

Readopt Saf-C 5901.01 and Saf-C 5901.02, effective September 8, 2010 (Doc. #9779-A), cited and to read as follows:

CHAPTER Saf-C 5900 EMERGENCY MEDICAL SERVICES RULES

Statutory Authority: RSA 153-A:20

PART Saf-C 5901 DEFINITIONS

Saf-C 5901.01 “Adult” means medical treatment concerning a person who stands at least 5 feet tall, and weighs 75 pounds or more.

Saf-C 5901.02 “Advanced cardiac life support training (ACLS)” means training that meets the standards of the American Heart Association’s guidelines for the treatment of the adult victim of cardiac arrest or other cardiopulmonary emergencies.

Readopt with amendment Saf-C 5901.03, effective September 8, 2010 (Doc. #9779-A), to read as follows:

Saf-C 5901.03 “Advanced emergency medical care provider” means an [person] individual who is [a nationally registered emergency medical technician-intermediate or paramedic,] qualified in accordance with these rules [licensed in accordance with RSA 153-A:11, II,] as an advanced emergency medical technician or paramedic.

Adopt Saf-C 5901.04 to read as follows:

Saf-C 5901.04 “Advanced emergency medical technician (AEMT)” means an emergency medical care provider that is licensed at the advanced emergency medical technician level.

Readopt and renumber Saf-C 5901.04, effective September 8, 2010 (Dc #9779-A), as Saf-C 5901.05 to read as follows:

Saf-C 5901.[04]05 “Advanced life support (ALS)” means medical procedures and the scope of practice rendered by advanced emergency medical care providers in accordance with RSA 153-A:12.

Readopt with amendment and renumber Saf-C 5901.05, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.06 to read as follows:

Saf-C 5901.[05]06 “Agreement” means the written contract between:

(a) An emergency medical service unit and its medical resource hospital, which covers procedures as defined in Saf-C [5920.01] 5919.01 and Saf-C [5921.02] 5920.02; or

(b) An emergency medical services instructor/coordinator and hospital or unit which allows for student clinical/field experience as a part of a division approved training program.

Readopt with amendment and renumber Saf-C 5901.06, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.07 to read as follows:

Saf-C 5901.[06] 07 “Apprentice” means a person who possesses a current certificate of training in CPR and basic first aid, but who has not attained the legal age for licensure as a provider in accordance with RSA 153-A:11, III.

Repeal Saf-C 5901.07, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.07 “Assistant instructor” means a person who assists the emergency medical services instructor/coordinator as defined in the United States Department of Transportation (USDOT), National Highway Traffic Safety Administration (NHTSA), emergency medical technician-basic national standard curriculum, dated 1994.]

Readopt Saf-C 5901.08, effective September 8, 2010 (Doc. #9779-A), to read as follows:

Saf-C 5901.08 “Authority to establish courses” means the form by which authorization is requested for an emergency medical services training program.

Readopt with amendment Saf-C 5901.09, effective September 8, 2010 (Doc. #9779-A), to read as follows:

Saf-C 5901.09 “Basic life support (BLS)” means fundamental medical procedures and the scope of practice in which emergency medical care providers at any of the following licensing levels are trained: [the first responder or] emergency medical responder; New Hampshire emergency medical technician-basic (NH EMT-B); or, emergency medical technician (EMT) [levels are trained].

Readopt Saf-C 5901.10- Saf-C 5901.12, effective September 8, 2010 (Doc. #9779-A), to read as follows:

Saf-C 5901.10 “Call jumping” means the unauthorized response to and/or transport of a patient pursuant to an emergency medical services call in which a unit or provider was not directly called, dispatched or requested to assist.

Saf-C 5901.11 “Candidate” means a student who has completed a training program and has been listed by the training program’s emergency medical services instructor/coordinator as eligible to test at the final division approved practical and/or cognitive examination.

Saf-C 5901.12 “Cardiopulmonary resuscitation (CPR)” means a procedure used by a person trained in this technique to provide oxygen to the brain and heart, through ventilations and by rhythmically increasing intrathoracic pressure.

Readopt with amendment Saf-C 5901.13, effective September 8, 2010 (Doc. #9779-A), to read as follows:

Saf-C 5901.13 “Catchment area” means the geographic area to which a medical resource hospital is responsible for the unit’s medical protocols, training and medical control [as defined in RSA 153-A:2, XV].

Readopt Saf-C 5901.14 and Saf-C 5901.15, effective September 8, 2010 (Doc. #9779-A), to read as follows:

Saf-C 5901.14 “Certificate” means a document serving as an official representation of the awarding entity confirming that a person has fulfilled the requirements set forth in Saf-C 5901.15.

Saf-C 5901.15 “Certification” means successful completion of a training course, final practical skills and/or cognitive examinations which results in receipt of a certificate.

Repeal Saf-C 5901.16, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.16 “Certified emergency nurse (CEN)” means a registered nurse currently licensed by the New Hampshire (NH) board of nursing who has successfully completed the emergency nursing certification program and is currently certified by the emergency nurses association.]

Readopt and renumber Saf-C 5901.17 - Saf-C 5901.20, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.16-Saf-C 5901.19, to read as follows:

Saf-C 5901.1[7]6 “Chair van company” means a licensed entity that operates wheelchair vans for hire. The term includes “wheelchair van company”.

Saf-C 5901.1[8]7 “Chair van operator” means a person who is trained to operate a wheelchair van for hire and who is employed by a licensed wheelchair van company. The term includes “wheelchair van operator”.

Saf-C 5901.1[9]8 “Clinic” means a physician’s office or healthcare facility.

Saf-C 5901.[20]19 “Cognitive examination” means a division approved final examination required prior to the issuance of a certificate or initial National Registry classification.

Readopt with amendment and renumber Saf-C 5901.21 and Saf-C 5901.22, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.20 and Saf-C 5901.21 to read as follows:

Saf-C 5901.2[1]0 “Commissioner” means [“commissioner” as defined in RSA 153-A:2, II] the commissioner of the department of safety, or his designee.

Saf-C 5901.2[2]1 “Complaint” means a written allegation against a party which is dated [and signed] by the person making the charge.

Readopt and renumber Saf-C 5901.23 and Saf-C 5901.24, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.22 and Saf-C 5901.23 to read as follows:

Saf-C 5901.2[3]2 “Controlled drug” means any drug, substance or immediate precursor, which is scheduled pursuant to RSA 318-B:1-a.

Saf-C 5901.2[4]3 “Coordinating board” means “coordinating board” as defined in RSA 153-A:2, I.

Repeal Saf-C 5901.25, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.25 “Course coordinator” means a person responsible for organizing and coordinating a division approved training program for an emergency medical services instructor/coordinator as defined in USDOT, NHTSA, emergency medical technician-basic national standard curriculum, dated 1994.]

Readopt with amendment and renumber Saf-C 5901.26, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.24 to read as follows:

Saf-C 5901.2[6]4 “Course medical director” means a physician with emergency medical experience [as defined in USDOT, NHTSA, emergency medical technician-basic national standard curriculum, dated 1994, and] who acts as the ultimate medical authority regarding training program content, procedures and protocols at any of the division approved levels.

Repeal Saf-C 5901.27 and Saf-C 5901.28, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.27 “Critical care registered nurse (CCRN)” means a registered nurse who is currently certified in critical care by the american association of critical care nurses certification corporation (AACN). The term includes “critical care nurse (CCN)”.

Saf-C 5901.28 “Cubic centimeter (cc)” means a unit of measurement for the volume of fluid or gas in one centimeter cubed.]

Readopt and renumber Saf-C 5901.29 – Saf-C 5901.31, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.25-Saf-C 5901.27 to read as follows:

Saf-C 5901.2[9]5 “Days” means Monday through Friday excluding state holidays and weekends, unless otherwise specified in this chapter.

Saf-C 5901.[30]26 “Defibrillate” means to deliver an electric current through a person’s chest wall and heart for the purpose of ending ventricular fibrillation.

Saf-C 5901.[31]27 “Defibrillator” means a portable, battery powered device, which is approved by the United States Food and Drug Administration and used to generate and deliver an electrical stimulus to the heart.

Readopt with amendment and renumber Saf-C 5901.32, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.28 to read as follows:

Saf-C 5901.[32]28 “Director” means “director” as defined in RSA 153-A:2, III, or his or her designee.

Readopt and renumber Saf-C 5901.33 and Saf-C 5901.34, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.29 and Saf-C 5901.30 to read as follows:

Saf-C 5901.[33]29 “Division” means “division” as defined in RSA 153-A:2, IV.

Saf-C 5901.3[4]0 “Drug kit” means a container, approved by the pharmacy of the medical resource hospital, for the storage of controlled drug medications.

Readopt with amendment and renumber Saf-C 5901.35 and Saf-C 5901.36, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.31 and Saf-C 5901.32 to read as follows:

Saf-C 5901.3[5]1 “Educational institution” means an institution based in NH which is approved by the division to conduct emergency medical services training programs, in accordance with the requirements set forth in Saf-C [5917]5916.01.

Saf-C 5901.3[6]2 “Educational training agency” means an agency based in NH which is approved by the division to conduct emergency medical services training programs, in accordance with the requirements set forth in Saf-C [5917]5916.02.

Readopt and renumber Saf-C 5901.37, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.33 to read as follows:

Saf-C 5901.3[7]3 “Electrocardiogram (ECG) machine” or “ECG machine” means a device used to record the electrical energy generated by the heart, and its movement through the heart, the results of which are displayed on a paper strip, a display screen or both. The term includes “cardiac monitor”.

Readopt with amendment and renumber Saf-C 5901.38 and Saf-C 5901.39, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.34 and Saf-C 5901.35 to read as follows:

Saf-C 5901.3[8]4 “Emergency department” means the designated operational area of a [hospital/]facility, as defined by RSA 153-A:2, XI, which routinely receives patients from emergency medical care providers[as part of a healthcare facility as defined in RSA 153-A:2, XI].

Saf-C 5901.3[9]5 “Emergency medical care provider” means “emergency medical care provider” as defined in RSA 153-A:2, V and who has successfully completed the provider requirements at any of the licensing levels. The term includes “[prehospital emergency medical care] provider”[, “provider”] and “EMS provider”.

Adopt Saf-C 5901.36 to read as follows:

Saf-C 5901.36 “Emergency medical responder (EMR)” means an emergency medical provider that is licensed at the emergency medical responder level.

Readopt and renumber Saf-C 5901.40, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.37 to read as follows:

Saf-C 5901.[40]37 “Emergency medical services (EMS)” means “emergency medical services” as defined in RSA 153-A:2, VI.

Adopt Saf-C 5901.38 to read as follows:

Saf-C 5901.38 “Emergency medical technician (EMT)” means an emergency medical provider that is licensed at the emergency medical technician level.

Readopt with amendment and renumber Saf-C 5901.41 and Saf-C 5901.42, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.39 and Saf 5901.40 to read as follows:

Saf-C 5901.[41]39 “EMS incident report (EMSIR)” means the written or electronic report prepared by an EMS provider to record the events of an incident in which the EMS provider has responded. The term includes “patient care report (PCR)” [and “PCR”].

Saf-C 5901.[42]40 “Emergency medical services instructor/coordinator (EMS I/C)” means the [“]primary instructor[”] as defined in USDOT, NHTSA, emergency medical technician-basic national standard

curriculum, dated 1994, and is the person] licensed by the division to be responsible for all aspects of division approved training programs.

Repeal Saf-C 5901.43 – Saf-C 5901.45 effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.43 “EMS inter-facility training module” means the EMS inter-facility transfer exception transition program.

Saf-C 5901.44 “EMS inter-facility transfer exception (EMS IFTE) provider” means a healthcare provider who has successfully completed the EMS IFTE training program and who is currently employed at a critical access hospital.

Saf-C 5901.45 “EMS inter-facility transfer exception transition program” means the training program developed by the division, which all healthcare providers defined in Saf-C 5918.04(a)(2) applying for EMS inter-facility transfer authorization must successfully complete. The term includes “EMS IFTE training program” or “EMS IFTE refresher training program”.]

