

Jurisprudence



Provided by South Plains EMS

Instructions

- Read the presentation
- Go to:
<https://www.classmarker.com/online-test/start/?quiz=xvb599f81f45e079>
and take the exam
- Minimum passing grade is 70%
- You will receive a certificate documenting your completion as well as 3 hours of CE in the content area of Preparatory

What is a Jurisprudence Exam?

Purpose

- A jurisprudence exam determines the knowledge of the Health and Safety Code – Chapter 773, DSHS rules, and other applicable laws affecting the activities regulated by DSHS
- Enacted by the 84th Legislature
- Effective September 1, 2017

Who Needs the Jurisprudence Training and Exam?

- An initial applicant for an EMS provider license or EMS personnel certification
- All certified personnel must take it prior to certification renewal if expires after September of 2017
 - Will have to be taken for each renewal (every 4 years)
- All provider renewals must assure all certified personnel has completed if provider renewal occurs after September of 2017

Who can Provide Jurisprudence Training?

- All DSHS approved CE programs
- All initial education programs, beginning after September 1, 2017 at any level must provide the course to the students before issuing a course completion certificate

Documentation of Completion of Jurisprudence Training

- A CE certificate will suffice for proof of completion
- Proof of completion must be submitted to DSHS only if CE is audited
- Documentation must be kept for 5 years

Two Sources of Regulations

- Texas Health and Safety Code (HSC)
 - Consists of statutes and laws (overall)
- Texas Administrative Code (TAC)
 - Consists of the rules and regulations (specifics)

HSC 773.050 (Jurisprudence)

- Sets forth the requirement for the jurisprudence exams
- Allows DSHS to develop policies to administer jurisprudence courses and exams and to stipulate who must take them

HSC 773.0612

(Access to Records) (1 of 2)

- Allows the department (DSHS) or its representative to have access to records/documents that are directly related to patient care or to EMS personnel to enforce adopted rules
- Consent is considered to have been given by all persons who holds a certification or license

HSC 773.0612

(Access to Records) (2 of 2)

- This includes PCR's, EMS units, vehicles, and places of business
- Documents obtained during an investigation will be considered confidential and are only used for purposes consistent with department rules
- No court order, release or subpoena is required

HSC 773.064

(Criminal Penalties) (1 of 4)

Defines the following acts which as criminal offenses:

- Knowingly practices or attempts to practice, or impersonates a Paramedic, Intermediate, EMT, or ECA without being appropriately certified by the department
 - Class A misdemeanor

HSC 773.064

(Criminal Penalties) (2 of 4)

- An EMS provider commits an offense if they knowingly advertise a false, misleading, or deceptive statement or misrepresentation of staffing, equipment, and vehicles
 - Class A misdemeanor

HSC 773.064

(Criminal Penalties) (3 of 4)

- Knowingly uses or permits to be used a vehicle that the person owns, operates, or controls to transport a sick or injured person unless the person is licensed as an EMS service
 - Class A misdemeanor
- Exceptions:
 - If transported as a citizen not ordinarily engaged in EMS
 - A MCI where casualties exceed vehicle capacity
 - A variance has been granted

HSC 773.064

(Criminal Penalties) (4 of 4)

- All offenses under this section will be prosecuted in the county in which the offense is alleged to have occurred

TAC 157.2

Definitions

Selected Definitions (1 of 27)

- Abandonment - Leaving a patient without appropriate medical care once patient contact has been established, unless emergency medical services personnel are following medical director's protocols, a physician directive or the patient signs a release; turning the care of a patient over to an individual of lesser education when advanced treatment modalities have been initiated

Selected Definitions (2 of 27)

- Accreditation - Formal recognition by a national association of a provider's service or an education program based on standards established by that association
- Administrator of Record (AOR) - The administrator for an EMS provider who meets the requirements of Health and Safety Code
- Advanced life support (ALS) - Emergency prehospital or interfacility care that uses invasive medical acts and which would include ALS assessment. The provision of advanced life support shall be under the medical supervision and control of a licensed physician

Selected Definitions (3 of 27)

- Advanced life support (ALS) vehicle - A vehicle that is designed for transporting the sick and injured and that meets the requirements of an advanced life support vehicle and has sufficient equipment and supplies for providing advanced level of care based on national standards and the EMS provider's medical director approved treatment protocols
- Ambulance - A vehicle for transportation of sick or injured person to, from or between places of treatment for an illness or injury, and provide out of hospital medical care to the patient

Selected Definitions (4 of 27)

- Advanced Emergency Medical Technician (AEMT) - An individual who is certified by the department and is minimally proficient in performing the basic life support skills required to provide emergency prehospital or interfacility care and initiating and maintaining under medical supervision certain advanced life support procedures, including intravenous therapy and endotracheal or esophageal intubation
- Authorized ambulance vehicle - A vehicle authorized to be operated by the licensed provider and that meets all criteria for approval by the department

Selected Definitions (5 of 27)

- Basic life support (BLS) - Emergency prehospital or interfacility care that uses noninvasive medical acts. The provision of basic life support will have sufficient equipment and supplies for providing basic level care based on national standards and the EMS provider's medical director approved treatment protocols
- Basic life support (BLS) vehicle - A vehicle that is designed for transporting the sick or injured and that has sufficient equipment and supplies for providing basic life support based on national standards and the EMS provider's medical director approved treatment protocols

Selected Definitions (6 of 27)

- Bypass - Direction given to a prehospital emergency medical services unit, by direct/on-line medical control or predetermined triage criteria, to pass the nearest hospital for the most appropriate hospital/trauma facility
- Candidate - An individual who is requesting emergency medical services personnel certification or licensure, recertification or relicensure from the Texas Department of State Health Services.

Selected Definitions (7 of 27)

- Certificant - Emergency medical services personnel with current certification from the Texas Department of State Health Services
- Credit hour - Continuing education credit unit awarded for successful completion of a unit of learning activity
- Designated infection control officer - A designated officer who serves as a liaison between the employer's employees who have been or believe they have been exposed to a potentially life-threatening infectious disease, through a person who was treated and/or transported, by the EMS provider

Selected Definitions (8 of 27)

- Department - The Texas Department of State Health Services
- Diversion - A procedure put into effect by a trauma facility to ensure appropriate patient care when that facility is unable to provide the level of care demanded by a trauma patient's injuries or when the facility has temporarily exhausted its resources
- Emergency care attendant (ECA) - An individual who is certified by the department as minimally proficient to provide emergency prehospital care by providing initial aid that promotes comfort and avoids aggravation of an injury or illness

Selected Definitions (9 of 27)

- Emergency medical services (EMS) - Services used to respond to an individual's perceived need for medical care and to prevent death or aggravation of physiological or psychological illness or injury.
- Emergency medical services (EMS) operator - A person who, as an employee of a public agency, as that term is defined by Health and Safety Code that receives emergency calls

Selected Definitions (10 of 27)

- Emergency medical services (EMS) personnel – Consist of all personnel certified at the ECA, EMT, AEMT, EMT-I, EMT-P or licensed paramedic level
- Emergency medical services (EMS) provider - A person who uses, operates or maintains EMS vehicles and EMS personnel to provide EMS.
- Emergency medical technician (EMT) - An individual who is certified by the department as minimally proficient to perform emergency prehospital care that is necessary for basic life support and that includes the control of hemorrhaging and cardiopulmonary resuscitation

Selected Definitions (11 of 27)

- Emergency medical services (EMS) volunteer provider - An EMS provider that has at least 75% of the total personnel as volunteers and is a nonprofit organization.
- Emergency medical services (EMS) volunteer - EMS personnel who provide emergency prehospital or interfacility care in affiliation with a licensed EMS provider or a registered First Responder organization without remuneration, except for reimbursement for expenses

Selected Definitions (12 of 27)

- Emergency medical technician-paramedic (EMT-P) - An individual who is certified by the department as minimally proficient to provide emergency prehospital or interfacility care in health care facility's emergency or urgent care clinical setting, including a hospital emergency room and a freestanding emergency medical care facility by providing advanced life support that includes initiation and maintenance under medical supervision of certain procedures, including intravenous therapy, endotracheal or esophageal intubation or both, electrical cardiac defibrillation or cardioversion, and drug therapy

Selected Definitions (13 of 27)

- Emergency medical services vehicle - consists of:
 - Basic life support (BLS) vehicle;
 - Advanced life support (ALS) vehicle;
 - Mobile intensive care unit (MICU);
 - MICU rotor wing and MICU fixed wing air medical vehicles; or
 - Specialized emergency medical service vehicle
- Emergency Medical Task Force (EMTF) - A unit specially organized to provide coordinated emergency medical response operation systems during large scale EMS incidents

Selected Definitions (14 of 27)

- General trauma facility - A hospital designated by the department as having met the criteria for a Level III and Level IV trauma facility. General trauma facilities provide resuscitation, stabilization, and assessment of injury victims and either provide treatment or arrange for appropriate transfer to a higher level trauma facility, provide ongoing educational opportunities in trauma related topics for health care professionals and the public, and implement targeted injury prevention programs

Selected Definitions (15 of 27)

- Governmental entity - A county, a city or town, a school district, or a special district or authority created in accordance with the Texas Constitution, including a rural fire prevention district, an emergency services district, a water district, a municipal utility district, and a hospital district
- Inactive EMS provider status - The period when a licensed EMS provider is not able to respond or response ready to an emergency or non-emergency medical dispatch
- Interfacility care - Care provided while transporting a patient between medical facilities

Selected Definitions (16 of 27)

- Licensee - A person who holds a current paramedic license from the Texas Department of State Health Services (department) or a person who uses, maintains or operates EMS vehicles and EMS personnel to provide EMS and who holds an EMS provider license from the department
- Medical control - The supervision of prehospital emergency medical service providers by a licensed physician. This encompasses on-line (direct voice contact) and off-line (written protocol and procedural review).

