

REVISIONS TO 10A NCAC 13P BASED ON PUBLIC COMMENT AND RECOMMENDATIONS OF THE EMSAC RULES REVISION TASK FORCE

April 7, 2014

**General Changes:**

1. Removed all references throughout the rules addressing Medical Directors for Licensed EMS Providers.
2. Redacted the Operational EMS Program rules and removed all references to these programs throughout the rules.
3. Revised several definitions to clarify on-line medical control, SCT programs, trauma patients (ICD codes), etc.
4. Addressed EMS Instructor Methodology to remove NFPA reference and restoring US DOT NHTSA methodology for EMS educators.
5. Addressed EMS Preceptor Programs by removing “standardized” and “approved by the OEMS.”
6. Redacted the Accredited EMS Provider License rule and removed all references to these throughout the rules.
7. Revised the Required Reporting and Disclosure rule to address initial and renewal applicants and currently licensed providers.
8. Revised the criteria for membership in the reinstatement committee.
9. Clarified the qualifications for site survey team members for trauma center designation.
10. Justified replacing “shall” to “may” take enforcement action for “significant failure to comply” to be consistent with language in statute.

**Specific Changes:**

Rule / Paragraph	Revision
.0101	Struck CAAS / CAMTS / TNC from the abbreviations and made appropriate revisions throughout the rules to reflect this revision.
.0102	Revised or redacted all definitions referencing Medical Directors for Licensed EMS Providers and Operational EMS Programs.
(2)	Struck examples of locations for alternative practice settings, instead letting the broader description of “clinical locations” suffice to be inclusive of all non-affiliated sites utilizing EMS personnel.
(39)	Struck the last sentence in this definition that describes “typical” sources of on-line medical control.
(46)	Added new definition for “Significant Failure to Comply” to address allowance for the OEMS to substitute “may” for “shall” in taking enforcement action in Rules .1502, 1505, and 1507. This new definition reads as follows: <u>“Significant Failure to Comply” means a degree of non-compliance determined by the Department to exceed the ability of the local EMS System, to correct, warranting enforcement action pursuant to Section .1500 of this Subchapter.</u>
(48)	For the Specialty Care Transport Program definition, struck “inter-facility” and the last sentence authorizing assisting 9-1-1 providers, from the SCTP definition. This new verbiage is less confusing and still allows scene response when requested by both ground and air SCT resources if transport to a tertiary care facility is warranted.
(60)	For the trauma patient definition, struck reference to ICD 9 codes and revised to state: <u>“Trauma Patient” means any patient with an ICD-CM discharge diagnosis as defined in the North Carolina Trauma Registry Data Dictionary.</u>
.0201	Struck all references to operational EMS programs and any criteria associated with this program type.
.0204	Struck all references to operational EMS programs and any criteria associated with this program type.
.0209	Corrected grammar error referencing a copy of the patient care treatment protocols. Now reads: <u>A copy of the patient care treatment protocols, either paper or electronic, carried aboard the aircraft.</u>
.0214	Struck all references to operational EMS programs and any criteria associated with this program type and revised the transfer of a permit between vehicles to allow fire service organizations to rotate their fleet to read as follows: (d) EMS Nontransporting Vehicle Permits <del>shall not may be transferred.</del> <u>transferred to allow for fleet rotation.</u>