Readopt and renumber Saf-C 5901.46, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.41 to read as follows:

Saf-C 5901.4[6]1 “Emergency medical services medical control board (MCB)” means “emergency medical services medical control board” as defined in RSA 153-A: 2, XIV.

Readopt with amendment and renumber Saf-C 5901.47 and Saf-C 5901.48, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.42 and Saf-C 5901.43 to read as follows:

Saf-C 5901.4[7]2 “EMS trauma and emergency medical services information system (TEMSIS) administrator” means a person who is assigned as a TEMSIS administrator for a unit and who has permission to access and modify specific TEMSIS data. The term includes “[rescue service administrator]service TEMSIS administrator” or “STA”.

Saf-C 5901.4[8]3 “Emergency medical service unit” means “emergency medical service unit” as defined in RSA 153-A:2, IX. The term includes [“EMS service(s)” and] “unit”.

Readopt and renumber Saf-C 5901.49, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.44 to read as follows:

Saf-C 5901.4[9]4 “Emergency medical service vehicle” means “emergency medical service vehicle” as defined in RSA 153-A:2, X. The term includes “vehicle”.

Repeal Saf-C 5901.50, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.50 “Emergency medical technician (EMT)” means an emergency medical care provider, specifically trained at the EMT-basic, EMT-intermediate or EMT-paramedic level of certification to administer life support care to injured and sick persons in prehospital settings, overseen and directed by physicians.]

Readopt and renumber Saf-C 5901.51 – Saf-C 5901.53, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.45 – Saf-C 5901.47 to read as follows:

Saf-C 5901.45 [51] “Emergency physician” means a medical practitioner who is currently licensed by the NH board of medicine and employed in the emergency department setting.

Saf-C 5901.[52]46 “Emergency physician assistant” means a health professional who practices medicine with the supervision of a licensed physician, is currently licensed by the NH board of medicine, and employed in the emergency department setting.

Saf-C 5901.[53]47 “Emergent” means requiring prompt, urgent or immediate attention.

Repeal Saf-C 5901.54 – Saf-C 5901.58, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.54 “EMT-basic (EMT-B)” means a person who has successfully completed the EMT-basic training program developed by the USDOT, NHTSA, emergency medical technician-basic national standard curriculum, dated 1994, the division developed EMT-B transition program, dated 2005, and the division approved EMT-basic testing process. The term includes “National Registry EMT-B”, “NREMT-basic” and “NREMT-B”.

Saf-C 5901.55 “EMT-intermediate (EMT-I)” means a person who has successfully completed the EMT-intermediate training program developed by USDOT, NHTSA, emergency medical technician-intermediate national standard curriculum, dated 1985, the division developed EMT-B transition program, dated 2005, the EMT-I transition program, dated 2009, and the division approved EMT-intermediate testing process. The term includes “National Registry EMT-I”, “NREMT-intermediate” and “NREMT-I”.

Saf-C 5901.56 “EMT-paramedic (EMT-P)” means a person who has successfully completed the EMT-paramedic training program developed by USDOT, NHTSA, emergency medical technician-paramedic national standard curriculum, dated 1998, the division developed EMT-P transition program, dated 2005, and the division approved EMT-paramedic testing process. The term includes “National Registry EMT-P”, “NREMT-paramedic” and “NREMT-P”.

Saf-C 5901.57 “Endotracheal intubation” means the process of inserting an endotracheal tube through a patient’s nose or mouth and into the trachea for the purpose of opening and maintaining a patent airway.

Saf-C 5901.58 “Endotracheal tube (ETT)” means the device used in the practice of airway management, specifically endotracheal intubation.]

Readopt and renumber Saf-C 5901.59-Saf-C 5901.61, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.48 - Saf-C 5901.50 to read as follows:

Saf-C 5901.[59]48 “Evaluator” means a person who has completed the practical examination evaluator training and education (PEETE) program, and who has applied and been approved by the division to be part of the state authorized practical examination team and serves as an observer and recorder of skills performed by a candidate.

Saf-C 5901.[60]49 “Examination coordinator” means a person, designated by the division, who attends and supervises final practical examinations.

Saf-C 5901.[61]50 “Facility” means “facility” as defined in RSA 153-A:2, XI.

Adopt Saf-C 5901.51 to read as follows:

Saf-C 5901.51 “First Responder Naloxone Provider” means a certified law enforcement officer or firefighter who has been trained to administer naloxone.

Repeal Saf-C 5901.62 – Saf-C 5901.65, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.62 “First responder (FR)” means a person who has successfully completed a course which meets the objectives set forth in USDOT, NHTSA, first responder national standard curriculum, dated 1995, and the division approved first responder testing process.

Saf-C 5901.63 “Fracture” means a broken bone.

Saf-C 5901.64 “Glasgow coma scale” means a numeric rating system used to assess the patient's level of consciousness and the extent of loss of brain function. It defines the patient's neurologic status based on eye opening, verbal response and motor response.

Saf-C 5901.65 “Gram (gm)” means a measurement that equals approximately the weight of one cubic centimeter or one milliliter of water.]

Readopt with amendment and renumber Saf-C 5901.66, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.52 to read as follows:

Saf-C 5901.[66]52 “Guest lecturer” means a person who, upon request by the EMS I/C, conducts specific classroom lectures, presentations and/or demonstrations based upon his[/] or her expertise in a given subject area.

Readopt and renumber Saf-C 5901.67, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.53 to read as follows:

Saf-C 5901.[67]53 “Head of unit” means the person who is responsible for the administration of the overall leadership of an EMS unit.

Readopt with amendment and renumber Saf-C 5901.68, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.54 to read as follows:

Saf-C 5901.[68]54 “Incident command system” means the national incident management system (NIMS) established by Homeland Security Presidential Directive-5[, dated February 8, 2003] and as developed and adopted pursuant to RSA 21-I:52. [by the United States Department of Homeland Security.]

Readopt and renumber Saf-C 5901.69, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.55 to read as follows:

Saf-C 5901.[69]55 “Infant” means a person in age from birth to his/her first birthday.

Readopt with amendment and renumber Saf-C 5901.70, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.56 to read as follows:

Saf-C 5901.[70]56 “Instructor training program” means a division approved educational program to assist a person to teach and/or coordinate EMS training programs[, and which meets the objectives set forth in USDOT, NHTSA, EMS instructor training program national standard curriculum, dated 1996].

Repeal Saf-C 5901.71- Saf-C 5901.73, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.71 “Intramuscularly (IM)” means to deliver an injection of a drug within a muscle.

Saf-C 5901.72 “Intraosseous infusion (IO)” means the administration of fluids and/or drugs into the bone marrow cavity.

Saf-C 5901.73 “Intravenous infusion (IV)” means the administration of fluids and/or drugs into a vein to replace fluid, establish venous access for the administration of medication and to obtain blood samples. The term includes “intravenously”, “peripheral IV” and “primary IV”.]

Repeal Saf-C 5901.74, effective September 25, 2015 (Doc. #10941), as follows:

[Saf-C 5901.74 “Law Enforcement Provider” means a law enforcement officer who has successfully completed a first aid training program that follows OSHA Best Practices Guide: Fundamentals of a Workplace First-Aid Program (2006), available as noted in Appendix B; the division developed opioid antagonist (Narcan) training program (2015); and CPR training that meets the American Heart Association’s guidelines for cardiopulmonary resuscitation and emergency cardiac care-basic life support for health care providers dated 2010, available as noted in Appendix B.]

Readopt and renumber Saf-C 5901.75 - Saf-C 5901.82, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.57 – Saf-C 5901.64 to read as follows:

Saf-C 5901.[75]57 “License” means an official division approved document and status which allows a person, corporation, association or partnership to operate at the applicable level, pursuant to RSA 153-A and these rules.

Saf-C 5901.[76]58 “Licensee” means a person, corporation, association or partnership to whom a license has been issued pursuant to RSA 153-A and these rules.

Saf-C 5901.[77]59 “Mass casualty incident (MCI)” means an occurrence or event as defined in RSA 153-A:2, XIII.

Saf-C 5901.[78]60 “Medical control” means “medical control” as defined in RSA 153-A:2, XV.

Saf-C 5901.[79]61 “Medical direction” means on-line or off-line direction by the medical resource hospital physician or designee and on-line direction from the receiving hospital’s physician or designee to EMS personnel.

Saf-C 5901.[80]62 “Medical director” means a medical resource hospital physician who has the oversight of the following:

- (a) Education;
- (b) Leadership;
- (c) Advice;

- (d) Critiques;
- (e) Performance improvement;
- (f) Medications; and
- (g) Treatment modalities.

Saf-C 5901.[81]63 “Medical resource hospital (MRH)” means the acute care hospital(s) through which units obtain medical control.

Saf-C 5901.[82]64 “Medical resource hospital physician” means the physician who is responsible for medical control.

Repeal Saf-C 5901.83, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.83 “Milliliter (ml)” means a unit of measurement for liquid volume, comprised of one thousandth of a liter, and equivalent to one cubic centimeter.]

Readopt and renumber Saf-C 5901.84 – Saf-C 5901.87, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.65 – Saf-C 5901.68 to read as follows:

Saf-C 5901.[84]65 “National data elements” means the specific EMS data elements defined by the national emergency medical services information system (NEMSIS).

Saf-C 5901.[85]66 “National emergency medical services information system (NEMSIS)” means the national EMS electronic database, as developed and published by USDOT, NHTSA.

Saf-C 5901.[86]67 “National Registry (NREMT)” means the National Registry of Emergency Medical Technicians, P.O. Box 29233, Columbus, Ohio, 43229.

Saf-C 5901.[87]68 “National Registry representative” means a person monitored by the division, and approved by the NREMT, to administer NREMT examinations.

Adopt Saf-C 5901.69 and Saf-C 5901.70 to read as follows:

Saf-C 5901.69 “New Hampshire EMT-Basic” or “NH EMT-B” means an emergency medical provider that is not certified by the National Registry and has been licensed at the New Hampshire emergency medical technician basic level.

Saf-C 5901.70 “NH patient care protocols” means patient care protocols as set forth in Saf-C 5902.01.

Readopt and renumber Saf-C 5901.88 and Saf-C 5901.89, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.71 and Saf-C 5901.72 to read as follows:

Saf-C 5901.[88]71 “Nonprofit corporation” means a governmental entity or a voluntary corporation or association registered or incorporated as a nonprofit organization and in good standing with the secretary of state.

Saf-C 5901.[89]72 “Non-transport unit” means a licensed unit with licensed providers but which does not have vehicles licensed for patient transportation.

Adopt Saf-C 5901.73 to read as follows:

Saf-C 5901.73 “Paramedic” means an advanced emergency medical care provider that is licensed at the paramedic level.

Readopt and renumber Saf-C 5901.90 – Saf-C 5901.96, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.74 – Sf-C 5901.80 to read as follows:

Saf-C 5901.[90]74 “Patient” means “patient” as defined in RSA 153-A:2, XVI.

Saf-C 5901.[91]75 “Patient assessment” means the evaluation of an injured or sick person by visual and tactile inspection, palpation, percussion and auscultation.

Saf-C 5901.[92]76 “Patient record” means any document which is part of EMSIR, including confidential information, prepared from direct interviews with patients, written statements, recordings of vital signs and other medically related documentation generated during the activities of providers in the delivery of emergency medical services at the scene and during transport.

Saf-C 5901.[93]77 “Pediatric” means medical treatment.[93]77 concerning children who stand less than 5 feet tall and weigh less than 75 pounds.

Saf-C 5901.[94]78 “Pharmacy” means the place registered by the pharmacy board, where the profession of pharmacy is practiced and where drugs, chemicals, medicines, prescription or poisons are compounded, dispensed, stored or sold.

Saf-C 5901.[95]79 “Practical examination” means the division approved final evaluation of practical skills.

Saf-C 5901.[96]80 “Practical examination evaluator training and education (PEETE) program” means the training program developed by the division, which all BLS and ALS practical examination evaluators must complete.