Selected Definitions (17 of 27)

- Major trauma facility - A hospital designated by the department as having met the criteria for a Level II trauma facility as described in §157.125 of this title. Major trauma facilities provide similar services to the Level I trauma facility although research and some medical specialty areas are not required for Level II facilities, provide ongoing educational opportunities in trauma related topics for health care professionals and the public, and implement targeted injury prevention programs

Selected Definitions (18 of 27)

- Medical Director - The licensed physician who provides medical supervision to the EMS personnel of a licensed EMS provider or a recognized First Responder Organization under the terms of the Medical Practices Act and rules promulgated by the Texas Medical Board. Also may be referred to as off-line medical control
- Medical oversight - The assistance and management given to health care providers and/or entities involved in regional EMS/trauma systems planning by a physician or group of physicians designated to provide technical assistance

Selected Definitions (19 of 27)

- Medical supervision - Direction given to emergency medical services personnel by a licensed physician under the terms of the Medical Practice Act and rules promulgated by the Texas Medical Board pursuant to the terms of the Medical Practice Act
- Off-line medical direction - The licensed physician who provides approved protocols and medical supervision to the EMS personnel of a licensed EMS provider under the terms of the Medical Practices Act and rules promulgated by the Texas Medical Board

Selected Definitions (20 of 27)

- Operational policies - Policies and procedures which are the basis for the provision of EMS and which include, but are not limited to such areas as vehicle maintenance, proper maintenance and storage of supplies, equipment, medications, and patient care devices; complaint investigation, multi-casualty incidents, and hazardous materials; but do not include personnel or financial policies.
- Out of service vehicle - The period when a licensed EMS Provider vehicle is unable to respond or be response ready for an emergency or non-emergency response.

Selected Definitions (21 of 27)

- Mobile intensive care unit (MICU) - A vehicle that is designed for transporting the sick or injured and that meets the requirements of the advanced life support vehicle and which has sufficient equipment and supplies to provide cardiac monitoring, defibrillation, cardioversion, drug therapy, and two-way communication with at least one paramedic on the vehicle when providing EMS
- Protocols - A detailed, written set of instructions by the EMS Provider medical director, which may include delegated standing medical orders, to guide patient care or the performance of medical procedures as approved

Selected Definitions (22 of 27)

- Quality management - Quality assurance, quality improvement, and/or performance improvement activities
- Regional Advisory Council (RAC) - An organization serving as the Department of State Health Services recognized health care coalition responsible for the development, implementation and maintenance of the regional trauma and emergency health care system within the geographic jurisdiction of the Trauma Service Area. A Regional Advisory Council must maintain §501(c)(3) (non-profit) status

Selected Definitions (23 of 27)

- Recertification - The procedure for renewal of emergency medical services certification
- Reciprocity - The recognition of certification or privileges granted to an individual from another state or recognized EMS system
- Relicensure - The procedure for renewal of a paramedic license; the procedure for renewal of an EMS provider license

Selected Definitions (24 of 27)

- Response ready - When an EMS vehicle is equipped and staffed in accordance with §157.11 of this title (relating to Requirements for a Provider License) and is immediately available to respond to any emergency call 24 hours per day, seven days per week (24/7).
- Scope of practice - The procedures, actions and processes that an EMS personnel are permitted to undertake in keeping with the terms of their professional license or certification and approved by their EMS provider's medical director
- Shall - Mandatory requirements

Selected Definitions (25 of 27)

- Specialized emergency medical services vehicle - A vehicle that is designed for responding to and transporting sick or injured persons by any means of transportation other than by standard automotive ground ambulance or rotor or fixed wing air craft and that has sufficient staffing, equipment and supplies to provide for the specialized needs of the patient transported. This category includes, but is not limited to, water craft, off-road vehicles, and specially designed, configured or equipped vehicles used for transporting special care patients such as critical neonatal or burn patients

Selected Definitions (26 of 27)

- Standard of care - Care equivalent to what any reasonable, prudent person of like certification level would have given in a similar situation, based on locally, regionally and nationally adopted standard emergency medical services curricula as adopted by reference relating to Emergency Medical Services Training and Course Approval
- Trauma facility - A hospital that has successfully completed the designation process, is capable of stabilization and/or definitive treatment of critically injured persons and actively participates in a regional EMS/trauma system

Selected Definitions (27 of 27)

- Trauma Service Area - An organized geographical area of at least three counties administered by a regional advisory council for the purpose of providing prompt and efficient transportation and/or treatment of sick and injured patients
- When in service - The period of time when an EMS vehicle is at the scene or when enroute to a facility with a patient

TAC 157.11

Requirements for an EMS Provider License

EMS Authorization

- The department will issue an authorization for each vehicle to be operated by the applicant
- A vehicle authorization shall be issued for the following levels of service
- Vehicle Authorizations are not required to be specific to particular vehicles and may be interchangeably placed in other vehicles as necessary (as long as with the same provider)
- Vehicle Authorizations are not transferable between providers

EMS Vehicles (1 of 2)

- All EMS vehicles must be adequately constructed, equipped, maintained and operated to render patient care, comfort and transportation of adult, pediatric, and neonatal patients safely and efficiently
- All vehicles shall have an environmental system capable of heating or cooling the patient(s) and staff, in accordance with the manufacturer specifications, within the patient compartment at all times when in service and which allows for protection of medication, according to manufacturer specifications, from extreme temperatures if it becomes environmentally necessary

EMS Vehicles (1 of 2)

- When operational, each EMS vehicle must have two-way communication with appropriate medical resources
- All EMS vehicles shall have the name of the provider and a current department issued EMS provider license number prominently displayed on both sides of the vehicle in at least 2 inch lettering and in contrasting color. The license number shall have the letters TX prior to the license number. This requirement does not apply to fixed or rotor wing aircraft

Administrator of Record

- EMS services must have an Administrator or Record (AOR)
- The department must be notified whenever there is a change in the AOR

Requirements for AOR (1 of 2)

Declaration of the administrator of record and any subsequently filed declaration of a new administrator shall declare the following:

- The AOR is not employed or otherwise compensated by another private, for-profit EMS provider
- Must meet the requirements for an EMT or other healthcare professional license or certification issued by the State
- Subject to criminal history check

Requirements for AOR (1 of 2)

Required to complete a department approved course that covers:

- Chapter 773 of the Health and Safety Code
- Chapter 157 of the Texas Administrative Code
- EMS dispatch processes
- EMS billing processes
- Medical control accountability
- Quality improvement processes for EMS

Requirements for AOR (1 of 2)

- Completion of 8 hours of CE related to Texas and federal laws and rules related to EMS
- An EMS provider that is directly operated by a governmental entity is exempted from the education requirements
- An EMS provider that held a license on 9/1/2013 and has an AOR who has at least 8 years of experience providing EMT the AOR is exempt from the education and EMT or other healthcare provider certification requirement

Minimum Staffing Requirements

(1 of 5)

- BLS Units: must be staffed at a minimum with two Emergency Care Attendants (ECAs)
- BLS with ALS Capability: when in service below ALS it must be staffed at a minimum of 2 ECAs. Full ALS status requires at least an EMT-Intermediate (AEMT) and at least an EMT

Minimum Staffing Requirements

(2 of 5)

- BLS with MICU Capability: When in-service below MICU it must be staffed at a minimum of 2 ECAs.
- Full MICU status becomes active when staffed by at least a certified or licensed paramedic and at least an EMT
- ALS: When in service, it must be staffed at a minimum with one EMT Basic and one EMT-Intermediate (AEMT)

Minimum Staffing Requirements

(3 of 5)

- ALS with MICU Capability: when in service below MICU it must be staffed at a minimum with one EMT-Intermediate (AEMT) and one EMT. Full MICU status becomes active when staffed by at least a certified or licensed paramedic and at least an EMT
- MICU: when in service it must be staffed at a minimum with one EMT Basic and one certified or licensed EMT-Paramedic

Minimum Staffing Requirements

(4 of 5)

- Specialized: When response-ready or in-service, EMS vehicles authorized to operate for a specialized purpose shall be staffed with a minimum of two personnel appropriately licensed and/or certified as determined by the type and application of the specialized purpose and as approved by the medical director and the department.

