

SAMPLE

**Emergency Medical Services
Regulations**

August 2019

COUNTRY ABC

Emergency Medical Services Regulations

TITLE _____

HEALTH AND SAFETY - EMERGENCY MEDICAL SERVICES

Legislative Purpose – Part 1:

1. The public welfare requires the providing of assistance and encouragement for the development of a comprehensive emergency medical services program for the citizens and visitors of the COUNTRY ABC, who each year are dying and suffering permanent disabilities needlessly because of inadequate emergency medical services construct, standards, and regulatory oversight.
2. The repeated loss of persons who die unnecessarily because necessary life-support personnel and equipment are not available to victims of accidents and sudden illness is a tragedy that can and must be eliminated.
3. The development of an emergency medical services regulatory construct and standard is in the interest of the social well-being and health and safety of the country and all its people.

EMERGENCY MEDICAL DEFINITIONS, MEDICAL DIRECTOR, AND EMS PROVIDERS SCOPE

Definitions – Part 1

1. “Advanced Emergency Medical Technician (AEMT or Advanced EMT)” means a person who is licensed by the Authority as an Advanced Emergency Medical Technician (AEMT).
2. “Advanced Practice Paramedic” means a person who is licensed by the Authority as an Advanced Practice Paramedic (APP).
3. “Agent” means a licensed Advanced Practice Paramedic or Consultant Physician provider under the Costa Rican AHJ of Health, actively registered and in good standing with the AHJ, designated by the Medical Director to provide direction of the medical services of Emergency Medical Providers as specified in these rules.
4. “AHJ” means the Agency Having Jurisdiction
5. “AREMT” means the Australasia Registry of Emergency Medical Technicians, now changed to the Global Emergency Medicine Registry (GEMR).
6. “Authority” means the COUNTRY ABC Agency Having Jurisdiction (AHJ)
7. “Committee” means the Emergency Medicine Provider (EMP) Advisory Committee.

8. “Critical Care” means the performance of acts or procedures when requested through pre-hospital or hospital duties in the observation, care and counsel of persons who are ill or injured with an Early Warning Score in excess of 4 or having been labeled as “unstable” by a licensed physician; in the administration of care, procedures, or medications as directed by a licensed physician medical director, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in Advanced Practice Paramedic. However, “critical care” does not include prescriptive privileges for therapeutic or corrective measures.
9. “Committee” means the EMP Advisory Committee.
10. “Course Director” means an individual with legal responsibility for the APP education process in an APP training program, and who has received instructor training from a recognized entity or has completed the initial educational sequence for an education major in an accredited AHJ or university within Costa Rica, Australia, Great Britain, Canada, or the United States.
11. “Direction” refers to the standing order, written, or verbal direction provided to the emergency medical provider from the Medical Director or transferring licensed physician.
12. “Early Warning Score” or “EWS” refers to a guide used by medical services to quickly determine the degree of illness of a patient. It is based on cardinal vital signs (respiratory rate, oxygen saturation, temperature, systolic blood pressure, pulse/heart rate, AVPU response). A sample of a research proven EWS is below:

Physiologic Perimeters	3	2	1	0	1	2	3
RR	≤ 8		9-11	12-20		21-24	≥ 25
SpO2	≤ 91	92-93	94-95	≥ 96			
Sup O2		Yes		No			
Temp	≤ 35		35.1 – 36.0	36.1- 38.0	38.1- 39.0	≥ 39.1	
SBP	≤ 90	91-100	101-110	111-219			
HR	≤ 40		41-50	51-90	91-100	111-130	≥ 220
LOC				A			V, P, or U

(A physiologically-based early warning score for ward patients: the association between score and outcome; Anesthesia, Volume 60, Issue 6, June 2005) (Validation of a modified Early Warning Score in medical admissions; C.P. Subbe, M. Kruger, P. Rutherford, L. Gemmel; QJM 2001; 94 (10): 521-526. doi: 10.1093/qjmed/94.10.521)

13. “Emergency Care” means the performance of acts or procedures when requested through pre-hospital or hospital duties in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as directed by a medical director, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in pre-hospital emergency care. However, “emergency care” does not include prescriptive privileges for therapeutic or corrective measures.
14. “Emergency Medical Provider (EMP)” means a person licensed as an EMR, EMT, AEMT, Paramedic, or Advanced Practice Paramedic; only a licensed EMP may provide patient care in the prehospital environment, and must be under the direction of an approved Medical Director.
15. “Emergency Medical Responder” means a person who is licensed by the Authority as an Emergency Medical Responder.
16. “Emergency Medical Technician (EMT)” means a person who is licensed by the Authority as an EMT.
17. “In Good Standing” means a person who is currently licensed, who does not have any restrictions placed on his/her license, and who is not on probation with the licensing agency for any reason.
18. “Licensed physician” for the purpose of direction to an emergency medical provider, refers to a licensed specialist physician in emergency medicine, anesthesia, or critical care medicine who is providing direction for a specific patient incident beyond the standing orders provided by the Medical Director. An example of this would be a written order for a specific dose regime in a specific interfacility patient transport situation.
19. "Nonemergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed in accordance with this section, insofar as any of these acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the AHJ in the course of providing emergency care.
20. “NREMT” means the National Registry of Emergency Medical Technicians of the United States.
21. “Paramedic” means a person who is licensed by the Authority as a Paramedic.
22. “Practice of Medicine without a license” means any person providing emergency or critical care, in the out of hospital setting, who is not a physician or EMP licensed by the AHJ; this is a violation of the law and the AHJ will refer every instance of this behavior to the government for prosecution.

23. “Scope of Practice” means the maximum level of emergency and nonemergency care that an emergency medical services provider may provide.
24. “Standing Orders” means the written detailed procedures for medical or trauma emergencies and nonemergency care to be performed by an emergency medical services provider issued by the licensed physician Medical Director commensurate with the scope of practice and level of licensure of the emergency medical provider.
25. “Medical Program Director” or “Medical Director” means a person licensed as a specialist physician in Emergency Medicine or Critical Care Medicine, actively registered and in good standing with the Authority, who provides direction of, and is ultimately responsible for emergency and nonemergency care rendered by emergency medical providers as specified in these rules. The Medical Director is also ultimately responsible for the agent designated by the Medical Director to provide direction to the medical service agencies and the emergency medical provider as specified in these rules.

Agency Having Jurisdiction

1. The Agency Having Jurisdiction (AHJ) is responsible for the implementation of the emergency medical services regulatory construct and standard, outlined in these sections.
2. The development of an emergency medical services regulatory construct and standard is in the interest of the social well-being and health and safety of the country and all its people.
3. The AHJ will implement the regulatory construct, as stated in these sections of the COUNTRY ABC Emergency Medical Services Regulations.
4. The AHJ will utilize an Emergency Medical Provider (EMP) Advisory Committee to assist with management of the regulatory oversight.
5. The AHJ must implement the regulatory construct in these sections within 365 days from the passage of the legislation into law, the AHJ is authorized to utilize consulting experts from GEMR, PHECC, NREMT, ACEP, and/or NAEMSP as needed.
6. The AHJ is authorized to utilize fiscal resources provided by the government to develop EMS resources per the regulatory framework in areas of need throughout the country. The AHJ should utilize the EMP Advisory Committee to assist them in this process.

EMP Advisory Committee

1. There is created an Emergency Medical Provider (EMP) Advisory Committee, consisting of a representative from the AHJ, the COUNTRY ABC _____ of Health, a member of the public, an EMT, a Paramedic, an APP, an APP Instructor, a Medical Director or designee, a licensed specialist physician in Critical Care or Anesthesia, and a licensed specialist physician in Emergency Medicine.

