

PINELLAS COUNTY

EMERGENCY MEDICAL SERVICES

RULES & REGULATIONS

Purpose

The Pinellas County EMS Rules & Regulations have been developed to facilitate on-going improvements in the quality of emergency and non-emergency prehospital and inter-facility medical care for the citizens and visitors of Pinellas County. These rules and regulations are promulgated by the Pinellas County EMS Authority in accordance with the Pinellas County Code Chapter 54 (EMS Ordinance), Chapter 401, Florida Statutes and Chapter 64-J, Florida Administrative Code with incorporation of any subsequent amendments.

Every rule, regulation or other provision herein is subject to revision when, in the judgment of the EMS Authority, it is in the best interest of the EMS System. Before such changes are implemented, the EMS Authority shall notify all affected Provider Agencies and allow them to provide input through the EMS Management Committee, a standing committee of the EMS Advisory Council. The EMS Management Committee shall periodically review these EMS Rules & Regulations.

Section 1 - Definitions

For the purpose of these rules and regulations, the following terms, phrases, words and their derivations shall have the meaning given herein. The word "shall" is always mandatory and not merely directive.

“Administrative EMT/Paramedic/RN” means a State certified EMT, Paramedic or RN employed by a Provider Agency or the EMS Authority whose regular job duties do not include staffing a BLS First Responder unit, ALS First Responder unit, or Ambulance. Such EMTs and Paramedics may include Fire Chiefs, Division Chiefs, Staff Officers, Fire Marshals, Fire Inspectors, Directors, Managers, and Program Coordinators. This administrative classification shall not apply to EMS Chiefs, EMS Coordinators, Rescue Lieutenants, EMS Staff Officers or EMS Supervisors who must maintain active certification. Such Administrative EMTs/Paramedics/RNs are not County Certified, but, may attend CME as a regular student to ensure they remain familiar with the training and protocols utilized by Certified Professionals.

“Administrative Directive” means an official memorandum and any support materials issued by the EMS Authority which may implement or discontinue administrative procedures as may be necessary to provide oversight and management of the EMS System.

“Administrative Proceeding” means the formal process by which a Certified Professional may be disciplined through Probation, fulfillment of a Corrective Action Plan or Revocation of Certification when, in the judgment of the EMS Medical Director, a Certified Professional has departed or failed to follow established protocols, rules regulations or standards or in any situation of misconduct.

“Advanced Life Support (ALS)” means those emergency medical services as defined by Chapter 401 of Florida Statutes.

“Advanced Practice Paramedic (APP)” means a Certified Paramedic who, through additional training and demonstration of expertise, is authorized by the EMS Medical Director to perform specific diagnostic and/or therapeutic modalities beyond the usual scope of practice of a Certified Paramedic. The APP's expanded scope of practice applies only during the operation of, and in support of, the specific Special Operations Team to which they are trained and certified.

“Ambulance” means any vehicle which is equipped to provide Basic and Advanced Life Support services, whether publicly or privately owned, which is designed, constructed, reconstructed, maintained, equipped, or operated for, and is used for or intended to be used for the transportation of Patients.

“Ambulance Contractor” means the entity selected by the EMS Authority, pursuant to the Request for Proposal process, to provide all Ambulance Services in Pinellas County, except those specifically exempted by EMS Ordinance.

“Ambulance Service” means all transports of Patients by an Ambulance in Pinellas County, Florida.

“Background Screening Affidavit” means the affidavit substantially in the form of Appendix A.

“Basic Life Support (BLS)” means those emergency medical services as defined by Chapter 401 of Florida Statutes.

“Certificate of Public Convenience and Necessity (COPCN)” means the Certificate issued by the Pinellas County Board of County Commissioners, pursuant to Chapter 401, Florida Statutes and Pinellas County Code.

“Certification” or “Certified” means the local authorization in Pinellas County of an EMT, Paramedic, RN or EMS Physician to participate in Patient care or work in the EMS System in accordance with the requirements established by the Medical Control Board, the EMS Medical Director and approved by the EMS Authority.

“Certified Professional” means an EMS Physician, Registered Nurse, Advanced Practice Paramedic, Paramedic, EMT, Wheelchair Transport/Stretcher Van Driver, or Mental Health Transport Driver who is certified by the EMS Medical Director to perform duties in the EMS System.

“Client” means any person that uses transportation such as wheelchair transport, stretcher van or mental health transport and is not classified as a Patient by the Medical Operations Manual protocols or EMS Rules & Regulations.

“Continuing Medical Education” or “CME” means the medical education training program, through distance learning or classroom based courses, provided to meet the following purposes:

(1) core online and classroom based curriculum; (2) Advanced Cardiac Life Support (ACLS) provider, experienced provider and instructor courses; (3) Prehospital Trauma Life Support provider and instructor courses; (4) Advanced Medical Life Support (AMLS) provider and instructor courses; (5) Pediatric Education for Prehospital Professionals (PEPP) provider and instructor courses or equivalent; (6) specialized courses required for advanced practice Paramedics; (7) station based scenario based drills or skill labs; (8) Cardiopulmonary Resuscitation (CPR) provider and instructor courses; (9) state mandated training for re-certification; (10) additional training required by the National Registry of EMTs; and any (11) special conferences, workshops, classroom online courses or offerings identified by the Medical Director.

The CME programs shall meet the minimum requirements for EMTs and Paramedics to maintain their certification status in the Pinellas County EMS System, the State of Florida, and where applicable, the National Registry of Emergency Medical Technicians.

The CME program curriculum, except standardized courses, shall be designed and developed by the Authority’s staff and approved by the Medical Director. Courses shall have clear and concise learning objectives, meet state and national EMS training standards, comply with and reinforce Medical Operations Manual protocols, and utilize adult learning principles to ensure CME Student engagement. Online courses shall incorporate audio, video, external references, references to local rules and protocols, and an assessment to ensure course completion and proficiency. Classroom based courses

shall incorporate lecture, video, hands-on skill practice, scenario based practice and assessments that are competency based to ensure course completion and proficiency.

CME may also include specialized training for individuals or small groups to meet any remedial training requirements self-identified, identified by a Provider Agency or the Medical Director, or as a component of Quality Assurance Review or Corrective Action Plan in accordance with the Rules and Regulations.

For advanced or elective CME training, the EMS Medical Director may elect to teach classes directly or through the CME Instructors. Offerings from the advanced and elective CME program are intended to provide Certified Professionals in the System with broad opportunities for professional development.

“Continuing Medical Education (CME) ~~Planning Meeting~~ Steering Committee” means the ~~meeting committee~~ provided for in these rules and regulations for the EMS Authority staff and the EMS Medical Director to obtain feedback from stakeholders make recommendations regarding CME requirements, learning needs and curriculum development.

“Concurrent Employment” means a Certified Professional that maintains employment with two Provider Agencies.

“Corrective Action Plan” means written requirements imposed by the EMS Medical Director subsequent to an Administrative Proceeding that may include, but is not limited to, Remedial Training; completion of EMS System orientation; field internship; written examination; practical skill assessment; scenario based assessment; employee assistance plan (EAP) participation or counseling; substance abuse counseling and testing. At the successful completion of a Probationary period and a Corrective Action Plan, a Respondent, without other ongoing complaints, shall be returned to active Certification by the EMS Medical Director. The EMS Medical Director shall solicit input from the Provider Agency when developing a Corrective Action Plan.

“County” means Pinellas County, Florida.

“CME Instructor” means a County Certified Paramedic or County Certified Registered Nurse, employed by the Authority or a Provider Agency who is approved by the Medical Director to serve as a trainer to instruct specific Course(s) on a periodic or episodic basis. CME Instructors may be utilized to teach regular CME classes, specialized Courses, EMS system orientation or serve as a subject matter expert, curriculum developer or complete a specific task assignment.

“CME Release Form” means the authorization form that requires the release of the individual Certified Professional’s continuing medical education records, individual scores and results to the Provider Agency (employer) and the EMS Medical Director.

“CME Student” means an EMT, Paramedic, or Registered Nurse who is an active volunteer with or employed by the Authority or a Provider Agency and is County Certified. A CME Student may also be an EMT or Paramedic, who is employed by an affiliated agency if approved in writing by the EMS System Director.

“Course” means any individual CME offering available online or through a sufficient number of classroom based training classes. Regular CME Courses, online and classroom based, will typically be two (2) hours in duration.

“Critical Care Transport (CCT) Ambulance” means any ambulance which is equipped to provide advanced life support and specialty care transport services, whether publicly or privately owned, which is designed, constructed, reconstructed, maintained, equipped, or operated for, and is used for or intended to be used for land transportation of critical patients between Hospital facilities or to respond to complex 9-1-1/EMS incidents.

“Emergency Medical Technician (EMT)” means a county certified individual trained in basic life support as defined by Chapter 401 of Florida Statutes and certified by both the State of Florida and the EMS Medical Director to perform authorized procedures in the course of their duties in the EMS System.

“EMS Advisory Council” means the Council established by the EMS Authority’s enabling legislation, Chapter 80-585, Laws of Florida, as amended, to evaluate the County’s EMS System from a qualitative point of view, to include review of the operations of EMS on a county-wide basis, to recommend requirements and programs for the EMS System and monitor performance of same, to review and evaluate studies commissioned by the EMS Authority upon the EMS Authority’s request, and to make such recommendations as may be necessary to the EMS Authority on needs, problems and opportunities for trauma centers, and to carry out such other duties as may be required to insure the delivery of high quality, county-wide EMS at reasonable cost.

“EMS Authority” means the Pinellas County Emergency Medical Services Authority, a special district created by Chapter 80-585, Laws of Florida, as amended; the governing body of which is the Board of County Commissioners.

“EMS Incident” means an emergency or non-emergency request processed through the Regional 9-1-1 Center that needs or is likely to need medical services.

“EMS Medical Director” means the physician who is appointed by the EMS Authority to take responsibility for clinical performance and leadership of the EMS System. The EMS Medical Director may be called upon to respond to EMS incidents, mass casualty incidents or disasters, or function in the County Emergency Operations Center when needed.

“EMS Ordinance” means Chapter 54, Article III of the EMS Ordinance, as may be amended.

“EMS Physician” means a Florida licensed physician Certified to provide Online Medical Control.

