

RULES AND REGULATIONS
RELATING TO
EMERGENCY MEDICAL SERVICES
(R23-4.1-EMS)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Rhode Island Department of Health
July 1976

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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.

Pursuant to the provisions of section 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"** 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 Rhode Island Department of Health.
 - 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 Rhode Island Department of Health. 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 Rhode Island Department of Health and are equivalent to EMT-C or EMT-P as defined 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 air medical transport services.
- 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-Ambulance"** - (EMT-A) means an individual who holds a certificate of completion of an EMT-A emergency medical training course approved by the Department and who holds a license to function as an EMT-A in this state in accordance with the regulatory provisions herein. On and after January 1, 1997, 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-A/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 the regulatory provisions herein.
 - 1.10.3 **"Emergency Medical Technician-Cardiac"** - (EMT-C) means an individual who holds a certificate of completion of an EMT-A/B emergency medical training course and an emergency medical cardiac 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 regulatory requirements herein.
 - 1.10.4 **"Emergency Medical Technician-Paramedic"** - (EMT-P) means an individual who holds a certificate of completion of an EMT-A/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 provisions 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"** 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 provisions herein.
- 1.13 **"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.
 - 1.13.1 **"Full accreditation"** means an air medical service demonstrates substantial compliance with the Accreditation Standards.

- 1.14 ***"Continuing education course(s) for emergency medical technicians"*** means a modular program of instruction approved by the Department as a requirement for licensure renewal.
- 1.15 ***"Department"*** means the Rhode Island Department of Health.
- 1.16 ***"Director"*** means the Director of the Rhode Island Department of Health.
- 1.17 ***"Division"*** means the Division of Emergency Medical Services, Rhode Island Department of Health.
- 1.18 ***"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.
- 1.19 ***"Emergency Medical Services"*** hereinafter referred to as EMS means the prehospital services utilized in responding to the perceived individual needs for immediate medical assessment and care in order to prevent loss of life or aggravation of illness or injury.
- 1.20 ***"Emergency Medical Services Instructor-Coordinator"***, hereinafter referred to as an EMS Instructor-Coordinator, means an individual licensed in this state in an emergency medical technician classification, and certified as an EMS Instructor-Coordinator in accordance with the Department approved EMS Instructor- Coordinator Training Guidelines, and licensed as an EMS Instructor-Coordinator in accordance with the provisions herein.
- 1.21 ***"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.
- 1.22 ***"FAR"*** means federal aviation regulation.
- 1.23 ***"Fixed wing aircraft"*** means an aircraft utilized in the delivery of air medical services.
- 1.24 ***"Interfacility transfer"*** means a patient transfer between licensed health care facilities.
- 1.25 ***"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.
- 1.26 ***"Licensing agency"*** means the Rhode Island Department of Health.
- 1.27 ***"Medical emergency"*** means an event affecting an individual(s) in such a manner that there is a need for immediate medical care to preserve life or limb.
- 1.28 ***"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.

- 1.29 **"Mutual aid/mutual assistance"** means interagency EMS agreements that establish protocols to provide assistance by interacting with other licensed services.
- 1.30 **"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 the three (3) nationally recognized levels of prehospital care.
- 1.31 **"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.
- 1.32 **"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.
- 1.33 **"Prehospital emergency care"** means those emergency medical services rendered during an emergency out of a hospital or physician's office setting or other licensed health care facilities and administered for evaluation, stabilization or prevention purposes, precedent to and during transportation of such individuals to emergency treatment facilities.
- 1.34 **"Refresher training course"** means a course of instruction which follows the standard curriculum as published by the U.S. Department of Transportation for 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 guidelines.
- 1.35 **"Rotor wing aircraft"** means a helicopter utilized in the delivery of air medical services.
- 1.36 **"State-approved practical examination"** means a practical examination offered in conjunction with an approved EMT training course.
- 1.37 **"Student"** means an individual enrolled in an EMT emergency medical training course approved by the Department.
- 1.38 **"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.
- 2.1.1 The fees provided for in section 5.0 shall not apply to any city, town or fire district employee providing services as a licensed EMS provider referenced herein on behalf of said city, town, or fire district, and shall not apply to any individual providing services

as a licensed EMS provider referenced herein on behalf of any bonafide volunteer or not for profit organizations.