Minimum Staffing Requirements

(5 of 5)

- When response-ready or in-service, authorized EMS vehicles may operate at a lower level than licensed by the department. When operating at the BLS level with an ALS/MICU ambulance, the EMS provider must have an approved security plan for the ALS/MICU medication as approved by the EMS provider medical director's protocol and/or policy

Treatment/Transport Protocols

(1 of 2)

- All providers must submit a copy of written delegated standing orders to the department
- Protocols must be signed by the medical director
- Protocols must have an effective date
- Must address the use of non-EMS certified or licensed medical personnel, in addition to EMS staff, may provide patient care on behalf of the provider and/or in the provider's vehicle

Treatment/Transport Protocols

(2 of 2)

- Protocols must address the use of all required equipment, supplies, and drugs carried on each EMS vehicle
- Must identify delegated procedures for each EMS certification or license level utilized
- Must indicate specific applications, including geographical area and duty status of personnel

EMS Equipment (1 of 2)

- The EMS provider shall submit a list, approved and signed by the medical director and fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried
- The list shall specify the quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care for all age ranges appropriate to the needs of their patients
- The list shall include equipment required for treatment and transport of adult, pediatric, and neonatal patients

EMS Equipment (2 of 2)

- All patient care equipment, and medical devices must be operational, appropriately secured in the vehicle at the time of providing patient care and response ready, and supplies shall be clean and fully operational.
- All patient care powered equipment shall have manual mechanical, spare batteries or an alternative power source, if applicable
- All solutions and pharmaceuticals shall be up to date and shall be stored and maintained in accordance with the manufacturer's and/or U.S. Federal Drug Administration (FDA) recommendations

Minimum Equipment Requirements:

BLS Units (1 of 6)

- All BLS units must have equipment required to administer BLS scope of practice and incorporate the knowledge, competencies and basic skills of an EMT/ECA and additional skills as authorized by the EMS provider medical director

Minimum Equipment Requirements:

BLS Units (2 of 6)

All BLS units shall be able to perform treatment and transport patients receiving the following skills:

- Airway/ventilation/oxygenation
- Cardiovascular circulation
- Immobilization
- Medication administration - routes
- Single and multi-system trauma patients

Minimum Equipment Requirements:

BLS Units (3 of 6)

All BLS units must have:

- Oropharyngeal airways
- Portable and vehicle mounted suction
- Bag-valve-mask units; oxygen capable
- Portable and vehicle mounted oxygen
- Oxygen delivery devices
- Dressing and bandaging materials
- Commercial tourniquet

Minimum Equipment Requirements:

BLS Units (4 of 6)

All BLS units must have (Continued):

- Rigid cervical immobilization devices
- Spinal immobilization devices
- Extremity splints
- Equipment to meet special patient needs
- Equipment for determining and monitoring patient vital signs, condition or response to equipment

Minimum Equipment Requirements:

BLS Units (5 of 6)

All BLS units must have (Continued):

- Pharmaceuticals, as required by the medical director's protocols
- An external cardiac defibrillator appropriate to the staffing level (AED) with two sets of adult and two sets of pediatric pads

Minimum Equipment Requirements: BLS Units (6 of 6)

All BLS units must have (Continued):

- Patient transport device capable of being secured to the vehicle, and the patient must be fully restrained per manufacturer recommendations
- Epinephrine auto injector or similar device capable of treating anaphylaxis

Minimum Equipment Requirements:

ALS Units (1 of 4)

- All ALS units must have equipment to administer the ALS scope of practice and incorporate the knowledge, competencies, and basic and advanced skills of an AEMT (EMT-I) and additional skills as authorized by the EMS provider medical director

Minimum Equipment Requirements:

ALS Units (2 of 4)

All ALS units shall be able to perform treatment and transport patients receiving the following skills, including all required BLS skills:

- Airway/ventilation/oxygenation
- Cardiovascular circulation
- Immobilization
- Medication administration - routes
- Intravenous (IV) initiation/maintenance fluids

Minimum Equipment Requirements:

ALS Units (3 of 4)

All ALS units must have:

- All required BLS equipment
- Advanced airway equipment
- IV equipment and supplies
- Pharmaceuticals as required by the medical director protocols

Minimum Equipment Requirements:

ALS Units (4 of 4)

All ALS units must have (Continued):

- Wave-form capnography or state approved carbon dioxide detection equipment must be used after January 1, 2018, when performing or monitoring endotracheal intubation

Minimum Equipment Requirements:

MICU Units (1 of 3)

- All MICU units must have equipment to administer the ALS scope of practice and incorporate the knowledge, competencies, and advanced skills of Paramedic and additional skills as authorized by the EMS provider medical director

Minimum Equipment Requirements:

MICU Units (2 of 3)

All MICU units shall be able to perform treatment and transport patients receiving the following skills:

- Airway/ventilation/oxygenation
- Cardiovascular circulation
- Immobilization
- Medication administration - routes
- Intravenous (IV) initiation/maintenance fluids

Minimum Equipment Requirements: MICU Units (3 of 3)

All MICU units must have:

- All required BLS and ALS equipment
- Transmitting 12-Lead capability cardiac monitor/defibrillator by January 1, 2020
- Pharmaceuticals as required by the medical director protocols

Minimum Equipment Requirements: BLS with ALS Capability Units

All BLS with ALS Capability units must have:

- All required BLS equipment even when in service or response ready at the ALS level
- All required ALS equipment, when in service or response ready at the ALS level

Minimum Equipment Requirements: BLS with MICU Capability Units

All BLS with MICU Capability units must have:

- All required BLS equipment even when in service or response ready at the MICU level
- All required MICU equipment, when in service or response ready at the ALS level

Minimum Equipment Requirements: ALS with MICU Capability Units

All ALS with MICU Capability units must have:

- All required ALS equipment even when in service or response ready at the MICU level
- All required MICU equipment, when in service or response ready at the ALS level

Additional Requirements:

All Levels (1 of 4)

In addition to medical supplies and equipment, all EMS vehicles must have:

- A complete and current copy of written or electronic protocols approved and signed by the medical director; with a current and completed equipment, supply and medication list available to crew

Additional Requirements:

All Levels (2 of 4)

- Operable emergency warning devices
- Personal protective equipment for staff, including at least:
 - Protective non-porous gloves
 - Medical eye protection
 - Medical respiratory protection meeting NIOSH approved N95 or greater standards
 - Medical protective gowns or equivalent
 - Personal cleansing supplies

Additional Requirements:

All Levels (3 of 4)

- Sharps container
- Biohazard bags
- Portable battery-powered flashlight (not a pen light)
- A mounted, currently inspected, 5 pound ABC fire extinguisher (not applicable to air ambulances)
- “No Smoking” signs in the patient compartment and the cab

Additional Requirements:

All Levels (4 of 4)

- A current emergency response guide book or an electronic version that is available to the crew (for hazardous materials)
- 25 triage tags in coordination with the Regional Advisory Council (RAC)

Additional Requirements: Specialized Equipment

- As justified by specific patient needs, and when qualified personnel are available, EMS providers may appropriately utilize equipment in addition to that which is required by their authorization levels. Such equipment must be consistent with protocols and/or patient- specific orders and must correspond to personnel qualifications.

Responsibilities of the EMS Provider

(1 of 27)

- Provider license are effective for a 2 year period
- Assure that all response ready vehicles are available 24/7, maintained, operated, equipped, insured and staffed according with the license and as required by the medical director
- Develop, implement, maintain, and evaluate an effective, ongoing, system-wide, data-driven, interdisciplinary quality assessment and performance improvement program.

Responsibilities of the EMS Provider

(2 of 27)

The quality assessment and performance improvement program shall be individualized to the provider and shall, at a minimum, include:

- The standard of patient care as directed by the medical director's protocols and medical director input into the provider's policies and standard operating procedures
- A complaint management system

Responsibilities of the EMS Provider

(3 of 27)

Performance improvement program must include (continued):

- Monitoring the quality of patient care provided by the personnel and taking appropriate and immediate corrective action to insure that quality of care is maintained in accordance with the existing standards of care and the provider medical director's signed, approved protocols

Responsibilities of the EMS Provider

(4 of 27)

Performance improvement program must include (continued):

- The program shall include, but not be limited to, an ongoing program that achieves measurable improvement in patient care outcomes and reduction of medical errors

Responsibilities of the EMS Provider

(5 of 27)

- Provide attestation of providers participation in the local Regional Advisory Council (RAC)
- When an air ambulance is initiated through any other method than the local 911 system the air service providing the air ambulance is required to notify the local 911 center or the appropriate local response system for the location of the response at time of launch. This would not include interfacility transports or schedule transports

Responsibilities of the EMS Provider

(6 of 27)

- Ensuring that all personnel are currently certified or licensed by the department
- Assuring that all personnel, when on an in-service vehicle or when on the scene of an emergency, are prominently identified by, at least, the last name and the first initial of the first name, the certification or license level and the EMS provider's name. A provider may utilize an alternative identification system in incident specific situations that pose a potential for danger if the individuals are identified by name

Responsibilities of the EMS Provider

(7 of 27)

- Assuring the confidentiality of all patient information is in compliance with all federal and state laws
- Assuring that Informed Treatment/ Transport Refusal forms are signed by all persons refusing service, or documenting incidents when a signed Informed Treatment/Transport Refusal form cannot be obtained

Responsibilities of the EMS Provider

(8 of 27)

- Assuring that patient care reports are completed accurately for all patients and meet standards as outlined
 - Full report within 24 hours
 - If full report is not possible at patient delivery, an abbreviated document shall be provided at the time of patient delivery containing care provided, patient's condition on scene and during transport, patient's response to treatments, and all times

Responsibilities of the EMS Provider

(9 of 27)

- Assuring that all pharmaceuticals are stored according to conditions specified in the pharmaceutical storage policy approved by the EMS provider's medical director
- Assuring that staff completes a readiness inspection as written by the EMS provider's policy

Responsibilities of the EMS Provider

(10 of 27)

- Assuring that there is a preventive maintenance plan for vehicles and equipment
- Assuring that staff has reviewed policies and procedures as approved by the EMS Provider and the EMS Provider Medical Director

Responsibilities of the EMS Provider

(11 of 27)

- Maintenance of medical reports
 - Maintain for at least 7 years from the anniversary date of last treatment by the EMS provider; even if the business is sold or closed
 - If a patient was younger than 18, the records must be maintained until the patient reaches 21 or for 7 years; whichever is longer
 - Medical records that relate to any civil, criminal, or administrative proceeding may not be destroyed until the proceeding is resolved

