Title 15: Mississippi Department of Health

Part 12: Bureau of Emergency Medical Services

Subpart 31: Emergency Medical Services

Chapter 1 GENERAL AUTHORITY AND AMBULANCE SERVICE LICENSURE

Subchapter 1 General Authority and Ambulance Service Licensure

Rule 1.1.1 Legal Authority: The Mississippi State Department of Health (the Department), and specifically, the Bureau of Emergency Medical Services (BEMS), is assigned responsibility for implementing and conducting the statewide emergency medical services (EMS) program under the direction of the State Health Officer (SHO) of the State Board of Health (the Board). BEMS provides the functional services required for implementing and conducting the same, including regulation and licensing of ambulance services; ensuring quality and compliance in matters related to ambulance licensure; inspection and issuance of permits for ambulances, special use vehicles, and non-emergency medical transport vehicles; approving EMS training and ensuring compliance in matters related to EMS education; certifying EMS personnel, including non-transport EMS personnel; ensuring quality and compliance in matters related to EMS certification; developing and maintaining the statewide EMS records program; ensuring the coordination of EMS communication systems, other related EMS activities, and implementing the regulations prescribed in this document (Title 15, Part 12, Subpart 31).

BEMS licenses ambulance services by location and issues permits for vehicles operated by respective licensed ambulance services for use at specific locations. Licenses are not required for ambulance services intermittently stationing ambulance employees and vehicles, and which do not serve as points of contact for public business or for deployment. However, ambulance services which routinely operate across multiple and/or adjacent counties require an ambulance service license for each county. In these instances, licensure is required though there may not be a fixed identifiable location in each county. BEMS may, at its discretion, allow for exceptions, i.e. when an ambulance service from a single control point provides coverage for only portions of counties that are adjacent, only one license is required.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.1.2 **Definitions.**

The following terms shall have the following meanings as used in this Part:

1. **“Advanced EMT”** means a person providing basic and limited advanced emergency care and transportation for critical and emergent patients who

access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. AEMT function as a part of a comprehensive EMS response, under medical oversight. AEMTs perform interventions with the basic and advanced equipment typically found on an ambulance. (National EMS Scope of Practice Model) AEMTs must possess valid licensed issued by the BEMS.

2. **"Advanced life Support"** means a sophisticated level of pre-hospital and interhospital emergency care which includes basic life support functions including cardiopulmonary resuscitation (CPR), plus cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care and other authorized techniques and procedures.

3. **"Advanced life support personnel"** means persons other than physicians engaged in the provision of advanced life support, as defined, and regulated by rules and regulations promulgated pursuant to Section 41-60-13.

4. **"Advanced Life Support Services"** means implementation of the 15 components of an EMS system to a level capability which provides noninvasive and invasive emergency patient care designed to optimize the patient's chances of surviving the emergency situation. Services shall include use of sophisticated transportation vehicles, a communications capability (two-way voice and/or biomedical telemetry) and staffing by Advanced EMTs and Paramedics providing on-site, pre-hospital mobile and hospital intensive care under medical control.

5. **"Ambulance"** means any privately or publicly owned land or air vehicle that is especially designed, constructed, modified, or equipped to be used, maintained and operated upon the streets, highway or airways of this state to assist persons who are sick, injured, wounded or otherwise incapacitated or helpless.

6. **"Ambulance Placement Strategy (System Status Plan)"** means a planned outline or protocol governing the deployment and event-driven redeployment of the ambulance service's resources, both geographically and by time-of-day/day-of-week. Every system has a plan; the plan may be written or not, elaborate, or simple, efficient, or wasteful, effective, or deadly.

7. **"Ambulance Post"** means a designated location for ambulance placement within the system status plan. Depending upon its frequency and type of use, a "post" may be a facility with sleeping quarters or day

rooms for crews, or simply a street-corner or parking lot location to which units are sometimes deployed.

8. **"Ambulance Service Area"** means the geographic response area of the licensed ambulance service. The service area must correspond to each individual service license. The service's employee staffing plan, ambulance placement strategy and available resources must be commensurate with the service area.

9. **"Area wide EMS System"** means an emergency medical service area (trade, catchment, market, patient flow) that provides essentially all of the definitive emergency medical care (95%) for all emergencies, including the most critically ill and injured patients. Only highly specialized and limited-use services may need to be obtained outside of the area. The area must contain adequate population and available medical resources to implement and sustain an EMS operation. At least three major modes exist: (a) multiple urbanized communities and their related suburbs; (b) a metropolitan center and its surrounding rural areas; and (c) a metropolitan center and extreme rural-wilderness settings. The areas may be inter- or intra-state.

10. **"Associate/Receiving Hospital"** means a designated participating hospital working in conjunction with and under the supervision of the Resource Hospital to carry out the system implementation. They shall have an emergency department/service which offers emergency care 24 hours a day, with at least one physician available to the emergency care area within approximately 30 minutes through a medical staff call roster. Specialty consultation must be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided. They must be capable of providing 24-hour-a-day acute care to critically ill patients. They do not, however, have to be equipped with biomedical telemetry within its confines.

11. **"Automated External Defibrillator (AED)"** means a defibrillator which: a) is capable of cardiac rhythm analysis; b) will charge and deliver a shock after electrically detecting the presence of a cardiac dysrhythmia or is a shock-advisory device in which the defibrillator will analyze the rhythm and display a message advising the operator to press a "shock" control to deliver the shock; c) must be capable of printing a post event summary (at a minimum the post event summary should include times, joules delivered, ECG) and d) an on screen display of the ECG. (optional)

12. **"Base Station Hospital"** means designated participating hospital working in conjunction with and under the supervision of the Resource

Hospital to carry out the systems implementation. These hospitals may function as a pre-hospital Communications Resource as defined in the section on Medical Direction. The hospitals may participate in training and evaluation of ALS personnel. They must have emergency department's staffed 24-hours-a-day by critical care nurses and at least one emergency physician or physicians under the direction and supervision of a physician totally versed and committed to emergency medicine. It must have specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. Pre-hospital ALS personnel transmit patient information to the Base Station Hospitals and receive appropriate medical directions from them. The hospitals should be equipped with voice and biomedical telemetry equipment. Each Base Station Hospital must have an On-Line Medical Director.

13. **"Basic Life Support Services (BLS)"** means implementation of the 15 components of and EMS system to a level of capability which provides pre-hospital noninvasive emergency patient care designed to optimize the patient's chance of surviving the emergency situation. There would be universal access to and dispatch of national standard ambulances, with appropriate medical and communication equipment operated by Emergency Medical Technicians-Ambulance. Regional triage protocols should be used to direct patients to appropriately categorized hospitals.

14. **"Board"** means the Mississippi State Board of Health.

15. **"Bypass"** (diversion) means a medical protocol or medical order for the transport of an EMS patient past a normally used EMS receiving facility to a designated medical facility for the purpose for accessing more readily available or appropriate medical care.

16. **"Certificate"** means official acknowledgment that an individual has successfully completed (i) the recommended basic emergency medical technician training course referred to in this chapter which entitles that individual to perform the functions and duties of an emergency medical technician, or (ii) the recommended medical first responder training course referred to in this chapter which entitles that individual to perform the functions and duties of a medical first responder.

17. **"Critical Care Units (Centers)"** means sophisticated treatment facilities in large medical centers and hospitals that provide advanced definitive care for the most critically ill patients. The units are available for the diagnosis and care of specific patient problems including major trauma, burn, spinal cord injury, poisoning, acute cardiac, high-risk infant, and behavioral emergencies.

18. **"Communication Resource"** means an entity responsible for implementation of direct medical control (See detailed description in section on Medical Direction).

19. **"Delegated Practice"** means only physicians are licensed to practice medicine. Pre-hospital providers must act only under the medical direction of a physician.

20. **“Department”** means the Mississippi State Department of Health, Bureau of Emergency Medical Services.

21. **"Direct Medical Control"** means when a physician provides immediate medical direction to pre- hospital providers in remote locations.

22. **“Diversion”** - see "Bypass."

23. **"DOT"** means the United States Department of Transportation.

24. **"Emergency Medical Condition"** means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part;

25. **"Emergency Medical Services (EMS)"** means services utilized in responding to a perceived individual's need for immediate medical care to prevent death or aggravation of physiological or psychological illness or injury.

26. **"EMS Personnel"** means key individual EMS providers. This includes physician, emergency, and critical care nurse, EMT, Advanced EMT, Paramedic, dispatchers, telephone screeners, first aid responders, project administrators and medical consultants and system coordinators.

27. **"EMS System"** means a system which provides for the arrangement of personnel, facilities, and equipment of the effective and coordinated delivery of health care services in an appropriate geographical area under emergency conditions (occurring as a result of the patient's condition or because of natural disasters or similar conditions). The system is managed by a public or nonprofit private entity. The components of an EMS System include:

A. Manpower

B. Training

C. Communications

D. Transportation

E. Facilities

F. Critical Care Units

G. Public Safety Agencies

H. Consumer Participation

I. Access to Care

J. Patient Transfer

K. Coordinated Patient Recordkeeping

L. Public Information and Education

M. Review and Evaluation

N. Disaster Plan

O. Mutual Aid

28. **"Emergency medical technician"** means a person providing out of hospital emergency medical care and transportation for critical and emergency patients who access the EMS system. EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies. EMTs function as part of a comprehensive EMS system, under medical oversight. EMTs perform interventions with the basic equipment found on an ambulance. (National EMS Scope of Practice Model) EMTs must possess valid licensed issued by the BEMS.

29. **"Emergency mode"** means an ambulance or special use EMS vehicle operating with emergency lights and warning siren (or warning siren and air horn) while engaged in an emergency medical call.

30. **"Emergency response"** means responding immediately at the basic life support or advanced life support level of service to an emergency medical call. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

31. **"Emergency medical call"** means a situation that is presumptively classified at time of dispatch to have a high index of probability that an emergency medical condition or other situation exists that requires medical intervention as soon as possible to reduce the seriousness of the situation, or when the exact circumstances are unknown, but the nature of the request is suggestive of a true emergency where a patient may be at risk.

32. **"Executive officer"** means the executive officer of the State Department of Health or his designated representative.

33. **"Field Categorization"** (classification) means a medical emergency classification procedure for patients that is applicable under conditions encountered at the site of a medical emergency.

34. **"Field Triage"** means classification of patients according to medical need at the scene of an injury or onset of an illness.

35. **"First responder"** means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons.

36. **"Medical first responder"** means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons who (i) is trained to assist other EMS personnel by successfully completing, and remaining current in refresher training in accordance with, an approved "First Responder: National Standard Curriculum" training program, as developed and promulgated by the United States Department of Transportation, (ii) is nationally registered as a first responder by the National Registry of Emergency Medical Technicians; and (iii) is certified as a medical first responder by the State Department of Health, Division of Emergency Medical Services.

37. **"Inclusive Trauma Care System"** means a trauma care system that incorporates every health care facility in a community in a system in order to provide a continuum of services for all injured persons who require care in an acute care facility; in such a system, the injured patient's needs are matched to the appropriate hospital resources.

38. **"Implied Consent"** means legal position that assumes an unconscious patient, or one so badly injured or ill that he cannot respond, would consent to receiving emergency care. Implied consent applies to children when parent or guardian is not at the scene.

39. **"Intervener Physicians"** means a licensed M.D. or D.O., having not previously established a doctor/patient relationship with the emergency patient and willing to accept responsibility for a medical emergency scene, and can provide proof of a current Medical Licensure.

40. **"Lead Agency"** means an organization which has been delegated the responsibility for coordinating all component and care aspects for an EMS system.

41. **"Level I"** means hospitals that have met the requirements for Level I as stated in the Mississippi Trauma Rules and Regulations.

42. **"Level II"** means hospitals that have met the requirements for Level II as stated in Mississippi Trauma Rules and Regulations.

43. **"Level III"** means hospitals that have met the requirements for Level III as stated in Mississippi Trauma Rules and Regulations.

44. **"Level IV"** means hospitals that have met the requirements for Level IV as stated in Mississippi Trauma Rules and Regulations.

45. **"Licensure"** means an authorization to any person, firm, cooperation, or governmental division or agency to provide ambulance services in the State of Mississippi.

46. **"License Location"** means a fixed location where the ambulance service conducts business or controls the deployment of ambulances to the service area.

47. **"Major Trauma"** means that subset of injuries that encompasses the patient with or at risk for the most severe or critical types of injury and therefore requires a system approach in order to save life and limb.

48. **"Major Trauma Patient"** (or "major trauma" or " critically injured patient") means a person who has sustained acute injury and by means of a standardized field triage criteria (anatomic, physiology, and mechanism of injury) is judged to be at significant risk of mortality or major morbidity.