- 2.2 Any vehicle utilized as an ambulance in this state, except those exempt pursuant to section 23-4.1-6(d) of the Act must be licensed as an ambulance by the Director in accordance with the requirements herein.
 - 2.2.1 Vehicle inspection and license fees shall not apply to services and vehicles operated by any city, town or fire district, or to services and vehicles operated by bonafide volunteer or not for profit organizations.
- 2.3 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.
 - 2.3.1 The services licensure fees shall not apply to services operated by any city, town or fire district or to services operated by bonafide 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 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 being eighteen (18) years of age or over;

4.1.2 be of good moral character;

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

4.1.4 having completed the following prescribed training requirements for the specific EMT classification for which said applicant is seeking licensure:

a) ***Emergency Medical Technician-Ambulance/Basic (EMT-A/B)***: Successful completion of a Department approved Emergency Medical Technician-Ambulance/Basic Training course conducted under the supervision of an EMS Instructor-Coordinator.

i) In the absence of a current EMT-A/B license from a Department approved jurisdiction, or current registration as an EMT-A/B by the National Registry at the time of licensure application, such Department approved training must have been completed within five (5) years from the date of license application.

ii) All Department-approved training courses commencing on and after September 1, 1998 shall be based on the 1994 National Standard Curriculum: Basic.

iii) In addition to the course requirement listed in section 4.1.4(a) above, all applicants for licensure applying after June 30, 1999 who were trained in accordance with the 1984 EMT-A National Standard Curriculum shall be required to successfully complete a Department-approved EMT-Basic Refresher Training Program, based upon the 1995 National Standard Curriculum: EMT Basic Refresher Training Program.

iv) After June 30, 1999, EMT-A licenses shall no longer be granted; all licenses issued based on completion of either an EMT-B training course or an EMT-B Refresher Training Program shall be EMT-B licenses.

b) ***Emergency Medical Technician-Cardiac (EMT-C)***: Successful completion of a Department approved Emergency Medical Technician-Ambulance/Basic (EMT-A/B) and Emergency Medical Technician-Cardiac (EMT-C) Training course. In the absence of a current EMT license from a Department approved jurisdiction which the Department determines as equivalent to an EMT-C license, such Department approved EMT-C training must have been completed within five (5) years from the date of license application.

c) ***Emergency Medical Technician-Paramedic (EMT-P)***: Successful completion of a Department approved Emergency Medical Technician-Ambulance/Basic (EMT-A/B) and a Department approved Emergency Medical Technician - Paramedic (EMT-P) Training course and current registration as a paramedic by the National Registry.

4.1.5 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-A/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
 - b) 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 five (5) years from the date of license application.
- 4.1.6 An individual currently licensed as an EMT in another state 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 for in the out-of-state program, provided, however, the applicant submits documented evidence of successful completion of said out-of-state training program in the specific classification for which the applicant is seeking licensure and furthermore provides documented evidence that the out-of-state 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.
 - a) After June 30, 1999, EMT training programs based on the 1984 EMT-Ambulance National Standard Curriculum shall no longer be considered acceptable as equivalent training.
- 4.1.7 Applicants must declare his or her affiliation, if any, with an ambulance service licensed in this state.
- 4.1.8 Applications for licensure can be denied pursuant to the provisions of section 16.0 of these regulations.
- 4.1.9 Successful completion of the examination, as indicated in section 6.0, for a specific classification for which the applicant is seeking licensure.

Documentation of Pre-Hospital Exposure of Emergency Medical Services Workers

- 4.2 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. The pre-hospital exposure form approved by the Department is available from:

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

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 Division of Emergency Medical Services, 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;
- 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), for those individuals not exempt under section 2.1.1 of these regulations.

Section 6.0 *Licensing of Emergency Medical Technician/EMS Instructor-Coordination*

6.1 *Emergency Medical Technicians*

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.

For persons who apply for licensure on and after April 12, 2002, the Department shall no longer administer a practical examination. The state-approved practical examination shall be the practical examination offered in conjunction with an approved EMT training course.

Persons who have applied for licensure prior to this date shall complete a Department-administered practical examination on or before July 1, 2002. Persons who have applied for licensure prior to this date who fail to successfully complete the Department-administered practical examination on or before July 1, 2002 shall be required to complete a Department-approved refresher training course. All requirements for licensure shall be completed within one (1) calendar year of the date of the first examination.