Readopt with amendment and renumber Saf-C 5901.97 and Saf-C 5901.98, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.81 and Saf-C 5901.82 to read as follows:

Saf-C 5901.[97]81 “Preceptorship” means the oversight and supervision of:

- (a) A student enrolled in an EMS training program, pursuant to Saf-C 5902.07([h]i); or
- (b) The teaching of skills to an EMS I/C applicant, pursuant to Saf-C 590[8]9.04(b).

Saf-C 5901.[98]82 “Primary instructor” means the EMS I/C as defined in Saf-C 5901.[42]40.

Adopt Saf-C 5901.83 to read as follows:

Saf-C 5901.83 “Primary patient caregiver” means the licensed EMS provider who is the primary provider responsible for patient care.

Readopt and renumber Saf-C 5901.99 – Saf-C 5901.103, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.84 – Saf-C 5901.88 to read as follows:

Saf-C 5901.[99]84 “Proof of use sheet” means the document provided with each drug kit for the purpose of documenting the use of controlled drugs.

Saf-C 5901.[100]85 “Protocol” means “protocol” as defined in RSA 153-A:2, XVII.

Saf-C 5901.[101]86 “Provider license number” means an alpha-numeric identifier assigned by the division to a person who has successfully completed the provider requirements at any of the licensing levels.

Saf-C 5901.[102]87 “Quality management program” means “quality management program” as defined in RSA 153-A:34, I(a) and shall include the term “performance improvement”.

Saf-C 5901.[103]88 “Receiving hospital” means any acute care hospital/facility capable of accepting patients and giving on-line medical control.

Adopt Saf-C 5901.89 to read as follows:

Saf-C 5901.89 “Refresher training program (RTP)” means a division approved training program designed to refresh the skills and knowledge of an emergency medical care provider.

Readopt and renumber Saf-C 5901.104 – Saf-C 5901.107, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.90 – Saf-C 5901.93 to read as follows:

Saf-C 5901.[104]90 “Response” means the action taken by an EMS unit or provider, either emergent or non-emergent, following a request for action by a private citizen, dispatch agency or other means.

Saf-C 5901.[105]91 “Revocation” means the termination by formal action of the commissioner of any license or privilege to engage in the business or service of providing emergency medical services and/or transportation of patients pursuant to RSA 153-A.

Saf-C 5901.[106]92 “Site coordinator” means a person in charge of organizing the facility, equipment, evaluators, assistants and/or patients at a division approved practical examination.

Saf-C 5901.[107]93 “Standing orders” means a medical protocol which provides specific written orders for actions, techniques or drug administration when communication for on-line control is not required.

Repeal Saf-C 5901.108, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.108 “Sterile supplies” means equipment which has been treated and stored to be kept free from microorganisms.]

Readopt with amendment and renumber Saf-C 5901.109, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.94 to read as follows:

Saf-C 5901.[109]94 “Student” means a person enrolled in a division approved training program or a student enrolled in an EMS program approved by another state authorizing agency.

Readopt and renumber Saf-C 5901.110, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.95 to read as follows:

Saf-C 5901.[110]95 “Suspension” means the temporary withdrawal by formal action of the commissioner of any license or privilege to engage in the business or service of providing emergency medical services and/or transportation of patients pursuant to RSA 153-A.

Repeal Saf-C 5901.111 and Saf-C 5901.112, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.111 “Tachycardia” means a rapid heart rate, which is over 100 beats per minute for adults and 150 beats per minute for pediatrics.]

[Saf-C 5901.112 “Trachea” means the windpipe, which is the main trunk for air passing to and from the lungs.]

Readopt with amendment and renumber Saf-C 5901.113, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.96 to read as follows:

Saf-C 5901.[113]96 “Training program” means a division approved program or course at [one] any of the [following] licensing levels set forth in Saf-C 5904.01(a)(2) through (6) and Saf-C 5911 or any associated refresher training as listed in Saf-C 5913.01) [:

- (a) First responder;
- (b) EMT-basic;
- (c) EMT-intermediate;
- (d) EMT-paramedic;
- (e) Any associated transition or refresher training; or
- (f) PEETE program].

Repeal Saf-C 5901.114, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.114 “Transition program” means a division approved training program designed to provide the additional knowledge and skills objectives included in a revised curricula which is not contained in the original curricula of the same level. The term includes “transition module”.]

Readopt and renumber Saf-C 5901.115, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.97 to read as follows:

Saf-C 5901.[115]97 “Transportation” means the delivery of a patient by a vehicle to another vehicle or receiving hospital/facility or residence.

Repeal Saf-C 5901.116, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5901.116 “Trauma” means a physical injury or wound caused by external force or violence.]

Readopt and renumber Saf-C 5901.117 – Saf-C 5901.123, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5901.98 – Saf-C 5901.104 to read as follows:

Saf-C 5901.1[117]98 “Trauma and emergency medical services information system (TEMSIS)” means the NH EMS electronic database, that meets the requirements of NEMSIS, provided by the division to all EMS units and providers to record EMS incidents.

Saf-C 5901.1[118]99 “Unit controlled drug coordinator (UCDC)” means the paramedic or, if a hospital-based unit, the registered nurse or physician employee of the hospital/facility, who possesses legend and controlled drugs, and is designated by the head of unit to serve as the liaison between the unit, the MRH pharmacy and other agencies involved with the possession and use of controlled drugs.

Saf-C 5901.1[119]00 “Utilized drug kit” means the container approved by the MRH pharmacy for the storage of controlled drugs and whose container seal has been broken or whose seal is intact but with an expired expiration date identifier.

Saf-C 5901.1[120]101 “Vehicle shelter” means a fixed enclosed structure to house and protect a vehicle. The term includes “shelter”.

Saf-C 5901.1[21]02 “Volunteer” means a person or member of a nonprofit fire department or nonprofit emergency medical service unit who provides services on an as needed basis and who does not receive compensation, other than reimbursement for expenses actually incurred.

Saf-C 5901.1[22]03 “Volunteer association” means a nonprofit emergency medical service unit in which the majority of providers are volunteers or the unit is registered as a voluntary corporation and in good standing with the secretary of state in accordance with RSA 292:4.

Saf-C 5901.1[123]104 “Wheelchair van for hire” means a mode of transportation that charges a fee for the transportation of medically stable, non-emergent individuals in a wheelchair, stretcher or wheeled gurney that does not need any monitoring equipment, medication or assistance, including medical transportation. The term includes “chair van(s)” and “ambulette(s)”.

Readopt with amendment Saf-C 5902.01, effective September 15, 2015 (Doc. #10932), cited and to read as follows:

PART Saf-C 5902 EMS OPERATING STANDARDS

Saf-C 5902.01 Adoption of NH Patient Care Protocols. Pursuant to RSA 153-A:4, VI, RSA 153-A:5, III(d), RSA 153-A:7, II and RSA 153-A:20, II, the NH patient care protocols, approved by the EMS Medical Control Board, [dated 2015] version 7.1, ftp://pubftp.nh.gov/dos/fire%20standards/2015_Protocols.pdf, available in PDF format as noted in Appendix B, shall hereby be adopted as the statewide protocols for prehospital patient care, which specify the circumstances under which emergency medical services providers are authorized to function under their own licenses or through medical control.

Readopt Saf-C 5902.02 and Saf-C 5902.03, effective September 8, 2010 (Doc. #9779-A), to read as follows:

Saf-C 5902.02 Regional Councils and District Committee Designation.

(a) A minimum of 3 EMS regional councils shall be designated by the coordinating board.

(b) Applicants for a regional council shall submit, in writing, a letter of intent for regional council designation to the coordinating board.

(c) Within 6 months of receipt of the application, the coordinating board shall interview the applicants to determine their candidacy as a regional council.

(d) The coordinating board shall grant regional council designation if the applicant meets the criteria identified in (h) through (k) below.

(e) Regional council designation shall be granted for a period of 5 years, commencing with the date of approval.

(f) Renewal of regional council designation shall be made in accordance with (b) through (d) above.

(g) Renewal of regional council designation shall be denied for failing to meet the criteria identified in (h) and (l) below.

(h) At minimum, each regional council shall be composed of 10 members, at least one representative from each of the following categories:

- (1) Area consumers;
- (2) Area hospitals/facilities;
- (3) Area NH-licensed physicians experienced in emergency medicine, pursuant to RSA 153-A:6;
- (4) Area mutual aid organizations, if applicable;
- (5) Area law enforcement agencies;
- (6) Area career fire service organizations, if applicable;
- (7) Area volunteer/call fire service organizations;
- (8) Area commercial EMS units, if applicable; and
- (9) Area volunteer EMS units, which shall be non-fire service related, if applicable.

(i) The above listed regional council composition shall be reviewed by the coordinating board, in accordance with RSA 153-A:4, V.

(j) Of the council members referenced in (h) above, one member listed shall be certified at the BLS level, and one member at the ALS level.

(k) All regional councils shall establish by-laws which shall be approved by the coordinating board.

(l) Regional councils shall implement the objectives of the coordinating board by:

- (1) Facilitating communications between district committees and the coordinating board by delivering, via any medium available:
 - a. Information in any form; and
 - b. Other correspondence pertaining to EMS services and activities;
- (2) Coordinating communications among EMS units, hospitals/facilities, mutual aid associations and district committees through the use of:
 - a. Common radio frequencies; and

- b. Telephone lines;
- (3) Addressing overall patient care issues identified by regional council constituents; and
- (4) Assisting district committees in the implementation of quality improvement through training in the areas of:
 - a. Patient care;
 - b. Provider training; and
 - c. Communication among:
 - 1. District committees;
 - 2. Regional councils;
 - 3. Coordinating board; and
 - 4. The division.
- (m) Regional councils shall demonstrate their responsibilities as set forth in (k) and (l) above to the coordinating board by:
 - (1) Meeting, at minimum, quarterly during the calendar year;
 - (2) Providing, on a quarterly basis, a written record of such meetings to the coordinating board; and
 - (3) Having at least one regional council designee attend, at minimum, one meeting of the coordinating board per calendar year.
- (n) District committees shall affiliate with a regional council for administrative purposes.
- (o) Hospitals/facilities, mutual aid associations, district committees and EMS units may apply for multiple regional council affiliation if their catchment area extends beyond a single regional council area.
- (p) District committees shall embody any of the following:
 - (1) One or more hospitals/facilities;
 - (2) Mutual aid associations; or
 - (3) An affiliation of at least 3 units.
- (q) Applicants for a district committee shall submit, in writing, a letter of intent for designation as a district to the regional council to which it seeks affiliation.
- (r) The regional council shall grant district committee designation if the applicant meets the criteria identified in (p) and (q) above.
- (s) District committee designation shall be granted for a period of 5 years, commencing with the date of approval.
- (t) Renewal of district committee designation shall be made in accordance with (p) and (q) above.

Saf-C 5902.03 Medical Resource Hospital.

(a) Each unit shall have a valid written agreement with only one hospital to serve as its medical resource hospital (MRH).

(b) Notwithstanding (a) above, each unit currently under agreement with more than one MRH may continue such relationship until a change in unit ownership occurs.

(c) A unit located in the state shall retain a NH acute care hospital as its MRH if such hospital exists as specified in (g) below.

(d) On-line adult and pediatric medical control shall be available to all NH units during an emergency event or patient transport and may be provided by any receiving hospital.

(e) Off-line adult and pediatric medical control shall be the responsibility of a unit's MRH.

(f) The MRH shall be responsible for oversight of the adult and pediatric patient care procedures of the unit and shall act as the intermediary between the unit and the receiving hospital/facility concerning patient care, on-line medical directives or provider conduct.

(g) Designation of a MRH by the unit shall be made on the basis of the hospital being geographically located nearest to the population served by the unit or which receives the majority of the unit's patients.

(h) A MRH may transfer its off-line medical control to any other hospital with prior agreement from both hospitals.

(i) Changes to a unit's MRH shall require written approval from the unit's current MRH and proposed MRH.

(j) Each unit and MRH shall retain a copy of the valid agreement and submit the agreement to the division in accordance with the provisions of these rules.