“EMS System” means the network of organizations and individuals established to provide emergency medical services and non-emergency medical services to the citizens of and visitors of Pinellas County, including, but not limited to, Emergency Medical Dispatch provided by the Regional 9-1-1 Center, all BLS and ALS First Responder services, all Ambulance Services, all Helicopter Ambulance Services, all Wheelchair Transport/Stretcher Van Services, all Hospitals, Continuing Medical Education, Online Medical Control, quality assurance and improvement, public education, and related programs and services, hereinafter referred to as the “EMS System.”

“First Responder Agency” means any public or private entity which has signed a BLS or ALS First Responder Agreement with the EMS Authority and which has been issued a Certificate of Public Convenience and Necessity.

“First Responder Agreement” means a contract which has been negotiated and entered into by the EMS Authority with First Responder Agencies.

“Fiscal Year” means the year commencing on October 1 of any given year and ending on September 30 of the immediately succeeding year.

“Helicopter Ambulance Service” means any rotary wing aircraft equipped to provide advanced life support services and medical transportation which has received a Certificate of Public Convenience and Necessity.

“Hospital” means any Hospital or Freestanding Emergency Department in Pinellas County licensed pursuant to Chapter 395, Florida Statutes.

“In Service Training” means educational materials provided to Provider Agencies by the EMS Authority or EMS Medical Director for dissemination to all Certified Professionals which may be in the form of videos, audio recording, electronic documents, or online content regarding Administrative Directives or Medical Control Directives.

“Instructor Professional Development (IPD)” means the Medical Director led or authorized training for a CME Instructor to be authorized to teach a specific CME Course. Such training shall ensure CME Instructors understand the appropriate use of all equipment and supplies; know the clinical standards and protocols; and have a regular opportunity for professional development; to ensure highly effective and engaged learning occurs in the classroom.

“Just Culture” means the framework of assuring patient safety through error prevention and process improvement; assuring and improving the quality of Patient care and Client services; supporting a professional environment and culture that encourages and supports our Certified Professionals; understands human errors occur and how accountability is assured through consoling, coaching, counseling, Remedial Training, or corrective action. Refer to Appendix B.

“Learning Management System” means the integrated Fire and EMS software system utilized by Provider Agencies for online training, classroom based training attendance tracking, in-service education; dissemination of administrative and medical control directives, tracking receipt of protocols and directives, skill assessment and testing results. Authority’s staff and Medical Director shall have administrative rights to upload and post CME curriculum, in-service training modules, administrative and medical control directives, run attendance and grade reports for all CME Students, and reports for CME Instructor activity. All Provider Agencies shall remain on a common software platform.

“Medical Case Review” means a review conducted by the EMS Medical Director or designee, with all Certified Professionals involved with a case, to closely examine the care of a Patient using a positive and educational approach to determine where gaps in knowledge or errors occurred. Such Medical Case Reviews shall be conducted with a Just Culture framework to ensure a positive and supportive culture that encourages quality Patient care.

“Medical Control Board” means the board appointed by the EMS Authority pursuant to the EMS Ordinance to provide medical community consensus on policies and protocols of the EMS System.

“Medical Control Directive” means an official memorandum and any support materials or protocols issued by the EMS Medical Director which may institute or discontinue an emergency order; implement or discontinue protocols; alter a protocol or medication formulary; or any action as may be necessary to provide clinical oversight and management of the EMS System.

“Medical Operations Manual (MOM)” means the document which delineates the standard of Patient care and Client services for the EMS System and describes the scope of practice for Certified Professionals working in the EMS System. The MOM contains Administrative Policies, Clinical Standards, Treatment Protocols, Clinical Procedures, Medication Formularies, and Clinical Tools in an online and printed Manual.

“Medical Quality Management (MQM) Plan” or **“MQM Plan”** means the program, plan, requirements, and standards for Provider Agencies to monitor, assure, and improve the quality of patient care and services provided to Patients and Clients within the EMS System as specified by the EMS Medical Director in a document to be specifically titled the “Pinellas County EMS Medical Director Quality Assurance and Improvement Plan.”

“Observer” means a person who accompanies Certified Professionals on EMS incidents in an observation-only role to learn about the EMS System (i.e. Citizen, Elected or appointed government official, mass media representative, Hospital official, EMT or Paramedic training program faculty, or Fire/EMS explorer).

“On-Line Medical Control” means the consultation and direction given to field crews via radio or other communication links by the EMS Medical Director or an EMS Physician.

“Paramedic” means a county certified individual trained in advanced life support as defined by Chapter 401, Florida Statutes and certified by both the State of Florida and by the EMS Medical Director to perform authorized procedures in the course of their duties in the EMS System.

“Patient” means an individual who is ill, sick, injured, wounded or otherwise incapacitated and is in need of or is at risk of needing medical attention or care on-scene and/or during transport to or from a healthcare facility.

“Patient Care Report User’s Manual” means the standards and guidelines established for the completion of Patient care reports as may be amended. Refer to Appendix C.

“Provisional Certification” means the initial orientation and field internship of an EMT, Paramedic or RN seeking Certification for a prescribed period of time and or until specific terms are met.

“Probation” means a set period of time and/or the Corrective Action Plan successfully completed by a Respondent subsequent to an Administrative Proceeding to maintain the individual’s status as a Certified Professional within the EMS System.

“Provider Agency” or **“Provider Agencies”** means the Ambulance Contractor; all BLS and ALS First Responder Agencies; all Helicopter Ambulance Services and all Wheelchair Transport/Stretcher Van Services which have received a Certificate of Public Convenience and Necessity.

“Quality Assurance Review” means the fact finding and administrative processes to review an EMS Incident to determine the quality of Patient care provided and compliance to protocols and clinical standards subsequent to a complaint, question, random audit, or observation. Quality Assurance Reviews are intended to be positive learning experiences based upon the framework of Just Culture.

“Registered Nurse” means a Certified individual trained and licensed as a registered nurse by the State of Florida as defined by Chapter 464, Florida Statutes.

“Remedial Training” means a requirement for Certified Professional to successfully complete prescribed education or training as established by the EMS Medical Director or designee, as the result of a Quality Assurance Review or other observed need for improvement.

“Respondent” means a Certified Professional who is subject to an Administrative Proceeding.

“Restriction” means the temporary restriction of a Certified Professional's privileges for a prescribed period of time or until specified terms are met as a result of a Quality Assurance Review or incomplete CME training.

“Revocation” means an administrative action which permanently removes a Certified Professional's Certification.

“Special Operations Teams” means teams established to respond to unique or specialized situations to include, but is not limited to, the Community Paramedic (CP) Program, the Critical Care Transport (CCT) Team, the Critical Care Paramedic (CCP) Program, the Hazardous Materials (HAZMAT) Team, the Tactical EMS (TEMS) Team, and the Technical Rescue Team (TRT).

“Special Rescue Units” means BLS, partial ALS or ALS equipped Certified Personnel assigned to handle medical coverage at mass gatherings, special events or other EMS incidents utilizing non-standard response vehicles to include, but, not be limited to sport utility vehicles, non-transport all-terrain or utility vehicles, transport capable all-terrain or utility vehicles, motorcycles, bicycles, personal transporters or water rescue units.

“State” means the State of Florida.

“Student” means an EMT or Paramedic student attending an accredited EMT or Paramedic training program that has signed an agreement with the EMS Authority to participate in Patient care as part of the field internship and practical training program. Students shall function under the direct supervision of a Student Preceptor.

“Student Preceptor” means a Certified EMT or Paramedic in good standing who has been authorized by the EMS Medical Director to instruct, coach and provide field practical training to EMTs and Paramedics functioning as Students.

“Suspension” means the temporary withdrawal of a Certified Professional's privileges for a prescribed period of time; until applicable qualifications are met; during the pendency of an Administrative Proceeding; or until specified terms are met as a result of a Quality Assurance Review.

“Termination of Certification” means any Certified Professional that has ceased employment with a Provider Agency. This includes resignation, retirement, involuntary termination, or lay-off. Certification shall cease upon termination of employment.

“Training Coordinator” means the Authority's staff member responsible for the oversight of the CME program, the development of online and classroom based curriculum; and the evaluation, coaching and mentoring of CME Instructors.

“Training Plan” means the written plan of online and classroom based courses necessary to meet CME training requirements for each Fiscal Year. Such plan shall be prepared by the Training Coordinator, vetted and approved by and discussed at a the CME Planning Meeting-Steering Committee by November 15th each year for the following Fiscal Year. The Training Coordinator CME Steering Committee shall ensure such Training Plan meets all State, County and National Registry requirements. The Training Plan shall be finalized by the Authority through its budgetary process. The Training Plan shall remain standardized unless modified by the EMS Medical Director or EMS Authority staff, CME Steering Committee

“Training Schedule” means the Fiscal Year training calendar to ensure sufficient classes are available at each Training Site in a pattern of days, times, shifts and frequency that ensures appropriate Provider Agency availability and appropriate class sizes to not exceed thirty (30) CME Students per session and not exceed a 15:2 Student to CME Instructor ratio for regular Courses or a 6:1 ratio Student to CME Instructor ratio for specialized Courses. Such Training Schedule shall be prepared ~~by the Training Coordinator and discussed at a ,vetted and approved by the~~ CME Planning Meeting Steering Committee by November 15th each year for the following Fiscal Year. Such Training Schedule shall not exceed one hundred eighty (180) regular and make-up class sessions per Course. The Training Schedule shall remain standardized unless modified by the EMS Medical Director or the EMS Authority staff.~~CME Steering Committee.~~

“Training Sites” means the public facilities identified for CME training as may be amended by the EMS Medical Director or EMS Authority staff.~~CME Steering Committee.~~ The total number of Training Sites shall not exceed twenty (20).

“Transfer of Certification” means the transfer of a Certified Professional’s employment from one Provider Agency to another Provider Agency. Continuation of Certification shall be subject to the approval of the EMS Medical Director.

“Wheelchair Transport/Stretcher Van Vehicle” means any privately or publicly owned vehicle which is designed, constructed, reconstructed, maintained, equipped or operated and is used for or intended to be used for a person who is sitting in a wheelchair, reclining wheelchair or stretcher, and whose condition is such that the person does not need and is not likely to need medical attention during transport. Such vehicles may not be equipped, marked or operated as an Ambulance.

