

**TABLE OF CONTENTS**

**Office of Emergency Medical Services**

Emergency medical services regulations. Definitions . . . . . 19a-179- 1

Regional emergency medical services councils . . . . . 19a-179- 2

Regional EMS coordinators . . . . . 19a-179- 3

Primary service area responder (PSAR) . . . . . 19a-179- 4

Licensure and certification . . . . . 19a-179- 5

When license or certification not required . . . . . 19a-179- 6

Records . . . . . 19a-179- 7

Accident reports . . . . . 19a-179- 8

Specifically prohibited acts . . . . . 19a-179- 9

Categorization of and staffing requirement for services . . . . . 19a-179-10

Availability of response services . . . . . 19a-179-11

Mobile intensive care services (MICS): MICS authorization for patient treatment and establishment of mobile intensive care services . . . . . 19a-179-12

Release of care to physician on scene . . . . . 19a-179-13

Personnel equivalency . . . . . 19a-179-14

Reprimand, suspension, revocation of a license or certificate . . . . 19a-179-15

Repealed . . . . . 19a-179-16

Minimum personnel qualifications - certification and licensure . . . 19a-179-16a

EMS training programs . . . . . 19a-179-17

Minimum vehicle standards . . . . . 19a-179-18

Advertising. . . . . 19a-179-19

Hearing. . . . . 19a-179-20

Rate setting for emergency medical services . . . . . 19a-179-21



## Office of Emergency Medical Services

### Sec. 19a-179-1. Emergency medical services regulations. Definitions

Those definitions set forth in C.G.S. Sec. 19a-175 shall govern the provisions of these regulations, in addition to the following:

(a) “Activation time” means the measure of time from notification to the EMS provider that an emergency exists, to the beginning of the response of the emergency vehicle.

(b) “Advertising” means the promotion or announcement of one’s business name and services in a manner intended to attract members of the public to use such business services.

(c) “Commissioner” means the commissioner of health services as defined in Sec. 19a-175 of the C.G.S.

(d) “Council” means regional emergency medical services council.

(e) “Director” means the director of the office of emergency medical services (OEMS).

(f) “Dispatch Center” means the organization responsible for receiving emergency calls and notifying the appropriate emergency medical service providers of such calls for help, and assigning them to respond to such calls.

(g) “Emergency Medical Services Provider” or “EMS Provider” means a person, association, or organization who provides immediate and/or life saving transportation and medical care away from a hospital to a victim of sudden illness or injury, and who may also provide invalid coach services.

(h) “Emergency Medical Services Instructor” or “EMS-I” means an individual who has successfully completed the requirements of Sec. 19a-179-16 (d) of these regulations and is certified by the office of emergency medical services to teach, supervise and conduct courses in EMS training programs.

(i) “Emergency Medical Technician” or “EMT” means an individual who has successfully completed the requirements established by Sec. 19a-179-16 (b) of these regulations and is certified as an EMT by the office of emergency medical services.

(j) “Emergency Medical Technician–Intermediate” or “EMT-I” means an individual who has successfully completed the requirements established by Sec. 19a-179-16 (c) of these regulations and is certified as an EMT-I by the office of emergency medical services.

(k) “Emergency Medical Technician–Paramedic” or “EMT-P” means an individual who has successfully completed the requirements established by Sec. 19a-179-16 (c) of these regulations and is certified as an EMT-P by the office of emergency medical services.

(l) “First Responder” means the EMS provider who is notified for initial response to a victim of sudden illness or injury.

(m) “Invalid Coach Transportation” means transportation to or from a private home, health care facility, or hospital for examination, diagnosis, treatment, therapy or consultation. Invalid Coach transportation is only to include the transportation of non-stretcher patients for whom the need for resuscitation, suctioning, or other emergency medical care or continuous observation is not evident.

(n) “Medical Communications Coordination Center” means an organization responsible for the coordination of medical frequencies to ensure allocation of such frequencies on a priority basis to EMS personnel requesting communications with a medical facility.

(o) “Medical Control” means the active surveillance by physicians of mobile intensive care sufficient for the assessment of overall practice levels as defined by statewide protocols.

(p) “Medical Direction” means the provision of medical advice, consultation, instruction and authorization to appropriately trained or certified personnel by designated staff members at sponsor hospitals.

(q) “Medical Response Technician” or “MRT” means an individual who has successfully completed the requirements established by Sec. 19a-179-16 (a) of these regulations and is certified as an MRT by the office of emergency medical services.

(r) “Mobile Intensive Care” or “MIC” means pre-hospital care involving invasive or definitive skills, equipment, procedures, and other therapies.

(s) “Mobile Intensive Care Medical Director” means a physician on the staff of the sponsor hospital, appointed by the sponsor hospital to be medically responsible for the facility’s participation in the mobile intensive care system.

(t) “Mobile Intensive Care Service” means the organized provision of intensive, complex prehospital care, consistent with acceptable emergency medical practices, utilizing qualified personnel supervised by physicians and hospitals as part of a written emergency medical services agreement with the mobile intensive care provider.

(u) “Mobile Intensive Care Unit” means an emergency vehicle equipped in accordance with Sec. 19a-179-18 (b) of these regulations and operated by a mobile intensive care provider.

(v) “Mutual Aid” means a written agreement between emergency medical service providers or among a group of such providers to ensure cooperative aid in times of need.

(w) “Office of Emergency Medical Services” or “OEMS” means the office established within the department of health services pursuant to C.G.S. Sec. 19a-178.

(x) “Primary Service Area Responder” or “PSAR” means the designated EMS provider for first call in a primary service area.

(y) “Primary Service Area” or “PSA” means a specific municipality or part thereof, to which one designated EMS provider is assigned for each category of emergency medical response services.

(z) “Regional Medical Advisory Committee” or “RMAC” means a committee composed of physicians and other members appointed by the regional emergency medical services council, for the purpose of advising the council on medical practices and medical quality assurances.

(aa) “Regional Medical Director” means a physician licensed to practice medicine in Connecticut who is authorized by the council to develop and represent council positions on medical matters.

(bb) “Response Time” means the total measure of time from notification to the EMS provider that an emergency exists, to arrival of the EMS provider at the patient’s side, and is the total of “activation time” and “travel time.”

(cc) “Sponsor Hospital” means a hospital which has agreed to maintain staff for the provision of medical control to emergency medical service providers and which has been approved by OEMS in accordance with Sec. 19a-179-12 (a) (7) of these regulations.

(dd) “State Medical Advisory Committee” or “SMAC” means a committee composed of the medical directors of each regional emergency medical services council and the medical director of OEMS, for the purpose of advising the OEMS on medical matters within the emergency medical services system in the state.

(ee) ‘‘Travel Time’’ means the measure of time from the beginning of the response of the emergency vehicle to arrival on scene.

(Effective July 2, 1993)

### **Sec. 19a-179-2. Regional emergency medical services councils**

(a) There shall be a regional emergency medical services council in each EMS region of the state, such regional council boundaries shall be designated by the commissioner. Each council shall provide advice and guidance on policy to OEMS and the regional coordinator as to the regional problems, needs, and priorities in the area of emergency medical services.

(b) Opportunity for membership on each council shall be available to all appropriate representatives of emergency medical services including, but not limited to, one representative from each of the following:

- (1) Local governments;
- (2) Fire service and law enforcement officials;
- (3) Medical and nursing professions, including mental health, paraprofessional and other allied health professions;
- (4) Providers of ambulance services, certified and licensed;
- (5) Institutions of higher education;
- (6) Consumers

(c) Each regional emergency medical services council shall consider matters of policy and priority regarding emergency medical services within its region and shall annually develop an EMS plan for its region and submit the plan annually to OEMS.

(d) The Council shall submit to OEMS for its approval information concerning its organizational structure, membership, officers and by-laws pursuant to C.G.S. Sec. 19a-183. Any changes in this submitted information shall be forwarded to OEMS quarterly.

(e) Each regional council shall review and within sixty (60) days forward to the commissioner, together with its recommendations, all grant and contract applications for federal and state funding pertaining to emergency medical services.

(Effective June 14, 1988)

### **Sec. 19a-179-3. Regional EMS coordinators**

(a) There shall be a regional EMS coordinator in each region who shall be appointed by the regional EMS council, subject to the Commissioner’s approval that the EMS coordinator can perform the duties in this section in a manner as to enhance the EMS system. In those regions where no regional EMS council exists, such coordinator shall be appointed by the commissioner.