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, shall be submitted along with the application for examination, for those individuals not exempt under section 2.1.1 of these regulations. The examination fee shall be nonrefundable.
- d) The written examination shall be in English. The written examination shall require the candidate to mark answers with a pencil on a scorecard based on reading questions from an examination booklet. No oral form of the examination will be made available; and
- e) The use of interpreters or others to assist in communicating is not permitted during the written examination.
- f) 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 in section 4.0.
- g) The Department will terminate use of the EMT-Ambulance examination, based on the 1984 EMT-Ambulance National Standard Curriculum, as of June 30, 1999.
 - i) Applicants who have completed a Department-approved EMT-A training course but who have not completed the EMT-A examination requirements prior to June 30, 1999, shall be required to successfully complete a Department-approved EMT-Basic Refresher Training Program, as based upon the 1995 National Standard Curriculum: EMT-Basic Refresher Training Program, prior to continuing the examination process.
 - ii) Upon successful completion of said refresher course, applicants shall be eligible to sit for all required components of the EMT-Basic examination, based on the 1994 EMT-Basic National Standard Curriculum.

- iii) Applicants completing the required components of the EMT-Basic examination within one calendar year from the date of first (EMT-A or EMT-B) examination shall be awarded an EMT-Basic (EMT-B) license.

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

- a) an applicant who holds a current license from a state which has a current reciprocity agreement with Rhode Island; or
- b) applicants for EMT-A/B licensure who submit documentation of current registration as an EMT-A/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, the opportunity for re-examination(s) shall be subject to the applicant's successful completion of a Department-approved refresher training course.
 - 1) EMT-A/B applicants: On and after September 1, 1998, the Department will no longer approve EMT-A refresher training programs based on the 1984 EMT-A National Standard Curriculum; the Department-approved Refresher Training Programs commencing on or after this date shall be based on the 1995 National Standard Curriculum: EMT-Basic Refresher Training Program.
 - ii) Upon successful completion of the refresher training course, the applicant shall be allowed an additional three (3) attempts to satisfactorily pass a written examination.
 - 1) All EMT-A/B applicants who have completed a refresher training course based on the 1995 National Standard Curriculum: EMT-Basic Refresher Training Program shall be required to satisfactorily pass the EMT-Basic examinations based on the 1994 EMT-Basic National Standard Curriculum, regardless of whether the applicant originally completed the EMT-A or the EMT-B training course.
 - 2) For EMT-A applicants who, within their first three attempts to satisfactorily pass the required examinations, successfully complete one or more component(s) of the EMT-A examinations prior to completing the EMT-B refresher training program, the results of these components will remain valid for one calendar year from the date of the first examination and, along with the successfully completed components of the EMT-B examinations, may be considered to satisfy the examination requirements for EMT-B licensure.

- 3) Following completion of the EMT-B refresher training course, all EMT-A/B applicants completing the remaining required components of the EMT-Basic examination within one calendar year from the date of first (EMT-A or EMT-B) examination shall be awarded an EMT-Basic (EMT-B) license, regardless of whether the applicant originally completed the EMT-A or the EMT-B training course.
- iii) 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) Notwithstanding the foregoing requirements stated above, if an individual fails to satisfactorily pass a written examination, after three (3) attempts over any period of time, that individual shall be required to successfully complete a Department-approved refresher training program before that individual is permitted any further attempt to pass the required examinations, regardless of whether the individual files a new application at any time during the examination process.
- c) 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 shall be rendered for each re-examination prior to the date of testing for those individuals not exempt under section 2.1.1 of these regulations. The re-examination fee shall be non-refundable.

6.2 ***EMS Instructor-Coordinator***

A licensed EMT who holds a certificate of successful completion of the EMS Instructor-Coordinator Training Program approved by the Department shall be eligible for licensure as an EMS Instructor-Coordinator. A licensed EMS Instructor-Coordinator shall be responsible in accordance with the EMS Instructor-Coordinator Training Guidelines to coordinate and instruct in EMS Training Programs.

6.2.1 A license issued to an EMS 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 approved by the board as set forth in the EMS Instructor-Coordinator Training Guidelines. Licenses issued pursuant to this section will coincide with the expiration date of the holder's EMT license.