“Wheelchair Transport/Stretcher Van Service” means the transport of Clients in a Wheelchair Transport/Stretcher Van Vehicle when such persons are not in need of medical care and are not likely to need medical care during non-medical transportation.

Section 2 – System Components and Compliance Requirements

2.1 Purpose and Use. All Provider Agencies, individual Certified Professionals, Students, and Hospitals shall be in compliance with these Rules and Regulations. Non-compliance shall be subject to applicable specific provisions for due process as provided in these Rules and Regulations with consideration to the severity, potential patient impact, and any history of non-compliance.

When a representative of the EMS Authority or the EMS Medical Director is advised of a situation of potential non-compliance to these rules and regulations, the Medical Operations Manual, or is advised of any other such situation that, if true, would be evidence of a threat to public health and safety, the EMS Authority, EMS Medical Director or designee shall handle the matter consistent with these Rules and Regulations

2.2 Regional 9-1-1 Center. The Pinellas County Regional 9-1-1 Center (Public Safety Answering Point – PSAP) is be staffed with trained Emergency Medical Dispatchers (EMDs) who are trained and certified by the National Academy of Emergency Dispatch. The Ambulance Contractor’s communications personnel shall be Certified Paramedics or Certified EMTs who are also trained and certified as EMDs.

The Regional 9-1-1 Center answers all 9-1-1 calls and performs rapid triage of the call and simultaneously dispatches the appropriate response vehicles (BLS First Responder, ALS First Responder, and/or Ambulance) following the then current Priority Dispatch Protocols contained in the Medical Operations Manual as approved by the EMS Medical Director and the Medical Control Board.

EMDs shall perform structured call-taking following the then current Medical Priority Dispatch System protocols, provide post-dispatch and pre-arrival instructions to callers, and pass along such findings and pertinent safety messages to responding Fire/EMS units.

The Pinellas County Public Safety and Intergovernmental Radio & Data Communications System shall allow the sharing of computer aided dispatch (CAD) data to responding Fire/EMS units on mobile communications terminals; allows responding Fire/EMS units to communicate via radio with each other and with the Regional 9-1-1 Center, allow on scene Fire/EMS units to communicate via radio with Online Medical Control and Hospitals; interoperable radio channels allow Fire/EMS units to communicate via radio with law enforcement agencies and other first responders at the scene of an large scale emergency; and regional and national mutual aid channels are available to support routine and disaster "mutual aid" from surrounding counties.

2.3 BLS First Responder. BLS First Response Agencies shall be under contract with the EMS Authority to participate as such in the Pinellas County EMS System. BLS First Response agencies shall be in full compliance with applicable laws, rules and regulations pertaining to the provision of non-transport BLS service in the State of Florida and Pinellas County. This compliance shall be continuous throughout the entire period of service in that capacity as a part of the Pinellas County EMS System. All BLS First Response units shall carry, at all times and at a minimum, the equipment specified on the most current pertinent inspection lists from the State and from the EMS Authority. Medical equipment and supplies not specifically authorized are prohibited. Special Rescue units are excluded from minimum equipment requirements listed above.

2.4 ALS First Responder. ALS First Responder Agencies shall be under contract with the EMS Authority to participate as such in the Pinellas County EMS System contingent upon having a current Certificate of Public Convenience and Necessity. In addition to meeting all provisions of such contracts with the EMS Authority, ALS First Responder Agencies shall be in full compliance with applicable laws, rules and regulations pertaining to the provision of non-transport ALS service in the State of Florida and Pinellas County. This compliance shall be continuous throughout the entire period of service in that capacity as a part of the Pinellas County EMS System. Special Rescue units are excluded from minimum equipment requirements listed above. ALS Engines and Rescue Units shall be staffed in accordance with the provisions of the First Responder Agreement. All ALS Engines and Rescue Units shall carry, at all times and at a minimum, the equipment specified on the most current pertinent inspection lists from the State and from the EMS Authority. Medical equipment and supplies not specifically authorized are prohibited.

2.5 - Ambulance Service. The Ambulance Contractor shall be in full compliance with all applicable laws, rules and regulations pertaining to the provision of ALS ambulance services in the State of Florida and Pinellas County. This compliance shall be continuous throughout the entire period of service in the Pinellas County EMS System. Each Ambulance shall be staffed by at minimum of one Certified Paramedic and one Certified EMT. All Ambulances shall carry, at all times and at a minimum, the equipment specified on the most current pertinent inspection lists from the State and from the EMS Authority. Medical equipment and supplies not specifically authorized are prohibited.

2.6 Wheelchair Transport/Stretcher Van (WCT) Services. Wheelchair Transport/Stretcher Van Provider Agencies may provide services contingent upon having a current Certificate of Public Convenience and Necessity (COPCN). WCT Provider Agencies shall be in full compliance with applicable laws, rules and regulations pertaining to wheelchair and stretcher van non-medical transportation in the State of Florida and Pinellas County. WCT Provider Agencies shall conform to the requirements established by the EMS Authority with regard to insurance coverage and vehicle requirements in accordance with Section 8 of the EMS Rules & Regulations or successor regulation. Each wheelchair

transport unit shall be operated by at least one (1) person who is a Certified Wheelchair Transport Service driver. All wheelchair transport vehicles shall carry, at a minimum; the equipment specified on the most current pertinent inspection lists from the EMS Authority and shall be compliant with all federal, state and EMS Authority inspection requirements. WCT Provider Agencies shall be required to complete a standardized wheelchair transport report (or capture the equivalent data fields) on all cases handled by their service as specified in the Medical Operations Manual. All WCT Provider Agencies shall be required to provide periodic summary reports of Client transports to the EMS Authority as reasonably required.

2.7 Helicopter Ambulance Services. Helicopter Ambulance Services are contingent upon having a current Certificate of Public Convenience and Necessity to provide services in Pinellas County. Helicopter Ambulance Services providing scene responses in Pinellas County shall provide a monthly activity report listing all responses and transports and be actively involved in the MQM Plan. All helicopters making scene responses in Pinellas County shall have radio equipment that shall allow communications between the flight crew and the Regional 9-1-1 Center, the landing zone, and Certified Professionals on the scene.

2.8 EMS Central Supply and Equipment Standardization. All BLS and ALS First Responder Agencies and the Ambulance Service shall participate in the countywide EMS Central Supply program and comply with all inventory control procedures for requesting, tracking and restocking medications, medical equipment and medical supplies.

The intent of the EMS Central Supply program is to standardize all medical equipment, medications, and medical supplies to ensure seamless Patient care which may be rendered by multiple Certified Professionals working for different Provider Agencies.

2.9 Controlled Substances. All ALS First Responder Agencies and the Ambulance Contractor shall participate in a countywide supply, restocking, and inventory control/tracking system for controlled substances utilizing the then current electronic locking systems, standardized boxes, online accountability tracking software systems, regulations and requirements as provided by the EMS Authority and approved by the EMS Medical Director as defined in the Medical Operations Manual.

2.10 Inspections. All Provider Agencies shall participate in a countywide inspection program that has approval from the EMS Medical Director and the EMS Authority. The EMS Authority shall conduct periodic inspections of Certified Professionals, vehicles, and equipment to assure compliance with these rules and regulations. If deficiencies are found, a correction notice shall be issued by the person making the inspection. Immediate correction of a deficiency may be required by the inspector. Provider Agencies shall be notified and notice given prior to inspections to the extent possible.

2.11 Administrative Directives. The EMS Authority or designee may issue Administrative Directives as necessary to provide oversight and management of the EMS System. Such Administrative Directives shall be adhered to by Provider Agencies and Certified Personnel as any other rule, regulation or requirement. In Service Training necessary to implement Administrative Directives shall be disseminated to all Certified Professionals by Provider Agencies upon request.

2.12 Medical Records. All emergency or non-emergency EMS responses shall result in the completion of the most current version of the Pinellas County EMS Electronic Patient Care Report. Such reports shall be completed in accordance with the then current Patient Care Report User's Manual. In addition, the completion of other data entry and/or forms may be required by the State, EMS Authority, or the EMS Medical Director. Completion requirements and transfer of Patient care requirements shall be outlined in the Medical Operations Manual.

All Patient Care Reports and medical records shall be kept by the EMS Authority and shall be retained for at least the period of time specified by applicable federal and state law for records retention. [First Responder Agencies and the Ambulance Contractor shall execute and maintain a Business Associate Agreement with the EMS Authority and comply with all requirements of the Health Insurance Portability and Accountability Act \(HIPAA\) and any related federal laws and regulations.](#)

Section 3 – Medical Oversight and Operations

3.1 Medical Control Board. The Medical Control Board is the board appointed by the EMS Authority pursuant to the EMS Ordinance. The Medical Control Board provides medical community consensus on policies and protocols of the EMS System per their bylaws and has those duties and responsibilities as set forth in the EMS Ordinance.

3.2 EMS Medical Director. The EMS Medical Director is the physician who is responsible for the clinical performance and leadership of the Pinellas County EMS System as described in Chapter 401, Florida Statutes, Chapter 64-J, F.A.C. and the EMS Ordinance. The selection of the EMS Medical Director shall be in accordance with the EMS Ordinance. The EMS Medical Director is required by statute to perform and/or take the responsibility for the duties described for EMS Medical Directors under Chapter 64-J, Florida Administrative Code. Other responsibilities of the EMS Medical Director shall be outlined in a contractual agreement between the EMS Authority and the EMS Medical Director. The EMS Medical Director shall serve as the Medical Director for all BLS and ALS First Responder Services and the Ambulance Service.

3.3 Medical Operations Manual. The Medical Operations Manual (MOM) is a document which delineates the standard of Patient care and Client services for the EMS System and describes the scope of practice for Certified Professionals working in the EMS System. The MOM contains Administrative Policies, Clinical Standards, Treatment Protocols, Clinical Procedures, Medication Formularies, and Clinical Tools in an online and printed Manual. The MOM is subject to review and approval of the EMS Medical Director, the Medical Control Board and the EMS Authority. Any revisions or additions to the MOM are submitted by the EMS Medical Director for review and approval by the Medical Control Board. Proposed changes will be furnished to the Provider Agencies for review and comment prior to approval.

