Infection control procedures consistent with OSHA 29 CFR §1910.130, *Occupational Exposure to Bloodborne Pathogens*;
14. Compliance with R.I. Pre-Hospital Care Protocols and Standing Orders as well as other Department directives;
15. Maintenance of mechanical and biomedical equipment and devices in accordance with manufacturers' recommendations;
16. Acquisition, security and disposal of controlled substances and other drugs in accordance with applicable federal and state regulations.
17. Resolution of internal and external complaints;
18. Media relations.

12.3 All service policies and procedures shall be compliant with the National Incident Management System (NIMS).

Diversion Plan -- Disaster Planning and Response

12.4 EMS departments and services shall maintain participation in and compliance with the *Rhode Island Diversion Plan* of reference 6 herein. Such compliance shall include retaining

all required communication devices (e.g., Nextel system) in good operating condition and training of an adequate number of staff in the use of communication equipment as it relates to disaster planning/response and the proper execution of the *Diversion Plan*.

Restocking of Ambulance Supplies

12.5 Pursuant to section 23-4.1-7.1 of the Rhode Island General Laws, as amended, every hospital licensed in accordance with Chapter 23-17 of the Rhode Island General Laws, as amended, is required to restock supplies listed by the Director that are used by a licensed emergency medical services provider in transporting emergency patients to such hospital.

12.6 Restocking will not be required:

(i) in the absence of documentation of supply usage on the emergency patient's R.I. EMS ambulance run report or

(ii) if the licensed emergency medical services provider bills any third party payer for the supplies that were used.

12.7 The listing of supplies that are subject to mandatory restocking in accordance with section 12.5 (above) is available online: http://www.health.ri.gov/ or by contacting:

Rhode Island Department of Health, Emergency Medical Services
3 Capitol Hill, Room 105
Providence, RI 02908
401-222-2401

Reporting System

12.8 Each ambulance service shall establish and maintain records and data in such a manner as to make uniform the system of ongoing and/or periodic reporting. The manner in which the requirements of this regulation may be met shall be prescribed in directives promulgated by the Department.

12.9 ***Records and Reports:*** Each ambulance service shall be responsible to maintain appropriate personnel and administrative records and necessary reports, stored in a safe fireproof and waterproof area, and accessible for review by the Department upon request. Such records and reports shall include no less than those items identified in sections 12.10 and 12.11 below.

12.10 Personnel records maintained for each EMT employee including evidence of training and qualifications and current licensure.

12.11 Ambulance record for each vehicle licensed with list of equipment, and other essential data.

Run Reports

12.12 Department approved Run Reports of all emergency calls with such data as the nature of the call, disposition of patient, emergency care administered and such other data as may be deemed necessary by the Department;

12.13 Copies of all Run Reports generated by a service for each month are to be submitted to the Department by the 15th day of the following month; and

12.14 A copy of the completed ambulance run report pertinent to each patient transported to a hospital emergency facility shall be left with the designated representative of the receiving facility who shall sign the report upon receipt of the patient. A copy of the ambulance run report shall be retained by the receiving hospital and a copy retained by the ambulance service.

12.15 All run reports either original or accurate reproductions shall be preserved for a minimum of five (5) years following transport of the patient in accordance with section 23-3-26 of the Rhode Island General Laws, as amended. Records of minors shall be kept for at least five (5) years after such minor shall have reached the age of eighteen (18) years.

12.16 ***Personnel:*** All emergency medical technicians providing services shall be licensed in accordance with the requirements of Part II of these rules and Regulations. Each class of ambulance shall be staffed by EMTs in accordance with the level of emergency medical services provided:

(a) ***Advanced Life Support Vehicles*** - (Class A-1 Ambulances) shall be staffed at all times when providing patient care, by no less than one EMT-C or one (1) EMT-P in addition to an EMT-I, EMT-C, EMT-P or an EMT-B. An EMT-C or EMT-P shall remain with the patient while providing advanced life support measures as may be required during transportation; Class A-1A ambulances shall be staffed as above when providing ALS services.