2. Advisory Committee members will serve a maximum of three, one-year terms on the committee.
3. Advisory Committee members are nominated by the public, Emergency Medical Providers, Physicians, Hospitals, or elected officials.
4. Advisory Committee members, who are EMP's, must be licensed under the AHJ and meet all requirements of these regulations.
5. *The AHJ may utilize a temporary EMP advisory committee of personnel for a period of one year for the initial implementation of this regulatory construct; the Temporary EMP Advisory Committee may only serve for 365 days from the date of the legislation passage into law.*
 - a. *The Temporary EMP Advisory Committee must include:*
 - i. *An AHJ representative serving as Chair,*
 - ii. *A _____ of Health representative,*
 - iii. *A Physician who meets the requirements for a Medical Director in these regulations,*
 - iv. *A citizen who meets the requirements of an EMT in these regulations,*
 - v. *A COUNTRY ABC or foreign citizen who meets the requirements of an APP in these regulations,*
 - vi. *A college or university representative from an institution that meets the requirement of these regulations,*
 - vii. *A member of the public who is a consumer of EMS services,*
 - viii. *A COUNTRY ABC Physician who is licensed as a critical care specialist or anesthesiologist.*
 - b. *The Temporary EMP Advisory Committee may include:*
 - i. *A GEMR Consultant Representative,*
 - ii. *A Resuscitation Group (of Washington, USA) Representative,*
 - iii. *A Legislative Branch Representative,*
 - iv. *An Executive Branch Representative.*

Duties of the Committee

1. The EMP Advisory Committee must:
 - a. Review requests for additions, amendments, or deletions to the scope of practice for Emergency Medical Providers, and recommend to the AHJ for changes to the scope of practice.
 - b. Recommend changes, but not reductions in the requirements, to the requirements and duties of Medical Directors of EMP's; and
 - c. All actions of the EMP Advisory Committee are subject to review and approval by the AHJ.

Committee Duties and Application for a Medical Director and/or Agent

1. The AHJ has delegated to the Committee the following:
 - a. Designing the Medical Director and agent application;
 - b. Approving a Medical Director or agent; and
 - c. Investigating (with assistance from the AHJ staff) and disciplining any EMP who violates their scope of practice.
2. The committee must provide copies of any Medical Director or agent applications and any provider disciplinary action reports to the Authority upon request.
3. The Committee must immediately notify the Authority when questions arise regarding the qualifications or responsibilities of the Medical Director or designee/agent of the Medical Director.
4. A Medical Director must meet the following qualifications:
 - a. Be a licensed specialty physician in Emergency Medicine (*COUNTRY ABC College of Emergency Medicine or American College of Emergency Physicians qualified*) or Critical Care (*COUNTRY ABC Society of Critical Care Medicine or Society of Critical Care Medicine qualified*), actively registered and in good standing with the authority and any specific specialty;
 - b. Possess thorough knowledge of skills assigned by standing order to emergency medical providers;
 - c. Understand that emergency medical providers, are delegated care providers under the sole authority of the Medical Director;
 - d. Be fluent in English for ILCOR interpretation and guidelines;
 - e. Have specialty training in Emergency Medicine and/or Critical Care Medicine;
 - f. Have current American Heart Association Advanced Cardiac Life Support Experienced Provider (ACLS EP), current American Heart Association Pediatric Advanced Life Support (PALS), current ILCOR equivalent trauma training, and
 - g. Possess thorough knowledge of laws and rules pertaining to emergency medical, physician, and Emergency Medical Providers; and
 - h. Have completed one of the following no later than 30 days after beginning the position as a Medical Director:
 - i. Thirty-six months of experience as an EMS Medical Director with an advanced level EMS service;
 - ii. A fellowship as an EMS Physician;
 - iii. Completion of the National Association of EMS Physicians (NAEMSP[®]) National EMS Medical Directors Course and Practicum[®], the Resuscitation Group Medical Director Orientation Course and Internship, or an equivalent course as approved by the Committee;
 - iv. Prior license as an EMP.
5. A Medical Director must meet ongoing education standards for their specialty.

Medical Director/Medical Program Director

A Medical Director/Medical Program Director is responsible for the following:

1. Providing Medical Direction and Clinical Privileging, while overseeing Emergency Medical operations, Emergency Dispatch, Medical Supplies, Medication supply, Quality Assurance, and EMS education.
2. Providing Emergency Medical Providers with their privileges to provide patient care, the Medical Director may restrict individual providers practice as he/she sees fit;
3. Issuing, reviewing and maintaining standing orders within the scope of practice not to exceed the licensure level of the providers when applicable;
4. Explaining their standing orders to the EMP's, making sure they are understood and not exceeded;
5. Ascertaining that the EMP's under the Medical Program Director's control are currently licensed and in good standing with the Authority;
6. Providing regular review of the emergency medical provider's practice by:
 - a. Direct observation of emergency and critical care performance by riding with personnel; and/or Indirect observation using one or more of the following:
 - i. Direct observation in the resuscitation area of the emergency department;
 - ii. Patient care report review;
 - iii. Transport communication tapes review;
 - iv. Immediate critiques following presentation of reports;
 - v. Demonstration of technical skills; and
 - vi. Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.
 - b. Providing or coordinating formal case reviews for emergency medical providers by thoroughly discussing a case from the time the call was received until the patient was delivered to the hospital. The review should include discussing what the patient condition was, what actions were taken (correct/incorrect), and what improvements could have been made; and
 - c. Providing or coordinating continuing education, although the Medical Director is not required to teach all sessions, the Medical Director is responsible for assuring that the sessions are taught by a qualified person.
7. The Medical Director may delegate responsibility to his/her agent to provide any or all of the following:
 - a. Explanation of the standing orders to the emergency medical providers and physicians, making sure they are understood, and not exceeded;
 - b. Assurance that the emergency medical providers are currently licensed and in good standing with the Authority;
 - c. Regular review of the emergency medical providers practice by:
 - i. Direct observation of care provided in the resuscitation area of the emergency department; or,

- ii. Direct observation of emergency care performance by riding with personnel; and
 - iii. Indirect observation using one or more of the following:
 - iv. Patient care report review;
 - v. Prehospital communications tapes review;
 - vi. Immediate critiques following presentation of reports;
 - vii. Demonstration of technical skills; and
 - viii. Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.
 - d. Provide or coordinate continuing education, although the Medical Director or agent is not required to teach all sessions, the Medical Director or agent is responsible for assuring that the sessions are taught by a qualified person.
- 8. Nothing in this rule may limit the number of emergency medical providers and/or general practice physicians that may be supervised by a Medical Director so long as the Medical Director can meet with all Emergency Medical Providers under his/her direction for a minimum of four hours each calendar year in person or via alternative communication device.
- 9. The Medical Director may authorize an EMP privileges to practice anywhere in the jurisdiction of the COUNTRY ABC and during response outside the COUNTRY ABC for the purpose of interfacility transfer, patient retrieval service, or military missions.
- 10. A Medical Director may at any time remove privileges to function as an Emergency Medical Provider or general practice physician under their license and direction from any provider or physician at any time.
- 11. The Medical Director must report in writing to the Committee any action or behavior on the part of the Emergency Medical Provider and/or physician that could be cause for disciplinary action.

Emergency Medical Provider Scope of Practice

- 1. Emergency medical providers may provide critical care, emergency care, and nonemergency care in the course of their employment or volunteer status, and under the direction of a Medical Director, this care is not limited only to "emergency care".
- 2. Emergency Medical Providers may be either paid or volunteer status, licensed Emergency Medical Providers may be citizens or non-citizens; citizenship is not a requirement for licensure under the AHJ in the COUNTRY ABC, but no-citizens will be assessed a higher license fee than citizens.
 - a. EMP's with current GEMR or NREMT certification, may be initially licensed at their certified level through the AHJ with no further requirements, but must be current with GEMR or NREMT during their licensure period.
- 3. The scope of practice for emergency medical providers is not intended as standing orders or protocols. The scope of practice is the maximum functions which may be

- assigned to an emergency medical provider by a Committee approved Medical Director to whom they are responsible.
4. No EMP may function without a Medical Director.
 5. A general practice physician may function in the EMS environment, but must qualify as an EMT, AEMT, Paramedic, or APP; and have privileges from the Medical Program Director.
 6. Medical Directors may not assign functions exceeding the scope of practice; however, they may limit the functions within the scope at their discretion.
 7. Standing orders for an individual emergency medical provider may be requested by the AHJ or Committee and must be furnished upon request.
 8. An emergency medical provider may not function without assigned standing orders issued by a Committee approved Medical Director.
 9. An emergency medical provider, acting through standing orders or online medical direction, must respect the patient's wishes including life-sustaining treatments.
 10. Emergency Medical Providers must ask if present, and honor, life-sustaining treatment orders executed by a physician if available. A patient with life-sustaining treatment orders always requires respect, comfort, pain control, and hygienic care.
 11. Whenever possible, medications should be prepared by the emergency medical provider who will administer the medication to the patient, or use of closed loop communication with the individual preparing said medications.
 12. An Emergency Medical Responder may perform the following procedures only when the Emergency Medical Responder is part of an agency which has a Committee approved Medical Director who has issued written standing orders to that Emergency Medical Responder authorizing the following:
 - a. Conduct primary and secondary patient examinations;
 - b. Take and record vital signs;
 - c. Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;
 - d. Open and maintain an airway by positioning the patient's head;
 - e. Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;
 - f. Provide immobilization care for musculoskeletal injuries;
 - g. Assist with prehospital childbirth; and
 - h. Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior emergency medical services provider with the transporting ambulance.
 - i. Administer medical oxygen;
 - j. Maintain an open airway through the use of:
 - i. A nasopharyngeal airway device;