49. **"Mechanism of Injury"** means the source of forces that produce mechanical deformations and physiological responses that cause an anatomic lesion of functional change in humans.

50. **"Medical Control"** means directions and advice provided from a centrally designated medical facility staffed by appropriate personnel, operating under medical supervision, supplying professional support through radio or telephonic communication for on-site and in-transit basic and advanced life support services given by field and satellite facility

personnel. Statewide medical control may be approved by BEMS for Primary Agencies of Emergency Support Function 8 (ESF-8) in the Mississippi Comprehensive Emergency Management Plan.

51. **"Medical Direction"** - (medical accountability) means when a physician is identified to develop, implement, and evaluate all medical aspects of an EMS system.

52. **"Medical Director"** means (offline, administrative) should be a physician both credible and knowledgeable in EMS systems planning, implementation, and operations. This off-line physician assumes total responsibility for the system's activities. He is appointed by the local EMS lead agency. The administrative medical director works in close liaison with government agencies, public safety and disaster operations, legislative and executive offices, professional societies, and the public. Off-line program activities include liaison with other state and regional EMS medical directors to conceptualize clinical and component system designs, establish standards, monitor, and evaluate the integration of component and system activities.

    A. This off-line physician assures medical soundness and appropriateness of all aspects of the program and is responsible for the conceptual and systems design and overall supervision of the EMS program.

    B. The administrative (off-line) medical director develops all area protocols. These protocols serve as the basis for EMS system role definition of EMS personnel, curriculum development, competency determination, and maintenance, monitoring, and evaluation.

    C. The off-line medical director meets on a regular basis with on-line medical directors and the EMS training director to evaluate on-line system performance, to review problems, and suggest changes in treatment, triage, or operational protocols. All on-line medical directors must be approved by the off-line medical director.

53. **“Mississippi Trauma Advisory Committee” (MTAC)** - (See Appendix A) means the advisory body created by legislature for the purpose of providing assistance in all areas of trauma care system development and technical support to the Department of Health; members are comprised of EMS Advisory Council members appointed by the chairman.

54. **“Mississippi Trauma Care System Plan”** (State Trauma Plan) means a formally organized plan developed by the Mississippi State Department of Health, pursuant to legislative directive, which sets out a

comprehensive system of prevention and management of major traumatic injuries.

55. **"On-Line (Supervising ALS) Medical Director"** means On-Line medical control is provided through designated Primary Resource and Base Station Hospitals under the area direction of a supervisory ALS medical director who is on-line to the pre-hospital system stationed at the designated Base Station Hospital. Each provider of ALS must also have an on-line medical director. The system must also have an on-line medical director for EMS training. These supervisory medical directors are organizationally responsible to the administrative (off-line medical director of the local EMS lead agency for program implementation and operations within his area of jurisdiction).

    A. The ALS (on-line) medical director supervises the advanced life support, pre- and inter-hospital system and is responsible for the actual day-to-day operation of the EMS system. He carries out the "EMS systems design" in terms of pre-and inter-hospital transportation care and provides ALS direction to EMS providers depending on the transportation care and provides ALS direction to EMS providers depending on the system's configuration. He monitors all pre- hospital ALS activities within that system's region or area of responsibility. The ALS physician must review and monitor compliance to protocols for both the pre-and inter-hospital settings.

    B. The ALS (on-line) medical director in conjunction with the EMS training medical director reviews paramedics, Advanced EMTs, EMTs, mobile intensive care nurses, and physician competencies and recommends certification, re-certification, and decertification of these personnel to the EMS health officer of the lead agency responsible for the certification decertification, and recertification of EMS personnel. Monitoring the competency of all pre- hospital EMS personnel activities is within his responsibility.

    C. He or she attends medical control meetings where area system performance and problems are discussed and recommendations to the administrative off-line director are made. He also conducts regular case reviews and other competency evaluation and maintenance procedures and reports back to the administrative (off-line) medical director.

    D. This ALS (on-line) physician assumes the supervision and responsibility for all advanced care rendered in an emergency at the scene of an accident and en route to the hospital under his area

jurisdiction. Each on-line medical director representing the hospitals providing medical control has the authority to delegate his duties to other emergency department physicians who may be on duty and placed in a position of giving medical direction to pre-hospital ALS personnel.

56. **"Paramedic"** means an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. (National EMS Scope of Practice Model) Paramedics must possess valid licensed issued by the BEMS.

57. **"Pediatric Trauma Center"** means either (a) a licensed acute care hospital which typically treats persons fourteen (14) years of age or less, which meets all relevant criteria contained in these Regulations and which has been designated as a pediatric Trauma Center; or (b) the pediatric component of a Trauma Center with pediatric specialist and a pediatric intensive care unit.

58. **"Performance Improvement"** (or "quality improvement") means a method of evaluating and improving processes of patient care which emphasizes a multi-disciplinary approach to problem solving, and focuses not on individuals, but systems of patient care which might cause variations in patient outcome.

59. **"Permit"** means an authorization issued for an ambulance vehicle as meeting the standards adopted pursuant to this chapter.

60. **"Pre-hospital Provider"** means all personnel providing emergency medical care in a location remote from facilities capable of providing definitive medical care.

61. **"Primary Resource Hospital"** means the Primary Resource Hospital (PRH) is responsible for implementing the medical control design of the ALS system. It has the major functional responsibility for implementing protocols (treatment, triage, and operations) and the monitoring of program compliance to these by on-line medical supervision. This hospital must be an acute general care facility equipped with voice and biomedical telemetry equipment. It should be staffed with critical care nurses and emergency physicians, or physicians under the direction and supervision of physicians totally versed and committed to emergency medicine. It must be capable of functioning as a Communications Resource as

described in the section on Medical Direction and pre-hospital ALS personnel should be able to receive medical control and direction from this facility anywhere within the district. It is also understood that this facility is responsible for overall supervision of medical directions that may be issued by other participating hospitals within the district.

A. This hospital provides and coordinates interdisciplinary training for ALS providers within the district. The lead agency may choose to delegate or contract this responsibility to other institutions."

62. **"Protocols"** means standards for EMS practice in a variety of situations within the EMS system.

63. **"Regional Trauma Plan"** means a document developed by the various Trauma Care Regions that follows the State Trauma Plan, and approved by the Mississippi State Department of Health, which describes the policies, procedures, and protocols for a comprehensive system of prevention and management of major traumatic injuries in that Trauma Care Region.

64. **"Regionalization"** means the identification of available resources within a given geographic area, and coordination of services to meet the need of a specific group of patients.

65. **"Service Area"** (or "catchment area") means that geographic service area defined by the local EMS agency licensure. Statewide medical control may be approved by BEMS for Primary Agencies of Emergency Support Function 8 (ESF-8) in the Mississippi Comprehensive Emergency Management Plan.

66. **"Specialty Care Facility"** means an acute care facility that provides specialized services and specially trained personnel to care for a specific portion of the injured population, such as pediatric, burn injury, or spinal cord injury patients.

67. **"Standing Orders"** are those specific portions of the treatment protocols that may be carried out by ALS personnel without having to establish contact with medical control facility. These standing orders represent nationally recognized treatment modalities and allow the ALS personnel to treat life-threatening problems without delay.

68. **"State EMS Medical Director"** means a Mississippi licensed physician, employed by the Mississippi Department of Health, who is responsible for the development, implementation, and evaluation of standards and guidelines for the provision of emergency medical services and EMS medical direction in the state. This physician must have experience in EMS medical direction and be board certified in emergency medicine.

This physician must be experienced with EMS systems, EMS medical direction, evaluation processes, teaching, and curriculum development. It is the goal of the State EMS Medical Director to ensure the care delivered by EMS systems in the state is consistent with recognized standards and that quality is maintained in a manner that assures professional and public accountability. The State EMS Medical Director must serve as an advocate for efficient and effective emergency medical services throughout the state.

The Responsibilities of the State EMS Medical Director include but are not limited to:

A. * Oversight of all aspects of EMS Medical direction in the state Oversight of the of standards and minimum qualifications for EMS Medical Directors

B. Approval of Offline Medical Directors for ambulance services

C. Approval of protocols for ambulance services

D. Approve training programs, training standards, and curricula for EMS providers and medical directors

E. Oversight of all aspects of EMS quality assurance and performance improvement in the state

F. Approval of the Quality Assurance and Performance Improvement plans for ambulance services

G. Serve as Chairman of the Committee on Medical Direction, Training, and Quality Assurance

H. Serve as Chairman of the EMS Performance Improvement Committee

I. Serve as Chairman of the EMS Protocol Committee

J. Act as a liaison with public safety and disaster planning agencies

K. Act as a liaison with national EMS agencies

L. Oversight of issues related to complaints, investigations, disciplinary procedures involving patient care, performance standards, and medical direction

69. **“State Trauma Plan”** – See Mississippi Trauma Care Plan

70. **“Surveillance”** means the ongoing and systematic collection, analysis, and interpretation of health data in the process of describing and

monitoring a health event. “Trauma” - a term derived from the Greek for "wound"; it refers to any bodily injury (see "Injury").

71. **“Trauma Care Facility”** (or "trauma center") means a hospital that has been designated by the department to perform specified trauma care services within a Trauma Care Region pursuant to standards adopted by the department.

72. **“Trauma Care Region”** means a geographic area of the state formally organized, in accordance with standards promulgated by the department and has received designation from the department, for purposes of developing and inclusive care system.

73. **“Trauma Care System Planning and Development Act of 1990”** means the federal law that amended the Public Health Service Act to add Title XII - Trauma Programs. The purpose of the legislation being to assist State governments in developing, implementing, and improving regional systems of trauma care, and to fund research and demonstration projects to improve rural EMS and trauma.

74. **“Trauma Care System”** means an organized approach to treating patients with acute injuries; it provides dedicated (available 24 hours a day) personnel, facilities, and equipment for effective and coordinated trauma care in an appropriate geographical region, known as a Trauma Care Region.

75. **“Trauma Center Designation”** means the process by which the Department identifies facilities within a Trauma Care Region.

76. **“Trauma Program Manager”** means a designated individual with responsibility for coordination of all activities on the trauma service and works in collaboration with the trauma service director.

77. **"Transfer"** - The movement (including the discharge) of a patient outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly with) the hospital, but does not include such a movement of a patient who (a) has been declared dead, or (b) leaves the facility without the permission of any such person.

78. **"Treatment Protocols"** means written uniform treatment and care plans for emergency and critical patients. These treatment plans must be approved and signed by the off-line medical director and/or medical groups. (Appendix 2)

79. **“Triage”** means the process of sorting injured patients on the basis of the actual or perceived degree of injury and assigning them to the most effective and efficient regional care resources, in order to insure optimal care and the best chance of survival.

80. **“Triage Criteria”** means a measure or method of assessing the severity of a person's injuries that is used for patient evaluation, especially in the prehospital setting, and that utilizes anatomic or physiologic considerations or mechanism of injury.

81. **"Triage Protocols"** means region wide plans for identifying, selecting, and transporting specific critical patients to appropriate, designated treatment facilities.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.1.3 To apply for ambulance licensure an applicant service must complete and submit the following:

1. Application for Ambulance Service Licensure;

2. Roster of all proposed employees, including Emergency Vehicle Operators (EMS-Driver), EMTs, AEMTs, Paramedics, Critical Care Paramedics, RNs and Emergency Medical Dispatchers, and others if appropriate (this list must include state-issued certification and/or license numbers where applicable);

3. The proposed medical control plan, including protocols (at least 30 days prior to intended service start date);

4. Patient destination guidelines which comply with all state approved system of care plans and standards;

5. Documentation describing communications capabilities, including capability to communicate with dispatch and primary resource hospital;

6. Documentation describing the methods to be used for communicating with on-line medical control, conducting quality assurance and ensuring skill maintenance;

7. Letter of attestation from the off-line medical director approving of the proposed medical control plan, approving of the proposed the ambulance provider’s protocols, and acknowledging he/she understands his/her responsibilities as prescribed in this document (Title 15, Part 12, Subpart 31); and

8. Letter of attestation from the ambulance owner acknowledging intent to provide 24/7 coverage, providing evidence of capabilities, describing staffing patterns, providing plans for backup, and listing mutual aid agreements.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.1.4 Proposed off-line/on-line medical directors must provide documentation including:

1. Proof of physician credentials;

2. Proof of Mississippi physician licensure; and

3. Documentation required for control substances, including relevant DEA documentation and registration number.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.1.5 The overall application for ambulance licensure must be approved by the State EMS Director and State EMS Medical Director and requires a successful on-site inspection of the ambulance service operations site. BEMS may immediately issue licensure following a successful on-site inspection. BEMS will issue an official license within thirty (30) days; however, BEMS will issue a temporary document to serve as proof of licensure until the ambulance service receives the official license. Ambulance service licensure is valid for one (1) year from date of issuance. Revisions to the medical control plan must be submitted prior to implementation. At a minimum, medical control plans shall be resubmitted to the BEMS every three (3) years for approval.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.1.6 Licensed ambulance services shall submit Mississippi Uniform Accident Reports for any EMS permitted vehicles involved in an accident within thirty (30) days.