**(b) The regional EMS coordinator shall be responsible for the following:**

- (1) Facilitating the work of the regional EMS council in developing the plan for the coordination of emergency medical services within the region;
- (2) Implementing the regional EMS plan;
- (3) Continuous monitoring and evaluation of all emergency medical services in that region;
- (4) Making a complete inventory of all personnel, facilities and equipment within the region related to the delivery of emergency medical services pursuant to guidelines established by the commissioner.
- (5) Maintaining liaison with the director of OEMS or his or her designee;
- (6) Acting as staff for the council;
- (7) Coordinating EMS planning activities related to disasters and mass casualty events and assisting in the establishment of mutual aid agreements; and,

(8) Performing such other duties as are negotiable between the council and the commissioner.

(Effective June 14, 1988)

**Sec. 19a-179-4. Primary service area responder (PSAR)**

(a) OEMS shall assign, in writing, a primary service area responder for each primary service area. All municipalities within the State of Connecticut shall be covered by said assignments. Primary service area responders shall be either licensed or certified by OEMS pursuant to C.G.S. Sec. 19a-180. An express condition of licensure or certification as an emergency medical service provider shall be the availability and willingness of the emergency medical service provider to properly carry out any PSAR assignment made by OEMS pursuant to this section of these regulations.

**(b) The factors to be considered by OEMS in assigning any emergency medical services provider as a PSAR shall be as follows:**

(1) Size of population to be served;

(2) Effect of proposed PSAR assignment on other emergency medical service providers in the area;

(3) Geographic locations of the proposed PSAR provider;

(4) The proposed PSAR's record of response time;

(5) The proposed PSAR's record of activation time;

(6) The proposed PSAR's level of licensure or certification; and,

(7) Other factors which OEMS determines to be relevant to the provision of efficient and effective emergency medical services to the population to be served.

Prior to such assignment, OEMS shall solicit the advice and recommendation of the appropriate regional council and the chief administrative official of the municipality in which the PSAR lies for consideration in light of the above factors.

(c) Each PSAR shall be assigned to only one designated response service for each given category of service available. Any circumstances under which another designated response service would receive first call priority, such as central dispatch sending the closest available vehicle, shall be stipulated in the assignment of the PSAR.

(d) A PSAR assignment may be withdrawn when it is determined by OEMS that it is in the best interests of patient care to do so. Upon transmittal to OEMS of the recommendation of the appropriate regional council, along with reasons in support of said recommendation, that withdrawal of a PSAR assignment is appropriate, OEMS shall institute proceedings pursuant to C.G.S. Sec. 19a-177 through Sec. 19a-182, inclusive, and the applicable regulations of the department of health services promulgated thereunder. The regional council and the designated primary service area responder shall be permitted to present evidence and arguments to the commissioner in support of their respective positions. Upon consideration of the council recommendation and any other evidence or argument presented, the commissioner shall make a decision, in writing, whether to withdraw the assignment. If an assignment is withdrawn, OEMS shall at the same time assign the PSAR responsibility to another provider. The commissioner may initiate such proceedings without being requested to do so by the council, but shall notify the council of its intent.

(e) Where the chief administrative official of the municipality in which the PSA lies can demonstrate to the commissioner that an emergency exists and that the safety, health and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, that chief administrative official may petition the commissioner, in writing, to suspend the assignment imme-

diately. In such cases, the chief administrative official shall develop a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities. Upon a finding that an emergency exists and that the safety, health, and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, the commissioner may suspend the assignment immediately and order a plan for alternative provision of emergency medical services, pending prompt compliance with the requirements of the subsection (d) above.

(Effective June 14, 1988)

### **Sec. 19a-179-5. Licensure and certification**

(a) Any person wishing to provide emergency medical services shall apply to the OEMS for a license or a certificate as appropriate to the service offered in accordance with C.G.S. Sec. 19a-180 and any regulations promulgated thereunder. All response services shall apply to the OEMS indicating that such service is a duly incorporated agency under Connecticut law, with a chief executive officer who shall sign the application for certification or licensure and who is specifically accountable for the EMS operations as such agency, or that such service is a duly designated element of a governmental body with a chief executive officer who shall sign the application for certification or licensure and with an officer of the agency who shall be directly responsible for EMS operations of that agency. Such application shall be made on forms provided by the OEMS and shall contain sufficient information to establish that the proposed service complies with all limitations, conditions and procedures required by the OEMS in accordance with C.G.S. Sec. 19a-175 through Sec. 19a-179, inclusive, Regulations of Connecticut State Agencies, Sec. 19a-180-1 to 19a-180-10, inclusive and these regulations.

(b) Each service holding a license shall apply on forms provided by the OEMS for renewal of such license not later than December 31st of each calendar year. Each service holding a certificate of operation shall apply on forms provided by the OEMS for renewal of such certificate not later than the last day of each assigned quarter during the calendar year. Applications for annual licensure or certification renewal shall include the following information:

- (1) Services to be provided;
- (2) Address of business location;
- (3) Total number of EMS vehicles, by category;
- (4) Certificates of malpractice and public liability insurance;
- (5) Name and address of any owner of the service in the case of a commercial service, and the names and addresses of its officers if the owner is a corporation, or the name and address of officers in the case of a volunteer service, or the name and address of the chief elected official and any other municipal service;

(6) Agent for service of process and all other official notices required pursuant to C.G.S. Sec. 19a-175 through Sec. 19a-199, inclusive, and any regulations promulgated thereunder;

(7) For licensed service only, payment of the one hundred dollar (\$100.00) annual fee imposed by C.G.S. Sec. 19a-180. The renewal application shall be signed by the chief executive officer.

#### **(c) Issuance and renewal of licenses or certificates.**

(1) Upon determination by OEMS that an applicant is in compliance with all applicable statutes and regulations, OEMS shall issue a license or certificate, or a renewal of license or certificate, to operate the service for a period not to exceed twelve (12) months.

(2) A license or certificate shall be issued in the name of the service applying for a license or certificate.

(3) The license or certificate shall not be transferable to any other person or service except as provided by Sec. 19a-180-1 through Sec. 19a-180-10, inclusive, of the Regulations of Connecticut State Agencies.

(d) **Change in status.**

(1) Any change of ownership, services provided, number of vehicles or location shall require a new license or certificate to be issued. The licensee or certificate holder shall apply to OEMS in writing prior to the implementation of any such change.

(2) Any change in other information required by Sec. 19a-179-5 (b) (1) through (6), inclusive shall be reported to OEMS within ten (10) business days of the implementation of any such change.

(e) **Change of Ownership for emergency medical service organizations holding a primary service area.**

(1) The intended purchaser of any licensed or certified emergency medical service organization holding a primary service area shall:

(A) At least 30 days prior to the intended date of purchase, provide the Department with a written notice of intent to purchase said business.

(B) Complete an "Intent to Purchase" form provided by the Department, which shall include, at a minimum, the following:

(i) Name of business to be purchased;

(ii) A detailed description of what is included in the transaction;

(iii) A description of the geographic boundaries of the Primary Service Area(s) served by the business to be purchased;

(iv) Attestation from the purchaser and the chief administrative official of the municipality in which the Primary Service Area lies, on forms provided by the Department. Said attestation shall indicate that the purchaser has agreed to meet or exceed the performance standards to which the purchased emergency medical service organization was obligated pursuant to its agreement with the municipality. A separate attestation form shall be used for each municipality included in the transaction.

(C) Comply with all state laws and regulations governing licensing or certification of emergency medical services organizations.

(2) A change of ownership of any licensed or certified emergency medical service organization shall not occur unless all provisions of this section are met.

(Effective June 14, 1988; amended September 27, 2001)

**Sec. 19a-179-6. When license or certification not required**

When an ambulance service which is operated from a location or headquarters outside the State of Connecticut provides emergency medical services inside of the State of Connecticut, no license or certificate shall be required of the service or its personnel under C.G.S. Sec. 19a-180 with respect to the following activities of such ambulance service:

(a) Transporting a patient from a location outside the state to a location within the state; or,

(b) Transporting a patient from a location within the state to location outside the state; or,

(c) Utilization within Connecticut for assistance during times of mutual aid mass casualty or disaster situations; or,



(d) Responding in this state in accordance with a written mutual aid agreement which has been approved by OEMS.

(Effective June 14, 1988)

### **Sec. 19a-179-7. Records**

(a) Each licensed or certified emergency medical service shall maintain for a period of at least five (5) years, records on each person employed by the service in a paid or unpaid capacity. Such records shall include at least the following information:

- (1) Name;
- (2) Address and telephone number;
- (3) Type and date of training; and,
- (4) Certification levels, including date of issuance and renewal.

