

SUBCHAPTER 13P – EMERGENCY MEDICAL SERVICES AND TRAUMA RULES

SECTION .0100 – DEFINITIONS

10A NCAC 13P .0101 ABBREVIATIONS

As used in this Subchapter, the following abbreviations mean:

- (1) ACS: American College of Surgeons;
- (2) AEMT: Advanced Emergency Medical Technician;
- (3) AHA: American Heart Association;
- (4) ASTM: American Society for Testing and Materials;
- (5) CAAHEP: Commission on Accreditation of Allied Health Education Programs;
- (6) CPR: Cardiopulmonary Resuscitation;
- (7) ED: Emergency Department;
- (8) EMD: Emergency Medical Dispatcher;
- (9) EMR: Emergency Medical Responder;
- (10) EMS: Emergency Medical Services;
- (11) EMS-NP: EMS Nurse Practitioner;
- (12) EMS-PA: EMS Physician Assistant;
- (13) EMT: Emergency Medical Technician;
- (14) FAA: Federal Aviation Administration;
- (15) FAR: Federal Aviation Regulation;
- (16) FCC: Federal Communications Commission;
- (17) GCS: Glasgow Coma Scale;
- (18) ICD: International Classification of Diseases;
- (19) ISS: Injury Severity Score;
- (20) ICU: Intensive Care Unit;
- (21) IV: Intravenous;
- (22) LPN: Licensed Practical Nurse;
- (23) MICN: Mobile Intensive Care Nurse;
- (24) NHTSA: National Highway Traffic Safety Administration;
- (25) OEMS: Office of Emergency Medical Services;
- (26) OR: Operating Room;
- (27) PSAP: Public Safety Answering Point;
- (28) RAC: Regional Advisory Committee;
- (29) RFP: Request For Proposal;
- (30) RN: Registered Nurse;
- (31) SCTP: Specialty Care Transport Program;
- (32) SMARTT: State Medical Asset and Resource Tracking Tool;
- (33) STEMI: ST Elevation Myocardial Infarction;
- (34) TR: Trauma Registrar;
- (35) TPM: Trauma Program Manager; and
- (36) US DOT: United States Department of Transportation.

*History Note: Authority G.S. 143-508(b);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Readopted Eff. January 1, 2017.*

10A NCAC 13P .0102 DEFINITIONS

In addition to the definitions in G.S. 131E-155, the following definitions apply throughout this Subchapter:

- (1) "Affiliated EMS Provider" means the firm, corporation, agency, organization, or association identified with a specific county EMS system as a condition for EMS Provider Licensing as required by Rule .0204 of this Subchapter.

- (2) "Affiliated Hospital" means a non-trauma center hospital that is owned by the Trauma Center or there is a contract or other agreement to allow for the acceptance or transfer of the Trauma Center's patient population to the non-trauma center hospital.
- (3) "Affiliate" or "Affiliation" means a reciprocal agreement and association that includes active participation, collaboration, and involvement in a process or system between two or more parties.
- (4) "Alternative Practice Setting" means a practice setting that utilizes credentialed EMS personnel that may not be affiliated with or under the oversight of an EMS System or EMS System Medical Director.
- (5) "Air Medical Ambulance" means an aircraft configured and medically equipped to transport patients by air. The patient care compartment of air medical ambulances shall be staffed by medical crew members approved for the mission by the Medical Director.
- (6) "Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircraft configured and operated to transport patients.
- (7) "Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the Medical Director with the medical aspects of the management of a practice setting utilizing credentialed EMS personnel or medical crew members.
- (8) "Bypass" means a decision made by the patient care technician to transport a patient from the scene of an accident or medical emergency past a receiving facility for the purposes of accessing a facility with a higher level of care, or a hospital of its own volition reroutes a patient from the scene of an accident or medical emergency or referring hospital to a facility with a higher level of care.
- (9) "Community Paramedicine" means an EMS System utilizing credentialed personnel who have received additional training as determined by the EMS system Medical Director to provide knowledge and skills for the community needs beyond the 911 emergency response and transport operating guidelines defined in the EMS system plan.
- (10) "Contingencies" mean conditions placed on a designation that, if unmet, may result in the loss or amendment of a designation.
- (11) "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport patients having a known non-emergency medical condition. Convalescent ambulances shall not be used in place of any other category of ambulance defined in this Subchapter.
- (12) "Deficiency" means the failure to meet essential criteria for a designation that can serve as the basis for a focused review or denial of a designation.
- (13) "Department" means the North Carolina Department of Health and Human Services.
- (14) "Diversion" means the hospital is unable to accept a patient due to a lack of staffing or resources.
- (15) "Educational Medical Advisor" means the physician responsible for overseeing the medical aspects of approved EMS educational programs.
- (16) "EMS Care" means all services provided within each EMS System by its affiliated EMS agencies and personnel that relate to the dispatch, response, treatment, and disposition of any patient.
- (17) "EMS Educational Institution" means any agency credentialed by the OEMS to offer EMS educational programs.
- (18) "EMS Non-Transporting Vehicle" means a motor vehicle operated by a licensed EMS provider dedicated and equipped to move medical equipment and EMS personnel functioning within the scope of practice of an AEMT or Paramedic to the scene of a request for assistance. EMS nontransporting vehicles shall not be used for the transportation of patients on the streets, highways, waterways, or airways of the state.
- (19) "EMS Peer Review Committee" means a committee as defined in G.S. 131E-155(6b).
- (20) "EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics" means one or more reports generated from the State EMS data system analyzing the EMS service delivery, personnel performance, and patient care provided by an EMS system and its associated EMS agencies and personnel. Each EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics focuses on a topic of care such as trauma, cardiac arrest, EMS response times, stroke, STEMI (heart attack), and pediatric care.
- (21) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license issued by the Department pursuant to G.S. 131E-155.1.
- (22) "EMS System" means a coordinated arrangement of local resources under the authority of the county government (including all agencies, personnel, equipment, and facilities) organized to

- respond to medical emergencies and integrated with other health care providers and networks including public health, community health monitoring activities, and special needs populations.
- (23) "Essential Criteria" means those items that are the requirements for the respective level of trauma center designation (I, II, or III), as set forth in Rule .0901 of this Subchapter.
 - (24) "Focused Review" means an evaluation by the OEMS of corrective actions to remove contingencies that are a result of deficiencies following a site visit.
 - (25) "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical conditions or patients for whom the need for specialty care, emergency, or non-emergency medical care is anticipated either at the patient location or during transport.
 - (26) "Hospital" means a licensed facility as defined in G.S. 131E-176 or an acute care in-patient diagnostic and treatment facility located within the State of North Carolina that is owned and operated by an agency of the United States government.
 - (27) "Immediately Available" means the physical presence of the health professional or the hospital resource within the trauma center to evaluate and care for the trauma patient.
 - (28) "Inclusive Trauma System" means an organized, multi-disciplinary, evidence-based approach to provide quality care and to improve measurable outcomes for all defined injured patients. EMS, hospitals, other health systems, and clinicians shall participate in a structured manner through leadership, advocacy, injury prevention, education, clinical care, performance improvement, and research resulting in integrated trauma care.
 - (29) "Infectious Disease Control Policy" means a written policy describing how the EMS system will protect and prevent its patients and EMS professionals from exposure and illness associated with contagions and infectious disease.
 - (30) "Lead RAC Agency" means the agency (comprised of one or more Level I or II trauma centers) that provides staff support and serves as the coordinating entity for trauma planning.
 - (31) "Level I Trauma Center" means a hospital that has the capability of providing guidance, research, and total care for every aspect of injury from prevention to rehabilitation.
 - (32) "Level II Trauma Center" means a hospital that provides trauma care regardless of the severity of the injury, but may lack the comprehensive care as a Level I trauma center, and does not have trauma research as a primary objective.
 - (33) "Level III Trauma Center" means a hospital that provides assessment, resuscitation, emergency operations, and stabilization, and arranges for hospital transfer as needed to a Level I or II trauma center.
 - (34) "Licensed Health Care Facility" means any health care facility or hospital licensed by the Department of Health and Human Services, Division of Health Service Regulation.
 - (35) "Medical Crew Member" means EMS personnel or other health care professionals who are licensed or registered in North Carolina and are affiliated with a SCTP.
 - (36) "Medical Director" means the physician responsible for the medical aspects of the management of a practice setting utilizing credentialed EMS personnel or medical crew members, or a Trauma Center.
 - (37) "Medical Oversight" means the responsibility for the management and accountability of the medical care aspects of a practice setting utilizing credentialed EMS personnel or medical crew members. Medical Oversight includes physician direction of the initial education and continuing education of EMS personnel or medical crew members; development and monitoring of both operational and treatment protocols; evaluation of the medical care rendered by EMS personnel or medical crew members; participation in system or program evaluation; and directing, by two-way voice communications, the medical care rendered by the EMS personnel or medical crew members.
 - (38) "Mobile Integrated Healthcare" means utilizing credentialed personnel who have received additional training as determined by the Alternative Practice Setting medical director to provide knowledge and skills for the healthcare provider program needs.
 - (39) "Off-line Medical Control" means medical supervision provided through the EMS System Medical Director or SCTP Medical Director who is responsible for the day-to-day medical care provided by EMS personnel. This includes EMS personnel education, protocol development, quality management, peer review activities, and EMS administrative responsibilities related to assurance of quality medical care.

- (40) "Office of Emergency Medical Services" means a section of the Division of Health Service Regulation of the North Carolina Department of Health and Human Services located at 1201 Umstead Drive, Raleigh, North Carolina 27603.
- (41) "On-line Medical Control" means the medical supervision or oversight provided to EMS personnel through direct communication in-person, via radio, cellular phone, or other communication device during the time the patient is under the care of an EMS professional.
- (42) "Operational Protocols" means the administrative policies and procedures of an EMS System or that provide guidance for the day-to-day operation of the system.
- (43) "Participating Hospital" means a hospital that supplements care within a larger trauma system by the initial evaluation and assessment of injured patients for transfer to a designated trauma center if needed.
- (44) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board to practice medicine in the state of North Carolina.
- (45) "Regional Advisory Committee" means a committee comprised of a lead RAC agency and a group representing trauma care providers and the community, for the purpose of regional planning, establishing, and maintaining a coordinated trauma system.
- (46) "Request for Proposal" means a State document that must be completed by each hospital seeking initial or renewal trauma center designation.
- (47) "Significant Failure to Comply" means a degree of non-compliance determined by the OEMS during compliance monitoring to exceed the ability of the local EMS System to correct, warranting enforcement action pursuant to Section .1500 of this Subchapter.
- (48) "State Medical Asset and Resource Tracking Tool" means the Internet web-based program used by the OEMS both in its daily operations and during times of disaster to identify, record, and monitor EMS, hospital, health care, and sheltering resources statewide, including facilities, personnel, vehicles, equipment, and pharmaceutical and supply caches.
- (49) "Specialty Care Transport Program" means a program designed and operated for the transportation of a patient by ground or air requiring specialized interventions, monitoring, and staffing by a paramedic who has received additional training as determined by the program Medical Director beyond the minimum training prescribed by the OEMS, or by one or more other healthcare professional(s) qualified for the provision of specialized care based on the patient's condition.
- (50) "Specialty Care Transport Program Continuing Education Coordinator" means a Level I EMS Instructor within a SCTP who is responsible for the coordination of EMS continuing education programs for EMS personnel within the program.
- (51) "Stretcher" means any wheeled or portable device capable of transporting a person in a recumbent position and may only be used in an ambulance vehicle permitted by the Department.
- (52) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurologic deficit.
- (53) "System Continuing Education Coordinator" means the Level I EMS Instructor designated by the local EMS System who is responsible for the coordination of EMS continuing education programs.
- (54) "System Data" means all information required for daily electronic submission to the OEMS by all EMS Systems using the EMS data set, data dictionary, and file format as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated herein by reference including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and online at www.ncems.org at no cost.
- (55) "Trauma Center" means a hospital designated by the State of North Carolina and distinguished by its ability to manage, on a 24-hour basis, the severely injured patient or those at risk for severe injury.
- (56) "Trauma Center Criteria" means essential criteria to define Level I, II, or III trauma centers.
- (57) "Trauma Center Designation" means a process of approval in which a hospital voluntarily seeks to have its trauma care capabilities and performance evaluated by experienced on-site reviewers.
- (58) "Trauma Diversion" means a trauma center of its own volition declines to accept an acutely injured patient due to a lack of staffing or resources.
- (59) "Trauma Guidelines" mean standards for practice in a variety of situations within the trauma system.

- (60) "Trauma Minimum Data Set" means the basic data required of all hospitals for submission to the Trauma Registry.
- (61) "Trauma Patient" means any patient with an ICD-CM discharge diagnosis as defined in the "North Carolina Trauma Registry Data Dictionary," incorporated herein by reference, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and online at <https://info.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html> at no cost.
- (62) "Trauma Program" means an administrative entity that includes the trauma service and coordinates other trauma-related activities. It shall also include the trauma Medical Director, trauma program manager/trauma coordinator, and trauma registrar. This program's reporting structure shall give it the ability to interact with at least equal authority with other departments in the hospital providing patient care.
- (63) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data elements that describe the injury event, demographics, pre-hospital information, diagnosis, care, outcomes, and costs of treatment for injured patients collected and electronically submitted as defined by the OEMS. The elements of the Trauma Registry can be accessed at <https://info.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html> at no cost.
- (64) "Treatment Protocols" means a document approved by the Medical Directors of the local EMS System, Specialty Care Transport Program, Alternative Practice Setting, or Trauma Center and the OEMS specifying the diagnostic procedures, treatment procedures, medication administration, and patient-care-related policies that shall be completed by EMS personnel or medical crew members based upon the assessment of a patient.
- (65) "Triage" means the assessment and categorization of a patient to determine the level of EMS and healthcare facility based care required.
- (66) "Water Ambulance" means a watercraft specifically configured and medically equipped to transport patients.

History Note: Authority G.S. 131E-155(6b); 131E-162; 143-508(b), 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(4); 143-508(d)(5); 143-508(d)(6); 143-508(d)(7); 143-508(d)(8); 143-508(d)(13); 143-518(a)(5);
 Temporary Adoption Eff. January 1, 2002;
 Eff. April 1, 2003;
 Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
 Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this rule;
 Readopted Eff. January 1, 2017;
 Amended Eff. September 1, 2019; July 1, 2018.

10A NCAC 13P .0103 AIR MEDICAL PROGRAM
10A NCAC 13P .0104 ASSISTANT MEDICAL DIRECTOR
10A NCAC 13P .0105 CONVALESCENT AMBULANCE
10A NCAC 13P .0106 EDUCATIONAL MEDICAL ADVISOR
10A NCAC 13P .0107 EMS EDUCATIONAL INSTITUTION

History Note: Authority G.S. 143-508(b); 143-508(d)(1),(d)(3),(d)(4),(d)(8);
 Temporary Adoption Eff. January 1, 2002;
 Eff. April 1, 2003;
 Repealed Eff. January 1, 2009.

10A NCAC 13P .0108 EMS INSTRUCTOR

History Note: Authority G.S. 131E-155(a)(7a); 143-508(b); 143-508(d)(3); 143-508(d)(4);
 Temporary Adoption Eff. January 1, 2002;
 Repealed Eff. January 1, 2004.

10A NCAC 13P .0109 EMS NONTRANSPORTING VEHICLE

10A NCAC 13P .0110	EMS SYSTEM
10A NCAC 13P .0111	GROUND AMBULANCE
10A NCAC 13P .0112	MEDICAL CREW MEMBERS
10A NCAC 13P .0113	MEDICAL DIRECTOR
10A NCAC 13P .0114	MEDICAL OVERSIGHT
10A NCAC 13P .0115	MODEL EMS SYSTEM
10A NCAC 13P .0116	OFFICE OF EMERGENCY MEDICAL SERVICES
10A NCAC 13P .0117	OPERATIONAL PROTOCOLS
10A NCAC 13P .0118	PHYSICIAN
10A NCAC 13P .0119	EMS PEER REVIEW COMMITTEE
10A NCAC 13P .0120	SPECIALTY CARE TRANSPORT PROGRAM
10A NCAC 13P .0121	SPECIALTY CARE TRANSPORT PROGRAM CONTINUING EDUCATION COORDINATOR
10A NCAC 13P .0122	SYSTEM CONTINUING EDUCATION COORDINATOR
10A NCAC 13P .0123	TREATMENT PROTOCOLS
10A NCAC 13P .0124	WATER AMBULANCE

History Note: Authority G.S. 131E-155(a)(6b); 143-508(b); 143-508(d)(1), (d)(3), (d)(6),(d)(7), (d)(8), (d)(13); 143-518(a)(5);
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004; April 1, 2003;
Amended Eff. January 1, 2004;
Repealed Eff. January 1, 2009.

SECTION .0200 – EMS SYSTEMS

10A NCAC 13P .0201 EMS SYSTEM REQUIREMENTS

(a) County governments shall establish EMS Systems. Each EMS System shall have:

- (1) a defined geographical service area for the EMS System. The minimum service area for an EMS System shall be one county. There may be multiple EMS Provider service areas within an EMS System. The highest level of care offered within any EMS Provider service area shall be available to the citizens within that service area 24 hours a day, seven days a week;
- (2) a defined scope of practice for all EMS personnel functioning in the EMS System within the parameters set forth by the North Carolina Medical Board pursuant to G.S. 143-514;
- (3) written policies and procedures describing the dispatch, coordination, and oversight of all responders that provide EMS care, specialty patient care skills, and procedures as set forth in Rule .0301 of this Subchapter, and ambulance transport within the system;
- (4) at least one licensed EMS Provider;
- (5) a listing of permitted ambulances to provide coverage to the service area 24 hours a day, seven days a week;
- (6) personnel credentialed to perform within the scope of practice of the system and to staff the ambulance vehicles as required by G.S. 131E-158. There shall be a written plan for the use of credentialed EMS personnel for all practice settings used within the system;
- (7) written policies and procedures specific to the utilization of the EMS System's EMS Care data for the daily and on-going management of all EMS System resources;
- (8) a written Infectious Disease Control Policy as defined in Rule .0102 of this Subchapter and written procedures that are approved by the EMS System Medical Director that address the cleansing and disinfecting of vehicles and equipment that are used to treat or transport patients;
- (9) a listing of resources that will provide online medical direction for all EMS Providers operating within the EMS System;
- (10) an EMS communication system that provides for:
 - (A) public access to emergency services by dialing 9-1-1 within the public dial telephone network as the primary method for the public to request emergency assistance. This number shall be connected to the PSAP with immediate assistance available such that no caller will be instructed to hang up the telephone and dial another telephone number. A

- person calling for emergency assistance shall not be required to speak with more than two persons to request emergency medical assistance;
- (B) a PSAP operated by public safety telecommunicators with training in the management of calls for medical assistance available 24 hours a day, seven days a week;
 - (C) dispatch of the most appropriate emergency medical response unit or units to any caller's request for assistance. The dispatch of all response vehicles shall be in accordance with a written EMS System plan for the management and deployment of response vehicles including requests for mutual aid; and
 - (D) two-way radio voice communications from within the defined service area to the PSAP and to facilities where patients are transported. The PSAP shall maintain all required FCC radio licenses or authorizations;
- (11) written policies and procedures for addressing the use of SCTP and Air Medical Programs resources utilized within the system;
 - (12) a written continuing education program for all credentialed EMS personnel, under the direction of a System Continuing Education Coordinator, developed and modified based on feedback from EMS Care system data, review, and evaluation of patient outcomes and quality management peer reviews, that follows the criteria set forth in Rule .0501 of this Subchapter;
 - (13) written policies and procedures to address management of the EMS System that includes:
 - (A) triage and transport of all acutely ill and injured patients with time-dependent or other specialized care issues including trauma, stroke, STEMI, burn, and pediatric patients that may require the bypass of other licensed health care facilities and that are based upon the expanded clinical capabilities of the selected healthcare facilities;
 - (B) triage and transport of patients to facilities outside of the system;
 - (C) arrangements for transporting patients to identified facilities when diversion or bypass plans are activated;
 - (D) reporting, monitoring, and establishing standards for system response times using system data;
 - (E) weekly updating of the SMARTT EMS Provider information;
 - (F) a disaster plan;
 - (G) a mass-gathering plan that includes how the provision of EMS standby coverage for the public-at-large will be provided;
 - (H) a mass-casualty plan;
 - (I) a weapons plan for any weapon as set forth in Rule .0216 of this Section;
 - (J) a plan on how EMS personnel shall report suspected child abuse pursuant to G.S. 7B-301;
 - (K) a plan on how EMS personnel shall report suspected abuse of the disabled pursuant to G.S. 108A-102; and
 - (L) a plan on how each responding agency is to maintain a current roster of its personnel providing EMS care within the county under the provider number issued pursuant to Paragraph (c) of this Rule, in the OEMS credentialing and information database;
 - (14) affiliation as defined in Rule .0102 of this Subchapter with a trauma RAC as required by Rule .1101(b) of this Subchapter; and
 - (15) medical oversight as required by Section .0400 of this Subchapter.
- (b) Each EMS System that utilizes emergency medical dispatching agencies applying the principles of EMD or offering EMD services, procedures, or programs to the public shall have:
- (1) a defined service area for each agency;
 - (2) appropriate personnel within each agency, credentialed in accordance with the requirements set forth in Section .0500 of this Subchapter, to ensure EMD services to the citizens within that service area are available 24 hours per day, seven days a week; and
 - (3) EMD responsibilities in special situations, such as disasters, mass-casualty incidents, or situations requiring referral to specialty hotlines.
- (c) The EMS System shall obtain provider numbers from the OEMS for each entity that provides EMS Care within the county.
- (d) An application to establish an EMS System shall be submitted by the county to the OEMS for review. When the system is comprised of more than one county, only one application shall be submitted. The proposal shall

demonstrate that the system meets the requirements in Paragraph (a) of this Rule. System approval shall be granted for a period of six years. Systems shall apply to OEMS for reapproval no more than 90 days prior to expiration.