.0216	Struck all references to operational EMS programs and any criteria associated with this program type. Pepper spray is still retained as a prohibited chemical irritant until the OEMS has researched the types of pepper (OC) spray, any required training, and under what local (provider and/or medical director) authorization.
.0223	This rule has been redacted. CAAS and CAMTS accreditation will not be considered in rule as a substitute for NC OEMS licensure. Since this rule is redacted, what was numbered as Rule .0224 has been renumbered to replace rule .0223.
.0224 (renumbered to be new .0223)	Now rule .0223 has been revised to re-label opening paragraph as paragraph (a) to indicate applicants for “initial and renewal licensing,” and changed numbering of subparagraphs (A) through(G) to (1) through (7). Revised paragraph (a)(2) to remove “misdemeanor” criminal charges, but retained in paragraphs (a)(3) and (4) in reference to charges or convictions for drug/medication convictions and financial/fiduciary convictions. Also added new paragraph (b) to require a provider holding a current license to report any issue as contained in paragraph (a) within 30 days of occurrence in language as follows: <u>Within 30 days of occurrence, a Licensed EMS provider must disclose any changes in the background information defined in Paragraph (a) of this Rule that was provided to the OEMS in its most recent initial or renewal application.</u>
.0306	This rule has been redacted.
.0401	This rule has been redacted. Rule Name has been revised to strike “and licensed EMS providers.” No revisions are being made to the language contained in the current rule.
.0403	Rule Name has been revised to strike “and licensed EMS providers.” All language added that addressed medical directors for licensed EMS providers has been struck. This rule is still being revised to address the changes in level names from EMT-I to AEMT and EMT-Paramedic to Paramedic consistent with all other rules citing level name changes.
.0410	This rule has been redacted.
.0411	This rule has been redacted.
.0501	Struck paragraph (a)(3) that referenced educational institutions “approved by the National Registry of Emergency Medical Technicians” and renumbered paragraph (a) to reflect this action.
(d)	Revised the instructor methodology requirements by striking the “NFPA 1041” standard and restoring the “USDOT NHTSA National Guidelines for Educating EMS Instructors” standard.
0502	Revised paragraph (a)(4) to require the applicant to take the first attempt at completion of the written exam within three months following course graded date as reflected in the OEMS CIS database. The remaining two attempts prior to requiring remediation still occur within the initial nine month time frame.
.0504	Revised criteria in paragraph (a)(1) to include a reference to rule .0501(f) [refresher course] as a qualifying option for renewal.
.0506	Struck references to “licensed EMS provider” and “operational EMS program” from paragraph (a).
(c)	Struck the words “individually or” from paragraph (c) to read as follows: <u>Individuals holding a valid EMR or EMT credential that are not affiliated with an approved first responder program or EMS agency and that do not administer medications or utilize advanced airway devices are approved to function as a member of an industrial or corporate first aid safety team without medical oversight or EMS System affiliation.</u>

.0513	Revised paragraph (c)(1) to change time for submission of refresher course approval to OEMS from 90 days to 30 days. It now reads: <u>application for approval of a refresher course shall be completed and submitted by the approved EMS educational institution at least 30 days prior to the expected date of enrollment and shall include evidence of complying with the rules for refresher courses.</u>
.0603	Struck paragraphs (b)(5)(N) and (b)(5)(P) regarding the annual submission of information to the OEMS.
(d)	Expanded criteria for CE level institutions in order to address allowance of Level I instructors to coordinate the program rather than the proposed Level II instructors.
.0605	Added the requirement that in addition to meeting all CAAHEP credentialing requirements, the educational institution must also meet the criteria defined in Rule .0603 for initial programs. This reads as follows: <u>(5) documentation reflecting compliance with Rule .0603 (b)(1) thru (b)(4) of this Section.</u>
.0901	Corrected invalid web site addresses for trauma registry and ACS.
.0902	Corrected invalid web site addresses for trauma registry and ACS.
.0903	Corrected invalid web site addresses for trauma registry and ACS.
.0904	Made corrections to the qualifications for site survey team members, including addressing striking the TNC and focusing on TPM licensed to practice as RN. Also addressed allowance of electronic submission of the RFP rather than requiring submission of paper copies.
.0905	Made corrections to the qualifications for site survey team members, including addressing striking the TNC and focusing on TPM licensed to practice as RN. Also addressed allowance of electronic submission of the RFP rather than requiring submission of paper copies.
.0906	Added new criteria clarifying number of times applicant can seek practicing trauma center designation. The new language is as follows: <u>(f) If not successful in achieving initial designation by OEMS within one year of the date of approval of practicing trauma center status, the practicing hospital may apply for a one time extension, not to exceed an additional 12 months as a practicing trauma center.</u> <u>(g) Failure to successfully achieve initial designation by the OEMS within one year of the date of approval of practicing trauma center status will result in the withdrawal of the practicing trauma center status by the OEMS and the EMS systems and participating hospitals in the hospital's catchment area will be notified by the OEMS of this action.</u> <u>(h) Hospitals may not re-apply for practicing trauma center status for a five year period from the date that practicing status is withdrawn.</u>
.1403	Revised the qualifications for the member of the reinstatement committee to change the requirement the member trained in chemical addiction or abuse therapy be a licensed physician and serve as committee chair as follows: <u>(1) One physician licensed by the North Carolina Medical Board, representing EMS Systems who will serve as Chair of this committee;</u> <u>(2) One specialist trained in chemical addiction or abuse therapy; and</u> <u>(3) The OEMS staff member responsible for managing the Chemical Addiction or Abuse Treatment Program.</u>
.1502	Changes "shall" to "may" where "significant failure to comply" was applicable.
.1505	Changes "shall" to "may" where "significant failure to comply" was applicable.
.1507	Changes "shall" to "may" where "significant failure to comply" was applicable.