(b) Each licensed and certified emergency medical service shall maintain, for a period of at least seven (7) years, records on each request for service. Such record shall include at least the following information:

- (1) Name;
- (2) Date;
- (3) Time of notification;
- (4) Time of response;
- (5) Location of response;
- (6) Time of arrival at scene;
- (7) Patient condition upon arrival for emergency patients;
- (8) Treatment rendered;
- (9) Destination location; and,
- (10) Time of arrival at destination;

(c) Licensed and certified emergency medical service providers shall maintain all business records, including those required to be maintained by this section, at the business location set forth on the most recent licensure or certification application or renewal form.

(d) All records maintained by a licensed or certified emergency medical services provider, including those required to be maintained by this section, shall be subject to routine inspection by the OEMS upon reasonable notice to the service. In cases involving investigations by the OEMS, such records shall be made available to the OEMS during normal business hours, without prior notice. The failure to grant OEMS access to such files shall be grounds for suspension or revocation of a license or certificate.

(Effective June 14, 1988)

### **Sec. 19a-179-8. Accident reports**

Each ambulance service or invalid coach service shall report to OEMS, in writing, within ten (10) business days of occurrence, any accident which has been deemed by the law enforcement agency or primary jurisdiction to be the fault of the service or which has resulted in personal injury, or property damage estimated to be in excess of six hundred dollars (\$600.00), or both. Such report shall include a copy of the accident investigation report by the investigating law enforcement officer or a copy of the report filed with the Connecticut department of motor vehicles by the driver of the vehicle involved.

(Effective June 14, 1988)

**Sec. 19a-179-9. Specifically prohibited acts**

(a) No person acting as an emergency medical service provider shall possess or carry dangerous weapons such as firearms, night sticks, explosive devices or knives with blades over four (4) inches long in an emergency medical service vehicle. This provision shall not apply to sworn law enforcement officers while on duty as such.

(b) No person acting as an emergency medical service provider shall possess or carry handcuffs. Nor shall any person possess or carry any other restraint devices except those approved by OEMS in accordance with subsection 19a-179-18 (a) (2) (R) of these regulations. This provision shall not apply to sworn law enforcement officers while on duty as such.

(c) No person shall smoke in the patient compartment of an emergency medical service vehicle.

(d) No person, organization, association or entity shall represent itself as being recognized by the OEMS unless it has in its possession a current certificate or license issued by OEMS.

(e) No person shall represent herself or himself to be an "MRT," "medical response technician," "EMT," "emergency medical technician," "intermediate" or "paramedic" unless she or he is currently certified as such by OEMS in accordance with these regulations.

(f) No person engaged in the provision of emergency medical services shall commit an act which is detrimental to the safety, health, or welfare of a patient or the general public.

(g) No person, acting as part of the emergency medical services system, shall perform treatment methods unless she or he is certified by the OEMS at a level which allows such performance.

(h) No person, acting as part of the emergency medical services system, shall perform treatment methods beyond that for which the responding service is certified.

(i) No person, regardless of certification, shall independently perform treatment methods identified in Sec. 19a-179-12 (b) unless acting as part of the emergency medical services system, in accordance with Sec. 19a-179-12.

(Effective June 14, 1988)

**Sec. 19a-179-10. Categorization of and staffing requirement for services**

(a) **First Responder.** A first responder service shall have the capability of providing at least the following at the scene of each EMS call to which it responds:

(1) Personnel

(A) One medical response technician (MRT) who:

(i) Is certified in accordance with Sec. 19a-177-16 (a) of these regulations; and

(ii) Has the ability to respond to EMS calls with a two-way radio compatible with the first responder service dispatcher.

(2) Supplies.

(A) Bandaging material and dressing sufficient to control hemorrhage;

(B) Oropharyngeal or mouth-to-mouth airways in infant, child and adult sizes. Such airways shall be nonrigid and nonmetal in construction;

(C) Portable oxygen administration apparatus with 30 minutes supply at 7 lpm flow rate, which is operable totally detached from the parent vehicle. Such unit shall be capable of accepting attachment to a nasal cannula, mouth/nose mask or as enrichment feed to a forced ventilation unit.

(b) **Basic Ambulance Service.** A basic ambulance service shall have the capability of providing at least the following at the scene of each EMS call to which it responds:

## (1) Minimum Personnel

(A) One medical response technician (MRT) who is certified in accordance with Sec. 19a-179-16 (a) of these regulations; and

(B) One emergency medical technician (EMT) who:

(i) Is certified in accordance with Sec. 19a-179-16 (b) of these regulations; and  
 (ii) Shall attend the patient in the patient compartment of the ambulance at all times.

(2) Basic ambulance service vehicles shall comply with Sec. 19a-179-18 (a) of these regulations.

(c) **Mobile Intensive Care–Intermediate Level–(MIC-I).** A MIC-I level shall have the capability of providing at least the following at the scene of each EMS call to which it responds.

(1) One emergency medical technician (EMT) who is certified in accordance with Sec. 19a-179-16 (a) of these regulations

(2) One emergency medical technician–intermediate (EMT-I) who:

(A) Is certified in accordance with Sec. 19a-179-16 (c) of these regulations; and  
 (B) Shall attend the patient in the patient compartment of the ambulance at all times.

(3) MIC–Intermediate level vehicles shall comply with Sec. 19a-179-18 (b) of these regulations.

(d) **Mobile Intensive Care–Paramedic Level–(MIC-P).** A MIC-P service shall have the capability of providing at least the following at the scene of each EMS call to which it responds:

(1) A minimum of one (1) basic EMT, certified in accordance with Sec. 19a-179-16 (b) of these regulations, and one (1) EMT-P, certified in accordance with Sec. 19a-179-16 (c) of these regulations. The EMT-P shall provide advanced level skills; and

(2) MIC-P service vehicles shall comply with Sec. 19a-197-18 (b) of these regulations.

(e) **Invalid Coaches.** An invalid coach service shall have the capability of providing at least the following for each request for service to which it responds.

(1) Within ninety (90) days of effective date of these regulations, a minimum of one person trained in CPR in accordance with standards of the American Heart Association or the American Red Cross, and who may also serve as the driver.

(2) An invalid coach vehicle shall comply with Sec. 19a-179-18 (c) of these regulations.

(f) A service may be licensed/certified in one or more categories of service.

(Effective June 14, 1988)

### Sec. 19a-179-11. Availability of response services

Each basic ambulance service and mobile intensive care service shall be prepared to respond to calls for emergency services originated from an EMS dispatch center for its primary service area on a 24 hour a day, 7 day a week, basis, or arrange with other certified or licensed response services to offer coverage for its PSA during nonoperational hours with no reduction in level of service. If such arrangement with other services is necessary, a copy of a written agreement between the services to that effect shall be enclosed in the response service's application, described in Sec. 19a-179-5 of these regulations. The following requirements shall be followed in carrying out the requirement set forth above:

(a) If a service has only one ambulance in operation or only one crew available to respond to calls, and the service is the only service within a municipality, that

ambulance and crew shall be reserved for emergency calls within the service's PSA, or for calls for mutual aid.

(b) If a service has only one ambulance in operation but there are other licensed or certified services based within the municipality, the service may use its only ambulance for rendering service other than emergencies only if the service first determines that there is an ambulance and crew available from the other service within the municipality to respond to emergencies.

(c) If a service has only one ambulance in operation but there is a written mutual aid agreement in effect for basic ambulance coverage from an adjacent PSA service and there is a designated first responder service in the municipality, the service may make its only vehicle available for rendering service other than emergencies.

(d) Each response service shall maintain contact with the dispatch center concerning the location and availability of system vehicles.

(Effective June 14, 1988)

**Sec. 19a-179-12. Mobile intensive care services (MICS): MICS authorization for patient treatment and establishment of mobile intensive care services**

**(a) Establishment of Mobile Intensive Care Services**

(1) A proposal for the establishment of a mobile intensive care service (MICS) shall be submitted to OEMS at least 45 days prior to its anticipated implementation. This proposal must contain:

(A) A plan identifying the relationship between the MICS applicant and the sponsor hospital. This relationship shall be documented by a written agreement between the MICS applicant and the hospital's chief executive officer, and the proposal shall include a copy of this agreement. This agreement shall specifically include the standards for MIC personnel and programs set forth in Secs. 19a-179-10, 19a-179-16 and 19a-179-17 of these regulations.

(B) A statement that the MICS will provide adequate and qualified personnel to ensure that the MICS will be continuously available on a 24 hour a day, 7 day a week, basis.