History Note: Authority G.S. 131E-155(1); 131E-155(6); 131E-155(7); 131E-155(8); 131E-155(9); 131E-155(13a); 131E-155(15); 143-508(b); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(5); 143-508(d)(8); 143-508(d)(9); 143-508(d)(10); 143-508(d)(13); 143-517; 143-518; Temporary Adoption Eff. January 1, 2002; Eff. August 1, 2004; Amended Eff. January 1, 2009; Readopted Eff. January 1, 2017; Amended Eff. July 1, 2018.

10A NCAC 13P .0202 MODEL EMS SYSTEMS

History Note: Authority G.S. 143-508(b); 143-508(d)(1), (d)(3), (d)(5), (d)(8), (d)(9), (d)(10), (d)(13); 143-509(1), (3), (4), (5); Temporary Adoption Eff. January 1, 2002; Eff. January 1, 2004; Repealed Eff. March 1, 2009.

10A NCAC 13P .0203 SPECIAL SITUATIONS

(a) Upon written request from an EMS system or systems, tribal government, or federal jurisdiction having recognized province in North Carolina, the North Carolina Medical Care Commission may approve the furnishing and providing of services within the scope of practice of EMD, EMR, EMT, AEMT, or Paramedic in North Carolina.

(b) This approval shall be granted where the North Carolina Medical Care Commission concludes there exists an inability to address the criteria for EMS System development as set forth in Rule .0201 of this Section and the deficiency cannot be rectified due to insufficient resources or because of a lack of geographical access within the respective EMS system or systems.

History Note: Authority G.S. 143-508(b); Temporary Adoption Eff. January 1, 2002; Eff. April 1, 2003; Amended Eff. January 1, 2004; Readopted Eff. April 1, 2017.

10A NCAC 13P .0204 EMS PROVIDER LICENSE REQUIREMENTS

(a) Any firm, corporation, agency, organization, or association that provides non-transportation emergency medical services at the AEMT or Paramedic level shall be licensed by the Department as an EMS Provider by meeting and maintaining the criteria defined in Paragraph (b) of this Rule.

(b) Any firm, corporation, agency, organization, or association that provides emergency medical transportation services shall be licensed as an EMS Provider by meeting and maintaining the following criteria:

- (1) be affiliated as defined in Rule .0102(3) of this Subchapter with each EMS System where there is to be a physical base of operation or where the EMS Provider will provide point-to-point patient transport within the system;
- (2) present an application for a permit for any ambulance and EMS non-transporting vehicle that will be in service as required by G.S. 131E-156, and meet the requirements of Rules .0207 and .0213 of this Section;
- (3) submit a written plan detailing how the EMS Provider will furnish credentialed personnel pursuant to G.S. 131E-158;
- (4) where there are franchise ordinances pursuant to G.S. 153A-250 in effect that cover the proposed service areas of each EMS system of operation, provide written documentation reflecting a current franchise to operate, or of impending receipt of a franchise, from each county. In counties where there is no franchise ordinance in effect, present a signature from each EMS System representative authorizing the EMS Provider to affiliate as required by Subparagraph (b)(1) of this Rule;

- (5) provide inspection, repair, cleaning, and maintenance of all EMS responding ground vehicles and maintain records for a period of time determined by the EMS System, and make available for inspection by the OEMS verifying compliance with this Subparagraph;
 - (6) collect and within 24 hours electronically submit to the OEMS EMS Care data that uses the EMS data set and data dictionary as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;"
 - (7) develop and implement written operational protocols for the management of equipment, supplies, and medications and maintain records for a period of time determined by the EMS System, and make available for inspection by the OEMS verifying compliance with this Subparagraph. These protocols shall include a methodology:
 - (A) to assure that each vehicle contains the required equipment and supplies on each response;
 - (B) for cleaning and maintaining the equipment and vehicles; and
 - (C) to assure that supplies and medications are not used beyond the expiration date and stored in a temperature controlled atmosphere according to manufacturer's specifications.
- (c) An EMS Provider may renew its license by presenting documentation to the OEMS that the Provider meets the criteria set forth in Paragraph (b) of this Rule.
- (d) Air Medical Programs are exempt from the requirements set forth in Subparagraphs (b)(1) and (b)(4) of this Rule.

History Note: Authority G.S. 131E-155.1(c); 143-508(d)(1); 143-508(d)(5); 143-508(d)(13); Temporary Adoption Eff. January 1, 2002; Eff. April 1, 2003; Amended Eff. January 1, 2004; Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009; Pursuant to G.S. 150B-21(c), a bill was not ratified by the General Assembly to disapprove this rule; Readopted Eff. June 1, 2018.

10A NCAC 13P .0205 EMS PROVIDER LICENSE CONDITIONS

- (a) Applications for an EMS Provider License must be received by the OEMS at least 30 days prior to the date that the EMS Provider proposes to initiate service. Applications for renewal of an EMS Provider License must be received by the OEMS at least 30 days prior to the expiration date of the current license.
- (b) Only one license shall be issued to each EMS Provider. The Department shall issue a license to the EMS Provider following verification of compliance with applicable laws and rules.
- (c) EMS Provider Licenses shall not be transferred.
- (d) The license shall be posted in a prominent location accessible to public view at the primary business location of the EMS Provider.
- (e) EMS Provider Licenses may not be issued by the Department to any firm, corporation, agency, organization or association that does not intend to provide emergency medical services as part of its operation to the citizens of North Carolina.

History Note: Authority G.S. 131E-155.1(c); Temporary Adoption Eff. January 1, 2002; Eff. April 1, 2003; Amended Eff. February 1, 2009; January 1, 2004; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0206 TERM OF EMS PROVIDER LICENSE

- (a) EMS Provider Licenses remain in effect for six years unless any of the following occurs:
 - (1) the Department imposes an administrative sanction which specifies license expiration;
 - (2) the EMS Provider closes or goes out of business;
 - (3) the EMS Provider changes name or ownership; or
 - (4) failure to continue to comply with Rule .0204 of this Section.

(b) When the name or ownership of the EMS Provider changes, an EMS Provider License application shall be submitted to the OEMS at least 30 days prior to the effective date of the change.

History Note: Authority G.S. 131E-155.1(c);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0207 GROUND AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS

(a) To be permitted as a Ground Ambulance, a vehicle shall have:

- (1) a patient compartment that meets the following interior dimensions:
 - (A) the length, measured on the floor from the back of the driver's compartment, driver's seat or partition to the inside edge of the rear loading doors, is at least 102 inches; and
 - (B) the height is at least 48 inches over the patient area, measured from the approximate center of the floor, exclusive of cabinets or equipment;
- (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The equipment and supplies shall be clean, in working order, and secured in the vehicle;
- (3) other equipment that includes:
 - (A) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or all-purpose type and has a pressure gauge; and
 - (B) the availability of one pediatric restraint device to safely transport pediatric patients and children under 40 pounds in the patient compartment of the ambulance;
- (4) the name of the EMS Provider permanently displayed on each side of the vehicle;
- (5) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
- (6) emergency warning lights and audible warning devices mounted on the vehicle as required by G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. All warning devices shall function properly;
- (7) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;
- (8) an operational two-way radio that:
 - (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
 - (B) has sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
 - (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
 - (D) is equipped with a radio control device mounted in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
 - (E) is licensed or authorized by the FCC;
- (9) permanently installed heating and air conditioning systems; and
- (10) a copy of the EMS System patient care treatment protocols.

(b) Ground ambulances shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.

(c) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.

History Note: Authority G.S. 131E-157(a); 143-508(d)(8);
Temporary Adoption Eff. January 1, 2002;

Eff. April 1, 2003;

Amended Eff. January 1, 2009; January 1, 2004;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0208 CONVALESCENT AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS

- (a) To be permitted as a Convalescent Ambulance, a vehicle shall have:
- (1) a patient compartment that meets the following interior dimensions:
 - (A) the length, measured on the floor from the back of the driver's compartment, driver's seat or partition to the inside edge of the rear loading doors, is at least 102 inches; and
 - (B) the height is at least 48 inches over the patient area, measured from the approximate center of the floor, exclusive of cabinets or equipment;
 - (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The equipment and supplies shall be clean, in working order, and secured in the vehicle;
 - (3) other equipment including:
 - (A) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or all-purpose type and has a pressure gauge; and
 - (B) the availability of one pediatric restraint device to safely transport pediatric patients and children under 40 pounds in the patient compartment of the ambulance;
 - (4) permanently installed heating and air conditioning systems; and
 - (5) a copy of the EMS System patient care treatment protocols.
- (b) Convalescent Ambulances shall:
- (1) not be equipped, permanently or temporarily, with any emergency warning devices, audible or visual, other than those required by Federal Motor Vehicle Safety Standards;
 - (2) have the name of the EMS Provider permanently displayed on each side of the vehicle;
 - (3) not have emergency medical symbols, such as the Star of Life, block design cross, or any other medical markings, symbols, or emblems, including the word "EMERGENCY," on the vehicle;
 - (4) have the words "CONVALESCENT AMBULANCE" lettered on both sides and on the rear of the vehicle body; and
 - (5) have reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle.
- (c) A two-way radio or radiotelephone device such as a cellular telephone shall be available to summon emergency assistance for a vehicle permitted as a convalescent ambulance.
- (d) The convalescent ambulance shall not have structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle.

History Note: Authority G.S. 131E-157(a); 143-508(d)(8);

Temporary Adoption Eff. January 1, 2002;

Eff. April 1, 2003;

Amended Eff. January 1, 2009; January 1, 2004;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0209 AIR MEDICAL AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS

To be permitted as an Air Medical Ambulance, an aircraft shall meet the following requirements:

- (1) configuration of the aircraft patient care compartment does not compromise the ability to provide care or prevent performing in-flight emergency patient care procedures as approved by the program Medical Director;
- (2) the aircraft has on-board patient care equipment and supplies as defined in the treatment protocols for the program written by the Medical Director and approved by the OEMS. The equipment and supplies shall be clean, in working order, and secured in the aircraft;

- (3) there is installed in the rotary-wing aircraft an internal voice communication system to allow for communication between the medical and flight crew;
- (4) the program Medical Director designates the combination of medical equipment specified in Item (2) of this Rule that is carried on a mission based on anticipated patient care needs;
- (5) the name of the EMS Provider is permanently displayed on each side of the aircraft;
- (6) the rotary-wing aircraft is equipped with a two-way voice radio licensed by the FCC capable of operation on any frequency required to allow communications with public safety agencies such as fire departments, police departments, ambulance and rescue units, hospitals, and local government agencies, within the service area;
- (7) in addition to equipment required by applicable air worthiness certificates and Federal Aviation Regulations 14 CFR Part 91 and Part 135 which are herein incorporated by reference, including all subsequent amendments and editions, any rotary-wing aircraft permitted shall have the following functioning equipment to help ensure the safety of patients, crew members, and ground personnel, patient comfort, and medical care:
 - (a) Global Positioning System;
 - (b) an external search light that can be operated from inside the aircraft;
 - (c) survival gear appropriate for the service area and the number, age, and type of patients; and
 - (d) permanently installed environmental control unit (ECU) capable of both heating and cooling the patient compartment of the aircraft;
- (8) the availability of one pediatric restraint device to safely transport pediatric patients and children under 40 pounds in the patient compartment of the air medical ambulance;
- (9) the aircraft has no structural or functional defects that may adversely affect the patient, or the EMS personnel; and
- (10) a copy of the patient care treatment protocols set forth in Rules .0405 and .0406 of this Subchapter, either paper or electronic, carried aboard the aircraft.

*History Note: Authority G.S. 131E-157(a); 143-508(d)(8);
 Temporary Adoption Eff. January 1, 2002;
 Eff. April 1, 2003;
 Amended Eff. January 1, 2004;
 Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
 Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this rule;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
 Amended Eff. January 1, 2017.*

10A NCAC 13P .0210 WATER AMBULANCE: WATERCRAFT AND EQUIPMENT REQUIREMENTS

To be permitted as a Water Ambulance, a watercraft shall meet the following requirements:

- (1) The watercraft shall have a patient care area that:
 - (a) provides access to the head, torso, and lower extremities of the patient while providing sufficient working space to render patient care;
 - (b) is covered to protect the patient and EMS personnel from the elements; and
 - (c) has an opening of sufficient size to permit the safe loading and unloading of a person occupying a litter.
- (2) The watercraft shall have on board patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The equipment and supplies shall be clean, in working order, and secured in the vehicle.
- (3) Water ambulances shall have the name of the EMS Provider permanently displayed on each side of the watercraft.
- (4) Water ambulances shall have a 360-degree beacon warning light in addition to warning devices required in Chapter 75A, Article 1, of the North Carolina General Statutes.

- (5) Water ambulances shall be equipped with:
 - (a) two floatable rigid long backboards with proper accessories for securing infant, pediatric, and adult patients and stabilization of the head and neck;
 - (b) one floatable litter with patient restraining straps and capable of being secured to the watercraft;
 - (c) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or all-purpose type and has a pressure gauge;
 - (d) lighted compass;
 - (e) radio navigational aids such as ADF (automatic directional finder), Satellite Global Navigational System, navigational radar, or other comparable radio equipment suited for water navigation;
 - (f) marine radio; and
 - (g) the availability of one pediatric restraint device to safely transport pediatric patients under 40 pounds in the patient compartment of the ambulance;
- (6) The water ambulance shall not have structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the watercraft.
- (7) Water ambulances shall have a copy of the EMS System patient care treatment protocols.

*History Note: Authority G.S. 131E-157(a); 143-508(d)(8);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0211 AMBULANCE PERMIT CONDITIONS

- (a) An EMS provider shall apply to the OEMS for the appropriate Ambulance Permit prior to placing an ambulance in service.
- (b) The Department shall issue a permit for an ambulance following verification of compliance with applicable laws and rules.
- (c) Only one Ambulance Permit shall be issued for each ambulance.
- (d) An ambulance shall be permitted in only one category.
- (e) Ambulance Permits shall not be transferred except in the case of Air Medical Ambulance replacement aircraft when the primary aircraft is out of service.
- (f) The Ambulance Permit shall be posted as designated by the OEMS inspector.

*History Note: Authority G.S. 131E-157(a); 143-508(d)(8);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0212 TERM OF AMBULANCE PERMIT

Ambulance Permits remain in effect for two years unless any of the following occurs:

- (1) The Department imposes an administrative sanction which specifies permit expiration;
- (2) The EMS Provider closes or goes out of business;
- (3) The EMS Provider changes name or ownership; or
- (4) Failure to comply with the applicable Paragraphs of Rules .0207, .0208, .0209, or .0210 of this Section.

*History Note: Authority G.S. 131E-157(a); 143-508(d)(8);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0213 EMS NONTRANSPORTING VEHICLE REQUIREMENTS

- (a) To be permitted as an EMS Nontransporting Vehicle, a vehicle shall:
- (1) have patient care equipment and supplies as defined in the treatment protocols for the system. The equipment and supplies shall be clean, in working order, and secured in the vehicle.
 - (2) have the name of the EMS Provider permanently displayed on each side of the vehicle.
 - (3) have reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle.
 - (4) have emergency warning lights and audible warning devices mounted on the vehicle as required by G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. All warning devices shall function properly.
 - (5) not have structural or functional defects that may adversely affect the EMS personnel or the safe operation of the vehicle.
 - (6) have one fire extinguisher that is a dry chemical or all-purpose type with a pressure gauge, mounted in a quick-release bracket.
 - (7) have an operational two-way radio that:
 - (A) is mounted to the EMS Nontransporting Vehicle and installed for safe operation and controlled by the driver;
 - (B) has sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
 - (C) is capable of establishing two-way voice radio communication from within the defined service area to facilities that provide on-line medical direction to EMS personnel; and
 - (D) is licensed or authorized by the FCC.
 - (8) not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.
 - (9) have a copy of the local EMS System patient care treatment protocols.
- (b) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission-dedicated radio.

*History Note: Authority G.S. 143-508(d)(8);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0214 EMS NON-TRANSPORTING VEHICLE PERMIT CONDITIONS

- (a) A licensed EMS provider shall apply to the OEMS for an EMS non-transporting Vehicle Permit prior to placing such vehicle in service.
- (b) The OEMS shall issue a permit for a vehicle following verification of compliance with applicable laws and rules.
- (c) Only one EMS Non-transporting Vehicle Permit shall be issued for each vehicle.
- (d) EMS Non-transporting Vehicle Permits shall not be transferred.
- (e) The EMS Non-transporting Vehicle Permit shall be posted on the vehicle by the OEMS inspector.
- (f) Vehicles that are not owned or leased by the licensed EMS Provider are ineligible for permitting.

*History Note: Authority G.S. 143-508(d)(8);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
Amended Eff. January 1, 2017.*

10A NCAC 13P .0215 TERM OF EMS NONTRANSPORTING VEHICLE PERMIT

EMS Nontransporting Vehicle Permits remain in effect for two years, unless any of the following occurs:

- (1) The Department imposes an administrative sanction that specifies permit expiration;
- (2) The EMS Provider closes or goes out of business;
- (3) The EMS Provider changes name or ownership; or
- (4) Failure to comply with Rule .0213 of this Section.

History Note: Authority G.S. 143-508(d)(8);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0216 WEAPONS AND EXPLOSIVES FORBIDDEN

- (a) Weapons, whether lethal or non-lethal, and explosives shall not be worn or carried aboard an ambulance or EMS non-transporting vehicle within the State of North Carolina when the vehicle is operating in any patient treatment or transport capacity or is available for such function.
- (b) Conducted electrical weapons and chemical irritants such as mace, pepper (oleoresin capsicum) spray, and tear gas shall be considered weapons for the purpose of this Rule.
- (c) This Rule shall apply whether or not such weapons and explosives are concealed or visible.
- (d) If any weapon is found to be in the possession of a patient or person accompanying the patient during transportation, the weapon shall be safely secured in accordance with the weapons policy as set forth in Rule .0201(a)(13)(I) of this Section.
- (e) Weapons authorized for use by EMS personnel attached to a law enforcement tactical team in accordance with the weapons policy as set forth in Rule .0201(a)(13)(I) of this Section may be secured in a locked, dedicated compartment or gun safe mounted within the ambulance or non-transporting vehicle for use when dispatched in support of the law enforcement tactical team, but are not to be worn or carried open or concealed by any EMS personnel in the performance of normal EMS duties under any circumstances.
- (f) This Rule shall not apply to duly appointed law enforcement officers.
- (g) Safety flares are authorized for use on an ambulance with the following restrictions:
 - (1) these devices are not stored inside the patient compartment of the ambulance; and
 - (2) these devices shall be packaged and stored so as to prevent accidental discharge or ignition.

