

DELAWARE STATE FIRE PREVENTION COMMISSION

Statutory Authority: 16 Delaware Code, Section 6604(1) (16 Del.C. §6604(1))
1 DE Admin. Code 710

FINAL

FINAL ORDER ADOPTING REGULATION CHANGES

710 Ambulance Service Regulations

The Delaware State Fire Prevention Commission, pursuant to 16 Del. C. § 6604(1), proposed to revise regulation 710, subsection 7.2.1.3., by requiring that newly purchased ambulances, as well as newly purchased, fabricated, or remounted ambulance compartments conform to the criteria set forth in National Fire Prevention Association 1917 Standard for Automotive Ambulances (2019). The proposed revision sought to clarify that all components, not just the ambulance compartment, must conform to this criteria. The proposed revision also eliminated the deadline in the existing regulation since that date has passed.

The proposed revision to the above regulation was published in the Delaware Register of Regulations on December 1, 2021. A written comment period was held open for over thirty days, through January 3, 2022. The Commission received no comments to the proposed revision.

The Commission considered the proposed revision at its regularly scheduled public meeting on February 15, 2022. At the public meeting, the Commission opened the meeting for any public comment. There were no comments received at the meeting.

Summary of the findings of fact

Pursuant to discussions held during open public Commission meetings, the Commission voted to approve the revision as proposed.

Decision of the Commission

The Commission adopts the proposed revision to Section 7.2.1.3 as proposed in the December edition of the Register of Regulations. The final proposed revision reflected in Exhibit A hereto shall go into effect April 15, 2022.

IT IS SO ORDERED, this 15th day of February 2022, by the Commission:

Ron Marvel, Chairman
Lynn Truitt
Joseph J. Leonetti, Sr.
William Kelly

Alan Robinson, Jr., Vice Chairman
Richard Perillo
Bill Betts

710 Ambulance Service Regulations

1.0 Purpose

The purpose of this Regulation is to ensure a consistent and coordinated high quality level of ambulance service throughout the State of Delaware (the, "State"), focusing on timeliness, quality of care and coordination of efforts.

2.0 Application

2.1 This Regulation shall apply to any person, firm, corporation, other business or non-profit entity, association either as owner, agent or otherwise providing either prehospital, interfacility or interhospital ambulance service meeting the definitions of either "BLS Ambulance Service" or "Non-Emergency Ambulance Service" within the State. The following are exempted from this Regulation:

2.1.1 Privately owned vehicle or vessel not ordinarily used in the business of transporting persons who are sick, injured, wounded or otherwise incapacitated or helpless.

- 2.1.2 A vehicle or vessel rendering service as an ambulance in case of a major catastrophe or emergency when the ambulances with permits and based in the locality of the catastrophe or emergency are insufficient to render the services required.
- 2.1.3 Ambulances based outside the State rendering service in case of a major catastrophe or emergency when the ambulances with permits and based in the locality of the catastrophe or emergency are insufficient to render the services required.
- 2.1.4 Ambulances owned and operated by an agency of the United States Government.
- 2.1.5 Ambulances based and licensed outside the State engaged strictly in interstate transportation.
- 2.1.6 A vehicle or vessel which is designed or modified and equipped for rescue operations which is not routinely used for emergency medical care or transport of patients.

17 DE Reg. 982 (04/01/14)

3.0 Definitions

For the purpose of this Regulation the following definitions are used:

“Advanced Life Support” or **“ALS”** means the advanced level of pre-hospital and inter hospital emergency care that includes basic life support functions including cardiopulmonary resuscitation, plus cardiac monitoring, cardiac defibrillation, electrocardiography, administration of anti arrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive medical devices, trauma care and other authorized techniques and procedures.

“Advertising” means information communicated to the public, or to an individual concerned by any oral, written, or graphic means including, but not limited to, handbills, newspapers, television, billboards, radio, internet or other electronic/wireless media and telephone directories.

“Ambulance” means any publicly or privately owned vehicle or vessel that is specifically designed, constructed or modified and equipped, and intended to be used for and is maintained or operated for the transportation upon the streets, highways, and waterways of the State for persons who are sick, injured, wounded or otherwise incapacitated or helpless.

“Ambulance Service District” means a geographical area with boundaries which are typically (but not always) aligned to fire service districts within the State as identified and established by the Commission.

“Basic Life Support” or **“BLS”** means the level of capability which provides EMT emergency patient care designed to optimize the patient’s chances of surviving an emergency situation.

“BLS Ambulance Permit” means a permit given to each Ambulance a BLS Ambulance Service Provider wishes to use on the streets, highways, or waterways in this State and approved by the Commission or its designated representative.

“BLS Ambulance Service Contract” means a written contract between either a Primary or Secondary Ambulance Service Provider and an individual, organization, company, site location or complex or other entity for BLS Ambulance Service.

“BLS Ambulance Service Provider” means ambulance service which provides BLS level intervention both through the level of personnel and training provided.

“BLS Ambulance Service Provider License” means a license that validates a BLS Ambulance Service Provider approved by the Commission to provide BLS Ambulance Service in this State.

“BLS Run Report” means a standardized patient care report provided by the State Office of Emergency Medical Services (OEMS).

“Cardiopulmonary Resuscitation” or **“CPR”** means a combination of chest compressions and rescue breathing used during cardiac and respiratory arrest to keep oxygenated blood flowing to the brain.

“Center For Medicare/Medicaid Services (CMS)” means the Federal agency which oversees Medicare billing and ambulance standards.

“Certification” means the authorization by the Commission to practice the skills of an EMT or EMR within the State.

“Commission” means the Delaware State Fire Prevention Commission - The (DSFPC) State agency mandated in Title 16, Delaware Code to regulate the Basic Life Support System in the State.

“County or counties” refers singularly or collectively to New Castle, Kent and Sussex Counties of the State.

“County paramedic service” means the paramedic service operated by a county with its own employees or under contract with another governmental entity.

“Delaware Division of Fish and Wildlife” means a division of the Department of Natural Resources and Environmental Control which regulates and enforces boating laws and regulations in this State.

“Delaware Refresher Course” means a course of instruction for re-certification required by the Commission for EMT’s and EMR’s that meets the guidelines of the National Highway Traffic Safety Administration’s (NHTSA) National EMS Education Standards most current curriculum.

“Delaware State Fire School” means the institution referred to in 16 Del.C. §6617 and under the supervision and control of the Commission.

“Delaware Training Standard For Delaware Emergency Medical Technicians & Emergency Medical Responders” means the most current National Highway Traffic Safety Administration’s (NHTSA) National EMS Education Standards curriculum.

“Emergency” means the BLS and ALS response to the needs of an individual for immediate medical care in order to prevent loss of life or aggravation or physiological or psychological illness or injury.

“Emergency Medical Dispatch System” means an approved protocol system used by an approved dispatch center to dispatch aid to medical emergencies which must include:

- Systematized caller interrogation questions
- Systematized pre-arrival instruction; and
- Protocols matching the dispatcher’s evaluation of injury or illness severity with vehicle response mode and configuration.

“Emergency Medical Responder” or **“EMR”** means an individual who has successfully passed Emergency Medical Responder course that meets the most current National Highway Traffic Safety Administration’s (NHTSA) National EMS Education Standards curriculum.

“Emergency Medical Services Provider” or **“EMS Provider”** means individual providers certified by the Commission to perform pre hospital care. For the purposes of this Regulation this includes EMT’s and EMR’s.

“Emergency Medical Services Provider Agency” means a provider agency certified by the Commission.

“Emergency Medical Services Systems” or **“EMSS”** means a statewide system which provides for the utilization of available personnel, equipment, transportation and communication to ensure effective and coordinated delivery of medical care in emergency situations resulting from accidents, illness or natural disasters.

“Emergency Medical Technician” or **“EMT”** means the individual as defined in 16 Del.C. §9702.

“Handbook of Delaware Boating Laws and Regulations” means a document published by the Department of Natural Resources and Environmental Control that details Delaware Boating Regulations.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996.

“Hospital” means an institution having an organized medical staff which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic and therapeutic services or rehabilitation services for the care or rehabilitation of injured, disabled, pregnant, diseased, sick or mentally ill persons. The term includes facilities for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not facilities caring exclusively for the mentally ill.

“Litter” means any device used to secure a patient’s body and move them safely from one location to another.

“Medical Command Facility” means the distinct unit within a hospital which meets the operational, staffing and equipment requirements established by the Secretary, Delaware Health and Social Services for providing medical control to the providers of advanced life support services. Any hospital that operates an emergency medical facility and desires to be designated as a medical command facility shall maintain and staff such facility on its premises and at its own expense with exception of base station communication devices which shall be an authorized shared expense pursuant to the provisions of Title 16, Chapter 98.

“Medical Control” means directions and advice normally provided from a centrally designated medical facility operating under medical supervision, supplying professional support through radio or telephonic communication.

“Medical Control Physician” means any physician board-certified or board-prepared in emergency medicine, or a physician certified on advanced trauma life support (ATLS) and advanced cardiac life support (ACLS) who is credentialed by the hospital within which a medical command facility is located, and who is authorized by the medical command facility to give medical commands via radio or other telecommunication devices to a paramedic or EMT. When a medical control physician establishes contact with a paramedic or EMT, and provides medical control instructions that exceed or otherwise modify the standing orders of the statewide standard treatment protocol, the paramedic or EMT shall, solely for the purpose of compliance with the Medical Practices Act, be considered to be operating under the license of said medical control physician.

“National Registered Emergency Medical Technician” or **“NREMT”** means a person who completed the most current National Highway Traffic Safety Administration’s (NHTSA) National EMS Education Standards curriculum and passed the NREMT examination.

"National Registry Of Emergency Medical Technicians" or **"NREMT"** means the nationally recognized organization for the testing and registering of persons who have completed the most current National Highway Traffic Safety Administration's (NHTSA) National EMS Education Standards, paramedic, EMT and EMR courses.

"Non-Emergency Ambulance Service" means ambulance service which provides routine transport of persons who are sick, convalescent, incapacitated and non-ambulatory but do not ordinarily require emergency medical treatment while in transit.