3.4 Medical Control Directive. The EMS Medical Director or designee may issue Medical Control Directives to create, alter, expand, or clarify a Medical Operations Manual policy, protocol or procedure on an as needed basis. Such Medical Control Directives shall be adhered to by Provider Agencies and Certified Personnel as any other rule, regulation or requirement. Emergency orders must be reviewed and approved by the Medical Control Board as soon as practical.

In Service Training necessary to implement Medical Control Directives shall be disseminated to all Certified Professionals by Provider Agencies upon request.

3.5 On-Line Medical Control. The EMS Medical Director, directly or through Certified EMS Physicians, shall provide 24/7 access by radio for Certified Personnel to consult with an EMS Physician in accordance with the Medical Operations Manual.

3.6 Hospital EMS Communications. Hospitals in Pinellas County who receive emergency patients must sign a Hospital EMS Communications Agreement with the EMS Authority. Hospitals are required to update the EMS Medical Director of changes in their capabilities including temporary changes due to the availability of specialty referral center resources, available beds or staffing constraints. Hospitals and Provider Agencies must comply with Medical Operations Manual Hospital Destination Policy. Hospitals

must maintain State required UHF Base Stations and the EMS System Hospital Communications System as defined by the EMS Authority.

3.7 Health Information Exchange between Hospitals and EMS. A patient-physician relationship exists between patients cared for by EMS and the EMS System Medical Director. Whenever a patient is delivered by EMS to a Hospital or medical facility, a copy of the EMS medical record shall be provided to ensure continuity of care. It is therefore appropriate to require that receiving Hospitals provide the Medical Director with access to the Hospital medical records of patients that have been in the care in the EMS System. Such information is used by the Medical Director to assess and improve the clinical performance of the EMS System. The EMS Authority and Hospitals shall develop a medical record bilateral health information exchange to provide an automated electronic means of transferring EMS medical records to Hospitals and for EMS to obtain demographic and clinical outcome information from Hospitals for Patients.

3.8 Special Events. The EMS System is often called upon to provide medical coverage of mass gatherings and other special events taking place in the community. Such events include but are not limited to sporting events (football, baseball, auto racing and boat racing), concerts, festivals and parades. When Provider Agencies provide BLS or ALS medical coverage at such events they remain under the auspices of the EMS Authority, Medical Control Board, and the EMS Medical Director. Such medical coverage shall conform to the same standards of care and other procedural requirements of the EMS System.

For large scale events, defined as coverage requiring more than two BLS or ALS units, Provider Agencies shall prepare and adhere to Fire/EMS Incident Action Plans that conform with the then current National Incident Management System (NIMS). Provider Agencies and Authority will notify each other of large scale Special Events, which may require additional resources or adversely affect the EMS System, to ensure coordinated event coverage. The applicable First Responder Agency shall serve as the lead agency, but, may defer to the Ambulance Contractor on a case by case basis.

Provider Agencies may utilize Special Rescue Units to provide medical coverage at Special Events. Such units shall carry BLS and/or ALS equipment to the extent possible for the type of vehicle being utilized.

Event promoters, civic groups, or Hospitals who wish to provide medical support to special events may only provide BLS or first aid stations/tents and not interfere with the response of the EMS System to emergencies

3.9 Off-Duty Personnel. Any Certified Professional who encounters an EMS Incident while off-duty may render aid to those in need and may fully participate in Patient care in conjunction with and at the discretion and direction of the on-duty Certified Professional(s). Certified Professionals who are on-duty shall have the primary responsibility for all Patient care and incident management.

Section 4 – Certification

4.1 Purpose and Use. The EMS Medical Director authorizes individuals to participate in Patient care and Client services as a part of the Pinellas County EMS System through the issuance of County Certification. An individual may seek the status as a Certified Professional in the Pinellas County EMS System by attaining and continuously maintaining all State of Florida and Pinellas County requirements as determined by the Medical Control Board and the EMS Medical Director.

Each Certified Professional has an individual clinical relationship with the EMS Medical Director that authorizes the delegated practice of medicine. Non-compliance with any requirement may result in Restriction, Suspension or Revocation of Certification.

In the event of Termination of Employment of a Certified Professional, the Provider Agency is required to provide the EMS Medical Director written notification of such change within five (5) business days.

4.2 Administrative EMT/Paramedic/RN. Administrative EMT/Paramedic/RNs may perform CPR, hemorrhage control, basic first aid, rescue, and may utilize their skills for the public good under extraordinary circumstances in which Certified Professionals are unavailable (i.e. mass casualty incident or disaster). Administrative Paramedics and RNs must not provide ALS modalities unless it is related to a mass casualty incident or disaster. Such administrative status shall in no way restrict an Administrative EMT/Paramedic/RN from leading a Provider Agency, serving as the Incident Commander or within the Incident Command System.

Requirements for Administrative EMT/Paramedic/RN

- a) Completed Application
- b) Completed CME Release Form
- c) Current State of Florida EMT Certificate, Paramedic Certificate or Registered Nurse License
- d) Current CPR Card (American Heart Association Healthcare Provider or American Red Cross Professional Rescuer and must include AED training and Adult/Child/Infant CPR)
- e) Completed Background Screening Affidavit
- f) Approval of the EMS Medical Director

4.3 Wheelchair Transport/Stretcher Van (WCT) Driver. Wheelchair Transport (WCT) drivers seeking to obtain initial Certification shall meet the following requirements prior to participating in transportation activities:

Requirements for WCT Driver

- a) Completed Application
- b) Current Cardiopulmonary Resuscitation (CPR) Card (issued by the American Heart Association, American Safety & Health Institute, American Red Cross or National Safety Council and must include AED training and Adult/Child/Infant CPR)
- c) Current First Aid Card (issued by the American Heart Association, American Safety & Health Institute, American Red Cross or National Safety Council)
- d) Completed Orientation by Provider Agency
- e) Completed Background Screening Affidavit
- f) Compliance with all Protocols, Rules and Regulations of the EMS System
- g) Approval of the EMS Medical Director

4.4 Mental Health Transport (MHT) Drivers. Mental Health Transport (MHT) drivers seeking to obtain initial Certification shall meet the following requirements prior to participating in transportation activities:

Requirements for MHT Driver

- a) Completed Application
- b) Current Cardiopulmonary Resuscitation (CPR) Card (issued by the American Heart Association, American Safety & Health Institute, American Red Cross or National Safety Council and must include AED training and Adult/Child/Infant CPR)
- c) Current First Aid Card (issued by the American Heart Association, American Safety & Health Institute, American Red Cross or National Safety Council)
- d) Completed 8-hour Baker Act and Verbal De-Escalation Training by Provider Agency
- e) Completed Orientation by Provider Agency

- f) Completed Background Screening Affidavit
- g) Compliance with all Protocols, Rules and Regulations of the EMS System
- h) Approval of the EMS Medical Director

4.5 Emergency Medical Technicians. Provisional Certification may be authorized at the EMT level for up to twelve (12) months. Such authorization shall be limited to clinical activities under the direct supervision of another County certified EMT or Paramedic. EMS Providers shall provide a periodic update to the EMS Medical Director on the progress of Provisional EMTs in attaining County Certification. If an individual has not met the requirements for certification by the end of the twelve-month period, Provisional Certification shall be withdrawn unless an extension of Provisional Certification is requested and approved by the EMS Medical Director at least thirty (30) days prior to the expiration. The EMS Medical Director may authorize alternative time extensions on a case by case basis.

Requirements for Provisional EMT

- a) Completed Application
- b) Completed CME Release Form
- c) Current State of Florida EMT Certificate
- d) Current CPR Card (American Heart Association Healthcare Provider or American Red Cross Professional Rescuer and must include AED training and Adult/Child/Infant CPR)
- e) Completed Orientation by Provider Agency
- f) Completed Background Screening Affidavit
- g) Approval of the EMS Medical Director

Requirements for County Certified EMT

- h) Completed EMS System Orientation & Field Internship Program
- i) Compliance with all Protocols, Rules and Regulations of the EMS System
- j) Compliance with all CME training requirements and any Remedial Training required
- k) Approval of the EMS Medical Director

4.6 Paramedics. Provisional Certification may provide limited authorization for the Paramedic level for up to twelve (12) months. Such Provisional Certification shall be limited to ALS clinical interventions under the direct supervision of a County Certified Paramedic. EMS Providers shall provide a periodic update to the EMS Medical Director on the progress of Provisional Paramedics in attaining County Certification. If an individual has not met the requirements for certification by the end of the twelve-month period, such Provisional Certification shall be withdrawn at the level applied for unless an extension of Provisional Certification is requested and approved by the EMS Medical Director at least thirty (30) days prior to the expiration. The EMS Medical Director may authorize alternative time extensions on a case by case basis.

Requirements for Provisional Paramedic

- a) Completed Application
- b) Completed CME Release Form
- c) Current State of Florida Paramedic Certificate
- d) Current American Heart Association Advanced Cardiac Life Support (ACLS) Provider Card
- e) Current CPR Card (American Heart Association Healthcare Provider or American Red Cross Professional Rescuer and must include AED training and Adult/Child/Infant CPR)
- f) Completed Pinellas County EMS System Orientation – Classroom based orientation program must be completed within 30 days of Provisional Certification
- g) Completed Background Screening Affidavit

- h) Approval of the EMS Medical Director

Requirements for County Certified Paramedics

- i) Completed EMS System Orientation & Field Internship Program
- j) Current Prehospital Trauma Life Support (PHTLS) Provider Card. An International Trauma Life Support (ITLS) Provider Card may be used to meet the initial certification requirements. The Certified Professional must become certified in PHTLS when the EMS System recertifies through CME or when their ITLS Card expires whichever comes first.
- k) Completed Capstone Assessment –Classroom based program that includes a written comprehensive exam and a scenario based assessment
- l) Completed Interview with EMS Medical Director or designee
- m) Compliance with all Protocols, Rules and Regulations of the EMS System
- n) Compliance with all CME training requirements and any Remedial Training required
- o) Approval by the EMS Medical Director .