(2) OEMS will notify the appropriate regional council within five (5) days of receipt of an MICS application. Each regional council will consider the application and make its recommendations to OEMS within forty (40) days. Where a regional council recommendation is not adopted, OEMS will provide written comments to the appropriate regional council.

(3) MIC activities shall be subject to medical control and direction by sponsor hospitals.

(4) MIC personnel shall be under the supervision and direction of a physician at the sponsor hospital from which they are receiving medical direction.

(5) MIC services shall be under the control of the MIC medical director, or his or her designee, such as an on-line emergency department staff member.

(6) To be approved by the OEMS as a sponsor hospital, a hospital must:

(A) Be licensed under C.G.S. Sec. 19a-490 through Sec. 19a-493, inclusive;

(B) Appoint an emergency department staff person as liaison to the MIC personnel;

(C) Have two-way radio communications system interface with the capability to provide prehospital medical direction;

(D) Appoint an MIC medical director who shall be responsible for the following:

(i) Appropriateness of current operating protocols.

(ii) Assurance of medical supervision and training of MIC personnel.

(iii) Review of MIC personnel medical performance.

(iv) Withholding of medical authorization and the recommendation of suspension of MIC personnel from the system when in the interest of patient care, in accordance with Sec. 19a-179-15 (c) of these regulations on licensure and certification.

(7) Each sponsor hospital must provide OEMS with documentation that shall include:

(A) A description of the role that the hospital is to have in the MIC system.

(B) A description of the procedures to be followed by MIC personnel in obtaining medical direction.

(C) The treatment protocols to be used.

(D) Procedure for modification of treatment protocols.

(E) A description of the quality assurance function.

(8) Upon completion of the requirements of subdivisions (5) and (6) above, OEMS shall approve the hospital as a sponsor hospital. Such approval shall continue so long as:

(A) The hospital continues to meet the requirements of subdivision (5) above, and

(B) The hospital notifies OEMS of any changes in the information supplied to OEMS pursuant to subdivision (6) above within thirty (30) days thereof.

(9) Any service providing mobile intensive care on the effective date of these regulations shall have twelve (12) months to comply with these regulations.

**(b) MICS Authorization for Patient Treatment**

(1) Certified MIC personnel functioning with an approved MICS are authorized to perform the following medical care treatments under medical control:

(A) EMT–Intermediates (EMT–I’s) may:

(i) Administer intravenous solutions.

(ii) Apply pneumatic antishock garment.

(iii) Perform pulmonary ventilation by esophageal obturator airway or esophageal-gastric tube airway.

(B) EMT–Paramedics (EMT–P’s) may:

(i) Administer intravenous solutions.

(ii) Perform pulmonary ventilations by intubation.

(iii) Apply pneumatic antishock garment.

(iv) Administer parenteral medication included in approved protocols.

(v) Perform cardiac defibrillation.

(vi) Perform other procedures and treatments as indicated by patient need when consistent with training and ability and protocols.

(2) Persons other than certified MIC personnel who function with an approved MICS may be authorized to perform any of the medical care treatments under medical control set forth in subsection (b) (1) above provided that:

(A) all other criteria of this section are met; and,

(B) prior application is made and written approval of OEMS is obtained based on its determination that such personnel can perform said treatments at least as proficiently as persons who are certified.

Such persons shall be registered but not certified by OEMS.

(3) Prior to licensure or certification, a MICS must submit a roster of its mobile intensive care personnel to its sponsor hospital and to OEMS. The roster must be corrected as changes occur.

(c) Any service licensed or certified on the effective date of these regulations shall have twelve (12) months to comply with Sec. 19a-179-12 (a) of these regulations.

(Effective June 14, 1988)

**Sec. 19a-179-13. Release of care to physician on scene**

EMS personnel may release patient care responsibility to an on-scene physician only after:

(a) The physician has been identified as a Connecticut licensed physician and has offered some form of identification, such as a driver's license, which confirms the credentials; and,

(b) Obtaining from the physician a commitment to accompany the patient to the hospital in the vehicle transporting the patient; and,

(c) Having the physician speak directly to the person responsible for medical direction and receiving authority to release the patient.

(Effective June 14, 1988)

**Sec. 19a-179-14. Personnel equivalency**

(a) EMT personnel are qualified and authorized to perform the functions of MRT personnel.

(b) EMT-I, and EMT-P personnel are qualified and authorized to perform the functions of EMT personnel.

(Effective June 14, 1988)

**Sec. 19a-179-15. Reprimand, suspension, revocation of a license or certificate**

(a) The commissioner of health services, after a hearing, may issue a written reprimand to, or suspend or revoke a license or certificate of, any emergency medical services provider, or may temporarily or permanently suspend from practice any emergency medical service provider in any case in which he finds that there has been a substantial failure to comply with the requirements established under C.G.S. Secs. 19a-175, to 19a-199, inclusive, and these regulations, or in which he finds that the provider has failed to maintain the standards of the emergency medical services profession. Notice of such hearing to the holder of a license or certificate shall be effected by registered or certified mail or by personal service, setting forth the particular reasons for the proposed action and fixing a date, not less than thirty days from the date of such mailing or service, at which the holder of such license or certificate shall be given an opportunity for a hearing. Such hearing may be conducted by the commissioner of health services, a deputy commissioner, or by a member of the department of health services designated by said commissioner. On the basis of such hearing, or upon default of the holder of such license or certificate, the person conducting such hearing shall specify his findings and conclusions, and said department may, upon the basis of such findings and conclusions, revoke or suspend the license or certificate or take any interaction it deems necessary. A copy of such decision shall be sent by registered or certified mail or served personally upon the holder of such license or certificate. The procedure governing hearings authorized by this section shall be in accordance with C.G.S. Secs. 4-177 to 4-182, inclusive, and with Secs. 19-2a-1 to 19-2a-41, inclusive, of the Regulations of Connecticut State Agencies. A full and complete record shall be kept of all proceedings. A copy or copies of the transcript may be obtained by any interested party on payment of the cost of preparing such copy of copies.

(b) A MIC medical director may withhold medical authorization from, and may recommend to OEMS and the regional medical director the removal from practice of, any MIC level personnel or service when such personnel or service act in a manner which evidences incompetence, negligence, or otherwise poses a threat to public health or safety or which is contrary to medical direction.

(Effective June 14, 1988)

**Sec. 19a-179-16.**

Repealed, December 29, 2000.

**Sec. 19a-179-16a. Minimum personnel qualifications - certification and licensure****(a) Medical Response Technician.**

(1) In order to qualify for initial medical response technician certification, or for current certification of a lapsed certificate, an applicant shall meet one of the following requirements: (A) successfully complete, within twelve months of the date of application for certification, a training program, which if offered outside Connecticut, adheres to a United States Department of Transportation, National Highway Traffic Safety Administration, First Responder National Standard Curriculum and includes an examination. A training program offered in Connecticut shall be approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies and shall include an examination approved by the Department; (B) hold current certification as a person entitled to perform similar services under a different designation by the National Registry of Emergency Medical Technicians or its successor organization as approved by the Department, or by a state which maintains certification requirements equal to or higher than those in this state; or (C) have held emergency medical technician certification pursuant to section 19a-179-16a(b) of the Regulations of Connecticut State Agencies or emergency medical technician-intermediate pursuant to section 19a-179-16a(c) of the Regulations of Connecticut State Agencies or paramedic licensure pursuant to chapter 384d of the Connecticut General Statutes and completed the examination required in subparagraph (A) of this subdivision.

(2) In order to qualify for recertification an applicant shall meet the following requirement:

(A) complete a minimum of fifteen hours of refresher training, approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed twenty-four months for the period starting with the date of the initial certification and extending through the end of the sixth consecutive year of certification. Starting in the seventh year of certification and thereafter, an applicant shall complete fifteen (15) hours of refresher training, approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed thirty-six months. Refresher training programs shall include both written and practical testing; (B) individuals may complete one out-of-state refresher training program throughout the lifetime of the certificate which may be accepted in lieu of a refresher training program required pursuant to section 19a-179-16a(a)(2)(A) of the Regulations of Connecticut State Agencies provided: (i) the individual is currently certified as a medical response technician or as a person entitled to perform similar services under a different designation in another state; (ii) the refresher training program is equal to the refresher training program required pursuant to section 19a-179-16a(a)(2)(A) of the Regulations of Connecticut State Agencies; and (iii) the refresher training program is approved by the appropriate regulatory body of such other state.