Readopt with amendment Saf-C 5902.04 – Saf-C 5902.06, effective September 8, 2010 (Doc. #9779-A), to read as follows:

Saf-C 5902.04 Communications.

(a) At minimum, each unit's vehicle shall have 2-way communication capabilities on the following:

(1) A VHF frequency of 155.175 megahertz; and

(2) A VHF frequency of 155.340 megahertz.

(b) Each unit shall abide by the requirements set forth in 47 CFR 90.

(c) Each unit's vehicle shall provide capabilities to relay medical information through its dispatcher from the scene to the receiving hospital/facility.

(d) Each unit's vehicle shall be capable of relaying and receiving medical information directly to and from its MRH or receiving hospital/facility by utilizing the appropriate tone-coded squelch radio signal.

(e) A request for dispatch of air medical transport to the scene of an emergency may be made by providers licensed pursuant to this chapter and in accordance with the NH patient care protocols[, dated 2009].

Saf-C 5902.05 [Unethical Conduct] Call Jumping.

(a) Call jumping shall constitute unethical conduct and fines for the violation of such conduct shall be imposed in accordance with Saf-C 5907.02.

(b) Notwithstanding (a) above, a licensed emergency medical care provider may render care at his[] or her level of training on a voluntary basis due to happenstance, mutual aid or a mass casualty response. Emergency medical care providers assisting in such an emergency situation shall be immune from civil liability in accordance with the requirements set forth in RSA 508:12-a.

Saf-C 5902.06 Mass Casualty Incident. Any unit or provider responding to a mass casualty incident shall follow the incident command system as defined in Saf-C 5901.[68]54.

Readopt with amendment Saf-C 5902.07, effective September 8, 2010 (Doc. #9779-A), as amended effective March 24, 2014 (Doc. #10552), to read as follows:

Saf-C 5902.07 Emergency Medical Care Provider Requirements.

(a) For the purposes of this section, “neonatal patient” means a patient in age from birth to one month.

(b) All providers shall be licensed in accordance with Saf-C [5903]5904.

[(b)] (c) The staffing level in each EMS land or water vehicle shall, at minimum, include 2 providers during patient transport, at least one of whom shall attend the patient.

[(c)] (d) The 2 providers on board a land or water vehicle shall be licensed at [one] any of the [following] levels set forth in Saf-C 5904.01(a)(2) through (6)[:

- (1) First responder;
- (2) EMT-basic;
- (3) EMT-intermediate; or
- (4) EMT-paramedic].

(e) During transport of a patient(s) in a land or water vehicle, the provider who is responsible for the patient care shall be licensed at [one] any [of the following] levels set forth in Saf-C 5901.04(a)(3) through (6)[:

- (1) EMT-basic;
- (2) EMT-intermediate; or
- (3) EMT-paramedic].

[(e)](f) [A first responder] An EMR provider may attend a patient during transport if the treatment is within [the] scope of practice [for the first responder].

(f) The healthcare provider, inter-facility transfer exception (IFTE) authorized pursuant to Saf-C 5918, shall attend the patient during inter-facility transfers defined in RSA 153-A:16, III and shall be accompanied by an EMS provider listed in (d) above.]

- (g) Apprentice providers:
- (1) May accompany the 2 providers in the land or water vehicle, if space permits; and
 - (2) Shall not serve as one of the 2 providers set forth in (c) above.
- (h) Students may assist a provider in the land or water vehicle with patient care if:
- (1) The unit permits students;
 - (2) The unit has a written agreement with the training program's [EMS I/C] primary instructor;
 - (3) Space permits;
 - (4) The unit has designated at least one of the providers as the student's preceptor; and
 - (5) The preceptorship has been detailed, in writing, by the training program's [EMS I/C] primary instructor to the course medical director and the EMS coordinator for the unit's MRH.
- (i) A person acting in a student capacity who is not already a licensed provider shall not serve as a provider.
- (j) Each air medical transport vehicle shall:
- (1) Meet the requirements set forth in Saf-C [5904.01] 5906.03; and
 - (2) Have at minimum, one [nationally registered EMT-basic, EMT-intermediate or EMT-paramedic] provider on board licensed at any level set forth in Saf-C 5904.01(a)(3) through (6).
- [(k) Upon receiving authorization by the division, a CEN, CCRN, an emergency physician, or an emergency physician assistant may act as one of the 2 required EMS providers as set forth in (b) above, during an inter-facility transfer of a patient in accordance with RSA 153-A:16, III.]
- [(l) ~~(k)~~ Notwithstanding any other rule to the contrary, a land or water vehicle that performs interfacility transport of neonatal patients[, from birth to one month of age,] shall not be required to have more than one licensed EMS provider on board during such transports, provided that the patient is cared for by one or more non-EMS healthcare providers with a more advanced licensure designation, as warranted by the patient acuity as determined by the sending facility.
- [(m) ~~(l)~~ Notwithstanding any other rule to the contrary, an air medical transport vehicle that performs interfacility transport of neonatal patients[, from birth to one month of age,] shall not be required to have a licensed EMS provider on board during such transports, provided that the patient is cared for by one or more non-EMS healthcare providers with a more advanced licensure designation, as warranted by the patient acuity as determined by the sending facility.

Readopt with amendment Saf-C 5902.08 through Saf-C 5902.10, effective September 15, 2015 (Doc. #10932), cited and to read as follows:

Saf-C 5902.08 Recordkeeping and Reporting.

- (a) All units and providers shall be responsible for recordkeeping and reporting to the division and hospital/facilities.
- (b) All providers shall report the following, in writing, to the division within 30 calendar days:

- (1) Change of name, [or] mailing address, or email address; and
 - (2) Change of unit affiliation(s).
- (c) All units shall report the following, in writing, to the division within 30 calendar days:
- (1) All new providers affiliated with the unit, which shall include the provider's:
 - a. Legal name(s); and
 - b. License number(s);
 - (2) All providers who are no longer affiliated with the unit, which shall include the provider's:
 - a. Legal name(s); and
 - b. License number(s);
 - (3) Relocation of the unit, which shall include both the old and the new unit's:
 - a. Street and mailing address;
 - b. City/town;
 - c. State;
 - d. Zip code;
 - e. Telephone number;
 - f. Primary contact person's name; and
 - g. A preferred E-mail address[, if available];
 - (4) Closing of a unit or any unit substation;
 - (5) Additions and deletions of vehicles licensed to the unit;
 - (6) Changes to the head of unit;
 - (7) Additions and deletions of persons authorized to sign all applications and documents;
 - (8) Changes to the [EMS] service TEMSIS administrator;
 - (9) Change of mailing address or email address; and
 - (10) Copies of EMS vehicle` crash reports required by law.

Saf-C 5902.09 Required EMSIR Documentation.

(a) Recordkeeping and reporting of EMS incidents by a provider or unit shall be made by providing the information in Saf-C 5902.08, as applicable, using one of the following methods:

- (1) Electronically, by completing all data elements on an EMSIR with an assigned validation value, using software developed and distributed by the division; or

(2) Electronically, using software developed or purchased by the unit or receiving hospital/facility, that complies with the following:

- a. The software shall meet all requirements of NEMSIS;
- b. The software shall be compatible with the division's EMS TEMSIS database and any compatibility issues shall be the responsibility of the unit or receiving hospital/facility to resolve with its third party vendor;
- c. The software shall comply with formatting, EMS dataset schema and demographic dataset schema standards set by NEMSIS;
- d. Each record shall be uniquely identified; and
- e. Each record's field codes shall be accurately mapped to the EMS TEMSIS database[; or

(3) Until December 31, 2010, in a non-electronic format approved by the division, that is in compliance with NEMSIS and submitted in accordance with EMSIR requirements].

(b) A[ll] provider[s] from each of the responding EMS units shall complete an EMSIR for each incident, and each patient originating in this state, in which emergency medical care, transport, [or] response, or transfer was:

- (1) Requested;
- (2) Rendered;
- (3) Refused; or
- (4) Canceled.

(c) When there is no patient contact made or the patient is not transported to a hospital/facility, the primary patient caregiver [provider] shall complete an EMSIR and submit it to the division within 24 hours.

(d) When a patient is transported to a hospital/facility, the [provider] primary patient caregiver shall complete an EMSIR and submit it to the hospital/facility in accordance with the valid MRH agreement.

(e) The provider shall submit the EMSIR to the division [as follows] within 24 hours[:

- (1) If electronic, within 24 hours; or
- (2) If in a non-electronic format, by the 15th of the month following the incident].

(f) The provider shall submit the EMSIR to the receiving hospital/facility, utilizing one of the following methods:

- (1) By printing a TEMSIS report; [or]
- (2) By FAX, to a secure location within the hospital/facility[.]; or
- (3) By other secure electronic means that is in compliance with federal health insurance portability and accountability act (HIPAA) regulations.

(g) The division shall provide standard, non-mobile access to TEMSIS at no cost to the unit.

(h) [The provider shall complete all portions of the EMSIR by providing the information required in Saf-C 5902.08, along with any addenda.] EMSIR documentation shall be:

- (1) Accurate;
- (2) Complete; and
- (3) Submitted in accordance with (e) above.

(i) Failure to submit EMSIR documentation in accordance with the requirements of (h) above shall be brought to the attention of the service TEMSIS administrator for remedial action.

(j) Repeated violations of (h) above that occur after remedial action has been taken shall subject the unit or provider to disciplinary action pursuant to Saf-C 5923.

Saf-C 5902.10 Requests for EMSIR Data.

(a) All requests for aggregated or specific, multi-service EMSIR data for research or quality management purposes shall be submitted, in writing, to the division, in accordance with the requirements of RSA 21-P:12-b, II (g).

(b) All requests for a specific patient care report by [A]authorized law enforcement agencies investigating criminal activity relating to a patient care incident shall obtain EMSIR data through a court order, subpoena or other legal method, directly from the EMS service(s) that responded to the EMS incident for the record being requested for the investigation.

Adopt Saf-C 5902.11 to read as follows:

Saf-C 5902.11 Computation of Time. Unless otherwise specified in these rules or by other applicable law relating to the period in which an action must be performed, if the last day of the period so computed falls on a Saturday, Sunday or legal holiday, then the time period shall be extended to include the first business day following the Saturday, Sunday or legal holiday.

Readopt with amendment Saf-C 5903.01, effective September 25, 2015 (Doc. #10941), cited and to read as follows:

PART Saf-C 5903 UNIT [AND PROVIDER] LICENSING STANDARDS

Saf-C 5903.01 [Levels] Types of Unit [of Licensure] License. A unit license shall be issued as a:

(a) Transport unit, which means an EMS service capable of transporting patients to a hospital/facility in an EMS vehicle; or

(b) Non-transport unit, which means an EMS service which has no capability of transporting patients to a hospital/facility in an EMS vehicle.

[A provider license shall be issued for the following levels:

- (1) Apprentice;

- (2) First responder;
- (3) EMT- basic;
 - a. Nationally registered; or
 - b. Non-nationally registered;
- (4) EMT-intermediate;
- (5) EMT-paramedic; or
- (6) Law enforcement provider.]

Readopt with amendment Saf-C 5903.02, effective September 8, 2010 (Doc. #9779-A), to read as follows:

Saf-C 5903.02 [Application Requirements.

(a) Each person applying for a unit or provider license pursuant to RSA 153-A shall obtain from the commissioner the application form that specifically applies to a unit or provider.

(b) The applicant shall submit:

- (1) The completed application form to the department in accordance with Saf-C 5905.01, Saf-C 5905.02 or Saf-C 5905.04;
- (2) The applicable license fee, if required; and
- (3) Copies of documents and certificates in accordance with Saf-C 5903.03, Saf-C 5903.04 and Saf-C 5903.05.]

Transport and Non-Transport Unit License Application.

(a) Each applicant for a transport or non-transport unit license shall complete a transport or non-transport unit license application which shall be:

- (1) Typewritten; or
- (2) Legibly printed.