4.7 Registered Nurse. Provisional Certification may provide limited authorization at the RN level for up to six (6) months. Such Provisional Certification shall be limited to the clinical activities under the direct supervision of a Certified RN. If an individual has not met the requirements for certification by the end of the six-month period, such Provisional Certification shall be withdrawn at the level applied for unless a six-month extension of Provisional Certification is requested and approved by the EMS Medical Director at least thirty (30) days prior to the expiration. The EMS Medical Director may authorize alternative time extensions on a case by case basis.

Requirements for Provisional RN

- a) Completed Application
- b) Completed CME Release Form
- c) Minimum of three (3) years critical care experience or equivalent approved by the EMS Medical Director
- d) Current State of Florida Registered Nurse License
- e) Current American Heart Association Advanced Cardiac Life Support (ACLS) Provider Card
- f) Current CPR Card (American Heart Association Healthcare Provider or American Red Cross Professional Rescuer and must include AED training and Adult/Child/Infant CPR)
- g) Completed Pinellas County EMS System Orientation – Classroom based orientation program must be completed within 30 days of Provisional Certification.
- h) Completed Background Screening Affidavit
- i) Approval of the EMS Medical Director

Requirements for County Certified RNs

- j) Completed EMS System Orientation & Field Internship Program
- k) Current Prehospital Trauma Life Support (PHTLS) Provider Card or American College of Surgeons Advanced Trauma Life Support (ATLS) Provider Card. An International Trauma Life Support (ITLS) Provider Card may be used to meet the initial certification requirements. The Certified Professional must become certified in PHTLS when the EMS System recertifies through CME or when their ITLS Card expires whichever comes first.
- l) Completed training/education requirements required by the Commission on Accreditation of Medical Transport Services (CAMTS) – Certified Transport Registered Nurse (CTRN) or Certified Flight Registered Nurse (CFRN).

- m) Completed Capstone Assessment – Classroom based program that includes a written comprehensive exam and a scenario based assessment.
- n) Completed Interview with EMS Medical Director or designee
- o) Compliance with all Protocols, Rules and Regulations of the EMS System
- p) Compliance with all CME training requirements and any Remedial Training required
- q) Approval by the EMS Medical Director

4.8 Advanced Practice Paramedics. Certified Paramedics who, through additional training and demonstration of expertise, may be authorized by the EMS Medical Director to perform specific diagnostic and/or therapeutic modalities beyond the usual scope of practice of a Pinellas County Paramedic. The APP's expanded scope of practice applies only during the operation of the specific Special Operations Team to which they are trained and certified. A Registered Nurse or Advanced Practice Paramedic at an EMS incident involving the response of a Special Operations Team shall have clinical oversight and authority. For Critical Care Transport, the Registered Nurse shall serve as the lead clinician.

Requirements for County Certified Advanced Practice Paramedics

- a) Current County Certified Paramedic in good standing
- b) Submission of a request to obtain Advanced Practice Paramedic certification
- c) Minimum of three (3) years Paramedic experience or equivalent approved by the EMS Medical Director
- d) Completion of specific medical training for the Special Operations Team as follows:
 - a. Community Paramedic – Local training curriculum or coursework
 - b. Critical Care Paramedic (CCP) - Completed training/education requirements required by the Commission on Accreditation of Medical Transport Services (CAMTS) – Critical Care Paramedic -- Certified (CCP-C) or Flight Paramedic - Certified (FP-C).
 - c. Hazmat – Advanced Hazardous Materials Life Support (AHLS) Provider Course or equivalent as determined by the EMS Medical Director
 - d. Tactical EMS – Tactical Combat Casualty Care (TCCC) or Tactical Emergency Casualty Care (TECC) Provider Course
 - e. Technical Rescue - FEMA Disaster Medical Specialist or equivalent as determined by the EMS Medical Director
- e) Completion of the Special Operation Team's Orientation Program
- f) Completion of all Specialized Operations Team training requirements to be an active team member
- g) Completed Advanced Practice Paramedic Assessment – one day classroom based program that includes a written comprehensive exam and a scenario based assessment specific to the Special Operations Team certification being sought.
- h) Approval by the EMS Medical Director

4.9 EMS Physicians. EMS Physicians must be a Florida licensed Physician (MD or DO), who are familiar with all Medical Operations Manual protocols, rules, regulations and have written approval of the EMS Medical Director prior to providing Online Medical Control. EMS Physicians may be called upon to act as the designee of the EMS Medical Director, respond to EMS incidents, mass casualty incidents or disasters, or function in the County Emergency Operations Center when needed.

4.10 EMT and Paramedic Students. The Pinellas County EMS System recognizes the need for EMT and Paramedic Students in accredited EMT and Paramedic training programs to participate in Patient care as part of the field internship and practical training in the field to attain State certification. For a

training program to participate in Student field internships or practical training, the EMT or Paramedic training program must be accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and have executed an agreement with the EMS Authority for such purposes. Such training programs may include continuing education programs for U.S. military personnel provided the program has executed an agreement with the EMS Authority.

Student shall be under the direct supervision of a Student Preceptor for the level of care or procedures that the Student is providing. EMT Students may provide BLS treatment modalities. Paramedic Students may provide ALS treatment modalities.

Provider Agencies are encouraged to maintain an adequate number of Student Preceptors to meet the needs of the EMT or Paramedic training programs and Students. Provider Agencies are prohibited from entering into agreements with EMT or Paramedic training programs.

4.11 Observers. There are appropriate circumstances for persons to accompany Certified Professionals on EMS incidents for observational purposes. Observers must not directly or indirectly participate in aspect of Patient care. Observers shall complete necessary training and sign liability waivers required by the Provider Agency. The Provider Agency shall ensure patient privacy and confidentiality is maintained; blood borne pathogen and other safety training is provided; and any necessary safety equipment is provided and safety precautions are taken. Provider Agencies are not required to allow Observers.

4.12 Termination of Certification. Termination of Certification occurs when a Certified Professional has ceased employment with a Provider Agency. Such termination of certification includes resignation, retirement, or involuntary termination. Certification shall cease upon termination of employment.

4.13 Transfer of Certification. Transfer of Certification occurs when a Certified Professional ceases employment from one Provider Agency and becomes employed by another Provider Agency. In such instances, the continuation of Certification shall be subject to the approval of the EMS Medical Director. If the EMS Medical Director does not approve of the Transfer of Certification, all initial Certification requirements must be met and the completion of any Remedial Training required subsequent to any outstanding Quality Assurance Review(s) that occurred during employment with the prior Provider Agency must be completed.

4.14 Concurrent Employment. Certified Professionals may be employed by more than one Provider Agency, however, each clinician has one Certification. Certified Professionals must function at the same level of Certification at all times to ensure clinicians meet the community's expectation that they will function to their level of training. Restriction, Suspension, and Corrective Action Plans apply on an EMS System-wide basis and must be adhered to by all Provider Agencies.

4.15 Voluntary Demotion. In the event that a County Certified Paramedic wishes to demote their privileges to an EMT, the Certified Paramedic must complete the EMT application, provide a State of Florida EMT certificate, and be approved by the EMS Medical Director.

4.16 Medical or Military Leave. Certified Professionals who are on extended medical leave or military duty greater than 60 days, shall be moved to an inactive status. Other circumstances, such as layoff or furlough, may be approved by the EMS Medical Director. Upon return to duty, Certified Professionals shall complete any CME training and ensure all credentials are up to date before being returned to active Certification.

4.17 Submission of Credentials. Certified Professionals must provide updated credentials, training records, and CME attendance records required to maintain continuous compliance with all Certification requirements. Such certificates or documentation must be submitted to the EMS Medical Director before the expiration date or submission deadline. Failure to submit updated credentials may result in immediate Suspension or Revocation.

4.18 Background Screening and Affidavit. Applicants seeking County Certification shall submit a signed and witnessed Background Screening Affidavit.

Section 5 – Quality Assurance

5.1 Quality Assurance Committees. The EMS Medical Director may establish standing or ad-hoc “emergency medical review committee” in accordance with Chapter 401, Florida Statutes. Such committee(s) may be assembled to review an individual EMS Incident, improve a particular facet of Patient care, or serve as a broad oversight committee.

Quality Assurance activities are confidential as provided in Chapter 401, Florida Statutes.

5.2 Provider Agency Quality Assurance Programs. Provider Agencies shall establish, maintain and actively utilize internal quality assurance and improvement programs to monitor the performance of Certified Professionals and provide coaching and training to reinforce proper Patient care techniques, and compliance with protocols at the Provider Agency level. Such programs shall include Provider Agency administrators and EMS coordinators responding to EMS Incidents to observe Patient care and field operations of Certified Professionals; reviewing electronic medical records utilizing the then current medical record auditing software provided by the EMS Authority; monitoring key performance indicators and other such activities identified in the MQM Plan. Any such program shall be based upon the tenets and framework of Just Culture.

5.3 Medical Quality Management (MQM) Plan. The EMS Medical Director shall establish, maintain and actively utilize a comprehensive Medical Quality Management (MQM) Plan to delineate all performance monitoring requirements; quality assurance and improvement activities; standards for reviewing electronic medical records utilizing the then current medical record auditing software provided by the EMS Authority; and procedural standards for Quality Assurance Reviews and Medical Case Reviews. Any such program shall be based upon the tenets and framework of Just Culture.

5.4 Quality Assurance Review - Request. A Quality Assurance Review may be requested by any person through a verbal or written complaint or question regarding the quality of Patient care or Client services provided by the EMS System. Such persons include, but are not limited to, citizens, Patients, Clients, Hospital physicians or representatives, Provider Agency representatives, and Certified Personnel). Patient complaints regarding care, treatment, or services rendered shall be reported to the EMS Medical Director in accordance with the then current MQM Plan within three (3) business days of occurrence or receipt. The EMS Medical Director shall notify affected Provider Agencies of any inquiries or complaints within three (3) business days of occurrence or receipt.

5.5 Quality Assurance Review – Fact Finding and Administrative Process. A Quality Assurance Review may include access to data, medical records review, tape audits, written and verbal statements by Certified Professionals and Provider Agency representatives and attendance at interviews or meetings as may be required. Provider Agencies and Certified Professionals shall provide full cooperation in obtaining such records, verbal and written statements, and attending any interviews or meetings as may be required. Prior Quality Assurance Review records may be searched and utilized as evidence to

demonstrate repeated behaviors or patterns following the Just Culture framework. All materials and records obtained shall be shared with the affected Provider Agencies and EMS Medical Director.