(b) ***Basic Life Support Vehicles*** - (Class A-2 Ambulances) shall be staffed when providing patient care, by no less than two (2) EMT-Bs, one of whom may be the driver, the other to remain with the patient during transport; Class A-1A ambulances shall be staffed as above when providing BLS services.

i. Notwithstanding the provisions of these Regulations, a non-profit volunteer ambulance rescue service or volunteer fire department shall not be required to have two (2) or more licensed emergency medical technicians manning ambulance or rescue vehicles pursuant to section 23.1.1 of the General Laws of Rhode Island, as amended. However, said ambulance or rescue vehicles must be staffed by no less than one EMT-B, who shall remain with the patient during transport.

(c) Class C-1 ambulances shall be staffed when providing patient care by no less than one (1) EMT-C or one (1) EMT-P.

(d) Class C-1A ambulances shall be staffed when providing advanced life support patient care by no less than one (1) EMT-C or one (1) EMT-P. Class C-1A ambulances shall be staffed when providing basic life support patient care by no less than one (1) EMT-B.

(e) Class C-2 Ambulances shall be staffed when providing patient care by no less than one (1) EMT-B.

(f) Nothing in section 12.16 herein shall limit the use of mutual aid/mutual assistance as defined herein to assure compliance with the staffing requirements stated herein.

12.17 Class D-1 and E-1 air medical aircraft shall be staffed at all times by air medical personnel per CAMTS specifications appropriate to the scope of care of the air medical mission. Per CAMTS specification, the air medical missions include, but are not limited to:

(a) ***Critical Care*:** a critical care mission is defined as the transport of a patient from an emergency department or critical care unit (or scene, rotor wing) who receives care commensurate with the scope of practice of a physician or registered nurse.

(b) ***Advanced Life Support*:** an advanced life support mission (ALS) is defined as the transport of a patient who receives care during an interfacility transport or scene response commensurate with the scope of practice of an EMT-Paramedic.

(c) ***Basic Life Support:*** a basic life support (BLS) mission is defined as the transport of a patient who receives care during an interfacility or scene response that is commensurate with the scope of practice of an Emergency Medical Technician-Ambulance/Basic (B).

(d) ***Specialty Care:*** a specialty care mission is defined as the transport of a patient requiring specialty patient care by one (1) or more professionals who can be added to the regularly scheduled air medical team. Dedicated teams providing specialty-oriented care (e.g., neonatal transport teams, IABP transport teams) must follow the Critical Care mission standards.

12.18 ***Communications****:* Each ambulance shall have a mechanism for two-way communication system based on its classification as follows:

(a) Every ambulance shall have at a minimum a two-way voice communications system between the vehicle and its dispatcher.

(b) Every Class A-1, Class A-1A, Class C-1, C-1A and Class A-2 Ambulance shall have a two-way voice communications system between the vehicle and a hospital emergency department.

(c) Every Class D-1 and E-1 air medical aircraft shall have a two-way voice communications system capable of transmitting and receiving:

1) Medical direction;

2) Flight operations center;

3) Air traffic control;

4) EMS and law enforcement agencies.

(d) The pilot must be able to control and override radio transmissions from the cockpit in the event of an emergency situation.

(e) Air medical team must be able to communicate with each other during flight.

(f) The aircraft must be equipped with a functioning emergency locator transmitter (ELT) in compliance with the applicable FARs.

12.19 ***Registry of Motor Vehicles Inspection Sticker and Registration:*** Each ambulance shall hold a current state Registry of Motor Vehicles Registration and Inspection Sticker, issued by the Rhode Island Department of Transportation, as appropriate, and any other safety inspection stickers as may be required by law.

12.20 ***Flashing Warning Lights and Sirens**:* Flashing or revolving warning lights and sirens shall not be used unless the ambulance is transporting an emergency patient or as may be necessary on the way to the scene of an emergency either critical or unknown.

