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File Date: 5/6/13

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Department of Health
Division:	Emergency Medical Services
Contact Person:	Keith D. Hodges
Address:	220 Athens Way, Suite 210 Nashville, Tennessee 37243
Phone:	(615) 741-8218
Email:	Keith.D.Hodges@tn.gov

Any individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	ADA Coordinator at the Division of Emergency Medical Services
Address:	227 French Landing Drive, Suite 303 Heritage Place MetroCenter, Nashville, TN 37243
Phone:	615-741-2584
Email:	

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Iris Conference Room, Heritage Place MetroCenter	
Address 2:	227 French Landing Drive	
City:	Nashville, TN	
Zip:	37243	
Hearing Date :	6/26/2013	
Hearing Time:	10:00 am	XCST/CDT ___EST/EDT

Additional Hearing Information:

Revision Type (check all that apply):
X Amendment
___ New
___ Repeal

Rule(s) (**ALL** chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	**Chapter Title**
1200-12-01	General Rules
Rule Number	**Rule Title**
1200-12-01-.03	Emergency Medical Services Equipment and Supplies

Rule 1200-12-01-.03 Emergency Medical Services Equipment and Supplies is amended by deleting the rule in its entirety and substituting instead the following language, so that amended, the rule shall read:

1200-12-01-.03 Emergency Medical Services Equipment and Supplies. Each provider shall maintain the required equipment for the level of service to provide appropriate emergency care and, where applicable, patient care during transport, on each permitted vehicle. It is anticipated that equipment supplies and medication changes may be necessary from time to time. Refer to https://health.state.tn.us/ems/ for the current ambulance equipment, supplies and medications specifications.

(1) Definitions – as used in this rule, the following terms and abbreviations shall have these meanings:

(a) "Critical" (C) means any equipment, supplies or medications critical for lifesaving patient care and which by its absence would jeopardize patient care."

(b) "Non-Critical" (N) means such equipment, supplies or medications provided in sufficient amounts for patient care, but when missing may not result in serious harm to a patient.

(c) "Optional" (O) means any equipment, supplies or medications of elective use, which shall be operational and sanitary.

(d) "Specifications" refers to the federal standards and performance requirements for equipment and devices recognized within the emergency medical services industry and adopted by the board as an appendix to these rules.

(2) A written or electronic copy of protocols must be available on each ambulance.

(3) Safety devices are required on each ambulance in accordance with Ambulance Equipment and Medication Specifications.

(4) Oxygen, inhalation, ventilation, and airway management devices are required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications.

(5) Diagnostic and assessment devices are required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications.

(6) Bandages and dressing material are required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications.

(7) Immobilization devices are required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications.

(8) Patient care supplies are required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications.

(9) Infection control supplies are required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications.

(10) Intravenous therapy supplies are required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications.

(11) Cardiac defibrillators and monitors are required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications for use by appropriately trained personnel.

(12) Medications and required drugs are required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications. Medications must be packaged and stored in accordance with pharmacological guidelines for sterility, cleanliness, dosage, and expiration.

(13) A triage-tagging system that can be used in mass casualty situations/incidents is required on each ambulance in accordance with the Ambulance Equipment and Medication Specifications.

(14) Air ambulances are required to have the equipment specified under Rule 1200-01-.05.

(15) Equipment requirements as detailed in paragraphs (3) to (12) shall not apply to vehicles used solely for neonatal critical care transport.

(16) Neonatal transport equipment and supplies shall conform to the standards adopted in the Tennessee Perinatal Care System Guidelines for Transportation, Tennessee Department of Health, Maternal and Child Health Section, Fifth Edition, 2006, or the successor publication.

(17) Ambulances found to be lacking any critical (C) equipment, supplies or medications, or lacking six or more non-critical (N) equipment, supplies or medications, will result in the ambulance failing its inspection. Ambulances found to be lacking five or fewer non-critical (N) equipment, supplies or medications will receive a warning. Conditional acceptance during inspection may be recognized by the Division's representative when good faith efforts are demonstrated by the provider to acquire or repair minimal equipment, subject to a recheck of any conditional deficiencies within forty-five (45) days of the initial inspection.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-140-504, 68-140-505, 68-140-506, and 68-140-507.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: May 6, 2013

Signature:

Name of Officer: Keith D. Hodges

Title of Officer: Assistant General Counsel

Subscribed and sworn to before me on: May 6, 2013

Notary Public Signature: Mollie A. Gass

My commission expires on: 1/7/14

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Filed with the Department of State on: 5/6/13

Tre Hargett by Wm Hart, PDA

Tre Hargett
Secretary of State

MOLLIE A. GASS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JULY 7, 2014

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