- ii. A noncuffed oropharyngeal airway device;
 - k. A pharyngeal suctioning device;
 - l. Operate a bag mask ventilation device with reservoir;
 - m. Provide care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia;
 - n. Prepare and administer aspirin by mouth for suspected myocardial infarction (MI) in patients with no known history of allergy to aspirin or recent gastrointestinal bleed;
 - o. Prepare and administer epinephrine by automatic injection device for anaphylaxis; and
 - p. Perform cardiac defibrillation with an automatic or semi-automatic defibrillator.
13. An Emergency Medical Technician (EMT) may, under the direction of a Committee approved Medical Director:
- a. Perform all procedures that an Emergency Medical Responder may perform;
 - b. Ventilate with a non-invasive positive pressure delivery device;
 - c. Insert an uncuffed pharyngeal airway device in the practice of airway maintenance. An uncuffed pharyngeal airway device is:
 - i. A single lumen airway device with no inflatable cuff, designed for blind insertion into the esophagus providing airway protection where the device prevents gastric contents from entering the trachea space.
 - d. Perform tracheobronchial tube suctioning on the endotracheal intubated patient;
 - e. Obtain a capillary blood specimen for blood glucose monitoring;
 - f. Prepare and administer epinephrine by automatic injection device for anaphylaxis;
 - g. Prepare and administer nebulized bronchodilator agents for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.
 - h. Perform cardiac defibrillation with an automatic or semi-automatic defibrillator;
 - i. Transport stable patients with saline locks, urinary catheters, or in-dwelling vascular devices;
 - j. Assist the on-scene Advanced EMT, Paramedic, or Advanced Practice Paramedic by:
 - i. Assembling and priming IV fluid administration sets; and
 - ii. Opening, assembling and uncapping preloaded medication syringes and vials;
 - iii. Prepare other ALS equipment for use by the AEMT, Paramedic, or Advanced Practice Paramedic
 - k. Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician;

- l. Complete a clear and accurate prehospital emergency care report form on all patient contacts;
 - m. Prepare and administer the following medications under specific written protocols authorized by the Medical Director or direct orders from a licensed consultant physician:
 - i. Analgesic: Inhaled Nitrous oxide through self-administration system, Inhaled Methoxyflurane (Penthrox) through self-administration system
 - ii. Anaphylaxis: epinephrine IM
 - iii. Antidotes: Naloxone hydrochloride IN
 - iv. Antihypoglycemic: Glucose gel PO and Glucagon IM;
 - v. Anti-inflammatory: Aspirin PO, Ibuprofen PO
 - vi. Antipyretics: Acetaminophen PO
 - vii. Vasodilators: Nitroglycerine PO
 - viii. Nebulized bronchodilators: as determined by Medical Director
 - ix. Non-opioid Oral or Inhaled Analgesics for acute pain as determined by Medical Director
 - n. In the event of a declared Mass Casualty Incident (MCI) as defined in the local Mass Casualty Incident plan, monitor patients who have isotonic intravenous fluids flowing.
14. An Advanced Emergency Medical Technician (AEMT) may, under the direction of a Committee approved Medical Director:
- a. Perform all procedures that an EMT may perform;
 - b. Initiate peripheral intravenous (IV) lines in unconscious patients;
 - c. Maintain peripheral intravenous (IV) lines;
 - d. Initiate saline or similar locks;
 - e. Draw peripheral blood specimens;
 - f. Insert an uncuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:
 - i. A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or
 - ii. A multi-lumen airway device designed to function either as the single lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents.
 - g. Perform tracheobronchial suctioning of an already intubated patient; and
 - h. Prepare and administer the following medications under specific written protocols authorized by the Medical Director or direct orders from a licensed consultant physician:

- i. Physiologic isotonic crystalloid solution IV or IO
 - ii. Anaphylaxis: epinephrine IM
 - iii. Antidotes: Naloxone hydrochloride SL, IM, or IV
 - iv. Antihypoglycemics: Hypertonic glucose IV;
 - v. Catecholamine: Epinephrine 1:1000 and Epinephrine 1:10,000 IM or IV
 - vi. Parasympathetic Blocker: Atropine IV
 - vii. Nebulized bronchodilators: as determined by the Medical Director
 - viii. Non-Opioid Analgesics for acute pain as determined by their Medical Director
 - i. Prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Chief Public Health Officer or designated public health officer, as part of an emergency immunization program, under the Medical Director's standing order;
 - j. Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the Chief Public Health Officer's recommended immunization guidelines as directed by the agency's Medical Director's standing order;
 - k. Distribute medications at the direction of the Medical Director as a component of a mass distribution effort;
 - l. Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written instructions for such maintenance have been provided by the physician at the sending medical facility;
 - m. Perform electrocardiographic rhythm interpretation of ventricular fibrillation, ventricular tachycardia, pulseless electrical activity, and asystole; and
 - n. Perform cardiac defibrillation with a manual defibrillator.
15. A Paramedic may, under the direction of a Committee approved Medical Director:
- a. Perform all procedures that an Advanced EMT may perform;
 - b. Initiate the following airway management techniques:
 - i. Oral Endotracheal intubation without rapid sequence induction;
 - ii. Needle Cricothyrotomy; and
 - iii. Transtracheal jet insufflation;
 - c. Initiate intraosseous needle placement and maintain an intraosseous infusion;
 - d. Provide advanced life support in the resuscitation of patients in cardiac arrest;
 - e. Perform emergency cardioversion;
 - f. Perform external transcutaneous pacing of bradycardia;
 - g. Perform electrocardiographic interpretation;
 - h. Initiate needle thoracostomy;

- i. Access indwelling catheters and implanted central IV ports for fluid and medication administration;
 - j. Prepare and administer routine or emergency immunizations and tuberculosis skin testing, as part of an EMS Agency's occupational health program, to the EMS agency personnel, under the Medical Director's standing order;
 - k. Prepare and initiate or administer any medications under specific written protocols authorized by the Medical Director, or direct orders from a licensed transferring physician.
16. An Advanced Practice Paramedic (APP) may, under the direction of a Committee approved Medical Director:
- a. Perform all procedures that a Paramedic may perform;
 - b. Initiate, manage, and utilize an orogastric or nasogastric tube;
 - c. Initiate, manage, and utilize a mechanical ventilator;
 - d. Initiate, manage, and utilize the following airway management techniques:
 - i. Endotracheal intubation, via oral or nasal route, with the use of sedative and paralytic agents;
 - ii. Video laryngoscopy or bronchoscopy;
 - iii. Surgical Cricothyrotomy; and
 - iv. Other airway management techniques as identified by the Medical Program Director
 - e. Initiate, manage, and utilize simple (open) technique thoracostomy for tension pneumothorax, tension hemothorax, or pneumohemothorax;
 - f. Initiate, manage, and utilize chest tube thoracostomy;
 - g. Initiate, manage, and utilize chest drains;
 - h. Initiate, manage, or utilize all forms of vascular access;
 - i. With ultrasound guidance, place central vascular access or deep vein cannulation;
 - j. With ultrasound guidance, perform needle pericardiocentesis;
 - k. Perform normal and high-risk childbirth;
 - l. Perform bimanual massage in life threatening postpartum hemorrhage;
 - m. Perform ultrasound guided nerve block;
 - n. Perform needle or surgical incision and drainage of fluid filled oral or subcutaneous masses;
 - o. Initiate placement of, and maintain, a urinary catheter;
 - p. Prepare, initiate, and/or administer any medications or blood products by any means, under specific written protocols authorized by the Medical Director, or direct orders from a licensed transferring physician.

- q. Prepare, initiate, perform, and/or interpret any diagnostic test or utilize any diagnostic device under specific written authorized by the Medical Director, or direct orders from a licensed transferring physician;
- r. May carry out other tasks and procedures as authorized by the Medical Director or direct orders from a licensed transferring physician; and
- s. Be unrestricted as to the environment of practice or function, may serve as a physician extender for an authorized Medical Director in EMS, aeromedical, rescue, underserved or under staffed hospital emergency departments, and critical care areas.