Rule 1.1.7 911 is the universal emergency phone number for public access of Emergency Medical Services in the State. Ambulance service providers shall only advertise 911 as their emergency number. Exception: If a municipality or county has not implemented 911, then for that area, a seven-digit phone number may be used. This exception must have prior approval in writing by the BEMS. It is the intent of this regulation that 911, the universal access number for EMS, be the only emergency number advertised to the public. Any advertisement of a non-emergency phone number must include a prominent display of 911 or other BEMS approved emergency phone number.

SOURCE: Miss. Code Ann. §41-59-5

Subchapter 2 Periodic inspections.

Rule 1.2.4 The owner/manager or medical director of each publicly or privately owned ambulance service shall immediately inform the State Department of Health, Bureau of EMS of the termination or other disciplinary action taken against an employee because of the misuse of alcohol, narcotics, other controlled substances, or any failure to comply with an employer's request for testing.

SOURCE: Miss. Code Ann. §41-59-5

Subchapter 4 Permits, All Vehicles

Rule 1.4.3 To apply for an EMS vehicle permit the owner or designated representative of the entity seeking permit must submit an Application for Permit and select one of the following options:

1. Ambulance;
2. Special use vehicle; or
3. Non-emergency medical transport vehicle.

Only complete applications will be accepted for review, and the owner or designated representative must sign the complete application.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.4.4 BEMS will conduct an inspection of vehicle prior to issuing the permit. BEMS may issue the permit immediately following successful inspection. BEMS will issue an official permit within thirty (30) days; however, BEMS will issue a temporary document to serve as proof of permit until the official license arrives.

SOURCE: Miss. Code Ann. §41-59-5

Subchapter 18 Non-Transport EMS

Rule 1.18.1 BEMS will license non-transport EMS operators, including fire department and law enforcement agencies with statewide off-line medical control agreements. Said agencies must submit an application for licensure as a Non-Transport EMS site.

SOURCE: Miss. Code Ann. §41-59-3

Rule 1.18.2 To obtain license as a Non-Transport EMS Site applicant sites must:

1. Submit an Application for Non-Transport EMS Site Licensure;
2. Submit a roster of all proposed employees who will require certification to practice as EMTs, AEMTs, and Paramedics at the site (to include NREMT certification numbers and state numbers for those already certified in MS as an EMS provider);
3. Submit a proposed medical control plan, including protocols (at least 30 days prior to intended service start date);

4. Submit documents specific to the proposed statewide off/on-line medical control physician(s), including physician credentials, proof Mississippi physician licensure, and the control substances registration number;

5. Submit documentation describing proposed communications capabilities, including capability to communicate with responding ambulances and other emergency response agencies serving the primary service area and describe methods to be used for communicating with on-line medical control 24/7, conducting quality assurance, and ensuring skill maintenance;

6. Submit a letter of attestation from the off-line medical director approving of the proposed plan, approving of the proposed protocols, and acknowledging he/she understands responsibilities associated with serving as a Non-Transport EMS Off-Line Medical Director as prescribed in this document; and

7. Submit a letter of attestation from the fire chief, commanding officer, or person otherwise responsible for the Non-Emergency EMS site acknowledging intent to provide coverage in the prescribed coverage area (letter must also address evidence of capabilities).

SOURCE: Miss. Code Ann. §41-59-3

Rule 1.18.3 Final approval of non-transport EMS sites requires submission of the application outlined above and approval by the State EMS Director and State EMS Medical Director. Non-transport sites may be subject to inspection by BEMS. BEMS will issue an official license within thirty (30) days; however, BEMS will issue a temporary document to serve as proof of licensure until the Non-Transport EMS site receives the official license. Non-Transport EMS site licensure is valid for one (1) year from date of issuance.

SOURCE: Miss. Code Ann. §41-59-3

Rule 1.18.4 BEMS will collect and process fees approved by the Board for Non-Transport EMS site licenses.

SOURCE: Miss. Code Ann. §41-59-3

Rule 1.18.5 Pharmaceuticals in the Non-Transport Setting: Non-Transport EMS protocols will be approved as prescribed in this Chapter.

SOURCE: Miss. Code Ann. §41-59-3

Subchapter 19 Non-emergency Medical Transport (NEMT or NET)

Rule 1.19.1 BEMS will regulate non-emergency medical transport and issue permits to entities or persons seeking to operate non-emergency medical transport within the

state of Mississippi. BEMS will issue permits to entities or persons, who have completed an application to offer said services, providing the application is found to be complete, without error, and is not otherwise found to be misleading or non-factual, and after inspection of the operation site and vehicles listed on the application. The application requires information on the entity or person proposing to offer said services, a complete list of vehicles to be used in transporting patients, and a complete list of proposed drivers. Non-emergency medical transport services issued vehicle permits under these rules shall not put new vehicles in service until issuance of permit or allow new hire drivers to drive before submitting an updated driver list and obtaining BEMS approval for said drivers listed on the updated list.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.2 Non-emergency medical transport services must comply with the standards for drivers included in this document (Title,15, Part 12, Subpart 31). Failure to do so may result in suspension or revocation of permit privileges in the state of Mississippi or a fine assessed as provided for by the Board.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.3 Non-emergency medical transport drivers must meet the following standards as verified by BACS:

1. Initial and annual criminal background check with fingerprint clearance processed through the Department's Healthcare Background Check process;

2. Initial and annual motor vehicle records (MVR) check clearance from the Department of Public Safety, verifying driving license at the level required for driving vehicles assigned to him/her;

3. Initial and annual negative result urine drug screen;

4. Initial and annual verification that the driver does not appear on the Office of Inspector General (OIG) exclusion list(s);

5. Initial and annual verification of appropriate training in use of the vehicle assigned to him/her, safety equipment recommended for the vehicle assigned to him/her; equipment installed in the vehicle assigned to him/her used in the transfer and/or transport of patients; and

6. Current certification in cardiopulmonary resuscitation.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.4 Permits issued to new applicants must include information on the operations site, initial roster of vehicles, and initial proposed list of drivers. The initial issuance of permit(s) to the new applicant requires visit of the proposed operations site by BEMS inspectors, inspection of proposed vehicles, and processing of proposed driver lists as prescribed in this subchapter. The State EMS Director must approve the initial request for Non-emergency Medical Transport Vehicle Permit(s). Thereafter, permits may be issued to a recognized operator on-site. On-site vehicle inspections may be offered at advertised locations or on-site at the operation site. Non-emergency medical transport vehicles shall display a placard on the exterior of each door and exterior rear of the vehicle a visible placard, visible from other vehicles, which states, specifically: NON-EMERGENCY MEDICAL TRANSPORT VEHICLE – THIS SERVICE DOES NOT PROVIDE MEDICAL CARE.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.5 Required minimum equipment:

1. Cell phone capability to access 911;
2. Two-way communications equipment to facilitate communications with operations base;
3. Fire extinguisher;
4. first aid kit;
5. Seat belt cutter;
6. seat belt extender;
7. Wheelchair loading and transport system for vehicles transporting wheelchair patients; and
8. Pocket mask device for CPR.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.6 High Visibility Safety Apparel for Staff: Non-transport vehicles must be equipped with high visibility safety apparel for each person staffing or participating in the operation of the vehicle. All garments must meet the requirements of the American National Standard for High Visibility Apparel ANSI/ISEA 107-2004 Performance Class 2 or Performance Class 3, or the ANSI/ISEA 207-2006 Standard. All garments must have labels, affixed by the manufacturer in accordance with the standard, that indicate compliance with the Performance Class 2, Performance Class 3, or 207-2006 standard.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.7 Permits are valid for a period of one (1) year from the date of issue. After initial permits are issued, permits are re-issued by BEMS following the respective annual inspection of each respective vehicle.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.8 Payment of the renewal fee for non-emergency medical transport vehicles permits will be fixed by the Board and paid through BEMS.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.9 Non-emergency medical transport operators shall collect and maintain records accounting for all patients transported, including date of service, time of service, vehicle used, and driver in attendance. Relatedly, operators shall maintain employee records on all drivers for a period not less than five (5) years. Operators shall also maintain records related to the issuance of permits and present the same on request of BEMS staff.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.10 There shall be at least one person trained in adult and pediatric cardiopulmonary resuscitation in accordance with the standards of the American Heart Association or the American Red Cross available to attend the patient.

SOURCE: Miss. Code Ann. §41-59-5

Chapter 6 EMERGENCY MEDIAL TECHNICIAN

Subchapter 1 Training Authority EMT

Rule 6.1.1 EMT Training courses are offered through the Mississippi Community College System and Mississippi State Fire Academy. Additionally, organized EMS districts as recognized by the BEMS are authorized to provide this training. The Guidelines and minimum standards are set forth in order to establish a minimum level of training for the Emergency Medical Technician. These guidelines and minimum standards shall be met by all Emergency Medical Technician Courses in the state.

SOURCE: Miss. Code Ann. §41-59-5 & 45-11-12

Subchapter 10 Prerequisites to certification and recertification as an EMT

Rule 6.10.4 For paper applications, also include copy of current National Registry card equivalent to the level of re-certification requested and an original Statewide or Jurisdictional Medical Control Agreement (JMCA). (Statewide or Jurisdictional Medical Control Agreements are valid only for the certification period in which they are submitted.)

SOURCE: Miss. Code Ann. §41-59-5

Chapter 7 Advanced Emergency Medical Technician (AEMT)

Subchapter 1 Training Authority AEMT

Rule 7.1.1 AEMT Training courses are offered through the Mississippi Community College System and the Mississippi State Fire Academy. Additionally, organized EMS districts as recognized by the BEMS, are authorized to provide this training. The guidelines and minimum standards are set forth in order to establish a minimum level of training for the Advanced Emergency Medical Technician. These guidelines and minimum standards shall be met by all Advanced Emergency Medical Technician Courses in the state. The University of Mississippi Medical Center is authorized by the BEMS to conduct ALS training programs statewide. All advanced life support programs must have the BEMS approval.

SOURCE: Miss. Code Ann. §41-59-5 & 45-11-12

Subchapter 10 Prerequisites to certification and certification as an AEMT

Rule 7.10.3 For paper applications, also include copy of current National Registry card equivalent to the level of re-certification requested and an original Statewide or Jurisdictional Medical Control Agreement (JMCA). (Statewide or Jurisdictional Medical Control Agreements are valid only for the certification period in which they are submitted.)

SOURCE: Miss. Code Ann. §41-59-5

Chapter 8 PARAMEDIC

Subchapter 11 Prerequisites to certification and recertification as a Paramedic

Rule 8.11.4 For paper applications, also include copy of current National Registry card equivalent to the level of re-certification requested and an original Statewide or Jurisdictional Medical Control Agreement (JMCA). (Statewide or Jurisdictional Medical Control Agreements are valid only for the certification period in which they are submitted.)

Chapter 10 Critical Care Paramedic

Subchapter 7 Procedure to Obtain Certification as Critical Care Paramedic

Rule 10.7.1 Must submit an application and fees to BEMS for certification and provide proof of:

1. Successful completion of a BEMS approved Critical Care Paramedic Training Program;
2. Having been awarded – at minimum – an associate degree from a regionally accredited college/university.
3. Current certification (FP-C or CCP-C);
4. Must be obtained within two years of completion of an approved critical care paramedic training program; and
5. Must have Statewide or Jurisdictional Medical Control Agreement.