History Note: Authority G.S. 131E-157(a); 143-508(d)(8);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Readopted Eff. January 1, 2017.

10A NCAC 13P .0217 MEDICAL AMBULANCE/EVACUATION BUS: VEHICLE AND EQUIPMENT REQUIREMENTS

- (a) A Medical Ambulance/Evacuation bus is a multiple passenger vehicle configured and medically equipped for emergency and non-emergency transport of at least three stretcher bound patients with traumatic or medical conditions.
- (b) To be permitted as a Medical Ambulance/Evacuation Bus, a vehicle shall have:
 - (1) a non-light penetrating sliding curtain installed behind the driver from floor-to-ceiling and from side-to-side to keep all light from the patient compartment from reaching the driver's area during vehicle operation at night;
 - (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," which is incorporated by reference, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The equipment and supplies shall be clean, in working order, and secured in the vehicle;

- (3) five pound fire extinguishers mounted in a quick release bracket located inside the patient compartment at the front and rear of the vehicle that are either a dry chemical or all-purpose type and have pressure gauges;
 - (4) monitor alarms installed inside the patient compartment at the front and rear of the vehicle to warn of unsafe buildup of carbon monoxide;
 - (5) the name of the EMS provider permanently displayed on each side of the vehicle;
 - (6) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
 - (7) emergency warning lights and audible warning devices mounted on the vehicle as required by G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. All warning devices shall function properly;
 - (8) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;
 - (9) an operational two-way radio that:
 - (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
 - (B) has sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
 - (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
 - (D) is equipped with a radio control device mounted in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
 - (E) is licensed or authorized by the FCC;
 - (10) permanently installed heating and air conditioning systems; and
 - (11) a copy of the EMS System patient care treatment protocols.
- (c) A Medical Ambulance/Evacuation Bus shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.
- (d) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.
- (e) The EMS System medical director shall designate the combination of medical equipment as required in Subparagraph (b)(2) of this Rule that is carried on a mission based on anticipated patient care needs.
- (f) The ambulance permit for this vehicle shall remain in effect for two years unless any of the following occurs:
- (1) The Department imposes an administrative sanction which specifies permit expiration;
 - (2) The EMS Provider closes or goes out of business;
 - (3) The EMS Provider changes name or ownership; or
 - (4) Failure to comply with the applicable Paragraphs of this Rule.

History Note: Authority G.S. 131E-157(a); 143-508(d)(8); Eff. July 1, 2011; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0218 PEDIATRIC SPECIALTY CARE GROUND AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS

- (a) A Pediatric Specialty Care Ground Ambulance is an ambulance used to transport only those patients 18 years old or younger with traumatic or medical conditions or for whom the need for specialty care or emergency or non-emergency medical care is anticipated during an inter-facility or discharged patient transport.
- (b) To be permitted as a Pediatric Specialty Care Ground Ambulance, a vehicle shall have:
 - (1) a patient compartment that meets the following interior dimensions:
 - (A) the length, measured on the floor from the back of the driver's compartment, driver's seat or partition to the inside edge of the rear loading doors, is at least 102 inches; and
 - (B) the height is at least 48 inches over the patient area, measured from the center of the floor, exclusive of cabinets or equipment;

- (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," which is incorporated by reference, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The equipment and supplies shall be clean, in working order, and secured in the vehicle;
 - (3) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or all-purpose type and has a pressure gauge;
 - (4) the name of the EMS Provider permanently displayed on each side of the vehicle;
 - (5) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
 - (6) emergency warning lights and audible warning devices mounted on the vehicle as required by G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. All warning devices shall function properly;
 - (7) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;
 - (8) an operational two-way radio that:
 - (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
 - (B) has sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
 - (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
 - (D) is equipped with a radio control device mounted in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
 - (E) is licensed or authorized by the FCC;
 - (9) permanently installed heating and air conditioning systems; and
 - (10) a copy of the EMS System patient care treatment protocols.
- (c) Pediatric Specialty Care Ground ambulances shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.
- (d) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.
- (e) The Specialty Care Transport Program medical director shall designate the combination of medical equipment as required in Subparagraph (b)(2) of this Rule that is carried on a mission based on anticipated patient care needs.
- (f) The ambulance permit for this vehicle shall remain in effect for two years unless any of the following occurs:
- (1) The Department imposes an administrative sanction which specifies permit expiration;
 - (2) The EMS Provider closes or goes out of business;
 - (3) The EMS Provider changes name or ownership; or
 - (4) Failure to comply with the applicable paragraphs of this Rule.

History Note: Authority G.S. 131E-157(a); 143-508(d)(8);
 Eff. July 1, 2011;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0219 STAFFING FOR MEDICAL AMBULANCE/EVACUATION BUS VEHICLES

Medical Ambulance/Evacuation Bus Vehicles are exempt from the requirements of G.S. 131E-158(a). The EMS System Medical Director, as set forth in Rule .0403(8) of this Subchapter, shall determine the combination and number of EMT, AEMT, or Paramedic personnel that are sufficient to manage the anticipated number and severity of injury or illness of the patients transported in the Medical Ambulance/Evacuation Bus Vehicle.

History Note: Authority G.S. 131E-158(b);
 Eff. July 1, 2011;
 Readopted Eff. January 1, 2017.

10A NCAC 13P .0220 STAFFING FOR PEDIATRIC SPECIALTY CARE GROUND AMBULANCES

Pediatric Specialty Care Ground Ambulances operated within the approved Specialty Care Transport Program dedicated for inter-facility transport of non-emergent, emergent, and critically ill or injured or discharged Neonatal and Pediatric patients are exempt from the requirements of G.S. 131E-158(a). The Specialty Care Program Medical Director shall determine the staffing that is sufficient to manage the severity of illness or injury of the patients transported in the Pediatric Specialty Care Ground Ambulance.

*History Note: Authority G.S. 131E-158(b);
Eff. July 1, 2011;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0221 PATIENT TRANSPORTATION BETWEEN HOSPITALS

(a) For the purpose of this Rule, hospital means those facilities as defined in Rule .0102(25) of this Subchapter.

(b) Every ground ambulance when transporting a patient between hospitals shall be occupied by all of the following:

- (1) one person who holds a credential issued by the OEMS as an emergency medical responder or higher who is responsible for the operation of the vehicle and rendering assistance to the patient caregiver when needed; and
- (2) at least one of the following individuals as determined by the transferring physician to manage the anticipated severity of injury or illness of the patient who is responsible for the medical aspects of the mission:
 - (A) emergency medical technician;
 - (B) advanced EMT;
 - (C) paramedic;
 - (D) nurse practitioner;
 - (E) physician;
 - (F) physician assistant;
 - (G) registered nurse; or
 - (H) respiratory therapist.

(c) Information shall be provided to the OEMS by the licensed EMS provider in the application:

- (1) describing the intended staffing pursuant to Rule .0204(a)(3) of this Section; and
- (2) showing authorization pursuant to Rule .0204(a)(4) of this Section by the county where the EMS provider license is issued to use the staffing in Paragraph (b) of this Rule.

(d) Ambulances used for patient transports between hospitals shall contain all medical equipment, supplies, and medications approved by the Medical Director, based upon the NCCEP treatment protocol guidelines. These protocol guidelines set forth in Rules .0405 and .0406 of this Subchapter are available online at no cost at www.ncems.org.

*History Note: Authority G.S. 131E-155.1; 131E-158(b); 143-508(d)(1); 143-508(d)(8);
Eff. July 1, 2012;
Readopted Eff. January 1, 2017;
Amended Eff. September 1, 2019.*

10A NCAC 13P .0222 TRANSPORT OF STRETCHER BOUND PATIENTS

(a) Any person transported on a stretcher as defined in Rule .0102 of this Subchapter meets the definition of patient as defined in G.S. 131E-155(16).

(b) Stretchers may only be utilized for patient transport in an ambulance permitted by the OEMS in accordance with G.S. 131E-156 and Rule .0211 of this Section.

(c) The Medical Care Commission exempts wheeled chair devices used solely for the transportation of mobility impaired persons in non-permitted vehicles from the definition of stretcher.

*History Note: Authority G.S. 131E-156; 131E-157; 143-508(d)(8);
Eff. January 1, 2017;
Amended Eff. July 1, 2018.*

10A NCAC 13P .0223 REQUIRED DISCLOSURE AND REPORTING INFORMATION

- (a) Applicants for initial and renewal EMS Provider licensing shall disclose the following background information:
- (1) any prior name(s) used for providing emergency medical services in North Carolina or any other state;
 - (2) any felony criminal charges and convictions, under Federal or State law, and any civil actions taken against the applicant or any of its owners or officers in North Carolina or any other state;
 - (3) any misdemeanor or felony conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance;
 - (4) any misdemeanor or felony conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of EMS care or service;
 - (5) any current or prior investigations, including outcomes, for alleged Medicare, Medicaid, or other insurance fraud, tax evasion, and fraud;
 - (6) any revocation or suspension of accreditation; and
 - (7) any revocation or suspension by any State licensing authority of a license to provide EMS.
- (b) Within 30 days of occurrence, a licensed EMS provider shall disclose any changes in the information set forth in Paragraph (a) of this Rule that was provided to the OEMS in its most recent application.

History Note: Authority G.S. 131E-155.1(c); 131E-159; 143-508(d)(1); 143-508(d)(5);
Eff. January 1, 2017.

10A NCAC 13P .0224 GROUND AMBULANCE VEHICLE MANUFACTURING STANDARDS

- (a) In addition to the terms defined in Rule .0102 of this Subchapter, the following definitions apply to this Rule:
- (1) "Remounted" means a ground ambulance patient compartment module that has been removed from its original chassis and mounted onto a different chassis.
 - (2) "Refurbished" means upgrading or repairing an existing ground ambulance patient care module or chassis that may not involve replacement of the chassis.
- (b) "Ground ambulances" as defined in Rule .0102 of this Subchapter manufactured after July 1, 2018, that are based and operated in North Carolina shall meet one of the following manufacturing standards:
- (1) the Commission on Accreditation of Ambulance Services (CAAS) "Ground Vehicle Standard for Ambulances" (GVS - v.1.0), which is incorporated herein by reference including all subsequent amendments and editions. This document is available online at no cost at www.groundvehiclestandard.org; or
 - (2) the National Fire Protection Association (NFPA) 1917-2016 "Standard for Automotive Ambulances," which is incorporated herein by reference including all subsequent amendments and editions. This document is available for purchase online at www.nfpa.org for a cost of fifty-two dollars (\$52.00).
- (c) The following shall be exempt from the criteria set forth in Paragraph (b) of this Rule:
- (1) ambulances owned and operated by an agency of the United States government;
 - (2) ambulances manufactured prior to July 1, 2018;
 - (3) "convalescent ambulances" as defined in Rule .0102 of this Subchapter;
 - (4) remounted or refurbished ambulances; or
 - (5) Medical Ambulance/Evacuation/Bus as set forth in Rule .0217 of this Section.
- (d) Effective July 1, 2018, the National Highway Traffic Safety Administration (NHTSA) KKK-A-1822F-Ambulance Manufacturing Standard shall no longer meet the manufacturing standards for new ground ambulances as set forth in Paragraph (b) of the Rule.
- (e) Ground ambulances that do not meet the criteria set forth in this Rule shall be ineligible for permitting as set forth in Rule .0211 of this Section.

History Note: Authority G.S. 131E-156; 131E-157; 143-508(d)(8);
Eff. January 1, 2018.

SECTION .0300 – SPECIALTY CARE TRANSPORT PROGRAMS

10A NCAC 13P .0301 SPECIALTY CARE TRANSPORT PROGRAM CRITERIA

(a) EMS Providers seeking designation to provide specialty care transports shall submit an application for program approval to the OEMS at least 60 days prior to field implementation. The application shall document that the program has:

- (1) a defined service area that identifies the specific transferring and receiving facilities the program is intended to service;
- (2) written policies and procedures implemented for medical oversight meeting the requirements of Section .0400 of this Subchapter;
- (3) service available on a 24 hour a day, seven days a week basis;
- (4) the capability to provide the patient care skills and procedures as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;"
- (5) a written continuing education program for EMS personnel, under the direction of the Specialty Care Transport Program Continuing Education Coordinator, developed and modified based upon feedback from program data, review and evaluation of patient outcomes, and quality management review that follows the criteria set forth in Rule .0501 of this Subchapter;
- (6) a communication system that provides two-way voice communications for transmission of patient information to medical crew members anywhere in the service area of the program. The SCTP Medical Director shall verify that the communications system is satisfactory for on-line medical direction;
- (7) medical crew members that have completed training conducted every six months regarding:
 - (A) operation of the EMS communications system used in the program; and
 - (B) the medical and patient safety equipment specific to the program;
- (8) written operational protocols for the management of equipment, supplies, and medications. These protocols shall include:
 - (A) a listing of all standard medical equipment, supplies, and medications, approved by the Medical Director as sufficient to manage the anticipated number and severity of injury or illness of the patients, for all vehicles used in the program based on the treatment protocols and approved by the OEMS; and
 - (B) a methodology to ensure that each ground vehicle and aircraft contains the required equipment, supplies, and medications on each response; and
- (9) written policies and procedures specifying how EMS Systems will dispatch and utilize the ground ambulances and aircraft operated by the program.

(b) When transporting patients, staffing for the ground ambulance and aircraft used in the SCTP shall be approved by the SCTP Medical Director as medical crew members, using any of the following as determined by the transferring physician who is responsible for the medical aspects of the mission to manage the anticipated severity of injury or illness of the patient:

- (1) paramedic;
- (2) nurse practitioner;
- (3) physician;
- (4) physician assistant;
- (5) registered nurse; or
- (6) respiratory therapist.

(c) SCTP as defined in Rule .0102 of this Subchapter are exempt from the staffing requirements defined in G.S. 131E-158(a).

(d) SCTP approval is valid for a period to coincide with the EMS Provider License that is issued by OEMS and is valid for six years. Programs shall apply to the OEMS for reapproval no more than 90 days prior to expiration.

History Note: Authority G.S. 131E-155.1(b); 131E-158; 143-508;
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004;
Amended Eff. January 1, 2004;
Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this rule;
Readopted Eff. January 1, 2017;
Amended Eff. July 1, 2018.

**10A NCAC 13P .0302 AIR MEDICAL SPECIALTY CARE TRANSPORT PROGRAM CRITERIA FOR
LICENSED EMS PROVIDERS USING ROTARY-WING AIRCRAFT**

(a) Air Medical Programs using rotary-wing aircraft shall document that the program has:

- (1) medical crew members that have all completed training regarding:
 - (A) altitude physiology; and
 - (B) the operation of the EMS communications system used in the program;
- (2) written policies and procedures for transporting patients to designated facilities when diversion or bypass plans are activated;
- (3) written policies and procedures specifying how EMS Systems will dispatch and utilize aircraft operated by the program;
- (4) written triage protocols for trauma, stroke, STEMI, burn, and pediatric patients reviewed and approved by the OEMS Medical Director;
- (5) written policies and procedures specifying how EMS Systems will receive the Specialty Care Transport Services offered under the program when the aircraft are unavailable for service; and
- (6) written policies and procedures specifying how mutual aid assistance will be obtained from both in-state and bordering out-of-state air medical programs.

(b) All patient response, re-positioning, and mission flight legs shall be conducted under FAA part 135 regulations.

*History Note: Authority G.S. 143-508;
 Temporary Adoption Eff. January 1, 2002;
 Eff. April 1, 2003;
 Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
 Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this rule;
 Readopted Eff. January 1, 2017.*

**10A NCAC 13P .0303 GROUND SPECIALTY CARE TRANSPORT PROGRAMS
10A NCAC 13P .0304 HOSPITAL-AFFILIATED GROUND SPECIALTY CARE TRANSPORT
PROGRAMS USED FOR INPATIENT TRANSPORTS**

*History Note: Authority G.S. 143-508(d)(1); (d)(8); (d)(9);
 Temporary Adoption Eff. January 1, 2002;
 Eff. April 1, 2003;
 Amended Eff. January 1, 2004;
 Repealed Eff. January 1, 2009.*

**10A NCAC 13P .0305 AIR MEDICAL SPECIALTY CARE TRANSPORT PROGRAM CRITERIA FOR
LICENSED EMS PROVIDERS USING FIXED-WING AIRCRAFT**

(a) In addition to the general requirements of Specialty Care Transport Programs in Rule .0301 of this Section, Air Medical Programs using fixed-wing aircraft shall document that:

- (1) Medical crew members have all completed training regarding:
 - (A) Altitude physiology; and
 - (B) The operation of the EMS communications system used in the program;
- (2) Written policies and procedures specifying how ground ambulance services are utilized by the program for patient delivery and receipt on each end of the transport; and
- (3) There is a copy of the Specialty Care Treatment Program patient care protocols.

(b) All patient, re-positioning, and mission flight legs must be conducted under FAA part 135 regulations.

*History Note: Authority G.S. 143-508(d)(1), (d)(3);
 Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
 Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this rule;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

SECTION .0400 - MEDICAL OVERSIGHT

10A NCAC 13P .0401 COMPONENTS OF MEDICAL OVERSIGHT FOR EMS SYSTEMS

Each EMS System shall have the following components in place to assure medical oversight of the system:

- (1) a medical director for adult and pediatric patients appointed, either directly or by written delegation, by the county responsible for establishing the EMS System. Systems may elect to appoint one or more assistant medical directors. The medical director and assistant medical directors shall meet the criteria defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost;
- (2) written treatment protocols for adult and pediatric patients for use by EMS personnel;
- (3) for systems providing EMD service, an EMDPRS approved by the medical director;
- (4) an EMS Peer Review Committee; and
- (5) written procedures for use by EMS personnel to obtain on-line medical direction. On-line medical direction shall:
 - (a) be restricted to medical orders that fall within the scope of practice of the EMS personnel and within the scope of approved system treatment protocols;
 - (b) be provided only by a physician, MICN, EMS-NP, or EMS-PA. Only physicians may deviate from written treatment protocols; and
 - (c) be provided by a system of two-way voice communication that can be maintained throughout the treatment and disposition of the patient.

*History Note: Authority G.S. 143-508(b); 143-509(12);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0402 COMPONENTS OF MEDICAL OVERSIGHT FOR SPECIALTY CARE TRANSPORT PROGRAMS

Each Specialty Care Transport Program shall have the following components in place to assure Medical Oversight of the system:

- (1) a medical director. The administration of the SCTP shall appoint a medical director following the criteria for medical directors of Specialty Care Transport Programs as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The program administration may elect to appoint one or more assistant medical directors;
- (2) treatment protocols for adult and pediatric patients for use by medical crew members;
- (3) an EMS Peer Review Committee; and
- (4) a written protocol for use by medical crew members to obtain on-line medical direction. On-line medical direction shall:
 - (a) be restricted to medical orders that fall within the scope of practice of the medical crew members and within the scope of approved program treatment protocols;
 - (b) be provided only by a physician, MICN, EMS-NP, or EMS-PA. Only physicians may deviate from written treatment protocols; and
 - (c) be provided by a system of two-way voice communication that can be maintained throughout the treatment and disposition of the patient.