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

7.1 The Director shall issue an initial license to those individuals who meet the requirements of sections 4.0, 5.0 and 6.0 herein and who have not engaged in any activity described in section 16.0, which activity constitutes cause to deny an application for license. Such license shall be issued for a period of time consistent with the provisions hereunder:

7.1.1 A license will be issued which shall expire on a date consistent with the licensure renewal cycle established by the licensing agency and the Board. Said cycle shall be based upon one's affiliation or non-affiliation with an ambulance service licensed in this

state. The licensure renewal system established by the licensing agency and the Board shall be available upon request.

7.2 ***Renewal of License***

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), for those individuals not exempt under section 2.1.1 of these regulations and establishing compliance with the requirements for licensure renewal as prescribed in section 8.0 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.

Section 8.0 ***Requirements for EMT License Renewal***

8.1 ***Emergency Medical Technicians***

8.1.1 Applicants for EMT A/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.

- a) EMT-A/B or I Reapplicants: On and after September 1, 1998, the Department will no longer approve EMT-A refresher training programs based on the 1984 EMT-A National Standard Curriculum; all Department-approved Refresher Training Programs commencing on or after this date shall be based on the 1995 National Standard Curriculum: EMT-Basic Refresher Training Program.
- b) EMT-A Reapplicants: After June 30, 1999, EMT-A licenses shall no longer be renewed as such; all licenses issued based on completion of either an EMT-B training course or an EMT-B Refresher Training Program shall be EMT-B licenses.

8.1.2 Applicants for EMT-C licensure must meet the same requirements as specified in section 8.1.1 above or 8.1.4 below. In addition, applicants for EMT-C licensure shall be required to present written evidence of having completed a Department approved EMT-C refresher training module. This requirement is effective for all applicants enrolled in refresher training programs submitted for approval to the Department of Health after January 1, 1995.

8.1.3 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.

- 8.1.4 In lieu of section 8.1.1 requirements (above), applicants for EMT-A/B licensure renewal may submit documentation of a current registration as an EMT-A/B by the National Registry at the time of license renewal. After June 30, 1999, 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-A or EMT-B license.
- 8.1.5 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.
- 8.1.6 EMS Instructor-Coordinator applicants for EMT-A/B, I or C license renewal may seek relicensure under the following provisions:
- a) By completion of the training requirements as specified in section 8.1.1 or 8.1.4 and section 8.1.2 if applicable; OR
 - b) By coordinating one EMT-A/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-A/B Training Program and/or one EMT-A/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.
- 8.1.7 EMS Instructor-Coordinator applicants for EMT-P licensure renewal shall complete the requirements as specified in section 8.1.5.
- 8.2 Documented evidence satisfactory to the Director shall accompany each application for license renewal for any emergency medical technician classification as follows:
- 8.2.1 Emergency Medical Technician-Ambulance/Basic (EMT-A/B) 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-A/B 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. Non-affiliated licensees will be classed as "Miscellaneous" for the

purposes of determining license expiration dates in accordance with section 7.1.1.

- 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) for those individuals not exempt under section 2.1.1 of these regulations.

8.2.2 Emergency Medical Technician-Intermediate (EMT-I) must meet the same requirements as specified in section 8.2.1 above.

8.2.3 Emergency Medical Technician-Cardiac (EMT-C) must meet the same requirements as specified in section 8.2.1 above. In addition, applicants for EMT-C licensure shall be required to present written evidence of having completed a Department approved EMT-C refresher training module. This requirement is effective for all applicants enrolled in refresher training programs submitted for approval to the Department of Health after January 1, 1995.

8.2.4 Emergency Medical Technician-Paramedic (EMT-P) must meet the same requirements as specified in section 8.1.5 above. In addition, the EMT-P must meet the same requirements as specified in section 8.2.1 (a) (c) and (d) above.

8.3 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 licensing agency and the board and in accordance with the provisions of sections 7.1.1 above, unless sooner suspended or revoked for just cause.

8.4 ***Failure to Renew Licenses***

8.4.1 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, with accompanying documentation of licensure renewal requirements as required herein.

8.4.2 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 8.1.1 and 8.1.2, if applicable, 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 shall be submitted along with the application for examination, for those not exempt under section 2.1.1 of these regulations. The examination fee shall be non-refundable.