SOURCE: Miss. Code Ann. §41-59-5

Subchapter 10 Procedure to Obtain Re-Certification as Critical Care Paramedic

Rule 10.10.5 Statewide or Jurisdictional Medical Control Agreement

SOURCE: Miss. Code Ann. §41-59-5

Title 15: Mississippi Department of Health

Part 12: Bureau of Emergency Medical Services

Subpart 31: Emergency Medical Services

Chapter 1 GENERAL AUTHORITY AND AMBULANCE SERVICE LICENSURE

Subchapter 1 General Authority and Ambulance Service Licensure

Rule 1.1.1 ~~The Bureau of Emergency Medical Services (BEMS) licenses ambulance services by location and issues permits for each vehicle operated at the location licensed. Individual problems regarding licensure that arise are dealt with by the BEMS. If locations are used to intermittently station ambulance employees and vehicles, and do not serve as points of contact for public business or for deployment control/dispatch centers, licenses for those locations are not required. Ambulance service areas that extend through multiple and/or adjacent counties require an ambulance service license for each county within that area. In these instances, licensure is required though there may not be a fixed identifiable location in each county. BEMS may, at its discretion, allow for exceptions, i.e. when an ambulance service from a single control point provides coverage for only portions of counties that are adjacent, only one license is required.~~

Legal Authority: The Mississippi State Department of Health (the Department), and specifically, the Bureau of Emergency Medical Services (BEMS), is assigned responsibility for implementing and conducting the statewide emergency medical services (EMS) program under the direction of the State Health Officer (SHO) of the State Board of Health (the Board). BEMS provides the functional services required for implementing and conducting the same, including regulation and licensing of ambulance services; ensuring quality and compliance in matters related to ambulance licensure; inspection and issuance of permits for ambulances, special use vehicles, and non-emergency medical transport vehicles; approving EMS training and ensuring compliance in matters related to EMS education; certifying EMS personnel, including non-transport EMS personnel; ensuring quality and compliance in matters related to EMS certification; developing and maintaining the statewide EMS records program; ensuring the coordination of EMS communication systems, other related EMS activities, and implementing the regulations prescribed in this document (Title 15, Part 12, Subpart 31).

BEMS licenses ambulance services by location and issues permits for vehicles operated by respective licensed ambulance services for use at specific locations. Licenses are not required for ambulance services intermittently stationing ambulance employees and vehicles, and which do not serve as points of contact for public business or for deployment. However, ambulance services which routinely operate across multiple and/or adjacent counties require an ambulance service license for each county. In these instances, licensure is required though there may not be a fixed identifiable location in each county. BEMS may, at its discretion, allow for exceptions, i.e. when an ambulance service from a single control point provides coverage for only portions of counties that are adjacent, only one license is required.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.1.2 **Definitions.**

The following terms shall have the following meanings as used in this Part:

81. **"Advanced EMT"** means a person providing basic and limited advanced emergency care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. AEMT function as a part of a comprehensive EMS response, under medical oversight. AEMTs perform interventions with the basic and advanced equipment typically found on an ambulance. (National EMS Scope of Practice Model) AEMTs must possess valid licensed issued by the BEMS.

82. **"Advanced life Support"** means a sophisticated level of pre-hospital and interhospital emergency care which includes basic life support

functions including cardiopulmonary resuscitation (CPR), plus cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care and other authorized techniques and procedures.

83. **"Advanced life support personnel"** means persons other than physicians engaged in the provision of advanced life support, as defined, and regulated by rules and regulations promulgated pursuant to Section 41-60-13.

84. **"Advanced Life Support Services"** means implementation of the 15 components of an EMS system to a level capability which provides noninvasive and invasive emergency patient care designed to optimize the patient's chances of surviving the emergency situation. Services shall include use of sophisticated transportation vehicles, a communications capability (two-way voice and/or biomedical telemetry) and staffing by Advanced EMTs and Paramedics providing on-site, pre-hospital mobile and hospital intensive care under medical control.

85. **"Ambulance"** means any privately or publicly owned land or air vehicle that is especially designed, constructed, modified or equipped to be used, maintained and operated upon the streets, highway or airways of this state to assist persons who are sick, injured, wounded or otherwise incapacitated or helpless.

86. **"Ambulance Placement Strategy (System Status Plan)"** means a planned outline or protocol governing the deployment and event-driven redeployment of the ambulance service's resources, both geographically and by time-of-day/day-of-week. Every system has a plan; the plan may be written or not, elaborate, or simple, efficient, or wasteful, effective, or deadly.

87. **"Ambulance Post"** means a designated location for ambulance placement within the system status plan. Depending upon its frequency and type of use, a "post" may be a facility with sleeping quarters or day rooms for crews, or simply a street-corner or parking lot location to which units are sometimes deployed.

88. **"Ambulance Service Area"** means the geographic response area of the licensed ambulance service. The service area must correspond to each individual service license. The service's employee staffing plan, ambulance placement strategy and available resources must be commensurate with the service area.

89. **"Area wide EMS System"** means an emergency medical service area (trade, catchment, market, patient flow) that provides essentially all of

the definitive emergency medical care (95%) for all emergencies, including the most critically ill and injured patients. Only highly specialized and limited-use services may need to be obtained outside of the area. The area must contain adequate population and available medical resources to implement and sustain an EMS operation. At least three major modes exist: (a) multiple urbanized communities and their related suburbs; (b) a metropolitan center and its surrounding rural areas; and (c) a metropolitan center and extreme rural-wilderness settings. The areas may be inter- or intra-state.

90. **"Associate/Receiving Hospital"** means a designated participating hospital working in conjunction with and under the supervision of the Resource Hospital to carry out the system implementation. They shall have an emergency department/service which offers emergency care 24 hours a day, with at least one physician available to the emergency care area within approximately 30 minutes through a medical staff call roster. Specialty consultation must be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided. They must be capable of providing 24-hour-a-day acute care to critically ill patients. They do not, however, have to be equipped with biomedical telemetry within its confines.

91. **"Automated External Defibrillator (AED)"** means a defibrillator which: a) is capable of cardiac rhythm analysis; b) will charge and deliver a shock after electrically detecting the presence of a cardiac dysrhythmia or is a shock-advisory device in which the defibrillator will analyze the rhythm and display a message advising the operator to press a "shock" control to deliver the shock; c) must be capable of printing a post event summary (at a minimum the post event summary should include times, joules delivered, ECG) and d) an on screen display of the ECG. (optional)

92. **"Base Station Hospital"** means designated participating hospital working in conjunction with and under the supervision of the Resource Hospital to carry out the systems implementation. These hospitals may function as a pre-hospital Communications Resource as defined in the section on Medical Direction. The hospitals may participate in training and evaluation of ALS personnel. They must have emergency department's staffed 24-hours-a-day by critical care nurses and at least one emergency physician or physicians under the direction and supervision of a physician totally versed and committed to emergency medicine. It must have specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. Pre-hospital ALS personnel transmit patient information to the Base Station Hospitals and receive appropriate medical directions

from them. The hospitals should be equipped with voice and biomedical telemetry equipment. Each Base Station Hospital must have an On-Line Medical Director.

93. **"Basic Life Support Services (BLS)"** means implementation of the 15 components of and EMS system to a level of capability which provides pre-hospital noninvasive emergency patient care designed to optimize the patient's chance of surviving the emergency situation. There would be universal access to and dispatch of national standard ambulances, with appropriate medical and communication equipment operated by Emergency Medical Technicians-Ambulance. Regional triage protocols should be used to direct patients to appropriately categorized hospitals.

94. **"Board"** means the Mississippi State Board of Health.

95. **"Bypass"** (diversion) means a medical protocol or medical order for the transport of an EMS patient past a normally used EMS receiving facility to a designated medical facility for the purpose for accessing more readily available or appropriate medical care.

96. **"Certificate"** means official acknowledgment that an individual has successfully completed (i) the recommended basic emergency medical technician training course referred to in this chapter which entitles that individual to perform the functions and duties of an emergency medical technician, or (ii) the recommended medical first responder training course referred to in this chapter which entitles that individual to perform the functions and duties of a medical first responder.

97. **"Critical Care Units (Centers)"** means sophisticated treatment facilities in large medical centers and hospitals that provide advanced definitive care for the most critically ill patients. The units are available for the diagnosis and care of specific patient problems including major trauma, burn, spinal cord injury, poisoning, acute cardiac, high-risk infant, and behavioral emergencies.

98. **"Communication Resource"** means an entity responsible for implementation of direct medical control (See detailed description in section on Medical Direction).

99. **"Delegated Practice"** means only physicians are licensed to practice medicine. Pre-hospital providers must act only under the medical direction of a physician.

100. **"Department"** means the Mississippi State Department of Health, Bureau of Emergency Medical Services.

101. **"Direct Medical Control"** means when a physician provides immediate medical direction to pre- hospital providers in remote locations.

102. **“Diversion”** - see "Bypass."

103. **"DOT"** means the United States Department of Transportation.

104. **"Emergency Medical Condition"** means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part;

105. **"Emergency Medical Services (EMS)"** means services utilized in responding to a perceived individual's need for immediate medical care to prevent death or aggravation of physiological or psychological illness or injury.

106. **"EMS Personnel"** means key individual EMS providers. This includes physician, emergency, and critical care nurse, EMT, Advanced EMT, Paramedic, dispatchers, telephone screeners, first aid responders, project administrators and medical consultants and system coordinators.

107. **"EMS System"** means a system which provides for the arrangement of personnel, facilities, and equipment of the effective and coordinated delivery of health care services in an appropriate geographical area under emergency conditions (occurring as a result of the patient's condition or because of natural disasters or similar conditions). The system is managed by a public or nonprofit private entity. The components of an EMS System include:

    A. Manpower

    B. Training

    C. Communications

    D. Transportation

    E. Facilities

    F. Critical Care Units

G. Public Safety Agencies

H. Consumer Participation

I. Access to Care

J. Patient Transfer

K. Coordinated Patient Recordkeeping

L. Public Information and Education

M. Review and Evaluation

N. Disaster Plan

O. Mutual Aid

108. **"Emergency medical technician"** means a person providing out of hospital emergency medical care and transportation for critical and emergency patients who access the EMS system. EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies. EMTs function as part of a comprehensive EMS system, under medical oversight. EMTs perform interventions with the basic equipment found on an ambulance. (National EMS Scope of Practice Model) EMTs must possess valid licensed issued by the BEMS.

109. **"Emergency mode"** means an ambulance or special use EMS vehicle operating with emergency lights and warning siren (or warning siren and air horn) while engaged in an emergency medical call.

110. **"Emergency response"** means responding immediately at the basic life support or advanced life support level of service to an emergency medical call. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call;

111. **"Emergency medical call"** means a situation that is presumptively classified at time of dispatch to have a high index of probability that an emergency medical condition or other situation exists that requires medical intervention as soon as possible to reduce the seriousness of the situation, or when the exact circumstances are unknown, but the nature of the request is suggestive of a true emergency where a patient may be at risk.

112. **"Executive officer"** means the executive officer of the State Department of Health or his designated representative.

113. **"Field Categorization"** (classification) means a medical emergency classification procedure for patients that is applicable under conditions encountered at the site of a medical emergency.

114. **"Field Triage"** means classification of patients according to medical need at the scene of an injury or onset of an illness.

115. **"First responder"** means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons.

116. **"Medical first responder"** means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons who (i) is trained to assist other EMS personnel by successfully completing, and remaining current in refresher training in accordance with, an approved "First Responder: National Standard Curriculum" training program, as developed and promulgated by the United States Department of Transportation, (ii) is nationally registered as a first responder by the National Registry of Emergency Medical Technicians; and (iii) is certified as a medical first responder by the State Department of Health, Division of Emergency Medical Services.

117. **"Inclusive Trauma Care System"** means a trauma care system that incorporates every health care facility in a community in a system in order to provide a continuum of services for all injured persons who require care in an acute care facility; in such a system, the injured patient's needs are matched to the appropriate hospital resources.

118. **"Implied Consent"** means legal position that assumes an unconscious patient, or one so badly injured or ill that he cannot respond, would consent to receiving emergency care. Implied consent applies to children when parent or guardian is not at the scene.

119. **"Intervener Physicians"** means a licensed M.D. or D.O., having not previously established a doctor/patient relationship with the emergency patient and willing to accept responsibility for a medical emergency scene, and can provide proof of a current Medical Licensure.

120. **"Lead Agency"** means an organization which has been delegated the responsibility for coordinating all component and care aspects for an EMS system.

121. **"Level I"** means hospitals that have met the requirements for Level I as stated in the Mississippi Trauma Rules and Regulations.

122. **“Level II”** means hospitals that have met the requirements for Level II as stated in Mississippi TraumaRules and Regulations.

123. **“Level III”** means hospitals that have met the requirements for Level III as stated in Mississippi Trauma Rules and Regulations.

124. **“Level IV”** means hospitals that have met the requirements for Level IV as stated in Mississippi Trauma Rules and Regulations.

125. **"Licensure"** means an authorization to any person, firm, cooperation, or governmental division or agency to provide ambulance services in the State of Mississippi.

126. **"License Location"** means a fixed location where the ambulance service conducts business or controls the deployment of ambulances to the service area.

127. **“Major Trauma”** means that subset of injuries that encompasses the patient with or at risk for the most severe or critical types of injury and therefore requires a system approach in order to save life and limb.