Responsibilities of the EMS Provider

(12 of 27)

- Maintenance of medical reports (continued)
 - Records must be maintained for a longer length of time than when mandated by other federal or state statute or regulation
 - Records may be transferred to another licensed EMS provider only if the EMS provider, in writing, assumes ownership of the records and maintains the records consistent with this chapter

Responsibilities of the EMS Provider

(13 of 27)

- Maintenance of medical reports (continued)
 - Destruction of medical records shall be done in a manner that assures continued confidentiality
 - Records must be maintained in the physical location that is the primary place of business, unless department approves another location
 - Assuring that all requested patient records are made promptly available to the medical director, hospital or department when requested

Responsibilities of the EMS Provider

(14 of 27)

- Assuring that current protocols, equipment, supply and medication lists, and the correct original Vehicle Authorization at the appropriate level are maintained on each response-ready vehicle
- Monitoring and enforcing compliance with all policies and protocols
- Assuring provisions for the appropriate disposal of medical and/or biohazardous waste materials

Responsibilities of the EMS Provider

(15 of 27)

- Assuring ongoing compliance with the terms of first responder agreements
- Assuring that all documents, reports or information provided to the department and hospital are current, accurate and complete
- assuring compliance with all federal and state laws and regulations and all local ordinances, policies and codes at all times

Responsibilities of the EMS Provider

(16 of 27)

- Assuring that all response data required by the department is submitted in accordance relating to Reporting Requirements for EMS Providers
- Assuring that, whenever there is a change in the EMS provider's name or the service's operational assumed name, the printed name on the vehicles are changed accordingly within 30 days of the change

Responsibilities of the EMS Provider

(17 of 27)

Assuring that the department is notified within 30 days whenever:

- A vehicle is sold, substituted, or replaced
- There is a change in level of service
- There is a change in the service area
- Change in mailing address
- Change in physical location
- Change of location for storage of records
- Change in the administrator of record

Responsibilities of the EMS Provider

(18 of 27)

- Notifying the department within one business day if there is a change in medical director
- Develop, implement and enforce required policies/procedures and assure that all employees/volunteers is provided a copy upon employment and when changes are made

Responsibilities of the EMS Provider

(19 of 27)

Required policies must address:

- PPE
- Immunizations to staff
- Infection control procedures
- Management of possible exposures to communicable disease
- Emergency vehicle operations

Responsibilities of the EMS Provider

(20 of 27)

Required policies must address (Continued):

- Contact information for the designated infection control officer for whom education based on US Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff- 136 has been documented
- Appropriate documentation of patient care
- Vehicle checks, equipment, and readiness inspections

Responsibilities of the EMS Provider

(21 of 27)

Credentialing of new response personnel before being assigned primary care responsibilities. This process should include as a minimum:

- A comprehensive orientation session of services, policies, procedures, protocols, safety precautions, and the quality management process
- An internship period in which all new personnel practice under the supervision of and are evaluated by a more experienced person

Responsibilities of the EMS Provider

(22 of 27)

- Assuring the security of medications, fluids and controlled substances in compliance with local, state and federal laws
- Assuring the manufacturer's operating instructions for all critical patient care electronic and/or technical equipment utilized are available
- Maintaining vehicle liability insurance as required by the Texas Traffic Code

Responsibilities of the EMS Provider

(23 of 27)

- Assuring that the department is notified, within five business days, of a collision involving an in-service or response ready EMS vehicle that results in vehicle damage whenever:
 - The vehicle is rendered disabled and inoperable at the scene of occurrence; or
 - There is a patient on board

Responsibilities of the EMS Provider

(24 of 27)

- Assuring that the department is notified, within one business day, of a collision involving an in-service or response ready EMS vehicle that results in vehicle damage whenever there is personal injury or death to any person
- Maintaining professional liability insurance in the minimum amount of \$500,000, with a company licensed to do business in Texas in order to secure payment for any loss or damage resulting from any occurrence arising out of, or caused by the care, or lack of care, of a patient

Responsibilities of the EMS Provider

(25 of 27)

- Insuring continuous coverage for the service area defined in documents submitted to the department
- Responding to requests for assistance from the highest elected official of a political subdivision or from the department during a declared emergency or mass casualty situation according to national, state, regional and/or local plans, when authorized
- Immediately notify the department in writing when operations cease in any service area

Responsibilities of the EMS Provider

(26 of 27)

- Providing written notice to the department, RAC and Emergency Medical Task Force, if the EMS provider will make staff and equipment available during a declared emergency or mass casualty situation, for a state or national mission, when authorized
- Develop or adopt and then implement policies, procedures and protocols necessary for its operations as an EMS provider, and enforce all such policies, procedures and protocols

Responsibilities of the EMS Provider

(27 of 27)

- Assuring all EMS personnel receive continuing education on the provider's anaphylaxis treatment protocols. The provider shall maintain education and training records to include date, time, and location of such education or training for all its EMS personnel
- Assure that all patients transported by stretcher must be in a department authorized EMS vehicle

TAC 157.16

EMS Provider

Disciplinary Actions

Reasons for Disciplinary Action

(1 of 8)

- An EMS provider retains ultimate responsibility for the operation of the service. A licensed EMS provider may not claim a defense when one or more staff members, acting with or without the consent and knowledge of the license holder, commit(s) multiple violations in this section, or perform(s) contrary to EMS standards while on EMS business for the provider
- DSHS may issue an emergency suspension order to any EMS provider if there is reasonable cause to believe that the conduct of any licensed provider creates an imminent danger to public health or safety

Reasons for Disciplinary Action

(2 of 8)

An EMS provider may be suspended or revoked for, but not limited to, the following reasons:

- Failing to comply with any requirement of provider licensure as defined in §157.11 of this title (relating to Requirements for an EMS Provider License)
- Operating the service while the license is under suspension
- Failing to correct deficiencies as instructed by the department
- Falsifying or altering a license issued by the department

Reasons for Disciplinary Action

(3 of 8)

An EMS provider may be suspended or revoked for, but not limited to, the following reasons (Continued):

- Obtaining or attempting to obtain or assisting another to obtain a provider license or personnel certification by fraud, forgery, deception, or misrepresentation
- Providing false or misleading advertising and/or making false or misleading claims to clients or the public about the service
- Failing to operate a subscription service/membership program according to applicable provisions

Reasons for Disciplinary Action

(4 of 8)

An EMS provider may be suspended or revoked for, but not limited to, the following reasons (Continued):

- Failing to maintain patient confidentiality according to standards and department regulations
- Discriminating in the provision of services based on national origin, race, color, creed, religion, gender, sexual orientation, age, physical or mental disability

Reasons for Disciplinary Action

(5 of 8)

An EMS provider may be suspended or revoked for, but not limited to, the following reasons (Continued):

- Falsifying a patient care record or any other document or record resulting from or pertaining to EMS Provider responsibilities
- Obtaining any fee or benefit by fraud, coercion, theft, deception, or misrepresentation
- Failing to pay an administrative penalty in full within established time frames

Reasons for Disciplinary Action

(6 of 8)

An EMS provider may be suspended or revoked for, but not limited to, the following reasons (Continued):

- Failing to give the department true and complete information when asked, regarding any alleged or actual violation of the Health and Safety Code, Chapter 773
- Failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel
- Operating, directing, or allowing staff to operate vehicle warning devices unnecessarily or inappropriately

Reasons for Disciplinary Action

(7 of 8)

An EMS provider may be suspended or revoked for, but not limited to, the following reasons (Continued):

- Operating, directing, or allowing any person to operate any vehicle on EMS business while under the influence of any substance that inhibits the mental or physical capacities of that person
- Having been found to have operated, directed, or allowed staff to operate any vehicle while on EMS business in a reckless or unsafe manner and/or in a manner that is dangerous to the health or safety of any person

Reasons for Disciplinary Action

(8 of 8)

An EMS provider may be suspended or revoked for, but not limited to, the following reasons (Continued):

- Operating, directing, or allowing staff to operate any vehicle that is not mechanically safe, clean and in good operating condition
- Having been found in violation of any local, state, or national code or regulation pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person

Types of Disciplinary Actions

(1 of 4)

- Emergency Suspension
 - If reasonable cause exists of an imminent danger to public health or safety
 - Becomes effective immediately without a hearing or notice to the license holder
- Administrative Penalty
 - An administrative penalty may be assessed when an EMS provider is in violation of the Health and Safety Code, Chapter 773, 25 Texas Administrative Code, Chapter 157, or the reasons outlined previously

Types of Disciplinary Actions

(2 of 4)

- Non-Emergency Suspension or Revocation
 - As listed previously
- Denial of License: A license may be denied for, but not limited to, the following reasons:
 - Failure to meet licensing requirements
 - Owner(s) having a history of a misdemeanor or felony which the department has determined may put the safety of any person at risk

Types of Disciplinary Actions

(3 of 4)

- Denial of License: A license may be denied for, but not limited to, the following reasons (Continued):
 - Previous conduct while holding an EMS provider license which could put any person at risk
 - The EMS provider has received disciplinary action in another state or by a federal agency
 - Falsifying or misrepresenting any fact or requirement on or for an application or related document for a provider license or EMS personnel license/certificate
 - Issuing a check for application for a provider license which is returned to the department unpaid

Types of Disciplinary Actions

(4 of 4)