(b) Each applicant shall provide the following:

(1) Applicant information, which shall include:

- a. Full legal name of unit;
- b. Current unit license number, if applicable;
- c. Business and mailing addresses, each of which shall include:

1. Street;

2. City/town;

3. State; and

4. Zip code;

d. Unit telephone number(s), to include:

1. Its 10-digit emergency number; and

2. Its 10-digit non-emergency number;

e. Full name and contact information for the head of unit, to include:

1. Title;

2. Daytime contact telephone number;

3. Fax number, if available; and

4. E-mail address; and

f. Full name and contact information for the alternative contact for head of unit, to

include:

1. Daytime contact telephone number;

2. Fax number, if available; and

3. E-mail address;

(2) Document initial or renewal application;

(3) A copy of the agreement between the MRH and the unit, pursuant to Saf-C 5902.03;

(4) The name of the medical director of the unit's MRH;

(5) Classification of unit, which shall be denoted as:

a. Private, non-hospital;

b. Hospital;

c. Fire Department; or

d. Government, non-fire.

(6) A description of the vehicle(s) shelter, which shall specify the:

a. Type of shelter, to include:

1. Closed garage; or

2. Heated garage;

b. Street location; and

c. Type of interior heater, if applicable;

(7) Name and physical location of the unit's dispatch center, to include:

a. Business non-emergency telephone number;

b. Radio frequencies used by the unit to communicate with the dispatch center; and

c. Operation radio frequency, if applicable;

(8) Name of the insurance company covering general and professional liability;

(9) Unit organization status, which indicates the primary staffing model of the unit using the definition of Volunteer or Non-Volunteer based on federal, state or local, and shall be denoted as:

a. Non-Volunteer;

b. Volunteer; or

c. Mixed

(10) Unit organization tax status, which shall be denoted as:

a. For profit;

b. Not for profit; or

c. Other, such as governmental;

(11) Unit billing status, which is an indication whether the EMS unit submits a bill to patients, communities, and/ or insurance agencies in order to be reimbursed for service rendered, which shall be denoted as:

a. Yes; or

b. No;

(c) The following sections of the application shall be signed and dated by the head of unit, or his or her designee:

(1) FCC agreement; and

(2) Acknowledgement.

(d) A current list of all licensed EMS providers affiliated with the unit, together with their legal names and license numbers, shall be provided as part of the application.

(e) A current list of communities, including zip codes, that the unit routinely provides with emergency medical services, shall be provided as part of the application.

Adopt Saf-C 5903.03 to read as follows:

Saf-C 5903.03 Unit License Application Statement of Certification. By signing the unit license application, the head of unit, or his or her designee, shall certify that:

(a) The unit shall abide by the FCC's regulations relating to:

- (1) Radio broadcast frequencies;
- (2) Access to, and retention of, communications maintenance records;
- (3) Restricting communications to official and emergency purposes; and
- (4) Disabling the transmitting capabilities, when necessary;

(b) The unit shall operate in accordance with all applicable local ordinances regarding emergency medical services;

(c) He or she is authorized to sign the application; and

(d) He or she understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C 5923.03, Saf-C 5923.04, or Saf-C 5923.05.

Readopt with amendment and renumber Saf-C 5903.03, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5903.04 to read as follows:

Saf-C 5903.[03]04 Unit Licensing Requirements.

(a) Each applicant [applying] for a unit license shall provide the following:

- (1) The signed agreement on the application [form], if the unit intends to use the division's FCC license, that the unit shall be bound by the FCC's requirements imposed upon the division;
- (2) Proof of general liability and professional liability insurance in the form of a document from the insurer, which shall include:
 - a. The name of the insurer(s);
 - b. A statement that the unit has at least one million dollars of coverage, for general and professional liability; and

c. The period of coverage for the insurance; [and]

(3) Proof of a valid written MRH agreement as described in Saf-C [5921.02 (a)]5902.03; and

(4) The license fee set forth in Saf-C 5907.01(d).

(b) For a private for-profit or a private non-profit organization, the division shall verify with the secretary of state of NH that the organization is in good standing.

(c) Proof of renewal of insurance shall be submitted to the division [annually]on an annual basis.

(d) The unit shall submit [to the division] any updated documentation from the insurance company to the division, as it becomes available.

Repeal Saf-C 5903.04, effective September 25, 2015 (Doc. #10941), as follows:

[Saf-C 5903.04 Provider Licensing Requirements.

(a) Each applicant applying for an initial apprentice provider license shall provide the following with the application:

(1) Documentation of current CPR training that meets the American Heart Association's guidelines for cardiopulmonary resuscitation and emergency cardiac care-basic life support for health care providers, dated 2010, available as noted in Appendix B;

(2) Documentation of the appropriate level of first aid training, as determined by the unit with which the apprentice is affiliated;

(3) A written statement signed by the applicant, parent or legal guardian, and the primary EMS service's head of unit, which indicates the following:

a. The unit accepts apprentice providers;

b. The applicant meets the unit's apprentice age requirements;

c. The head of unit assumes responsibility for the supervision of the applicant;

d. The applicant, as an apprentice, shall not be left with a patient without the presence of a provider licensed at a higher level; and

e. The applicant, as an apprentice, shall not be permitted to use warning devices on his/her personal vehicle; and

(4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with the licensed unit.

(b) Each applicant applying for an initial first responder provider license shall provide the following with the application:

(1) Proof of current registration at the FR classification level with the National Registry; and

(2) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:

- a. The licensed unit; or
- b. A patient/health care setting, performing FR level skills under medical control.

(c) Each applicant applying for an initial EMT-basic provider license shall provide the following with the application:

- (1) Proof of current registration at the EMT-B classification level with the National Registry;
- (2) A current certificate of successful completion of the division developed EMT-B transition program;
- (3) Proof of current successful completion of a division developed cognitive protocol examination; and
- (4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:
 - a. The licensed unit; or
 - b. A patient/health care setting, performing EMT-B skills under medical control.

(d) Each applicant applying for an initial EMT-intermediate provider license shall provide the following with the application:

- (1) Proof of current registration at the EMT-I classification level with the National Registry;
- (2) A current certificate of successful completion of the division developed EMT-B and EMT-I transition programs;
- (3) Proof of current successful completion of a division developed cognitive protocol examination; and
- (4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:
 - a. The licensed unit; or
 - b. A patient/health care setting, performing EMT-I skills under medical control.

(e) Each applicant applying for an initial EMT-paramedic provider license shall provide the following with the application:

- (1) Proof of current registration at the EMT-P classification level with the National Registry;
- (2) A current certificate of successful completion of the division developed EMT-P transition program;
- (3) Proof of current successful completion of a division developed cognitive protocol examination; and
- (4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:
 - a. The licensed unit; or

b. A patient/health care setting, performing EMT-P skills under medical control.

(f) Each applicant applying for an initial Law Enforcement provider license shall provide the following with the application:

(1) Documentation of current CPR training that meets or exceeds the American Heart Association's guidelines for cardiopulmonary resuscitation and emergency cardiac care-basic life support for health care providers, dated 2010, available as noted in Appendix B;

(2) Proof of current successful completion of the division developed opioid antagonist (Narcan) training program and skills verification, dated 2015;

(3) Proof of current successful completion of a first aid training program that follows OSHA Best Practices Guide: Fundamentals of a Workplace First-Aid Program, dated 2006, available as noted in Appendix B; and

(4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with the licensed EMS unit.

(g) All standards, certifications and documents showing compliance shall be maintained and not allowed to lapse in order to retain a provider license. The department shall, if necessary, request any documentation in order to verify compliance.]

Repeal Saf-C 5903.05, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5903.05 Physician, Physician Assistant, Registered Nurse Provider Licensing Requirements.

(a) A physician, physician assistant or registered nurse, which includes an advanced registered nurse practitioner, shall be licensed at one of the levels set forth in Saf-C 5903.01, by providing the following with the application:

(1) Proof of current registration at the FR, EMT-B, EMT-I or EMT-P classification level with the National Registry;

(2) A current certificate of successful completion of the division developed EMT-B and/or I or P transition programs, as appropriate;

(3) Proof of current successful completion of a division developed cognitive protocol examination; and

(4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:

a. The licensed unit; or

b. A patient/health care setting, performing EMT-B, I or P skills under medical control.

(b) All standards, certifications and documents showing compliance shall be maintained and not allowed to lapse in order to retain a provider license. The department shall, if necessary, request any documentation in order to verify compliance.]

Readopt with amendment and renumber Saf-C 5903.06, effective September 8, 2010 (Doc. #9779-A), as amended previously effective February 20, 2015 (Doc. #10786, Emergency) and expired August 19, 2015, as amended effective June 23, 2015 (Doc. #10858), and as amended effective September 25, 2015 (Doc. #10941), as Saf-C 5903.05 to read as follows:

Saf-C 5903.[06] 05 Unit [and Provider] License Initial Approval Process.

- (a) Completed applications shall be approved in accordance with RSA 541-A:29.
- (b) Upon approval of an initial unit application pursuant to Saf-C [5903.03] 5903.02 and Saf-C 5903.04, the division shall issue a unit license commencing with the date of the approval and expiring on the 31st day of December in the year approved.
- (c) [Upon approval of an initial provider application pursuant to Saf-C 5903.04, the division shall issue a provider license as follows:
 - (1) Apprentice provider applicants shall be issued a license commencing with the date of approval and expiring on the 31st day of December in the year approved;
 - (2) Applicants certified at any classification level with the National Registry shall be issued a license commencing with the date of the approval and expiring 30 days after the expiration date listed on the National Registry documentation provided for licensure; and
 - (3) Law enforcement providers shall be issued a license, commencing with the date of approval and expiring on the 31st day of December that coincides with the primary unit's license expiration date.
- (d) All standards, certifications and documents showing compliance with the requirements of Saf-C 5903.04, shall be maintained and not allowed to lapse during the [provider's] unit's licensing period listed in [(c)] (b) above. The [department] division shall[, if necessary,] request any documentation that it deems necessary in order to verify compliance.
- (e) The provider shall bear the burden of renewing and submitting to the commissioner, prior to expiration, any and all certificates that are scheduled to expire during the licensing period.
- (f) Any provider certificates found to be expired shall result in a written notice from the division to the provider of such expiration.
- (g) Any provider who continues to render emergency medical services after receiving notice from the division that a certificate(s) has expired in accordance with (f) above, shall have his/her provider license suspended pursuant to Saf-C 5903.11 and fines shall be imposed in accordance with Saf-C 5907.02.]

Repeal Saf-C 5903.07 and Saf-C 5903.08, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5903.07 Denial of Unit and Provider License Application.

- (a) An application for a unit or provider license shall be reviewed by the division in accordance with RSA 541-A:29.
- (b) The applicant shall be notified of any apparent errors or omissions in the application and allowed to resubmit the application within 30 days of initial receipt by the division.

(c) Applications shall be denied in accordance with RSA 541-A:29 for:

- (1) Information that does not meet the requirements specified in Saf-C 5903.03, Saf-C 5903.04 or Saf-C 5903.05; or
- (2) Violations specified in RSA 153-A:13, I.

(d) Any applicant aggrieved by the decision of the commissioner relating to a denial of an application may request an adjudicative hearing in accordance with RSA 541-A and Saf-C 200.

Saf-C 5903.08 Waivers of Unit and Provider License Applications.

(a) Pursuant to RSA 153-A:10, VI and RSA 153-A:11, V applicants for a unit or provider license may request a waiver of licensure from the commissioner for good cause.

(b) For this section, the demonstration of "good cause" shall include the following:

- (1) Evidence of a prior good faith effort to comply with each requirement for which a waiver is requested;
- (2) A statement documenting why the unit or provider cannot comply with each requirement for which a waiver is requested, including any financial or other significant hardship resulting from efforts to comply;
- (3) A statement and supporting documentation that non-compliance with each requirement for which a waiver has been requested shall not prevent the unit or provider from providing adequate care to patients;
- (4) Reasons why non-compliance with each requirement for which the waiver has been requested is not possible for a given period of time; and
- (5) A plan for compliance with each requirement within the period requested on the waiver application.