- i) EMT-A/B, I or C Reapplicants:

- 1) On and after September 1, 1998, the Department will no longer approve EMT-A refresher training programs based on the 1984 EMT-A National Standard Curriculum; all Department-approved Refresher Training Programs commencing on or after this date shall be based on the 1995 National Standard Curriculum: EMT-Basic Refresher Training Program.
 - 2) The Department shall terminate use of the EMT-Ambulance examination, based on the 1984 EMT-Ambulance National Standard Curriculum, as of June 30, 1999.
- 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-A/B or I Reapplicants:
 - 1) Upon successful completion of the EMT-Basic Refresher Training Program described in section 8.4.2(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-A, 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-A, EMT-B or EMT-I license.
 - c) An EMT-A/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-A/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-A, EMT-B or EMT-I license.
- 8.4.3 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.

8.4.4 *Re-Examination:*

- a) 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.
 - i) In the event of a third (3rd) failure, the opportunity for re-examination(s) shall be subject to the reapplicant's successful completion of a Department-approved refresher training course.
 - 1) EMT-A/B or I reapplicants: On and after September 1, 1998, the Department will no longer approve EMT-A refresher training programs based on the 1984 EMT-A National Standard Curriculum; the Department-approved Refresher Training Programs commencing on or after this date shall be based on the 1995 National Standard Curriculum: EMT-Basic Refresher Training Program.
 - ii) Upon successful completion of the refresher training course, the reapplicant shall be allowed an additional three (3) attempts to satisfactorily pass a written examination.
 - 1) All EMT-A/B or I reapplicants who have completed a refresher training course based on the 1995 National Standard Curriculum: EMT-Basic Refresher Training Program shall be required to satisfactorily pass the EMT-Basic examinations based on the 1994 EMT-Basic National Standard Curriculum, regardless of whether the reapplicant originally completed the EMT-A, EMT-B and/or EMT-I training course.
 - 2) Following completion of the EMT-B refresher training course, all EMT-A/B or I reapplicants completing the remaining required components of the EMT-Basic examination within one calendar year from the date of the first examination shall be awarded an EMT-Basic (EMT-B) license, regardless of whether the reapplicant originally held an EMT-A, EMT-B or EMT-I license.
 - iii) 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.
- b) Notwithstanding the foregoing requirements stated above, if the reapplicant fails to satisfactorily pass a written examination, after three (3) attempts over any period of time during the reapplication process, that individual shall be required to successfully complete a Department-approved refresher training program before that individual is permitted any further attempt to pass the required examinations, regardless of whether the individual files a new application for relicensure at any time during the series of relicensure examinations.
- c) 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 shall be rendered for each re-examination prior to the date of testing for those individuals not exempt

under section 2.1.1 of these regulations. The re-examination fee shall be non-refundable.

Section 9.0 ***Functions and Responsibilities of Emergency Medical Technicians***

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.

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.

9.1 ***Emergency Medical Technician-Ambulance/Basic (EMT-A/B)***

9.1.1 Functions which a licensed EMT-A/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*.

9.1.2 Responsibilities which a licensed EMT-A/B must 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-A/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.
- (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.

9.1.3 On and after January 1989 training in the use of pneumatic antishock garments and application of the Esophageal Obturator Airway became an integral part of all EMT-A/B training programs. Those EMT-A/Bs trained previous to the implementation of this curriculum revision and not having these skills will have until their next scheduled relicensure date following June 30, 1989 but in no case later than June 30, 1991 to acquire these skills.

9.2 ***Emergency Medical Technician-Intermediate (EMT-I)***

9.2.1 Functions which a licensed EMT-I 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*.

9.2.2 Responsibilities which a licensed EMT-I must assume include all the responsibilities of the EMT-A/B listed in section 9.1.2 above in addition to those duties required to discharge his functions as an EMT-I.

9.3 ***Emergency Medical Technician-Cardiac (EMT-C)***

9.3.1 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*.

9.3.2 Responsibilities which a licensed EMT-C must assume include all the responsibilities of the EMT-I listed in section 9.2.2 above in addition to duties necessary to discharge his/her functions as an EMT-C.

9.4 ***Emergency Medical Technician-Paramedic (EMT-P)***

9.4.1 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*.

9.4.2 Responsibilities which a licensed EMT-P must assume include all the responsibilities of an EMT-C listed in section 9.3 above, and in addition to those duties necessary to discharge his/her functions as an EMT-P.

9.5 **General Responsibilities Relating to all Classifications of Emergency Medical Technicians:**

9.5.1 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.