"Non-Emergency Ambulance Service Contract" means a written contract between Ambulance Service Provider and an individual, organization, company, site location or complex or other entity for Non-Emergency Ambulance Service.

"Non-Emergency Ambulance Service Provider" means an organization or company which has been authorized by the Commission to provide Non-Emergency Ambulance Service within the State.

"Office Of Emergency Medical Services" or **"OEMS"** means the State agency responsible for ensuring the effective coordination and evaluation of the emergency medical services system in the State which includes providing assistance and advice for activities related toward the planning, development, improvement and expansion of emergency medical services.

"Paramedic" means a person who has successfully completed a course approved by the Board of Medical Licensure and Discipline or its duly authorized representative, documented by OEMS, recognized by the Commission as a Delaware EMT while in the performance of their duties with a County Paramedic Service or State agency.

"Patient" means an individual who is sick, injured, wounded or otherwise incapacitated or helpless and/or seeks immediate medical attention.

"PCR" means patient care report.

"Pre-hospital Care" means any emergency medical service, including advanced life support, rendered by an emergency medical unit before and during transportation to a hospital or other facility.

"Primary BLS Ambulance Service" means BLS Ambulance Service provided by the Primary Ambulance Service Provider certified by the Commission within a specific Ambulance Service District.

"Primary BLS Ambulance Service Provider" means an organization or company which has been designated by the Commission as having primary responsibility for providing BLS Ambulance Service within a specific Ambulance Service District.

"Protocols" means written and uniform treatment and care plans, prepared pursuant to 16 Del.C. §9802(23), for emergency and critical patients statewide that constitutes the standing orders for BLS providers.

"Quality Assurance" means the retrospective review or inspection of services or processes that is intended to identify problems.

"Quality Improvement" means the continuous study and improvement of a process, system or organization.

"Recertification Training" means a defined curriculum that once completed allows the individual to continue practicing as an EMT or EMR for a specific period of time as determined by the Commission.

"Response Time" means the time the Ambulance is notified by dispatch until the Ambulance arrives on scene.

"Responsible Charge" means the individual who is identified as having both the responsibility and authority to ensure full and complete compliance with all requirements of this Regulation.

"Secondary BLS Ambulance Service" means ambulance service provided under contract to specific locations within an Ambulance Service District by a BLS Ambulance Service Provider other than the Primary Ambulance Service Provider.

"Secondary BLS Ambulance Service Provider" means an organization or company which provides supplemental BLS Ambulance service anywhere in the State and always under specific contractual agreements.

"Semi Automatic External Defibrillation" means an external computerized defibrillator designed for use in unresponsive victims with no breathing or signs of circulation.

"State Board of Medical Licensure and Discipline" or **"Board"** means the body charged with protecting the consumers of the Delaware healthcare system through the proper licensing and regulation of physicians and other health care professionals.

"Water Ambulance" or **"Vessel"** means any publicly or privately owned vessel that is specifically designed, constructed or modified and equipped, and intended to be used for and is maintained or operated for the transportation upon the waterways of the State for persons who are sick, injured, wounded or otherwise incapacitated or helpless.

BLS AMBULANCE SERVICE

4.0 BLS Ambulance Service License and Permits

- 4.1 Any person, firm, corporation or association either as owner, agent or otherwise who furnish, conduct, maintain, advertise or otherwise engage in or profess to be engaged in the business or service of providing BLS Ambulance Service upon the streets, highways, or waterways of this State shall hold a valid license and permit or permits as either a Primary or Secondary BLS Ambulance Service Provider issued by the Commission. Application for the license and permit or permits shall be upon forms provided by the Commission.
- 4.2 The issuance of a license and permit or permits shall not be construed so as to authorize any person, firm, corporation or association to provide BLS Ambulance Services or to operate any Ambulance without compliance with all laws, ordinances and regulations enacted or promulgated by any state, county or municipal government concerning Ambulances.
- 4.3 Prior to issuing an original or renewal license and permit or permits, the Commission shall determine that all requirements of this Regulation are fully met. Additionally, the Commission has the authority to ensure continued compliance with these Regulations through the periodic review of records and operations.
- 4.4 Only Primary or Secondary BLS Ambulance Service Providers holding a current, valid BLS Ambulance Service Provider license and permit or permits shall be authorized to respond and provide BLS Ambulance Service within the State. Such providers must maintain a bonafide office within the State which must be used for the day-to-day operation of services within the State. Office space shall meet any requirements established by the Commission.
- 4.5 A Primary or Secondary BLS Ambulance Service Provider may not discontinue BLS Ambulance Service until a replacement provider has been selected and can assume BLS Ambulance Service with no reduction in service.

17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

5.0 BLS Ambulance Service Districts

The Commission has the authority to establish Ambulance Service Districts pursuant to 16 Del.C. §6717(a).

17 DE Reg. 982 (04/01/14)

6.0 Primary and Secondary BLS Ambulance Service and Bariatric Providers

- 6.1 BLS Ambulance Service may be provided by Primary BLS Ambulance Service Providers within their Ambulance Service District or in the course of providing mutual aid within other Ambulance Service Districts, provided:
 - 6.1.1 They have a current license and permit or permits; and
 - 6.1.2 They are assigned by the Commission as a Primary BLS Ambulance Service Provider.
- 6.2 The Commission shall be authorized to select a new Primary BLS Ambulance Service Provider at such time that:
 - 6.2.1 The current Primary BLS Ambulance Service Provider chooses to discontinue service; or
 - 6.2.2 The Commission determines that there has been failure to meet one or more elements of this Regulation, which creates a threat to public safety; or
 - 6.2.3 The current Primary BLS Ambulance Service Provider either directly or indirectly, by merger or affiliation or through contractual agreement transfers or assigns Primary BLS Ambulance Service to any person, firm, corporation, other business or non-profit entity not authorized by the Commission to provide BLS Ambulance Service within the Primary BLS Ambulance Service Provider's Ambulance Service District.
- 6.3 Any organization desiring to assume the role of Primary BLS Ambulance Service Provider will be required to apply to the Commission showing adequate cause in the interest of public safety to justify the change.
- 6.4 BLS Ambulance Service may be provided by Secondary BLS Ambulance Service Providers only to those with whom they have a contract for such service provided they:
 - 6.4.1 Have a current license and permit or permits; and
 - 6.4.2 Have a written contract to provide BLS Ambulance Service to that specific location or site; and
 - 6.4.3 Provide the names, locations and conditions of all Secondary BLS Ambulance Service contracts to the Commission within 20 days of contract finalization.

- 6.4.4 Private Ambulance providers must provide a copy of a Private Non-Emergency Ambulance Service Contract from an individual, organization, company or other entity for Non-Emergency Ambulance Service from which transports will be made.
- 6.4.5 Private Ambulance providers shall list contact information for their Delaware medical professionals who are providing medical oversight of their company's EMTs.
- 6.4.6 Owners and operators of Ambulance companies within the State who have had their Ambulance Service Providers license revoked by the Commission are not eligible to own or operate an ambulance service within the State for a period of two years.

17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

7.0 BLS Ambulance Service Provider License and Permit Requirements

7.1 BLS Administrative Requirements

7.1.1 Procedures for securing a BLS Ambulance Service Provider license include:

- 7.1.1.1 The owner or registered agent must apply to the Commission upon forms provided and according to procedures established by the Commission.
- 7.1.1.2 The BLS Ambulance Service Provider shall either be based in the State or maintain an office in the State with a full time individual assigned to that office who is in Responsible Charge.
- 7.1.1.3 All requirements set forth in these regulations must be met before issuance of license.
- 7.1.1.4 The BLS Ambulance Service Provider must provide proof of liability insurance in the amount of \$1 Million blanket liability coverage.
- 7.1.1.5 The BLS Ambulance Service Provider must provide proof of automobile liability insurance in the amount of \$1 Million individual, \$3 Million aggregate per occurrence.
- 7.1.1.6 A BLS Ambulance Service Provider requesting a permit for a Water Ambulance must provide proof of liability insurance in the amount of \$1 Million blanket liability coverage.

7.1.2 Procedures for securing a BLS Ambulance Service Provider Ambulance permit or permits include:

- 7.1.2.1 The owner or registered agent must hold a valid BLS Ambulance Service Provider license approved by the Commission to apply for an ambulance permit or permits.
- 7.1.2.2 A BLS Ambulance Service Permit(s) must be applied for upon forms provided and according to procedures established by the Commission for each ambulance used on the streets, highways and waterways of this state.
- 7.1.2.3 BLS Ambulance Service Providers adding an ambulance during a current permit year must apply for a permit or permits on forms provided and according to procedures established by the Commission.
- 7.1.2.4 BLS Ambulance Service Providers must schedule an inspection with a Commission's designated agent prior to utilizing the ambulance or ambulances on the streets, highways and waterways of this state.
- 7.1.2.5 Once all requirements set forth in these regulations are met, a permit will be issued. Permits Issued, shall be valid until December 31st of that year. Renewal period begins October 1st and ends December 31st annually and must meet all requirements established by the Commission. Private providers shall affix a Commission Permit Sticker to the lower left window of the permitted ambulance.

7.1.3 The Chairman of the Commission may issue temporary permits when determined to be in the interest of public safety.

7.1.4 On an on-going basis throughout the term of the license and permit or permits, the owner or individual in Responsible Charge shall be available upon reasonable notification for the purpose of providing documentation on any provisions of these regulations and permitting physical inspection of all facilities and vehicles.

7.1.5 No BLS Ambulance Service Provider shall advertise or represent that it provides any Ambulance service other than it is authorized to provide under these regulations.

7.1.6 EMTs and BLS Ambulance Service Providers shall be required to participate in the Commission approved Ambulance data collection system which includes:

- 7.1.6.1 A Patient Care Transport (PCT) shall be completed on all 911 dispatched responses to include private transports and inter-facility transports.