128. **“Major Trauma Patient”** (or "major trauma" or " critically injured patient") means a person who has sustained acute injury and by means of a standardized field triage criteria (anatomic, physiology, and mechanism of injury) is judged to be at significant risk of mortality or major morbidity.

129. **“Mechanism of Injury”** means the source of forces that produce mechanical deformations and physiological responses that cause an anatomic lesion of functional change in humans.

130. **"Medical Control"** means directions and advice provided from a centrally designated medical facility staffed by appropriate personnel, operating under medical supervision, supplying professional support through radio or telephonic communication for on-site and in-transit basic and advanced life support services given by field and satellite facility personnel. Statewide medical control may be approved by BEMS for Primary Agencies of Emergency Support Function 8 (ESF-8) in the Mississippi Comprehensive Emergency Management Plan.

131. **"Medical Direction"** - (medical accountability) means when a physician is identified to develop, implement, and evaluate all medical aspects of an EMS system.

132. **"Medical Director"** means (offline, administrative) should be a physician both credible and knowledgeable in EMS systems planning, implementation, and operations. This off-line physician assumes total responsibility for the system's activities. He is appointed by the local

EMS lead agency. The administrative medical director works in close liaison with government agencies, public safety and disaster operations, legislative and executive offices, professional societies, and the public. Off-line program activities include liaison with other state and regional EMS medical directors to conceptualize clinical and component system designs, establish standards, monitor, and evaluate the integration of component and system activities.

A. This off-line physician assures medical soundness and appropriateness of all aspects of the program and is responsible for the conceptual and systems design and overall supervision of the EMS program.

B. The administrative (off-line) medical director develops all area protocols. These protocols serve as the basis for EMS system role definition of EMS personnel, curriculum development, competency determination, and maintenance, monitoring, and evaluation.

C. The off-line medical director meets on a regular basis with on-line medical directors and the EMS training director to evaluate on-line system performance, to review problems, and suggest changes in treatment, triage, or operational protocols. All on-line medical directors must be approved by the off-line medical director.

133. **"Mississippi Trauma Advisory Committee" (MTAC)** - (See Appendix A) means the advisory body created by legislature for the purpose of providing assistance in all areas of trauma care system development and technical support to the Department of Health; members are comprised of EMS Advisory Council members appointed by the chairman.

134. **"Mississippi Trauma Care System Plan"** (State Trauma Plan) means a formally organized plan developed by the Mississippi State Department of Health, pursuant to legislative directive, which sets out a comprehensive system of prevention and management of major traumatic injuries.

135. **"On-Line (Supervising ALS) Medical Director"** means On-Line medical control is provided through designated Primary Resource and Base Station Hospitals under the area direction of a supervisory ALS medical director who is on-line to the pre-hospital system stationed at the designated Base Station Hospital. Each provider of ALS must also have an on-line medical director. The system must also have an on-line medical director for EMS training. These supervisory medical directors are organizationally responsible to the administrative (off-line medical director of the local EMS lead

agency for program implementation and operations within his area of jurisdiction).

A. The ALS (on-line) medical director supervises the advanced life support, pre- and inter-hospital system and is responsible for the actual day-to-day operation of the EMS system. He carries out the "EMS systems design" in terms of pre-and inter-hospital transportation care and provides ALS direction to EMS providers depending on the transportation care and provides ALS direction to EMS providers depending on the system's configuration. He monitors all pre- hospital ALS activities within that system's region or area of responsibility. The ALS physician must review and monitor compliance to protocols for both the pre-and inter-hospital settings.

B. The ALS (on-line) medical director in conjunction with the EMS training medical director reviews paramedics, Advanced EMTs, EMTs, mobile intensive care nurses, and physician competencies and recommends certification, re-certification, and decertification of these personnel to the EMS health officer of the lead agency responsible for the certification decertification, and recertification of EMS personnel. Monitoring the competency of all pre- hospital EMS personnel activities is within his responsibility.

C. He or she attends medical control meetings where area system performance and problems are discussed and recommendations to the administrative off-line director are made. He also conducts regular case reviews and other competency evaluation and maintenance procedures and reports back to the administrative (off-line) medical director.

D. This ALS (on-line) physician assumes the supervision and responsibility for all advanced care rendered in an emergency at the scene of an accident and en route to the hospital under his area jurisdiction. Each on-line medical director representing the hospitals providing medical control has the authority to delegate his duties to other emergency department physicians who may be on duty and placed in a position of giving medical direction to pre-hospital ALS personnel.

136. **“Paramedic”** means an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform

interventions with the basic and advanced equipment typically found on an ambulance. (National EMS Scope of Practice Model) Paramedics must possess valid licensed issued by the BEMS.

137. **"Pediatric Trauma Center"** means either (a) a licensed acute care hospital which typically treats persons fourteen (14) years of age or less, which meets all relevant criteria contained in these Regulations and which has been designated as a pediatric Trauma Center; or (b) the pediatric component of a Trauma Center with pediatric specialist and a pediatric intensive care unit.

138. **"Performance Improvement"** (or "quality improvement") means a method of evaluating and improving processes of patient care which emphasizes a multi-disciplinary approach to problem solving, and focuses not on individuals, but systems of patient care which might cause variations in patient outcome.

139. **"Permit"** means an authorization issued for an ambulance vehicle as meeting the standards adopted pursuant to this chapter.

140. **"Pre-hospital Provider"** means all personnel providing emergency medical care in a location remote from facilities capable of providing definitive medical care.

141. **"Primary Resource Hospital"** means the Primary Resource Hospital (PRH) is responsible for implementing the medical control design of the ALS system. It has the major functional responsibility for implementing protocols (treatment, triage, and operations) and the monitoring of program compliance to these by on-line medical supervision. This hospital must be an acute general care facility equipped with voice and biomedical telemetry equipment. It should be staffed with critical care nurses and emergency physicians, or physicians under the direction and supervision of physicians totally versed and committed to emergency medicine. It must be capable of functioning as a Communications Resource as described in the section on Medical Direction and pre-hospital ALS personnel should be able to receive medical control and direction from this facility anywhere within the district. It is also understood that this facility is responsible for overall supervision of medical directions that may be issued by other participating hospitals within the district.

    A. This hospital provides and coordinates interdisciplinary training for ALS providers within the district. The lead agency may choose to delegate or contract this responsibility to other institutions."

142. **"Protocols"** means standards for EMS practice in a variety of situations within the EMS system.

143. **"Regional Trauma Plan"** means a document developed by the various Trauma Care Regions that follows the State Trauma Plan, and approved by the Mississippi State Department of Health, which describes the policies, procedures and protocols for a comprehensive system of prevention and management of major traumatic injuries in that Trauma Care Region.

144. **"Regionalization"** means the identification of available resources within a given geographic area, and coordination of services to meet the need of a specific group of patients.

145. **"Service Area"** (or "catchment area") means that geographic service area defined by the local EMS agency licensure. Statewide medical control may be approved by BEMS for Primary Agencies of Emergency Support Function 8 (ESF-8) in the Mississippi Comprehensive Emergency Management Plan.

146. **"Specialty Care Facility"** means an acute care facility that provides specialized services and specially trained personnel to care for a specific portion of the injured population, such as pediatric, burn injury, or spinal cord injury patients.

147. **"Standing Orders"** are those specific portions of the treatment protocols that may be carried out by ALS personnel without having to establish contact with medical control facility. These standing orders represent nationally recognized treatment modalities and allow the ALS personnel to treat life-threatening problems without delay.

148. **"State EMS Medical Director"** means a Mississippi licensed physician, employed by the Mississippi Department of Health, who is responsible for the development, implementation, and evaluation of standards and guidelines for the provision of emergency medical services and EMS medical direction in the state. This physician must have experience in EMS medical direction and be board certified in emergency medicine. This physician must be experienced with EMS systems, EMS medical direction, evaluation processes, teaching, and curriculum development. It is the goal of the State EMS Medical Director to ensure the care delivered by EMS systems in the state is consistent with recognized standards and that quality is maintained in a manner that assures professional and public accountability. The State EMS Medical Director must serve as an advocate for efficient and effective emergency medical services throughout the state.

The Responsibilities of the State EMS Medical Director include but are not limited to:

A. * Oversight of all aspects of EMS Medical direction in the state Oversight of the of standards and minimum qualifications for EMS Medical Directors

B. Approval of Offline Medical Directors for ambulance services

C. Approval of protocols for ambulance services

D. Approve training programs, training standards, and curricula for EMS providers and medical directors

E. Oversight of all aspects of EMS quality assurance and performance improvement in the state

F. Approval of the Quality Assurance and Performance Improvement plans for ambulance services

G. Serve as Chairman of the Committee on Medical Direction, Training, and Quality Assurance

H. Serve as Chairman of the EMS Performance Improvement Committee

I. Serve as Chairman of the EMS Protocol Committee

J. Act as a liaison with public safety and disaster planning agencies

K. Act as a liaison with national EMS agencies

L. Oversight of issues related to complaints, investigations, disciplinary procedures involving patient care, performance standards, and medical direction

149. **"State Trauma Plan"** – See Mississippi Trauma Care Plan

150. **"Surveillance"** means the ongoing and systematic collection, analysis, and interpretation of health data in the process of describing and monitoring a health event. "Trauma" - a term derived from the Greek for "wound"; it refers to any bodily injury (see "Injury").

151. **"Trauma Care Facility"** (or "trauma center") means a hospital that has been designated by the department to perform specified trauma care services within a Trauma Care Region pursuant to standards adopted by the department.

152. **"Trauma Care Region"** means a geographic area of the state formally organized, in accordance with standards promulgated by

the department and has received designation from the department, for purposes of developing and inclusive care system.

153. **“Trauma Care System Planning and Development Act of 1990”** means the federal law that amended the Public Health Service Act to add Title XII - Trauma Programs. The purpose of the legislation being to assist State governments in developing, implementing, and improving regional systems of trauma care, and to fund research and demonstration projects to improve rural EMS and trauma.

154. **“Trauma Care System”** means an organized approach to treating patients with acute injuries; it provides dedicated (available 24 hours a day) personnel, facilities, and equipment for effective and coordinated trauma care in an appropriate geographical region, known as a Trauma Care Region.

155. **“Trauma Center Designation”** means the process by which the Department identifies facilities within a Trauma Care Region.

156. **“Trauma Program Manager”** means a designated individual with responsibility for coordination of all activities on the trauma service and works in collaboration with the trauma service director.

157. **"Transfer"** - The movement (including the discharge) of a patient outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly with) the hospital, but does not include such a movement of a patient who (a) has been declared dead, or (b) leaves the facility without the permission of any such person.

158. **"Treatment Protocols"** means written uniform treatment and care plans for emergency and critical patients. These treatment plans must be approved and signed by the off-line medical director and/or medical groups. (Appendix 2)

159. **“Triage”** means the process of sorting injured patients on the basis of the actual or perceived degree of injury and assigning them to the most effective and efficient regional care resources, in order to insure optimal care and the best chance of survival.

160. **“Triage Criteria”** means a measure or method of assessing the severity of a person's injuries that is used for patient evaluation, especially in the prehospital setting, and that utilizes anatomic or physiologic considerations or mechanism of injury.