PART III *Licensing Requirements for Ambulance and Ambulance Services*

Section 10.0 *License Requirements*

- 10.1 a) 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(b) of the Act, except those exempt pursuant to section 23-4.1-6(e) of the Act.

Air Medical Transportation Services

- b) Applicants for licensure of air medical services must meet all Federal Aviation Regulations (FARs) specific to the operations of the air medical service.
- c) Provided further, 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 10.1 (e) herein (below). Air medical services must provide both advanced life support and basic life support services.
- d) 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 licensing agency.
- e) 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 Director.

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.

- f) 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.

10.1.2 The nine (9) 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 B: Basic Life Support; primarily non-emergency
- 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

10.2 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 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, B, 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, B, C-2

Class U: Advanced or Basic Life Support
Vehicle Class: A1, A-1A, A2 or B, C-1, C-1A, C2
Restricted to university/college services
Service availability predicated on academic year schedule

10.2.1 A licensed ambulance shall be utilized and operated exclusively as an ambulance.

10.2.2 Provided further, applicants for licensure of rotor wing or fixed wing aircraft shall be required to demonstrate to the Department that said aircraft have met the current Full Accreditation standards of the Commission on the Accreditation of Medical Transport Systems (CAMTS) or shall have met the requirements of section 10.1 (e) herein. Air medical service aircraft must provide both advanced life support and basic life support services.

- a) In the event CAMTS withdraws the accreditation of a licensed air medical service, or if the accreditation expires, licensure of the aircraft shall immediately become void and the license shall be returned to the licensing agency.

Advertising Services

10.3 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.

10.4 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.

10.5 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."

Section 11.0 Application for License

11.1 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 licensing agency. Said application shall be submitted to the licensing agency 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 licensing agency reasonably requires which may include affirmative evidence of ability to comply with the provisions of the Act and the rules and regulations herein.

11.2 The fees for licensure shall be as follows for those services/vehicles not exempt under sections 2.2.1 and 2.3.1:

- 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 Service/Emergency Vehicle Licensure Program" 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.

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.

Section 12.0 *Issuance and Renewal of License*

- 12.1 a) Upon receipt of an application for a license for an ambulance and/or ambulance service the Director shall 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 licensing agency.
 - b) Provided further, applicants for license renewal 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 10.1 (e) herein (above).
 - c) 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 licensing agency.
- 12.1.1 As of 31 December 1991, licensing of Emergency Medical Services and vehicles expiring on 31 December 1991, in Regions 1, 2, and 3 shall be extended by the Director until 30 June 1992 to enable compliance with the licensure renewal cycle established by the licensing agency and the board.
- The licensure renewal schedule for each ambulance service and vehicle is specified in the current "Ambulance Service/ Emergency Vehicle Licensure Program" approved by the Department. The licensure renewal system established by the licensing agency and the board shall be available upon request.
- 12.1.2 The fees for licensure renewal shall be as follows for those services/vehicles not exempt under section 2.2.1 and 2.3.1:
- 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;
- 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.

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.

- 12.2 A license shall be issued to a specific licensee for a specific classification of ambulance under section 10.1.2 and ambulance service under section 10.2 and shall not be transferable. The license shall be issued only to the individual owner, or to the corporate entity responsible for its governance.
- 12.3 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.
- 12.4 When a change of ownership or operation or when discontinuation of a service is contemplated, the owner and/or corporate entity shall notify the licensing agency in writing prior to the proposed action.
 - 12.4.1 A license shall immediately become void and shall be returned to the licensing agency when service is discontinued or when any changes in ownership occur.
 - 12.4.2 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 shall be non-refundable for those services not exempt under section 2.3.1 of the regulations.
- 12.5 a) The Director shall make or cause to be made such inspections and investigations as deemed necessary to determine compliance with the licensure requirements herein.
 - 12.5.1 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 Division.
- 12.6 a) Applicants for licensure renewal of rotor wing or fixed wing aircraft for air medical services shall be required to demonstrate to the Department that said aircraft have met the current Full Accreditation standards of the Commission on the Accreditation of Medical Transport Systems (CAMTS) or shall have met the requirements of section 10.1 (e) herein (above).

- b) In the event CAMTS withdraws the accreditation of a licensed air medical service, or if the accreditation expires, licensure of the aircraft shall immediately become void and the license shall be returned to the licensing agency.