- Probation
 - The department may probate any penalty assessed under this section and may specify terms and conditions of any probation issues
- Surrender of License
 - A provider who wishes to surrender his or her license prior to the expiration date may do so by completing a Surrender of License Statement. A provider that has pending or imminent disciplinary action must acknowledge that the surrender is a “no contest” plea

Notification of Disciplinary Action

- If the department proposes to deny, suspend, revoke, or probate a license, the EMS provider license holder and the administrator of record shall be notified at the address shown in the current records of the department. The notice shall state the alleged facts or conduct to warrant the proposed action and state that the license holder may request a hearing

Hearing Request

- A request for a hearing shall be in writing and submitted to the department and postmarked no later than 30 days after the date of the notice. The hearing shall be conducted pursuant to the Administrative Procedure Act, Government Code, Chapter 2001
- If the candidate, applicant or licensee does not request a hearing in writing within 30 days after proper notice, the individual is deemed to have waived the opportunity for a hearing as outlined in the notice

Notification of Disposition

- An order of final disposition of any disciplinary action shall be sent to the license holder.
- A copy of the order shall also be sent to the provider's medical director and to any government entity, institution or facility with which the license holder is known to be associated

TAC 157.33

Certification

Initial Certification Requirements

(1 of 3)

- Must be at least 18 years of age
- Have a high school diploma or GED
 - An ECA who provides care exclusively as a volunteer is exempt from this requirement
- Must have successfully completed a DSHS approved course
- Must have completed an approved jurisprudence examination

Initial Certification Requirements

(2 of 3)

- Submit an application and pay the non-refundable fee
 - Volunteers may be exempt. However, if such an individual receives compensation during the certification period, the exemption ceases and the individual shall pay a prorated fee to the department based on the number of years remaining in the certification period when employment begins.

Initial Certification Requirements

(3 of 3)

- Provide evidence of current active National Registry at the appropriate level
 - The NR “First Responder” certification is considered the appropriate level for and ECA
- Submit fingerprints through the state approved service to undergo FBI criminal history check

Length of Certification

- A candidate who meets all requirements shall be certified for four years beginning on the date of issuance of a certificate and wallet-size certificate.
- A candidate must verify current certification before staffing an EMS vehicle.
- Certification may be verified by the applicant's receipt of the official department identification card or by using the department's certification website

Inactive Certification

- A certified EMT, AEMT, or EMT-P may make application to the department for inactive certification at any time during the certification period or within one year after the certificate expiration date
- While on inactive certification, a person shall not practice other than to act as a bystander rendering first aid or cardiopulmonary resuscitation (CPR) or the use of an Automated External Defibrillator in the capacity of a layperson.
- An individual shall not simultaneously hold inactive and active certification

Time Limit for Completing Requirements (1 of 2)

- An initial candidate for certification shall complete all requirements for certification no later than two years after the candidate's course completion date. The application will expire two years from the date the mailed application is postmarked, or the date a faxed, online submission or hand-delivered application is received at the department

Time Limit for Completing Requirements (2 of 2)

- NR certification must remain current until final requirement for state certification is met
- A candidate who does not complete all requirements for certification within two years of the candidate's initial course completion date would have to repeat all requirements; including the completion of another initial course

Reciprocity Through NR Certification

(1 of 2)

- A person who is currently certified by the National Registry but did not complete a department-approved course may apply for the equal or lower level Texas certification by submitting a reciprocity application and a nonrefundable fee of \$120
- Applicants holding National Registry AEMT certification may be required to submit written verification of proficiency of AEMT skills from an approved education program

Reciprocity Through NR Certification

(2 of 2)

- National Registry first responder certification is not eligible for reciprocity at the ECA level
- A candidate will not be eligible for reciprocity if the National Registry certification expires prior to the completion of all requirements for certification as listed in this section
- A candidate who meets the requirements shall be certified for four years beginning on the date of issuance of a certificate and wallet-size certificate
- The candidate has completed a state approved jurisprudence examination

Reciprocity of Those Certified by Another State (1 of 3)

- A person currently certified by another state may apply for equal or lower level Texas certification by submitting a reciprocity application and a nonrefundable fee of \$120
- The candidate must pass the National Registry assessment exam
- Applicants holding AEMT out-of-state certification must submit written proof of proficiency on all of the AEMT skills signed by a Texas certified EMS coordinator or instructor

Reciprocity of Those Certified by Another State (2 of 3)

- Submit fingerprints through the state approved service to undergo FBI criminal history check
- The candidate has completed a state approved jurisprudence examination
- Reciprocity is not allowed for the ECA level
- A candidate will not be eligible for reciprocity if the out-of-state certification expires prior to the completion of all requirements for certification as listed in this section

Reciprocity of Those Certified by Another State (3 of 3)

- A candidate who meets the requirements of this section shall be certified for four years beginning on the date of issuance of a certificate and wallet-size certificate
- Personnel receiving department issued certification through reciprocity must recertify prior to the expiration of the certificate by following the requirements in §157.34 of this title

Responsibilities of EMS Personnel

(1 of 3)

- Making accurate, complete and/or clearly written patient care reports including documenting a patient's condition upon the EMS personnel's arrival at the scene and patient's status during transport, including signs, symptoms, and responses during duration of transport as per EMS provider's approved policy
- Reporting to the employer, appropriate legal authority or the department, of abuse or injury to a patient or the public within 24 hours or the next business day after the event

Responsibilities of EMS Personnel

(2 of 3)

- Following the approved medical director's protocol and policies
- Taking precautions to prevent the misappropriation of medications, supplies, equipment, personal items, or money belonging to the patient, employer or any person or entity

Responsibilities of EMS Personnel

(3 of 3)

- Maintaining skill and knowledge to perform the duties or meet the responsibilities required of current level of EMS certification
- Notifying the department of a current and/or valid mailing address within 30 days of any changes

TAC 157.34

Recertification

Recertification Requirements

(1 of 5)

- Not later than the 30th day before the date a person's certificate is scheduled to expire, the Department of State Health Services (department) may send to the person a notice of expiration at the address shown in the current records of the department
- If a notice is not received, it is the duty of the certificant to notify the department and to request an application for recertification or download an application from the Internet

Recertification Requirements

(2 of 5)

- To maintain certification status without a lapse, an applicant shall submit a completed application prior to the expiration date of the current certificate, but no earlier than one year prior to the expiration date

Recertification Requirements

(3 of 5)

- Submit an application and pay the non-refundable fee
 - \$60 for ECA or EMT
 - \$90 for AEMT (EMT-I) or Paramedic
 - Volunteers may be exempt. However, if such an individual receives compensation during the certification period, the exemption ceases and the individual shall pay a prorated fee to the department based on the number of years remaining in the certification period when employment begins.

Recertification Requirements

(4 of 5)

Recertification by voluntary downgrade:

- An individual who holds a Texas EMS certification or paramedic license may renew at a lower level by meeting the requirements for the lower level of certification
- If downgraded, the higher level of certification becomes invalid
- To regain the original higher level of certification, the candidate shall meet the late recertification requirements within one year after the expiration date

Recertification Requirements

(5 of 5)

Military Personnel:

- A person certified by the department who is deployed in support of military, security, or other action by the United Nations Security Council, a national emergency declared by the President of the United States, or a declaration of war by the United States Congress is eligible for recertification under timely recertification requirements from the person's date of demobilization until one calendar year after the date of demobilization but will not be certified during that period

Recertification Options

(1 of 10)

Option 1: Written Examination Recertification Process

- The applicant shall pass the National Registry assessment exam. An overall score of 70 is considered to be passing
- If the applicant fails the examination for recertification, the applicant may attempt two retests of the examination after
- A retest application for each attempt is required
- A fee of \$30 for each attempt must be paid

Recertification Options

(2 of 10)

Option 1: Written Examination Recertification (Continued):

- For each subsequent retest attempt, an applicant may apply for and retest at a lower level by complying with department rules
- An applicant who selects option 1 and attempts the exam but does not pass the National Registry assessment examination may not gain recertification by any other option and shall not qualify for inactive certification

Recertification Options

(3 of 10)

Option 1: Written Examination Recertification (Continued):

- If applicant does not pass the third exam attempt:
 - Shall successfully complete a Formal Recertification Course, and
 - Shall submit a course completion certificate of the Formal recertification course, reflecting that the course was completed after the 2nd retest failure; and
 - Shall pass the National Registry assessment examination in accordance with the provisions
 - Shall not qualify for more than a total of six attempts at the exam, in any combination of levels attempted

Recertification Options

(4 of 10)

Option 1: Written Examination Recertification (Continued):

- The certification status of an applicant who does not successfully complete the examination recertification process shall expire on the date of the current certificate
- The applicant must complete a state approved jurisprudence examination to determine the knowledge on state EMS laws, rules, and policies.