- 7.1.6.2 EMTs shall complete, a PCR in the Commission approved data collection system on each patient contact. Reports shall be completed within the time frame described in the most current State of Delaware BLS Protocols.
- 7.1.6.3 When available, all reasonable attempts shall be made to enter the report electronically and forward it to the state EMS office within the timeframe described in the Protocols. If a report cannot be entered electronically all reasonable efforts shall be made to forward it to the State EMS office by other means.
- 7.1.6.4 Failure to comply with data submission may result in loss of BLS Ambulance Service Permit or EMT Certification or other discipline.
- 7.1.6.5 All reasonable attempts shall be made to submit any other data to the designated agencies as required by the Commission. It is the responsibility of the BLS Provider to ensure that all PCRs are submitted as required by these Regulations.
- 7.1.6.6 Access to the PCR system shall be deactivated for any suspended or revoked EMT, as the Commission may direct to the OEMS until such time as the EMT certification is reactivated or reinstated.
- 7.1.7 Refusal of Service. EMTs shall complete, without exception, a written or computer report on each patient refusal. Reports shall be completed as described in the most current State of Delaware BLS Protocols.
- 7.2 BLS Operational Requirements
 - 7.2.1 Roadway Vehicle Standards
 - 7.2.1.1 All BLS Ambulances shall be registered and licensed in the State by the Delaware Division of Motor Vehicles.
EXCEPTIONS:
 - 7.2.1.1.1 Those vehicles to which the international registration plan applies.
 - 7.2.1.1.2 Those vehicles properly registered in some other state.
 - 7.2.1.2 Vehicles shall have clearly visible letters on both sides and the rear identifying the name of the organization or corporation and the vehicle's specific identifier as specified under permit documentation. The letters shall be at least three inches in height.
 - 7.2.1.3 Existing vehicle patient compartment shall conform with the criteria within the most current United States General Services Administration federal specifications for the Star of Life Ambulances. ~~By January 1, 2021 all~~ All newly purchased ambulances and newly purchased, fabricated fabricated, and remounted ambulance components, including ambulance compartments compartments, shall conform to the criteria set forth in NFPA 1917 Standard for Automotive Ambulances 2019.
 - 7.2.2 Transports should be made in a safe manner as to prevent further injury, and utilize visual and audible warning devices as appropriate based on the patient's condition. The highest medically trained practitioner present shall recommend the appropriate mode of transportation based on the patient's condition.
 - 7.2.3 Equipment Standards
 - 7.2.3.1 Every BLS Ambulance shall maintain the required equipment and supplies as specified by the Commission.
 - 7.2.3.2 Required equipment shall be reviewed annually with recommendations from the Commission's designee and the Commission's Medical Director.
 - 7.2.3.3 Bariatric Transport
 - 7.2.3.3.1 Ambulances used for bariatric transport shall have an interior patient compartment size large enough to comfortably transport the patient and provide room for the attending crew to perform patient care as needed.
 - 7.2.3.3.2 Ambulances used for bariatric transport shall have suspensions capable of safely transporting patients between 350 and 1000 pounds and have a crew assisted loading system such as ramps, winch, lifting systems or a combination of those.
 - 7.2.3.3.3 Ambulance providers shall have a written policy for loading and unloading bariatric patients to ensure the safety of the crew and the patient from injury during the loading and unloading process.
 - 7.2.3.3.4 Ambulances used for bariatric transport shall have all the required Commission equipment and any additional equipment as required by the Commission to give proper patient care to Bariatric Patients.
 - 7.2.3.3.5 Stretchers shall be rated at 1000 pounds or greater.
 - 7.2.3.3.6 Ambulance personnel must have knowledge in the extrication, lifting, transport, and patient care needs for Bariatric Patients.

7.2.4 Staffing Requirements

- 7.2.4.1 Minimum acceptable crew staffing when transporting a patient shall consist of a driver and one Delaware State Certified EMT.
- 7.2.4.2 A minimum of one Delaware State Certified EMT or a Paramedic licensed in the State of Delaware shall always be in the patient compartment when a patient is present.
- 7.2.4.3 BLS Ambulance Service drivers are required to have completed the "Emergency Vehicle Operators" course conducted by the Delaware State Fire School or an equivalent program approved by the Commission.
- 7.2.4.4 BLS Ambulance Service drivers are required to maintain current CPR/AED certification, approved by the Commission.
- 7.2.4.5 Any member or employee with a BLS Ambulance Service Provider who has been convicted of or adjudicated delinquent of crimes set forth in 16 Del.C. §6647 or any similar offense under any federal, state, or local law is prohibited from serving as a BLS Ambulance Service driver in this State.

- 7.2.4.5.1 The BLS Ambulance Service Provider shall certify, on an annual basis, to the Commission that their members or employees have never been convicted of an offense that constitutes any of the crimes set forth in 16 Del.C. §6647 or any similar offense under any federal, state, or local law.

7.2.5 Quality Assurance. Each BLS Ambulance Service Provider shall be responsible for monitoring quality assurance in the form of patient care and both mobilization and response times. The method in which this is accomplished is the authority and responsibility of the BLS Ambulance Service Provider per the Quality Assurance and Improvement Program established by the Commission in conjunction with the OEMS and adopted by the Commission. Any corrections to a PCR with regard to patient care provided, EMT impressions, assessed status or narrative found during the Quality Assurance process or any other review of a PCR shall be returned to the EMT who wrote the PCR to make corrections. If the EMT is unavailable they may provide written approval to the supervisor to make corrections on a specified report.

7.2.6 Communications Requirements

7.2.6.1 Dispatch Centers

- 7.2.6.1.1 Dispatch centers for both BLS Ambulance Service Providers shall meet the criteria established by the Commission.
- 7.2.6.1.2 BLS Ambulance Service Provider dispatch centers shall be responsible for following call taking protocols as established by the Commission. Calls determined to be ALS in nature shall be transferred to the appropriate public safety answering point (PSAP) within 30 seconds of taking the call utilizing a dedicated phone line to that PSAP.
- 7.2.6.1.3 Calls determined to be BLS in nature shall not be required to be forwarded to the PSAP.
- 7.2.6.1.4 Dispatch centers shall follow an Emergency Medical Dispatch System approved by the Commission.

7.2.6.2 Ambulances. All BLS Ambulances shall be equipped with reliable communication through the State of Delaware 800 MHz radio system, or have the ability to interface with Delaware MHz radio systems.

7.2.6.3 Private Ambulance Providers shall have radios (portable or mobile) that are programmed with 8CAL90 and 8TAC91, 92, 93, 94 to allow interfacing with Delaware 800 MHz radio system. Radio checks of portable and mobile (vehicle mounted) radios shall be conducted at a minimum of every four months. These radio checks shall be coordinated with the local public safety answering points (PSAP). A log of the radio tests shall be kept by the provider for inspection by the Commission.

7.2.6.4 Within three months of being hired, all Ambulance Provider employees shall complete a one-hour radio course through the Delaware State Fire School or a Commission approved class. The course shall include specific instruction on interfacing private provider authorized channels when requesting medical control and ALS intercept.

7.2.6.5 If vehicle mounted communications are used, one mobile radio unit shall be located within the patient care compartment of the ambulance and be mounted in such a manner as to allow for the caregiver to provide patient care and use the radio.

7.2.7 AED Requirements. The Primary BLS Ambulance Service Provider or Secondary BLS Ambulance Service Provider shall comply with the Delaware Early Defibrillation Program Administrative Policies as established by the Office of Emergency Medical Services.

- 7.2.8 Infection Control: All Primary BLS Ambulance Service Providers and Secondary BLS Ambulance Service Providers shall comply with the infection control requirements in Chapter 12A, Title 16 of the **Delaware Code**.
- 7.2.9 Medical Control: Primary BLS Ambulance Service Providers and Secondary BLS Ambulance Service Providers shall be required to follow all orders issued.
- 7.2.10 Center for Medicare Medicaid Services (CMS): All Primary BLS Ambulance Service Providers and Secondary BLS Ambulance Service Providers shall comply with the Final Rule in the Federal Register (64 F.R. 3637) revising the Medicare policies for ambulance services adopted February 24, 1999, or the most current edition.
- 7.2.11 All Primary BLS Ambulance Service Providers and Secondary BLS Ambulance Service Providers shall comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA), or the most current version.
- 7.3 BLS Water Ambulance Operational Standards
 - 7.3.1 All BLS Water Ambulances shall be registered and licensed in the State by the Delaware Division of Fish and Wildlife or have valid marine documents issued by the Coast Guard.
 - 7.3.2 The Vessel shall have clearly visible Star of Life and letters on both sides identifying the name of the organization or corporation or the vessel's specific identifier as specified under permit documentation. The letters shall be at least three inches in height
 - 7.3.3 The vessel shall not have structural or functional defects that may adversely affect the patient, the EMS Personnel or the safe operation of the vessel.
 - 7.3.4 The vessel shall have a patient care compartment that:
 - 7.3.4.1 Provides access to the head, torso, and lower extremities of the patient while providing sufficient working space to render patient care;
 - 7.3.4.2 Is covered, on all sides including the top, to protect the patient and EMS personnel from the elements, such as, but not limited to wind and spray;
 - 7.3.4.3 Has an opening sufficient size to permit the safe loading and unloading of a person occupying a litter;
 - 7.3.4.4 Is able to secure a patient litter in the patient compartment of the vessel, must include securing straps for chest, waist and leg area, and must be secured a minimum of 12 inches off the floor of the patient care compartment.
 - 7.3.5 Equipment Standards:
 - 7.3.5.1 Each BLS Water Ambulance must carry all equipment as specified by the U.S.Coast Guard Minimum Equipment requirements for Motorboats.
 - 7.3.5.2 Every BLS Water Ambulance is required to carry all BLS required equipment and supplies as specified by the Commission.
 - 7.3.5.3 Required equipment must be reviewed annually following recommendations from the Commission's Designee and the Commission's Medical Director.
 - 7.3.6 Staffing Requirements
 - 7.3.6.1 Minimum acceptable crew staffing when transporting a patient shall consist of a Certified Boat Operator, per Title 23, Chapter 22, Subchapter III, § 2221, and one Delaware State Certified EMT or a Paramedic licensed in the State of Delaware.
 - 7.3.6.2 A minimum of one State Certified EMT shall always be in the patient compartment when a patient is present.
 - 7.3.6.3 BLS Water Ambulance Service Boat Operators and EMTs are required to have completed the "Boaters Safety Education" course approved by the Delaware Division of Fish and Wildlife and are required to carry their certification while operating a vessel, set forth in Title 23, Chapter 22, Subchapter III, §2221.
 - 7.3.6.3.1 Exemption for Boat Operators are as follows, or in the most current list provided in Title 23, Chapter 22, which would supersede this section:
 - 7.3.6.3.1.1 Any person who holds a valid Coast Guard captain's license; or
 - 7.3.6.3.1.2 Any person who holds a valid Delaware River and Bay pilot's license, or its equivalent from another jurisdiction.
 - 7.3.6.4 BLS Water Ambulance Service Boat Operators are required to maintain current CPR/AED certification.
 - 7.3.6.5 Any member or employee with a BLS Ambulance Service Provider who has been convicted of or charged, adjudicated delinquent of crimes set forth in 16 **Del.C.** §6647 or any similar offense under

any federal, state, or local law is prohibited from serving as a BLS Water Ambulance Service Boat Operator in this State.

