

Review of 10A NCAC 13P – 2009 EMS and Trauma Rules  
March 4, 2009

Section	Rule	Status / Effective Date	Changes
.0100 Definitions	.0101 Abbreviations	Amended 1/1/2009	Consolidated previous Section .0801 Trauma abbreviations into .0101. Section .0801 has been repealed.
	.0102 Definitions	Effective 3/3/09 under Governor's Executive Order	This rule is a comprehensive dictionary containing 75 definitions complete with EMS and Trauma terminology. Consolidated previous Section .0801 Trauma definitions into .0102. Section .0801 has been repealed. Also repealed rules .0103 - .0107, and .0109 - .0124 moving each separate definition into this comprehensive rule.
	.0103 -.0107	Repealed 1/1/2009	These rules previously contained the EMS definitions that were consolidated under the new .0102.
	.0108	Repealed 1/1/2004	NA
	.0109 - .0124	Repealed 1/1/2009	These rules previously contained the EMS definitions that were consolidated under the new .0102.
.0200 EMS Systems	.0201 EMS Systems	Amended 1/1/2009	<p>Consolidated most Model System requirements from .0202 to .0201.</p> <p>Removed Vehicle Operation orientation requirement for Emergency vehicle drivers.</p> <p>(a)(2) a defined scope of practice for all personnel functioning within the system. <i>(Note: this includes all first responder agencies, SCTP, Air Medical, 9-1-1 emergency, non-emergency and convalescent transport services.)</i></p> <p>(a)(3) written policies and procedures for dispatch, coordination, and oversight of all responders providing EMS, Specialty Care, ambulance transport within the system. <i>(Note: this includes all first responder agencies, SCTP, Air Medical, 9-1-1 emergency, non-emergency and convalescent transport services.)</i></p> <p>Removed the requirement for data submission from this rule to .0204 (EMS Provider License Requirements).</p> <p>(a)(7) written policies and procedures specific to the utilization of the EMS System's EMS Care data for the daily and on-going management of all EMS System resources. <i>(Note: removed the requirement for data submission from this rule to .0204 (EMS Provider License Requirements).)</i></p>

		<p>(a)(8) requires a written infectious control plan approved by the EMS System Medical Director.</p> <p>(a)(9) requires a listing of all facilities providing online medical direction for all EMS Providers operating within the system.</p> <p>(a)(11) requires written policies and procedures for addressing use of SCTP and Air Medical Programs</p> <p>(a)(12) Requires a system wide CE program under the direction of a System CE Coordinator.</p> <p>(a)(13) Written policies and procedures to address management of:</p> <p>(A) triage and transport of all acutely ill and injured patients with time-dependent or other specialized care to include STEMI, burn, trauma, stroke, and pediatric that may require the by-pass of other licensed health care facilities;</p> <p>(B) triage and transport to facilities outside the system;</p> <p>(C) diversion or bypass plans</p> <p>(D) reporting, monitoring, and establishing standards for system response times using data provided by the OEMS;</p> <p>(E) weekly update of the SMARTT EMS Provider information</p> <p>(F) a disaster plan;</p> <p>(G) a mass gathering plan.</p> <p>(a)(14) medical oversight</p>
.0202 Model EMS Systems	Repealed 03/01/2009	Model Systems will become a recognition program using criteria developed by a new subcommittee of the NC EMS Advisory Council. This will be discussed at the February 2009 EMSAC meeting.
.0203 Special Situations	Unchanged 01/01/2004	NA
.0204 EMS Provider License Requirements	Effective 3/3/09 under Governor's Executive Order	<p>(a)(1) requires affiliation with each system in which there will be a base of operation or where point-to-point transports will be provided</p> <p>(4) requires the compliance with each county's franchise requirement. If no franchise ordinance, a signature from the system representative authorizing operation within the county.</p> <p>(6) must collect and within 24 hours electronically submit to the OEMS EMS care data that uses the NCCEP prescribed data dictionary</p> <p>(7) develop and implement written operational protocols for management of equipment, supplies, and medications that:</p> <p>(a) assure all necessary equipment is available on each call</p> <p>(b) equipment and vehicles are cleaned and maintained</p> <p>(c) assures medications and supplies are not used beyond expiration date or stored in an unacceptable environment</p>