Section 13.0 *Standards for All Classifications of Ambulances and Ambulance Services*

- 13.1 **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 as their service availability is predicated on an academic year schedule.

- 13.2 **Policies and Procedures:** Each service shall establish written policies and procedures which provide guidelines governing the functions of emergency medical technicians, the provision of emergency medical services and the operation of the ambulances. Such policies and procedures shall be consistent with statutory and regulatory provisions and such other standing orders, protocols or directives promulgated by the Department.

- 13.3 **Records and Reports:** Each ambulance service shall be responsible to maintain appropriate personnel and administrative records and necessary reports, stored in a safe fire and waterproof area, and accessible for review by the licensing agency. Such records and reports shall include no less than:

- 13.3.1 Personnel records maintained for each EMT employee including evidence of training and qualifications and current licensure;

- 13.3.2 Ambulance record for each vehicle licensed with list of equipment, and other essential data;

- 13.3.3 **Run Reports:**

- a) 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;
- b) 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
- c) 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 by the ambulance service.

13.4 **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-A/B certified in EOA - MAST (Esophageal Obturator Airway -Military Anti-Shock Trousers). 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 and Class B-Ambulances) shall be staffed when providing patient care, by no less than two (2) EMT-A/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-A/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-A/B.
- (e) Class C-2 Ambulances shall be staffed when providing patient care by no less than one (1) EMT-A/B.
- (f) Nothing in section 13.4 herein shall limit the use of mutual aid/mutual assistance as defined herein to utilize licensed EMT personnel to assure compliance with the staffing requirements stated herein.

13.4.1 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 (A/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.
- 13.5 **Communications:** Each ambulance shall have a mechanism for two-way communication system based on its classification as follows:
- 13.5.1 Every ambulance shall have as minimum a two-way voice communications system between the vehicle and its dispatcher.
 - 13.5.2 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.
 - 13.5.3 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.
- a) The pilot must be able to control and override radio transmissions from the cockpit in the event of an emergency situation.
 - b) Air medical team must be able to communicate with each other during flight.
 - c) The aircraft must be equipped with a functioning emergency locator transmitter (ELT) in compliance with the applicable FARs.
- 13.6 **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.
- 13.7 **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 whether critical or unknown.

13.8 **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.

13.8.1 In any case in which a licensed ambulance is involved in an accident involving personal injury or property damage in excess of five hundred dollars and in which a report is required under the provisions of 31-26-6, a copy of said report shall be filed with the Division within ten (10) days after such accident.

13.9 **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; and
- (g) Gloves, masks, eye protection and any other such protective equipment as may be required by the "Guidelines for Ambulances for Equipment and Materials" shall be available on each vehicle in sufficient quantity to provide protection to a full crew.

13.9.1 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.

13.10 **Equipment:** Ambulances shall be equipped with no less than the equipment and materials, as specified for each ambulance classification in the current "Guidelines for Ambulances, For Equipment and Materials" approved by the Department. Vehicles licensed as BLS vehicles shall not carry equipment peculiar to ALS measures such as defibrillators, drug boxes, intravenous equipment, etc. unless the use of such equipment is specifically approved by waiver or by participation of the service in an approved EMT-defibrillation or Automated External Defibrillation (AED) program or upon the provision of care in conjunction with a Class C-1 or C-1A ambulance. No vehicle shall carry equipment peculiar to procedures not permitted under current protocols.

13.10.1 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.

13.10.2 ***Class D-1, E-1 Ambulances***

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.

13.11 ***Design and Construction of Ambulances:***

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

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 17.0 herein.

13.11.2 ***Class B-Ambulances***

- (a) Class B-Ambulances shall have at least two doors leading into the patient's compartment; door openings shall include a rear opening which shall be of sufficient size so as to permit the loading and unloading of a person occupying a standard size ambulance cot, and one at the curbside to facilitate patient removal should the rear doors become jammed. All doors should be constructed so that they may be opened from the outside or the inside. The patient compartment must have a minimum of 42" headroom with sufficient heating and cooling and shall be capable of carrying a patient in horizontal position with sufficient room for the attendant to accompany the patient. Patient's brackets and restraint straps shall be provided for patient safety during transport; and
- (b) Class B-Ambulances shall be equipped with:
 - (i) a warning device audible 500 ft. to the front; mechanical siren or electric penetrating units;
 - (ii) flashing warning roof lights.