7.3.6.5.1 The BLS Water Ambulance Service Provider shall certify, on an annual basis, to the Commission that their members or employees have never been convicted of or adjudicated delinquent of an offense that constitutes any of the crimes set forth in 16 **Del.C.** §6647 or any similar offense under any federal, state, or local law.

7.3.7 Quality Assurance. Each Primary and Secondary BLS Ambulance Service Provider shall be responsible for monitoring quality assurance in the form of patient care and both mobilization and response times. The method in which this is accomplished is the authority and responsibility of the Primary or Secondary Water Ambulance Service Provider per the Quality Assurance and Improvement Program established by the Commission in conjunction with the Office of Emergency Medical Services and adopted by the Commission.

7.3.8 Communications Requirements

7.3.8.1 Dispatch Centers

7.3.8.1.1 Dispatch centers for BLS Water Ambulance Service Providers shall meet the criteria established by the Commission.

7.3.8.1.2 Secondary BLS Water Ambulance Service Provider dispatch centers shall be responsible for following call taking protocols as established by the Commission. Calls determined to be ALS in nature shall be transferred to the appropriate public safety answering point (PSAP) within 30 seconds of taking the call utilizing a dedicated phone line to that PSAP.

7.3.8.1.3 Calls determined to be BLS in nature shall not be required to be forwarded to the PSAP.

7.3.8.1.4 Dispatch centers shall follow an Emergency Medical Dispatch System approved by the Commission.

7.3.8.2 All BLS Water Ambulances dispatched to handle 9-1-1 emergency responses shall be equipped with reliable communication through the State of Delaware 800 MHz radio system and VHF radio with the marine frequencies listed in The Handbook of Delaware Boating Laws and Responsibilities.

7.3.9 AED Requirements. Upon placing an AED on any Water Ambulance, the BLS Ambulance Service providers shall comply with the Delaware Early Defibrillation Program Administrative Policies as established by the OEMS.

7.3.10 Infection Control: All BLS Ambulance Service Providers shall comply with the infection control requirements in 16 **Del.C.** Ch. 12A.

7.3.11 Medical Control: BLS Ambulance Service Providers shall be required to follow all orders issued.

7.3.12 Center for Medicare Medicaid Services (CMS): All BLS Water Ambulance Service Providers shall comply with the Final Rule in the Federal Register (64 F.R. 3637) revising the Medicare policies for ambulance services adopted February 24, 1999, or the most current edition.

17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

8.0 [Reserved]

17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

9.0 Statewide Basic Life Support Quality Assurance/Quality Improvement

9.1 The Commission hereby establishes a Statewide Basic Life Support (BLS) Quality Assurance and Quality Improvement Committee that is referred to as the Committee.

9.2 Purpose: The Quality Assurance/Quality Improvement (QA/QI), under direction of the State Medical Director or the designated agent is responsible for assuring and improving the quality of Basic Life Support within the EMSS that are served by the State of Delaware.

9.3 Definitions:

9.3.1 Quality Assurance is the retrospective review or inspection of services or processes that is intended to identify problems.

9.3.2 Quality Improvement is the continuous study and improvement of a process, system or organization.

9.4 Objectives:

9.4.1 Conduct medical incident reviews (QA)

9.4.2 Collect patient care statistics to evaluate EMSS effectiveness and identify trends (QI)

- 9.4.3 Provide constructive feedback on quality improvement to all EMS Providers within the State of Delaware
- 9.4.4 To coordinate the findings of quality assurance activities with the content of EMS Provider continuing education programs
- 9.4.5 To provide assistance to EMS Providers with local agency QA/QI programs.
- 9.5 Emergency Medical Services Provider Agencies Quality Assurance and Improvement Requirements:
 - 9.5.1 EMS Provider Agencies should appoint a Quality Assurance Manager
 - 9.5.2 The Quality Assurance Manager is charged with the responsibility of assuring that reasonable standards of care and professionalism are met within their respective EMS Provider Agency.
 - 9.5.3 The Quality Assurance Manager should attend a Quality Management Training Program.
 - 9.5.4 The Quality Assurance Manager shall implement a Quality Assurance and Improvement Program within their agency or department.
 - 9.5.5 The Quality Assurance Manager shall perform monthly reviews of their data collection and conduct formal reviews with their personnel.
 - 9.5.6 The Quality Assurance Manager will work closely with the Statewide QA/QI Committee on emergency medical services policies, guidelines, protocols and system performance.
 - 9.5.7 The Quality Assurance manager will consult with their County and State EMS Medical Director.
 - 9.5.8 The Quality Assurance manager will consult with the Delaware State Fire School Director or its designee.
- 9.6 Statewide QA/QI Improvement Committee
 - 9.6.1 The statewide BLS QA/QI Committee shall be comprised of two BLS representatives, Delaware EMT certified, from each county (one appointed by the County Firefighter's Association, and one appointed by the County EMS Association), The BLS Medical Advisor, The State Medical Director or the designated agent, one representative from the State Fire Prevention Commission, who shall chair the Committee, one representative from the Delaware State Fire School, one representative from the Office of Emergency Medical Services, one representative from the Delaware Volunteer Firefighter's Association, a dispatch center representative and a State patient care report representative. The goal of this Committee is to make sure BLS is meeting all State standards and is providing the best patient care to the citizens and visitors of Delaware.
- 9.7 Committee Responsibilities:
 - 9.7.1 Responsible to assure reasonable standards of care and professionalism are met within the State's BLS system.
 - 9.7.2 Participate in patient care report review audits, data collection, and evaluation of system performance.
 - 9.7.3 Maintain strict confidentiality of patient information, personnel and Q/A topics.
 - 9.7.4 Each Committee member MUST sign a confidentiality statement to be provided by the Office of Emergency Medical Services.
 - 9.7.5 Make sure information disseminated is protected from discovery of protected healthcare information.
 - 9.7.6 Make recommendations for changes to policies, guidelines and protocols.
 - 9.7.7 Attend a quarterly meeting to discuss QA/QI issues.
 - 9.7.8 Design and implement QI projects that are practical and able to collect patient care statistics to evaluate system effectiveness and identify trends in patient care.
 - 9.7.9 Establish clinical benchmarks to measure the State's BLS system.
- 9.8 Medical Incident Review and Analysis.
 - 9.8.1 The QA/QI process evaluates all aspects of patient care and emergency medical services performance in the BLS system. QA/QI process shall evaluate the Key Performance Indicators (KPI) of the EMS system as defined by the SFPC.
 - 9.8.2 Quarterly reports will be developed through the State's patient care reporting system. A percentage of the patient care reports will be reviewed using a designated and approved auditing tool as developed by the QA/QI committee and approved by the Commission.
 - 9.8.3 The QA/QI Committee shall review these reports during the quarterly meeting.
 - 9.8.4 The primary goal is to identify and address any problem or improvement areas and recommend potential solutions:
 - 9.8.4.1 Knowledge or skill issues
 - 9.8.4.2 Documentation issue
 - 9.8.4.3 Resource issue
 - 9.8.4.4 Protocol issue

- 9.8.4.5 Communication issue
- 9.8.4.6 Statewide system issue
- 9.8.4.7 Conduct issue
- 9.8.5 The QA/QI Committee shall provide constructive feedback and recommendations to improve the State's BLS system.
 - 9.8.5.1 Recommend changes to policy, procedures, or protocols
 - 9.8.5.2 Recommend changes in operational procedures or equipment
 - 9.8.5.3 Recommend training
- 9.8.6 All Committee recommendations will be forwarded to the appropriate EMS Provider Agency(s) and to the Commission.

17 DE Reg. 982 (04/01/14)
24 DE Reg. 471 (11/01/20)

NON-EMERGENCY AMBULANCE SERVICE

10.0 Non-Emergency Ambulance Service License and Permit or Permits

- 10.1 Any person, firm, corporation or association either as owner, agent or otherwise who furnish, conduct, maintain, advertise or otherwise engage in or profess to be engaged in the business or service of providing Non-Emergency Ambulance Service upon the streets or highways of this State shall hold a valid license and permit or permits issued by the Commission. Application for the license and permit or permits shall be upon forms provided by the Commission.
- 10.2 The issuance of a license and permit or permits shall not be construed so as to authorize any person, firm, corporation or association to provide Non-Emergency Ambulance Services or to operate any Ambulance without compliance with all laws, ordinances and regulations enacted or promulgated by any state, county or municipal government concerning Ambulances.
- 10.3 Prior to issuing an original or renewal license and or permit or permits, the Commission shall determine that all requirements of this Regulation are fully met. Additionally, the Commission has the authority to ensure continued compliance with these Regulations through the periodic review of records and operations.
- 10.4 Only Non-Emergency Ambulance Service Providers holding a current, valid Non-Emergency Ambulance Service license and permit or permits shall be authorized to respond and provide Non-Emergency Ambulance Service within the State.