All Quality Assurance Review records shall be kept by the EMS Authority and shall be retained for at least the period of time specified by applicable federal and state law for records retention.

Any time a Quality Assurance Review is initiated, it shall be recorded onto a permanent record with notation of the date received, the date and notation of all information gathered and actions taken and the date of closure. Such records shall be maintained in an active status in accordance with State records retention requirements. Such records may be accessed and referenced to observe patterns or repeated issues.

The party who requested the Quality Assurance Review shall receive written follow-up on the matter in a reasonable time frame.

All statements and records shall be submitted within fourteen (14) calendar days of request. Failure to comply with the time requirement may result in the Restriction or Suspension of the involved Certified Professional(s).

5.6 Quality Assurance Review – Case Disposition. At the conclusion of fact finding, the EMS Medical Director may determine the complaint is unfounded or unsubstantiated; the result of a protocol or policy failure; the result of an equipment failure; a situation to be referred to a Hospital or other agency that is not a Provider Agency; a substantiated complaint requiring Remedial Training; a substantiated complaint requiring a Medical Case Review; or a significant departure from expected conduct or performance which shall invoke an Administrative Proceeding.

A Just Culture framework shall be utilized to ensure a positive and supportive culture that encourages quality Patient care.

Such case disposition shall be rendered by the EMS Medical Director or designee within seven (7) calendar days after the receipt of all required case material and the conclusion of the fact finding phase.

5.7 Remedial Training. At the conclusion of a Quality Assurance Review, the EMS Medical Director may prescribe and require Remedial Training for one or more Certified Professionals involved in the case. Such training may be referred to the Provider Agency, referred to the CME Contractor, or handled directly by the EMS Medical Director or designee.

Such training shall be completed within fourteen (14) calendar days unless excused by the Medical Director in writing prior to the expiration of such fourteen day period.

5.8 Medical Case Review. Provider Agencies shall ensure its Certified Professionals attend Medical Case Reviews when requested. Medical Case Reviews shall include all Certified Professionals involved with the case, unless excused by the Medical Director and be conducted in a positive and educational approach to determine where gaps in knowledge or errors occurred. Such Medical Case Reviews shall be conducted with a Just Culture framework to ensure a positive and supportive culture that encourages quality Patient care. Medical Case Reviews shall be held at the EMS Center for Prehospital Medicine and include a scenario based review and assessment of the case unless otherwise determined by the EMS Medical Director.

Such Medical Case Reviews shall be completed within fourteen (14) calendar days of request unless excused by the Medical Director in writing prior to the expiration of such fourteen day period.

Failure to complete a required Medical Case Review may result in an Administrative Proceeding.

5.9 Notification of EMS Medical Director. The EMS Medical Director shall be formally notified of complaints or other quality assurance activities that pertain to the care or service provided to Clients and Patients within three (3) business days upon discovery in accordance with the Medical Quality Management Plan. At that time EMS Medical Director shall make a determination if a Quality Assurance Review will be initiated or the situation deferred to the Provider Agency for their initial investigation and action. The Provider Agency shall update the EMS Medical Director of the outcome for a final determination if a Quality Assurance Review is warranted.

The Medical Director shall immediately be notified verbally upon discovery and subsequently formally notified within three (3) business days any time a Provider Agency, Certified Professional or the EMS Authority has a reasonable belief that the conduct or action of a Certified Professional may have violated these Rules and Regulations, or constitute one or more grounds for Restriction, Suspension or discipline by the Florida Department of Health as defined in Chapter 401, Florida Statutes.

5.10 Restriction. The EMS Medical Director or designee may restrict a Certified Professional from practicing independently and require them to work under the direct supervision of another Certified Professional at the same or higher level. Such Restriction may be invoked upon notification of a complaint or Quality Assurance Review during the fact finding, case disposition and Remedial Training phases. Such Restriction shall not extend past the closure of the Quality Assurance Review.

5.11 Suspension. The EMS Medical Director or designee may suspend a Certified Professional from the direct care of Patients or Clients in situations defined in Section 6.4 hereof. Such Suspension may be invoked upon notification of a complaint or Quality Assurance Review during the fact finding, case disposition and Remedial Training phases. Such Suspension shall not extend past the closure of the Quality Assurance Review unless the case becomes an Administrative Proceeding.

5.12 Quality Assurance Review Timeline

Component	Section	Time Limit
Verbal Notification of Serious Incidents	5.9	Immediately
Notification of Quality Assurance Review	5.4 & 5.9	Three (3) Business Days
Fact Finding and Statements Submitted	5.5	Fourteen (14) Calendar Days
Disposition by EMS Medical Director	5.6	Seven (7) Calendar Days
Remedial Training or Medical Case Review Completed	5.7 & 5.8	Fourteen (14) Calendar Days

Section 6 – Administrative Proceedings and Disciplinary Actions.

6.1 Administrative Proceeding - Purpose. Should the EMS Medical Director or designee determine, from information gathered during a Quality Assurance Review(s) or by any other means or occurrence, a Certified Professional has departed or failed to follow established protocols, rules regulations or standards or in any situation of misconduct which reasonably may have occurred, the EMS Medical Director or designee may initiate an Administrative Proceeding.

6.2 Notification of Administrative Proceeding. The Respondent and their Provider Agency shall be notified of by certified mail of an Administrative Proceeding. Such notice shall include: a detailed statement of allegations against the Respondent; a statement that the allegations, if found to be true, constitute a possible threat to the public health and safety and are cause for the EMS Medical Director to take action; a statement indicating the Respondent's Certification may be Revoked or subject to

Probation and/or a Corrective Action Plan if the allegations are found to be true; a statement that the Respondent may bring any pertinent information or written statements to the Administrative Proceeding; the name of all persons to be present during the Administrative Proceeding; the date, time and location of the Administrative Proceeding; and a statement that the Respondent may request a continuance in accordance with Section 6.3 of the EMS Rules & Regulations.

6.3 Request for Continuance. A Certified Professional may request a delay or rescheduling of an Administrative Proceeding through a written “request for continuance” stating the grounds for the request. Such request must be received by the EMS Medical Director at least two (2) business days prior to the scheduled Administrative Proceeding. If both parties agree to a continuance, it must be rescheduled within thirty (30) calendar days.

6.4 Administrative Proceeding. The Administrative Proceeding shall be led by the EMS Medical Director. The EMS Medical Director’s designee shall present the allegations in a sequential fashion and present any supporting documents, written statements, medical records, and incident reports to substantiate which protocols, rules, regulations, clinical or professional standards in which the Certified Professional has not complied or violated. Prior Quality Assurance Reviews may be used to show a pattern of non-compliance or recurrence.

For each allegation, the Certified Professional may offer verbal explanation of the circumstance, provide any supporting documentation or written statements.

The EMS Medical Director and the Certified Professional may enter into dialogue to clarify and seek a common understanding of the facts.

An electronic audio recording of the Administrative Proceeding shall be made, and if a written transcript of such is made, the Respondent shall be entitled to a copy without charge.

The Respondent may be accompanied by representation and/or counsel, however, such representative and/or counsel shall not directly participate or interfere with the conduct of the Administrative Proceeding.

At the conclusion of the Administrative Proceeding, the EMS Medical Director shall render a decision in writing and provide such decision to the Respondent and their Provider Agency within ten (10) calendar days. Such decision may include a conclusion that the allegation(s) are unfounded; Probation has been invoked along with a written Corrective Action Plan to be met by the Respondent; or the Respondent’s Certification has been Revoked.

The following circumstances, if substantiated, may be grounds for Revocation:

1. Fraud or deceit in applying for or obtaining a Certification
2. Failure to participate in a Quality Assurance Review or Medical Case Review
3. Failure to comply with the requirements of a Corrective Action Plan
4. Repeated failure to comply with CME training requirements
5. Demonstrated inability, failure or refusal to adhere to established protocols and standards
6. Reckless behavior, repeated “at risk” behavior or repeated incidents of human error in accordance with the Just Culture framework
7. Clinical incompetence or any potential threat to public health, safety or welfare
8. Unprofessional conduct including, but not limited to, any departure from or failure to conform to the minimum prevailing standards of acceptable practice as an EMT, Paramedic, Registered Nurse or Physician

9. Performing procedures or skills for which the individual is not qualified by training and Certification or which are unauthorized
10. Violation of policies or protocols pertaining to the use, handling or storage of controlled substances
11. Violation of policies pertaining to the use of medications, medical supplies or medical equipment
12. Arrest or criminal conviction which violates Section 4.18 - Background Screening unless the individual's civil rights have been restored;
13. Substantiated patient abuse
14. Being found guilty of, or pleading nolo contendere, a crime that relates to practice as an EMT, Paramedic, Registered Nurse or Physician
15. Sexual misconduct with a Patient or Client, including inducing or attempting to induce the Patient or Client to engage, or engaging or attempting to engage a Patient or Client in sexual activity;
16. Theft or dishonesty in the performance of duty;
17. Addiction to alcohol or any controlled substance; Being under the influence of a controlled substance, illegal drug, or alcohol, at any level, while on duty;
18. Engaging in or attempting to engage in the possession (except a legitimate personal prescription from a licensed physician), sale or distribution of any controlled substance except in legitimate circumstances under the supervision of a licensed physician;
19. Practicing as a Certified Professional without reasonable skill and safety to Patients or Clients by reason of illness, drunkenness, or the use of drugs, narcotics, or chemicals or any other substance or as a result of any mental or physical condition;
20. Dishonesty, falsification or inappropriate alteration of Patient Care Reports or other documentation. or making false statements regarding a Patient or Client to the EMS Medical Director, or the Authority or their representatives;
21. Failure to report to the EMS Medical Director any person known to be in violation of these criteria.

6.5 Notification of Appeal and Evidentiary Process. Subsequent to an Administrative Proceeding and the EMS Medical Director's decision, a Respondent shall have (10) calendar days from the date of written decision to invoke an appeal in writing to the EMS Medical Director. Notice of these Appeal procedures and timeframes shall accompany or be included within the EMS Medical Director's decision. Failure to appeal within the ten (10) calendar days shall forfeit the option to appeal.