CHAPTER 2 - EMERGENCY MEDICAL PROVIDERS

Definitions – Part 2

1. "Ambulance Service" means any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ground, air, or marine vessel ambulances and holds itself out as providing emergency medical care or medical transportation to sick, injured or disabled persons.
2. "Business day" means Monday through Friday when the Authority is open for business, excluding holidays.
3. "Candidate" means an applicant that has completed training in an emergency medical services provider course and has not yet been licensed by the Authority.
4. "Clinical Experience (Clinical)" means those hours of the curriculum that synthesize cognitive and psychomotor skills and are performed under a preceptor.
5. "Critical Care Transport" means any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ground, air, or marine vessel ambulances and holds itself out as providing critical care, emergency medical care, and medical transportation to sick, injured or disabled persons.
6. "Continuing Education" means education required as a condition of licensure to maintain the skills necessary for the provision of competent emergency medical care. Continuing education does not include attending EMS related business meetings, EMS exhibits or trade shows.
7. "Didactic Instruction" means the delivery of primarily cognitive material through lecture, video, discussion, and simulation by program faculty.
8. "Direct Medical Oversight" means real-time direct communication by a licensed physician who is providing direction to an emergency medical provider during a patient encounter.
9. "Direct Visual Supervision" means that a person qualified to supervise patient care is at the patient's side to monitor the emergency medical provider in training.
10. "EMS" means Emergency Medical Services.
11. "EMS Medical Director" has the same meaning as "Medical Director".

12. "Emergency Medical Services (EMS) Agency" means any person, partnership, corporation, governmental agency or unit, sole proprietorship or other entity that utilizes Emergency Medical Providers to provide prehospital emergency or non-emergency care. An emergency medical services agency may be either an ambulance service or a non-transporting service.
13. "Emergency Medical Services Provider (EMS Provider)" means a person who has received formal training in prehospital and emergency care and is licensed as an EMR, EMT, AEMT, PM, or APP to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "Emergency Medical Providers" within the meaning of this chapter.
14. "Exam Evaluator" is a person who attends a practical examination and who objectively observes and records each student's performance consistent with the standards of the National Registry of EMTs.
15. "FTEP" means Field Training and Evaluation Program
16. "FTO" means Field Training Officer, may function as a "preceptor"
17. "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient or client.
18. "Licensing Officer" is a person who is responsible for conducting an Emergency Medical Technician (EMT) or Advanced EMT (AEMT) practical examination in a manner consistent with the standards of the National Registry for EMTs and the Authority.
19. "Nonemergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed in accordance with this section, insofar as any of these acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Authority in the course of providing emergency care
20. "Patient" means a person who is ill or injured or who has a disability and/or receives emergency or critical care.
21. "Person" means any individual, corporation, association, firm, partnership, joint stock company, group of individuals acting together for a common purpose, or organization of any kind and includes any receiver, trustee, assignee, or other similar representatives thereof.

22. "Prehospital Care" means that care rendered by an EMP as an incident of the operation of an ambulance and that care rendered by an EMP as an incident of other public or private safety duties, and includes, but is not limited to "emergency care".
23. "Preceptor" means a person approved by an accredited teaching institution and appointed by the EMS or Emergency Care agency, who supervises and evaluates the performance of a provider student during the clinical and field internship phases of a provider course. A preceptor must be a licensed physician or emergency medical provider with at least two years field experience in good standing at or above the level for which the student is in training.
24. "Protocols" has the same meaning as standing orders.
25. "Reciprocity" means the manner in which a person may obtain emergency medical provider licensure when that person is licensed in another country and/or certified with the National Registry of EMT's.
26. "Scope of Practice" means the maximum level of emergency and nonemergency care that an emergency medical services provider may provide.
27. "Skills Lab" means those hours of the curriculum that provides the student with the opportunity to develop the skills for the level of training obtained.
28. "Successful completion" means having attended 90 percent of the didactic and skills instruction hours (or makeup sessions) and 100 percent of the clinical and field internship hours, and completing all required clinical and internship skills and procedures and meeting or exceeding the academic standards for those skills and procedures.
29. "Standing Orders" means the written detailed procedures for critical care, medical emergencies, trauma emergencies, and nonemergency care to be performed by an emergency medical services provider issued by the Medical Director commensurate with the scope of practice and level of licensure of the emergency medical services provider.
30. "Medical Director" means a person licensed as a specialty physician in Emergency Medicine or Critical Care Medicine, actively registered and in good standing with the authority, who provides direction of, and is ultimately responsible for critical, emergency, and nonemergency care rendered by Emergency Medical Providers as specified in these rules. The Medical Director is also ultimately responsible for the agent designated by the Medical Director to provide direction of the medical services of the emergency medical services provider as specified in these rules.
31. "Teaching Institution" means a hospital, vocational school, two-year AHJ, and/or a four-year degree granting AHJ/university that is designated by the Authority.
32. "Unprofessional Conduct" has the meaning given that term in Chapter 3 of these regulations.

33. “Volunteer” means a person who is not compensated for their time spend providing care while on an ambulance or rescue service, but who may receive reimbursement for personal expenses or travel incurred.

Application for Approval of EMT, AEMT, and Paramedic Courses

1. The Committee is responsible for approving EMT, AEMT, and Paramedic courses.
2. EMT, AEMT, and Paramedic courses must be offered by a teaching institution accredited by the Authority.
3. Notwithstanding section (2) of this rule, the Authority may allow an EMS agency or hospital to conduct a course if there is no training available at a teaching institution in the area of the service provider.
4. EMT, AEMT, and Paramedic courses must meet the requirements prescribed by the Authority in this chapter.
5. EMT, AEMT, and Paramedic courses must be taught by instructors that meet the requirements of this chapter.
6. A teaching institution described in section (2) of this rule or a service or hospital approved by the Authority under section (3) of this rule must submit an application to the Committee on a form prescribed by the Authority that includes all the information necessary to determine whether the course meets the Authority’s standards.
7. The Committee will return an application that is incomplete to the applicant.
8. The Committee will inform an applicant in writing whether the application has been denied or approved.
9. No teaching institution shall conduct an EMT, AEMT, or Paramedic course until the Committee has approved the course.
10. The Authority may deny or revoke the approval to conduct an EMT, AEMT, or Paramedic course in accordance with Chapter 1.

Application for Approval of Advanced Practice Paramedic (APP) Courses

1. The Committee is responsible for approving Advanced Practice Paramedic courses (also known as Resuscitation Officer Courses).
2. Advanced Practice Paramedic (or Advanced Paramedic) courses must be offered by:
 - a. A teaching program meeting the requirements of this section within the Authority, or
 - b. A teaching institution accredited by the Authority, or
 - c. By an organization recognized by the Authority for Advanced Practice Paramedic or Resuscitation Officer training (i.e.: The Resuscitation Group, Vancouver, Washington, USA), or
 - d. An entity accredited by the GEMR.

3. Notwithstanding section (2) of this rule, the Committee may allow an agency or hospital to conduct a course if there is no training available at a teaching institution in the area of the service provider.
4. Advanced Practice Paramedic courses must meet the requirements prescribed by the Authority in this chapter.
5. Advanced Practice Paramedic courses must be taught by instructors that meet the requirements of this chapter.
6. A teaching institution described in section (2) of this rule or a service or hospital approved by the Committee under section (3) of this rule must submit an application to the Committee in a form prescribed by the Authority that includes all the information necessary to determine whether the course meets the Authority's standards.
7. The Committee will return an application that is incomplete to the applicant.
8. The Committee will inform an applicant in writing whether the application has been denied or approved.
9. No teaching institution shall conduct an Advanced Practice Paramedic course until the Committee has approved the course.

Requirements for Conducting Emergency Medical Responder Courses

1. An ambulance service or any other entity may conduct EMR courses that meet the requirements of this chapter.
2. An entity that wants to conduct an EMR course must submit an application to the Committee on a form prescribed by the Authority that includes all the information necessary to determine whether the course meets the Authority's standards and whether the course director meets the requirements in Chapter 1
3. The Committee shall return an application that is incomplete to the applicant.
4. No entity shall conduct an EMR course until the Committee has approved the course.
5. The Authority may deny or revoke the approval to conduct an EMR course in accordance with its authority.

Emergency Medical Provider Course Requirements

1. All EMS provider courses must have a medical director; the EMS medical director must meet the qualifications of a Medical Director as defined in chapter 1 of this rule.
2. All EMS provider courses must have a course director as defined in chapter 1 of this rule.
3. A teaching institution conducting EMT, advanced EMT, or Paramedic courses must have program faculty consisting of a designated program director, course medical director, course directors, and may have guest instructors. The number of persons carrying out the responsibilities of conducting an EMT, AEMT, or Paramedic course may vary from program to program. One person, if qualified, may serve in multiple roles.