81. **"Triage Protocols"** means region wide plans for identifying, selecting, and transporting specific critical patients to appropriate, designated treatment facilities.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.1.~~2~~3 ~~A provider of ambulance service can be licensed by the Bureau of Emergency Medical Services as an ambulance service by request and by signing a completed application for service license (EMS Form 1). An inspection of premises must be made. A member of the BEMS staff will complete the EMS Form 1 due to the coding requirements of the form.~~
To apply for ambulance licensure an applicant service must complete and submit the following:

1. Application for Ambulance Service Licensure;

2. Roster of all proposed employees, including Emergency Vehicle Operators (EMS-Driver), EMTs, AEMTs, Paramedics, Critical Care Paramedics, RNs and Emergency Medical Dispatchers, and others if appropriate (this list must include state-issued certification and/or license numbers where applicable);

3. The proposed medical control plan, including protocols (at least 30 days prior to intended service start date);

4. Patient destination guidelines which comply with all state approved system of care plans and standards;

5. Documentation describing communications capabilities, including capability to communicate with dispatch and primary resource hospital;

6. Documentation describing the methods to be used for communicating with on-line medical control, conducting quality assurance and ensuring skill maintenance;

7. Letter of attestation from the off-line medical director approving of the proposed medical control plan, approving of the proposed the ambulance provider's protocols, and acknowledging he/she understands his/her responsibilities as prescribed in this document (Title 15, Part 12, Subpart 31); and

8. Letter of attestation from the ambulance owner acknowledging intent to provide 24/7 coverage, providing evidence of capabilities, describing staffing patterns, providing plans for backup, and listing mutual aid agreements.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.1.~~3~~4 ~~If it is determined that the provider meets all requirements, the BEMS staff member has the authority to grant a license at the time of inspection. The owner copy of EMS Form 1 shall serve as proof of service license until permanent document is received by owner. The license is valid for one (1) year from date of~~

~~issuance. Any change of service ownership constitutes issuance of a new license and permit(s).~~

Proposed off-line/on-line medical directors must provide documentation including:

1. Proof of physician credentials;

2. Proof of Mississippi physician licensure; and

3. Documentation required for control substances, including relevant DEA documentation and registration number.

SOURCE: Miss. Code Ann. §41-59-5

~~Rule 1.1.4 Applicants for ambulance service license must provide a roster of all employees including Emergency Vehicle Operators (EMS-Driver), EMTs, AEMTs, Paramedics, Critical Care Paramedics, RNs and Emergency Medical Dispatchers, and others if appropriate. This list must include state-issued certification and/or license numbers where applicable. #24068~~

SOURCE: Miss. Code Ann. §41-59-5

~~Rule 1.1.5 Applicant must submit one copy of the plan of medical control including protocols at least 30 days prior to service start date for approval by the BEMS staff and the State EMS Medical Director. The plan must include patient destination guidelines as delineated by these regulations. System of care plans with an EMS component shall be submitted to and approved by the Director of the Bureau of EMS prior to implementation by local EMS agencies.~~

SOURCE: Miss. Code Ann. §41-59-5

~~Rule 1.1.6 Plan must include the names of all off-line and on-line medical directors accompanied by credentials, proof of Mississippi physician licensure and controlled substances registration number. The Ambulance Service Medical Director must be approved by the State EMS Medical Director. In addition, controlled substances registration number and DEA required controlled substances registration certificate for non-hospital based advanced life support services for the off-line medical director. Only the lead on-line medical director or each medical control hospital need be listed. Additionally, the primary resource hospital and associate receiving hospital(s); description of methods of medical control; quality assurance and skill maintenance process must be included (See Appendix 1). NOTE: Revisions in the medical control plan must be submitted prior to implementation. At a minimum, medical control plans shall be resubmitted to the BEMS every three (3) years for approval by the BEMS staff and the State EMS Medical Director. #24068~~

~~1. Applicant must provide a letter signed by the off-line medical director stating he/she approves the ambulance provider's protocols and understands his/her responsibilities as stated in Appendix 1 of this document. This statement may be on forms provided by BEMS.~~

~~2. Applicant must provide evidence of 24-hour continuous service capabilities including back-up. Should also include staffing pattern and affiliations with non-transporting ALS services where applicable.~~

~~3. Applicant must provide a description of its communications capabilities, however - minimally - the system must be capable of communicating with the primary resource hospital throughout its immediate area of response.*~~

~~4. 911 is the universal emergency phone number for public access of Emergency Medical Services in the State. Ambulance service providers shall only advertise 911 as their emergency number. Exception: If a municipality or county has not implemented 911, then for that area, a seven-digit phone number may be used. This exception must have prior approval in writing by the BEMS. It is the intent of this regulation that 911, the universal access number for EMS, be the only emergency number advertised to the public. Any advertisement of a non-emergency phone number must include a prominent display of 911 or other BEMS approved emergency phone number.*(Bio-medical telemetry is not required if so documented in the communications plan by the medical director).~~

~~Rule 1.1.7 *NOTE: Ambulance services shall submit Mississippi Uniform Accident Reports involving EMS permitted vehicles within thirty (30) days.* #22474~~

Rule 1.1.5 The overall application for ambulance licensure must be approved by the State EMS Director and State EMS Medical Director and requires a successful on-site inspection of the ambulance service operations site. BEMS may immediately issue licensure following a successful on-site inspection. BEMS will issue an official license within thirty (30) days; however, BEMS will issue a temporary document to serve as proof of licensure until the ambulance service receives the official license. Ambulance service licensure is valid for one (1) year from date of issuance. Revisions to the medical control plan must be submitted prior to implementation. At a minimum, medical control plans shall be resubmitted to the BEMS every three (3) years for approval.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.1.6 Licensed ambulance services shall submit Mississippi Uniform Accident Reports for any EMS permitted vehicles involved in an accident within thirty (30) days.

Rule 1.1.7 911 is the universal emergency phone number for public access of Emergency Medical Services in the State. Ambulance service providers shall only advertise 911 as their emergency number. Exception: If a municipality or county has not implemented 911, then for that area, a seven-digit phone number may be used. This exception must have prior approval in writing by the BEMS. It is the intent

of this regulation that 911, the universal access number for EMS, be the only emergency number advertised to the public. Any advertisement of a non-emergency phone number must include a prominent display of 911 or other BEMS approved emergency phone number.

SOURCE: Miss. Code Ann. §41-59-5

Subchapter 2 Periodic inspections.

Rule 1.2.4 ~~chap~~

The owner/manager or medical director of each publicly or privately owned ambulance service shall immediately inform the State Department of Health, Bureau of EMS of the termination or other disciplinary action taken against an employee because of the misuse of alcohol, narcotics, other controlled substances, or any failure to comply with an employer's request for testing.

SOURCE: Miss. Code Ann. §41-59-5

Subchapter 4 Permits, All Vehicles

Rule 1.4.3 ~~An EMS Form 2 must be filled out by BEMS and signed by the owner or his designated representative.~~

To apply for an EMS vehicle permit the owner or designated representative of the entity seeking permit must submit an Application for Permit and select one of the following options:

1. Ambulance;

2. Special use vehicle; or

3. Non-emergency medical transport vehicle.

Only complete applications will be accepted for review, and the owner or designated representative must sign the complete application.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.4.4 ~~BEMS may give permission for vehicle operation at the time of inspection if judgment is made that the vehicle meets all requirements. The owner copy of EMS Form 2 shall serve as proof of permit until permanent document is received by owner~~.

BEMS will conduct an inspection of vehicle prior to issuing the permit. BEMS may issue the permit immediately following successful inspection. BEMS will

issue an official permit within thirty (30) days; however, BEMS will issue a temporary document to serve as proof of permit until the official license arrives.

SOURCE: Miss. Code Ann. §41-59-5

Subchapter 18 Non-Transport EMS

Rule 1.18.1 BEMS will license non-transport EMS operators, including fire department and law enforcement agencies with statewide off-line medical control agreements. Said agencies must submit an application for licensure as a Non-Transport EMS site.

SOURCE: Miss. Code Ann. §41-59-3

Rule 1.18.2 To obtain license as a Non-Transport EMS Site applicant sites must:

1. Submit an Application for Non-Transport EMS Site Licensure;

2. Submit a roster of all proposed employees who will require certification to practice as EMTs, AEMTs, and Paramedics at the site (to include NREMT certification numbers and state numbers for those already certified in MS as an EMS provider);

3. Submit a proposed medical control plan, including protocols (at least 30 days prior to intended service start date);

4. Submit documents specific to the proposed statewide off/on-line medical control physician(s), including physician credentials, proof Mississippi physician licensure, and the control substances registration number;

5. Submit documentation describing proposed communications capabilities, including capability to communicate with responding ambulances and other emergency response agencies serving the primary service area and describe methods to be used for communicating with on-line medical control 24/7, conducting quality assurance, and ensuring skill maintenance;

6. Submit a letter of attestation from the off-line medical director approving of the proposed plan, approving of the proposed protocols, and acknowledging he/she understands responsibilities associated with serving as a Non-Transport EMS Off-Line Medical Director as prescribed in this document; and

7. Submit a letter of attestation from the fire chief, commanding officer, or person otherwise responsible for the Non-Emergency EMS site acknowledging intent to provide coverage in the prescribed coverage area (letter must also address evidence of capabilities).

SOURCE: Miss. Code Ann. §41-59-3

Rule 1.18.3 Final approval of non-transport EMS sites requires submission of the application outlined above and approval by the State EMS Director and State EMS Medical Director. Non-transport sites may be subject to inspection by BEMS. BEMS will issue an official license within thirty (30) days; however, BEMS will issue a temporary document to serve as proof of licensure until the Non-Transport EMS site receives the official license. Non-Transport EMS site licensure is valid for one (1) year from date of issuance.

SOURCE: Miss. Code Ann. §41-59-3

Rule 1.18.4 BEMS will collect and process fees approved by the Board for Non-Transport EMS site licenses.

SOURCE: Miss. Code Ann. §41-59-3

Rule 1.18.5 Pharmaceuticals in the Non-Transport Setting: Non-Transport EMS protocols will be approved as prescribed in this Chapter.

SOURCE: Miss. Code Ann. §41-59-3

Subchapter 19 Non-emergency Medical Transport (NEMT or NET)

Rule 1.19.1 BEMS will regulate non-emergency medical transport and issue permits to entities or persons seeking to operate non-emergency medical transport within the state of Mississippi. BEMS will issue permits to entities or persons, who have completed an application to offer said services, providing the application is found to be complete, without error, and is not otherwise found to be misleading or non-factual, and after inspection of the operation site and vehicles listed on the application. The application requires information on the entity or person proposing to offer said services, a complete list of vehicles to be used in transporting patients, and a complete list of proposed drivers. Non-emergency medical transport services issued vehicle permits under these rules shall not put new vehicles in service until issuance of permit or allow new hire drivers to drive before submitting an updated driver list and obtaining BEMS approval for said drivers listed on the updated list.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.2 Non-emergency medical transport services must comply with the standards for drivers included in this document (Title,15, Part 12, Subpart 31). Failure to do so may result in suspension or revocation of permit privileges in the state of Mississippi or a fine assessed as provided for by the Board.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.3 Non-emergency medical transport drivers must meet the following standards as verified by BACS:

1. Initial and annual criminal background check with fingerprint clearance processed through the Department's Healthcare Background Check process;

2. Initial and annual motor vehicle records (MVR) check clearance from the Department of Public Safety, verifying driving license at the level required for driving vehicles assigned to him/her;

3. Initial and annual negative result urine drug screen;

4. Initial and annual verification that the driver does not appear on the Office of Inspector General (OIG) exclusion list(s);

5. Initial and annual verification of appropriate training in use of the vehicle assigned to him/her, safety equipment recommended for the vehicle assigned to him/her; equipment installed in the vehicle assigned to him/her used in the transfer and/or transport of patients; and

6. Current certification in cardiopulmonary resuscitation.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.4 Permits issued to new applicants must include information on the operations site, initial roster of vehicles, and initial proposed list of drivers. The initial issuance of permit(s) to the new applicant requires visit of the proposed operations site by BEMS inspectors, inspection of proposed vehicles, and processing of proposed driver lists as prescribed in this subchapter. The State EMS Director must approve the initial request for Non-emergency Medical Transport Vehicle Permit(s). Thereafter, permits may be issued to a recognized operator on-site. On-site vehicle inspections may be offered at advertised locations or on-site at the operation site. Non-emergency medical transport vehicles shall display a placard on the exterior of each door and exterior rear of the vehicle a visible placard, visible from other vehicles, which states, specifically: NON-EMERGENCY MEDICAL TRANSPORT VEHICLE – THIS SERVICE DOES NOT PROVIDE MEDICAL CARE.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.5 Required minimum equipment:

1. Cell phone capability to access 911;

2. Two-way communications equipment to facilitate communications with operations base;

3. Fire extinguisher;

4. first aid kit;

5. Seat belt cutter;

6. seat belt extender;

7. Wheelchair loading and transport system for vehicles transporting wheelchair patients; and

8. Pocket mask device for CPR.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.6 High Visibility Safety Apparel for Staff: Non-transport vehicles must be equipped with high visibility safety apparel for each person staffing or participating in the operation of the vehicle. All garments must meet the requirements of the American National Standard for High Visibility Apparel ANSI/ISEA 107-2004 Performance Class 2 or Performance Class 3, or the ANSI/ISEA 207-2006 Standard. All garments must have labels, affixed by the manufacturer in accordance with the standard, that indicate compliance with the Performance Class 2, Performance Class 3, or 207-2006 standard.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.7 Permits are valid for a period of one (1) year from the date of issue. After initial permits are issued, permits are re-issued by BEMS following the respective annual inspection of each respective vehicle.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.8 Payment of the renewal fee for non-emergency medical transport vehicles permits will be fixed by the Board and paid through BEMS.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.9 Non-emergency medical transport operators shall collect and maintain records accounting for all patients transported, including date of service, time of service, vehicle used, and driver in attendance. Relatedly, operators shall maintain employee records on all drivers for a period not less than five (5) years. Operators

shall also maintain records related to the issuance of permits and present the same on request of BEMS staff.