(c) Requests for waivers shall be submitted in writing to the commissioner.

(d) The waiver request application from the unit or provider applicant shall include:

- (1) The full name of the applicant;
- (2) Current mailing address;
- (3) Telephone number(s);
- (4) The specific rule for which the waiver is requested;
- (5) The reason for requesting the waiver;
- (6) The hardship that would occur if the waiver was not approved;
- (7) A plan of compliance with the rule to be waived and the date of compliance; and
- (8) The signature of the applicant.

(e) The commissioner shall issue a written approval or denial of a waiver request to the applicant within 60 days of receipt of the request.

(f) Upon a finding of good cause, the commissioner shall approve a waiver of licensure.

(g) A waiver of licensure shall be considered as a fulfillment of the licensing requirements only for the period specified in the waiver.

(h) The commissioner shall deny the waiver request if, after reviewing the material submitted in (d) above, it is determined that:

(1) Granting the request shall result in the waiver circumventing the rule for which the waiver was requested;

(2) The unit or provider shall be unable to meet the needs of the patient(s) or community; or

(3) The health or safety of the patient(s) or community shall be jeopardized.

(i) A decision by the commissioner to deny a waiver request shall be final.]

Readopt with amendment and renumber Saf-C 5903.09, effective September 8, 2010 (Doc. #9779-A), as amended previously effective February 20, 2015 (Doc. #10786, Emergency) and expired August 19, 2015, as amended effective June 23, 2015 (Doc. #10858), as amended effective September 25, 2015 (Doc. #10941), as Saf-C 5903.06, to read as follows:

Saf-C 5903.[09]06 Unit [and Provider] License Renewal Process.

(a) [The process of renewal shall be in accordance with the requirements set forth in Saf-C 5903.02.

(b)] Any currently licensed unit shall be eligible for renewal, prior to lapse, by complying with the unit requirements set forth in Saf-C [5903.03]5903.02 and Saf-C 5903.04, and shall be issued a license, commencing with the date of approval and expiring on the 31st day of December, 2 years later.

[(c) Any currently licensed provider shall be eligible for renewal, prior to lapse, at the same provider level upon meeting the following requirements:

(1) For apprentice providers by providing the following with the application:

a. Documentation of current CPR training, dated 2005, in accordance with Saf-C 5903.04(a)(1);

b. Documentation of current first aid training in accordance with Saf-C 5903.04(a)(2);

c. A written statement in accordance with Saf-C 5903.04(a)(3); and

d. Proof of unit affiliation in accordance with Saf-C 5903.04(a)(4);

(2) For nationally registered first responder providers by providing the following with the application:

a. Proof of current registration at the FR classification level with the National Registry; and

b. Proof of unit affiliation in accordance with Saf-C 5903.04(b)(2);

- (3) For non-nationally registered EMT-B providers by providing the following with the application:
 - a. Documentation of current CPR training that meets the American Heart Association's guidelines for cardiopulmonary resuscitation and emergency cardiac care-basic life support for health care providers, dated 2005;
 - b. The division approved "Certificate of Completion";
 - c. Proof of unit affiliation in accordance with Saf-C 5903.04(c)(4); and
 - d. Proof of successful completion of a division developed cognitive protocol examination.
- (4) For EMT-basic providers who are nationally registered by providing the following with the application:
 - a. Proof of current registration at the EMT-B classification level with the National Registry;
 - b. Proof of unit affiliation in accordance with Saf-C 5903.04(c)(4); and
 - c. Proof of successful completion of a division developed cognitive protocol examination.
- (5) For EMT-intermediate providers by providing the following with the application:
 - a. Proof of current registration at the EMT-I classification level with the National Registry;
 - b. Proof of unit affiliation in accordance with Saf-C 5903.04(d)(4); and
 - c. Proof of successful completion of a division developed cognitive protocol examination.
- (6) For EMT-paramedic providers by providing the following with the application:
 - a. Proof of current registration at the EMT-P classification level with the National Registry;
 - b. Proof of unit affiliation in accordance with Saf-C 5903.04(e)(4); and
 - c. Proof of successful completion of a division developed cognitive protocol examination.
- (7) For law enforcement providers by providing the following with the application:
 - a. Documentation of current CPR training that meets or exceeds the American Heart Association's guidelines for cardiopulmonary resuscitation and emergency cardiac care-basic life support for health care providers, dated 2010, available as noted in Appendix B;
 - b. Proof of current successful completion of the division developed opioid antagonist (Narcan) training program and skills verification, dated 2015;
 - c. Proof of current successful completion of a first aid training program that follows OSHA Best Practices Guide: Fundamentals of a Workplace First-Aid Program, dated 2006, available as noted in Appendix B; and
 - d. A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with the licensed EMS unit.

(8) For physician, physician assistant and registered nurse providers, which includes an advanced registered nurse practitioner, at any of the licensing levels, by providing the following with the application:

- a. Documentation in accordance with Saf-C 5903.05; and
- b. Proof of successful completion of a division developed cognitive protocol examination.

(d) The division shall issue a renewal license as follows:

(1) Apprentice providers and EMT-basic providers with previously submitted non-National Registry documentation at the EMT-basic level shall be issued a renewal license, commencing with the date of approval and expiring on the 31st day of December of the following year;

(2) Law enforcement providers shall be issued a renewal license, commencing with the date of approval and expiring on the 31st day of December that coincides with the primary unit's license expiration date; and

(3) Providers at any level other than those set forth in (d)(1) and (d)(2) above shall be issued a renewal license, commencing with the date of approval and expiring 30 days after the expiration date listed on the National Registry documentation provided for licensure.

(e) Currently licensed EMT-basic providers who do not hold National Registry status may continue to relicense at that existing level until such time that they fail to recertify. Upon lapse of the EMT-basic certification, they shall be classified with the National Registry in order to relicense with the division.

(f) Providers currently registered as Nationally Registered FRs and EMTs shall maintain their registry status if they wish to remain licensed at any of the provider levels.

(g) (b) All standards, certifications and documents showing compliance shall be maintained and not allowed to lapse in order to renew a unit license with the division. The [department] division shall[, if necessary,] request any documentation that it deems necessary in order to verify compliance.

Repeal Saf-C 5903.10, effective September 25, 2015 (Doc. #10940), as follows:

[Saf-C 5903.10 Complaints and Investigations Relating to Unit and Provider License.

(a) Any person may file a complaint regarding the actions of any unit or provider licensed under RSA 153-A, or any person or entity believed to be in violation of RSA 153-A or Saf-C 5900 provided that the complaint should be:

- (1) Submitted in writing to the commissioner;
- (2) Typewritten or legibly printed; and
- (3) Reported within 60 days of the discovery of the alleged violation, except that any complaint involving criminal activity shall be investigated as long as the investigation is initiated, either by the division or other law enforcement authority, within the statute of limitations of any indicated criminal offense.

(b) The written complaint should include:

- (1) The name of the unit or provider against whom the complaint is filed, hereinafter called the “respondent;”
- (2) A concise statement of the facts that establish the alleged violation;
- (3) The date of the alleged violation;
- (4) The complainant’s signature; and
- (5) The complainant’s printed or typed name, address, and telephone number.

(c) Complaints shall be investigated by a designee of the director in accordance with RSA 153-A:14, hereinafter called the “investigator.”

(d) The investigator shall make a recommendation to the director as to whether the complaint has merit. A complaint shall be deemed to have merit, such that an investigation is warranted, if, assuming the facts alleged in the complaint to be true, there are sufficient facts to support a suspected violation of RSA 153-A or Saf-C 5900.

(e) If the director designee concurs with the investigator’s recommendation that the complaint is without merit, the complaint shall be dismissed, and the complainant shall be notified that the investigation has been closed due to a lack of merit.

(f) If there are sufficient factual allegations to suspect a criminal violation has been committed, the matter shall be referred to the appropriate law enforcement authorities.

(g) If the director or his/her designee determines that a complaint has merit, such that an investigation is warranted, a letter shall be sent to the respondent, notifying him or her of the investigation. With the letter, the respondent shall also receive a copy of the actual complaint or a version of the complaint redacted as necessary to preserve the integrity of the investigation or a description of the complaint containing sufficient detail to provide the respondent with notice of the allegation or allegations being made. The letter and enclosures shall be sent by certified mail, and a copy of the letter shall be sent no earlier than 48 hours later to:

- (1) The head of the unit on whose behalf the respondent was acting at the time the alleged violation took place, or, if at the time of the alleged violation the respondent was not acting on behalf of a unit with which the respondent is affiliated, to the respondent’s primary unit;
- (2) If the bureau is seeking immediate suspension pursuant to RSA 541-A:30, III, to the heads of all units with which the respondent is affiliated; and
- (3) If the bureau is not seeking immediate suspension pursuant to RSA 541-A:30, III but the director or designee determines that the allegations constitute a potential threat to public health or safety, to the heads of all units with which the respondent is affiliated.

(h) The investigator shall document facts collected in a report of investigation. The investigator shall recommend findings to the commissioner or his/her designee.

(i) Complaints shall be deemed founded if, based on the law, rules and the determined facts, the commissioner or his/her designee finds that the respondent has violated one or more provisions of RSA 153-A or Saf-C 5900.

(j) If, after investigation, the complaint is determined to be unfounded, the commissioner shall issue a written order dismissing the complaint and shall send a copy of such order to the complainant and respondent within 10 days by certified mail.

(k) If, after investigation, the complaint is determined to be founded, the commissioner shall issue a written order reflecting the finding within 10 days and sent by certified mail to the complainant and respondent which:

- (1) Specifies the violation(s) of RSA 153-A and/or Saf-C 5900;
- (2) Directs the respondent to comply with the provisions of RSA 153-A and/or Saf-C 5900;
- (3) Informs the respondent that he or she may request a hearing within 10 days pursuant to RSA 541-A:31 and Saf-C 5903.13 for the purpose of challenging such finding;
- (4) Describes the facts surrounding the decision in sufficient detail to provide the respondent with the basis for the decision; and
- (5) Specifies any sanction permissible under the law and these rules, as ordered by the commissioner.

(l) Upon issuing the order specified in paragraphs (j) and (k) above, the commissioner shall send a copy of such order to the heads of all units who received notification of the investigation in accordance with paragraph (g) above.

(m) Investigation information shall be confidential, and shall not be released except in accordance with these rules.

(n) Notwithstanding paragraph (m) above, investigation information shall be released:

- (1) To the department of justice in its capacity as legal counsel to the division;
- (2) Pursuant to court order directing the division to release such information;
- (3) During an adjudicative hearing subject to the provisions set forth in RSA 541-A:31 and Saf-C 200;
- (4) In the case of a possible violation affecting public health, to the Department of Health and Human Services, Division of Public Health and Bureau of Infectious Disease Control; or
- (5) As specified in (k)(4).

(o) Any respondent against whom a complaint is determined to be founded may request a hearing within 10 days of receipt of the order in paragraph (k) above, pursuant to RSA 541-A:31 and Saf-C 5903.13 for the purpose of challenging such finding.

(p) In the case of a founded complaint, if no hearing is requested, or following the conclusion of the requested hearing and any timely appeal, the division shall publish a public list of units and providers found to have violated RSA 153-A or these rules, on the Bureau of Emergency Medical Services website. The division is not limited to that method of publication. Such public list shall specify:

- (1) The name of the unit or provider;
- (2) The unit or provider license number;

- (3) The provision(s) of RSA 153-A and/or these rules that have been violated;
- (4) The date of the violation;
- (5) Any action resulting in a change in status of the unit or provider license, including any prerequisites to full restoration of unit or provider license privileges; and
- (6) The date of implementation and conclusion of the change in status.

(q) In the case of a founded complaint, if no hearing is requested, or following the conclusion of the requested hearing and any timely appeal, the division shall also notify the National Registry of Emergency Medical Technicians, National Practitioner's Data Bank and the Centers for Medicare and Medicaid Services of any unit or provider license revocation, suspension or limitation.