12.21 ***Safety Condition of Ambulances:*** Each ambulance shall be maintained in good repair and in safe operating condition. Repairs shall be attended to promptly safeguard the health and welfare of the public and personnel.

12.22 ***Sanitary Conditions:*** Each ambulance service shall maintain the interior of the vehicle including equipment and supplies in sanitary conditions, free from hazards, contaminants and refuse. In addition:

(a) Sheets and pillow cases (linen or disposable) shall be changed after each use;

(b) All linens shall be properly laundered;

(c) All clean linen, equipment and supplies shall be properly stored in clean storage areas in each ambulance;

(d) Soiled supplies shall be placed in covered containers or compartments, lined with plastic liners and handled in a sanitary manner to avoid contamination;

(e) Pillows and mattresses shall have waterproof protective coverings, kept clean and in good condition and disinfected after each use;

(f) Airway adjuncts, suction catheters, positive pressure demand type resuscitator masks and equipment (such as bedpans, urinals) shall be sterilized after each use, unless equipment is disposable;

(g) Any licensed EMS provider who utilizes latex gloves shall do in accordance with the provisions of the ***Rules and Regulations Pertaining to the Use of Latex Gloves by Health Care Workers, in Licensed Health Care Facilities, and by Other Persons, Firms, or Corporations Licensed or Registered by the Department*** promulgated by the Department.

(h) Gloves, masks, eye protection and any other such protective equipment as may be required by the *Ambulance Licensure & Inspection Manual* shall be available on each vehicle in sufficient quantity to provide protection to a full crew.

(i) When patients with known or suspected, contagious or communicable diseases are transported, the interior of the ambulance and all contact surfaces must be thoroughly cleansed and disinfected according to the written policies and procedures of the ambulance service.

12.23 ***Equipment:*** Ambulances shall be equipped with no less than the equipment and materials, as specified for each ambulance classification in the current *Ambulance Licensure & Inspection Manual* issued by the Department and as contained in reference 6 herein.

12.24 Vehicles licensed as BLS vehicles shall not carry supplies or equipment for ALS measures such as defibrillators, drug boxes, intravenous equipment, etc. unless the use of such equipment is in conjunction with a Class C-1 or C-1A ambulance. No vehicle shall carry equipment, medications, or supplies peculiar to procedures not permitted under current protocols.

12.25 Licensed ambulance services may at their discretion request that a vehicle be designated as a "Reserve" vehicle. In such case the vehicle shall be inspected for compliance with requirements regarding proper DOT registration and inspection and for general conditions of safety and cleanliness. A listing of all required equipment not on board at the time of inspection shall be maintained on the vehicle and such equipment shall be placed on the vehicle in the event that it is placed into service.

Class D-1, E-1 Ambulances

12.26 Class D-1 and E-1 air medical aircraft shall be equipped at all times per CAMTS specifications appropriate to the scope of care of the medical mission.

Quality Assurance Program

The provisions of sections 12.27 through 12.30 (below) shall not take effect until January 1, 2010.

12.27 Each licensed emergency medical services provider, under the responsibility of its chief executive officer, shall conduct a quality assurance program, and review it at least quarterly, to assess, monitor, and evaluate the quality of patient care as follows:

12.28 The quality assurance program shall evaluate patient care and personnel performance for compliance with the current standards of practice as set forth in the *Rhode Island Prehospital Care Protocols and Standing Orders*, applicable regulations, and standards of EMT practice, and/or such monitoring and evaluations as directed by the Department.

12.29 The results of said quality assurance program shall be reviewed with the emergency medical service personnel and reported to the Department, upon request.

12.30 Documentation for the quality assurance program and review shall include the following:

(a) The criteria used to select audited runs;

(b) Ambulance Run Report review;

(c) Problem identification and resolution;

(d) Investigation of complaints or incident reports;

(e) A mechanism for feedback from hospital personnel receiving patients;

(f) Date of review;

(g) Attendance at the review;

(h) A summary of the review discussion.