4. *An EMR course must include:*
 - a. A curriculum that meets or exceeds the U.S. National Emergency Medical Services Education Standards published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077B) and all components of the Philippine Scope of Practice, or the 2019 GEMR Curriculum Standard;
 - b. Didactic and skills instruction; and
 - c. A practical and cognitive examination.
5. *An EMT course must include:*
 - a. A curriculum that meets or exceeds the U.S. National Emergency Medical Services Education Standards published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077C) and all components of the Philippine Scope of Practice, or the 2019 GEMR Curriculum Standard;
 - b. Didactic and skills instruction;
 - c. Clinical education of at least eight hours in a hospital or acute care department or other appropriate clinical or acute care medical facility where the skills within an EMT scope of practice are performed under the supervision of a preceptor; and
 - d. Prehospital experience of at least 40 hours under the supervision of an EMT or above where the skills within an EMT scope of practice are performed.
6. *An Advanced EMT course must include:*
 - a. A curriculum that meets or exceeds the U.S. National Emergency Medical Services Education Standards published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077D) and all components of the Philippine Scope of Practice, or the 2019 GEMR Curriculum Standard;
 - b. Didactic and skills instruction;
 - c. A minimum of 50 hours of clinical experiential education in an emergency department setting where skills within the AEMT scope of practice are performed under the supervision of a preceptor;
 - d. A minimum of 80 hours of clinical experiential education in a hospital inpatient setting where skills within the AEMT scope of practice are performed, as well as long term patient care and management are performed, under the supervision of a preceptor; and
 - e. A field internship of at least 100 hours, that is described in this chapter.
7. *A Paramedic course must include:*
 - a. Paramedic curriculum that meets or exceeds the U.S. National Emergency Medical Services Education Standards published by the National Highway Traffic Safety Administration, January 2009 (DOT HS 811 077E) and all components of the Philippine Scope of Practice, or the 2019 GEMR Curriculum Standard;
 - b. Didactic and skills instruction;

- c. A minimum of 600 hours of clinical experiential education in hospital and/or clinical setting where skills within the Paramedic scope of practice are performed under the supervision of a preceptor; this clinical education will include within the 600 hours:
 - i. A minimum of 80 hours of clinical experiential education in an emergency department setting where skills within the Paramedic scope of practice are performed under the supervision of a preceptor;
 - ii. A minimum of 40 hours of clinical experiential education in critical care inpatient setting where skills within the Paramedic scope of practice are performed, as well as long term patient care and management are performed, under the supervision of a preceptor;
 - iii. A minimum of 30 hours of clinical experiential education in obstetrical inpatient setting where skills within the Paramedic scope of practice are performed, as well as long term patient care and high-risk patient management are performed, under the supervision of a preceptor;
 - iv. A minimum of 40 hours of clinical experiential education in pediatric inpatient setting where skills within the Paramedic scope of practice are performed, as well as long term patient care and management are performed, under the supervision of a preceptor;
 - v. A minimum of 10 hours of clinical experiential education in the outpatient pediatric setting where skills within the Paramedic scope of practice are performed, as well as patient management and assessment are performed, under the supervision of a preceptor;
 - vi. A minimum of 80 hours of clinical experiential education in the anesthesia setting where skills within the Paramedic scope of practice are performed, as well as long term patient care, hemodynamic monitoring, advanced airway placement, vascular access, and capnography are performed, under the supervision of a preceptor;
 - vii. A minimum of 20 hours of clinical experiential education in the vascular/IV therapy setting where skills within the Paramedic scope of practice are performed, as well as a variety of vascular access techniques and problems are managed, under the supervision of a preceptor;
 - d. Completion of the AHA Advanced Cardiac Life Support (ACLS) course and the AHA Pediatric Advanced Life Support (PALS) course prior to field internship; and
 - e. A 600 hour field internship that as described in this chapter.
8. *An Advanced Practice Paramedic course must include:*
- a. Only students who have already completed Paramedic licensing, Nurse Licensing (with all paramedic scope skills included in education), or Physician licensing at the General Practice Physician level may attend this program.

- b. An Advanced Practice Paramedic curriculum that meets or exceeds:
 - i. The objectives of the 2019 GEMR APP Curriculum Standard.
 - c. Didactic, skills, and clinical placement instruction of not less than 800 hours;
 - d. Completion of the AHA Advanced Cardiac Life Support Experienced Provider (ACLS EP) course and the AHA Pediatric Advanced Life Support (PALS) course prior to clinical placement; and
 - e. An internship that as described in this chapter
9. All Emergency Medical Provider courses must include instructions on rules governing the EMS system, medical-legal issues, roles and responsibilities of providers, and professional ethics.
 10. The Authority may deny or revoke course approval for failure to comply with the requirements of this rule.
 11. A person must have a current EMT license (or GEMR or NREMT certification) or higher at the time of enrollment in an advanced EMT or Paramedic course.
 12. A person must have a current Paramedic license (or GEMR PARAMEDIC or NREMT NRP certification), Nurse License, General Practice Physician or higher at the time of enrollment in an Advanced Practice Paramedic course.
 13. A person must maintain a current EMT license or higher throughout the interval of the advanced EMT or Paramedic cognitive and practical exams.

Advanced Emergency Medical Technician Field Internships

1. A field internship is required as part of an advanced EMT course and shall include:
 - a. Prehospital experience of at least 120 hours under the supervision of a Paramedic, Advanced Practice Paramedic, or Physician where the skills within the scope of practice of an AEMT are performed.
 - b. The student must have completed a total of 40 EMS calls, of which, 35 must be Ambulance calls where the student was the provider in charge for the internship to be accepted as completed.
2. A field internship must provide a student the opportunity to demonstrate the integration of didactic, psychomotor skills, and clinical education necessary to perform the duties of an entry-level AEMT.
3. The student must successfully demonstrate a skill in the classroom lab or hospital clinical setting before that skill is performed and evaluated in a field internship setting.
4. During a field internship a student must participate in providing care. All EMS calls shall be under the direct visual supervision of a preceptor (Paramedic, Advanced Practice Paramedic, or Physician). In order for a call to be accepted, the preceptor must document and verify satisfactory student performance, including application of specific assessment and treatment skills required of a licensed Advanced EMT.
5. The student intern must not be one of the minimum staff required for an ambulance.

6. For purposes of this section, “EMS call” means a prehospital emergency medical services response requiring patient care at the advanced life support level and “ambulance call” means an advanced life support prehospital emergency medical services response, which includes dispatch, scene response, patient care while riding in the patient compartment of an ambulance, and participating in specific assessment and treatment skills required of a licensed Advanced EMT.

Paramedic Field Internships

1. A field internship is required as part of a Paramedic course.
2. A field internship must provide a student the opportunity to demonstrate the integration of didactic, psychomotor skills, and clinical education necessary to perform the duties of an entry-level paramedic.
3. The student must successfully demonstrate a skill in the classroom lab or hospital clinical setting before that skill is performed and evaluated in a field internship.
4. During a field internship, a student must:
 - a. Participate in providing care in at least 100 emergency medical calls with no less than ten each in cardiac, respiratory, general medical, and trauma emergencies, and with at least 80 of the calls being advanced life support ambulance calls. All EMS calls shall be under the direct visual supervision of a preceptor (Paramedic, APP, or Specialist Physician). In order for a call to be accepted, the preceptor must document and verify satisfactory student performance, including application of specific assessment and treatment skills required of a licensed Paramedic.
 - b. Participate in a prehospital experience of at least 600 hours under the supervision of a Paramedic, APP, or Specialist Physician where the skills within the scope of practice of a Paramedic are performed.
5. The intern must not be one of the minimum staff required for an ambulance.
6. For purposes of this section, “EMS call” means a pre-hospital emergency medical services response requiring patient care at the advanced life support level and “ambulance call” means an advanced life support pre-hospital emergency medical services response, which includes dispatch, scene response, patient care while riding in the patient compartment of an ambulance, and participating in specific assessment and treatment skills required of a licensed Paramedic.

Advanced Practice Paramedic Field Internships (Clinical Placement)

1. An internship is required as part of an Advanced Practice Paramedic course.
2. An internship must provide a student the opportunity to demonstrate the integration of didactic, psychomotor skills, and clinical education necessary to perform the duties of an entry-level APP.