(3) No certificate shall be issued to a person applying for certification pursuant to section 19a-179-16a(a)(1) of the Regulations of Connecticut State Agencies against whom a complaint is pending adjudication in another state or with the Department of Public Health.

**(b) Emergency Medical Technician**

(1) In order to qualify for initial emergency medical technician certification, or for current certification of a lapsed certificate, an applicant shall successfully complete a written and practical examination prescribed by the Department and meet one of the following requirements: (A) successfully complete a training program which, if offered outside Connecticut, adheres to the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician National Standard Curriculum. A training program offered in Connecticut shall be approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies; (B) hold current certification to perform similar services under a different designation by the National Registry of Emergency Medical Technicians or its successor organization as approved by the Department, or by a state which maintains certification requirements equal to or higher than those in this state; or (C) hold a current unrestricted Connecticut registered nurse, advanced practice registered nurse, physician/surgeon, or physician assistant license and complete a minimum of twenty-five (25) hours of refresher training, approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies.

(2) In order to qualify for recertification, an applicant shall meet one of the following requirements: (A) complete a minimum of twenty-five (25) hours of refresher training, approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed twenty-four months for the period starting with the date of the initial certification and extending through the end of the sixth consecutive year of certification. Starting in the seventh year of certification and thereafter, an applicant shall complete twenty-five (25) hours of refresher training, approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed thirty-six months. Such refresher training programs shall include both written and practical testing; (B) successfully complete the examination required pursuant to section 19a-179-16a(b)(1) of the Regulations of Connecticut State Agencies at intervals not to exceed twenty-four months for the period starting with the date of the initial certification and extending through the end of the sixth consecutive year of certification. Starting in the seventh year of certification and thereafter, an applicant shall complete the examination required pursuant to section 19a-179-16a(b)(1) of the Regulations of Connecticut State Agencies, at intervals not to exceed thirty-six months; (C) individuals may complete one out-of-state refresher training program throughout the lifetime of the certificate which may be accepted in lieu of a refresher training program required pursuant to section 19a-179-16a(b)(2)(A) of the Regulations of Connecticut State Agencies provided: (i) the individual is currently certified as an emergency medical technician or as a person entitled to perform similar services under a different designation in another state; (ii) the refresher training program is equal to the refresher training program required pursuant to section 19a-179-16a(b)(2)(A) of the Regulations of Connecticut State Agencies; and (iii) the refresher training program is approved by the appropriate regulatory body of such other state; or (D) an applicant who is certified as an emergency medical services-instructor issued pursuant to section 19a-179-16a(d) of the Regulations of Connecticut State Agencies may qualify for recertification as an emergency medical technician provided such emergency medical services-instructor served as an emergency medical services-instructor within two years of application for recertification, for the required modules of a training program required pursuant to section 19a-179-16a(b)(1)(A) of the Regulations of Connecticut State Agencies or section 19a-179-



16a(b)(2)(A) of the Regulations of Connecticut State Agencies or equivalent modules in any Department-approved initial or refresher course.

(3) No certificate shall be issued to a person applying for certification pursuant to section 19a-179-16a(b)(1) of the Regulations of Connecticut State Agencies against whom a complaint is pending adjudication in another state or with the Department of Public Health.

**(c) Emergency Medical Technician-Intermediate**

(1) In order to qualify for initial emergency medical technician-intermediate certification, or for current certification of a lapsed certificate, an applicant shall successfully complete, within one year of date of application, an examination prescribed by the Department, and meet the following requirements: (A) hold current emergency medical technician certification issued pursuant to section 19a-179-16a(b) of the Regulations of Connecticut State Agencies and successfully complete a training program which, if offered outside Connecticut, includes those modules of a United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Intermediate National Standard Curriculum required by the Department or if offered in Connecticut, shall be approved by the Department. A training program offered in Connecticut must be approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies; or (B) hold current certification to perform similar services under a different designation by the National Registry of Emergency Medical Technicians or its successor organization as approved by the Department, or by a state which maintains certification requirements equal to or higher than those in this state.

(2) In order to qualify for recertification, an applicant shall meet the following requirements: (A) complete a minimum of twenty-five (25) hours of refresher training required pursuant to section 19a-179-16a(b)(2)(A) of the Regulations of Connecticut State Agencies and approved by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, at intervals not to exceed twenty-four months. Such refresher training programs shall include both written and practical testing; and (B) complete a minimum of twenty-three (23) credit hours of continuing education at intervals not to exceed twenty-four (24) months. Such twenty-three (23) hours shall include, but not be limited to, coursework in intravenous techniques and advanced airway management. One credit hour shall mean a minimum of sixty (60) minutes of live instruction which a participant physically attends, either individually or as part of a group. (C) Each certified emergency medical technician-intermediate shall maintain written documentation of completion of continuing education activity for a period of four years. Said documentation may be maintained by the sponsor hospital or emergency medical services provider with which such certificate holder is affiliated or employed. The Department may inspect such certificate holder records as it deems necessary. Such documentation shall be submitted to the Department only upon the Department's request to the certificate holder. The certificate holder shall submit such records to the Department within forty-five days of the Department's request.

(3) No certificate shall be issued to a person applying for certification pursuant to section 19a-179-16a(c)(1) of the Regulations of Connecticut State Agencies against whom a complaint is pending adjudication in another state or with the Department of Public Health.

**(d) Emergency Medical Services-Instructor**

(1) In order to qualify for initial emergency medical services-instructor certification, or for current certification of a lapsed certificate, an applicant shall apply on

forms prescribed by the Department and shall meet the following requirements: (A) hold current emergency medical technician certification issued pursuant to section 19a-179-16a(b) of the Regulations of Connecticut State Agencies or Emergency Medical Technician-Intermediate certification issued pursuant to section 19a-179-16a(c) of the Regulations of Connecticut State Agencies or Paramedic licensure issued pursuant to section 20-206ll of the Connecticut General Statutes; (B) be recommended by a Connecticut Emergency Medical Services Regional Council or Connecticut State Agency. In order to obtain such Regional Council or Connecticut State Agency recommendation, the applicant shall submit to the regional council or Connecticut State Agency: (i) a letter of endorsement, signed by two currently certified emergency medical services-instructors documenting that the applicant has completed, under the supervision of such instructors, at least twenty-five (25) hours of student teaching in courses approved pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies; (ii) documentation that the applicant has a minimum of twenty-four (24) months of emergency medical service, within thirty-six (36) months of the date of application, with an ambulance or rescue organization or in the emergency medical care field as approved by the Department; (iii) evidence that the applicant satisfactorily completed, within the previous twelve (12) months, the written examination required pursuant to subdivision (1) or (2) of subsection (b) of this section. The pass point for EMS-I applicants shall be prescribed by the Department; and (C) shall comply with one of the following: (i) successfully complete a Department approved emergency medical services instructor course, or its equivalent as approved by the Department. Application for emergency medical services instructor certification must be made to the Department within two years of completing an approved instructor course or its equivalent; or (ii) individuals who have successfully completed an approved emergency medical services instructor course or its equivalent as approved by the Department, more than two years prior to the date of application for emergency medical services instructor certification, shall provide evidence of at least fifty (50) hours of teaching experience every two years since completion of the course, on forms provided by the Department.

(2) In order to qualify for recertification, an applicant shall meet the following requirements: (A) satisfactorily accrue a minimum of fifty (50) contact hours consisting of attendance at approved continuing education courses and instruction of approved EMS courses within the prior twenty-four (24) month period. The fifty (50) contact hours shall include a minimum of thirty-five hours of teaching in at least five different topics of a training program approved pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies, and a minimum of five hours attained by attending continuing education approved by the Department. (B) Each certified emergency medical services-instructor shall maintain written documentation of completion of the requirements prescribed pursuant to section 19a-179-16a(d)(2)(A) of the Regulations of Connecticut State Agencies for a period of four years. The Department may inspect such certificate holder records as it deems necessary. Such documentation shall be submitted to the Department only upon the Department's request. The certificate holder shall submit such records to the Department within forty-five (45) days of the Department's request. (C) Maintain current certification as an emergency medical technician pursuant to section 19a-179-16a(b)(2) of the Regulations of Connecticut State Agencies or as an emergency medical technician-intermediate pursuant to section 19a-179-16a(c)(2) of the Regulations of Connecticut State Agencies or maintain licensure as a Paramedic pursuant to section 20-20611 of the Connecticut General Statutes.

(3) No certificate shall be issued to a person applying for certification pursuant to section 19a-179-16a(d)(1) of the Regulations of Connecticut State Agencies against whom a complaint is pending adjudication in another state or with the Department of Public Health.