		(b) if providing fixed wing services, must affiliate with a licensed NC hospital (c) if providing rotary wing services, must affiliate with a NC Level I or Level II Trauma Center. Dare County's air ambulance service is exempt from this requirement.
.0205 EMS Provider License Conditions	Amended 01/01/2009	Will add new language stating EMS Provider licenses will not be issued to any application not intending to provide EMS Services to the citizens of North Carolina.
.0206 Term of EMS Provider License	Amended 01/01/2009	Clarified term of ambulance license to be six years and requires renewal.
.0207 Ground Ambulance: Vehicle and Equipment Requirements	Amended 01/01/2009	(a)(3)(B) changed pediatric restraint device weight standard from 20 lbs to 40 lbs. (a)(9) added permanently installed heating and air conditioning systems. (a)(10) must have a copy of the EMS System patient care treatment protocols (Note: may be electronic or paper)
.0208 Convalescent Ambulance: Vehicle and Equipment Requirements	Amended 01/01/2009	(a)(3)(B) changed pediatric restraint device weight standard from 20 lbs to 40 lbs. (a)(4) added permanently installed heating and air conditioning systems. (a)(5) must have a copy of the EMS System patient care treatment protocols (Note: may be electronic or paper)
.0209 Air Medical Ambulance: Vehicle and Equipment Requirements	Effective 3/3/09 under Governor's Executive Order	<b>Rotary wing flight equipment deleted from inspection in previous .0209 rule:</b> (a) two way 360 channel VHG aircraft frequency transceivers (b) one VHF omnidirectional ranging (VOR) receiver (c) attitude indicators (d) one transponder with 4097 code, Mode C with altitude encoding (e) turn and slip indicator in the absence of three attitude indicators (f) current FAA approved navigational aids and charts for the area of operation (g) radar altimeter (i) Emergency Locator Transmitter (ELT)  <b>Rotary wing flight equipment in current inspection:</b> (7)(a) Global Positioning System (b) external search light that can be operated from inside the aircraft. (c) survival gear appropriate for the service area and the number, are and type of patients. (d) permanently installed environmental control unit (ECU) capable of both heating and cooling the patient compartment of the aircraft. (e) be routinely capable to carry at least a 220 pound patient load and transport at least 69 nautical miles or nearest Trauma Center non-stop without

.0300  
Specialty Care  
Transport  
Programs

		refueling. (8) changed pediatric restraint device weight standard from 20 lbs to 40 lbs.
.0210 Water Ambulance: Vehicle and Equipment Requirements	Amended 01/01/2009	(1)(g) changed pediatric restraint device weight standard from 20 lbs to 40 lbs. (7) must have a copy of the EMS System patient care treatment protocols (Note: may be electronic or paper)
.0211 Ambulance Permit Conditions	Unchanged 01/01/2004	NA
.0212 Term of Ambulance Permit	Amended 01/01/2009	Changed all permit expirations to 2 years.
.0213 EMS Nontransporting Vehicle Requirements	Amended 01/01/2009	(9) must have a copy of the EMS System patient care treatment protocols (Note: may be electronic or paper)
.0214 EMS Nontransporting Vehicle Permit Conditions	Amended 01/01/2009	(f) Vehicles that are not owned or leased by the EMS Provider are ineligible for permitting
.0215 EMS Nontransporting Vehicle Permit	Amended 01/01/2009	Changed all permit expirations to 2 years.
.0216 Weapons and Explosives Forbidden	Unchanged 04/01/2003	NA
.0301 SCT Program Criteria	Effective 3/3/09 under Governor's Executive Order	This rule has been re-written to include the criteria previously detailed in Rules .0303 and .0304. SCT programs are exempt from the minimum staffing requirement of Gen. Stat. § 131E-158. In order for these licensed providers to provide services other than specialty care transports, they must meet all EMS System franchising requirements, be inspected and permitted as a Ground Ambulance as defined in rule .0207, and meet the minimum staffing requirements as defined in Gen. Stat. § 131E-158.  <i>Note: If a SCT Program desires to provide intra-facility transports without meeting the minimum staffing requirement (e.g. EMT driver, RN attendant) this must be addressed in the SCT Program application, indicate support from those EMS systems in which the transferring or receiving healthcare facilities are located, and receive approval from the OEMS.</i>
.0302 Air Medical Specialty Care Transport Program Criteria for Licensed EMS Providers using	Effective 3/3/09 under Governor's	This rules has been rewritten and separated into two rules. This rule will be specific to Rotary Wing programs. A new rule .0305 will be specific to Fixed Wing programs. (a)(4) Written triage protocols for trauma, stroke, STEMI, burn, and pediatric