13.11.3 ***Class C Ambulances***

- (a) Class C Ambulances should be designed to adequately house required medical equipment and supplies;
- (b) Class C Ambulances shall be equipped with:

- (i) a warning device audible 500 ft. to the front; mechanical siren or electric penetrating unit; and
- (ii) flashing warning roof lights.

13.11.4 *Class D-1, E-1 Ambulances*

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.

13.12 *Temporary Waiver:*

In an emergency situation (civil or natural disaster), the foregoing requirements pertaining to staffing and equipment (see sections 13.4 through 13.11) may be temporarily waived in order for the service to respond to the emergency situation, provided however, that a report is promptly submitted to the Department.

Section 14.0 *Reporting System*

- 14.1 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.

Section 15.0 *Immunity From Liability*

- 15.1 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.
- 15.2 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.
- 15.3 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.

- 15.4 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.
- 15.5 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.
- 15.6 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.
- 15.7 The immunity granted herein shall also extend to any city, town or fire district engaged in rendering emergency aid.
- 15.8 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 16.0 ***Revocation of License***

16.1 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. For 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; and
- (I) has failed to comply with the statutory and regulatory provisions herein.

16.2 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, but not to exceed thirty days, 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.

16.2.1 The decision of the Director shall be sent to the licensee by registered mail within ten (10) days of the decision.

16.2.2 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 18.0 herein.

Section 17.0 *Variance Procedure*

- 17.1 The licensing agency 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, 7.0 and 8.0 of these regulations pertaining to qualifications for licensure and renewal of licenses.
- 17.2 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.
- 17.2.1 Upon filing of each request for variance with the licensing agency and within thirty (30) days thereafter, the licensing agency 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 must be held in accordance with the provisions of section 18.1 herein.

Section 18.0 *Rules Governing Practices and Procedures*

- 18.1 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 promulgated by the Rhode Island Department of Health entitled *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 19.0 *Severability*

- 19.1 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.

**Rhode Island Department of Health
Emergency Medical Services**

**GUIDELINES FOR EMS I/C
(EMERGENCY MEDICAL SERVICES INSTRUCTOR COORDINATORS)**

All Instructor-Coordinator are expected to comply with the following guidelines. Failure to do so could result in licensure action against an Instructor-Coordinator such as probation suspension or revocation of the EMS I/C License, pursuant to section 16.0 of the *Rules and Regulations Relating to Emergency Medical Services*.

All Instructor-Coordinator must:

1. Maintain a current EMT license.
2. Accrue the required number of credits reflecting EMS I/C teaching activity (i.e., thirty (30) credits for a three (3) year license).
3. Conduct and/or administer Department-approved training program(s) in accordance with guidelines as set forth by the Department.
4. Submit an application for those training programs requiring prior approval by the Department in accordance with the requirements as set forth in the regulations or the Department's application procedures.
5. Offer a training program which is consistent with the approved application.
6. Observe recognized professional standards in the course content and operation of the training program. Such standards include adherence to R.I. Prehospital Care Protocols, Practical Skill Objective Sheets for the EMT state license examination and other such standards as may be established by the Department.
7. 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.
8. Maintain acceptable and consistent student performance on the Department-approved written state licensure examination as compared to the state average for similar groups.
9. Keep accurate and adequate records of course management. 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.

10. Allow the Department to inspect, observe, or evaluate programs, including program personnel, facilities, classes and clinical practice sessions.
11. Attend Health Department mandated training programs, instructional updates, examiner sessions or other such programs as may be required by the Department.
12. 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.
13. Maintain professional, responsible and accountable conduct related to the role of Instructor-Coordinator.

REFERENCES

1. *Accreditation Standards of the Commission on Accreditation of Air Medical Services*, Second Edition, Anderson, SC: Commission on Accreditation of Air Medical Services, 1991 (with 1995 update) and subsequent revisions thereto.
2. *Policy and Procedure Manual of the Commission on Accreditation of Medical Transport Systems*. Revised April 1997 and subsequent revisions thereto.
3. *Guidelines for Conducting an Emergency Medical Technician--Basic Training Program*, Rhode Island Department of Health.
4. *Guidelines for Conducting an Emergency Medical Technician--Cardiac Training Program*, Rhode Island Department of Health.
5. *Guidelines for Conducting an Emergency Medical Technician--Refresher Training Program*, Rhode Island Department of Health.

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