SOURCE: Miss. Code Ann. §41-59-5

Rule 1.19.10 There shall be at least one person trained in adult and pediatric cardiopulmonary resuscitation in accordance with the standards of the American Heart Association or the American Red Cross available to attend the patient.

SOURCE: Miss. Code Ann. §41-59-5

Chapter 6 EMERGENCY MEDIAL TECHNICIAN

Subchapter 1 Training Authority EMT

Rule 6.1.1 EMT Training courses are offered through the Mississippi Community College System and Mississippi State Fire Academy. Additionally, organized EMS districts as recognized by the BEMS are authorized to provide this training. The Guidelines and minimum standards are set forth in order to establish a minimum level of training for the Emergency Medical Technician. These guidelines and minimum standards shall be met by all Emergency Medical Technician Courses in the state.

SOURCE: Miss. Code Ann. §41-59-5 & 45-11-12

Subchapter 10 Prerequisites to certification and recertification as an EMT

Rule 6.10.4 For paper applications, also include copy of current National Registry card equivalent to the level of re-certification requested and an original Statewide or Jurisdictional Medical Control Agreement (JMCA). (Statewide or Jurisdictional Medical Control Agreements are valid only for the certification period in which they are submitted.)

SOURCE: Miss. Code Ann. §41-59-5

Chapter 7 Advanced Emergency Medical Technician (AEMT)

Subchapter 1 Training Authority AEMT

Rule 7.1.1 AEMT Training courses are offered through the Mississippi Community College System and the Mississippi State Fire Academy. Additionally, organized EMS districts as recognized by the BEMS, are authorized to provide this training. The guidelines and minimum standards are set forth in order to establish a minimum level of training for the Advanced Emergency Medical Technician. These guidelines and minimum standards shall be met by all Advanced Emergency Medical Technician Courses in the state. The University of Mississippi Medical

Center is authorized by the BEMS to conduct ALS training programs statewide. All advanced life support programs must have the BEMS approval.

SOURCE: Miss. Code Ann. §41-59-5 & 45-11-12

Subchapter 10 Prerequisites to certification and certification as an AEMT

Rule 7.10.3 For paper applications, also include copy of current National Registry card equivalent to the level of re-certification requested and an original Statewide or Jurisdictional Medical Control Agreement (JMCA). (Statewide or Jurisdictional Medical Control Agreements are valid only for the certification period in which they are submitted.)

SOURCE: Miss. Code Ann. §41-59-5

Chapter 8 PARAMEDIC

Subchapter 11 Prerequisites to certification and recertification as a Paramedic

Rule 8.11.4 For paper applications, also include copy of current National Registry card equivalent to the level of re-certification requested and an original Statewide or Jurisdictional Medical Control Agreement (JMCA). (Statewide or Jurisdictional Medical Control Agreements are valid only for the certification period in which they are submitted.)

Chapter 10 Critical Care Paramedic

Subchapter 7 Procedure to Obtain Certification as Critical Care Paramedic

Rule 10.7.1 Must submit an application and fees to BEMS for certification and provide proof of:

1. Successful completion of a BEMS approved Critical Care Paramedic Training Program;
2. Having been awarded – at minimum – an Associate's Degree from a regionally accredited college/university.
3. Current certification (FP-C or CCP-C);
4. Must be obtained within two years of completion of an approved critical care paramedic training program; and
5. Must have Statewide or Jurisdictional Medical Control Agreement.

SOURCE: Miss. Code Ann. §41-59-5

Subchapter 10 Procedure to Obtain Re-Certification as Critical Care Paramedic

Rule 10.10.5 Statewide or Jurisdictional Medical Control Agreement

SOURCE: Miss. Code Ann. §41-59-5

~~**APPENDIX 9 GLOSSARY** #24068~~

~~"Advanced EMT: - a person providing basic and limited advanced emergency care and transportation for critical and emergent patients who access the emergency medical system. This individual possess the basic knowledge and skills necessary to provide patient care and transportation. AEMT function as a part of a comprehensive EMS response, under medical oversight. AEMTs perform interventions with the basic and advanced equipment typically found on an ambulance. (National EMS Scope of Practice Model) AEMTs must possess valid licensed issued by the BEMS.~~

~~"Advanced life Support" - shall mean a sophisticated level of pre-hospital and interhospital emergency care which includes basic life support functions including cardiopulmonary resuscitation (CPR), plus cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care and other authorized techniques and procedures.~~

~~"Advanced life support personnel" - shall mean persons other than physicians engaged in the provision of advanced life support, as defined, and regulated by rules and regulations promulgated pursuant to Section 41-60-13.~~

~~"Advanced Life Support Services" - shall mean implementation of the 15 components of an EMS~~
~~system to a level capability which provides noninvasive and invasive emergency patient care designed to optimize the patient's chances of surviving the emergency situation. Services shall include use of sophisticated transportation vehicles, a communications capability (two-way voice and/or biomedical telemetry) and staffing by Advanced EMTs and Paramedics providing on-site, pre-hospital mobile and hospital intensive care under medical control.~~

~~"Ambulance" - shall mean any privately or publicly owned land or air vehicle that is especially designed, constructed, modified or equipped to be used, maintained and operated upon the streets, highway or airways of this state to assist persons who are sick, injured, wounded or otherwise incapacitated or helpless.~~

~~"Ambulance Placement Strategy (System Status Plan)" - a planned outline or protocol governing the deployment and event-driven redeployment of the ambulance service's resources, both geographically and by time-of-day/day-of-week. Every system has a plan; the plan may be written or not, elaborate, or simple, efficient, or wasteful, effective, or deadly.~~

~~"Ambulance Post" - a designated location for ambulance placement within the system status plan. Depending upon its frequency and type of use, a "post" may be a facility with sleeping quarters or day rooms for crews, or simply a street-corner or parking lot location to which units are sometimes deployed.~~

~~"Ambulance Service Area" - the geographic response area of the licensed ambulance service. The service area must correspond to each individual service license. The service's employee staffing plan, ambulance placement strategy and available resources must be commensurate with the service area.~~

~~"Area wide EMS System" - is an emergency medical service area (trade, catchment, market, patient flow) that provides essentially all of the definitive emergency medical care (95%) for all emergencies, including the most critically ill and injured patients. Only highly specialized and limited-use services may need to be obtained outside of the area. The area must contain adequate population and available medical resources to implement and sustain an EMS operation. At least three major modes exist: (a) multiple urbanized communities and their related suburbs; (b) a metropolitan center and its surrounding rural areas; and (c) a metropolitan center and extreme rural-wilderness settings. The areas may be inter- or intra-state.~~

~~"Associate/Receiving Hospital" - is a designated participating hospital working in conjunction with and under the supervision of the Resource Hospital to carry out the system implementation. They shall have an emergency department/service which offers emergency care 24 hours a day, with at least one physician available to the emergency care area within approximately 30 minutes through a medical staff call roster. Specialty consultation must be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided. They must be capable of providing 24-hour-a-day acute care to critically ill patients. They do not, however, have to be equipped with biomedical telemetry within its confines.~~

~~"Automated External Defibrillator (AED)" - means a defibrillator which: a) is capable of cardiac rhythm analysis; b) will charge and deliver a shock after electrically detecting the presence of a cardiac dysrhythmia or is a shock-advisory device in which the defibrillator will analyze the rhythm and display a message advising the operator to press a "shock" control to deliver the shock; c) must be capable of printing a post event summary (at a minimum the post event summary should include times, joules delivered, ECG) and d) an on screen display of the ECG. (optional)~~

~~"Base Station Hospital" - is designated participating hospital working in conjunction with and under the supervision of the Resource Hospital to carry out the systems implementation. These hospitals may function as a pre-hospital Communications Resource as defined in the section on Medical Direction. The hospitals may participate in training and evaluation of ALS personnel. They must have emergency department's staffed 24-hours-a-day by critical care nurses and at least one emergency physician or physicians under the direction and supervision of a physician totally versed and committed to emergency medicine. It must have specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. Pre-hospital ALS personnel transmit patient information to the Base Station Hospitals and receive appropriate medical directions from them. The hospitals should be equipped with voice and biomedical telemetry equipment. Each Base Station Hospital must have an On-Line Medical Director.~~

~~"Basic Life Support Services (BLS)" - Implementation of the 15 components of and EMS system to a level of capability which provides pre-hospital noninvasive emergency patient care designed to optimize the patient's chance of surviving the emergency situation. There would be universal access to and dispatch of national standard ambulances, with appropriate medical and communication equipment operated by Emergency Medical Technicians-Ambulance. Regional triage protocols should be used to direct patients to appropriately categorized hospitals.~~

~~"Board" means the State Board of Health;~~

~~"Bypass" (diversion) - A medical protocol or medical order for the transport of an EMS patient past a normally used EMS receiving facility to a designated medical facility for the purpose for accessing more readily available or appropriate medical care.~~

~~"Certificate" means official acknowledgment that an individual has successfully completed (i) the recommended basic emergency medical technician training course referred to in this chapter which entitles that individual to perform the functions and duties of an emergency medical technician, or (ii) the recommended medical first responder training course referred to in this chapter which entitles that individual to perform the functions and duties of a medical first responder;~~

~~"Critical Care Units (Centers)" - are sophisticated treatment facilities in large medical centers and hospitals that provide advanced definitive care for the most critically ill patients. The units are available for the diagnosis and care of specific patient problems including major trauma, burn, spinal cord injury, poisoning, acute cardiac, high risk infant, and behavioral emergencies.~~

~~"Communication Resource" - an entity responsible for implementation of direct medical control (See detailed description in section on Medical Direction).~~

~~"Delegated Practice" - Only physicians are licensed to practice medicine. Pre-hospital providers must act only under the medical direction of a physician.~~

~~"Department" - the Mississippi State Department of Health, Bureau of Emergency Medical Services.~~

~~"Direct Medical Control" - When a physician provides immediate medical direction to pre- hospital providers in remote locations.~~

~~"Diversion" - see "Bypass."~~

~~"DOT" - shall mean United States Department of Transportation.~~

~~"Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman,~~

the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part;

"Emergency Medical Services (EMS)" - Services utilized in responding to a perceived individual's need for immediate medical care to prevent death or aggravation of physiological or psychological illness or injury.

"EMS Personnel" - Key individual EMS providers. This includes physician, emergency, and critical care nurse, EMT-Basic, EMT-Intermediate, EMT-, Advanced EMT, Paramedic, dispatchers, telephone screeners, first aid responders, project administrators and medical consultants and system coordinators.

"EMS System" - A system which provides for the arrangement of personnel, facilities, and equipment of the effective and coordinated delivery of health care services in an appropriate geographical area under emergency conditions (occurring as a result of the patient's condition or because of natural disasters or similar conditions). The system is managed by a public or nonprofit private entity. The components of an EMS System include:

manpower

training

communicatio

ns

transportation

facilities

critical care units

public safety

agencies consumer

participation access

to care patient

transfer

coordinated patient

recordkeeping public

information and education

review and evaluation

~~disaster~~

~~plan~~

~~mutual aid~~

~~"Emergency medical technician" - A person providng out of hospital emergency medical care and transportation for critical and emergenct patients who access the EMS system. EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies. EMTs function as part of a comprehensive EMS system, under medical oversight. EMTs perform interventions with the basic equipment found on an ambulance. (National EMS Scope of Practice Model) EMTs must possess valid licensed issued by the BEMS.~~

~~"Emergency mode" means an ambulance or special use EMS vehicle operating with emergency lights and warning siren (or warning siren and air horn) while engaged in an emergency medical call.~~

~~"Emergency response" means responding immediately at the basic life support or advanced life support level of service to an emergency medical call. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call;~~

~~"Emergency medical call" means a situation that is presumptively classified at time of dispatch to have a high index of probability that an emergency medical condition or other situation exists that requires medical intervention as soon as possible to reduce the seriousness of the situation, or when the exact circumstances are unknown, but the nature of the request is suggestive of a true emergency where a patient may be at risk;~~

~~"Executive officer" - shall mean the executive officer of the State Department of Health or his designated representative.~~

~~“Field Categorization” (classification) - a medical emergency classification procedure for patients that is applicable under conditions encountered at the site of a medical emergency.~~

~~“Field Triage” - Classification of patients according to medical need at the scene of an injury or onset of an illness.~~

~~"First responder" means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons~~

~~"Medical first responder" means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons who (i) is trained to assist other EMS personnel by successfully completing, and remaining current in refresher training in accordance with, an approved "First Responder: National Standard Curriculum" training program, as developed and promulgated by the United States Department of Transportation, (ii) is nationally registered as a first responder by~~

the National Registry of Emergency Medical Technicians; and (iii) is certified as a medical first responder by the State Department of Health, Division of Emergency Medical Services.