12.31 The quality assurance program and review shall be conducted under the direction of one (1) of the following:

(a) A qualified emergency medical services provider physician medical director approved by the Department;

(b) An emergency department committee that is supervised by a qualified physician medical director approved by the Department. An emergency medical services provider representative shall serve as a member on the committee.

(c) A committee established by the emergency medical services provider and approved by the Department. The committee shall include at least one (1) EMT member licensed at or above the level of care under review.

Peer Review Boards

12.32 The proceedings and associated records of peer review boards shall not be subject to discovery or be admissible in evidence in any case except litigation arising out of the imposition of sanctions upon a emergency medical technician. However, any imposition or notice of a restriction of privileges, or a requirement of supervision imposed on an emergency medical technician for failure to comply with the provisions or standards of the Act, and any regulations herein, shall be subject to discovery and be admissible in any proceeding against the emergency medical technician for performing, or against any licensed emergency medical service which allows the emergency medical technician to perform, the procedures which are the subject of the restriction or supervision during the period of the restriction or supervision, or subsequent to that period.

12.33 Nothing contained in this section shall apply to records made in the regular course of business by an emergency medical service or other provider of health care information. Documents or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented during the proceedings of the committee.

12.34 There shall be no monetary liability on the part of, and no cause of action for damages shall arise, against any member of a duly appointed peer review board operated pursuant to written bylaws, for any act or proceeding undertaken or performed within the scope of the functions of any peer review board.

12.35 There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information to any peer review board or the department or the Ambulance Service Advisory Board, when the communication is intended to aid in the evaluation of the qualifications, fitness, or character of an emergency medical technician, and does not represent as true any matter not reasonably believed to be true.

12.36 Any peer review processes authorized by statute and carried out in good faith shall have the benefit of the state action exemption to the state antitrust law.

Reporting of Service Events and Incidents

Reportable Events

12.37 Each licensed service shall file a written report with the Department within five (5) business days of the following reportable events involving its service, personnel or property:

(1) fire affecting an EMS vehicle or service place of business;

(2) theft of an EMS vehicle; or

(3) any case in which a licensed ambulance is involved in an accident involving personal injury or property damage in excess of five hundred dollars ($500.00) and in which a

report is required under the provisions of section 31-26-6 of the Rhode Island General Laws, as amended.

12.38 Each licensed service shall file a written report with the Department within seventy-two (72) hours of the following reportable events involving its service, personnel or property:

(1) Kidnapping or elopement of a patient, with the report to the Department to include: service run/incident number, date and circumstances of the kidnapping /elopement, and outcome (return of patient, adverse effects, etc.)

(2) Delay of its ambulance and its EMTs by thirty (30) minutes or longer from the time they arrive at an appropriate receiving healthcare facility until they transfer patient care responsibility to facility personnel at an equal or higher level of training as the EMTs caring for the patient.

12.39 Each licensed service shall provide the Department with prompt notice of pending and actual labor disputes/actions which would impact delivery of EMS services including, but not limited to, strikes, walk-outs, and strike notices. Services shall provide a plan, acceptable to the Department, for continued operation of the service, suspension of operations, or closure in the event of such actual or potential labor dispute/action.

Reportable Incidents

12.40 Each licensed service shall file a written report with the Department within five (5) days of the following reportable incidents involving its service, personnel or property, that result in serious injury or illness to a patient not ordinarily expected as a result of the patient's condition to include, but are not limited to, the following:

(1) Medication errors resulting in serious injury or illness;

(2) Failure to provide treatment in accordance with the *Rhode Island Prehospital Care Protocols and Standing Orders* resulting in serious injury or illness; or major medical or communications device failure, or other equipment failure or user error resulting in serious injury or illness or delay in response and treatment.

Design and Construction of Ambulances:

Class A-1, Class A-1A and Class A-2 Ambulances

12.41 ***All newly manufactured Class A Ambulances***, when purchased, must conform to the U.S. Department of Transportation-approved General Services Administration ambulance design and construction specification KKK-A-1822A, dated April 1, 1980, and any amendments thereto current as of the date of manufacture except those pertaining to paint colors and markings. Exemption from this requirement will be considered by the Department upon submission of a written request, pursuant to the provisions of section 15.0 herein.