(e) **Paramedic.**

(1) In order to qualify for paramedic licensure an applicant shall meet the requirements of Chapter 384d of the Connecticut General Statutes.

(2) The training program, as used in section 20-206mm(a) of the Connecticut General Statutes, means a program that, if offered outside Connecticut, is equal to or exceeds a training program adhering to the United States Department of Transportation, National Highway Traffic Safety Administration, Paramedic National Standard Curriculum. Training programs offered in Connecticut shall be approved in advance by the Department pursuant to section 19a-179-17 of the Regulations of Connecticut State Agencies.

(3) Reinstatement. A person previously licensed as a paramedic whose license has become void pursuant to section 19a-88 of the Connecticut General Statutes, may apply for licensure pursuant to the provisions of section 19a-14-1 to 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies.

(Adopted effective December 29, 2000)

**Sec. 19a-179-17. EMS training programs**

(a) **In order to conduct an OEMS-approved training program for any classification set forth in Sec. 19a-179-16 of these regulations, a person must:**

(1) Deliver to OEMS at least thirty (30) days prior to the planned initiation of the program a written application to conduct said training program on a form prescribed by OEMS. Such application shall include, but is not limited to, the following information:

(A) A list of teaching facilities to be used, and of available teaching aids and supplies.

(B) A proposed list of instructors, assistant instructors, and physician lecturers to be used during the course of the program.

(C) A statement of compliance that the program meets the most recent National Standard Training Curriculae, as approved by the United States Department of Transportation, National Highway Safety Traffic Administration, for the appropriate category.

(2) Ensure that there is a state-certified EMS-I responsible for all class sessions.

(3) Follow the training manual developed by OEMS, as kept current and on file at OEMS, and made available to the general public.

(4) Maintain complete financial and administrative records for inspection by OEMS.

(b) OEMS shall approve or disapprove such training program proposal applications and notify the appropriate regional council within twenty (20) days of the delivery of the proposal to OEMS. Prior to approval, OEMS shall consult with the regional EMS coordinator for his/her recommendation. Where a regional EMS coordinator's recommendation is not adopted, the OEMS will provide written comments to the regional EMS coordinator.

(c) To enroll in an OEMS-approved training program for any classification set forth in Sec. 19a-179-16 of these regulations as a student/trainee, an individual must apply to the person conducting the program in a form and manner set forth by the OEMS. Applicants who have not attained the age of eighteen shall submit with

their application a consent form, prescribed by OEMS, which had been signed by a legal guardian.

(Effective June 14, 1988)

**Sec. 19a-179-18. Minimum vehicle standards**

(a) Basic ambulance vehicles shall be inspected at least annually by OEMS and shall conform to the following design and equipment standards:

(1) Design.

(A) Minimum 60" head room in patient compartment measured from floor aisle space to head liner.

(B) Minimum 114" interior length in patient compartment from inside back door to rear of driver's compartment.

(C) Minimum 12" unobstructed aisle space bet primary patient stretcher and any obstruction for full length of primary patient stretcher on one side.

(D) Ability to achieve and maintain an average patient compartment temperature of 65°–70° regardless of weather conditions.

(E) Electrical intercom or signal lights or an open partition to permit exchange of patient condition information between patient compartment and driver.

(F) Sufficient secure storage to permit secure loading and confinement of all items which could move freely about patient area in the event of a collision or roll over.

(G) Rotating or flashing warning lights visible 360° about vehicle.

(H) Mechanical and/or electrical siren.

(I) Two-way radio communications that are compatible with the state approved communications system and will allow communicating with communications coordinating centers (e.g. regional communications centers, central emergency medical dispatch), dispatch and/or directly to the hospital.

(J) Exterior identification visible on two opposite sides of vehicle showing the name of the service the vehicle is operated by.

(K) Any basic ambulance vehicle shall meet or exceed the design criteria of General Services Administration Specifications KKK-A-1822, as amended, with the following exceptions and/or substitutions [Federal specification number shown in parenthesis ( ) ]:

(i) Spare tire (3.6.10)

(ii) Tire changing tools (3.6.3)

(iii) Engine high idle speed control, automatic (3.7.6.1)

(iv) Internal 12 volt d.c. power (3.7.7.3)

(v) 115 volt a.c. utility power (3.7.8)

(vi) Utility power connector (3.7.8.1) - optional

(vii) Electrical 115 volt a.c. receptacles (3.7.8.2)

(viii) Solid state inverter (3.7.8.3)

(ix) Override front bumpers (3.9.6.1)

(x) Interior storage accommodations (3.11.3)

(xi) Exterior storage accommodations (3.11.1)

(xii) Extrication equipment and storage (3.11.2.1)

(xiii) Storage compartments and cabinet design transparent doors (3.11.3)

(xiv) Color, paint and finish (3.16.2)

(xv) Color standards and tolerances (3.16.2.1)

(xvi) Emblems and markings (3.16.4)–substitute the following:

a. Front of vehicle—the word “AMBULANCE” in block, reflectorized letters, not less than four inches high shall be mirror image, centered above the grill.

b. Sides and rear of vehicle—the word “AMBULANCE” shall be in block, reflectorized letters, not less than six inches high, centered on each side and rear of vehicle body.

(xvii) Rustproofing (3.18)

(xviii) “Star of Life” (4.3)

(xix) Intended Use (6.1)

(2) Equipment

(A) Oxygen administration apparatus with 2 hours supply at 7 lpm flow rate, regulator controlled flow rate permitting adjustment from a minimum of 2 lpm–10 lpm with visual indication of flow rate. Adaptors so that a minimum of 2 patients may be provided  $O_2$  at the same time. A minimum of 2 each, nasal cannulas and mouth/nose masks.

(B) Portable oxygen administration apparatus with 30 minutes supply at 7 lpm flow rate, which is operable totally detached from parent vehicle. Such unit shall be capable of accepting attachment to a nasal cannula, mouth/nose mask or as enrichment feed to a forced ventilation unit.

(C) Suction apparatus capable of drawing a vacuum of 300mm of mercury. Such unit shall be operable completely independent of parent vehicle for a minimum period of 15 minutes. Such suction apparatus shall be compatible with both rigid and flexible catheters and a minimum of 1 catheter and 1 spare shall be carried.

(D) Mechanical forced resuscitation unit which is either hand operated (bag mask) or cycled only by operator manual control. Pressure cycles units are not acceptable. Such unit shall be compatible with  $O_2$  apparatus carried in the subject vehicle for purposes of oxygen enrichment. Such unit shall be compatible with infant, child and adult masks which shall be made of transparent material and shall be carried.

(E) Nonrigid, mouth-to-mouth, oropharyngeal airway maintenance devices in infant, child and adult sizes. A minimum of 1 and 1 spare for each size.

(F) Bite stick for maintaining an open-jawed position on an unconscious patient.

(G) A minimum of six large dressings of the ABD or multi-trauma type.

(H) Assorted dressings and bandages to facilitate hemorrhage control by direct pressure bandage on any area of the human body regardless of severity of hemorrhage.

(I) Aluminum foil, sterile vaseline gauze or other air excluding dressing material to permit air tight seal of wounds to the chest cavity.

(J) Two sterile sheets for isolating burn patients from external sources of contamination.

(K) A splinting device suitable for providing prolonged traction to a lower limb on a child or adult.

(L) Splinting material to permit immobilization and protection to any portion of a child or adult limb in any position. A minimum of 1 spare shall be carried for each size of splint.

(M) Short extrication device (e.g. short backboard with 2 straps minimum of 9' by 2", forehead and chin restraints) to permit the immobilization of suspected cervical fracture of a child or adult patient during removal from a confined space while in a seated position and during transport.

(N) A long extrication device (long backboard with 2 straps minimum 9' by 2") to permit the immobilization and transport of a spinal column fracture without vertical or horizontal expansion, contraction or twisting. A scoop stretcher is not a suitable device for this requirement.

(O) 3 cervical immobilization collars of assorted sizes (extrication type collars are recommended).

(P) Commercial stair chair to permit the movement of a patient either up or down within a confined stairway.

(Q) Adult and pediatric blood pressure manometer and cuff, and stethoscope for determining patient blood pressure both outside and inside of vehicle.

(R) Restraint devices of sufficient strength to restrain a violent adult and sufficiently padded to prevent chafing or injury to patient.

(S) A poison treatment kit in addition to one half gallon potable water.

(T) An obstetrical kit containing a minimum of 1 pair sterile gloves, scissors, umbilical cord clamps or tapes, sterile vaginal dressings, 2 towels, large plastic bag, and swaddling material.