Upon receipt of an appeal, the EMS Medical Director shall, within ten (10) calendar days of such receipt, notify the State of Florida Division of Administrative Hearings (DOAH) and request a hearing officer be assigned to conduct an administrative hearing. The Medical Director shall have no input or influence over the selection of such hearing officer. The DOAH Hearing Officer shall then schedule an appeal hearing. Not later than fifteen (15) calendar days prior to the appeal hearing, the parties to the appeal and/or their legal counsels, shall provide a written pre-hearing statement to the hearing officer. Such statement shall include: a statement of the appeal, which shall be a brief, one page or less, synopsis of the Respondent's view of the significant facts and circumstances giving rise to the appeal; a list of documentary evidence which each party intends to introduce at the appeal hearing; a list of witnesses each party intends to call to testify at the hearing; and any stipulated matters upon which the parties agree relating to the hearing. The parties shall sign and be bound by their representations contained within the respective pre-hearing statements.

6.6 Appeal Hearing. The DOAH Hearing Officer/Administrative Law Judge shall utilize quasi-judicial procedures in accordance with Chapter 120, Florida Statutes and shall have the authority to issue subpoenas, administer oaths, compel the production of documents and receive evidence. The DOAH Hearing Officer shall conduct a hearing to review the testimony and documentary evidence submitted and

make specific findings of fact and shall reach a conclusion as to whether the appellant committed the activities for which the disciplinary action was taken and whether the appellant's activities constituted just cause for such Probation/Corrective Action Plan or Revocation. The DOAH Hearing Officer, following the requirements of Chapter 120, Florida Statutes will issue a recommended order to both parties.

6.7 EMS Medical Director's Final Order. Subsequent to the recommended order being issued by a DOAH Hearing Officer, the EMS Medical Director, within ten (10) calendar days following receipt of the recommended order which may be adopted, modified or rejected by the EMS Medical Director, shall issue a written final order to the appellant. Such decision shall be final.

Section 7 - Continuing Medical Education (CME)

7.1 CME Program Management. The EMS Authority has the responsibility for the provision of Continuing Medical Education (CME) program in the System. The Authority shall provide, administer, and coordinate the CME Program for Registered Nurses, Paramedics, and EMTs. In administering and coordinating the CME Program, the Authority shall:

1. Provide a CME Training Coordinator; and
2. Prepare online and classroom based curriculum for the review and approval of the EMS Medical Director; and
3. Ensure each Course is of high quality, consistent with EMS training standards, requires the demonstration of competency of the learning objectives; and
4. Ensure a minimum of six months of CME Course curriculum has been completed, reviewed and approved by the Medical Director at all times to ensure uninterrupted operations; and
5. Coordinate and/or lead Instructor Professional Development classes to ensure CME Instructors are prepared to teach individual Courses and held not less than thirty (30) days prior to the start of Course delivery; and
6. Coordinate EMS system orientation, In Service Training, advanced practice Courses, special operation Courses and other CME Course offerings as applicable; and
7. Coordinate and/or conduct EMS related conferences, seminars, symposiums, simulation or training exercises, or disaster drills; and
8. Maintain Training Sites and Equipment with the cooperation of applicable Provider Agencies ~~as determined by the CME Steering Committee~~. Ensure each Training Site is equipped with instructional materials, supplies, and training equipment necessary to meet the requirements of the Course being taught; and
9. Maintain the Training Plan; and
10. Maintain the master Training Schedule to ensure uninterrupted field operations and provide active management of the Training Schedule; and
11. Review CME Student records in the Learning Management System as necessary and appropriate for the Authority, Medical Director, and Provider Agencies to verify the Courses attended, training hours completed, skills assessments, and test scores; and
12. Provide hard copy verification of completed CME training transcripts, approved by the Medical Director, to all Provider Agencies and CME Students utilizing the Learning Management System no later than thirty (30) days after each Fiscal Year.

7.2 CME Instruction. A cadre of up to sixty (60) CME Instructors system wide will be identified and certified to serve as CME Instructors to provide regular CME program training for Registered Nurses, Paramedics, and EMTs.

The EMS Medical Director may authorize special CME Instructors to assist with advanced practice Courses, special operations Courses or EMS system orientation that are not counted as part of the core CME Instructor cadre.

If the number of CME Instructors identified by Provider Agencies is insufficient, the Authority may elect to directly provide CME Instructors or have the Training Coordinator serve as a CME Instructor.

CME Instructors shall:

1. Ensure their conduct and appearance is professional and courteous at all times; and
2. Attend Instructor Professional Development classes and instructor development training; and
3. Ensure instruction is conducted in a professional manner including, but not limited to the CME Instructor being trained and prepared to conduct the class; the class being convened and released in a timely manner, and ensuring each CME Student demonstrates competency in the learning objectives or is referred for remedial training; and
4. Conduct CME classes that they are scheduled to teach or requested to teach following the Training Schedule; and
5. Notify the Authority's staff with as much advance notice as practical for any instance in which they will not be available to teach a class to ensure uninterrupted field operations and active management of the Training Schedule; and
6. Record CME Student attendance, assessments and grades at the completion of each class in the Learning Management System or provided forms to ensure records are completed in a timely and accurate manner; and
7. Complete any necessary paperwork to document reimbursable payroll expenses to meet the requirements of the CME Reimbursement Agreement between the Authority and Provider Agencies; and
8. Ensure all regular CME classes are open to all CME Students and Provider Agencies and be registered on the master Training Schedule maintained by the Authority's staff; and
9. Conduct make-up CME classes for small groups or individuals. Such make-up classes must meet all standards of a regular CME class and small group classes shall be registered on the master Training Schedule in advance. Such make-up classes are for special circumstances and not intended to replace regular CME class attendance in accordance with the Training Schedule. Individual make-up classes may be held pursuant to Section 7.5.

7.3 Medical Direction and Oversight. The EMS Medical Director has responsibility for final approval of all CME as described in Chapter 64-J, Florida Administrative Code.

The EMS Medical Director is responsible for providing clinical and editorial guidance to the Training Coordinator and the CME ~~Planning Meeting Steering Committee~~ in needs assessment; development of goals and objectives; curriculum development; determination of net clinical impact of training provided; To facilitate this interaction between the EMS Medical Director, the Training Coordinator and the CME ~~Planning Meeting Steering Committee~~, these parties shall create a time line for development of the Training Plan and Training Schedule and for development of individual component Courses.

The Medical Control Board is responsible for advising the EMS Authority on the scope of required CME for all Certified Professionals in the System. This may be in terms of actual contact hours and/or in terms of competency based educational objectives.

7.4 CME ~~Planning Meeting Steering Committee~~. A standing CME ~~Planning Meeting Steering Committee~~ shall be maintained to review and ~~discuss approve~~ Training Sites, the Training Schedule and the Training Plan. Such Training Plan and Training Schedule shall be prepared by the Authority's Training Coordinator and presented ~~at~~ the CME ~~Planning Meeting Steering Committee~~ prior to November 15th each year for the following Fiscal Year.

~~A~~The CME ~~Planning Meeting Steering Committee~~ shall ~~be held meet~~ quarterly to review the program's effectiveness, make mid-course corrections to the Training Schedule or Training Plan, evaluate CME Student satisfaction, and serve as an offline review of CME Course curriculum. The CME ~~Planning Meeting Steering Committee~~ provides a means for input and ~~development of feedback regarding consensus support behind~~ the required (primary) and remedial CME program components.

The CME ~~Planning Meeting Steering Committee~~ shall ~~hosted by the EMS Authority staff and the EMS Medical Director. The following stakeholders will be encouraged to attend: consist of representatives from the following:~~

- ~~— Authority's EMS Director or designee;~~
- ~~— Authority's Training Coordinator;~~
- ~~— EMS Medical Director or designee;~~
- Pinellas County Fire Chief's Association ~~representatives;~~
- ~~EMS Coordinators from Provider Agencies;~~
- ~~— Pinellas Advanced Life Support (PALS) organization;~~
- ~~Field EMTs and Paramedics from Provider Agencies; a First Responder Agency;~~
- ~~— Field Paramedic from a First Responder Agency;~~
- ~~— Field EMT from the Ambulance Contractor;~~
- ~~— Field Paramedic from the Ambulance Contractor;~~
- Management ~~representatives~~ from the Ambulance Contractor;
- CME Instructors ~~from Provider Agencies; a First Responder Agency;~~
- ~~— CME Instructor from the Ambulance Contractor;~~
- Pinellas County Training Group (Training Chiefs).

~~A committee chairman shall be selected by the membership of the committee. The CME Steering Committee may establish bylaws for the selection of members and conduct of meetings subject to the approval of the Authority.~~

7.5 CME Education Requirements. The following maximum CME hours are established by the EMS Authority. These figures may be changed by the EMS Authority with the approval of the Medical Control Board and the EMS Medical Director with input from ~~stakeholders. the CME Steering Committee.~~

EMTs – up to 48 hours of primary CME every two years

Paramedics – up to 72 hours of primary CME every two years

All Certified EMTs, Paramedics and RNs are required to attend and/or complete all required CME courses within 60 days of the initial offering. Certified Professionals that do not attend CME in the first 60 days will be placed on Restriction until the CME is completed. Repeated non-compliance to attend and/or complete required CME may result in an Administrative Proceeding. Online CME courses shall be kept available and provided at no cost to Certified Professionals. The cost of classroom based makeup classes will be

at the Certified Professional's or Provider Agency's expense. The only exception to the attendance requirement is Military Duty or extended medical leave in accordance with Section 4.16 or an exception allowed by the EMS Medical Director on a case by case basis.

7.6 Training Sites, Equipment and Supplies. Authority and Provider Agencies shall identify appropriate classrooms to serve as Training Sites. Training Sites shall be located regionally throughout the County.

Training Sites shall have a designated location for storage of CME training mannequins, equipment and supplies in Authority provided cabinets. Provider Agencies that offer to provide a Training Site shall provide a liaison to coordinate classroom availability and logistics.

The Authority shall provide training simulation mannequins; instructional equipment such as a laptop computer and projector; training equipment, equipment bags, disposable medical supplies, and training supplies in sufficient numbers for each Training Site.