*History Note: Authority G.S. 143-508(b); 143-509(12);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0403 RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR EMS SYSTEMS

(a) The Medical Director for an EMS System is responsible for the following:

- (1) ensuring that medical control as set forth in Rule .0401(5) of this Section is available 24 hours a day, seven days a week;
- (2) the establishment, approval, and annual updating of adult and pediatric treatment protocols;
- (3) EMD programs, the establishment, approval, and annual updating of the Emergency Medical Dispatch Priority Reference System;
- (4) medical supervision of the selection, system orientation, continuing education and performance of all EMS personnel;
- (5) medical supervision of a scope of practice performance evaluation for all EMS personnel in the system based on the treatment protocols for the system;
- (6) the medical review of the care provided to patients;
- (7) providing guidance regarding decisions about the equipment, medical supplies, and medications that will be carried on all ambulances and EMS nontransporting vehicles operating within the system;
- (8) determining the combination and number of EMS personnel sufficient to manage the anticipated number and severity of injury or illness of the patients transported in Medical Ambulance/Evacuation Bus Vehicles defined in Rule .0219 of this Subchapter;
- (9) keeping the care provided up-to-date with current medical practice; and
- (10) developing and implementing an orientation plan for all hospitals within the EMS system that use MICN, EMS-NP, or EMS-PA personnel to provide on-line medical direction to EMS personnel. This plan shall include:
 - (A) a discussion of all EMS System treatment protocols and procedures;
 - (B) an explanation of the specific scope of practice for credentialed EMS personnel, as authorized by the approved EMS System treatment protocols required by Rule .0405 of this Section;
 - (C) a discussion of all practice settings within the EMS System and how scope of practice may vary in each setting;
 - (D) a mechanism to assess the ability to use EMS System communications equipment, including hospital and prehospital devices, EMS communication protocols, and communications contingency plans as related to on-line medical direction; and
 - (E) the completion of a scope of practice performance evaluation that verifies competency in Parts (A) through (D) of this Subparagraph and that is administered under the direction of the Medical Director.

(b) Any tasks related to Paragraph (a) of this Rule may be completed, through the Medical Director's written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, EMDs, or paramedics.

(c) The Medical Director may suspend temporarily, pending review, any EMS personnel from further participation in the EMS System when he or she determines that the individual's actions are detrimental to the care of the patient, the individual committed unprofessional conduct, or the individual failed to comply with credentialing requirements.

During the review process, the Medical Director may:

- (1) restrict the EMS personnel's scope of practice pending completion of remediation on the identified deficiencies;
- (2) continue the suspension pending completion of remediation on the identified deficiencies; or
- (3) permanently revoke the EMS personnel's participation in the EMS System.

*History Note: Authority G.S. 143-508(b); 143-508(d)(3); 143-508(d)(7);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Readopted Eff. January 1, 2017.*

10A NCAC 13P .0404 RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR SPECIALTY CARE TRANSPORT PROGRAMS

(a) The medical director for a Specialty Care Transport Program is responsible for the following:

- (1) The establishment, approval, and updating of adult and pediatric treatment protocols;
- (2) Medical supervision of the selection, program orientation, continuing education, and performance of medical crew members;
- (3) Medical supervision of a scope of practice performance evaluation for all medical crew members in the program based on the treatment protocols for the program;
- (4) The medical review of the care provided to patients;
- (5) Keeping the care provided up to date with current medical practice; and
- (6) In air medical programs, determination and specification of the medical equipment required in Item (2) of Rule .0209 of this Subchapter that is carried on a mission based on anticipated patient care needs.

(b) Any tasks related to Paragraph (a) of this Rule may be completed, through written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, or medical crew members.

(c) The medical director may suspend temporarily, pending due process review, any medical crew members from further participation in the Specialty Care Transport Program when it is determined the activities or medical care rendered by such personnel may be detrimental to the care of the patient, constitute unprofessional conduct, or result in non-compliance with credentialing requirements.

*History Note: Authority G.S. 143-508(b); 143-509(12);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0405 REQUIREMENTS FOR ADULT AND PEDIATRIC TREATMENT PROTOCOLS FOR EMS SYSTEMS

(a) Treatment Protocols used in EMS Systems shall:

- (1) Be adopted in their original form from the standard adult and pediatric treatment protocols as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost; and
- (2) Not contain medical procedures, medications, or intravenous fluids that exceed the scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514 for the level of care offered in the EMS System and any other applicable health care licensing board.

(b) Individual adult and pediatric treatment protocols may be modified locally by EMS Systems if there is a change in a specific protocol which will optimize care within the local community which adds additional medications or medical procedures, or rearranges the order of care provided in the protocol contained within the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection" as described in Paragraph (a) of this Rule. Additional written Treatment Protocols may be developed by any EMS System in addition to the required protocols contained within the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection" as required by the EMS System. All North Carolina College of Emergency Physicians Policies and Procedures must be included and may be modified at the local level. All EMS System Treatment Protocols which have been added or changed by the EMS System shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change.

*History Note: Authority G.S. 143-508(b); 143-509(12);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0406 REQUIREMENTS FOR ADULT AND PEDIATRIC TREATMENT PROTOCOLS FOR SPECIALTY CARE TRANSPORT PROGRAMS

(a) Adult and pediatric treatment protocols used by medical crew members within a Specialty Care Transport Program shall:

- (1) be approved by the OEMS Medical Director and incorporate all skills, medications, equipment, and supplies for Specialty Care Transport Programs as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost; and
- (2) not contain medical procedures, medications, or intravenous fluids that exceed the scope of practice of the medical crew members.

(b) All adult and pediatric treatment protocols shall be reviewed annually, and any change in the treatment protocols shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change.

*History Note: Authority G.S. 143-508(b); 143-509(12);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0407 REQUIREMENTS FOR EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM

(a) EMDPRS used by an EMD within an approved EMD program shall:

- (1) be approved by the OEMS Medical Director and meet or exceed the statewide standard for EMDPRS as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost; and
- (2) not exceed the EMD scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514.

(b) An EMDPRS developed locally shall be reviewed and updated annually and submitted to the OEMS Medical Director for approval. Any change in the EMDPRS shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change.

*History Note: Authority G.S. 143-508(b); 143-509(12);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0408 EMS PEER REVIEW COMMITTEE FOR EMS SYSTEMS

The EMS Peer Review Committee for an EMS System shall:

- (1) be composed of membership as defined in G.S. 131E-155(6b).
- (2) appoint a physician as chairperson;
- (3) meet at least quarterly;
- (4) use information gained from the analysis of system data submitted to the OEMS to evaluate the ongoing quality of patient care and medical direction within the system;
- (5) use information gained from the analysis of system data submitted to the OEMS to make recommendations regarding the content of continuing education programs for all EMS personnel functioning within the EMS system;
- (6) review adult and pediatric treatment protocols of the EMS System and make recommendations to the medical director for changes;

- (7) establish and implement a written procedure to guarantee due process reviews for EMS personnel temporarily suspended by the medical director;
- (8) record and maintain minutes of committee meetings throughout the approval period of the EMS System;
- (9) establish and implement EMS system performance improvement guidelines that meet or exceed the statewide standard as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost; and
- (10) adopt written guidelines that address:
 - (a) structure of committee membership;
 - (b) appointment of committee officers;
 - (c) appointment of committee members;
 - (d) length of terms of committee members;
 - (e) frequency of attendance of committee members;
 - (f) establishment of a quorum for conducting business; and
 - (g) confidentiality of medical records and personnel issues.

History Note: Authority G.S. 143-508(b); 143-509(12);
 Temporary Adoption Eff. January 1, 2002;
 Eff. April 1, 2003;
 Amended Eff. January 1, 2009; January 1, 2004;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .0409 EMS PEER REVIEW COMMITTEE FOR SPECIALTY CARE TRANSPORT PROGRAMS

- (a) The EMS Peer Review Committee for a Specialty Care Transport Program shall:
 - (1) be composed of membership as defined in G.S. 131E-155(6b);
 - (2) appoint a physician as chairperson;
 - (3) meet at least quarterly;
 - (4) analyze program data to evaluate the ongoing quality of patient care and medical direction within the program;
 - (5) use information gained from program data analysis to make recommendations regarding the content of continuing education programs for medical crew members;
 - (6) review adult and pediatric treatment protocols of the Specialty Care Transport Programs and make recommendations to the Medical Director for changes;
 - (7) establish and implement a written procedure to guarantee due process reviews for medical crew members temporarily suspended by the Medical Director;
 - (8) record and maintain minutes of committee meetings throughout the approval period of the Specialty Care Transport Program;
 - (9) establish and implement EMS system performance improvement guidelines that meet or exceed the statewide standard as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;" and
 - (10) adopt written guidelines that address:
 - (A) structure of committee membership;
 - (B) appointment of committee officers;
 - (C) appointment of committee members;
 - (D) length of terms of committee members;
 - (E) frequency of attendance of committee members;
 - (F) establishment of a quorum for conducting business; and
 - (G) confidentiality of medical records and personnel issues.
- (b) County government representation is not required for committee membership for approved Air Medical Programs.

History Note: Authority G.S. 143-508(b);

*Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2004;
Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this rule;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
Amended Eff. January 1, 2017.*

10A NCAC 13P .0410 COMPONENTS OF MEDICAL OVERSIGHT FOR AIR MEDICAL PROGRAMS

(a) In addition to the terms defined in Rule .0102 of this Subchapter, the following definition applies to this Rule: "Specialized Ambulance Protocol Summary (SAPS) form" means a document completed by the Medical Director of the Air Medical Program that contains a listing of all medications, equipment, and supplies.

(b) Licensed EMS providers seeking to offer rotary-wing or fixed-wing air medical program services within North Carolina shall receive approval from the OEMS prior to beginning operation.

(c) Licensed EMS providers seeking to offer multiple air medical programs under separate medical oversight processes as set forth in Paragraph (d) of this Rule shall make application for each program and receive approval from the OEMS as set forth in Paragraph (b) of this Rule.

(d) Each Air Medical Program providing services within North Carolina shall meet the following requirements for the provision of medical oversight:

- (1) a Medical Director as set forth in Rules .0402 and .0404 of this Section;
- (2) treatment protocols approved by the OEMS, to be utilized by the provider as required by Rule .0406 of this Section;
- (3) a peer review committee as required by Rule .0409 of this Section;
- (4) notify all North Carolina EMS Systems where services will be provided to enable each EMS System to include the provider in their EMS System plan, as set forth in Rule .0201 of this Subchapter;
- (5) all aircrafts used within North Carolina shall comply with Rule .0209 of this Subchapter;
- (6) populate and maintain a roster in the North Carolina database for all air medical crew members, Medical Directors, and staff identified by the program to serve as primary and secondary administrative contacts;
- (7) all medical crew members operating in North Carolina shall maintain a North Carolina license or credential in accordance with the rules and regulations of the appropriate licensing or credentialing body;
- (8) active membership in each Trauma RAC containing the majority of hospitals where the program transports patients for admission;
- (9) submit patient care data into the PreHospital Medical Information System (PreMIS) for all interstate and intrastate transports as set forth in Rule .0204 of this Subchapter;
- (10) provide information regarding procedures performed during transport within North Carolina to OEMS for quality management review as required by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;"
- (11) submit peer review materials to the receiving hospital's peer review committee for each patient transported for admission; and
- (12) a method providing for the coordinated dispatch of resources between air medical programs for scene safety, that only the number of air medical resources needed respond to the incident location are provided, and arrange for the receiving hospital to prepare for the incoming patient.

(e) In addition to the requirements set forth in Paragraph (d) of this Rule, Air Medical Program whose base of operation is outside of North Carolina who operate fixed-wing or rotary-wing air medical programs within the State shall meet the following requirements for the provision of medical oversight:

- (1) submit to the OEMS all existing treatment protocols utilized by the program in the state that it is based for comparison with North Carolina standards as set forth in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," and make any modifications identified by the OEMS to comply with the standards as set forth in Subparagraph (d)(2) of this Rule;

- (2) all aircrafts used within North Carolina shall comply with Rule .0209 of this Subchapter, to be conducted at a location inside North Carolina at a time agreed upon by the Department and the Air Medical Program;
 - (3) submit written notification to the Department within three business days of receiving notice of any arrests or regulatory investigations for the diversion of drugs or patient care issues involving a North Carolina credentialed or licensed medical crew member; and
 - (4) any medical crew member suspended by the Department shall be barred from patient contact when operating in North Carolina until such time as the case involving the medical crew member has been adjudicated or resolved as set forth in Rule .1507 of this Subchapter;
- (d) Significant failure to comply with the criteria set forth in this Rule shall result in revocation of the Air Medical Program as set forth in Rule .1503 of this Subchapter.

History Note: G.S. 131E-155.1; 131E-156; 131E-157(a); 131E-161; 143-508(d)(8);
Eff. January 1, 2018.

SECTION .0500 – EMS PERSONNEL

10A NCAC 13P .0501 EDUCATIONAL PROGRAMS

- (a) EMS educational programs that qualify credentialed EMS personnel to perform within their scope of practice shall be offered by an EMS educational institution as set forth in Section .0600 of this Subchapter, or by an EMS educational institution in another state where the education and credentialing requirements have been approved for legal recognition by the Department pursuant to G.S. 131E-159 as determined using the professional judgment of OEMS staff following comparison of out-of-state standards with the program standards set forth in this Rule.
- (b) Educational programs approved to qualify EMS personnel for credentialing shall meet the educational content of the "US DOT NHTSA National EMS Education Standards," which is hereby incorporated by reference, including subsequent amendments and editions. This document is available online at no cost at www.ems.gov/education.html.
- (c) Educational programs approved to qualify EMD personnel for credentialing shall conform with the "ASTM F1258 – 95(2006): Standard Practice for Emergency Medical 'Dispatch'" incorporated by reference including subsequent amendments and editions. This document is available from ASTM International, 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA, 19428-2959 USA, at a cost of forty dollars (\$40.00) per copy.
- (d) Instructional methodology courses approved to qualify Level I EMS instructors shall conform with the "US DOT NHTSA 2002 National Guidelines for Educating EMS Instructors" incorporated by reference including subsequent amendments and additions. This document is available online at no cost at www.ems.gov/education.html.
- (e) Continuing educational programs approved by the OEMS to qualify EMS personnel for renewal of credentials shall be approved by demonstrating the ability to assess cognitive competency in the skills and medications for the level of application as defined by the North Carolina Medical Board pursuant to G.S. 143-514.
- (f) Refresher courses shall comply with the requirements defined in Rule .0513 of this Section.

History Note: Authority G.S. 143-508(d)(3); 143-508(d)(4); 143-514;
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004;
Amended Eff. January 1, 2009;
Readoption Eff. January 1, 2017.

10A NCAC 13P .0502 INITIAL CREDENTIALING REQUIREMENTS FOR EMR, EMT, AEMT, PARAMEDIC, AND EMD

- (a) In order to be credentialed by the OEMS as an EMR, EMT, AEMT, or Paramedic, individuals shall:
 - (1) be at least 18 years of age. An examination may be taken at age 17; however, the EMS credential shall not be issued until the applicant has reached the age of 18.
 - (2) complete an approved educational program as set forth in Rule .0501(b) of this Section for their level of application.
 - (3) complete a scope of practice performance evaluation that uses performance measures based on the cognitive, psychomotor, and affective educational objectives set forth in Rule .0501(b) of this Section and that is consistent with their level of application, and approved by the OEMS. This scope of practice evaluation shall be completed no more than one year prior to examination. This

- evaluation shall be conducted by a Level I or Level II EMS Instructor credentialed at or above the level of application or under the direction of the primary credentialed EMS instructor or educational medical advisor for the approved educational program.
- (4) within 90 days from their course graded date as reflected in the OEMS credentialing database, complete a written examination administered by the OEMS. If the applicant fails to register and complete a written examination within the 90 day period, the applicant shall obtain a letter of authorization to continue eligibility for testing from his or her EMS Educational Institution's program coordinator to qualify for an extension of the 90 day requirement set forth in this Paragraph. If the EMS Educational Institution's program coordinator declines to provide a letter of authorization, the applicant shall be disqualified from completing the credentialing process. Following a review of the applicant's specific circumstances, OEMS staff will determine, based on professional judgment, if the applicant qualifies for EMS credentialing eligibility. The OEMS shall notify the applicant in writing within 10 business days of the decision.
 - (A) a maximum of three attempts within nine months shall be allowed.
 - (B) if the individual fails to pass a written examination, the individual may continue eligibility for examination for an additional three attempts within the following nine months by submitting to the OEMS evidence the individual repeated a course-specific scope of practice evaluation as set forth in Subparagraph (a)(3) of this Rule, and evidence of completion of a refresher course as set forth in Rule .0513 of this Section for the level of application; or
 - (C) if unable to pass the written examination requirement after six attempts within an 18 month period following course grading date as reflected in the OEMS credentialing database, the educational program shall become invalid and the individual may only become eligible for credentialing by repeating the requirements set forth in Rule .0501 of this Section.
 - (5) submit to a criminal background history check as set forth in Rule .0511 of this Section.
 - (6) submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s).
- (b) An individual seeking credentialing as an EMR, EMT, AEMT or Paramedic may qualify for initial credentialing under the legal recognition option set forth in G.S. 131E-159(c).
- (c) In order to be credentialed by the OEMS as an EMD, individuals shall:
- (1) be at least 18 years of age;
 - (2) complete the educational requirements set forth in Rule .0501(c) of this Section;
 - (3) complete, within one year prior to application, an AHA CPR course or a course determined by the OEMS to be equivalent to the AHA CPR course, including infant, child, and adult CPR;
 - (4) submit to a criminal background history check as defined in Rule .0511 of this Section;
 - (5) submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s); and
 - (6) possess an EMD nationally recognized credential pursuant to G.S. 131E-159(d).
- (d) Pursuant to G.S. 131E-159(h), the Department shall not issue an EMS credential for any person listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

History Note: Authority G.S. 131E-159(a); 131E-159(b); 131E-159(g); 131E-159(h); 143-508(d)(3); 143B-952; Temporary Adoption Eff. January 1, 2002; Eff. February 1, 2004; Amended Eff. January 1, 2009; Readopted Eff. January 1, 2017.

10A NCAC 13P .0503 TERM OF CREDENTIALS FOR EMS PERSONNEL

Credentials for EMS Personnel shall be valid for a period of four years, barring any delay in expiration as set forth in Rule .0504(f) of this Section.

History Note: Authority G.S. 131E-159(a); Temporary Adoption Eff. January 1, 2002; Eff. April 1, 2003;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
Amended Eff. January 1, 2017.

10A NCAC 13P .0504 RENEWAL OF CREDENTIALS FOR EMR, EMT, AEMT, PARAMEDIC, AND EMD

- (a) EMR, EMT, AEMT, and Paramedic applicants shall renew credentials by meeting the following criteria:
- (1) presenting documentation to the OEMS or an approved EMS educational institution as set forth in Rule .0601 or .0602 of this Subchapter that they have completed an approved educational program as described in Rule .0501(e) or (f) of this Section;
 - (2) submit to a criminal background history check as set forth in Rule .0511 of this Section;
 - (3) submit evidence of completion of all court conditions resulting from applicable misdemeanor or felony conviction(s); and
 - (4) be a resident of North Carolina or affiliated with an EMS provider approved by the Department.
- (b) An individual may renew credentials by presenting documentation to the OEMS that he or she holds a valid EMS credential for his or her level of application issued by the National Registry of Emergency Medical Technicians or by another state where the education and credentialing requirements have been determined by OEMS staff in their professional judgment to be equivalent to the educations and credentialing requirements set forth in this Section.
- (c) EMD applicants shall renew credentials by presenting documentation to the OEMS that he or she holds a valid EMD credential issued by a national credentialing agency using the education criteria set forth in Rule .0501(c) of this Section.
- (d) Upon request, an EMS professional may renew at a lower credentialing level by meeting the requirements defined in Paragraph (a) of this Rule. To restore the credential held at the higher level, the individual shall meet the requirements set forth in Rule .0512 of this Section.
- (e) EMS credentials may not be renewed through a local credentialed institution more than 90 days prior to the date of expiration.
- (f) Pursuant to G.S. 150B-3(a), if an applicant makes a timely and sufficient application for renewal, the EMS credential shall not expire until a decision on the credential is made by the Department. If the application is denied, the credential shall remain effective until the last day for applying for judicial review of the Department's order.
- (g) Pursuant to G.S. 131E-159(h), the Department shall not renew the EMS credential for any person listed on the North Carolina Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration at a time when registration would have been required by law.

History Note: Authority G.S. 131E-159(a); 131E-159(g); 131E-159(h); 143-508(d)(3); 143B-952; 150B-3(a);
Temporary Adoption Eff. January 1, 2002;
Eff. February 1, 2004;
Amended Eff. January 1, 2009;
Readopted Eff. January 1, 2017.

10A NCAC 13P .0505 SCOPE OF PRACTICE FOR EMS PERSONNEL

EMS Personnel educated in approved programs, credentialed by the OEMS, and functioning under physician medical oversight may perform acts and administer intravenous fluids and medications as allowed by the North Carolina Medical Board pursuant to G.S. 143-514.