.0400  
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Oversight

Rotary Wing Aircraft.	Executive Order	patients reviewed and approved by Medical Director. (5) Written policies and procedures specifying how EMS systems will receive SCTP services offered under the program when the aircraft are unavailable for service. (b) Requirement that all patient response, re-positioning and mission flight legs must be conducted under FAA part 135 regulations.
.0303 Ground Specialty Care Transport Program	Repealed 01/01/2009	This rule as well as .0304 were consolidated and moved under the criteria in .0301.
.0304 Hospital Affiliated Ground Specialty Care Transport Program	Repealed 01/01/2009	This rule as well as .0303 were consolidated and moved under the criteria in .0301.
.0305 Air Medical Specialty Care Transport Program Criteria for Licensed EMS Providers using Fixed Wing Aircraft.	Effective 3/3/09 under Governor's Executive Order	This rule will be specific to Fixed Wing programs. (a)(2) Written policies and procedures specifying how ground ambulance services are utilized by the program for patient delivery and receipt on each end of the transport. (3) There is a copy of the SCTP patient care protocols on board the aircraft. (b) Requirement that all patient response, re-positioning and mission flight legs must be conducted under FAA part 135 regulations.
.0401 Components of Medical Oversight for EMS Systems	Amended 01/01/2009	Added reference to adult and pediatric patients
.0402 Components of Medical Oversight for SCTP	Amended 01/01/2009	Added reference to adult and pediatric patients
.0403 Responsibilities of the Medical Director for EMS Systems	Amended 01/01/2009	Added reference to adult and pediatric patients  (a)(9) Moved the creation of the MICN/EMS-PA/ and EMS-NP orientation from the EMS System (.0201 rule) to the medical director (.0403)
.0404 Responsibilities of the Medical Director for Specialty Care	Amended 01/01/2009	Added reference to adult and pediatric patients
.0405 Requirements for Adult and Pediatric Treatment Protocols for	Amended 01/01/2009	Added reference to adult and pediatric patients  (a)(1) All systems must adopt the NCCEP Protocols unchanged.

EMS Systems.		(b) Treatments protocols may be modified only if there is a change in a specific protocol which will optimize care within the local community ...
.0406 Requirements for Adult and Pediatric Treatment Protocols for Specialty Care Transport Programs	Amended 01/01/2009	Added reference to adult and pediatric patients
.0407 Requirements for EMDPRS	Unchanged 01/01/2004	NA
.0408 EMS Peer Review Committee for EMS Systems	Amended 01/01/2009	(9) reference new EMS system performance improvement guidelines (NCCEP Document)
.0409 EMS Peer Review Committee for SCTP	Effective 3/3/09 under Governor's Executive Order.	(4) use information gained from system data submitted to the OEMS to evaluate ongoing quality of patient care and medical direction within the system (5) use information gained from program analysis to make recommendations regarding CE (9) reference new EMS system performance improvement guidelines (NCCEP Document)
.0500 EMS Personnel .0501 Educational Programs	Amended 01/01/2009	(c)(5) Added EMT-I Refresher Curriculum (c)(6) Added EMT-P Refresher Curriculum
.0502 Initial Credentialing Requirements for MR, EMT, EMT-I, EMT-P, and EMD	Amended 01/01/2009	Removed ability to obtain a credential by failure of the EMT exam but passing the MR subset w/ 70%.
.0503 Term of Credentials for EMS Personnel	Unchanged 04/01/2003	NA
.0504 Renewal of Credentials for MR, EMT, EMT-I, EMT-P and EMD	Amended 01/01/2009	Removed requirement for Scope of Practice Evaluation
.0505 Scope of Practice for EMS Personnel	Unchanged 04/01/03	NA
.0506 Practice Settings for EMS Personnel	Unchanged 01/01/04	NA