(U) One emesis basin, 1 bed pan and 1 urinal.

(V) Not less than 2 pillows and 2 sets of linen to include 2 sheets 2 pillow cases, and 1 blanket per set.

(W) A minimum of 2 10 lb. ABC UL fire extinguishers, 1 carried in driver compartment and 1 in patient compartment.

(X) At least two battery operated, hand carried portable lights.

(Y) One wrecking bar minimum 24" in length.

(Z) At least one cot with 2 patient securing straps. Such cot shall be removable from the ambulance, and provision shall be made for positive locking when the cot is positioned in the vehicle.

(AA) Glucose in a form easily ingested orally.

(BB) A rebreathing device for use in treating hyperventilation syndrome.

(CC) Highway distress signalling devices, either a minimum of 3 hours duration red burning flares, or four reflectorized road marking triangles.

(DD) Two sets of sandbags.

(EE) Disposable procedure gloves, gowns, masks, and goggles.

(3) Each basic ambulance vehicle shall display decals supplied by OEMS on the rear exterior and in the patient compartment of the vehicle indicating it is certified by OEMS. Such decal shall be easily visible in the patient compartment and on the rear exterior of the vehicle.

(4) All required equipment shall be in working order, and each crew member shall be knowledgeable in the operation of such equipment. Substitution for equipment may be made only with the prior written approval of OEMS, upon its determination that the substituted equipment will function at least as well as that which is specified in subsection (2) above.

(5) Each basic ambulance certified vehicle shall be registered by the Connecticut department of motor vehicles as an ambulance.

**(b) MIC Units shall conform to the following design and equipment standards.**

(1) Design.

(A) Compliance with all safety and design requirements of the Connecticut department of motor vehicles.

(B) Compliance with all federal requirements for vehicle safety design.

(2) Equipment.

(A) Must comply with applicable requirements for basic certification either first responder or basic ambulance.

(B) Airway maintenance equipment as defined by the RMAC and approved by OEMS.

(C) Pneumatic antishock garment.

(D) Intravenous administration sets as defined by the RMAC and approved by OEMS.

(E) Intravenous solutions in nonbreakable containers as defined by RMAC and approved by OEMS.

(F) For EMT-Paramedic units only.

(i) Laryngoscope, batteries and blades in adult and pediatric sizes.

(ii) Adult and pediatric endotracheal tubes.

(iii) Electrocardiograph monitor with the capability of making a permanent record.

(iv) Cardiac defibrillator.

(v) Blood sampling tubes.

(vi) Medications in amounts and administration methods as defined by the RMAC and approved by OEMS.

(3) All equipment including that used for invasive therapies shall be cleaned and maintained between uses to assure protection from infection in subsequent use.

(c) **Invalid Coach**

(1) Vehicle Type—The vehicle is to be a van type unit of standard manufacture which meets all specifications for operations on Connecticut highways, as evidenced by registration with the Connecticut department of motor vehicles and satisfaction of the following requirements.

(2) Doors:

(A) All van type vehicles used shall be equipped with operating doors on each side of the driver's compartment.

(B) A side entrance door or doors shall be provided. These doors may be of the hinged swing double door type or sliding type single door, with a minimum opening of 40" in width and 54" in height. The door shall be equipped with a device which will activate an audible or flashing signal when the panels are not securely closed. The signal shall be clearly identifiable by the seated driver.

(C) The vehicles shall be equipped with a rear opening door or doors of the hinged type, with a minimum opening of 45" in width and 50" in height. Should the vehicle be equipped with a rear bench seat blocking the rear door, the vehicle shall be equipped with a rear bench seat quick release mechanism.

(D) Both side and rear doors shall be equipped with windows.

(3) Interior Design:

(A) The interior side walls shall be insulated with a fire resistant material and covered with suitable material at least equal to that installed by the manufacturer.

(B) The left side of the vehicle behind the driver shall be equipped with windows to be equal to the side door glazing.

(C) The floors shall be designed with  $\frac{3}{4}$  plywood base and covered with a linoleum, rubberized surface, or commercial grade carpet.

(D) The vehicle shall be equipped with an operating heater and air conditioning system capable of maintaining an interior temperature of 65°–70° F for the comfort of patients.

(E) The vehicle shall be equipped with a two-way radio with the capability of communicating with a dispatcher at all times when a patient is being transported.

(F) The minimum vehicle interior height shall be 60".

(G) Each van shall be equipped with at least two (2) overhead or dome type interior lights of standard manufacture.

(H) An additional light shall be provided which illuminates the lift device or ramp area. This light shall operate automatically when the side doors are opened.

(4) Roof Design—The vehicle shall be equipped with an extended roof reinforced by rolled bars and/or cages which have been certified to withstand one and one-half times the curb weight of the unloaded vehicle.

(5) Wheelchair Lifting Device—The vehicle shall be equipped with a commercially manufactured manual ramp or an electric or hydraulic lift, which is permanently affixed to the interior of the vehicle. The ramp or lift shall be capable of supporting a minimum total load strength of 600 pounds. The lift or ramp shall be equipped with a protective flange on each longitudinal side, sufficient in height to prevent a wheelchair from accidentally falling off the side of the lift or ramp. The lift or ramp surface shall be composed of or covered with a non-skid material. If an electric or hydraulic lift is utilized, the lift shall also be capable of manual operation in the event of engine failure.

(6) Wheelchair Restraining Devices—The vehicle shall be equipped with wheelchair locking devices securely affixed to the vehicle for each wheelchair position for which the vehicle is designed. The locking device shall be capable of immobilizing the wheelchair so that it is secured in at least two places during transport with longitudinal movement not to exceed two inches forward and backward, and without any lateral movement.

(7) Minimum Equipment:

(A) One first aid kit.

(B) One charged fire extinguisher—at least rated 10 BC. by the Underwriter's Laboratory.

(C) Four 30 minute road flares or warning reflectors.

(D) Separate seat restraints for securing patients in wheelchairs prior to loading, in the same quantity as the maximum number of patients the vehicle is designed to accommodate.

(E) Either motion sickness bags or plastic containers with covers in sufficient number equal to the maximum number of patients the vehicle is designed to accommodate.

(F) Blankets made of nonflammable material in sufficient number equal to the maximum number of patients the vehicle is designed to accommodate.

(8) Exterior Vehicle Identification:

(A) Utilize the state approved handicapped sticker minimum of 4" height and located on each side of the vehicle.

(B) Exterior identification visible on each side of the vehicle identifying the service which operates the vehicle with a minimum 4" lettering.

(C) Seating capacity shall be displayed in 2" lettering at curb side of the vehicle.

(9) All replacement invalid coach vehicles shall be in compliance with these regulations.

(10) All invalid coach vehicles currently in use shall be in compliance with these regulations by January 1, 1990.

(d) Emergency medical service vehicles shall be inspected every two years by OEMS at formally designated biennial inspections in addition to unannounced inspections or at hospital spot checks of ambulance vehicles. At such inspections, the OEMS inspector shall examine the vehicle for compliance with the above requirements and may also inspect for the following:

(1) Tires – for minimum tread depth as required by the Department of Motor Vehicles or for structural damage to the body of the tire.



- (2) Holes in the body of the vehicle into the driver or patient compartment.
- (3) Broken or missing windows.
- (4) Malfunctioning doors or door latches.
- (5) Missing door seals.
- (6) Missing or broken safety equipment including lights, mirrors, horns, or other devices required by law or regulation necessary to insure the safe operation of the vehicle.

(e) By virtue of the inspection as called for in Sec. 19a-179-18 (d) of these regulations, should an OEMS inspector determine that an ambulance vehicle is unsafe for any reason cited in the aforementioned section, the OEMS inspector shall affix a sticker to the outside of the window in the rear door which reads: "THIS VEHICLE IS UNSUITABLE FOR PATIENT TRANSPORTATION." The sticker shall be removed only by an OEMS inspector upon the reinspection of the vehicle and determination that the missing or damaged equipment has been repaired or replaced. During the period of time when the sticker is affixed to the vehicle, said vehicle shall not be used for patient transportation. The owner may request a hearing before the commissioner of health services or his designee to petition for reconsideration, stating upon what grounds such petition is based. Said hearing shall be conducted within forty-five (45) days of the request unless otherwise agreed by the requester and the commissioner.

(Effective June 14, 1988; amended September 30, 2003)

### **Sec. 19a-179-19. Advertising**

#### **(a) Emergency.**

(1) A provider shall not advertise emergency services by direct mailings, telephone solicitation, or other means specifically designed to solicit business unless such provider is the OEMS-approved primary service area responder in such municipality.