History Note: Authority G.S. 143-508(d)(6); 143-514;
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
Amended Eff. July 1, 2018.

10A NCAC 13P .0506 PRACTICE SETTINGS FOR EMS PERSONNEL

- (a) Credentialed EMS Personnel may function in the following practice settings in accordance with the protocols approved by the OEMS and by the Medical Director of the EMS System or Specialty Care Transport Program with which they are affiliated:

- (1) at the location of a physiological or psychological illness or injury;
 - (2) at public or community health facilities in conjunction with public and community health initiatives;
 - (3) in hospitals and clinics;
 - (4) in residences, facilities, or other locations as part of wellness or injury prevention initiatives within the community and the public health system;
 - (5) at mass gatherings or special events; and
 - (6) community paramedicine programs.
- (b) Individuals functioning in an alternative practice setting as defined in Rule .0102 of this Subchapter consistent with the areas identified in Subparagraphs (a)(1) through (a)(5) of this Rule that are not affiliated with an EMS System shall:
- (1) be under the medical oversight of a physician licensed by the North Carolina Medical Board that is associated with the practice setting where the individual will function; and
 - (2) be restricted to performing within the scope of practice as defined by the North Carolina Medical Board pursuant to G.S. 143-514 for the individual's level of EMS credential.
- (c) 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.

*History Note: Authority G.S. 143-508(d)(7);
 Temporary Adoption Eff. January 1, 2002;
 Eff. April 1, 2003;
 Amended Eff. January 1, 2004;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
 Amended Eff. July 1, 2018; January 1, 2017.*

10A NCAC 13P .0507 CREDENTIALING REQUIREMENTS FOR LEVEL I EMS INSTRUCTORS

- (a) Applicants for credentialing as a Level I EMS Instructor shall:
- (1) be currently credentialed by the OEMS as an EMT, AEMT, or Paramedic;
 - (2) have three years experience at the scope of practice for the level of application;
 - (3) within one year prior to application, complete an evaluation that demonstrates the applicant's ability to provide didactic and clinical instruction based on the cognitive, psychomotor, and affective educational objectives in Rule .0501(b) of this Section consistent with their level of application and approved by the OEMS:
 - (A) for a credential to teach at the EMT level, this evaluation shall be conducted under the direction of a Level II EMS Instructor credentialed at or above the level of application; and
 - (B) for a credential to teach at the AEMT or Paramedic levels, this evaluation shall be conducted under the direction of the educational medical advisor, or a Level II EMS Instructor credentialed at or above the level of application and designated by the educational medical advisor;
 - (4) have 100 hours of teaching experience at the level of application in an approved EMS educational program or a program determined by OEMS staff in their professional judgment equivalent to an EMS education program;
 - (5) complete an educational program as described in Rule .0501(d) of this Section;
 - (6) within one year prior to application, attend an OEMS Instructor workshop sponsored by the OEMS. A listing of scheduled OEMS Instructor workshops is available from the OEMS at www.ncems.org; and
 - (7) have a high school diploma or General Education Development certificate.
- (b) An individual seeking credentialing for Level I EMS Instructor may qualify for initial credentialing under the legal recognition option defined in G.S. 131E-159(c).
- (c) The credential of a Level I EMS Instructor shall be valid for four years, or less pursuant to G.S. 131E-159(c) unless any of the following occurs:
- (1) the OEMS imposes an administrative action against the instructor credential; or

- (2) the instructor fails to maintain a current EMT, AEMT, or Paramedic credential at the highest level that the instructor is approved to teach.
- (d) Pursuant to the provisions of G.S. 131E-159(h), the Department shall not issue an EMS credential for any person listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

History Note: Authority G.S. 131E-159; 143-508(d)(3);
Temporary Adoption Eff. January 1, 2002;
Eff. February 1, 2004;
Amended Eff. January 1, 2009;
Readopted Eff. January 1, 2017;
Amended Eff. September 1, 2019.

10A NCAC 13P .0508 CREDENTIALING REQUIREMENTS FOR LEVEL II EMS INSTRUCTORS

(a) Applicants for credentialing as a Level II EMS Instructor shall:

- (1) be currently credentialed by the OEMS as an EMT, AEMT, or Paramedic;
- (2) have completed post-secondary level education equal to or exceeding an Associate Degree;
- (3) within one year prior to application, complete an evaluation that demonstrates the applicant's ability to provide didactic and clinical instruction based on the cognitive, psychomotor, and affective educational objectives in Rule .0501(b) of this Section consistent with their level of application and approved by the OEMS:
 - (A) for a credential to teach at the EMT level, this evaluation shall be conducted under the direction of a Level II EMS Instructor credentialed at or above the level of application; and
 - (B) for a credential to teach at the AEMT or Paramedic level, this evaluation shall be conducted under the direction of the educational medical advisor, or a Level II EMS Instructor credentialed at or above the level of application and designated by the educational medical advisor;
- (4) have two years teaching experience as a Level I EMS Instructor at the level of application in an approved EMS educational program or teaching experience determined by OEMS staff in their professional judgment to be equivalent to an EMS Level I education program;
- (5) complete the "EMS Education Administration Course" conducted by a North Carolina Community College or the National Association of EMS Educators Level II Instructor Course; and
- (6) within one year prior to application, attend an OEMS Instructor workshop sponsored by the OEMS. A listing of scheduled OEMS Instructor workshops is available from the OEMS at www.ncems.org.

(b) An individual seeking credentialing for Level II EMS Instructor may qualify for initial credentialing under the legal recognition option defined in G.S. 131E-159(c).

(c) The credential of a Level II EMS Instructor is valid for four years, or less pursuant to G.S. 131E-159(c) unless any of the following occurs:

- (1) the OEMS imposes an administrative action against the instructor credential; or
- (2) the instructor fails to maintain a current EMT, AEMT, or Paramedic credential at the highest level that the instructor is approved to teach.

(d) Pursuant to the provisions of G.S. 131E-159(h) the Department shall not issue an EMS credential for any person listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

History Note: Authority G.S. 131E-159; 143-508(d)(3);
Temporary Adoption Eff. January 1, 2002;
Eff. February 1, 2004;
Amended Eff. January 1, 2009;
Readopted Eff. January 1, 2017;
Amended Eff. September 1, 2019.

10A NCAC 13P .0509 CREDENTIALING OF INDIVIDUALS TO ADMINISTER LIFESAVING TREATMENT TO PERSONS SUFFERING AN ADVERSE REACTION TO AGENTS THAT MIGHT CAUSE ANAPHYLAXIS

(a) To become credentialed by the North Carolina Medical Care Commission to administer epinephrine to persons who suffer adverse reactions to agents that might cause anaphylaxis, a person shall meet the following:

- (1) Be 18 years of age or older; and
- (2) successfully complete an educational program taught by a physician licensed to practice medicine in North Carolina or designee of the physician. The educational program shall instruct individuals in the appropriate use of procedures for the administration of epinephrine to pediatric and adult victims who suffer adverse reactions to agents that might cause anaphylaxis and shall include the following:
 - (A) definition of anaphylaxis;
 - (B) agents that might cause anaphylaxis and the distinction between them, including drugs, insects, foods, and inhalants;
 - (C) recognition of symptoms of anaphylaxis for both pediatric and adult victims;
 - (D) appropriate emergency treatment of anaphylaxis as a result of agents that might cause anaphylaxis;
 - (E) availability and design of packages containing equipment for administering epinephrine to victims suffering from anaphylaxis as a result of agents that might cause anaphylaxis;
 - (F) pharmacology of epinephrine including indications, contraindications, and side effects;
 - (G) discussion of legal implications of rendering aid; and
 - (H) instruction that treatment is to be utilized only in the absence of the availability of physicians or other practitioners who are authorized to administer the treatment.

(b) A credential to administer epinephrine to persons who suffer adverse reactions to agents that might cause anaphylaxis shall be issued by the North Carolina Medical Care Commission upon receipt of a completed application signed by the applicant and the physician who taught or was responsible for the educational program. Applications may be obtained from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707. All credentials shall be valid for a period of four years.

(c) This Rule enables only those individuals who do not hold a North Carolina EMS credential and are not associated or affiliated with an EMS system, EMS agency, or emergency response provider to provide care pending arrival of the emergency responders dispatched through a 911 center to an EMS event involving a person suffering an anaphylactic reaction.

*History Note: Authority G.S. 143-508(d)(11); 143-509(9);
Temporary Adoption Eff. January 1, 2003; January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; February 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .0510 RENEWAL OF CREDENTIALS FOR LEVEL I AND LEVEL II EMS INSTRUCTORS

(a) Level I and Level II EMS Instructor applicants shall renew credentials by presenting documentation to the OEMS that they:

- (1) are credentialed by the OEMS as an EMT, AEMT or Paramedic;
- (2) within one year prior to application, complete an evaluation that demonstrates the applicant's ability to provide didactic and clinical instruction based on the cognitive, psychomotor, and affective educational objectives in Rule .0501(b) of this Section consistent with their level of application and approved by the OEMS:
 - (A) to renew a credential to teach at the EMT level, this evaluation shall be conducted under the direction of a Level II EMS Instructor credentialed at or above the level of application; and
 - (B) to renew a credential to teach at the AEMT or Paramedic level, this evaluation shall be conducted under the direction of the educational medical advisor, or a Level II EMS Instructor credentialed at or above the level of application and designated by the educational medical advisor;

- (3) completed 96 hours of EMS instruction at the level of application; and
 - (4) completed 24 hours of educational professional development as defined by the educational institution that provides for:
 - (A) enrichment of knowledge;
 - (B) development or change of attitude in students; or
 - (C) acquisition or improvement of skills; and
 - (5) within one year prior to renewal application, attend an OEMS Instructor workshop sponsored by the OEMS.
- (b) An individual may renew a Level I or Level II EMS Instructor credential under the legal recognition option defined in G.S. 131E-159(c).
- (c) The credential of a Level I or Level II EMS Instructor is valid for four years, or less pursuant to G.S. 131E-159(c) unless any of the following occurs:
- (1) the OEMS imposes an administrative action against the instructor credential; or
 - (2) the instructor fails to maintain a current EMT, AEMT, or Paramedic credential at the highest level that the instructor is approved to teach.
- (d) Pursuant to the provisions of G.S. 131E-159(h), the Department shall not issue an EMS credential for any person listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

History Note: Authority G.S. 131E-159(a); 131E-159(b); 143-508(d)(3);
 Eff. February 1, 2004;
 Amended Eff. February 1, 2009;
 Readopted Eff. January 1, 2017.

10A NCAC 13P .0511 CRIMINAL HISTORIES

- (a) The criminal background histories for all individuals who apply for, seek to renew, or hold EMS credentials shall be reviewed pursuant to G.S. 131E-159(g).
- (b) In addition to Paragraph (a) of this Rule, the OEMS shall carry out the following for all EMS Personnel whose primary residence is outside North Carolina, individuals who have resided in North Carolina for 60 months or less, and individuals under investigation by the OEMS who may be subject to administrative enforcement action by the Department under the provisions of Rule .1507 of this Subchapter:
- (1) obtain a signed consent form for a criminal history check;
 - (2) obtain fingerprints on an SBI identification card or live scan electronic fingerprinting system at an agency approved by the North Carolina Department of Public Safety;
 - (3) obtain the criminal history from the Department of Public Safety; and
 - (4) collect any processing fees from the individual identified in Paragraph (a) or (b) of this Rule as required by the Department of Public Safety pursuant to G.S. 143B-952 prior to conducting the criminal history background check.
- (c) An individual who makes application for renewal of a current EMS credential or advancement to a higher level EMS credential who has previously submitted a criminal background history required under the criteria contained in Paragraph (b) of this Rule may be exempt from the residency requirements of Paragraph (b) of this Rule if determined by OEMS that no other circumstances warrant another criminal history check as set forth in Paragraph (b) of this Rule.
- (d) An individual shall not be eligible for initial or renewal of EMS credentials if the applicant refuses to consent to any criminal history check as required by G.S. 131E-159(g). Since payment is required before the fingerprints may be processed by the Department of Public Safety, failure of the applicant or credentialed EMS personnel to pay the required fee in advance shall be considered a refusal to consent for the purposes of issuance or retention of an EMS credential.

History Note: Authority G.S. 131E-159(g); 143-508(d)(3); 143-508(10); 143B-952;
 Eff. January 1, 2009;
 Amended Eff. January 1, 2013;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
 Amended Eff. January 1, 2017.

10A NCAC 13P .0512 REINSTATEMENT OF LAPSED EMS CREDENTIAL

(a) EMS personnel enrolled in an OEMS approved continuing education program as set forth in Rule .0601 of this Subchapter and that was eligible for renewal of an EMS credential prior to expiration, may request the EMS educational institution submit documentation of the continuing education record to the OEMS. OEMS shall renew the EMS credential to be valid for four years from the previous expiration date.

(b) An individual with a lapsed North Carolina EMS credential is eligible for reinstatement through the legal recognition option defined in G.S. 131E-159(c) and Rule .0502 of this Section.

(c) EMR, EMT, AEMT, and Paramedic applicants for reinstatement of an EMS credential, lapsed up to 24 months, shall:

- (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c);
- (2) be a resident of North Carolina or affiliated with a North Carolina EMS Provider;
- (3) at the time of application, present evidence that renewal education requirements were met prior to expiration or complete a refresher course at the level of application taken following expiration of the credential;
- (4) EMRs and EMTs shall complete an OEMS administered written examination for the individual's level of credential application;
- (5) undergo a criminal history check performed by the OEMS; and
- (6) submit evidence of completion of all court conditions resulting from applicable misdemeanor or felony conviction(s).

(d) EMR and EMT applicants for reinstatement of an EMS credential, lapsed more than 24 months, must:

- (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c); and
- (2) meet the provisions for initial credentialing set forth in Rule .0502 of this Section.

(e) AEMT and Paramedic applicants for reinstatement of an EMS credential, lapsed between 24 and 48 months, shall:

- (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c);
- (2) be a resident of North Carolina or affiliated with a North Carolina EMS Provider;
- (3) present evidence of completion of a refresher course at the level of application taken following expiration of the credential;
- (4) complete an OEMS administered written examination for the individuals level of credential application;
- (5) undergo a criminal history check performed by the OEMS; and
- (6) submit evidence of completion of all court conditions resulting from applicable misdemeanor or felony conviction(s).

(f) AEMT and Paramedic applicants for reinstatement of an EMS credential, lapsed more than 48 months, shall:

- (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c); and
- (2) meet the provisions for initial credentialing set forth in Rule .0502 of this Section.

(g) EMD applicants shall renew a lapsed credential by meeting the requirements for initial credentialing set forth in Rule .0502 of this Section.

(h) Pursuant to G.S. 131E-159(h), the Department shall not issue or renew an EMS credential for any person listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

History Note: Authority G.S. 131E-159; 143-508(d)(3); 143B-952;
Eff. January 1, 2017.

10A NCAC 13P .0513 REFRESHER COURSES

(a) Approved EMS educational institutions as set forth in Rule .0601 and .0602 of this Subchapter may develop refresher courses for the renewal or reinstatement of EMS credentials.

(b) The application for OEMS approval of a refresher course shall include:

- (1) course objectives, content outline, and time allocation to topics of the course;
- (2) teaching methodologies for measuring the student's abilities to perform at his or her level of application; and
- (3) the method to be used to conduct a technical scope of practice evaluation for students seeking reinstatement of a lapsed EMS credential for their level of application.

(c) EMR, EMT, AEMT and paramedic refresher courses developed for the renewal or reinstatement of an EMS credential shall meet the following criteria:

- (1) an application for approval of a refresher course shall be completed at least 30 days prior to the expected date of enrollment and shall include evidence of complying with the requirements of Paragraph (b) of this Rule for refresher courses.
 - (A) refresher course approval shall be for a period not to exceed two years; and
 - (B) any changes in curriculum shall be approved by the OEMS prior to implementation.
- (2) course curricula shall:
 - (A) meet the National Registry of Emergency Medical Technicians' recertification requirements, which is hereby incorporated by reference including subsequent amendments and additions. This document is available from the National Registry of Emergency Medical Technicians, online at www.nremt.org/rwd/public/document/recertification at no cost; and
 - (B) demonstrate the ability to assess student knowledge and competency in the skills and medications as defined by the North Carolina Medical Board pursuant to G.S. 143-514 for the proposed level of EMS credential application.

History Note: Authority G.S. 143-508(d)(3); 143B-952;
Eff. January 1, 2017.

SECTION .0600 - EMS EDUCATIONAL INSTITUTIONS

10A NCAC 13P .0601 CONTINUING EDUCATION EMS EDUCATIONAL INSTITUTION REQUIREMENTS

(a) Continuing Education EMS Educational Institutions shall be credentialed by the OEMS to provide EMS continuing education programs. An application for credentialing as an approved EMS continuing education institution shall be submitted to the OEMS for review.

(b) Continuing Education EMS Educational Institutions shall have:

- (1) at least a Level I EMS Instructor as program coordinator and shall hold a Level I EMS Instructor credential at a level equal to or greater than the highest level of continuing education program offered in the EMS System or Specialty Care Transport Program;
- (2) a continuing education program shall be consistent with the services offered by the EMS System or Specialty Care Transport Program;
 - (A) In an EMS System, the continuing education programs shall be reviewed and approved by the system continuing education coordinator and Medical Director; and
 - (B) In a Specialty Care Transport Program, the continuing education program shall be reviewed and approved by Specialty Care Transport Program Continuing Education Coordinator and the Medical Director;
- (3) written educational policies and procedures to include each of the following:
 - (A) the delivery of educational programs in a manner where the content and material is delivered to the intended audience, with a limited potential for exploitation of such content and material;
 - (B) the record-keeping system of student attendance and performance;
 - (C) the selection and monitoring of EMS instructors; and
 - (D) student evaluations of faculty and the program's courses or components, and the frequency of the evaluations;
- (4) access to instructional supplies and equipment necessary for students to complete educational programs as defined in Rule .0501(b) of this Subchapter;
- (5) meet at a minimum, the educational program requirements as defined in Rule .0501(e) of this Subchapter;
- (6) Upon request, the approved EMS continuing education institution shall provide records to the OEMS in order to verify compliance and student eligibility for credentialing; and
- (7) unless accredited in accordance with Rule .0605 of this Section, approved education institution credentials are valid for a period not to exceed four years.

(c) Assisting physicians delegated by the EMS System Medical Director as authorized by Rule .0403(b) of this Subchapter or SCTP Medical Director as authorized by Rule .0404(b) of this Subchapter for provision of medical

oversight of continuing education programs must meet the Education Medical Advisor criteria as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight."

History Note: Authority G.S. 143-508(d)(4); 143-508(d)(13);
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004;
Amended Eff. January 1, 2009;
Readopted Eff. January 1, 2017.

10A NCAC 13P .0602 BASIC AND ADVANCED EMS EDUCATIONAL INSTITUTION REQUIREMENTS

(a) Basic and Advanced EMS Educational Institutions may offer educational programs for which they have been credentialed by the OEMS.

(b) For initial courses, Basic EMS Educational Institutions shall meet all of the requirements for continuing EMS educational institutions defined in Rule .0601 of this Section and shall have:

- (1) at least a Level I EMS Instructor as each lead course instructor for EMR and EMT courses. The lead course instructor must be credentialed at a level equal to or higher than the course offered;
- (2) a lead EMS educational program coordinator. This individual may be either a Level II EMS Instructor credentialed at or above the highest level of course offered by the institution, or a combination of staff who cumulatively meet the requirements of the Level II EMS Instructor set forth in this Subparagraph. These individuals may share the responsibilities of the lead EMS educational coordinator. The details of this option shall be defined in the educational plan required in Subparagraph (b)(5) of this Rule;
- (3) written educational policies and procedures that include:
 - (A) the written educational policies and procedures set forth in Rule .0601(b)(4) of this Section;
 - (B) the delivery of cognitive and psychomotor examinations in a manner that will protect and limit the potential for exploitation of such content and material;
 - (C) the exam item validation process utilized for the development of validated cognitive examinations;
 - (D) the selection and monitoring of all in-state and out-of-state clinical education and field internship sites;
 - (E) the selection and monitoring of all educational institutionally approved clinical education and field internship preceptors;
 - (F) utilization of EMS preceptors providing feedback to the student and EMS program;
 - (G) the evaluation of preceptors by their students, including the frequency of evaluations;
 - (H) the evaluation of the clinical education and field internship sites by their students, including the frequency of evaluations; and
 - (I) completion of an annual evaluation of the program to identify any correctable deficiencies;
- (4) an Educational Medical Advisor that meets the criteria as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;" and
- (5) written educational policies and procedures describing the delivery of educational programs, the record-keeping system detailing student attendance and performance, and the selection and monitoring of EMS instructors.