"Inclusive Trauma Care System" - a trauma care system that incorporates every health care facility in a community in a system in order to provide a continuum of services for all injured persons who require care in an acute care facility; in such a system, the injured patient's needs are matched to the appropriate hospital resources.

"Implied Consent" - shall mean legal position that assumes an unconscious patient, or one so badly injured or ill that he cannot respond, would consent to receiving emergency care. Implied consent applies to children when parent or guardian is not at the scene.

"Intervener Physicians" - A licensed M.D. or D.O., having not previously established a doctor/patient relationship with the emergency patient and willing to accept responsibility for a medical emergency scene, and can provide proof of a current Medical Licensure.

"Lead Agency" - is an organization which has been delegated the responsibility for coordinating all component and care aspects for an EMS system.

"Level I" - Hospitals that have met the requirements for Level I as stated in the Mississippi Trauma Rules and Regulations.

"Level II" - Hospitals that have met the requirements for Level II as stated in Mississippi Trauma
Rules and Regulations.

"Level III" - Hospitals that have met the requirements for Level III as stated in Mississippi Trauma Rules and Regulations.

"Level IV" - Hospitals that have met the requirements for Level IV as stated in Mississippi Trauma Rules and Regulations.

"Licensure" - shall mean an authorization to any person, firm, cooperation, or governmental division or agency to provide ambulance services in the State of Mississippi.

"License Location" - shall be defined as a fixed location where the ambulance service conducts business or controls the deployment of ambulances to the service area.

"Major Trauma" - that subset of injuries that encompasses the patient with or at risk for the most severe or critical types of injury and therefore requires a system approach in order to save life and limb.

"Major Trauma Patient" (or "major trauma" or " critically injured patient") - a person who has sustained acute injury and by means of a standardized field triage criteria (anatomic, physiology, and mechanism of injury) is judged to be at significant risk of mortality or major morbidity.

~~“Mechanism of Injury” - the source of forces that produce mechanical deformations and physiological responses that cause an anatomic lesion of functional change in humans.~~

~~"Medical Control" - shall mean directions and advice provided from a centrally designated medical facility staffed by appropriate personnel, operating under medical supervision, supplying professional support through radio or telephonic communication for on-site and in-transit basic and advanced life support services given by field and satellite facility personnel.~~

~~"Medical Direction" - (medical accountability) - When a physician is identified to develop, implement, and evaluate all medical aspects of an EMS system.~~

~~"Medical Director" - (off line, administrative) should be a physician both credible and knowledgeable in EMS systems planning, implementation, and operations. This off-line physician assumes total responsibility for the system's activities. He is appointed by the local EMS lead agency. The administrative medical director works in close liaison with government agencies, public safety and disaster operations, legislative and executive offices, professional societies, and the public. Off-line program activities include liaison with other state and regional EMS medical directors to conceptualize clinical and component system designs, establish standards, monitor, and evaluate the integration of component and system activities.~~

~~This off-line physician assures medical soundness and appropriateness of all aspects of the program and is responsible for the conceptual and systems design and overall supervision of the EMS program.~~

~~The administrative (off-line) medical director develop all area protocols. These protocols serve as the basis for EMS system role definition of EMS personnel, curriculum development, competency determination, and maintenance, monitoring, and evaluation.~~

~~The off-line medical director meets on a regular basis with on-line medical directors and the EMS training director to evaluate on-line system performance, to review problems, and suggest changes in treatment, triage, or operational protocols. All on-line medical directors must be approved by the off-line medical director.~~

~~“Mississippi Trauma Advisory Committee” (MTAC) - (See Appendix A) advisory body created by legislature for the purpose of providing assistance in all areas of trauma care system development and technical support to the Department of Health; members are comprised of EMS Advisory Council members appointed by the chairman.~~

~~“Mississippi Trauma Care System Plan” (State Trauma Plan) - a formally organized plan developed by the Mississippi State Department of Health, pursuant to legislative directive, which sets out a comprehensive system of prevention and management of major traumatic injuries.~~

~~"On-Line (Supervising ALS) Medical Director" - On-Line medical control is provided through designated Primary Resource and Base Station Hospitals under the area direction of a supervisory ALS medical director who is on-line to the pre-hospital system stationed at the designated Base Station Hospital. Each provider of ALS must also have an on-line medical~~

~~director. The system must also have an on-line medical director for EMS training. These supervisory medical directors are organizationally responsible to the administrative (off-line medical director of the local EMS lead agency for program implementation and operations within his area of jurisdiction).~~

~~The ALS (on-line) medical director supervises the advanced life support, pre- and inter-hospital system and is responsible for the actual day-to-day operation of the EMS system. He carries out the "EMS systems design" in terms of pre-and inter-hospital transportation care and provides ALS direction to EMS providers depending on the transportation care and provides ALS direction to EMS providers depending on the system's configuration. He monitors all pre- hospital ALS activities within that system's region or area of responsibility. The ALS physician must review and monitor compliance to protocols for both the pre-and inter-hospital settings.~~

~~The ALS (on-line) medical director in conjunction with the EMS training medical director reviews paramedics, Advanced EMTs, EMTs, mobile intensive care nurses, and physician competencies and recommends certification, re-certification, and decertification of these personnel to the EMS health officer of the lead agency responsible for the certification decertification, and recertification of EMS personnel. Monitoring the competency of all pre- hospital EMS personnel activities is within his responsibility.~~

~~He attends medical control meetings where area system performance and problems are discussed and recommendations to the administrative off-line director are made. He also conducts regular case reviews and other competency evaluation and maintenance procedures and reports back to the administrative (off-line) medical director.~~

~~This ALS (on-line) physician assumes the supervision and responsibility for all advanced care rendered in an emergency at the scene of an accident and en route to the hospital under his area jurisdiction. Each on-line medical director representing the hospitals providing medical control has the authority to delegate his duties to other emergency department physicians who may be on duty and placed in a position of giving medical direction to pre-hospital ALS personnel.~~

~~"Paramedic" - an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. (National EMS Scope of Practice Model) Paramedics must possess valid licensed issued by the BEMS.~~

~~"Pediatric Trauma Center" - Either (a) a licensed acute care hospital which typically treats persons fourteen (14) years of age or less, which meets all relevant criteria contained in these Regulations and which has been designated as a pediatric Trauma Center; or (b) the pediatric component of a Trauma Center with pediatric specialist and a pediatric intensive care unit.~~

“Performance Improvement” (or "quality improvement") - a method of evaluating and improving processes of patient care which emphasizes a multi-disciplinary approach to problem solving,
and focuses not on individuals, but systems of patient care which might cause variations in patient outcome.

"Permit" - shall mean an authorization issued for an ambulance vehicle as meeting the standards adopted pursuant to this chapter.

"Pre-hospital Provider" - all personnel providing emergency medical care in a location remote from facilities capable of providing definitive medical care.

"Primary Resource Hospital" - The Primary Resource Hospital (PRH) is responsible for implementing the medical control design of the ALS system. It has the major functional responsibility for implementing protocols (treatment, triage, and operations) and the monitoring of program compliance to these by on-line medical supervision. This hospital must be an acute general care facility equipped with voice and biomedical telemetry equipment. It should be staffed with critical care nurses and emergency physicians, or physicians under the direction and supervision of physicians totally versed and committed to emergency medicine. It must be capable of functioning as a Communications Resource as described in the section on Medical Direction and pre-hospital ALS personnel should be able to receive medical control and direction from this facility anywhere within the district. It is also understood that this facility is
responsible for overall supervision of medical directions that may be issued by other participating hospitals within the district.

This hospital provides and coordinates interdisciplinary training for ALS providers within the district. The lead agency may choose to delegate or contract this responsibility to other institutions."

“Protocols” - standards for EMS practice in a variety of situations within the EMS system.

“Regional Trauma Plan” - a document developed by the various Trauma Care Regions that follows the State Trauma Plan, and approved by the Mississippi State Department of Health, which describes the policies, procedures and protocols for a comprehensive system of prevention and management of major traumatic injuries in that Trauma Care Region.

“Regionalization” - the identification of available resources within a given geographic area, and coordination of services to meet the need of a specific group of patients.

“Service Area” (or "catchment area") - that geographic service area defined by the local EMS agency licensure.

“Specialty Care Facility” - an acute care facility that provides specialized services and specially trained personnel to care for a specific portion of the injured population, such as pediatric, burn injury, or spinal cord injury patients.

"Surveillance" - the ongoing and systematic collection, analysis, and interpretation of health data in the process of describing and monitoring a health event.

"Trauma" - a term derived from the Greek for "wound"; it refers to any bodily injury (see "Injury").

"Trauma Care Facility" (or "trauma center") - a hospital that has been designated by the department to perform specified trauma care services within a Trauma Care Region pursuant to standards adopted by the department.

"Trauma Care Region" - Trauma Care Region is a geographic area of the state formally organized, in accordance with standards promulgated by the department and has received designation from the department, for purposes of developing and inclusive care system.

"Trauma Care System Planning and Development Act of 1990" - The federal law that amended the Public Health Service Act to add Title XII - Trauma Programs. The purpose of the legislation being to assist State governments in developing, implementing, and improving regional systems of trauma care, and to fund research and demonstration projects to improve rural EMS and trauma.

"Trauma Care System" - an organized approach to treating patients with acute injuries; it provides dedicated (available 24 hours a day) personnel, facilities, and equipment for effective and coordinated trauma care in an appropriate geographical region, known as a Trauma Care Region.

"Trauma Center Designation" - the process by which the Department identifies facilities within a
Trauma Care Region.

"Trauma Program Manager" - a designated individual with responsibility for coordination of all activities on the trauma service and works in collaboration with the trauma service director.

"Standing Orders" - are those specific portions of the treatment protocols that may be carried out by ALS personnel without having to establish contact with medical control facility. These standing orders represent nationally recognized treatment modalities and allow the ALS personnel to treat life-threatening problems without delay.

"State EMS Medical Director" - A Mississippi licensed physician, employed by the Mississippi Department of Health, who is responsible for the development, implementation, and evaluation of standards and guidelines for the provision of emergency medical services and EMS medical direction in the state. This physician must have experience in EMS medical direction and be board certified in emergency medicine. This physician must be experienced with EMS systems, EMS medical direction, evaluation processes, teaching, and curriculum development. It is the
goal of the State EMS Medical Director to ensure the care delivered by EMS systems in the state is consistent with recognized standards and that quality is maintained in a manner that

assures professional and public accountability. The State EMS Medical Director must serve as an advocate for efficient and effective emergency medical services throughout the state.

The Responsibilities of the State EMS Medical Director include but are not limited to:

* Oversight of all aspects of EMS Medical direction in the state * Oversight of the of standards and minimum qualifications for EMS Medical Directors

* Approval of Offline Medical Directors for ambulance services

* Approval of protocols for ambulance services

* Approve training programs, training standards, and curricula for EMS providers and medical directors.

* Oversight of all aspects of EMS quality assurance and performance improvement in the state

* Approval of the Quality Assurance and Performance Improvement plans for ambulance services

* Serve as Chairman of the Committee on Medical Direction, Training, and Quality Assurance

* Serve as Chairman of the EMS Performance Improvement Committee

* Serve as Chairman of the EMS Protocol Committee

* Act as a liaison with public safety and disaster planning agencies

* Act as a liaison with national EMS agencies

* Oversight of issues related to complaints, investigations, disciplinary procedures involving patient care, performance standards, and medical direction

"State Trauma Plan" – See Mississippi Trauma Care Plan

"Transfer" - The movement (including the discharge) of a patient outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly with) the hospital, but does not include such a movement of a patient who (a) has been declared dead, or (b) leaves the facility without the permission of any such person.

"Treatment Protocols" - are written uniform treatment and care plans for emergency and critical patients. These treatment plans must be approved and signed by the off-line medical director and/or medical groups. (Appendix 2)

"Triage" - the process of sorting injured patients on the basis of the actual or perceived degree of injury and assigning them to the most effective and efficient regional care resources, in order to insure optimal care and the best chance of survival.

~~“Triage Criteria” - a measure or method of assessing the severity of a person's injuries that is used for patient evaluation, especially in the prehospital setting, and that utilizes anatomic or physiologic considerations or mechanism of injury.~~

~~"Triage Protocols" - are region wide plans for identifying, selecting, and transporting specific critical patients to appropriate, designated treatment facilities.~~