3. The student must successfully demonstrate a skill in the classroom lab or hospital clinical setting before that skill is performed and evaluated in a field internship setting.
4. During a field internship, a student must:
 - a. Participate in a prehospital experience of at least 600 hours under the supervision of an Advanced Practice Paramedic FTO or Specialist Physician where the skills within the scope of practice of an Advanced Practice Paramedic are performed.
 - b. Participate in providing care in at least 100 patient contacts and with at least 20 of the contacts requiring advanced life support level care. All patient contacts shall be under the direct visual supervision of a preceptor (APP or Specialist Physician). In order for a contact to be accepted, the preceptor must document and verify satisfactory student performance, including application of specific assessment and treatment skills required of a licensed Advanced Practice Paramedic.
5. The intern must not be one of the minimum staff required for the patient care environment, and there must be at least three personnel on any transport unit performing an internship.

CHAPTER 3 - EMERGENCY MEDICAL PROVIDERS LICENSURE

EMS Provider Examinations

1. In order to be an EMR, a candidate must take and pass a cognitive and practical licensure examination.
 - a. The EMR cognitive and practical examinations must be administered by an entity approved by the Authority to conduct EMR courses.
 - b. An approved entity must use an Authority-approved cognitive and practical exam, *or* the Global Emergency Medicine Registry (GMER) or National Association of Emergency Medical Technicians (NREMT) cognitive and practical examination for EMRs may also be used.
2. In order to be an EMT, a candidate must take and pass a cognitive and practical licensure examination.
 - a. The EMT cognitive and practical examinations must be administered by an entity approved by the Authority to conduct EMT courses.
 - b. An approved entity must use an Authority approved cognitive and practical exam, *or* the Global Emergency Medicine Registry (GMER) or National Association of Emergency Medical Technicians (NREMT) cognitive and practical examination for EMRs may also be used.
 - c. The EMT examination for licensure will be administered by a licensing officer approved by the Authority.
3. Advanced Emergency Medical Technician and Paramedic candidates must complete the cognitive examination designated by the Global Emergency Medicine Registry (GMER)

- or National Association of Emergency Medical Technicians (NREMT) cognitive and practical examination for EMRs may also be used.
- a. The fee for this exam must be paid directly to NREMT or GMER.
 - b. An advanced EMT and Paramedic practical examination is a GMER or NREMT practical and didactic exam offered at various times during the year by the Authority.
 - c. An advanced EMT or Paramedic candidate must provide certification from NREMT or GMER following examination for licensure through the AHJ.
4. Advanced Practice Paramedic (APP) candidates must take and pass the GEMR cognitive and practical licensure examination.
 - a. The Advanced Practice Paramedic cognitive and practical examinations must be administered by GMER.
 - b. The fee for this exam must be paid directly to GMER
 - c. An Advanced Practice Paramedic candidate must provide certification from GEMR following examination for licensure through the AHJ.
 5. The Committee shall establish the passing scores of all EMT, AEMT, and Paramedic cognitive and practical licensure examinations.
 6. An EMT candidate who fails:
 - a. Not more than two skill stations of the EMT practical examination may retest those skill stations failed on the same day with no additional charge by the Authority.
 - b. An EMT skill station a second time must submit a re-examination fee to the Authority and be scheduled through his or her instructional program to retest any skill station failed.
 - c. More than two skill stations of the EMT practical examination must schedule a retest for a separate day through his or her instructional program, and submit a re-examination fee to the Authority.
 7. If a candidate fails either the cognitive or practical examination three times, the candidate must successfully complete an Authority-approved refresher course for that specific license level to become eligible to re-enter the licensure process. Following successful completion of a refresher course, a candidate must re-take and pass the examination.
 8. The passing results of the cognitive and practical licensure examinations for each level of licensure will remain valid for a 12-month period from the date the examination was successfully completed.
 9. A candidate must pass both the cognitive and practical examinations within 24 months after the completion of the required courses.
 10. A candidate who fails the cognitive or practical examination six times or does not complete the examination process within 24 months of the completion date of the initial required courses, must successfully complete the entire EMT, AEMT, or Paramedic course for that license level and reapply for licensure.
 11. The entity providing a cognitive examination must have a policy for the accommodation of a person with a documented learning disability.
 12. No accommodation shall be provided for a practical licensure examination.
 13. EMT practical examinations must be attended by a Committee-approved licensing officer who:
 - a. Is licensed at least at the level of examination they are administering with at least two years field experience at that level or above and is in good standing with the Authority; and

- b. Has completed training offered by the Committee explaining the role and responsibilities of a licensing officer.

Application Process to Obtain an Emergency Medical Provider License

1. For any person to act as an EMP a license must be obtained from the Agency Having Jurisdiction.
2. An applicant for EMR must:
 - a. Be at least 16 years of age;
 - b. Submit proof of successfully completing an approved course, including completion of all clinical and internship requirements, if applicable;
 - c. Submit proof of passing the required cognitive and practical examinations;
 - d. Submit a completed application on a form prescribed by the Authority along with the applicable fee;
 - e. Consent to a criminal background check.
3. An individual who wishes to become licensed as an EMT, advanced EMT, EMT-Intermediate, or Paramedic shall:
 - a. Be at least 18 years of age;
 - b. Submit a completed application on a form prescribed by the Authority along with the applicable fee;
 - c. Submit proof of successfully completing an approved course, including all clinical and internship requirements if applicable;
 - d. Submit proof of passing the required cognitive and practical examinations;
 - e. For an EMT, advanced EMT or EMT-Intermediate applicant, submit proof that the applicant received a high school diploma or equivalent or a degree from an accredited institution of higher learning;
 - f. Consent to a criminal background check.
4. An individual who wishes to become licensed as an Advanced Practice Paramedic (APP) shall:
 - a. Be at least 21 years of age;
 - b. Submit a completed application on a form prescribed by the Authority along with the applicable fee;
 - c. Submit proof of successfully completing an approved course, including all clinical and internship requirements if applicable;
 - d. Submit proof of passing the required GEMR cognitive and practical examinations (the authority may waive examinations if the provider shows proof training was received prior to removal of an advanced level from the government of current practice);
 - e. Submit proof that the applicant received a high school diploma or equivalent, or a degree from an accredited institution of higher learning;
 - f. Consent to a criminal background check.

5. The Authority may use information obtained through criminal history records to determine suitability for licensure.
6. If the Authority determines the information contained in the criminal history record may result in denial of the application or imposed sanctions on the license the applicant will be afforded reasonable time to complete, challenge, or correct the accuracy of the record before a final disposition or sanction is imposed.
7. Provide an authorization for the release of information, as necessary, from any persons or entities, including but not limited to educational institutions, employers, hospitals, treatment facilities, institutions, organizations, governmental or law enforcement agencies in order for the Authority to complete the review of the application; and
8. EMR, EMT, Advanced EMT and Paramedic applications for licensure must be received by the Authority four weeks prior to the date of the practical examinations.
9. Any fee for a criminal background check shall be the responsibility of the applicant.
10. An applicant for an initial license as an EMS provider, who completed training in a program outside the Authority and has never been licensed in another location, must:
 - a. Meet all requirements for that level as established in this chapter;
 - b. Demonstrate proof of current GEMR or NREMT certification; and
 - c. Make application within 24 months from the date that their training program was completed, unless an applicant has been on active duty in the military within the last four years and in that case, the application may be submitted more than 24 months from the date the training program was completed.
 - d. An initial license must not exceed 30 months.
 - e. If an applicant has been on active duty in the military within the past four years and the applicant can demonstrate proof of current GEMR or NREMT certification (or equivalent) for the level of license desired, current licensure in another state is not mandatory.
11. The Authority may return any application that is incomplete or is not accompanied by the appropriate fee.
12. Upon approval of an application, the authority will issue a license certificate to the provider.