17 DE Reg. 982 (04/01/14)
24 DE Reg. 471 (11/01/20)

11.0 Non-Emergency Ambulance Service Provider License and Permit or Permits Requirements

- 11.1 Administrative Requirements
 - 11.1.1 Procedures for securing a Non-Emergency Ambulance Service Provider license include:
 - 11.1.1.1 The owner or registered agent must apply to the Commission upon forms provided and according to procedures established by the Commission.
 - 11.1.1.2 The Non-Emergency Ambulance Service Provider shall either be based in the State or maintain an office in the State with a full time individual assigned to that office who is in Responsible Charge.
 - 11.1.1.3 All requirements set forth in this Regulation must be met before issuance of a license.
 - 11.1.1.4 The Non-Emergency Ambulance Service Provider must provide proof of liability insurance in the amount of \$1 Million blanket liability coverage.
 - 11.1.1.5 The Non-Emergency Ambulance Service Provider must provide proof of automobile liability insurance in the amount of \$1 Million individual, \$3 Million aggregate per occurrence.
 - 11.1.1.6 Provide a copy of a Non-Emergency Ambulance Service Contract from an individual, organization, company, site location, complex or other entity for Non-Emergency Ambulance Service.
 - 11.1.2 Procedure for securing Non-Emergency Ambulance Service Provider Ambulance Permit or Permits include:
 - 11.1.2.1 The owner or registered agent must hold a valid Non-Emergency Ambulance Service Provider license approved by the Commission to apply for an ambulance permit or permits.

- 11.1.2.2 A Non-Emergency Ambulance Service Provider Ambulance Permit or Permits must be applied for upon forms provided and according to procedures established by the Commission for each ambulance used on the streets and highways of this state.
- 11.1.2.3 Non-Emergency Ambulance Service Providers adding an ambulance during a current permit year must apply for a permit or permits on forms provided and according to procedures established by the Commission.
- 11.1.2.4 Non-Emergency Ambulance Service Providers must schedule an inspection with the Commission or its designated agent prior to utilizing the ambulance or ambulances on the streets and highways of this State.
- 11.1.2.5 Once all requirements set forth in this Regulation are met, a permit will be issued and a Commission Permit sticker will be placed on the ambulance. Permit or permits issued shall be valid until December 31st of that year. Renewal period begins October 1st and ends December 31st annually and must meet all requirements established by the Commission.
- 11.1.2.6 Non-Emergency Ambulance Service Providers shall provide with a new application or a renewal application, a BLS Financial report to the Commission.
- 11.1.3 The Chairman of the Commission may issue temporary permits when determined to be in the interest of public safety.
- 11.1.4 On an on-going basis throughout the term of the license and or permit or permits, the owner or individual in Responsible Charge shall be available upon reasonable notification for the purpose of providing documentation on any provisions of this Regulation and permitting physical inspection of all facilities and vehicles.
- 11.1.5 No Non-Emergency Ambulance Service Provider shall advertise or represent that it provides any Ambulance Service other than authorized to provide under this Regulation.
- 11.2 Operational Requirements
 - 11.2.1 Roadway Vehicle Standards
 - 11.2.1.1 All Non-Emergency Ambulances Service Providers Ambulance or Ambulances shall be registered and licensed in the State by the Delaware Division of Motor Vehicles.
EXCEPTIONS:
 - 11.2.1.1.1 Those vehicles to which the international registration plan applies.
 - 11.2.1.1.2 Those vehicles properly registered in some other state.
 - 11.2.1.2 Vehicles shall have clearly visible letters on both sides and the rear identifying the name of the organization or corporation or the vehicle's specific identifier as specified under permit documentation. The letters shall be at least three inches in height.
 - 11.2.1.3 Vehicle patient compartment shall conform with the criteria within the most current United States General Services Administration federal specifications for the Star of Life Ambulances.
 - 11.2.2 Equipment Standards
 - 11.2.2.1 Every Non-Emergency Ambulance shall maintain the required equipment and supplies as specified by the Commission.
 - 11.2.2.2 Required equipment must be reviewed annually following recommendations from the Commission Designee and the Commission's Medical Director.
 - 11.2.3 Staffing Requirements
 - 11.2.3.1 Minimum acceptable crew staffing when transporting a patient shall consist of a driver and one Delaware State Certified EMT or a Paramedic licensed in the State of Delaware.
 - 11.2.3.2 A minimum of one Delaware State Certified EMT or Paramedic licensed in the State of Delaware shall always be in the patient compartment when a patient is present.
 - 11.2.3.3 Non-Emergency Ambulance Service drivers are required to have completed the "Emergency Vehicle Operators" course conducted by the Delaware State Fire School or an equivalent program approved by the Commission.
 - 11.2.3.4 Non-Emergency Ambulance Service drivers are required to maintain current CPR/AED certification.
 - 11.2.3.5 Any employee with a Non-Emergency Ambulance Service Provider who has been convicted of or adjudicated delinquent of crimes set forth in 16 **Del.C.** §6647 or any similar offense under any federal, state, or local law is prohibited from serving as a Non-Emergency Ambulance Service driver in this State.

- 11.2.3.5.1 The Non-Emergency Ambulance Service Provider shall certify, on an annual basis, to the Commission that their employees have never been convicted of an offense that constitutes any of the crimes set forth in 16 Del.C. §6647 or any similar offense under any federal, state, or local law.
- 11.2.4 Communications Requirements. All Non-Emergency Ambulances shall be equipped with reliable communication that is capable of interfacing with the State of Delaware 800 MHz radio systems. Systems are required to be connected with Public Safety Answering Points (PSAP) and all medical control facilities. This needs to be coordinated with the State of Delaware Division of Communication to provide connectivity. This requirement must be adhered to within one year from the adoption of this regulation.
- 11.2.5 AED Requirements. Upon placing an AED on any Ambulance, the Non-Emergency Ambulance Service Provider shall comply with the Delaware Early Defibrillation Program Administrative Policies as established by the Office of Emergency Medical Services.
- 11.2.6 Infection Control: All Non-Emergency Ambulance Service Providers shall comply with the infection control requirements in Chapter 12A, Title 16 of the **Delaware Code**.
- 11.2.7 Center for Medicare Medicaid Services (CMS): All Non-Emergency Ambulance Service Providers shall comply with the Final Rule in the Federal Register (64 F.R. 3637) revising the Medicare policies for ambulance services adopted February 24, 1999, or the most current edition.
- 11.2.8 All Non-Emergency Ambulance Service Providers will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), or most current version.

17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

12.0 Compliance

- 12.1 The owner or registered agent of every BLS Ambulance Service Provider shall provide Ambulance Service in accordance with the requirements set forth in these regulations and the contractual agreements established as a BLS Ambulance Service Provider and filed with the Commission. The Commission shall have the authority to issue corrective orders, cease and desist orders, and suspend or revoke a BLS Ambulance Service Provider's license and permit or permits.
- 12.2 Every BLS Ambulance Service Provider shall maintain the required equipment and supplies as specified by the Commission.
 - 12.2.1 Violations of subsection 12.2 shall require corrective action as defined in subsection 12.2.3 with the exception of those violations which represent an imminent danger to the public.
 - 12.2.2 For those violations of subsection 12.2 representing an imminent danger to the public, the Commission or a designated agent shall issue and deliver an order to cease and desist any further BLS Ambulance Service until such time as the violation has been verified as being corrected and corrective measures accepted by the Commission or a designated agent.
 - 12.2.3 Equipment Deficiency Classifications and Corrective Action
 - 12.2.3.1 Critical – The BLS Ambulance Service Provider shall be immediately notified and the unit is placed out-of-service until the deficiency is corrected and a re-inspection has occurred.
 - 12.2.3.2 Cautionary – The BLS Ambulance Service Provider shall be immediately notified and the violation or violations shall require correction within five (5) working days of receipt of notice. All corrections shall require validation by the Commission or a designated agent. If not corrected within five (5) working days, the unit must be placed out-of-service.
 - 12.2.3.3 Watchful – The BLS Ambulance Service Provider shall be immediately notified that the deficiency must be corrected at the next restocking or shift change.
- 12.3 A BLS Ambulance Service Provider may have its license and/or permit or permits revoked, placed on probation or suspended for consistently failing inspections, including failing to maintain the required equipment list. A provider may also be disciplined where the provider has:
 - 12.3.1 Violated or aided or abetted in the violation of any provision of these regulations or orders issued by the Commission or its designated agent;
 - 12.3.2 Practiced any fraud, misrepresentation, or deceit in obtaining or renewing a BLS Ambulance Service permit;
 - 12.3.3 Demonstrated gross negligence, incompetence or misconduct in providing BLS Ambulance Service;
 - 12.3.4 Engaged in any unfair or deceptive trade practices;
 - 12.3.5 Violated any contractual agreement related to providing BLS Ambulance Service;
 - 12.3.6 Violated any Protocols;

- 12.3.7 Failed to comply with Commission required QA/QI programs;
- 12.3.8 Continuously maintained unsafe, unsanitary, or improperly equipped vehicles. The Commission may require mechanical repair when patient care safety is a concern. At the request of the Commission Designee, BLS Providers shall provide the Commission with mechanical reports at their expense clearing the Ambulance for patient transport. The unit may be taken out of service until the report is provided to the Compliance Officer.