(2) Providers shall not advertise emergency services in print media which reaches beyond PSA boundaries unless the advertisement indicates the location from which the provider is authorized to operate by OEMS in letters at least as large as the name of the provider.

(3) Providers shall not advertise emergency services in audio or video media unless such advertisement clearly states the location from which the provider is authorized to operate by OEMS. The statement of location shall be emphasized at least as prominently as the name of the provider.

(4) Only the telephone numbers designated as primary response numbers by the council and approved by OEMS shall be placed in the emergency or community services sections of the telephone directories; any provider listing in the "yellow pages" section of telephone directories shall be in accordance with section (2) above.

#### **(b) Other than Emergency Medical Services.**

Licensed or certified emergency service providers may advertise services other than emergency and invalid coach services, provided that the word "nonemergency" is explicitly and prominently stated in the advertisement and provided that no word or expression which suggests the provision of emergency services issued. Such words or expressions which may not be used include, but are not limited to the words "emergency," "call direct," "immediate response," "eliminate delay," or "without delay".

(Effective June 14, 1988)

### **Sec. 19a-179-20. Hearing**

Any proceedings conducted in accordance with these regulations shall be considered a contested case under the department of health services rules of practice and

procedure, Secs. 19-2a-1 through 19-2a-41, Regulations of Connecticut State Agencies.

(Effective June 14, 1988)

**Sec. 19a-179-21. Rate setting for emergency medical services**

Pursuant to the authority of C.G.S. 19a-177, the following regulations are enacted.

(a) **Definitions**

(1) “Commissioner” means the commissioner of the Connecticut department of health services, acting through the office of emergency medical services.

(2) “Department” means the Connecticut state department of health services.

(3) “Certified provider” means a municipal or volunteer ambulance service issued a certificate of operation by the office of emergency medical services.

(4) “Licensed provider” means a commercial ambulance service issued a license by the office of emergency medical services or any volunteer or municipal ambulance service issued a license by the office of emergency medical services prior to July 1, 1981.

(5) “Basic level ambulance response” means the transportation of a patient at the basic life support level.

(6) “Intermediate level ambulance response” means the transportation of a patient requiring definitive medical care by a service certified to the intravenous level.

(7) “ALS/Paramedic level ambulance response” means the transportation of a patient requiring definitive medical care by a service certified to the ALS/Paramedic level.

(8) “Invalid coach response” means a nonemergency request to transport a wheelchair patient.

(9) “Maximum allowable rate” means the highest amount which a licensed or certified provider may charge a patient for a given service in accordance with the appropriate rate schedule.

(10) “Necessary costs” means the costs directly related to the service provided.

(11) “Reasonable return on gross revenue” means that percentage of gross revenue which the commissioner allows to be earned as profits by licensed providers.

(b) The commissioner shall establish maximum allowable rates for each licensed or certified provider annually on or before December 15th of each year. Such rate shall take effect on January 1st of the following year. Certified and licensed providers may render charges which are less than maximum allowable rates.

(c) The commissioner shall set maximum allowable rate schedules for any or all of the following classifications of services:

(1) Basic level ambulance response by a certified provider;

(2) Intermediate level ambulance response by a certified provider;

(3) ALS/Paramedic ambulance response by a certified provider;

(4) Basic level ambulance response by a licensed provider;

(5) Intermediate level ambulance response by a licensed provider;

(6) ALS/Paramedic level ambulance response by a licensed provider;

(7) Invalid coach response by a licensed provider.

(d) The commissioner shall set maximum allowable charges which will allow each provider to impose the following special charges under the following conditions:

(1) Mileage. The mileage charge may be applied from the point of origin within the town of movement of a patient to any final destination other than within the town of origin. Mileage charges are not allowable when the point of origin and the point of final destination of the call are within the boundaries of the same town.

Mileage shall be determined from the public utility control authority's official mileage docket no. 6770;

(2) **Waiting time.** Charges for waiting time may be assessed on the basis of a minimum of one hour. When waiting time is in excess of one hour, additional time may be charged in quarter hour increments;

(3) **Night time.** Charges may be assessed for a response between the hours of 7:00 p.m. through 7:00 a.m. the following morning;

(4) **Special Attendants.** Charges may be assessed for use of attendants with characteristics specifically requested by or on behalf of the patient. Such special characteristics may include, but are not limited to, special training or experience or an attendant of a specific gender. There shall be no additional charge if an attendant with the requested characteristics has already been scheduled by the ambulance provider.

(e) A certified or licensed provider shall not charge for services which are not specified in the appropriate rate schedule.

(f) **Filing:**

(1) On or before July 15th of each year, all licensed or certified providers shall file with the department the following financial information based upon the twelve months immediately preceding April 30th of the year of the application:

(A) Existing rate schedule;

(B) If the provider requests a rate increase, the requested rate schedule;

(C) A complete financial statement for the twelve months immediately preceding April 30th of the year of application, including:

(i) a statement of income and expenses on the forms provided by the department based on an accrual method of accounting;

(ii) a balance sheet indicating the condition of the business as of the close of business on April 30th of the year of application;

(iii) a review financial statement prepared in accordance with accepted accounting practices.

(D) Financial projections covering all items in subsection (f) (1) (C) of this section for the fiscal year of application reflecting the existing and requested rate schedules;

(E) A schedule of real property, transportation equipment and all other equipment owned or leased by the provider and currently in use in the provision of ambulance services;

(F) A schedule of planned capital expenditure over the next three years;

(G) A summary by rate classification of trips logged for the immediately preceding fiscal year;

(H) A schedule of annual compensation and benefits by job classification, including corporate officers and all employees;

(I) Numbers, job titles, annual salary ranges and hourly rate ranges of all corporate officers and employees.

(J) A schedule of any other services provided by the ambulance service provider under the same business structure;

(K) A sworn statement signed by the provider or duly authorized representative thereof that to the best of his/her knowledge the materials submitted in satisfaction of this provision are true, correct and complete and have been prepared from the books and records of the provider.

(2) Ambulance service providers shall provide the commission with any additional financial and operational information which is relevant to the rate setting; is covered under subdivision (1) of this subsection, and requested by it within fifteen

(15) calendar days of receipt of the request. The request for additional information shall be made no later than August 31st of each fiscal year.

(3) Any licensed or certified provider who fails to file information required by subdivisions (1) and (2) above by July 15th of each year or within fifteen (15) days of receipt of the department's request, whichever is later, shall be subject to sanctions as provided in section 19-73bb (b), C.G.S., and shall have a maximum allowable rates for all purposes which are the lesser of the following rates:

(A) The rates set in response to the current application;

(B) The rates set following the last filing to which the providers were a party, or if none, the rates in effect at the time these regulations become effective.

(4) The department reserves the right to conduct or order a provider to conduct a full audit as it deems necessary to confirm the accuracy of submitted materials.

(g) For the purpose of the regulations, any application filed in accordance with subsection (f) of this section shall be a contested case; shall require a hearing and shall be governed by sections 19-2a-35 through 19-2a-41, inclusive of the Regulations of Connecticut State Agencies.

(h) **Waiver of right to hearing:**

(1) The applicant may waive his/her right to a hearing by filing along with the application a signed statement which indicates that:

(A) The applicant knows of his/her right to a hearing held under the provisions of sections 19-2a-35 to 19-2a-41, inclusive, of the Regulations of Connecticut State Agencies; and

(B) The applicant willingly waives the right to such hearing.

(2) Notwithstanding subdivision (1) above, the commissioner may order, not later than August 15th, that a hearing be held.

(i) All information filed by the applicant pursuant to subsections (f), (g) and (h) of this section shall be treated by the commissioner as a substantially complete case in support of the application.

(j) **Rate Setting Method.** In setting the maximum allowable rates for each provider, the commissioner shall consider the following:

(1) The necessary costs incurred in providing said service;

(2) Net income after taxes;

(3) Utilization rate of equipment and personnel;

(4) Increases or decreases in the United States Department of Labor consumer price index factors relevant to ambulance maintenance and operation in Connecticut, and any other relevant economic inflationary factors;

(5) The anticipated change in cost to the provider of full compliance with new federal and state laws and regulations;

(6) Rate differential set and paid for by other state agencies and third party payors;

(7) The percentage of cancelled calls of the total number of calls during the preceeding fiscal year;

(8) A reasonable return on gross revenue; and

(9) Any other information the commissioner may deem relevant to the rate setting process.

(Effective June 14, 1988)