	.0507 Credentialing Requirements for Level I EMS Instructors	Amended 01/01/2009	Removed Technical Scope of Practice Evaluation requirement
	.0508 Credentialing Requirements for Level II EMS Instructors	Amended 01/01/2009	Removed Technical Scope of Practice Evaluation requirement
	.0509 Credential of Individuals to Administer Epinephrine	Amended 01/01/2009	(c) rule enables only those individuals who do not hold a NC EMS credential and are not associated or affiliated with an EMS system, EMS agency, or emergency response provider to provide care pending arrival of the emergency responders dispatched through the 9-1-1 center to a person suffering an anaphylaxis reaction.
	.0510 Renewal of Credentials for Level I and Level II EMS Instructors	Amended 02/01/2009	Changed .(a)(4) to Educational Professional Development as defined by the Educational Institution
	.0511 Criminal Histories	Approved Effective 01/01/2009	New Criminal Background rule
.0600 EMS Educational Institutions	.0601 CE EMS Educational Institution Requirements	Amended 01/01/2009	Removed renewal without application if affiliated with Model System
	.0602 Basic EMS Educational Institution Requirements	Amended 01/01/2009	Removed renewal without application if affiliated with Model System
	.0603 Advanced EMS Educational Institution Requirements	Amended 01/01/2009	Removed renewal without application if affiliated with Model System
	.0604 Transition for Approved Teaching Institutions	Repealed 01/01/2004	NA
.0700 Enforcement	.0701 Denial, Suspension, Amendment, or Revocation	Amended 01/01/2009	Expanded actionable offenses into .0701 (e) (13) refusal to consent to criminal record check (14) abandoning, or neglecting patient in need of care or failure to provide reasonable arrangements for continuation of care (15) harassing, abusing, or intimidating a patient either physically or verbally (16) falsifying a patient's record or controlled substance record (17) falsifying any record used in the process of obtaining an initial or renewal credential (18) engaging in a sexual nature with a patient including kissing, fondling or

.0800  
Trauma System  
Definitions  
.0900  
Trauma Center  
Standards and  
Approval

		<p>touching while responsible for the care of that individual (19) any criminal arrests that involve charges which have been determined by the Department to indicate a necessity to seek action in order to protect the public pending adjudication by a court (20) altering an EMS credential or allowing another person to use his/her credential for purpose of alteration, including changing name, expiration date, or any other information appearing on the credential..</p> <p>Repealed .1001 and .1002 into this rule.</p>
.0702 Procedures for Denial, Suspension, Amendment, or Revocation	Unchanged 04/01/2003	NA
.0801 Trauma System Definitions	Repealed 01/01/2009	Moved to .0101 Abbreviations and .0102 Definitions
.0901 Level I Trauma Center Criteria	Amended 01/01/2009	<p>Most changes are specific to formatting of the abbreviations, etc. Clarified and expanded whom may initiate surgical evaluations to include Nurse Practitioners and Physician's Assistants whom are members of the trauma team. Defined extramural education.</p> <p>These rules are being reviewed for modification during this coming year to allow the NC Committee on Trauma time to develop guidelines documents that may be removed from rule language.</p> <p><b>For more information, contact the OEMS and agency health services staff will be made available to assist.</b></p>
.0902 Level II Trauma Center Criteria	Amended 01/01/2009	<p>Most changes are specific to formatting of the abbreviations, etc. Defined extramural education.</p> <p>These rules are being reviewed for modification during this coming year to allow the NC Committee on Trauma time to develop guidelines documents that may be removed from rule language.</p> <p><b>For more information, contact the OEMS and agency health services staff will be made available to assist.</b></p>