(r) In the case of a founded complaint, if no hearing is requested, or following the conclusion of the requested hearing and any timely appeal, a copy of the report of investigation, a copy of the order in (k) above, and a copy of any hearing report shall be released to the heads of all units with which the respondent is affiliated, upon their request.

(s) Notwithstanding the provisions of this section, the release of any hearing report shall be determined pursuant to RSA 91-A.]

Repeal Saf-C 5903.11- Saf-C 5903.14, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5903.11 Suspension of Unit and Provider License.

(a) Any suspension of a unit or provider's license shall be assessed for a period of up to one calendar year.

(b) All or any portion of the division's suspension imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the suspension. If any misconduct occurs during the period of deferred time or the unit or provider fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred suspension shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) The division's period of suspension imposed pursuant to (a) above shall be rescinded upon the unit or provider's correction of the violation(s) that caused the suspension.

(d) Any suspension of a transport unit's license shall also result in the suspension of all vehicle licenses of the unit.

(e) If a unit or provider's license expires during the suspension period, the unit or provider shall apply for a license in accordance with Saf-C 5903.02.

(f) After notice and an opportunity for a hearing pursuant to Saf-C 5903.13, the commissioner shall suspend a unit's license for:

- (1) Negligence or incompetence in the provision of emergency medical care as specified in RSA 153-A:13, I(a);
- (2) Rendering unauthorized treatment as specified in RSA 153-A:13, I(b);

- (3) Unethical conduct as specified in RSA 153-A:13, I(d);
- (4) Fraud in representations as to skills or ability of the licensed level as specified in RSA 153-A:13, I(f);
- (5) Negligent, unsafe, or illegal operation of a vehicle, or negligent or unsafe use or maintenance of a vehicle's safety systems as specified in RSA 153-A:13, I(j);
- (6) Failure to maintain insurance pursuant to Saf-C 5903.03(a)(2);
- (7) Call jumping pursuant to Saf-C 5902.05;
- (8) A second offense of:
 - a. Failure to license a vehicle pursuant to Saf-C 5904.01 through Saf-C 5904.03;
 - b. Failure to have 2 licensed providers in the land or water vehicle pursuant to Saf-C 5902.07;
 - c. Failure to have at least one nationally registered EMT-basic, EMT-intermediate or EMT-paramedic provider in the air medical transport vehicle pursuant to Saf-C 5902.07; or
 - d. Use of the vehicle's emergency warning lights and/or siren during EMS calls for purposes other than the response to or transport of an emergent sick or injured patient, pursuant to RSA 266:78-g; or
- (9) A third offense of:
 - a. Failure to maintain the land vehicle's inside air temperature at a minimum of 50 degrees while the vehicle is not in use pursuant to Saf-C 5904.07(e)(3);
 - b. Failure to maintain the vehicle shelter pursuant to Saf-C 5904.07(e)(1) and (2);
 - c. Failure to maintain vehicle equipment and supplies pursuant to Saf-C 5904.08; or
 - d. Failure to maintain the vehicle in good operating condition pursuant to Saf-C 5904.07.

(g) After notice and an opportunity for a hearing pursuant to Saf-C 5903.13, the commissioner shall suspend a provider's license for:

- (1) Negligence or incompetence in the provision of emergency medical care as specified in RSA 153-A:13, I(a);
- (2) Rendering unauthorized treatment as specified in RSA 153-A:13, I(b);
- (3) Unethical conduct as specified in RSA 153-A:13, I(d);
- (4) Acts or offenses as set forth in RSA 153-A:13, I(e) and (h) when the acts or offenses occur during the licensing period;
- (5) Having a license or registration to practice suspended in another jurisdiction or having disciplinary action taken by the registering authority of another jurisdiction or the National Registry as specified in RSA 153-A:13, I(i);
- (6) Negligent, unsafe, or illegal operation of a vehicle, or negligent or unsafe use or maintenance of a vehicle's safety systems as specified in RSA 153-A:13, I(j);

(7) Call jumping pursuant to Saf-C 5902.05; or

(8) Failure to renew certification(s), within 30 days, after notice has been given pursuant to Saf-C 5903.06(f).

(h) After notice and an opportunity for a hearing pursuant to Saf-C 5903.13, any violation(s) which has not been corrected at the end of the period of suspension, shall result in the revocation of the unit's or provider's license.

Saf-C 5903.12 Revocation of Unit and Provider License.

(a) Any revocation of a unit or provider's license shall be assessed for a period of up to 5 calendar years.

(b) All or any portion of the division's revocation imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the revocation. If any misconduct occurs during the period of deferred time or the unit or provider fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred revocation shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) Any revocation of a transport unit's license shall also result in the revocation of all vehicle licenses of the unit.

(d) If a unit or provider's license is revoked, the unit or provider shall apply for a license in accordance with Saf-C 5903.02, after the completion of the revocation period.

(e) After notice and an opportunity for a hearing pursuant to Saf-C 5903.13, the commissioner shall revoke a unit's license for:

(1) Falsifying licensing information on the unit or vehicle application form as specified in RSA 153-A:13, I(c);

(2) Unauthorized use or disclosure of patient record information as specified in RSA 153-A:13, I(k), Saf-C 5902.08 and Saf-C 5902.09;

(3) Failure to provide sufficient funds for payment of a license;

(4) Any violation(s) which has not been corrected at the end of the period of suspension pursuant to Saf-C 5903.11;

(5) A second offense of:

a. Negligence or incompetence in the provision of emergency medical care as specified in RSA 153-A:13, I(a);

b. Rendering unauthorized treatment as specified in RSA 153-A:13, I(b);

c. Fraud in representations as to skills or ability of the licensed level as specified in RSA 153-A:13, I(f);

d. Negligent, unsafe, or illegal operation of a vehicle, or negligent or unsafe use or maintenance of a vehicle's safety systems as specified in RSA 153-A:13, I(j);

- e. Failure to maintain insurance pursuant to Saf-C 5903.03(a)(2);
- f. Call jumping pursuant to Saf-C 5902.05; or
- g. Unethical conduct as specified in RSA 153-A:13, I(d);

(6) A third offense of:

- a. Failure to license a vehicle pursuant to Saf-C 5904.01 through Saf-C 5904.03;
- b. Failure to have 2 licensed providers in the land or water vehicle pursuant to Saf-C 5902.07;
- c. Failure to have at least one nationally registered EMT-basic, EMT-intermediate or EMT-paramedic provider in the air medical transport vehicle pursuant to Saf-C 5902.07; or
- d. Use of the vehicle's emergency warning lights and/or siren during EMS calls for purposes other than the response to or transport of an emergent sick or injured patient, pursuant to RSA 266:78-g; or

(7) A fourth offense of:

- a. Failure to maintain the vehicle in good operating condition pursuant to Saf-C 5904.07;
- b. Failure to maintain vehicle equipment and supplies pursuant to Saf-C 5904.08;
- c. Failure to maintain the land vehicle's inside air temperature at a minimum of 50 degrees while the vehicle is not in use pursuant to Saf-C 5904.07(e)(3); or
- d. Failure to maintain the vehicle shelter pursuant to Saf-C 5904.07(e)(1) and (2).

(f) After notice and an opportunity for a hearing pursuant to Saf-C 5903.13, the commissioner shall revoke a provider's license for:

- (1) Falsifying licensing information on the application in accordance with RSA 153-A:13, I(c);
- (2) Unauthorized use or disclosure of patient record information as specified in RSA 153-A:13, I(k), Saf-C 5902.08 and Saf-C 5902.09;
- (3) Acts or offenses as set forth in RSA 153-A:13, I(l) which occur during the licensing period;
- (4) Rendering care beyond the level of training and/or licensing in accordance with RSA 153-A:13, I(d);
- (5) Fraud in representations as to skills or ability as specified in RSA 153-A:13, I(f);
- (6) Having a license or registration to practice revoked in another jurisdiction as specified in RSA 153-A:13, I(i);
- (7) Any violation(s) which has not been corrected at the end of the period of suspension pursuant to Saf-C 5903.11; or
- (8) A second offense of:
 - a. Negligence or incompetence in the provision of emergency medical care as specified in RSA 153-A:13, I(a);

- b. Rendering unauthorized treatment as specified in RSA 153-A:13, I(b);
- c. Acts or offenses as set forth in RSA 153-A:13, I(e) and (h) when the acts or offenses occur during the licensing period;
- d. Having a license or registration to practice suspended in another jurisdiction or having disciplinary action taken by the registering authority of another jurisdiction or the National Registry as specified in RSA 153-A:13, I(i);
- e. Negligent, unsafe or illegal operation of a vehicle, or negligent or unsafe use or maintenance of a vehicle's safety systems as specified in RSA 153-A:13, I(j);
- f. Call jumping pursuant to Saf-C 5902.05;
- g. Failure to renew certification(s), within 30 days, after notice has been given pursuant to Saf-C 5903.06(f); or
- h. Unethical conduct as specified in RSA 153-A:13, I(d).

Saf-C 5903.13 Right to A Hearing Relating to Unit and Provider Licenses.

(a) In accordance with Saf-C 5903.07, Saf-C 5903.10, Saf-C 5903.11 and Saf-C 5903.12, the division shall send a written notice of the right to a hearing, within 10 days of the date of notice and sent via certified mail, to the applicant or licensee prior to taking any adjudicative action pursuant to RSA 541-A:31 and Saf-C 200.

Saf-C 5903.14 Immediate Suspension. In accordance with RSA 541-A:30, III, if the division determines that public health, safety or welfare requires emergency action, an immediate suspension of a license may be ordered pending an adjudicative hearing, which shall occur not later than 10 working days after the date of the suspension of the license. The adjudicative hearing shall be conducted in accordance with the requirements of Saf-C 200.]

Adopt Saf-C 5904 to read as follows:

PART Saf-C 5904 PROVIDER LICENSING STANDARDS

Saf-C 5904.01 Levels of License.

(a) A provider license shall be issued for the following levels:

- (1) Apprentice;
- (2) Emergency medical responder (EMR);
- (3) New Hampshire EMT-basic (NH EMT-B);
- (4) Emergency medical technician (EMT);
- (5) Advanced emergency medical technician (AEMT);
- (6) Paramedic; or

(7) First responder naloxone provider.

Saf-C 5904.02 Provider License Application.

(a) Each applicant for a provider license shall complete a provider license application which shall be:

(1) Typewritten; or

(2) Legibly printed.

(b) Each applicant shall provide the following:

(1) Applicant information, which shall include:

a. Full legal name;

b. Mailing address;

c. City/town;

d. State and zip code;

e. Daytime contact telephone number;

f. Gender;

g. Date of birth; and

h. E-mail address;

(2) Type of license requested:

(3) Document initial or renewal application;

(4) Current provider license number, if applicable;

(5) Legible copies of current certificates as set forth in Saf-C 5904.04; and

(6) Unit affiliation(s):

a. Primary EMS service, for which the applicant provides patient care skills the majority of the time, whether paid or on a volunteer basis; or

b. Other(s), if applicable.

(c) The application shall be signed and dated by:

(1) The applicant;

(2) The primary EMS service's head of unit or his/her designee, and

(3) In the case of an apprentice, a parent or legal guardian.

(d) By signing the application for a provider license, the primary EMS service's head of unit shall certify that the applicant is affiliated with the licensed unit.

Saf-C 5904.03 Provider License Application Statement of Certification. By signing the provider license application, the applicant shall certify that:

(a) The information provided in the application is complete, truthful, and correct under penalties of unsworn falsification pursuant to RSA 641:3; and

(b) He or she has not been convicted or found guilty of an offense pursuant to RSA 153-A:13, I; and

(c) He or she complies with RSA 153-A and these rules;

(d) He or she understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C 5922.03 or Saf-C 5922.05 and may be grounds for a misdemeanor conviction pursuant to RSA 641:3;

(e) He or she has not been subject to limitation, suspension from, or under revocation or probation of the ability to practice in a health care occupation or voluntarily surrendered a health care license in any state or to any agency authorizing the right to work; and

(f) If the applicant is unable to certify compliance with Saf-C 5904.03(b) to 5903.04(f) the applicant shall provide official documentation that fully describes the offense, current status and disposition of the case.