17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

DISCONTINUATION OF BLS AMBULANCE SERVICE

13.0 Discontinuation of BLS Ambulance Service

- 13.1 Any BLS Ambulance Service Provider desiring to terminate BLS Ambulance Service in the State must notify the Commission in writing 180 days before terminating BLS Ambulance Service. If the terminating Ambulance Service Provider provides BLS ambulance service, the following steps shall be followed:
- 13.2 STEP 1: Immediately upon notification of a Primary BLS Ambulance Service Provider's desire to terminate service, and that provider provides 911 ambulance service, the Chair or the Vice Chair of the Commission shall notify the president of the county firemen's association in which the Primary BLS Ambulance Service Provider provides BLS Ambulance Service to the residences and visitors of the State for that Ambulance Service District.
- 13.3 STEP 2: Immediately upon receiving notification of a Primary BLS Ambulance Service Provider's desire to terminate BLS Ambulance Service the Chair of the Commission shall appoint a committee.
 - 13.3.1 The committee established pursuant to this section 13.3 shall communicate and offer assistance to the terminating Primary BLS Ambulance Service Provider in an effort to help them continue BLS Ambulance Service.
 - 13.3.2 In the event that the committee is unable to get the company to continue BLS Ambulance Service, they shall then contact the surrounding departments and ascertain and develop a plan for those departments to divide the Ambulance Service District and continue BLS Ambulance Service.
 - 13.3.3 In the event that steps one and two fail the county committee may put forth any and all suggestions they deem viable in order to provide BLS Ambulance Service to the residences and visitors of the state of Delaware for that Ambulance Service District.
 - 13.3.4 The committee, through the County Firefighter's Association President, shall report to the Commission within 60 days with their recommendations and/or findings.

17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

EMERGENCY MEDICAL TECHNICIANS

14.0 Training/Certification

All individuals who successfully complete initial EMT training may be eligible for and must successfully pass the NREMT examination to receive Delaware EMT Certification.

- 14.1 Eligibility For Delaware EMT Certification
 - 14.1.1 Apply to the Commission on the approved application form.
 - 14.1.2 An individual may apply for Certification as an EMT provided that:
 - 14.1.2.1 The individual is a member in good standing of a Delaware Fire Department, an ambulance company, a private ambulance provider or any other group, business or industry authorized or recognized by the Commission to provide BLS Ambulance Service within the State.
 - 14.1.2.2 The individual has a current EMT, Advanced Emergency Medical Technician (AEMT) or Paramedic Certification from the NREMT.
 - 14.1.2.3 The Chief, CEO, EMS Officer or head of the respective organization signs the application. A sponsor signature is required for every initial Delaware EMT certification and reciprocity application. A sponsor signature is not required on recertification EMT applications.
 - 14.1.2.4 A person seeking Certification must meet the criminal history background check as mandated in 16 Del.C. §6712(b), effective July 12, 2001 and follow the procedures outlined in this Regulation.
 - 14.1.2.5 The individual must be 18 years of age.

14.1.2.6 An individual applying for certification must meet the requirement of Regulation 710, of the Commission Regulations "Ambulance Service Regulations".

14.2 Delaware Certification

14.2.1 Certification may be obtained by successfully completing a state approved EMT course and passing the NREMT exam. Registration and Certification will be issued for the time period to coincide with the NREMT Certification cycle. This is typically a two-year period. All EMTs must maintain their NREMT card to maintain a Delaware EMT Certification.

14.2.2 Individuals who take an EMT class from a state-approved provider other than the Delaware State Fire School are required to meet all Commission requirements for Certification.

14.2.2.1 It is the responsibility of the individual applying for certification to provide criminal history background check pursuant to 16 **Del.C.** §6712.

14.2.2.2 It is the responsibility of the individual applying to provide all necessary documentation for certification which includes their course completion certificate, a copy of their current CPR/AED Healthcare Provider Card and NREMT Certification card, approved by the Commission, Delaware protocol training and current NREMT card.

14.3 Recertification as Delaware EMT

14.3.1 Individuals will be re-certified for a two-year period to coincide with their NREMT card.

14.3.2 The re-certification requirements for a Delaware EMT will be determined by the Commission, with recommendations of their medical director.

14.3.3 Requirements for re-certification are:

14.3.3.1 Individuals must submit a request for re-certification to the Commission documenting completion of the following requirements.

14.3.3.1.1 Successfully complete the National Continued Competency Program or an approved in-State Delaware EMT refresher that meets the National Continued Competency Program (NCC) (NHTSA) most current curriculum conducted by the Delaware State Fire School or an equivalent sanctioned by OEMS and approved by the Commission.

14.3.3.1.2 certification; to coincide with the Delaware Certification cycle.

14.3.3.1.3 Complete the approved application form provided by the Commission.

14.3.3.1.4 The applicant for re-certification is a member in good standing of a Delaware Fire Department, an Ambulance organization, a private Ambulance provider or any other group business or industry certified or recognized by the Commission to provide BLS Ambulance service within the State.

14.3.3.1.5 The Chief, EMS Officer, Chief Executive Officer, President or head of the respective organization must sign the application. A sponsor signature is required for every initial Delaware EMT certification and reciprocity application. A sponsor signature is not required on recertification EMT applications.

14.3.3.1.6 The applicant for recertification has not previously had their Delaware EMT Certification revoked. Previous suspension of a Delaware EMT Certification may be grounds for denial of recertification.

14.3.3.1.7 A Delaware EMT employed in another state may present a certificate of completion for training credit from an out-of-state refresher program that participates in the NHSTA NCCP program. The EMT will be required to complete the Delaware content under the local section of the NCCP curriculum to complete the required Delaware Refresher for recertification.

14.3.4 Re-registration as an NREMT EMT: The registration requirements for a National Registered Emergency Medical Technician will be determined by the NREMT.

14.3.4.1 Continuing education classes to achieve re-registration through NREMT shall be approved in accordance with NREMT policy and procedures.

14.3.5 Active duty military personnel not able to re-certify due to deployment will be permitted an extension of Certification until they are able to return and complete necessary requirements. Upon return the individual shall have 90 days to complete re-Certification requirements.

14.4 Decertification; Violations; Penalties and Disciplinary Procedure.

14.4.1 The Commission may decertify or otherwise discipline a Commission certified EMT or Ambulance Service Provider where the EMT or provider:

14.4.1.1 Does not meet the recertification requirements as defined by the Commission;

14.4.1.2 Has obtained Certification by means of fraud or deceit;

- 14.4.1.3 Has demonstrated gross negligence, a pattern of negligence, or has proven otherwise to be grossly incompetent; or
 - 14.4.1.4 Has violated Protocols;
 - 14.4.1.5 Has violated or aided or abetted in the violation of any provision of these regulations; or
 - 14.4.1.6 Has violated any contractual agreement related to providing Ambulance Service;
 - 14.4.1.7 Has had three or more critical deficiencies within a 12 month period;
 - 14.4.1.8 Has violated any contractual agreement related to providing Ambulance Service;
 - 14.4.1.9 Has engaged in unprofessional conduct;
 - 14.4.1.10 Had their NREMT certification revoked by the National Registry of Emergency Medical Technicians;
 - 14.4.1.11 Is charged with an offense as specified in 16 **Del.C.** §6712(b);
 - 14.4.1.12 Has had a suspension or revocation of EMT certification or of the authorizing document to practice in another profession or occupation regulated by the Commission or has had other disciplinary action taken by the regulatory authority in another state or jurisdiction. In making its determination, the Commission may take notice of decisions and proceedings made by other regulatory bodies and may refuse to permit a collateral attack on those decisions;
 - 14.4.1.13 Has a history of disciplinary violations;
 - 14.4.1.14 Has failed or is noncompliant with drug testing;
 - 14.4.1.15 Where physical or psychological limitations prevent the EMT from performing the essential functions of the job with reasonable accommodations, consistent with any applicable federal or state disability law; or
 - 14.4.1.16 Fails to report any discipline from another state or jurisdiction.
- 14.4.2 "Unprofessional conduct" includes but is not limited to any of the following acts or omissions:
- 14.4.2.1 The use of any false, fraudulent, or forged statement or document or the use of any fraudulent, deceitful, dishonest, or unethical practice in connection with a certification, registration, or licensing requirement of this Regulation, or in connection with the practice of EMT services or other profession or occupation regulated by the Delaware State Fire Prevention Commission;
 - 14.4.2.2 Conviction of or admission under oath to having committed a crime substantially related to the practice of EMT services or other profession or occupation regulated by the Commission, including but not limited to those specified in 16 **Del.C.** §6647;
 - 14.4.2.3 Any dishonorable, unethical, or other conduct likely to deceive, defraud, or harm the public;
 - 14.4.2.4 The practice of EMT services or other profession or occupation regulated by the Commission under a false or assumed name;
 - 14.4.2.5 The practice of EMT services or other profession or occupation regulated by the Commission without a certificate or other authorizing document or renewal of such document, unless otherwise authorized by the Commission;
 - 14.4.2.6 The use, distribution, or issuance of a dangerous or narcotic drug, other than for therapeutic or diagnostic purposes;
 - 14.4.2.7 Abuse, misuse or diversion of illicit or illegal drugs, controlled substances or prescription drugs or alcohol;
 - 14.4.2.8 The practice of EMT services or other profession or occupation regulated by the Commission by any EMT whose physical or mental capacity is not adequate to safely perform the EMT's duties and responsibilities;
 - 14.4.2.9 Advertising of the practice of EMT services or other profession or occupation regulated by the Commission in an unethical or unprofessional manner;
 - 14.4.2.10 Knowing or intentional performance of an act which, unless authorized by the Commission, assists an unauthorized person to practice EMT services or other profession or occupation regulated by the Commission;
 - 14.4.2.11 The failure to provide adequate supervision to an individual working under the supervision of a person who is certified to practice EMT services or other profession or occupation regulated by the Commission;
 - 14.4.2.12 Unjustified failure upon request to divulge information relevant to the authorization or competence of a person to practice EMT services or other profession or occupation regulated by the Commission to the Commission, or to anyone designated by the Commission to request such information;