Class C-Ambulances

12.42 Class-C ambulances shall be equipped with:

(i) A warning device audible500 ft. to the front; mechanical siren or electric penetrating units;

(ii) Flashing warning roof lights.

12.43 Class C Ambulances should be designed to adequately house required medical equipment and supplies;

Class D-1, E-1 Ambulances

12.44 ***Medical configuration of the aircraft*:** any inservice aircraft shall have an internal medical configuration that is installed according to FAA criteria and in such a way that the air medical personnel can provide patient care consistent with the air medical mission and scope of care of the air medical service.

***Temporary Waiver*:**

12.45 In an emergency situation (civil or natural disaster), the foregoing requirements pertaining to staffing and equipment (see sections 12.16 through 12.26) may be temporarily waived in order for the service to respond to the emergency situation, provided however, a report shall be promptly submitted to the Department.

Section 13.0 ***Immunity From Liability***

13.1 In accordance with section 23-4.1-12 of the Rhode Island General Laws, as amended, no person, licensed and authorized pursuant to the Act or the rules and Regulations herein, shall be liable for any civil damages for any act or omission in connection with emergency medical services (EMS) training or in connection with services rendered outside a hospital, unless the act or omission is inconsistent with the level and scope of the person's training and experience and unless the act or omission was the result of gross negligence or willful misconduct.

13.2 No agency, organization, institution, corporation, or entity of state or local government that sponsors, authorizes, supports, finances, or supervises the functions of emergency medical services personnel licensed and authorized pursuant to the Act, including advanced life support personnel, shall be liable for any civil damages for any act or omission in connection with sponsorship, authorization, support, finance, or supervision of those emergency medical services personnel, where the act or omission occurs in connection with EMS training or with services rendered outside a hospital, unless the act or omission is inconsistent with the level and scope of the training of the emergency medical services personnel and unless the act or omission was the result of gross negligence or willful misconduct.

13.3 No principal, agent, contractor, employee, or representative of an agency, organization, institution, corporation, or entity of state or local government that sponsors, authorizes, supports, finances, or supervises any functions of emergency medical services personnel licensed and authorized pursuant to the Act, or the rules and regulations herein, including advanced life support personnel, shall be liable for any civil damages for any act or omission in connection with such sponsorship, authorization, support, finance, or supervision of those emergency medical services personnel, where the act or omission occurs in connection with EMS training, or occurs outside a hospital, unless the act or omission is inconsistent with the level and scope of the training of the emergency medical services personnel and unless the act or omission was the result of gross negligence or willful misconduct.

13.4 No physician, who in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to a critical medical care facility in another hospital, shall be liable for any civil damages as a result of the transfer, where sound medical judgment indicates that the patient's medical condition is beyond the care capability currently available in the transferring hospital or the medical community in which that hospital is located and where a prior agreement exists from the transferee facility to accept and render necessary treatment to such patients.

13.5 Any municipal, fire district, or state firefighter, paramedic or emergency medical technician who, in good faith, without the expectation of monetary or other compensation from the person aided or treated, renders first aid, emergency treatment, rescue assistance or transport services to a person at the scene of an accident, fire, or in any other emergency situation, or en route therefrom to any hospital, medical clinic or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care, treatment or assistance.

13.6 The individual immunity granted herein shall apply to members or employees of governmental ambulance, rescue or emergency units, whether or not a user or service fee may be charged by the governmental entity and whether or not the members or employees receive salaries or other compensation from the governmental entity.

13.7 The immunity granted herein shall also extend to any city, town or fire district engaged in rendering emergency aid.

13.8 This section shall not be construed to provide immunity to a person or entity causing any damage by his willful, wanton or reckless acts or omissions.