<p>.0903 Level III Trauma Center Criteria</p>	<p>Amended 01/01/2009</p>	<p>Most changes are specific to formatting of the abbreviations, etc. Defined extramural education. Now recognizes neurosurgeons if participating in the trauma program. Now addresses activation guidelines that reflect criteria that ensure patients receive timely and appropriate treatment including stabilization, intervention and transfer. Documentation of effectiveness of variances from activation criteria must be made available for review</p> <p>These rules are being reviewed for modification during this coming year to allow the NC Committee on Trauma time to develop guidelines documents that may be removed from rule language.</p> <p><b>For more information, contact the OEMS and agency health services staff will be made available to assist.</b></p>
<p>.0904 Initial Designation Process</p>	<p>Amended 01/01/2009</p>	<p>For hospitals pursuing designation, provide evidence the trauma center will admit at least 1200 trauma patients per year or show that its trauma service will be taking care of at least 240 trauma patients with an Injury Severity Score greater than or equal to 15 yearly. This criteria shall be met without compromising the quality of care or cost effectiveness of any other designated Level I or Level II trauma center sharing all or part of its catchment area or by jeopardizing the existing trauma center's ability to meet this same 240 annual patient minimum.</p> <p>Added one in-state trauma nurse coordinator/program manager to the site visit team.</p> <p>Restrictions on the number of OEMS staff identified to comprise the site visit team have been removed.</p> <p><b>For more information, contact the OEMS and agency health services staff will be made available to assist.</b></p>
<p>.0905 Renewal Designation Process</p>	<p>Amended 04/01/09</p>	<p>(a) Hospitals may use one of two options to renew Trauma Center designation.</p> <ul style="list-style-type: none"> <li>(1) remained at 4 year designation</li> <li>(2) changed from 3 year to 4 year designation</li> </ul> <p>(b) Option I, OEMS site visit: Submit one paper copy and one electronic copy of the RFP The primary review of the site visit team shall give a verbal post-conference report representing a consensus of the site review team at the summary</p>

		<p>conference.</p> <p>The OEMS will notify the hospital in writing of the EMS Advisory Council and OEMS' final recommendation within 30 days of the advisory council meeting.</p> <p>(c) Option II, ACS site visit w/ OEMS</p> <p>(2) Trauma center must ensure access to the ACS on-line PRQ (pre-review questionnaire) to the OEMS.</p> <p>(6) The date, time, and all proposed site team members of the site visit team must be submitted to the OEMS for review at least 45 days prior to the site visit. The OEMS will approve the site visit schedule if the schedule does not conflict with the ability of attendance by required OEMS staff. The OEMS will approve the proposed site visit team members if the OEMS determines there is no conflict of interest, such as previous employment, by any site team member associated with the site visit.</p> <p>(8) ACS reviewers shall complete the state designation preliminary reporting form immediately prior to the post conference meeting. This document and the ACS final written report and supporting documentation shall be used to generate staff summary of findings report following the post conference meeting for presentation to the EMS Advisory Council for redesignation.</p> <p>(d) If a Trauma Center currently using the ACS' verification process chooses not to renew using this process, it must notify the OEMS at least six months prior to the end of its state trauma center designation period of its intention to exercise Option I.</p>	
.1000 Trauma Center Designation Enforcement	.1001 Denial, Focused Review, Voluntary Withdrawal, or Revocation of Trauma Center Designation	Repealed 01/01/2009	Moved to .0701
	.1002 Procedures for Appeal of Denial, Focused Review, or Revocation	Repealed 01/01/2009	Moved to .0701
	.1003 Misrepresentation of Designation	Unchanged 04/01/2003	NA
.1100 Trauma System Design	.1101 State Trauma System	Amended 01/01/2009	<p>(b) each hospital and EMS system must affiliate and participate with the RAC that includes the Level I or Level II trauma center in which the majority of trauma patient referrals and transports occur. Each hospital and EMS system must provide to the OEMS the data which supports their choice.</p> <p>(c) the OEMS shall notify the RAC of the hospital and EMS system affiliation</p> <p>(d) updates are only allowed once per year on July 1 and only if supported by patient referral data.</p>

.1200  
Trauma System  
Design

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Forms

.1102 Regional Trauma System Plan	Amended 01/01/2009	<p>Added additional RAC support staff to include “an individual to coordinate the RAC activities.”</p> <p>RAC membership must include, if on staff, an outreach coordinator, injury prevention coordinator, or designee(s), as well as a RAC registrar or designee(s) from the lead RAC agency.</p> <p>Annual progress reports must be submitted to the OEMS no later than July 1 of each year.</p> <p><b>For more information, contact the OEMS and agency health services staff will be made available to assist.</b></p>
.1103 Regional Trauma System Policy Development	Unchanged 01/01/2004	NA
.1201 State Trauma System Plan	Repealed 01/01/2004	NA
.1202 Regional Trauma System Plan	Repealed 01/01/2004	NA
.1203 Regional Trauma System Policy Development	Repealed 01/01/2004	NA
.1301 Source of Forms and Documents	Repealed 01/01/2004	NA