- 14.4.2.13 The violation of a provision of this Regulation or the violation of an order of the Commission related to the practice of EMT services, BLS Service or to the procedures of other professions or occupations regulated by the Commission, the violation of which more probably than not will harm or injure the public or an individual;
 - 14.4.2.14 Charging a grossly exorbitant fee for EMT services or BLS Services rendered;
 - 14.4.2.15 Use of private information from PCRs or other medical documents for nonprofessional reasons; and
 - 14.4.2.16 Failure to cooperate in a Commission investigation.
- 14.4.3 The following procedure shall be followed for the investigation of complaints against EMTs:
- 14.4.3.1 Any person who desires to file a complaint against any EMT or Ambulance Service Provider must do so in writing to the Commission. The Commission shall assign an investigator to investigate the complaint. If the investigation is completed by a sitting Commissioner that Commissioner shall recuse himself or herself from any hearing on the complaint.
 - 14.4.3.2 The complaint shall state the name of the EMT or Ambulance Provider and sufficient facts as determined by the Commission's investigator which allegedly constitute the basis for the written complaint. If any of these elements are missing in the written complaint, the Commission investigator may, in his or her discretion, *sua sponte* dismiss the complaint.
 - 14.4.3.3 The complaint shall be filed with the Commission. The Commission's designee shall, within 15 days of the receipt of the complaint, fill out a complaint, log assign a complaint number and enter the complaint in the Commission's records. A record of the complaint shall be kept with the Commission for a period of 5 years.
 - 14.4.3.4 The Commission shall mail a copy of the complaint to the complaint respondent at the address of record in the Commission's files. Commission's investigator may, in his or her discretion, withhold the name of the complainant until the time of the hearing. The named EMT or Ambulance Service Provider, if they choose, may file an answer to the complaint within 20 calendar days of the notice of complaint.
 - 14.4.3.5 The Commission or the investigator shall suspend its investigation and withhold from the respondent reports of violations or misconduct if a request to do so is made by the Delaware Department of Justice or a federal law-enforcement authority due to the potential effects of such conduct on a pending criminal investigation. Such written request shall suspend any duty to investigate, advise the complainant or respondent, or undertake any other duties that would interfere with the ability of law enforcement to investigate the allegations successfully. The suspension shall remain in effect until the Delaware Department of Justice or federal law enforcement informs the Commission or its investigator that action by the Commission will not interfere with a pending law-enforcement investigation.
 - 14.4.3.6 The investigator assigned by the Commission shall direct the investigation of the complaint. The investigator shall issue a final report at the conclusion of the investigation. The report shall list the evidence reviewed, the witnesses interviewed and cite the law or regulation alleged to have been violated and the facts to support such finding.
 - 14.4.3.7 If there is substantial evidence to support a violation of any of these regulations or any law governing the Commission, the Commission or its investigator may forward the complaint and written report to the Department of Justice to determine whether a complaint should be filed and a hearing requested before the Commission. If the Deputy Attorney General assigned to the case recommends not to prosecute or otherwise not file a formal complaint, the Deputy Attorney General shall notify the Chair or Vice-Chair of the Commission and the investigator in writing.
 - 14.4.3.8 If the Deputy Attorney General assigned to the case recommends dismissal or no prosecution, the Commission shall, thereafter, dismiss the complaint which shall constitute a final order. The Commission shall, thereafter, file a copy of the Attorney General's recommendation and an investigator's report for informational purposes only.
 - 14.4.3.9 Nothing in this subsection shall prohibit a member of the public from filing a complaint directly with the Commission or an EMS Medical Director.
- 14.4.4 For the purpose of the public health, safety and welfare, and after a hearing the Commission may impose any of the following sanctions against an EMT or Ambulance Service Provider for any violation of this Regulation:
- 14.4.4.1 Dismiss without prejudice;
 - 14.4.4.2 Issue a letter of reprimand;

- 14.4.4.3 Place the EMT on probationary status with any such license restrictions as the Commission may deem appropriate and with requirements for reporting to the Commission.
 - 14.4.4.4 Suspend any EMT's or Ambulance Service Provider's Certification;
 - 14.4.4.5 Permanently revoke any EMT's Certification;
 - 14.4.4.6 Withdraw or reduce conditions of probation or suspension when the Commission finds that the deficiencies which required such action have been remedied;
 - 14.4.4.7 Require reeducation on any topic of concern.
- 14.4.5 Notwithstanding the foregoing, if the BLS Medical Director determines after a review of the investigation that while a violation of regulations or Protocols did not occur, the Commission may issue a confidential letter of concern if the Commission and or Medical Director believe that any act or omission is a matter of concern and that the EMT's practice may be improved. If an EMT receives three or more letters of concern, the Commission may schedule a hearing to determine if further disciplinary action may be required.
- 14.4.6 If a complaint against an EMT or Ambulance Provider appears to present a clear and immediate danger to the public health, safety or welfare, the Commission or the Commission Investigator may temporarily suspend the EMT or Ambulance Provider's certification. Notice of a temporary suspension must be provided to the EMT or Ambulance Provider no later than 24 hours prior to the effective date of the suspension. An order of temporary suspension shall remain in effect until a hearing is convened. An EMT or Provider whose license has been temporarily suspended may request an expedited hearing provided that the Commission receives a request for expedition within five calendar days from the date the EMT or Provider receives notice of the temporary suspension. In no event shall an order of temporary suspension exceed sixty days.
- 14.5 Reinstatement for Delaware EMT Certification Upon Expiration of Current Certification.
- 14.5.1 The following is required for reinstatement of an expired EMT Certification:
- 14.5.1.1 More than 24 months has not elapsed since the applicant's last certification. If more than 24 months has expired, then the applicant must reapply pursuant to subsection 14.1 above.
 - 14.5.1.2 The applicant has successfully completed an approved in-State Delaware EMT refresher that meets the National Continued Competency Program. (NHTSA) National EMS Education Standards most current curriculum conducted by the Delaware State Fire School or an equivalent sanctioned by OEMS and approved by the Commission.
 - 14.5.1.3 The applicant must show proof of a current CPR/AED certification card, approved by the Commission.
 - 14.5.1.4 The applicant has successfully completed the current Delaware Protocol examination.
 - 14.5.1.5 The applicant obtains, at his or her expense, the background check required by 16 **Del.C.** §6712.
 - 14.5.1.6 The applicant must submit any other paperwork and application for Certification to the Commission.
 - 14.5.1.7 The applicant is a member in good standing of a Delaware Fire Department, an Ambulance organization, a private Ambulance provider or any other group business or industry certified or recognized by the Commission to provide BLS or Ambulance service.
 - 14.5.1.8 The Chief, CEO, EMS Officer or head of the respective organization signs the application.
 - 14.5.1.9 The applicant has not previously had their Delaware EMT Certification or Delaware Paramedic license revoked. Previous suspension of a Delaware EMT Certification or Delaware Paramedic license may be grounds for denial of reinstatement.
 - 14.5.1.10 If an EMT Certification lapsed to avoid investigative an EMT will not be certified until that previous investigation is completed and the hearing is resolved in favor of the EMT.
- 14.5.2 Individuals whose card has expired 24 months or more must successfully pass an approved EMT course and pass the NREMT examination.
- 14.6 Testing Procedures for the National Registry of Emergency Medical Technicians.
- 14.6.1 Initial testing and re-testing for National Registered EMT will follow the guidelines set forth by the National Registry of Emergency Medical Technicians.
- 14.7 Reciprocity
- 14.7.1 EMTs, paramedics, nurses, or physicians who enter Delaware with a NREMT EMT, advanced emergency medical technician, nurse license, physician license or paramedic certification will receive reciprocity as an EMT in the State provided that:

- 14.7.1.1 They are a member in good standing of a Delaware Fire Department, an ambulance company, a private ambulance provider or any other group, business or industry authorized or recognized by the Commission to provide BLS or Ambulance Service within the State.
- 14.7.1.2 They submit the required paperwork and application form to the Commission.
- 14.7.1.3 They have a current National Registry EMT or Paramedic certification.
- 14.7.1.4 They have a CPR/AED certification card as approved by the Commission.
- 14.7.1.5 They have successfully completed a Reciprocity course approved by the Commission conducted by Delaware State Fire School which includes, but not limited to:
 - 14.7.1.5.1 Delaware Protocols Examination
 - 14.7.1.5.2 Practical Examination
 - 14.7.1.5.3 Reciprocity Written Examination
- 14.7.1.6 They are compliant with the criminal history background check pursuant to 16 **Del.C.** §6712. Background checks are at the expense of the applicant.
- 14.7.1.7 Applicants will be advised of the appeal process of Regulation 710, Section 15.0, Criminal History Background Check if reciprocity is denied because of criminal history background check.
- 14.7.2 Applicants certified from other states without at least a Nationally Registered EMT certification must obtain NREMT Certification prior to applying for Delaware Certification.
- 14.8 Duty to Self-Report.
 - 14.8.1 All EMTs and Ambulance drivers shall:
 - 14.8.1.1 Submit a Self-report to the volunteer fire, rescue or ambulance company, Ambulance Service Provider to which they are a member or employed and to the Commission of any arrests, convictions, charges or adjudications.
 - 14.8.1.2 Submit the report required by this section in writing within 10 days of any arrest or release from state custody.
 - 14.8.2 Failure to make a report constitutes grounds for discipline under this Regulation.

17 DE Reg. 982 (04/01/14)

21 DE Reg. 874 (05/01/18)

24 DE Reg. 471 (11/01/20)

15.0 Criminal History Background Check

- 15.1 The Commission designee shall acquire and review all criminal history background checks submitted by the State Bureau of Identification and may interview the applicants.
- 15.2 Evaluation Procedure for Criminal History Background Checks.
 - 15.2.1 Criminal history background checks shall be evaluated using the criteria 16 **Del.C.** §6712(b). All criminal history background checks will be forwarded by the State Bureau of Identification to the Commission. If the Commission Designee believes that an applicant should be denied certification because of the applicant's criminal history or other unprofessional conduct the Commission Designee shall notify the applicant and the Commission of this decision.
 - 15.2.2 Any applicant denied certification due to criminal history or other unprofessional conduct has the right to appeal to the Commission and shall be afforded a hearing.
- 15.3 The following procedures shall apply to any appeal of a denial of certification or decision to decertify:
 - 15.3.1 Within 10 days after the postmark on the notification of the intent to deny certification or decertify a certificate holder, the applicant shall submit a written request for a hearing to the Commission stating the reason(s) supporting the appeal.
 - 15.3.2 Notice of the hearing shall be given at least 20 days before the day of the hearing and comply with the provisions of 29 **Del.C.** §10122.
 - 15.3.3 The hearing before the Commission will be conducted in accordance with the Delaware Administrative Procedures Act 29 **Del.C.** Ch. 101.
- 15.4 Administrative Policy Pertaining to Criminal History Background Checks
 - 15.4.1 Delaware State Fire School training announcements for EMT courses will include the statement "Criminal History Background checks will be required as per the regulations".
 - 15.4.2 All chiefs of departments, presidents or ambulance captains of volunteer rescue or ambulance squads or officers of private corporations or entities which have students pre-registered for the class shall inform the individual that a criminal history background check will be required. It will be the responsibility of any private EMT training institution to make their students aware that a criminal history background check is

required to become a State Certified EMT and the criminal history background check be available in order to receive EMT Certification or authorization by the Commission, or its designee.