Recertification Options

(5 of 10)

Option 2: CE Recertification Process:

- The certificant shall attest to accrual of department approved EMS continuing education as specified in §157.38 of this title (relating to Continuing Education); and
- The applicant must have completed a state approved jurisprudence examination

Recertification Options

(6 of 10)

Option 3: National Registry Recertification Process:

- The applicant shall attest to and hold current National Registry certification at the time of applying for recertification; and
- The applicant has completed a state approved jurisprudence examination

Recertification Options

(7 of 10)

Option 4: Formal Course Recertification Process:

- The recertification course shall be a formal structured interactive training course as approved by the department and conducted within the four-year certification period
- The applicant has completed a state approved jurisprudence examination
- A Recertification course must meet minimum contact hours within the appropriate content hours

Recertification Options

(8 of 10)

- Option 4: Formal Course Recert. Process (continued):

RECERTIFICATION COURSE REQUIREMENTS

CONTENT AREAS	ECA	EMT-B	EMT-I	EMT-P
PREPARATORY	3	6	9	12
AIRWAY MGMT / VENTILATION	3	6	9	12
PATIENT ASSESSMENT	2	4	6	8
TRAUMA	3	6	9	12
MEDICAL	9	18	27	36
SPECIAL CONSIDERATIONS	3	6	9	12
CLINICALLY RELATED OPERATIONS	1	2	3	4
TOTAL MINIMUM CONTACT HOURS	24	48	72	96

Recertification Options

(9 of 10)

Option 5: CCMP Recertification Process:

- An applicant affiliated with an EMS provider that has a department-approved Comprehensive Clinical Management Program (CCMP) may be recertified if:
 - The applicant is credentialed in the provider's CCMP
 - The applicant has been enrolled in the CCMP for at least 6 consecutive months
 - The applicant submits a signed written statement by the CCMP's medical director, attesting to the applicant's successful participation in and completion of the provider's CCMP

Recertification Options

(10 of 10)

Option 5: CCMP Recertification Process (Continued):

- An applicant affiliated with an EMS provider that has a department-approved CCMP may be recertified if (Continued):
 - The applicant submits a signed written statement by the CCMP's medical director, attesting to the applicant's successful participation in and completion of the provider's CCMP; and
 - The applicant has completed a state approved jurisprudence examination

Late Recertification

(1 of 3)

- The candidate whose certification has expired shall be considered late, non-certified and shall not function in the capacity of an EMS certificant or represent that he is EMS certified until recertification is issued
- A candidate whose certificate has been expired for 90 days or less may renew the certificate by submitting an application with a renewal fee that is equal to 1-1/2 times the normally required fee. Applicant shall meet one of the recertification options and submit verification of skills proficiency from an approved education program

Late Recertification

(2 of 3)

- A candidate whose certificate has been expired for more than 90 days but less than one year may renew by submitting an application and fee that is equal to two times the normally required application renewal fee. Applicant shall meet one of the recertification options and submit verification of skills proficiency from an approved education program.
- A candidate whose certificate has been expired for one year or more may not renew the certificate
 - Must follow all requirements of a new applicant

Late Recertification

(3 of 3)

- A candidate who was certified in this state, moved to another state, and is currently certified or licensed and has been in practice in the other state for two years preceding the date of application may become certified without reexamination. The candidate may gain recertification by:
 - Submitting the department a fee that is equal to two times the normal fee; and
 - Attesting to regular practice of emergency medical care in the other state for the two years preceding the date of application

TAC 157.36

EMS Personnel

Disciplinary Actions

Reasons for Disciplinary Action

(1 of 20)

- Violating any provision of the Health and Safety Code, Chapter 773, and/or 25 Texas Administrative Code, as well as Federal, State, or local laws, rules or regulations affecting, but not limited to, the practice of EMS
- Any conduct which is criminal in nature and/or any conduct which is in violation of any criminal, civil and/or administrative code or statute
- Falsifying any EMS record; patient record or report; or making false or misleading statements in a oral report; or destroying a patient care report

Reasons for Disciplinary Action

(2 of 20)

- Failing to make accurate, complete and/or clearly written patient care reports documenting a patient's condition upon arrival at the scene, the prehospital care provided, and patient's status during transport, including signs, symptoms, and responses during duration of transport as per EMS provider's approved policy
- Causing or permitting physical or emotional abuse or injury to a patient or the public, and/or failing to report such abuse or injury to the employer, appropriate legal authority and/or the department

Reasons for Disciplinary Action

(3 of 20)

- Disclosing confidential information or knowledge concerning a patient except where required or allowed by law
- Failing to report to the employer, appropriate legal authority or the department, the event of abuse or injury to a patient or the public within 24 hours or the next business day after the event
- Failing to respond to a call while on duty and/or leaving duty assignment without proper authority

Reasons for Disciplinary Action

(4 of 20)

- Failure to follow the medical director's protocol, performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure
- Abandoning a patient
- Turning over the care of a patient or delegating EMS functions to a person who lacks the education, training, experience, or knowledge to provide appropriate level of care for the patient

Reasons for Disciplinary Action

(5 of 20)

- Failing to comply with the terms of a department ordered probation or suspension
- Issuing a check to the department which has been returned to the department or its agent unpaid
- Discriminating in any way based on real or perceived conditions of national origin, race, color, creed, religion, sex, sexual orientation, age, physical disability, mental disability, or economic status
- Misrepresenting level of any certification or licensure

Reasons for Disciplinary Action

(6 of 20)

- Misappropriating medications, supplies, equipment, personal items, or money belonging to the patient, employer or any other person or entity
- Failing to take precautions to prevent misappropriating medications, supplies, equipment, personal items, or money belonging to the patient, employer or any person or entity
- Falsifying or altering, or assisting another in falsifying or altering, any department application, EMS certificate or license; or using or possessing any such altered certificate or license

Reasons for Disciplinary Action

(7 of 20)

- Committing any offense during the period of a suspension/probation or repeating any offense for which a suspension/probation was imposed within the two-year period immediately following the end of the suspension or probation
- Cheating and/or assisting another to cheat on any examination, written or psychomotor, by any provider licensed by the department or any institution or entity conducting EMS education and/or training or providing an EMS examination leading to obtaining certification or renewing certification or license

Reasons for Disciplinary Action

(8 of 20)

- Obtaining or attempting to obtain and/or assisting another in obtaining or attempting to obtain, any advantage, benefit, favor or gain by fraud, forgery, deception, misrepresentation, untruth or subterfuge
- Illegally possessing, dispensing, administering or distributing, or attempting to illegally dispense, administer, or distribute controlled substances as defined by the Health and Safety Code, Chapter 481 and/or Chapter 483

Reasons for Disciplinary Action

(9 of 20)

- Having received disciplinary action relating to an EMS certificate or license or another health provider certificate or license issued in another state or in a U.S. Territory or in another nation, or having received disciplinary action relating to another health provider certificate or license issued in Texas;
- Failing or refusing to timely give the department full and complete information requested by the department

Reasons for Disciplinary Action

(10 of 20)

- Failing to notify the department of a change in his or her criminal history within 30 business days of the issuance of a court order, which resulted in him or her being convicted or placed on a deferred adjudication community supervision or deferred disposition for any criminal offense, other than any class C misdemeanor not directly related to EMS or other than any offense noted in §157.37(e)(5) of this title (relating to Certification or Licensure of Persons With Criminal Backgrounds)

Reasons for Disciplinary Action

(11 of 20)

- Failing to notify the department within 5 business days of his or her being arrested, charged or indicted for any criminal offense, other than any class C misdemeanor not directly related to EMS
- Failing to notify the department of a change in his or her criminal history within 5 business days of the issuance of a court order, which resulted in him or her being convicted or placed on deferred adjudication community supervision, or deferred disposition for any offense noted in §157.37(e)(5) of this title

Reasons for Disciplinary Action

(12 of 20)

- Failing to timely complete any portion of the criminal history evaluation process, including submission of fingerprints, or timely providing information requested by the department within 60 days of notification to do so
- Engaging in any conduct that jeopardizes or has the potential to jeopardize the health or safety of any person

Reasons for Disciplinary Action

(13 of 20)

- Having been convicted or placed on deferred adjudication community supervision, or deferred disposition for a criminal offense that directly relates to the duties and responsibilities of EMS personnel, as determined by the provisions of §157.37 of this title, except that a person's EMS certification or paramedic license shall be revoked if the certificant or licensed paramedic is convicted, or placed on deferred adjudication community supervision or deferred disposition for a criminal offense, noted in §157.37(e)(5) of this title

Reasons for Disciplinary Action

(14 of 20)

- Using alcohol or drugs to such an extent that in the opinion of the commissioner or his/her designee, the health or safety of any persons or may be endangered;
- Failure by the employee, of an employer drug screening test right before, after or during an assigned EMS work or volunteer shift;
- Resigning employment or refusing by the employee, of an employer drug screening test right before, after or during an assigned EMS work or volunteer shift

Reasons for Disciplinary Action

(15 of 20)

- Engaging in any activity that betrays the patient privacy perspective or public trust and confidence in EMS;
- Failing to maintain a substantial amount of skill, knowledge and/or academic acuity to timely and/or accurately perform the duties or meet the responsibilities required of a certified emergency medical technician or licensed paramedic;
- Delegating medical functions to other EMS personnel without approval from the medical director per approved protocols

Reasons for Disciplinary Action

(16 of 20)

- Failing to transport a patient and/or transport a patient to the appropriate medical facility according to the criteria for selection of a patient's destination established by the medical director;
- Failing to document no-transport and refusals of care and/or follow the criteria under which a patient might not be transported, as established by the medical director;
- Failing to contact medical control and/or the medical director as required by the medical director's protocols and/or EMS provider's policy and procedure when caring for or transporting a patient

Reasons for Disciplinary Action

(17 of 20)

- Failing to protect and/or advocate for patients/clients and/or the public from unnecessary risk of harm from another EMS certified or licensed personnel;
- Falsifying employment or volunteer medical profession applications and/or failing to answer specific questions that would have affected the decision to employ or otherwise utilize while certified or licensed as an EMS personnel
- Failing to notify the department no later than 30 days of a current and/or valid mailing address

Reasons for Disciplinary Action

(18 of 20)