(c) For initial courses, Advanced Educational Institutions shall meet all requirements defined in Paragraph (b) of this Rule, and have a Level II EMS Instructor as lead instructor for AEMT and Paramedic initial courses. The lead instructor shall be credentialed at a level equal to or higher than the course offered.

(d) Basic and Advanced EMS Educational Institution credentials shall be valid for a period of four years, unless the institution is accredited in accordance with Rule .0605 of this Section.

History Note: Authority G.S. 143-508(d)(4); 143-508(d)(13);
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004;
Amended Eff. January 1, 2009;
Readopted Eff. January 1, 2017.

10A NCAC 13P .0603 ADVANCED EMS EDUCATIONAL INSTITUTION REQUIREMENTS

History Note: Authority G.S. 143-508(d)(4); 143-508(d)(13);
Temporary Adoption Eff. January 1, 2002;
Eff. February 1, 2004;
Amended Eff. January 1, 2009;
Repealed Eff. January 1, 2017.

10A NCAC 13P .0604 TRANSITION FOR APPROVED TEACHING INSTITUTIONS

History Note: Authority G.S. 143-508(b);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Repealed Eff. January 1, 2004.

10A NCAC 13P .0605 ACCREDITED EMS EDUCATIONAL INSTITUTION REQUIREMENTS

(a) EMS Educational Institutions who already possess accreditation by the CAAHEP shall be credentialed by the OEMS by presenting:

- (1) an application for credentialing;
- (2) evidence of current CAAHEP accreditation;
- (3) a copy of the self study;
- (4) a copy of the executive analysis; and
- (5) documentation reflecting compliance with Rule .0602(b) and (c) of this Section.

(b) Accredited EMS Educational Institutions may offer initial and renewal educational programs for EMS personnel as defined in Rule .0501 of this Subchapter.

(c) Accredited EMS Educational Institutions maintaining CAAHEP accreditation shall renew credentials no more than 12 months prior to expiration of the OEMS credentials by providing the information detailed in Paragraph (a) of this Rule.

(d) Accredited EMS Educational Institutions that fail to maintain CAAHEP accreditation shall be subject to the credentialing and renewal criteria set forth in Rule .0602 of this Section.

(e) Accredited EMS Educational Institution credentials are valid for a period of five years.

History Note: Authority G.S. 143-508(d)(4); 143-508(d)(13);
Eff. January 1, 2017.

SECTION .0700 - ENFORCEMENT

10A NCAC 13P .0701 DENIAL, SUSPENSION, AMENDMENT OR REVOCATION

History Note: Authority G.S. 131E-155.1(d); 131E-157(c); 131E-159(a),(f); 131E-162; 143-508(d)(10);
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004;
Amended Eff. January 1, 2009;
Repealed Eff. January 1, 2013.

10A NCAC 13P .0702 PROCEDURES FOR DENIAL, SUSPENSION, AMENDMENT, OR REVOCATION

History Note: Authority G.S. 143-508(d)(10);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Repealed Eff. January 1, 2013.

SECTION .0800 – TRAUMA SYSTEM DEFINITIONS

10A NCAC 13P .0801 TRAUMA SYSTEM DEFINITIONS

History Note: *Authority G.S. 131E-162;*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Repealed Eff. January 1, 2009.

SECTION .0900 - TRAUMA CENTER STANDARDS AND APPROVAL

10A NCAC 13P .0901 TRAUMA CENTER CRITERIA

To receive designation as a Level I, Level II, or Level III Trauma Center, a hospital shall:

- (1) have a trauma program and a trauma service that have been operational for at least 12 months prior to application for designation;
- (2) at least 12 months prior to submitting a RFP, have membership in and inclusion of all trauma patient records in the North Carolina Trauma Registry, in accordance with the North Carolina Trauma Registry Data Dictionary incorporated by reference including subsequent amendments and editions. This document is available from the OEMS online at <https://info.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html> at no cost;
- (3) meet the verification criteria for designation as a Level I, Level II, or Level III Trauma Center, as defined in the "American College of Surgeons: Resources for Optimal Care of the Injured Patient," which is hereby incorporated by reference, including subsequent amendments and editions. This document can be downloaded at no cost online at www.facs.org; and
- (4) meet all requirements of the designation level applied for initial designation set forth in Rule .0904 of this Section or for renewal designation set forth in Rule .0905 of this Section.

History Note: *Authority G.S. 131E-162; 143-508(d)(2);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Readopted Eff. January 1, 2017;
Amended Eff. September 1, 2019.

10A NCAC 13P .0902 LEVEL II TRAUMA CENTER CRITERIA

10A NCAC 13P .0903 LEVEL III TRAUMA CENTER CRITERIA

History Note: *Authority G.S. 131E-162;*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Repealed Eff. January 1, 2017.

10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS

(a) For initial Trauma Center designation, the hospital shall request a consult visit by OEMS and the consult shall occur within one year prior to submission of the RFP.

(b) A hospital interested in pursuing Trauma Center designation shall submit a letter of intent 180 days prior to the submission of an RFP to the OEMS. The letter shall define the hospital's primary trauma catchment area. Simultaneously, Level I or II applicants shall also demonstrate the need for the Trauma Center designation by submitting one original and three copies of documents that include:

- (1) the population to be served and the extent that the population is underserved for trauma care with the methodology used to reach this conclusion;
- (2) geographic considerations, to include trauma primary and secondary catchment area and distance from other Trauma Centers; and
- (3) evidence the Trauma Center will admit at least 1200 trauma patients annually or show that its trauma service will be taking care of at least 240 trauma patients with an ISS greater than or equal to 15 yearly. These criteria shall be met without compromising the quality of care or cost effectiveness of any other designated Level I or II Trauma Center sharing all or part of its

catchment area or by jeopardizing the existing Trauma Center's ability to meet this same 240-patient minimum.

(c) The hospital shall be participating in the State Trauma Registry as defined in Rule .0102 of this Subchapter, and submit data to the OEMS weekly a minimum of 12 months prior to application that includes all the Trauma Center's trauma patients as defined in Rule .0102 of this Subchapter who are:

- (1) diverted to an affiliated hospital;
- (2) admitted to the Trauma Center for greater than 24 hours from an ED or hospital;
- (3) die in the ED;
- (4) are DOA; or
- (5) are transferred from the ED to the OR, ICU, or another hospital (including transfer to any affiliated hospital).

(d) OEMS shall review the regional Trauma Registry data from both the applicant and the existing trauma center(s), and ascertain the applicant's ability to satisfy the justification of need information required in Paragraph (b) of this Rule. The OEMS shall notify the applicant's primary RAC of the application and provide the regional data submitted by the applicant in Paragraph (b) of this Rule for review and comment. The RAC shall be given 30 days to submit written comments to the OEMS.

(e) OEMS shall notify the respective Board of County Commissioners in the applicant's primary catchment area of the request for initial designation to allow for comment during the same 30 day comment period.

(f) OEMS shall notify the hospital in writing of its decision to allow submission of an RFP. If approved, the RAC and Board of County Commissioners in the applicant's primary catchment area shall also be notified by the OEMS that an RFP will be submitted.

(g) Once the hospital is notified that an RFP will be accepted, the hospital shall complete and submit an electronic copy of the completed RFP with signatures to the OEMS at least 45 days prior to the proposed site visit date.

(h) The RFP shall demonstrate that the hospital meets the standards for the designation level applied for as found in Rule .0901 of this Section.

(i) If OEMS does not recommend a site visit based upon failure to comply with Rule .0901 of this Section, the OEMS shall send the written reasons to the hospital within 30 days of the decision. The hospital may reapply for designation within six months following the submission of an updated RFP. If the hospital fails to respond within six months, the hospital shall reapply following the process outlined in Paragraphs (a) through (h) of this Rule.

(j) If after review of the RFP, the OEMS recommends the hospital for a site visit, the OEMS shall notify the hospital within 30 days and the site visit shall be conducted within six months of the recommendation. The hospital and the OEMS shall agree on the date of the site visit.

(k) Except for OEMS representatives, any in-state reviewer for a Level I or II visit shall be from outside the local or adjacent RAC, unless mutually agreed upon by the OEMS and the trauma center seeking designation where the hospital is located. The composition of a Level I or II state site survey team shall be as follows:

- (1) one out-of-state trauma surgeon who is a Fellow of the ACS, experienced as a site surveyor, who shall be the primary reviewer;
- (2) one in-state emergency physician who currently works in a designated trauma center, is a member of the American College of Emergency Physicians or American Academy of Emergency Medicine, and is boarded in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
- (3) one in-state trauma surgeon who is a member of the North Carolina Committee on Trauma;
- (4) for Level I designation, one out-of-state trauma program manager with an equivalent license from another state;
- (5) for Level II designation, one in-state program manager who is licensed to practice nursing in North Carolina in accordance with the Nursing Practice Act, Article 9A, Chapter 90 of the North Carolina General Statutes; and
- (6) OEMS Staff.

(l) All site team members for a Level III visit shall be from in-state, and, except for the OEMS representatives, shall be from outside the local or adjacent RAC where the hospital is located. The composition of a Level III state site survey team shall be as follows:

- (1) one trauma surgeon who is a Fellow of the ACS, who is a member of the North Carolina Committee on Trauma and shall be the primary reviewer;
- (2) one emergency physician who currently works in a designated trauma center, is a member of the North Carolina College of Emergency Physicians or American Academy of Emergency Medicine,

- and is boarded in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
- (3) one trauma program manager who is licensed to practice nursing in North Carolina in accordance with the Nursing Practice Act, Article 9A, Chapter 90 of the North Carolina General Statutes; and
- (4) OEMS Staff.
- (m) On the day of the site visit, the hospital shall make available all requested patient medical charts.
- (n) The primary reviewer of the site review team shall give a verbal post-conference report representing a consensus of the site review team. The primary reviewer shall complete and submit to the OEMS a written consensus report within 30 days of the site visit.
- (o) The report of the site survey team and the staff recommendations shall be reviewed by the State Emergency Medical Services Advisory Council at its next regularly scheduled meeting following the site visit. Based upon the site visit report and the staff recommendation, the State Emergency Medical Services Advisory Council shall recommend to the OEMS that the request for Trauma Center designation be approved or denied.
- (p) All criteria defined in Rule .0901 of this Section shall be met for initial designation at the level requested.
- (q) Hospitals with a deficiency(ies) resulting from the site visit shall be given up to 12 months to demonstrate compliance. Satisfaction of deficiency(ies) may require an additional site visit. The need for an additional site visit shall be determined on a case-by-case basis based on the type of deficiency. If compliance is not demonstrated within the time period set by OEMS, the hospital shall submit a new application and updated RFP and follow the process outlined in Paragraphs (a) through (h) of this Rule.
- (r) The final decision regarding Trauma Center designation shall be rendered by the OEMS.
- (s) The OEMS shall notify the hospital in writing of the State Emergency Medical Services Advisory Council's and OEMS' final recommendation within 30 days of the Advisory Council meeting.
- (t) If a trauma center changes its trauma program administrative structure such that the trauma service, trauma Medical Director, trauma program manager, or trauma registrar are relocated on the hospital's organizational chart at any time, it shall notify OEMS of this change in writing within 30 days of the occurrence.
- (u) Initial designation as a trauma center shall be valid for a period of three years.

*History Note: Authority G.S. 131E-162; 143-508(d)(2);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Readopted Eff. January 1, 2017;
Amended Eff. July 1, 2018.*

10A NCAC 13P .0905 RENEWAL DESIGNATION PROCESS

- (a) Hospitals may utilize one of two options to achieve Trauma Center renewal:
 - (1) undergo a site visit conducted by OEMS to obtain a four-year renewal designation; or
 - (2) undergo a verification visit by the ACS, in conjunction with the OEMS, to obtain a three-year renewal designation.
- (b) For hospitals choosing Subparagraph (a)(1) of this Rule:
 - (1) prior to the end of the designation period, the OEMS shall forward to the hospital an RFP for completion. The hospital shall, within 10 business days of receipt of the RFP, define for OEMS the Trauma Center's trauma primary catchment area. Upon this notification, OEMS shall notify the respective Board of County Commissioners in the applicant's trauma primary catchment area of the request for renewal to allow 30 days for comment.
 - (2) hospitals shall complete and submit an electronic copy of the RFP to the OEMS and the specified site surveyors at least 30 days prior to the site visit. The RFP shall include information that supports compliance with the criteria contained in Rule .0901 of this Section as it relates to the Trauma Center's level of designation.
 - (3) all criteria defined in Rule .0901 of this Section, as it relates to the Trauma Center's level of designation, shall be met for renewal designation.
 - (4) a site visit shall be conducted within 120 days prior to the end of the designation period. The hospital and the OEMS shall agree on the date of the site visit.
 - (5) the composition of a Level I or II site survey team shall be the same as that specified in Rule .0904(k) of this Section.

- (6) the composition of a Level III site survey team shall be the same as that specified in Rule .0904(1) of this Section.
 - (7) on the day of the site visit, the hospital shall make available all requested patient medical charts.
 - (8) the primary reviewer of the site review team shall give a verbal post-conference report representing a consensus of the site review team. The primary reviewer shall complete and submit to the OEMS a written consensus report within 30 days of the site visit.
 - (9) the report of the site survey team and a staff recommendation shall be reviewed by the NC Emergency Medical Services Advisory Council at its next regularly scheduled meeting following the site visit. Based upon the site visit report and the staff recommendation, the NC Emergency Medical Services Advisory Council shall recommend to the OEMS that the request for Trauma Center renewal be:
 - (A) approved;
 - (B) approved with a contingency(ies) due to a deficiency(ies) requiring a focused review;
 - (C) approved with a contingency(ies) not due to a deficiency(ies) requiring a consultative visit; or
 - (D) denied.
 - (10) hospitals with a deficiency(ies) shall have up to 10 business days prior to the NC Emergency Medical Services Advisory Council meeting to provide documentation to demonstrate compliance. If the hospital has a deficiency that cannot be corrected in this period prior to the NC Emergency Medical Services Advisory Council meeting, the hospital, shall be given 12 months by the OEMS to demonstrate compliance and undergo a focused review that may require an additional site visit. The need for an additional site visit is on a case-by-case basis based on the type of deficiency. The hospital shall retain its Trauma Center designation during the focused review period. If compliance is demonstrated within the prescribed time period, the hospital shall be granted its designation for the four-year period from the previous designation's expiration date. If compliance is not demonstrated within the 12 month time period, the Trauma Center designation shall not be renewed. To become redesignated, the hospital shall submit an updated RFP and follow the initial applicant process outlined in Rule .0904 of this Section.
 - (11) the final decision regarding trauma center renewal shall be rendered by the OEMS.
 - (12) the OEMS shall notify the hospital in writing of the NC Emergency Medical Services Advisory Council's and OEMS' final recommendation within 30 days of the NC Emergency Medical Services Advisory Council meeting.
 - (13) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the deficiency(ies) within 10 business days following receipt of the written final decision on the trauma recommendations.
- (c) For hospitals choosing Subparagraph (a)(2) of this Rule:
- (1) at least six months prior to the end of the Trauma Center's designation period, the trauma center shall notify the OEMS of its intent to undergo an ACS verification visit. It shall simultaneously define in writing to the OEMS its trauma primary catchment area. Trauma Centers choosing this option shall then comply with all the ACS' verification procedures, as well as any additional state criteria as defined in Rule .0901 of this Section, that apply to their level of designation.
 - (2) when completing the ACS' documentation for verification, the Trauma Center shall ensure access to the ACS on-line PRQ (pre-review questionnaire) to OEMS. The Trauma Center shall simultaneously complete any documents supplied by OEMS and forward these to the OEMS.
 - (3) the OEMS shall notify the Board of County Commissioners within the trauma center's trauma primary catchment area of the Trauma Center's request for renewal to allow 30 days for comments.
 - (4) the Trauma Center shall make sure the site visit is scheduled to ensure that the ACS' final written report, accompanying medical record reviews and cover letter are received by OEMS at least 30 days prior to a regularly scheduled NC Emergency Medical Services Advisory Council meeting to ensure that the Trauma Center's state designation period does not terminate without consideration by the NC Emergency Medical Services Advisory Council.
 - (5) any in-state review for a hospital choosing Subparagraph (a)(2) of this Rule, except for the OEMS staff, shall be from outside the local or adjacent RAC in which the hospital is located.

- (6) the composition of a Level I, II, or III site survey team for hospitals choosing Subparagraph (a)(2) of this Rule shall be as follows:
 - (A) one out-of-state trauma surgeon who is a Fellow of the ACS, experienced as a site surveyor, who shall be the primary reviewer;
 - (B) one out-of-state emergency physician who works in a designated trauma center, is a member of the American College of Emergency Physicians or the American Academy of Emergency Medicine, and is boarded in emergency medicine by the American Board of Emergency Physicians or the American Osteopathic Board of Emergency Medicine;
 - (C) one out-of-state trauma program manager with an equivalent license from another state; and
 - (D) OEMS staff.
 - (7) the date, time, and all proposed members of the site visit team shall be submitted to the OEMS for review at least 45 days prior to the site visit. The OEMS shall approve the site visit schedule if the schedule does not conflict with the ability of attendance by required OEMS staff. The OEMS shall approve the proposed site visit team members if the OEMS determines there is no conflict of interest, such as previous employment, by any site visit team member associated with the site visit.
 - (8) all state Trauma Center criteria shall be met as defined in Rule .0901 of this Section for renewal of state designation. ACS' verification is not required for state designation. ACS' verification does not ensure a state designation.
 - (9) The ACS final written report and supporting documentation described in Subparagraph (c)(4) of this Rule shall be used to generate a report following the post conference meeting for presentation to the NC Emergency Medical Services Advisory Council for renewal designation.
 - (10) the final written report issued by the ACS' verification review committee, the accompanying medical record reviews from which all identifiers shall be removed and cover letter shall be forwarded to OEMS within 10 business days of its receipt by the Trauma Center seeking renewal.
 - (11) the OEMS shall present its summary of findings report to the NC Emergency Medical Services Advisory Council at its next regularly scheduled meeting. The NC Emergency Medical Services Advisory Council shall recommend to the Chief of the OEMS that the request for Trauma Center renewal be:
 - (A) approved;
 - (B) approved with a contingency(ies) due to a deficiency(ies) requiring a focused review;
 - (C) approved with a contingency(ies) not due to a deficiency(ies); or
 - (D) denied.
 - (12) the OEMS shall send the hospital written notice of the NC Emergency Medical Services Advisory Council's and OEMS' final recommendation within 30 days of the NC Emergency Medical Services Advisory Council meeting.
 - (13) the final decision regarding trauma center designation shall be rendered by the OEMS.
 - (14) hospitals with contingencies as the result of a deficiency(ies), as determined by OEMS, shall have up to 10 business days prior to the NC Emergency Medical Services Advisory Council meeting to provide documentation to demonstrate compliance. If the hospital has a deficiency that cannot be corrected in this time period, the hospital, may undergo a focused review to be conducted by the OEMS whereby the Trauma Center shall be given 12 months by the OEMS to demonstrate compliance. Satisfaction of contingency(ies) may require an additional site visit. The need for an additional site visit is on a case-by-case basis based on the type of deficiency. The hospital shall retain its Trauma Center designation during the focused review period. If compliance is demonstrated within the prescribed time period, the hospital shall be granted its designation for the three-year period from the previous designation's expiration date. If compliance is not demonstrated within the 12 month time period, the Trauma Center designation shall not be renewed. To become redesignated, the hospital shall submit a new RFP and follow the initial applicant process outlined in Rule .0904 of this Section.
 - (15) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the deficiency(ies) within 10 business days following receipt of the written final decision on the trauma recommendations.
- (d) If a Trauma Center currently using the ACS' verification process chooses not to renew using this process, it must notify the OEMS at least six months prior to the end of its state trauma center designation period of its

intention to exercise the option in Subparagraph (a)(1) of this Rule. Upon notification, the OEMS shall extend the designation for one additional year to ensure consistency with hospitals using Subparagraph (a)(1) of this Rule.