PART IV *Revocation of License, Practices and Procedures and Severability*

Section 14.0 *Revocation of License*

14.1 The Director may deny an application for a license, revoke or suspend any license granted under the provisions of the Act and the rules and regulations herein for cause. "Cause" shall include, but not be limited to, the following when proof that a licensee:

(a) is guilty of fraud or deceit in procuring or attempting to procure a license;

(b) is unfit or incompetent by reason of negligence, habits or other cause;

(c) is impaired by the use of alcohol or addicted to drugs;

(d) is mentally incompetent;

(e) is guilty of unprofessional conduct which includes failure to adhere to all the provisions herein, including failure to adhere to the current guidelines and protocols referred to in these regulations and/or failure to maintain standards of EMT practice;

(f) has aided, abetted or permitted any illegal act or conduct adverse to health, welfare and safety of the public;

(g) has violated any federal, state or local law;

(h) has performed emergency medical skills beyond the level of preparation for which licensed;

(i) has attempted to impede the work of a duly authorized representative of the Department or the lawful enforcement of any statutory or regulatory provision herein;

(j) has failed to comply with the statutory and regulatory provisions herein.

14.2 Whenever an action shall be proposed by the Director to deny an application for license, or suspend or revoke a license, the Director shall give the person notice of the particular charge of violation against him/her. In the case of a deficiency or deficiencies which may be corrected by action on the part of the licensee, the Director shall afford the licensee the opportunity to make said corrections. If the licensee fails to correct the deficiencies charged against him/her or fails to comply with the Act or the rules and regulations thereof, to the satisfaction of the Director within a reasonable time, the Director, shall notify the licensee of the charges against him/her and the time and place of the hearing which shall be set within a reasonable time period.

14.3 Appeal from a decision of the Director may be taken pursuant to the provisions of Chapter 42-35 of the General Laws of Rhode Island, as amended, and the rules governing practices and procedures of section 16.0 herein.

Section 15.0 *Variance Procedure*

15.1 The Department may grant a variance either upon its own motion or upon request of the applicant from the provisions of any rule and regulation herein, if it finds in specific cases, that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest, public health

and/or health and safety of the public. The provisions of this section shall not be applicable to the requirements of sections 4.0, 5.0, 6.0, and 7.0 of these Regulations pertaining to qualifications for licensure and renewal of licenses.

15.2 A request for a variance shall be filed by an applicant in writing, setting forth in detail the basis upon which the request is made.

15.3 Upon filing of each request for variance with the Department and within a reasonable time thereafter, the Department shall notify the applicant by certified mail of its approval or denial. A hearing date, time and place may be scheduled if the licensee appeals the denial. Such hearing shall be held in accordance with the provisions of section 16.1 herein.

Section 16.0 ***Rules Governing Practices and Procedures***

16.1 All hearings and reviews required under the provisions of Chapters 23-17.6 and 23-4.1 of the General Laws of Rhode Island, as amended, shall be held in accordance with the provisions of the *Rules and Regulations of the Rhode Island Department of Health Regarding Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health (R42-35PP).*

Section 17.0 ***Severability***

17.1 If any provision of the rules and Regulations herein or the application to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of the rules and Regulations which can be given effect, and to this end the provisions of the rules and Regulations are declared to be severable.

REFERENCES

1. *Accreditation Standards of the Commission on Accreditation of Air Medical Services*, Second Edition, Anderson, SC: Commission on Accreditation of Air Medical Services, 2006 and subsequent revisions thereto.

2. *Curricula & Course Standards for Rhode Island EMT Training Programs*, Rhode, Rhode Island Department of Health.

3. *Rhode Island Diversion Plan*, Rhode Island Department of Health, March 1, 2004 and subsequent amendments thereto.

4. *Ambulance Licensure & Inspection Manual*, Rhode Island Department of Health, Emergency Medical Services, March 2008 and subsequent amendments thereto.

5. *Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN*), Rhode Island Department of Health, May 2003 and subsequent amendments thereto. Available online: http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/DOH_2531.pdf

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Monday, 30 July 2012