7.7 CME Release Form. Provider Agencies shall obtain a CME Release Form from CME Students to authorize the release to the Authority, the Medical Director, and Florida Department of Health CME Student information regarding CME Student attendance, performance, and grades.

7.8 Performance Evaluation. The Authority shall establish procedures to regularly evaluate the educational effectiveness of instruction, Courses, and programs offered with the Medical Director, Provider Agencies and CME Students to ensure the program is high performing and meeting the learning needs of CME Students and stakeholders.

The Authority shall establish, with the Medical Director, procedures to evaluate the clinical impact and effectiveness of the entire CME program as a part of its role in quality assurance and improvement for the EMS System.

The Authority, Medical Director and Provider Agencies shall cooperate and work collectively to detect and correct performance deficiencies and work together to upgrade the performance and reliability of the CME program.

Section 8 – Wheelchair Transport/Stretcher Van Standards

8.1 Dispatch Records. WCT Provider Agencies shall record all incoming telephone lines upon which requests for transport services are made and shall maintain a written or electronic dispatch record containing the following information for each call – date and time call received, Client name, pick up address, destination address, name and contact information for the person ordering transport, Audio dispatch recordings shall be kept for a minimum of six (6) months. Written or electronic dispatch records shall be kept for a minimum of three (3) years. Audio dispatch recordings and written or electronic dispatch records shall be available for inspection by the EMS Authority, the EMS Medical Director or his designee and the Medical Control Board.

8.2 Insurance Requirements. WCT Provider Agencies shall be insured or self-insured at all times and provide a certificate of insurance or evidence of self-insurance to the Authority. As a minimum WCT Provider Agencies operating wheelchair transport only must have a \$100,000 bodily injury liability per person and \$300,000 total bodily injured liability per accident insurance policy. As a minimum WCT Provider Agencies operating stretcher van services only must have a \$300,000 bodily injury liability per person and \$500,000 total bodily injured liability per accident insurance policy.

8.3 Wheelchair Vehicle Requirements. WCT Provider Agencies shall only transport Clients in vehicles which have valid EMS Authority vehicle permits. Permits must be displayed on the windshield of the vehicle. Permits will be issued only to vehicles which have been inspected by the EMS Authority on an annual basis. Wheelchair Vehicles shall (a) have an inside rear-vision mirror that allows the driver to visually monitor the passenger compartment; (b) have a smooth, easily cleaned floor that can be maintained in a safe, sanitary and odor-free manner and shall extend the full length and width of the passenger compartments; (c) have a 2A:10B:C fire extinguisher or equivalent; (d) have operable interior lights; (e) be free of dents and rust that interfere with the safe operation of the vehicle; (f) have all equipment in the passenger compartment safely secured; (g) have all doors, latches, and handles in proper working order; (h) be equipped with a lift platform that is operated electronically, hydraulically, or manually with sufficient capacity to safely and smoothly lift Clients into the vehicle; (i) have, for each wheelchair or stretcher position, means of securely locking the wheelchair or stretcher to the vehicle. Locking devices shall be designed so as not to permit longitudinal or lateral movement of the wheelchair or stretcher; (j) have, for each person transported, restraining belts designed to securely confine the person to the wheelchair or stretcher; (k) vehicle interiors, stretchers, and wheelchairs shall be clean, sanitary, and in good working order.

8.4 Wheelchair and Stretcher Van Allowed Services. Transport (WCT) Providers may be used to transport Clients only. The foremost concern in all circumstances is the welfare of the Client, which is best served by the involvement of EMS and transport by Ambulance whenever the criteria of being a Patient are met.

Clients may be transported by WCT Provider Agencies under the following conditions: (a) any transport with the destination being the client's residence. The residence may be a private home, an Adult Congregate Living Facility or a Nursing Home; (b) any transport with a non-medical destination (social or recreational activities, etc.); (c) any transport with the destination being a doctor's office, a clinic, dialysis center or out-patient treatment center, provided the client does not meet any criteria that causes them to be classified as a patient; (d) any transport with the destination being a hospital unit or ward excluding the Emergency Department, Critical Care or Telemetry Units. It is presumed that the client is a patient if they are being transported to an Emergency Department or a unit that provides critical care services. However, clients may be transported to an Emergency Department for non-emergency treatment such as suture removal, urinary catheter checks, gastric tube checks, etc.; (e) any positive or colonized MRSA (Methicillin Resistant Staphylococcus Aureus) infection of the blood, urine, feces, and simple wounds. However, WCT Provider Agencies must have infection control procedures in place that meet state and federal guidelines.

8.5 Medical Oxygen use by a Client during transport. WCT Provider Agencies shall confirm, either in writing or via a recorded telephone call, that all of the following criteria are met: (a) a physician has prescribed the oxygen and has determined that the Client is able to be transported safely Wheelchair or Stretcher Van and transportation by Ambulance is unnecessary; (b) the Client is able to self-administer the oxygen and does so independently; (c) oxygen is available at the client's destination. WCT Drivers are not licensed to administer oxygen or regulate oxygen flow or dosage pursuant to Chapter 401.23 (7), F.S. and Chapter 499, F.S. Therefore, WCT Drivers are strictly prohibited from starting, stopping or adjusting the dosage or method of oxygen delivery.

8.6 Client to Patient Criteria. A Client becomes a Patient in any of the following circumstances: (a) absence or difficulty breathing; (b) absence of a pulse; (c) any alteration in the client's normal level of

consciousness; (d) recent trauma (within six hours); (e) any signs of shock (pale, cool or moist skin); (f) the person needs or is likely to need medical attention during transport; (g) the Client requires continuous oxygen that is not self-administered; (h) a request made by the sending agency that additional medical support personnel attend the Client's medical needs during transport (i.e. facility nurse, respiratory tech, etc.); (i) any positive (Methicillin Resistant Staphylococcus Aureus(MRSA) infection of the respiratory system; (j) any individual being transported for involuntary or voluntary examination or placement in accordance with the Florida Mental Health Act (Baker Act).

8.7 Medical emergencies encountered during transport. If a Client becomes a Patient during transport the WCT Driver will drive the Patient to the nearest Hospital emergency department if it is less than three miles away. If the distance is greater, the WCT Driver will summon EMS via their dispatch center or telephone. The WCT Driver will safely stop the vehicle and render first aid and/or cardiopulmonary resuscitation (CPR) while EMS is responding.

8.8 EMT or Paramedic Insignia. While operating Wheelchair Transport/Stretcher Van vehicles, individuals certified as Emergency Medical Technicians and Paramedics are not permitted to wear any insignia that identifies them as an EMT or Paramedic as they are not working for a licensed EMS provider pursuant to Section 401.27(13), Florida Statutes.

8.9 Review and Approval of EMS Medical Director. The EMS Medical Director has reviewed and approved the clinical protocol aspects of Section 8 of the EMS Rules & Regulations. For simplicity in regulating the WCT Provider Agencies all rules, regulations and clinical protocols have been formatted in one section of the EMS Rules & Regulations.

Section 9 – EMS Stakeholder Meetings

9.1 EMS Stakeholder Meetings. EMS Authority's staff and the EMS Medical Director will meet with various stakeholder groups including, but not limited to:

- EMS coordinators (EMS Leadership Group)
- CME Planning Meeting
- Hospital emergency department nurse managers
- Provider Stress/wellness
- Electronic patient care reporting
- Other ad hoc meetings as needed.

Such meetings shall be held on a regular and ongoing basis to seek input from EMS System stakeholders. Such meetings shall be fact finding in nature to ensure quality improvement initiatives, training plans and other projects have stakeholder input prior to implementation.

**APPENDIX A
PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
RULES & REGULATIONS
BACKGROUND SCREENING AFFIDAVIT**

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applicant Full Name/Alias: _____

Applicant Date of Birth: _____

Provider Agency Name/ PCEMS ID: _____

1. Applicant has attached a color photocopy of a Governmental Issued Photo ID, a State Photo Identification Card or Driver's License; which was verified by the Provider Agency. Applicant may redact their home address.
2. Provider Agency has conducted or attached a recent (less than forty-five day old) background check meeting the following criteria:
 - Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA) Level 2 Background Screening Letter of Eligibility; or
 - Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or
 - Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony.
3. Applicant has attached their Florida Department of Health License. Provider Agency has verified the license is "CLEAR/ACTIVE" and attached a copy of the current status web inquiry. **Any discipline on file must be attached.** (www.flhealthsource.gov)
4. Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry.
5. Applicant has provided three (3) personal (non-relative) references who attest to the Applicant's moral character which have been verified by the Provider Agency.

APPLICANT SIGNATURE AND DATE

PROVIDER AGENCY SIGNATURE AND DATE

APPLICANT PRINTED NAME

PROVIDER AGENCY PRINTED NAME

**APPENDIX B
PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
RULES & REGULATIONS**

JUST CULTURE FRAMEWORK

HUMAN ERROR	AT RISK BEHAVIOR	RECKLESS BEHAVIOR
Root cause is human error or inadvertent action – oversight, lapse or mistake.	Root cause is an At Risk Behavior by a Clinician where the risk was unrecognized or believed to be insignificant or justified.	Root cause is a conscious disregard of substantial and unjustifiable risk by a Clinician.
Improvement Efforts: <u>Individual/Team:</u> Quality Assurance Review Medical Case Review Remedial Training <u>System:</u> Continuing Medical Education Protocol Improvement Situational Awareness Best Practices Implementation Patient Care Safety Systems Process Improvement Medical Equipment & Supply Improvements	Improvement Efforts: <u>Individual/Team:</u> Clinical Restriction (case basis) Quality Assurance Review Medical Case Review Remedial Training <u>System:</u> Supporting culture expects healthy behaviors & corrects and minimizes at risk behaviors. Continuing Medical Education Situational Awareness <u>Note:</u> Repeated At Risk Behavior is Reckless.	Management: <u>Individual/Team:</u> Clinical Restriction or Suspension (case basis) Quality Assurance Review Administrative Proceeding Corrective Action Plan Probation Revocation of Clinical Privileges
CONSOLE	COACH	CORRECT

Note: Management of individual Quality Assurance Reviews or Medical Case Reviews is based upon this framework. A detailed flowchart for Just Culture implementation and decision making is contained in the EMS Medical Director’s Medical Quality Management (MQM) Plan to ensure the proper application of the framework on a case by case basis.