History Note: Authority G.S. 131E-162; 143-508(d)(2);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. April 1, 2009; January 1, 2009; January 1, 2004;
Readoption Eff. January 1, 2017.

SECTION .1000 – TRAUMA CENTER DESIGNATION ENFORCEMENT

10A NCAC 13P .1001 DENIAL, FOCUSED REVIEW, VOLUNTARY WITHDRAWAL, OR REVOCATION OF TRAUMA CENTER DESIGNATION 10A NCAC 13P .1002 PROCEDURES FOR APPEAL OF DENIAL, FOCUSED REVIEW, OR REVOCATION

History Note: Authority G.S. 131E-162;
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Repealed Eff. January 1, 2009.

10A NCAC 13P .1003 MISREPRESENTATION OF DESIGNATION

- (a) Hospitals shall not represent themselves as trauma centers unless they are currently designated by the Department pursuant to Section .0900 of this Subchapter.
- (b) Designation applies only to the hospital that submitted the RFP and underwent the formal site survey and does not extend to its satellite facilities or affiliates.

History Note: Authority G.S. 131E-162;
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

SECTION .1100 - TRAUMA SYSTEM DESIGN

10A NCAC 13P .1101 STATE TRAUMA SYSTEM

- (a) The state trauma system shall consist of regional plans, policies, guidelines, and performance improvement initiatives by the RACs to create an Inclusive Trauma System monitored by the OEMS.
- (b) Each hospital and EMS System shall affiliate as defined in Rule .0102(3) of this Subchapter and participate with the RAC that includes the Level I or II Trauma Center where the majority of trauma patient referrals and transports occur. Each hospital and EMS System shall submit to the OEMS upon request patient transfer patterns from data sources that support the choice of their primary RAC affiliation. Each RAC shall include at least one Level I or II Trauma Center.
- (c) The OEMS shall notify each RAC of its hospital and EMS System membership annually.
- (d) Each hospital and each EMS System shall update and submit its RAC affiliation information to the OEMS no later than July 1 of each year. RAC affiliation may only be changed during this annual update and only if supported by a change in the majority of transfer patterns to a Level I or Level II Trauma Center. Documentation of these new transfer patterns shall be included in the request to change affiliation. If no change is made in RAC affiliation, written notification shall be required annually to the OEMS to maintain current RAC affiliation.

History Note: Authority G.S. 131E-162;
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;

Amended Eff. January 1, 2017.

10A NCAC 13P .1102 REGIONAL TRAUMA SYSTEM PLAN

(a) After consultation with all Level I and II Trauma Centers within their catchment areas, a Level I or II Trauma Center shall be selected as the lead RAC agency by the OEMS to facilitate development of and provide RAC staff support that includes the following:

- (1) the trauma Medical Director(s) from the lead RAC agency;
- (2) a trauma nurse coordinator(s) or program manager(s) from the lead RAC agency; and
- (3) an individual to coordinate RAC activities.

(b) The RAC membership shall include the following:

- (1) the trauma Medical Director(s) and the trauma nurse coordinator(s) or program manager(s) from the lead RAC agency;
- (2) if on staff, the outreach coordinator(s), or designee(s) from the lead RAC agency;
- (3) if on staff, an injury prevention coordinator(s), or designees(s) from the lead RAC agency;
- (4) the RAC registrar or designee(s) from the lead RAC agency;
- (5) a senior level hospital administrator from the lead RAC agency;
- (6) an emergency physician from the lead RAC agency;
- (7) a representative from each EMS system participating in the RAC;
- (8) a representative from each hospital participating in the RAC;
- (9) community representatives from the lead RAC agency's catchment area; and
- (10) An EMS System Medical Director or Assistant Medical Director from the lead RAC agency's catchment area.

(c) The lead RAC agency shall develop a plan within one year of notification of the RAC membership a regional trauma system plan containing:

- (1) organizational structures, including the roles of the members of the system;
- (2) goals and objectives, including the orientation of the providers to the regional system;
- (3) RAC membership list, rules of order, terms of office, and meeting schedule. Meetings shall be held at least two times per year;
- (4) information required by the OEMS as set forth in Rule .1103 of this Section;
- (5) the regional trauma system evaluation tools to be utilized;
- (6) written verification of regional support from members of the RAC for the regional trauma system plan; and
- (7) performance improvement activities, including utilization of regional trauma system patient care data.

(d) The RAC shall prepare an annual progress report no later than July 1 of each year that assesses compliance with the regional trauma system plan and specifies any updates to the plan. This report shall be made available to the OEMS for review upon request.

(e) Upon OEMS' receipt of a letter of intent for initial Level I or II Trauma Center designation by a hospital in the lead RAC agency's catchment area as set forth in Rule .0904(b) of this Subchapter, the applicant's lead RAC agency shall be provided the applicant's data from the OEMS for distribution to all RAC members for review and comment, as set forth in Rule .0904(d) of this Subchapter.

(f) The RAC membership has 30 days to comment on the request for initial designation. All comments shall be sent from each RAC member directly to the OEMS, with the lead RAC agency provided a copy of their response, within this 30 day comment period.

(g) The OEMS shall notify the regional RAC of the OEMS approval of a hospital to submit an RFP for trauma center designation.

*History Note: Authority G.S. 131E-162; 143-508(d)(5); 143-508(d)(12);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
Amended Eff. January 1, 2017.*

10A NCAC 13P .1103 REGIONAL TRAUMA SYSTEM POLICY DEVELOPMENT

The RAC shall oversee the development, implementation, and evaluation of the regional trauma system that includes:

- (1) A public information and education program to include system access and injury prevention;
- (2) Written trauma system guidelines addressing the following:
 - (a) Regional communications;
 - (b) Triage;
 - (c) Treatment at the accident scene, and in the pre-hospital, inter-hospital, and Emergency Department to include guidelines to facilitate the rapid assessment and initial resuscitation of the severely injured patient. Criteria addressing management during transport shall include continued assessment and management of airway, cervical spine, breathing, circulation, neurologic and secondary parameters, communication, and documentation;
 - (d) Transport to determine the appropriate mode of transport and level of care required to transport, considering patient condition, requirement for trauma center resources, family requests, and capability of transferring entity;
 - (e) Bypass procedures that define:
 - (i) circumstances and criteria for bypass decisions;
 - (ii) time and distance criteria; and
 - (iii) mode of transport which bypasses closer facilities; and
 - (f) Accident scene and inter-hospital diversion procedures that include delineation of specific factors such as hospital census or acuity, physician availability, staffing issues, disaster status, or transportation which would require routing of a patient to another hospital or Trauma Center;
- (3) Transfer agreements (including those with other hospitals, as well as specialty care facilities such as burn, pediatrics, spinal cord, and rehabilitation) which shall outline mutual understandings between facilities to transfer/accept certain patients. These shall specify responsible parties, documentation requirements, and minimum care requirements; and
- (4) A performance improvement plan that includes:
 - (a) A regional trauma peer review committee of the RAC:
 - (i) whose membership and responsibilities are defined in G.S. 131E-162; and
 - (ii) that continuously evaluates the regional trauma system through structured review of process of care and outcomes; and
 - (b) Utilization of patient care data.

History Note: Authority G.S. 131E-162;
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

SECTION .1200 - TRAUMA SYSTEM DESIGN

10A NCAC 13P .1201	STATE TRAUMA SYSTEM PLAN
10A NCAC 13P .1202	REGIONAL TRAUMA SYSTEM PLAN
10A NCAC 13P .1203	REGIONAL TRAUMA SYSTEM POLICY DEVELOPMENT

History Note: Authority G.S. 131E-162;
Eff. August 1, 1998;
Repealed Eff. January 1, 2004.

SECTION .1300 - FORMS

10A NCAC 13P .1301	SOURCE OF FORMS AND DOCUMENTS
---------------------------	--------------------------------------

History Note: Authority G.S. 131E-162;

*Eff. August 1, 1998;
Repealed Eff. January 1, 2004.*

SECTION .1400 - RECOVERY AND REHABILITATION OF CHEMICALLY DEPENDENT EMS PERSONNEL

10A NCAC 13P .1401 CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM REQUIREMENTS

(a) The OEMS shall provide a treatment program for aiding in the recovery and rehabilitation of EMS personnel subject to disciplinary action for being unable to perform as credentialed EMS personnel with reasonable skill and safety to patients and the public by reason of use of alcohol, drugs, chemicals, or any other type of material as set forth in Rule .1507(b)(9) of this Subchapter.

(b) This program requires:

- (1) an initial assessment by a healthcare professional specialized in chemical dependency approved by the treatment program;
- (2) a treatment plan developed by the healthcare professional described in Subparagraph (b)(1) of this Rule for the individual using the findings of the initial assessment;
- (3) random body fluid screenings using a standardized methodology designed by OEMS program staff to ensure reliability in verifying compliance with program standards;
- (4) the individual attend three self-help recovery meetings each week for the first year of participation, and two each week for the remainder of participation in the treatment program;
- (5) monitoring by OEMS program staff of the individual for compliance with the treatment program; and
- (6) written progress reports, shall be made available for review by OEMS upon completion of the initial assessment of the treatment program, upon request by OEMS throughout the individual's participation in the treatment program, and upon completion of the treatment program. Written progress reports shall include:
 - (A) progress or response to treatment and when the individual is safe to return to practice;
 - (B) compliance with program criteria;
 - (C) a summary of established long-term program goals; and
 - (D) contain pertinent medical, laboratory, and psychiatric records with a focus on chemical dependency.

*History Note: Authority G.S. 131E-159(f); 143-508(b); 143-508(d)(10);
Eff. October 1, 2010;
Readopted Eff. January 1, 2017.*

10A NCAC 13P .1402 PROVISIONS FOR PARTICIPATION IN THE CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM

The OEMS shall use the screening criteria set forth in this Section to determine whether an individual may enter the treatment program established by Rule .1401 of this Section. The individual may enter the program if the individual:

- (1) acknowledges, in writing, the actions that violated the performance requirements found in this Subchapter;
- (2) has not been charged or convicted at any time in his or her past, of diverting chemicals for the purpose of distribution, dealing, or selling illicit drugs;
- (3) is not under current criminal investigation or subject to pending criminal charges by law enforcement;
- (4) ceases in the direct delivery of any patient care and surrenders all EMS credentials until either the individual is eligible for issuance of an encumbered EMS credential pursuant to Rule .1403 of this Section, or has completed the treatment program established in Rule .1401 of this Section; and
- (5) agrees to accept responsibility for all costs including assessment, treatment, monitoring, and body fluid screening.

*History Note: Authority G.S. 131E-159(f); 143-508(b); 143-508(d)(10);
Eff. October 1, 2010;*

Readopted Eff. January 1, 2017.

10A NCAC 13P .1403 CONDITIONS FOR RESTRICTED PRACTICE WITH LIMITED PRIVILEGES

(a) In order to assist in determining eligibility for an individual to return to restricted practice, the OEMS shall create a standing Reinstatement Committee that shall consist of at least the following members:

- (1) one physician licensed by the North Carolina Medical Board, representing EMS Systems, who shall serve as Chair of this committee;
- (2) one counselor trained in chemical addiction or abuse therapy; and
- (3) the OEMS staff member responsible for managing the treatment program as set forth in Rule .1401 of this Section.

(b) Individuals who have surrendered his or her EMS credential(s) as a condition of entry into the treatment program, as required in Rule .1402(4) of this Section, shall be reviewed by the OEMS Reinstatement Committee to determine if a recommendation to the OEMS for issuance of an encumbered EMS credential is warranted by the Department.

(c) In order to obtain an encumbered credential with limited privileges, an individual shall:

- (1) be compliant for a minimum of 90 consecutive days with the treatment program described in Rule .1401(b) of this Section;
- (2) be recommended in writing for review by the individual's treatment counselor;
- (3) be interviewed by the OEMS Reinstatement Committee; and
- (4) be recommended in writing by the OEMS Reinstatement Committee for issuance of an encumbered EMS credential. The OEMS Reinstatement Committee shall detail in their recommendation all restrictions and limitations to the individual's practice privileges.

(d) The individual shall agree to sign a consent agreement with the OEMS that details the practice restrictions and privilege limitations of the encumbered EMS credential, and that contains the consequences of failure to abide by the terms of this agreement.

(e) The individual shall be issued the encumbered credential by the OEMS within 10 business days following execution of the consent agreement described in Paragraph (d) of this Rule.

(f) The encumbered EMS credential shall be valid for a period not to exceed four years.

*History Note: Authority G.S. 131E-159(f); 143-508(b); 143-508(d)(10);
Eff. October 1, 2010;
Readopted Eff. January 1, 2017.*

10A NCAC 13P .1404 REINSTATEMENT OF AN UNENCUMBERED EMS CREDENTIAL

Reinstatement of an unencumbered EMS credential is dependant upon the individual successfully completing all requirements of the treatment program as defined in this Section.

*History Note: Authority G.S. 131E-159(f); 143-508(d)(10); 143-509(13);
Eff. October 1, 2010;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .1405 FAILURE TO COMPLETE THE CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM

Individuals who fail to complete the treatment program established in Rule .1401 of this Section, upon review by the OEMS, are subject to revocation of their EMS credential.

*History Note: Authority G.S. 131E-159(f); 143-508(b); 143-508(d)(10);
Eff. October 1, 2010;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
Amended Eff. January 1, 2017.*

SECTION .1500 - DENIAL, SUSPENSION, AMENDMENT, OR REVOCATION

10A NCAC 13P .1501 ENFORCEMENT DEFINITIONS

Notwithstanding Section .0100 of this Subchapter, for the purpose of this Section, the following definitions apply to Rules .1502, .1503, .1504, and .1506 for EMS Systems, Licensed EMS Providers, Specialty Care Transport Programs, and EMS Educational Institutions:

- (1) "Contingencies" mean conditions placed on an initial or renewal designation, approval or license that, if unmet, can result in the loss or amendment of the designation, approval, or license.
- (2) "Deficiency" means the failure to meet essential criteria for credentialing, approval, or licensing as specified in Sections .0200, .0300 or .0600 of this Subchapter that can serve as the basis for a focused review or denial of a designation, approval or license.
- (3) "Essential Criteria" means those items listed in Sections .0200, .0300 or .0600 of this Subchapter that are the minimum requirements for the respective application for initial or renewal designation, approval, or licensing.
- (4) "Focused Review" means an evaluation by the OEMS of a regulated entity's corrective actions to remove contingencies that are a result of deficiencies placed upon it following review of an application for renewal.

History Note: Authority G.S. 131E-155(13a); 143-508(b),(d)(1),(d)(4),(d)(13);
Eff. January 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .1502 LICENSED EMS PROVIDERS

(a) The OEMS shall deny an initial or renewal EMS Provider license for any of the following reasons:

- (1) significant failure to comply, as defined in Rule .0102 of this Subchapter, with the applicable licensing requirements in Rule .0204 of this Subchapter;
- (2) making false statements or representations to the OEMS or willfully concealing information in connection with an application for licensing;
- (3) tampering with or falsifying any record used in the process of obtaining an initial license or in the renewal of a license; or
- (4) disclosing information as defined in Rule .0223 of this Subchapter that is determined by OEMS staff, based upon review of documentation, to disqualify the applicant from licensing.

(b) The Department shall amend any EMS Provider license by amending it to reduce the license from a full license to a provisional license whenever the Department finds that:

- (1) the licensee failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that Article;
- (2) there is a probability that the licensee can take corrective measures to resolve the issue of non-compliance with Rule .0204 of this Subchapter, and be able to remain in compliance within a reasonable length of time determined by OEMS staff on a case-by-case basis; and
- (3) there is a probability, determined by OEMS staff using their professional judgment, based upon analysis of the licensee's ability to take corrective measures to resolve the issue of non-compliance with the licensure rules, that the licensee will be able thereafter to remain in compliance with the licensure rules.

(c) The Department shall give the licensee written notice of the amendment of the EMS Provider license. This notice shall be given personally or by certified mail and shall set forth:

- (1) the duration of the provisional EMS Provider license;
- (2) the factual allegations;
- (3) the statutes or rules alleged to be violated; and
- (4) notice of the EMS provider's right to a contested case hearing, as set forth in Rule .1509 of this Subchapter, on the amendment of the EMS Provider license.

(d) The provisional EMS Provider license is effective upon its receipt by the licensee and shall be posted in a location at the primary business location of the EMS Provider, accessible to public view, in lieu of the full license. Pursuant to G.S. 131E-155.1(d), the provisional license remains in effect until the Department:

- (1) restores the licensee to full licensure status; or
- (2) revokes the licensee's license.

(e) The Department shall revoke or suspend an EMS Provider license whenever the Department finds that the licensee:

- (1) failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that Article and it is not probable that the licensee can remedy the licensure deficiencies within 12 months or less;
 - (2) failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that Article and, although the licensee may be able to remedy the deficiencies, it is not probable that the licensee will be able to remain in compliance with licensure rules;
 - (3) failed to comply with the provision of G.S. 131E, Article 7, and the rules adopted under that Article that endanger the health, safety, or welfare of the patients cared for or transported by the licensee;
 - (4) obtained or attempted to obtain an ambulance permit, EMS nontransporting vehicle permit, or EMS Provider license through fraud or misrepresentation;
 - (5) continues to repeat the same deficiencies placed on the licensee in previous compliance site visits;
 - (6) has recurring failure to provide emergency medical care within the defined EMS service area in a manner as determined by the EMS System;
 - (7) failed to disclose or report information in accordance with Rule .0223 of this Subchapter;
 - (8) was deemed by OEMS to place the public at risk because the owner, any officer, or agent was convicted in any court of a crime involving fiduciary misconduct or a conviction of a felony;
 - (9) altered, destroyed, attempted to destroy, withheld, or delayed release of evidence, records, or documents needed for a complaint investigation being conducted by the OEMS; or
 - (10) continues to operate within an EMS System after a Board of County Commissioners terminated its affiliation with the licensee, resulting in a violation of the licensing requirement set forth in Rule .0204 of this Subchapter.
- (f) The Department shall give the EMS Provider written notice of revocation. This notice shall be given personally or by certified mail and shall set forth:
- (1) the factual allegations;
 - (2) the statutes or rules alleged to be violated; and
 - (3) notice of the EMS Provider's right to a contested case hearing, as set forth in Rule .1509 of this Section, on the revocation of the EMS Provider's license.
- (g) The issuance of a provisional EMS Provider license is not a procedural prerequisite to the revocation or suspension of a license pursuant to Paragraph (e) of this Rule.

History Note: Authority G.S. 131E-155.1(d); 143-508(d)(10); Eff. January 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
Amended Eff. July 1, 2018; January 1, 2017.

10A NCAC 13P .1503 SPECIALTY CARE TRANSPORT PROGRAMS

- (a) The Department shall deny the initial or renewal approval, without first allowing a focused review, of a SCTP for any of the following reasons:
- (1) failure to comply with the provisions of G.S.131E, Article 7 and the rules adopted under that Article;
 - (2) obtaining or attempting to obtain approval through fraud or misrepresentation;
 - (3) endangerment to the health, safety, or welfare of patients cared for by the SCTP; or
 - (4) repeated deficiencies placed on the program in previous site visits.
- (b) When an SCTP is required to have a focused review, it must demonstrate compliance with the provisions of G.S. 131E, Article 7 and the rules adopted under that Article within 12 months or less.
- (c) The Department shall revoke an SCTP approval at any time or deny a request for renewal of approval whenever the Department finds that the SCTP failed to comply with the provisions of G.S.131E, Article 7 and the rules adopted under that Article; and
- (1) it is not probable that the SCTP can remedy the deficiencies within 12 months or less;
 - (2) although the SCTP may be able to remedy the deficiencies, it is not probable that the SCTP shall be able to remain in compliance with designation rules for the foreseeable future;
 - (3) the SCTP fails to meet the requirements of a focused review;
 - (4) endangerment to the health, safety, or welfare of patients cared for or transported by the SCTP;

- (5) fails to provide SCTP services within the defined service area in a timely manner as determined by the Department;
 - (6) continues to operate within an EMS System after a Board of County Commissioners has terminated its affiliation with the SCTP; or
 - (7) alters, destroys or attempts to destroy evidence needed for a complaint investigation.
- (d) The Department shall give the SCTP written notice of revocation. This notice shall be given personally or by certified mail and shall set forth:
- (1) the factual allegations;
 - (2) the statutes or rules alleged to be violated; and
 - (3) notice of the program's right to a contested case hearing on the revocation of the approval.
- (e) Focused review is not a procedural prerequisite to the revocation of an approval pursuant to Paragraph (c) of this Rule.