Fees for Licensure, Reciprocity, and License Renewal of an EMS Provider

1. Beginning on January 1, _____ the following fees apply:
 - a. The initial application fee for:
 - i. EMR is _____ (_____ for non-citizens);
 - ii. EMT is _____ (_____ for non-citizens);
 - iii. Advanced EMT is _____ (_____ for non-citizens);
 - iv. Paramedic is _____ (_____ for non-citizens); and
 - v. Advanced Practice Paramedic is _____ (_____ for non-citizens).
 - b. Practical re-examination fees are per AHJ or GEMR:
 - c. Reciprocity licensure fees:
 - i. EMR is _____ (_____ for non-citizens);
 - ii. EMT is _____ (_____ for non-citizens);
 - iii. Advanced EMT is _____ (_____ for non-citizens);
 - iv. Paramedic is _____ (_____ for non-citizens); and
 - v. Advanced Practice Paramedic is _____ (_____ for non-citizens).
 - d. License renewal fees are:
 - i. EMR is _____ (_____ for non-citizens);
 - ii. EMT is _____ (_____ for non-citizens);
 - iii. Advanced EMT is _____ (_____ for non-citizens);
 - iv. Paramedic is _____ (_____ for non-citizens); and
 - v. Advanced Practice Paramedic is _____ (_____ for non-citizens).
2. A license renewal application submitted or postmarked after December 1 of the license renewal year must include a _____ (_____ for non-citizens) late fee in addition to the license renewal fee.
3. An ambulance service or rescue service which utilizes volunteers to provide a majority of its services may request that the Authority waive the license renewal fee for its volunteers.
4. A licensed Provider wishing to obtain a duplicate Provider license must submit a written request to the Authority in the form required by the Authority and pay a fee in the amount of _____ (_____ for non-citizens).
5. All fees established in this section are nonrefundable except that the Authority may waive a subsequent examination fee for a person who fails to appear for an examination due to circumstances that are beyond the control of the candidate.

Licensure as an Emergency Medical Provider

1. The Authority will review an application for licensure as an EMP and will conduct a criminal background check.
2. If there are no issues that arise during the review of the application and the applicant meets all the requirements of these rules, the Authority will grant the applicant a license.
3. If the applicant does not meet the standards for licensure or there are criminal history or personal history issues that call into question the ability of the applicant to perform the duties of a licensed EMP in these rules, the Authority may deny the applicant on the basis of the information provided in the application, or conduct an additional investigation.
4. Following an investigation, the Authority may:
 - a. Deny the application;

- b. Grant the application but place the applicant on probation;
 - c. Grant the application but place practice restrictions on the applicant; or
 - d. Grant the application if the criminal or personal history issues were resolved through the investigation to the Authority's satisfaction.
5. Final actions taken by the Authority in denying an applicant, placing an applicant on probation, or by placing restrictions on the applicant's practice shall be done in accordance with these rules.
 6. Nothing in this rule precludes the Authority from taking an action authorized in the rules.
 7. The licenses of EMRs, EMTs, Advanced EMTs, Paramedics, and APP's expire on June 30 of odd-numbered years.

EMS Provider Licensure by Reciprocity

1. A person registered with the GEMR or NREMT as an EMR, EMT, Advanced EMT, and Paramedic will be accepted for reciprocity.
2. A person certified or privileged as an Advanced Practice Paramedic (APP) or equivalent level of competency may apply to the Authority for licensure by reciprocity as an APP, but must have a letter from the medical director attesting to their skills and privileges at the APP level, as well as GEMR certification as an APP.
3. A person currently instructing at the Advanced Practice Paramedic or Critical Care Provider Level of competency may apply to the Authority for licensure by reciprocity as an APP, but must have a letter from the medical director attesting to their skills and privileges, as well as current certification as an APP through GEMR.
4. A person applying for EMR, EMT, AEMT, or Paramedic provider licensure by reciprocity shall:
 - a. Submit a completed application on a form prescribed by the Authority along with the applicable nonrefundable fee;
 - b. Submit documentation of the EMS provider training which meets or exceeds the requirements for EMS provider licensure at the level of licensure for which the person is applying;
 - c. Be in good standing with the applicant's current licensing agency and with NREMT or GEMR; and
 - d. Consent to a criminal background check.
5. The Authority shall review an application for licensure by reciprocity and shall conduct a criminal background check.
6. If there are no issues that arise during the review of the application and the applicant meets all the applicable requirements of these rules, the Authority shall grant the applicant a license by reciprocity.
7. If the applicant does not meet the standards for licensure, or there are criminal history or personal history issues that call into question the ability of the applicant to perform the duties of a licensed provider, in accordance with the rules, the Authority may deny the application on the basis of the information provided, or conduct an additional investigation in accordance with the rules. Following such an investigation the Authority may take any action as specified in the rules.
8. The Authority and Committee shall be the sole organizations authorized to determine equivalency of Emergency Medical provider course work presented from an out-of-country accredited (or not) institution of higher learning.

9. The Authority shall return any application that is incomplete, or cannot be verified.

Licensure as an Emergency Medical Provider from another jurisdiction

1. Any person who provides pre-hospital emergency or non-emergency care in The COUNTRY ABC must be licensed as an EMP through the Authority and function under a Committee approved Medical Director.
2. EMS Provider licensure is not required when:
 - a. Specifically exempted by the Authority;
 - b. An out-of-country licensed EMP is transporting a patient through the region;
 - c. An out-of-country licensed EMP is caring for and transporting a patient from a medical facility to an out-of-country medical facility or other out-of-country location;
 - d. An out-of-country licensed EMP is caring for and transporting a patient originating from outside of the country to a medical facility or other location in the country; or,
 - e. A disaster or public health emergency has been declared under the authority of the government, and licensing provisions have been waived by the Authority.

Reportable Events; Investigations and Discipline of License Holders

1. Using a form prescribed by the Authority, EMP must notify the Authority of the actions or events listed in section (3) of this rule. Failure to comply with the reporting requirements of this rule may result in disciplinary action against the EMP.
2. An EMP who has reasonable cause to believe another EMP has engaged in prohibited, dishonorable or unprofessional conduct as defined in section (3) of this rule shall report that conduct to the Authority without undue delay, within 10 days, after the EMP learns of the conduct unless state or federal laws relating to confidentiality or the protection of health information prohibit such a disclosure.
3. Within 10 calendar days an EMP shall report to the Authority the following:
 - a. Conviction of a misdemeanor or felony;
 - b. A felony arrest;
 - c. A disciplinary restriction placed on a scope of practice of the license holder by the Medical Director;
 - d. A legal action being filed against the license holder alleging medical malpractice or misconduct;
 - e. A physical disability that affects the ability of the license holder to meet the Functional Job Analysis of the EMT, and the license holder continues to respond to calls and is providing patient care; or
 - f. A change in mental health which may affect a license holder's ability to perform as a licensed EMS Provider.
4. Laws relating to confidentiality or the protection of health information that might prohibit an EMS Provider from reporting prohibited or unprofessional conduct.

Conduct or Practice Contrary to Recognized Standards of Ethics

The following list includes, but is not limited to, conduct or practice by an EMP that the Authority considers to be contrary to the recognized standards of ethics of the medical profession:

1. Knowing or willful violation of patient privacy or confidentiality by releasing information to persons not directly involved in the care or treatment of the patient;
2. Felony illegal drug use on or off duty;
3. Alcohol use within eight hours of going on duty or while on duty or in an on-call status;
4. Violation of direct verbal orders from a physician who is responsible for the care of a patient;
5. Violation of orders given by an online medical resource physician, whether delivered by radio or telephone;
6. Violation of standing orders from the providers Medical Director without cause and documentation;
7. Use of invasive medical procedures in violation of generally accepted standards of the medical community;
8. Any action that constitutes a violation of any statute, municipal code, or administrative rule that endangers the public, other public safety officials, other EMP, patients, or the general public (including improper operation of an emergency vehicle);
9. Instructing, causing or contributing to another individual violating a statute or administrative rule, including EMP acting in a supervisory capacity;
10. Participation in the issuance of false continuing education documents or collaboration therein, including issuing continuing education verification to one who did not legitimately attend an educational event;
11. Signing-in to an educational event for a person not actually present;
12. Knowingly assisting or permitting another EMP to exceed his or her lawful scope of practice;
13. Unlawful use of emergency vehicle lights and sirens;
14. Providing false or misleading information to the Authority, to an EMP teaching program or clinical/field internship agency;
15. Responding to scenes in which the EMP is not properly dispatched ("call-jumping"), whether in a private auto, ambulance, or other vehicle, in contravention of local protocols, procedures, or ordinances, or interfering with the safe and effective operation of an EM system;
16. Cheating on any examination used to measure EMP related knowledge or skills;
17. Assisting another person in obtaining an unfair advantage on an EMP examination;
18. Defrauding the Authority;
19. Knowingly providing emergency medical care in an unlicensed ambulance;
20. Violation of the terms of a written agreement with the Authority or an order issued by the Authority;
21. Sexual misconduct that includes but is not limited to:
 - a. Sexual harassment; and
 - b. Engaging or attempting to engage in a sexual relationship, whether or not the sexual relationship is consensual, with a patient, client, or key party;
 - c. Using the EMT-patient, EMT-client, or EMT-key party relationship to exploit the patient, client or key party by gaining sexual favors from the patient, client or key party.
22. Arriving for duty impaired or in a condition whereby the EMP is likely to become impaired through fatigue, illness, or any other cause, as to make it unsafe for the employee to begin to operate an ambulance or provide patient care;

23. Failure to cooperate with the Authority in an investigation, including failure to comply with a request for records, or a psychological, physical, psychiatric, alcohol or chemical dependency assessment; and
24. Any violation of these rules or any law, administrative rule, or regulation governing ambulances, EMP, or emergency medical service systems.