- Behaving in a disruptive manner toward other EMS personnel, law enforcement, firefighters, hospital personnel, other medical personnel, patients, family members or others, that interferes with patient care or could be reasonably expected to adversely impact the quality of care rendered to a patient
- Falsifying or altering clinical and/or internship documents for EMS students;
- Falsifying or failing to complete daily readiness checks on EMS vehicles, medical supplies and/or equipment as required by EMS employers

Reasons for Disciplinary Action

(19 of 20)

- Engaging in acts of dishonesty which relate to the EMS profession and/or as determined by the department;
- Behavior that exploits the EMS personnel-patient relationship in a sexual way. This behavior is non-diagnostic and/or non-therapeutic, may be verbal or physical, and may include expressions or gestures that have sexual connotation or that a reasonable person would construe as such

Reasons for Disciplinary Action

(20 of 20)

- Falsifying information provided to the department; and
- Engaging in a pattern of behavior that demonstrates routine response to medical emergencies without being under the policies and procedures of an EMS provider and/or first responder organization, and/or providing patient care without medical direction when required

Types of Disciplinary Actions

- Emergency Suspension
 - When there is reasonable cause to believe that the conduct of any certificant or licensee creates an imminent danger to public health or safety
 - Can only be issued by the commissioner or his/her designee
- Revocation
- Refusal to renew certification/licensure
- Reprimand
- Probation
- Denial of Certification

Notification of Disciplinary Action

(1 of 2)

- If the department proposes to suspend, revoke, or not renew an EMS certificate or license, or reprimand a certificant or licensed paramedic, or deny a person's application for an EMS certification or paramedic license, or disqualify a prescreening petition's eligibility to acquire an EMS certification or paramedic license, the certificant, licensed paramedic, applicant or petitioner shall be notified at the address as shown in the current records of the department

Notification of Disciplinary Action

(1 of 2)

- The notice must state the alleged facts or conduct to warrant the proposed action and state that the individual may request an appeal hearing

TAC 157.38

Continuing Education

Local Credentialing and Authorization to Practice

- Nothing in this section is intended to restrict the authority of EMS providers or medical directors to establish higher standards and requirements for continuing education activities that must be completed to acquire or maintain authorization to practice within a local or regional EMS system

Content Areas per 4 Year Period

CONTENT AREAS	ECA	EMT-B	EMT-I	EMT-P
PREPARATORY	3	6	9	12
AIRWAY MANAGEMENT/VENTILATION	3	6	9	12
PATIENT ASSESSMENT	2	4	6	8
TRAUMA	3	6	9	12
MEDICAL	9	18	27	36
SPECIAL CONSIDERATIONS	3	6	9	12
CLINICALLY RELATED OPERATIONS	1	2	3	4
PEDIATRIC	3	6	9	12
MINIMUM UNITS IN CONTENT AREAS	27	54	81	108
ADDITIONAL UNITS IN ANY APPROVED CATEGORY	9	18	27	36
TOTAL REQUIRED FOR RECERTIFICATION ELIGIBILITY	36	72	108	144

Definitions (1 of 6)

- Accrediting agency--An organization approved by the department as having met predetermined criteria to approve programs and providers of EMS continuing education
- Approved--Recognized as having met established standards and pre-determined criteria of the accrediting agencies which have been approved by the department. Applies to EMS continuing education providers and programs

Definitions (2 of 6)

- Continuing Education Audit--Examination and verification of EMS continuing education contact hours claimed to have been successfully and timely completed by certified or licensed EMS personnel
- Classroom instruction--Workshops, seminars, conferences, or short-term courses that an individual personally attends and which is directly related to one of the content areas previously noted
- Contact hour--Fifty consecutive minutes of participation in a learning activity

Definitions (3 of 6)

- Clinical learning experiences--Faculty-planned and guided learning experiences designed to assist students to meet course objectives in the previously noted content areas and to apply EMS knowledge and skills in the direct care of patients. These experiences can include settings in laboratories, acute medical care facilities, extended medical care facilities, and participation in other department approved health related activities. Practice approved by the Texas Higher Education Coordinating Board may also be considered a form of clinical experience under these rules

Definitions (4 of 6)

- Continuing education--Educational activities that are related to the content areas and are designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of professional practice, thus improving the quality of EMS provided to the public
- Continuing education program--An organized educational activity designed and evaluated to meet a set of behavioral objectives, which may be presented in one session, or a series of sessions, designed to enhance or elevate EMS knowledge and practice of certified or licensed EMS personnel

Definitions (5 of 6)

- Credit course--A specific set of learning experiences offered at a regionally accredited institution of higher education for semester or quarter credit hours
- Continuing Education Provider--An individual, partnership, organization, agency, or institution that offers EMS continuing education programs, courses, credit courses, classroom instruction, or other EMS educational activities

Definitions (6 of 6)

- Course--An organized and specific set of learning experiences offered by an approved provider. Courses include credit and continuing education courses, short-term courses, organized clinical learning experiences and other coherent sequences of learning experiences, approved by the department
- Self-directed study--An educational activity in which the learner takes the initiative and the responsibility for assessing, planning, implementing, and evaluating the activity. Self-directed study may include program development, home study, electronically programmed instruction, and authorship

Types of Acceptable CE (1 of 3)

- In this section "approved educational activities" refers to workshops, seminars, conferences, short-term courses, credit courses or continuing education courses provided by accredited institutions of higher education, clinical learning experiences, individualized instruction, distributive learning courses, and other learning activities that are related to EMS approved protocols and skills or that enhance the professional EMS practice of the certified or licensed EMS personnel

Types of Acceptable CE (2 of 3)

- Acceptable CE may be earned by participating in approved educational activities that are offered or sponsored by:
 - A department approved CE provider
 - A hospital or other health-care facility accredited by the Joint Commission on Accreditation of Health Care Organizations
 - A person, agency, entity, or organization recognized by a national association or organization representing members of the emergency medical services profession that has been approved by the department

Types of Acceptable CE (3 of 3)

- Acceptable CE may be earned by participating in approved educational activities that are offered or sponsored by (Continued):
 - A state or national organization in a related field such as medicine, nursing, respiratory care, and similar fields of health care practice that has been approved by the department

Criteria for Acceptable CE Activity

(1 of 5)

- The program's content, teaching methodologies, and evaluation methods shall be based on written learning objectives which are specific, attainable, measurable, and descriptive of expected learner outcomes
- The target audience shall be identified and there shall be evidence of program planning based on the needs of the potential target audience
- Content shall be relevant to EMS practice and/or health care, shall be consistent with the program's objectives, and shall provide for the professional growth and/or maintenance of the certificant or licensee

Criteria for Acceptable CE Activity

(2 of 5)

- Principles of adult education shall be used in the design and delivery of the program.
- There shall be documentation of the program developer's expertise in the content area.
- Learning experiences and teaching methods shall be appropriate to achieve the objectives of the program.
- Time allotted for each activity shall be sufficient for the learner to meet the objectives of the program

Criteria for Acceptable CE Activity

(3 of 5)

- The program shall include activities to evaluate participant achievement of the program's learning objectives with clearly defined, stated criteria for successful completion
- Participants shall complete a written evaluation of the program and instruction. Regional, State and/or National conferences may be exempt from this requirement

Criteria for Acceptable CE Activity

(4 of 5)

- The continuing education provider shall timely furnish each participant with a written record of the participant's successful completion of the EMS educational activity.
- The record shall specify the name of the continuing education provider, the title, date and location of the educational activity, a description of the content area, the number of contact hours awarded, and the name of the organization granting approval

Criteria for Acceptable CE Activity

(5 of 5)

- Program records of a continuing education provider shall be maintained by the provider for a minimum period of five years from the date of the program completion and shall include target audience, objectives, and documentation of instructor qualifications, teaching strategies and materials, evaluation instruments and results, and a list of names of participants

Criteria for Acceptable CE Activity (Classroom Instruction)

- The program shall be at least one contact hour in length.
- There shall be documentation of the instructor's expertise in the content area.
- A schedule of the program shall be provided which describes content with corresponding time frames.
- Facilities and educational resources shall be adequate to implement the program

Criteria for Acceptable CE Activity (Clinical Instruction) (1 of 2)

- There shall be documentation of a formal relationship between the program's provider and all facilities serving as sites for clinical instruction.
- Facilities used for clinical instruction must provide access to types of patients in sufficient variety and number to enable students to meet the objectives.
- Individuals who possess appropriate expertise and credentials shall provide clinical supervision and instruction.

Criteria for Acceptable CE Activity (Clinical Instruction) (2 of 2)

- Continuing education student participants shall possess appropriate insurance for professional liability while engaging in clinical activities
- Provide a name and contact information for the designated infection control officer and document education for the designated infection control officer based on U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff-136

Criteria for Acceptable CE Activity (Individualized Instruction) (1 of 2)

In addition to the other criteria, programs consisting of individualized instruction, including programmed instruction, directed study, or directed research shall meet the following criteria:

- Instruction shall follow a logical sequence based on the program's stated learning objectives.
- Instruction shall involve the learner in an active response to the educational materials presented.

Criteria for Acceptable CE Activity (Individualized Instruction) (2 of 2)

- The amount of instructional time applied shall be appropriate to the learning objectives specified.
- Provider shall insure that contact hours are awarded to the actual certificant to whom intended.
- Individual submission by the participant must be reviewed and considered for approval by the department.