- 15.4.3 At the start of the EMT course, the student must be 18 years of age.
- 15.4.4 All EMT students must submit to a Federal and State Criminal History Background check conducted by the State Bureau of Identification. Any student failing to submit to the above will not be permitted to participate in the course.
- 15.4.5 Any volunteer fire, rescue or ambulance company student accepted into a BLS course conducted by the Delaware State Fire School and does not complete the course will be required to reimburse the Delaware State Fire School the cost of the course materials.
- 15.5 Payment of Cost for Criminal History Background Checks
 - 15.5.1 All applicants shall pay for the criminal history background check at the time of their request.
 - 15.5.2 Reciprocity for University of Delaware Students
 - 15.5.2.1 The Commission will waive the criminal history background check requirements for all University of Delaware Students applying for Certification as an EMT.
 - 15.5.2.2 The University Police Department will provide the Commission with a written document listing all eligible students and a statement that they have passed an internal background check at least equal to the requirement of 16 **Del.C.** §6712.
- 15.6 Confidentiality of Criminal History Background Check Information
 - 15.6.1 Information obtained pursuant to the criminal history background check is confidential and except as provided in this Regulation, shall not be released from the Commission under any circumstances to anyone.
 - 15.6.2 The Commission shall retain all criminal history background check information that is reviewed by the Commission designee in a locked file cabinet in the custody of the Commission office for a period of two (2) years from the receipt. The Commission may destroy all criminal history background check information when the retaining period is reached.
 - 15.6.3 When a denial for Certification is made, the Commission will be advised by the Commission designee and the background check will be secured for at least 60 days or until any appeal process is completed. After providing proof of identification including photo identification, applicants may review their criminal history information in the Commission office. Copies shall not be provided to anyone.
 - 15.6.3.1 At the expiration of 60 days, if an appeal has not been filed, the information is to be retained by the Commission designee secured file system.
 - 15.6.4 Pursuant to 16 **Del.C.** §6712 the individual may meet with the Commission designee and after providing proof of identification including a photo identification, review their information. Copies will not be provided to anyone.

17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

EMERGENCY MEDICAL RESPONDERS

16.0 Emergency Medical Responders:

- 16.1 EMRs do not meet the requirements of EMT and cannot transport a patient without a Delaware Certified EMT present and in the patient care compartment.
- 16.2 Eligibility for Delaware EMR Certification is based on the following criteria:
 - 16.2.1 An applicant must be a minimum of 16 years of age
 - 16.2.2 The applicant must successfully complete an approved NHTSA National EMS Education Standards most current EMR curriculum and have a current CPR/AED certification card, approved by the Commission.
 - 16.2.3 NREMT EMR certification is optional
 - 16.2.4 The applicant must submit required applications and paperwork to the Commission.
- 16.3 Certification is valid for 2 years from the date of course completion.
- 16.4 Re-Certification
 - 16.4.1 The applicant must re-Certify as determined by the Delaware State Fire Prevention Commission.
 - 16.4.1.1 The applicant must successfully complete an approved NHTSA National EMS Education Standards most current EMR refresher curriculum and have a current CPR/AED certification card, approved by the Commission.
 - 16.4.1.2 NREMR registration is as determined by the National Registry.

- 16.4.1.3 The applicant for re-certification has not previously had their EMR or EMT Certification, or their Paramedic license revoked. Previous suspension of any of the above Certification or License may be grounds for denial of re-certification.
- 16.5 De-certification. The applicant may have their Certification revoked by the Commission for any violation of this regulation. The provisions of subsections 14.4 and 14.8 of this regulation are expressly made applicable to EMR's.
- 16.6 Expired EMR Certifications
 - 16.6.1 Individuals desiring Certification as an EMR after the expiration date of their certification may do so providing the following conditions are met:
 - 16.6.1.1 The applicant's card has been expired for 24 months or less.
 - 16.6.1.2 The applicant has successfully completed an approved NHTSA National EMS Education Standards most current EMR refresher curriculum and has a current CPR/AED certification card.
 - 16.6.1.3 The applicant has submitted all required applications and paperwork to the Commission.
 - 16.6.1.4 The applicant for recertification has not previously had their Delaware EMR or EMT Certification, or their Paramedic license revoked. Previous suspension of a Certification or license may be grounds for denial of recertification.
- 16.7 Testing procedures Delaware EMR. Initial testing and retesting for EMR's will follow the guidelines set forth by Commission.
- 16.8 Reciprocity. An EMR Certified in another state may apply for Reciprocity as an EMR in this State if:
 - 16.8.1 The applicant submits the required paperwork and application form to the Delaware State Fire School.
 - 16.8.2 The applicant provides a copy of their current State EMR Card.
 - 16.8.3 The applicant provides a copy of their current CPR/AED certification card, as approved by the Commission.
 - 16.8.4 The applicant successfully completes Reciprocity requirements approved by the Commission conducted by the Delaware State Fire School which includes, but is not limited to:
 - 16.8.4.1 Practical examinations
 - 16.8.4.2 State EMR Written examination.

17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

DELAWARE PARAMEDIC'S EMT CERTIFICATION

17.0 Delaware Paramedic's EMT Certification

- 17.1 A Paramedic licensed in the State of Delaware in good standing as recognized by OEMS, shall be recognized by the Commission as a Delaware EMT while in the performance of their daily employment and shall not require an EMT Certification or Recertification Application for the purpose of 16 **Del.C.** §6711(a)(3).
- 17.2 Paramedics riding with the volunteer fire/ambulance service, shall use their paramedic identification to provide proof of certification.
- 17.3 A Paramedic licensed in the State of Delaware may apply for Delaware EMT Certification on forms provided by the Commission provided that:
 - 17.3.1 The applicant is a member in good standing of a Delaware Fire Department, an ambulance company, a private ambulance provider or any other group, business or industry authorized or recognized by the Commission to provide BLS and/or Ambulance Service within the State.
 - 17.3.2 The applicant is currently a Paramedic licensed in the State of Delaware.
 - 17.3.3 The Chief, CEO, or head of the respective organization sponsoring the applicant signs the application.
 - 17.3.4 The applicant submits documentation of successfully completing the current Delaware BLS Protocol examination or successfully complete the current Delaware BLS Protocol examination.
 - 17.3.5 The applicant provides a copy of their current CPR/AED Certification card approved by the Commission.
 - 17.3.6 The applicant is compliant with criminal history background check pursuant to 16 **Del.C.** §6712.
- 17.4 Recertification
 - 17.4.1 A Paramedic licensed in the State of Delaware as recognized by OEMS, currently certified by Commission as a Delaware EMT may apply for recertification as a Delaware EMT if:
 - 17.4.1.1 The applicant submits a request for re-certification to the Commission documenting completion of the following requirements:

- 17.4.1.1.1 The applicant is currently a Paramedic licensed in the State of Delaware as recognized by OEMS as required for certification.
 - 17.4.1.1.2 The applicant has a current CPR/AED certificate card, approved by the Commission.
 - 17.4.1.1.3 Completion of the approved application form provided by the Commission.
 - 17.4.1.2 The applicant for recertification is a member in good standing of a Delaware Fire Department, an Ambulance organization, a private Ambulance provider or any other group business or industry certified or recognized by the Commission to provide BLS Ambulance service within the State.
 - 17.4.1.3 The Chief, Chief Executive Officer, President or head of the respective organization signs the application.
 - 17.4.1.4 The applicant submits documentation of successfully completing the current Delaware BLS Protocol examination or successfully complete the current Delaware BLS Protocol examination.
 - 17.4.1.5 The applicant for recertification has not previously had their Delaware EMT Certification or Paramedic license revoked. Previous suspension of a Delaware EMT Certification or Paramedic license may be grounds for denial of recertification.
- 17.5 Discontinued Paramedic Employment
- 17.5.1 The Commission will issue a Delaware EMT Card to Paramedics that have satisfactorily discontinued their employment with New Castle County EMS, or Kent County EMS, or Sussex County EMS, or the Delaware State Police.
 - 17.5.2 The Individual must apply on an EMT Certification/Re-certification Application within six (6) months from last day of employment with one of the above listed organizations:
 - 17.5.3 The Applicant must be a member in good standing of a Delaware Fire Department, an Ambulance organization, a private ambulance provider or any other group, business or industry certified or recognized by Commission to provide BLS and/or Ambulance Service in the State.
 - 17.5.4 The Applicant must submit a Copy of their CPR/AED Healthcare Provider Card (as approved by the Commission)
 - 17.5.5 The Applicant must submit a Copy of their National Registry Card (if individual does not have National Registry card, they can provide a copy of their Paramedic Identification Card)
 - 17.5.6 The Applicant must submit a Copy of Documentation from their previous employer stating that at the time of separation from employment they were compliant with the Background requirements of 16 **Del.C.** §6712.
 - 17.5.7 If there have been more than six (6) months from the last day of employment with one of the organizations listed in 17.5.1, the applicant will be required to follow the Reciprocity policy.
- 17.6 When an EMT recertification is required, if the applicant is not employed as a Paramedic, the applicant will be required to follow the requirements of recertification as described in the regulations.

7 DE Reg. 1649 (06/01/04)

11 DE Reg. 1031 (02/01/08)

14 DE Reg. 1046 (04/01/11)

17 DE Reg. 982 (04/01/14)

21 DE Reg. 874 (05/01/18)

24 DE Reg. 471 (11/01/20)

25 DE Reg. 957 (04/01/22) (Final)