Investigations

1. The Authority may conduct an investigation of an EMP if:
 - a. The Authority receives a complaint concerning an EMP;
 - b. Personal or criminal history questions arise during a review of an application that raise questions about the EMP's ability to safely perform the duties of an EMP;
 - c. A reportable action is received pursuant to the rules; or
 - d. The Authority receives information in any manner that indicates an EMP has violated rules, may be medically incompetent, guilty of prohibited, unprofessional or dishonorable conduct or mentally or physically unable to safely function as an EMP.
2. The Authority may, in a limited manner commiserate with the rights of an accused person, investigate the off-duty conduct of an EMP to the extent that such conduct may reasonably raise questions about the ability of the EMP to perform the duties of an EMP in accordance with the standards established by this division.
3. Upon receipt of a complaint about an EMP or applicant, the Authority may conduct an investigation.
4. The fact that an investigation is conducted by the Authority does not imply that disciplinary action will be taken.
5. During an investigation, the Authority may do any of the following:
 - a. Request additional information from the EMP;
 - b. Conduct a phone or in-person interview; or
 - c. Request or order that the EMP undergo a psychological, physical, psychiatric, alcohol or chemical dependency assessment.

Discipline

1. Upon completion of an investigation the Authority may do any of the following:
 - a. Close the investigation and take no action;
 - b. Issue a letter of reprimand or instruction;
 - c. Place the EMP on probation;
 - d. Place a practice restriction on the EMP;
 - e. Suspend the EMP;
 - f. Revoke the license of the EMP;
 - g. Enter into a stipulated agreement with the EMP to impose discipline; or
 - h. Take such other disciplinary action as the Authority, in its discretion, finds proper, including assessment of a civil penalty not to exceed _____ (_____ for non-citizens).
2. Any disciplinary action taken by the Authority will be done in accordance with the standards of judiciary practice.
3. The Authority may assess the costs of a disciplinary proceeding against an EMP. Costs may include, but are not limited to:
 - a. Costs incurred by the Authority in conducting the investigation;
 - b. Costs of any evaluation or assessment requested by the Authority; and

- c. Attorney fees.
- 4. Voluntary Surrender:
 - a. An EMP may voluntarily surrender his or her license if the EMP submits a written request to the Authority specifying the reason for the surrender and the Authority agrees to accept the voluntary surrender.
 - b. The Authority may accept a voluntary surrender of the EMP on the condition that the EMP does not reapply for licensure, or agrees not to reapply for a specified period of time.
 - c. If an EMP who voluntarily surrendered his or her EMP license applies for reinstatement, the Authority may deny that person's application if the Authority finds that the person has committed an act that would have resulted in discipline being imposed while they were previously licensed.
- 5. If an EMP's license is revoked he or she may not reapply for licensure for at least two years from the date of the final order revoking the license.

Reverting to a Lower Level of Certification

- 1. An EMT, Advanced EMT, or Paramedic may revert to a lower level of licensure at any time during a license period if the EMT, Advanced EMT, or Paramedic:
 - a. Submits a written request to the Authority specifying the reason for the change in the licensure level;
 - b. Submits an application for license renewal for the lower level of licensure sought with the appropriate fee;
 - c. Surrenders his or her current EMT, Advanced EMT, EMT-Intermediate, or Paramedic license to the Authority;
 - d. Is in good standing with the Authority;
 - e. Adequately documents appropriate continuing education hours and courses for the licensure level the individual would revert to; and
 - f. Receives written approval from the Authority for a change in licensure level.
- 2. If an EMT, Advanced EMT, EMT-Intermediate, or Paramedic requests reinstatement of the higher level of licensure within one year of reverting to a lower level of licensure the EMT, Advanced EMT, EMT-Intermediate, or Paramedic must complete the requirements specified in these rules.
- 3. If an EMT, Advanced EMT, EMT-Intermediate, or Paramedic requests reinstatement of the higher level of licensure after one year, but less than two years the EMT, Advanced EMT or Paramedic must complete the requirements specified in these rules.

Expiration and Renewal of EMP License

- 1. The licenses of EMRs expire on June 30 of even-numbered years.
- 2. The licenses of EMTs, Advanced EMTs, EMT-Intermediates and Paramedics expire on June 30 of odd-numbered years.
- 3. An applicant for license renewal must:
 - a. Complete and sign an application form prescribed by the Authority certifying that the information in the application is correct and truthful;
 - b. Meet the requirements of these rules;
 - c. Consent to a criminal background check;

- d. Provide an authorization for the release of information to the Authority, as necessary, from any persons or entities, including but not limited to employers, educational institutions, hospitals, treatment facilities, institutions, organizations, governmental or law enforcement agencies in order for the Authority to make a complete review of the application.
- e. Complete the continuing education requirements in the rules; and
- f. Submit a fee set out in the rules.

Reinstatement of an EMP License

1. To reinstate an expired EMR, EMT, Advanced EMT, Paramedic, or Advanced Practice Paramedic license that has been expired for less than one year, an applicant must:
 - a. Submit a completed application for license renewal;
 - b. Submit the appropriate license renewal fee plus a late fee; and
 - c. Provide evidence of completion of continuing education requirements as specified in the rule.
2. Providers who have been expired more than 12 months, but less than 24 months may:
 - a. Submit a completed application for license renewal;
 - b. Submit the appropriate license renewal fee plus a late fee; and
 - c. Provide evidence of completion of continuing education requirements as specified in the rule.
 - d. Complete cognitive and practical examination for the provider level as specified in rule.

Licensed EMP Continuing Education Requirements for License Renewal

1. An EMR, EMT, AEMT, or Paramedic is required to:
 - a. Complete all requirements of the GEMR renewal for their specified level for re-registration.
 - b. All CME must be accredited through the Authority, Philippine Medical Association, American Medical Association, GEMR or CAPCE
2. An Advanced Practice Paramedic is required to:
 - a. Complete all requirements of the GEMR Advanced Practice Paramedic re-registration.
3. All continuing education credits specified in sections (1) through (2) of this rule shall be completed between the dates of the license holder's last successful application to the date of the license holder's current license renewal application.
4. Continuing education credit shall be granted hour-for-hour for:
 - a. Attending training seminars, educational conferences, and continuing education classes within the license holder's scope of practice;
 - b. Attending live, webinar, or interactive online courses for the same or higher level of licensure;
 - c. Teaching any of the topics listed in the current US National EMS or GEMR education documents as incorporated by reference, if the license holder is qualified to teach the subject.
 - d. Online continuing education that provides a certificate of completion and is approved by the Authority;
 - e. Related accredited AHJ courses will count one hour per credit hour received; and

- f. Authority-approved license renewal courses.
5. Up to 30 percent of the hours of continuing education credits for each subject listed in section 1 of the appropriate appendix as incorporated by reference may be obtained by:
 - a. Watching a video, CD-ROM, or other visual media;
 - b. Being a practical licensure exam evaluator, if the license holder is qualified as such;
 - c. Reading EMS journals or articles with documentation of completion; and
6. In addition to the hours of continuing education required in this rule, any affiliated EMS provider license holder must, as specified in section 2 of the GEMR appendices, incorporated by reference, demonstrate skills proficiency through a hands-on competency examination supervised by the EMS medical director or his or her designee. An EMS medical director may require successful performance in a minimum number of clinical skills in these areas on either human subjects or mannequins.
7. A medical director may require additional continuing education requirements and skill competency.
8. When a license holder obtains an initial license and there is:
9. Less than six months until license renewal, no continuing education credits are required to obtain license renewal;
10. More than six months but less than one year until license renewal, the license holder must complete 50 percent of the continuing education credits in each category; or
11. More than one year until license renewal, the license holder must complete all continuing education credits.
12. Continuing education credits are granted on an hour-for-hour basis.
13. It shall be the responsibility of each license holder to ensure the hours obtained meet the Authority's license renewal requirements.
14. A license holder must submit proof, that the continuing education requirements have been met.
15. Education programs, journals and articles used towards continuing education must be approved by the medical director, GEMR, or the Authority.