Criteria for Acceptable CE Activity (Out of State Program)

- A continuing education activity successfully attended and completed or undertaken in a jurisdiction outside Texas may be accepted for continuing education if all criteria are met and if it is approved by the department

Responsibilities of Certified or Licensed EMS Personnel

- To select and participate in continuing education activities that meet the criteria of the department
- Maintain written certifications of successful completions of EMS continuing education courses or educational activities for five years after the dates of completion
- Complete and accurate copies of this written documentation shall be timely submitted to the department upon the department's request

CE Audits (1 of 4)

- The department may audit the records of individuals seeking recertification through continuing education.
- The department may audit specific certified or licensed EMS personnel in response to a complaint, or if there is reason to suspect that the certified or licensed EMS personnel may have given false or inaccurate information about the continuing education requirements completed

CE Audits (2 of 4)

- An audit shall be automatic for certified or licensed EMS personnel who have been found non-compliant in an immediately preceding audit.
- Failure to notify the department of a current mailing address shall not absolve the certificant from audit requirements.
- Within 30 days following notification of audit, certified or licensed EMS personnel shall submit documentation and any additional documentation the department determines is necessary to verify compliance with continuing education requirements

CE Audits (3 of 4)

- The department may use on-site observation, audits of records, and other appropriate methods to evaluate the performance of continuing education providers. Evaluation of a continuing education provider may take place randomly, in response to a complaint, or if there is reason to suspect that a continuing education provider is not complying with the criteria

CE Audits (4 of 4)

- Falsification of CE documentation or official evidence of completion of CE shall be cause for reprimand, probation, suspension, or revocation of a certificate or license as described relating to Criteria for Denial and Disciplinary Actions for EMS Personnel and Voluntary Surrender of a Certificate or License.
- Falsification of CE documentation or official evidence of completion by a CE provider or failure to comply with the criteria established shall be cause for reprimand, probated suspension, suspension, or revocation of approval

TAC 197.3

Off-Line Medical Director

Requirements to be Off-Line Medical Director (1 of 2)

- A physician licensed to practice in Texas and shall be registered as an EMS medical director with the department
- Familiar with the design and operation of EMS systems
- Experienced in prehospital emergency care and emergency management of ill and injured patients
- Knowledgeable about local multi-casualty plans;
- Familiar with dispatch and communications operations of prehospital emergency units; and
- Knowledgeable about laws and regulations affecting local, regional, and state EMS operations.

Requirements to be Off-Line Medical Director (2 of 2)

Actively involved in:

- The training and/or continuing education of EMS personnel, under his or her direct supervision, at their respective levels of certification;
- The medical audit, review, and critique of the performance of EMS personnel under his or her direct supervision;
- The administrative and legislative environments affecting regional and/or state prehospital EMS organizations

Duties of the Off-Line Medical Director (1 of 6)

- Approve the level of prehospital care which may be rendered locally by each of the EMS personnel employed by and/or volunteering with the EMS under the medical director's supervision, regardless of the level of state certification or licensure, before the certificant or licensee is permitted to provide such care to the public
- Establish and monitor compliance with field performance guidelines for EMS personnel

Duties of the Off-Line Medical Director (2 of 6)

- Establish and monitor compliance with training guidelines which meet or exceed the minimum standards set forth in the department's EMS certification regulations
- Develop, implement, and revise protocols and/or standing delegation orders, if appropriate, governing prehospital care and medical aspects of patient triage, transport, transfer, dispatch, extrication, rescue, and radio-telephone-telemetry communication by the EMS

Duties of the Off-Line Medical Director (3 of 6)

- Direct an effective system audit and quality assurance program;
- Determine standards and objectives for all medically related aspects of operation of the EMS including the inspection, evaluation, and approval of the system's performance specifications;
- Function as the primary liaison between the EMS administration and the local medical community, ascertaining and being responsive to the needs of each

Duties of the Off-Line Medical Director (4 of 6)

- Develop a letter or agreement or contract between the medical director(s) and the EMS administration outlining the specific responsibilities and authority of each
- Take or recommend appropriate remedial or corrective measures for EMS personnel, in conjunction with local EMS administration
- Suspend a certified EMS individual from medical care duties for due cause pending review and evaluation

Duties of the Off-Line Medical Director (5 of 6)

- Establish the circumstances under which a patient might not be transported;
- Establish the circumstances under which a patient may be transported against his or her will in accordance with state law, including approval of appropriate procedures, forms, and a review process;
- Establish criteria for selection of a patient's destination
- Only approve care or activity that was provided at the time the medical director was employed, contracted or volunteering as a medical director

Duties of the Off-Line Medical Director (6 of 6)

- Develop and implement a comprehensive mechanism for management of patient care incidents, including patient complaints, allegations of substandard care, and deviations from established protocols and patient care standards
- Notify the board of the physician's position as medical director and the names of all EMS providers for whom that physician holds the position of off-line medical director;

Educational Requirements of the Off-Line Medical Director (1 of 2)

- Within two years, either before or after initial notification to the board of holding the position:
 - 12 hours of formal continuing medical education (CME) in the area of EMS medical direction;
 - Board certification in Emergency Medical Services by the American Board of Medical Specialties or a Certificate of Added Qualification in EMS by the American Osteopathic Association Bureau of Osteopathic Specialists; or
 - A DSHS approved EMS medical director course

Educational Requirements of the Off-Line Medical Director (2 of 2)

- Every two years after meeting these requirements, must obtain one hour of formal CME in the area of EMS medical direction

A Physician may NOT be an Off-Line Medical Director:

- If the physician has been suspended or revoked for cause by any governmental agency or the physician has been excluded from Medicare, Medicaid, or CHIP
- For more than 20 EMS providers unless a waiver is obtained.

Waiver

- The board may grant a waiver to allow a physician to serve as an off-line medical director for more than 20 EMS providers, if the physician provides evidence that
 - The department has reviewed the waiver request and has determined that the waiver is in the best interest of the public
 - The physician is in compliance with department rules by submitting documentation of protocols and standing orders upon request, and
 - Appropriate safeguards exist for patient care and adequate supervision of all EMS personnel under the physician's supervision

TAC 103

Injury Prevention and Control

Purpose (1 of 4)

- Designed to provide guidance concerning the reporting and control of injuries
- The department is required to establish and maintain a trauma reporting and analysis system
- Department of State Health Services (department), provides authority to the Executive Commissioner of the Health and Human Services Commission to adopt rules for the department

Purpose (2 of 4)

The Executive Commissioner or the Executive Commissioner's designee shall, as circumstances may require, proceed as follows:

- May contact a medical examiner, JP, physician, hospital, or acute or post-acute rehab facility attending a person with a case or suspected case of a required reportable event
- May provide aggregate data with the suppression of values at the discretion of the Texas EMS & Trauma Registries.
- May release data to other areas of the department

Purpose (3 of 4)

The Executive Commissioner or the Executive Commissioner's designee shall, as circumstances may require, proceed as follows (Continued):

- May give information concerning the injury or its prevention to the patient or a responsible member of the patient's household to prevent further injury.
- May collect, or cause to be collected, medical, demographic, or epidemiological information from any medical or laboratory record or file to help the department in the epidemiologic evaluation of injuries and their causes

Purpose (4 of 4)

The Executive Commissioner or the Executive Commissioner's designee shall, as circumstances may require, proceed as follows (Continued):

- Investigation may be made by staff of the department for verifying the diagnosis, ascertaining the cause of the injury, obtaining a history of circumstances surrounding the injury, and discovering unreported cases

Investigations

- May enter at reasonable times and inspect within reasonable limits, a public place or building, including a public conveyance, in the Commissioner's duty to prevent injury.
- May not enter a private residence to conduct an investigation about the causes of injuries without first receiving permission from a lawful adult occupant of the residence

Confidentiality of Records (1 of 3)

- All information and records relating to injuries received by the local health authority or the department, including information electronically submitted to the Texas EMS & Trauma Registries and information from injury investigations, are sensitive, confidential, and not public records.
- These records shall be held in a secure place and accessed only by authorized personnel. All communications pertaining to these records shall be clearly labeled "Confidential" and will follow established departmental internal protocols and procedures.

Confidentiality of Records (2 of 3)

- Information or records relating to any personal injury may not be released or made public on subpoena or otherwise, except that release may be made:
 - For statistical purposes, if released in a manner that prevents the identification of any person;
 - With the consent of each person identified in the information released; or
 - To medical personnel in a medical emergency to the extent necessary to protect the health or life of the named person

Confidentiality of Records (3 of 3)

- The department may limit the release of record-level data for medical research to those studies with high scientific merit and have been approved by the department's Institutional Review Board.
- A reporting entity may request in writing its own reportable data that has been submitted to the Registries

Reporting Requirements for EMS

(1 of 3)

- All data must be transmitted electronically to the Texas EMS & Trauma Registries within ninety calendar days of the date of call for assistance; monthly submissions are recommended.
- EMS providers must report no reportable data (NRD) to the Registries monthly for any given month with no runs.

Reporting Requirements for EMS

(2 of 3)

- Data Elements and Methods.
 - Data elements currently defined by the appropriate data dictionaries must be submitted to the department's online Registries.
 - NRD --If an EMS provider has no calls for assistance, the EMS provider must provide an NRD submission to the Registries for that month

Reporting Requirements for EMS

(3 of 3)

- Third-party Services.
 - An EMS provider may use 3rd party services to submit data to the Registries. A legally binding agreement must exist between the EMS provider and the 3rd party services. Documentation of the legally binding agreement must be provided to the department for third-party services to submit the data on behalf of the EMS provider within the Registries.
 - If an EMS provider uses the 3rd party services, the EMS provider is ultimately responsible for the complete, accurate and timely reporting of data