*History Note: Authority 143-508(d)(10), (d)(13);
Eff. January 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .1504 TRAUMA CENTERS

- (a) The Department shall deny the initial or renewal designation, without first allowing a focused review, of a trauma center for any of the following reasons:
- (1) failure to comply with G.S. 131E-162 and the rules adopted under that Statute;
 - (2) obtaining or attempting to obtain a trauma center designation through fraud or misrepresentation;
 - (3) endangerment to the health, safety, or welfare of patients cared for in the hospital; or
 - (4) repeated deficiencies placed on the trauma center in previous site visits.
- (b) When a trauma center is required to have a focused review, it must demonstrate compliance with the provisions of G.S. 131E-162 and the rules adopted under that Statute within 12 months or less.
- (c) The Department shall revoke a trauma center designation at any time or deny a request for renewal of designation, whenever the Department finds that the trauma center has failed to comply with the provisions of G.S. 131E-162 and the rules adopted under that Statute; and
- (1) it is not probable that the trauma center can remedy the deficiencies within 12 months or less;
 - (2) although the trauma center may be able to remedy the deficiencies it is not probable that the trauma center shall be able to remain in compliance with designation rules for the foreseeable future;
 - (3) the trauma center failed to meet the requirements of a focused review;
 - (4) failure to comply endangers the health, safety, or welfare of patients cared for in the trauma center; or
 - (5) the trauma center altered, destroyed or attempted to destroy evidence needed for a complaint investigation.
- (d) The Department shall give the trauma center written notice of revocation. This notice shall be given personally or by certified mail and shall set forth:
- (1) the factual allegations;
 - (2) the statutes or rules alleged to be violated; and
 - (3) notice of the hospital's right to a contested case hearing on the revocation of the designation.
- (e) Focused review is not a procedural prerequisite to the revocation of a designation pursuant to Paragraph (c) of this Rule.
- (f) A trauma center may voluntarily withdraw its designation for a maximum of one year by submitting a written request to the Department. This request shall include the reasons for withdrawal and a plan for resolution of the issues. To reactivate the designation, the facility shall provide to the Department written documentation of compliance. Voluntary withdrawal does not affect the original expiration date of the trauma center's designation.
- (g) If the trauma center fails to resolve the issues which resulted in a voluntary withdrawal within one year, the Department shall revoke the trauma center designation.
- (h) In the event of a revocation or voluntary withdrawal, the Department shall provide written notification to all hospitals and emergency medical services providers within the trauma center's defined trauma primary catchment area. The Department shall provide written notification to all hospitals and emergency medical services providers

within the trauma center's defined trauma primary catchment area if, and when, the voluntary withdrawal reactivates to full designation.

*History Note: Authority G.S. 131E-162; 143-508(d)(10);
Eff. January 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*

10A NCAC 13P .1505 EMS EDUCATIONAL INSTITUTIONS

(a) For the purpose of this Rule, "focused review" means an evaluation by the OEMS of an educational institution's corrective actions to remove contingencies that are a result of deficiencies identified in the initial or renewal application process.

(b) The Department shall deny the initial or renewal designation, without first allowing a focused review, of an EMS Educational Institution for any of the following reasons:

- (1) significant failure to comply with the provisions of Section .0600 of this Subchapter; or
- (2) attempting to obtain an EMS Educational Institution designation through fraud or misrepresentation.

(c) When an EMS Educational Institution is required to have a focused review, it shall demonstrate compliance with the provisions of Section .0600 of this Subchapter within 12 months or less.

(d) The Department shall revoke an EMS Educational Institution designation at any time whenever the Department finds that the EMS Educational Institution has significant failure to comply, as defined in Rule .0102 of this Subchapter, with the provisions of Section .0600 of this Subchapter, and:

- (1) it is not probable that the EMS Educational Institution can remedy the deficiencies within 12 months or less as determined by OEMS staff based upon analysis of the educational institution's ability to take corrective measures to resolve the issue of non-compliance with Section .0600 of this Subchapter;
- (2) although the EMS Educational Institution may be able to remedy the deficiencies, it is not probable that the EMS Educational Institution shall be able to remain in compliance with credentialing rules;
- (3) failure to produce records upon request as required in Rule .0601(b)(6) of this Subchapter;
- (4) the EMS Educational Institution failed to meet the requirements of a focused review within 12 months, as set forth in Paragraph (c) of this Rule;
- (5) the failure to comply endangered the health, safety, or welfare of patients cared for as part of an EMS educational program as determined by OEMS staff in their professional judgment based upon a complaint investigation, in consultation with the Department and Department of Justice, to verify the results of the investigations are sufficient to initiate enforcement action pursuant to G.S. 150B; or
- (6) the EMS Educational Institution altered, destroyed, or attempted to destroy evidence needed for a complaint investigation.

(e) The Department shall give the EMS Educational Institution written notice of revocation and denial. This notice shall be given personally or by certified mail and shall set forth:

- (1) the factual allegations;
- (2) the statutes or rules alleged to be violated; and
- (3) notice of the EMS Educational Institution's right to a contested case hearing, set forth in Rule .1509 of this Section, on the revocation of the designation.

(f) Focused review is not a procedural prerequisite to the revocation of a designation as set forth in Rule .1509 of this Section.

(g) If determined by the educational institution that suspending its approval to offer EMS educational programs is necessary, the EMS Educational Institution may voluntarily surrender its credential without explanation by submitting a written request to the OEMS stating its intention. The voluntary surrender shall not affect the original expiration date of the EMS Educational Institution's designation. To reactivate the designation:

- (1) the institution shall provide OEMS written documentation requesting reactivation; and
- (2) the OEMS shall verify the educational institution is compliant with all credentialing requirements set forth in Section .0600 of this Subchapter prior to reactivation of the designation by the OEMS.

(h) If the institution fails to resolve the issues that resulted in a voluntary surrender, the Department shall revoke the EMS Educational Institution designation.

(i) In the event of a revocation or voluntary surrender, the Department shall provide written notification to all EMS Systems within the EMS Educational Institution's defined service area. The Department shall provide written notification to all EMS Systems within the EMS Educational Institution's defined service area when the voluntary surrender reactivates to full credential.

(j) When an accredited EMS Educational Institution as defined in Rule .0605 of this Subchapter has administrative action taken against its accreditation, the OEMS shall determine if the cause of action is sufficient for revocation of the EMS Educational Institution designation or imposing a focused review pursuant to Paragraphs (b) and (c) of this Rule is warranted.

History Note: Authority G.S. 143-508(d)(4); 143-508(d)(10); Eff. January 1, 2013; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016; Amended Eff. July 1, 2018; January 1, 2017.

10A NCAC 13P .1506 EMS VEHICLE PERMITS

(a) The Department shall deny, suspend, or revoke the permit of an ambulance or EMS nontransporting vehicle if the EMS Provider:

- (1) failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that Article;
- (2) obtained or attempted to obtain a permit through fraud or misrepresentation;
- (3) has continued deficiencies identified as repeated from previous compliance site visits;
- (4) failed to provide emergency medical care within the defined EMS service area in a timely manner as determined by the EMS System;
- (5) continued to operate the ambulance or nontransporting vehicle in a county after written notification by a Board of Commissioners to cease operations in that county;
- (6) altered, destroyed or attempted to destroy evidence needed for a complaint investigation; or
- (7) does not possess a valid EMS Provider License.

(b) In lieu of suspension or revocation, the Department shall issue a temporary permit for an ambulance or EMS nontransporting vehicle whenever the Department finds that:

- (1) the EMS Provider to which that vehicle is assigned has failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that Article;
- (2) there is a reasonable probability that the EMS Provider can remedy the permit deficiencies within a length of time determined by the Department; and
- (3) there is a reasonable probability that the EMS Provider will be willing and able to remain in compliance with the rules regarding vehicle permits for the foreseeable future.

(c) The Department shall give the EMS Provider written notice of the temporary permit. This notice shall be given personally or by certified mail and shall set forth:

- (1) the duration of the temporary permit not to exceed 60 days;
- (2) a copy of the vehicle inspection form;
- (3) the statutes or rules alleged to be violated; and
- (4) notice of the EMS Provider's right to a contested case hearing on the temporary permit.

(d) The temporary permit is effective immediately upon its receipt by the EMS Provider and remains in effect until the earlier of the expiration date of the permit or until the Department:

- (1) restores the vehicle to full permitted status; or
- (2) suspends or revokes the vehicle permit.

History Note: Authority G.S. 131E-156(c),(d); 131E-157(c); Eff. January 1, 2013; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .1507 EMS PERSONNEL CREDENTIALS

(a) An EMS credential that has been forfeited under G.S. 15A-1331.1 may not be reinstated until the person has complied with the court's requirements, has petitioned the Department for reinstatement, has completed the disciplinary process, and has received Department reinstatement approval.

(b) The Department shall amend, deny, suspend, or revoke the credentials of EMS personnel for any of the following:

- (1) significant failure to comply with the applicable performance and credentialing requirements as found in this Subchapter;
- (2) making false statements or representations to the Department, or concealing information in connection with an application for credentials;
- (3) making false statements or representations, concealing information, or failing to respond to inquiries from the Department during a complaint investigation;
- (4) tampering with, or falsifying any record used in the process of obtaining an initial EMS credential, or in the renewal of an EMS credential;
- (5) in any manner or using any medium, engaging in the stealing, manipulating, copying, reproducing, or reconstructing of any written EMS credentialing examination questions, or scenarios;
- (6) cheating, or assisting others to cheat while preparing to take, or when taking a written EMS credentialing examination;
- (7) altering an EMS credential, using an EMS credential that has been altered, or permitting or allowing another person to use his or her EMS credential for the purpose of alteration. "Altering" includes changing the name, expiration date, or any other information appearing on the EMS credential;
- (8) unprofessional conduct, including a significant failure to comply with the rules relating to the function of credentialed EMS personnel contained in this Subchapter, or the performance of or attempt to perform a procedure that is detrimental to the health and safety of any person, or that is beyond the scope of practice of credentialed EMS personnel or EMS instructors;
- (9) being unable to perform as credentialed EMS personnel with reasonable skill and safety to patients and the public by reason of illness that will compromise skill and safety, use of alcohol, drugs, chemicals, or any other type of material, or by reason of any physical impairment;
- (10) conviction in any court of a crime involving moral turpitude, a conviction of a felony, a conviction requiring registering on a sex offender registry, or conviction of a crime involving the scope of practice of credentialed EMS personnel;
- (11) by false representations obtaining or attempting to obtain, money or anything of value from a patient;
- (12) adjudication of mental incompetence;
- (13) lack of competence to practice with a reasonable degree of skill and safety for patients, including a failure to perform a prescribed procedure, failure to perform a prescribed procedure competently, or performance of a procedure that is not within the scope of practice of credentialed EMS personnel or EMS instructors;
- (14) performing as a credentialed EMS personnel in any EMS System in which the individual is not affiliated and authorized to function;
- (15) performing or authorizing the performance of procedures, or administration of medications detrimental to a student or individual;
- (16) delay or failure to respond when on-duty and dispatched to a call for EMS assistance;
- (17) testing positive, whether for-cause or at random, through urine, blood, or breath sampling, for any substance, legal or illegal, that is likely to impair the physical or psychological ability of the credentialed EMS personnel to perform all required or expected functions while on duty;
- (18) failure to comply with G.S. 143-518 regarding the use or disclosure of records or data associated with EMS Systems, Specialty Care Transport Programs, Alternative Practice Settings, or patients;
- (19) refusing to consent to any criminal history check required by G.S. 131E-159;
- (20) abandoning or neglecting a patient who is in need of care, without making arrangements for the continuation of such care;
- (21) falsifying a patient's record or any controlled substance records;
- (22) harassing, abusing, or intimidating a patient, student, bystander, or OEMS staff, either physically, verbally, or in writing;
- (23) engaging in any activities of a sexual nature with a patient, including kissing, fondling, or touching while responsible for the care of that individual;
- (24) any criminal arrests that involve charges that have been determined by the Department to indicate a necessity to seek action in order to further protect the public pending adjudication by a court;

- (25) altering, destroying, or attempting to destroy evidence needed for a complaint investigation being conducted by the OEMS;
 - (26) significant failure to comply with a condition to the issuance of an encumbered EMS credential with limited and restricted practices for persons in the chemical addiction or abuse treatment program;
 - (27) unauthorized possession of lethal or non-lethal weapons, chemical irritants to include mace, pepper (oleoresin capsicum) spray and tear gas, or explosives while in the performance of providing emergency medical services;
 - (28) significant failure to comply to provide EMS care records to the licensed EMS provider for submission to the OEMS as required by Rule .0204 of this Subchapter;
 - (29) continuing to provide EMS care after local suspension of practice privileges by the local EMS System, Medical Director, or Alternative Practice Setting; or
 - (30) representing or allowing others to represent that the credentialed EMS personnel has a credential that the credentialed EMS personnel does not in fact have.
- (c) Pursuant to the provisions of G.S. 131E-159(h), the OEMS shall not issue an EMS credential for any person listed on the North Carolina Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when the registration would have been required by law.
- (d) Pursuant to the provisions of G.S. 50-13.12, upon notification by the court, the OEMS shall revoke an individual's EMS credential until the Department has been notified by the court that evidence has been obtained of compliance with a child support order. The provisions of G.S. 50-13.12 supersede the requirements of Paragraph (f) of this Rule.
- (e) When a person who is credentialed to practice as an EMS professional is also credentialed in another jurisdiction and the other jurisdiction takes disciplinary action against the person, the Department shall summarily impose the same or lesser disciplinary action upon receipt of the other jurisdiction's action. The EMS professional may request a hearing before the EMS Disciplinary Committee. At the hearing the issues shall be limited to:
- (1) whether the person against whom action was taken by the other jurisdiction and the Department are the same person;
 - (2) whether the conduct found by the other jurisdiction also violates the rules of the N.C. Medical Care Commission; and
 - (3) whether the sanction imposed by the other jurisdiction is lawful under North Carolina law.
- (f) The OEMS shall provide written notification of the amendment, denial, suspension, or revocation. This notice shall be given personally or by certified mail, and shall set forth:
- (1) the factual allegations;
 - (2) the statutes or rules alleged to have been violated; and
 - (3) notice of the individual's right to a contested hearing, set forth in Rule .1509 of this Section, on the revocation of the credential.
- (g) The OEMS shall provide written notification to the EMS professional within five business days after information has been entered into the National Practitioner Data Bank and the Healthcare Integrity and Protection Integrity Data Bank.

History Note: Authority G.S. 131E-159; 143-508(d)(10); 143-519;
 Eff. January 1, 2013;
 Readopted Eff. January 1, 2017.

10A NCAC 13P .1508 SUMMARY SUSPENSION

In accordance with G.S. 150B-3(c) an EMS Provider License, EMS Vehicle Permit, or EMS credential may be summarily suspended if the public health, safety, or welfare requires emergency action. This determination is delegated to the Chief of the OEMS. For EMS credentials, this determination shall be made following review by the EMS Disciplinary Committee pursuant to G.S. 131E-159(f). Such a finding shall be incorporated with the order of the Department and the order is effective on the date specified in the order or on service of the certified copy of the order at the last known address of the affected party, whichever is later, and continues to be effective during the proceedings. Failure to receive the order because of refusal of service or unknown address does not invalidate the order.

History Note: Authority G.S. 131E-159(f); 150B-3(c);

Eff. January 1, 2013;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .1509 PROCEDURES FOR DENIAL, SUSPENSION, AMENDMENT, OR REVOCATION

The procedures for contested cases in G.S. 150B, Article 3, apply to the denial, suspension, amendment or revocation of credentials, licenses, permits, approvals, or designations.

History Note: Authority G.S. 143-508(d)(10);

Eff. January 1, 2013;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.

10A NCAC 13P .1510 PROCEDURES FOR THE VOLUNTARY SURRENDER OR MODIFICATION OF THE LEVEL OF AN EMS CREDENTIAL

(a) An individual who holds a valid North Carolina EMS credential may request to voluntarily surrender the credential to the OEMS by:

- (1) providing written notice stating the individual's desire to surrender the credential and explaining the circumstances surrounding the request; and
- (2) returning the pocket credential and wall certificate to the OEMS upon notification the request has been approved.

(b) An individual who holds a valid North Carolina EMS credential may request to voluntarily modify the current credentialing level from a higher level to a lower level by the OEMS by:

- (1) providing written notice stating the individual's desire to lower his or her current level and explaining the circumstances surrounding the request and stating the desired level of credentialing; and
- (2) returning the pocket credential and wall certificate to the OEMS upon notification the request has been approved.

(c) The OEMS shall provide a written response to the individual within 10 business days following receipt of the request either approving or denying the request. This response shall describe the reason(s) for approval or denial.

(d) If the individual seeks to restore the credential to the previous status, the individual shall:

- (1) wait a minimum of six months from the date the action was taken;
- (2) provide written notice stating the individual's desire to restore the previous credential;
- (3) provide evidence of continuing education at a minimum of two hours per month at the level of the EMS credential being sought; and
- (4) undergo a criminal history background check.

(e) If the OEMS denies the individual's request for restoration of the EMS credential, the OEMS shall provide in writing the reason(s) for denial and inform the individual of the procedures for contested case hearing as set forth in Rule .1509 of this Section.

History Note: Authority G.S. 131E-159(g); 143-508(d)(3); 143-508(d)(10);

Eff. January 1, 2017.

10A NCAC 13P .1511 PROCEDURES FOR QUALIFYING FOR AN EMS CREDENTIAL FOLLOWING ENFORCEMENT ACTION

(a) Any individual who has been subject to denial, suspension, revocation, or amendment of an EMS credential shall submit in writing to the OEMS a request for review to determine eligibility for credentialing.

(b) Factors the Department shall consider when determining eligibility shall include:

- (1) the reason for administrative action, including:
 - (A) criminal history;
 - (B) patient care;
 - (C) substance abuse; and
 - (D) failure to meet credentialing requirements;
- (2) the length of time since the administrative action was taken; and
- (3) any mitigating or aggravating factors relevant to obtaining a valid EMS credential.

- (c) In order to be considered for eligibility, the individual shall:
- (1) wait a minimum of 36 months following administrative action before seeking review; and
 - (2) undergo a criminal history background check. If the individual has been charged or convicted of a misdemeanor or felony in this or any other state or country within the previous 36 months, the 36 month waiting period shall begin from the date of the latest charge or conviction.
- (d) If determined to be eligible, the Department shall grant authorization for the individual to begin the process for EMS credentialing as set forth in Rule .0502 of this Subchapter.
- (e) Prior to enrollment in an EMS educational program, the individual shall disclose the prior administrative action taken against the individual's credential in writing to the EMS Educational Institution.
- (f) An individual who has undergone administrative action against his or her EMS credential is not eligible for legal recognition as defined in G.S. 131E-159(d) or issuance of a temporary EMS credential as defined in G.S. 131E-159(e).
- (g) For a period of 10 years following restoration of the EMS credential, the individual shall disclose the prior administrative action taken against his or her credential to every EMS System, Medical Director, EMS Provider, and EMS Educational Institution where he or she is affiliated and provide a letter to the OEMS from each verifying disclosure.
- (h) If the Department determines the individual is ineligible for EMS credentialing pursuant to this Rule, the Department shall provide in writing the reason(s) for denial and inform him or her of the procedures for contested case hearing as set forth in Rule .1509 of this Section.

History Note: Authority G.S. 131E-159(g); 143-508(d)(3); 143-508(d)(10);
Eff. January 1, 2017.