Saf-C 5904.04 Provider Licensing Requirements.

(a) Each applicant for an initial apprentice provider license shall provide the following with the application:

(1) Documentation of current CPR training that meets the American Heart Association's guidelines for cardiopulmonary resuscitation and emergency cardiac care-basic life support for health care providers, dated 2010;

(2) Documentation of the appropriate level of first aid training, as determined by the unit with which the apprentice is affiliated;

(3) A written statement signed by the applicant, parent or legal guardian, and the primary EMS service's head of unit, which indicates the following:

a. The unit accepts apprentice providers;

b. The applicant meets the unit's apprentice age requirements;

c. The head of unit assumes responsibility for the supervision of the applicant;

d. The applicant, as an apprentice, shall not be left with a patient without the presence of a provider licensed at a higher level; and

e. The applicant, as an apprentice, shall not be permitted to use warning devices on his or her personal vehicle; and

(4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with the licensed unit.

(b) Each applicant for an initial provider license or all levels other than those set forth in (a) above shall provide the following with the application:

(1) Proof of current registration at the applicable classification level with the National Registry; and

(2) A current certificate of successful completion of the division approved scope of practice program, if the licensing level requires it;

(3) A current certificate of successful completion of the division approved protocol education, if the licensing level requires it; and

(4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:

a. The licensed unit; or

b. A patient/health care setting, performing appropriate level skills under medical control.

(c) Each applicant applying for an initial first responder naloxone provider license shall provide the following with the application:

(1) Documentation of current CPR training that meets or exceeds the American Heart Association's guidelines for cardiopulmonary resuscitation and emergency cardiac care-basic life support for health care providers;

(2) Proof of current successful completion of the division developed opioid antagonist (Narcan) training program and skills verification;

(3) Proof of current successful completion of a first aid training program that follows OSHA Best Practices Guide: Fundamentals of a Workplace First-Aid Program; and

(4) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with the licensed EMS unit.

(5) If the applicant's agency leader is not the EMS service head, then the applicant shall obtain a written statement signed by their agency leader acknowledging the relationship between the 2 agencies.

(d) All standards, certifications and documents showing compliance shall be maintained and not allowed to lapse in order to retain a provider license. The division shall request any documentation that it deems necessary in order to verify compliance.

Saf-C 5904.05 Provider License Initial Approval Process.

(a) Completed applications shall be approved in accordance with RSA 541-A:29.

(b) Upon approval of an initial provider application pursuant to Saf-C 5904.02 and Saf-C 5904.04, the division shall issue a provider license as follows:

(1) Apprentice provider applicants shall be issued a license commencing with the date of approval and expiring on the 31st day of December in the year approved;

(2) Applicants certified at any classification level with the National Registry shall be issued a license, commencing with the date of approval and expiring 30 calendar days after the expiration date listed on the National Registry documentation provided for licensure; and

(3) First responder naloxone provider shall be issued a license commencing with the date of approval and expiring on the date when the primary service's unit license expires

(c) All standards, certifications and documents showing compliance with the requirements of Saf-C 5904.04 shall be maintained and not allowed to lapse during the provider's licensing period listed in (b) above. The division shall request any documentation that it deems necessary in order to verify compliance.

Saf-C 5904.06 Provider License Renewal Process.

(a) Any currently licensed provider shall be eligible for renewal, prior to lapse, at the same provider level, by complying with the requirements set forth in Saf-C 5904.02, Saf-C 5904.03 and Saf-C 5904.04.

(b) Notwithstanding (a) above, any currently licensed NH EMT-B provider that is not certified by the National Registry shall be eligible for renewal, prior to lapse, by complying with the application requirements of Saf-C 5904.02 and providing the following:

(1). Documentation of current CPR training that meets the American Heart Association's guidelines for cardiopulmonary resuscitation and emergency cardiac care-basic life support for health care providers, dated 2010;

(2). The division approved EMT RTP "Certificate of Completion";

(3) Statement of unit affiliation in accordance with Saf-C 5904.04(c)(4);

(4) Successful completion of the division approved EMT scope of practice program; and

(5) A current certificate of successful completion of the division approved protocol education.

(c) The division shall issue a renewal license as follows:

(1) Apprentice providers and currently licensed NH EMT-B providers who are not certified by the National Registry shall be issued a renewal license, commencing with the date of approval and expiring on the 31st day of December of the following year;

(2) Providers at any level other than those set forth in (c)(1) above shall be issued a renewal license, commencing with the date of approval and expiring 30 calendar days after the expiration date listed on the National Registry level documentation provided for licensure; and

(3) First responder naloxone providers shall be issued a license commencing with the date of approval and expiring on the date when the primary service's unit license expires.

(d) Providers shall maintain their certification with the National Registry in order to remain licensed at any of the licensing levels set forth in Saf-C 5904.01(a) (2) through (6), excluding (3).

(e) A provider whose ALS or BLS certification has lapsed shall follow the reregistration process set forth by the National Registry.

(f) All standards, certifications and documents showing compliance shall be maintained and not allowed to lapse in order to renew a license with the division. The division shall request any documentation that it deems necessary in order to verify compliance.

Adopt Saf-C 5905 to read as follows:

PART Saf-C 5905 WAIVER OF LICENSURE

Saf-C 5905.01 Definition. For the purposes of this part, the demonstration of "good cause" shall include the following:

- (1) Evidence of a prior good faith effort to comply with each requirement for which a waiver is requested;
- (2) A statement documenting why the unit or provider cannot comply with each requirement for which a waiver is requested, including any financial or other significant hardship resulting from efforts to comply;
- (3) A statement and supporting documentation that non-compliance with each requirement for which a waiver is requested shall not prevent the unit or provider from providing adequate care to patients;
- (4) Reasons why non-compliance with each requirement for which a waiver is requested is not possible for a given period of time; and
- (5) A plan for compliance with each requirement within the period requested on the waiver application.

Saf-C 5905.02 Request for Waiver of Unit and Provider License Application.

(a) Pursuant to RSA 153-A:10, VI, an applicant for a unit or provider license may request a waiver of licensure from the commissioner for good cause.

(b) Requests for waivers shall be submitted in writing to the commissioner.

(c) The waiver request application from the unit or provider applicant shall include:

- (1) Full name;
- (2) Current mailing address;

- (3) Telephone number(s);
- (4) The specific rule for which the waiver is requested;
- (5) The reason for requesting the waiver;
- (6) The hardship that would occur if the waiver was not approved;
- (7) A plan of compliance with the rule to be waived and the date of compliance; and
- (8) Signature of the applicant.

Saf-C 5905.03 Decision on Request for Waiver of Licensure.

- (a) The commissioner shall issue a written approval or denial of a waiver request to the applicant within 60 days of receipt of the request.
- (b) Upon a finding of good cause, the commissioner shall approve a waiver of licensure.
- (c) A waiver of licensure shall be considered as a fulfillment of the licensing requirements only for the period specified in the waiver.
- (d) The commissioner shall deny the waiver request if, after reviewing the material submitted in (d) above, it is determined that:
 - (1) Granting the request shall result in the waiver circumventing the rule for which the waiver was requested;
 - (2) The unit or provider shall be unable to meet the needs of the patient(s) or community; or
 - (3) The health or safety of the patient(s) or community shall be jeopardized.
- (e) A decision by the commissioner to deny a waiver request shall be final.

Readopt with amendment and renumber Saf-C 5904, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5906 to read as follows:

PART Saf-C [5904] 5906 EMS VEHICLE EQUIPMENT AND UNIT SUPPLIES

Saf-C 5906.01 EMS Vehicle License Application.

(a) Each applicant for an EMS vehicle license shall complete a vehicle license application which shall be:

(1) Typewritten; or

(2) Legibly printed.

(b) Each applicant shall provide the following:

(1) Applicant information, which shall include:

a. Full legal name of affiliated unit;

b. Business and mailing addresses of the unit where the vehicle(s) will be garaged, which shall include:

1. Street;

2. City or town;

3. State; and

4. Zip code; and

(2) Business telephone number;

(3) The type of license requested, which shall be denoted as:

a. New; or

b. Relicense;

(4) Vehicle description, which shall include:

a. Make of vehicle chassis;

b. Vehicle or hull identification number;

c. Year of manufacture;

d. State motor vehicle or vessel registration number;

e. Ambulance type; and

f. Manufacturer of the ambulance.

(5) Affirmation of the type of ownership, which shall be denoted as:

a. Proprietary for-profit entity;

b. Not-for-profit entity; or

c. Municipal department.

(c) The application shall be signed and dated by the head of unit, or his/her designee.

Saf-C 5906.02 Vehicle License Application Statement of Certification. By signing the vehicle license application, the head of unit, or his or her designee, shall certify that:

(a) All equipment and supplies required in Saf-C 5906.08 shall be included in the vehicle;

(b) He or she understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C 5923.06 through Saf-C 5923.08 and may be grounds for a misdemeanor conviction pursuant to RSA 641:3; and

(c) Failure to maintain the equipment and supplies in the vehicle as required in Saf-C 5906.08, shall result in license denial, suspension or revocation, in accordance with Saf-C 5923.06 through Saf-C 5923.08.

Saf-C 590[4]6.0[1]3 Vehicle [Application] Requirements.

(a) [Any person applying for a vehicle license pursuant to RSA 153-A:10, II, shall obtain the vehicle application form from the division.

(b) The] Each applicant for a land or water EMS vehicle license shall [submit] provide the following with the application:

(1) [The completed application form to the division in accordance with Saf-C 5904.02] A copy of the current motor vehicle registration certificate or the vessel registration certificate, as appropriate;

(2) [The applicable license fee, if required] Proof of insurance in accordance with Saf-C 5903.04(a)(2); [and]

(3) [Legible copies of documents and certificates in accordance with Saf-C 5904.02.] The vehicle identification number or the hull identification number, as appropriate;

(4) For an out-of-state land vehicle requiring a license because the vehicle covers NH communities for emergency transport of patients or hospital/facilities for patient transfers, excluding mutual aid situations, a copy of the current motor vehicle registration certificate;

(5) For a water vehicle, proof that the vehicle contains all emergency medical equipment necessary, as required in Saf-C 5906.08;

(6) For a water vehicle, proof that the vehicle complies with all state watercraft laws and rules; and

(7) The license fee set forth in Saf-C 5907.01(d)(2).

[(c) For] (b) Each applicant for an “air medical transport vehicle[s]”, both rotor and fixed wing, based in this state, [the applicant] shall [submit] provide the following with the application:

(1) Proof that the air medical transport vehicle contains all emergency medical equipment necessary, as [set forth] required in Saf-C [5904.08]5906.08;

(2) Proof that the air medical transport vehicle complies with all current Federal Aviation Regulations (FAR’S);

(3) A current copy of the USDOT, Federal Aviation Administration (FAA) “Air Carrier Certificate”;

(4) A current copy of the “Commercial Aviation Operator Registration Certificate” in order to document compliance with the standards of the state of NH, department of transportation (DOT), division of aeronautics, for a commercial aviation operator; and

(5) A statement that within 3 years of the initial license application, the applicant shall become accredited through the Commission on Accreditation of Medical Transport Systems (CAMTS).

[(d) For water vehicles, the applicant shall submit the following:

(1) Proof that the water vehicle contains all emergency medical equipment necessary, as set forth in Saf-C 5904.08; and

(2) Proof that the water vehicle complies with all state watercraft laws.

(e) (c) All standards, certifications and documents showing compliance shall be maintained and not allowed to lapse in order to retain a vehicle license. The [department]division shall[, if necessary,] request any documentation that it deems necessary in order to verify compliance.

[Saf-C 5904.02 Vehicle Licensing Requirements.

(a) Any person applying for a vehicle license shall provide the following:

(1) For each land and water vehicle, a copy of the current motor vehicle registration certificate issued in accordance with RSA 261:58, Saf-C 400 and Saf-C 500, as applicable;

(2) For out-of-state land vehicles, which cover NH communities for emergency transport of patients or hospitals/facilities for patient transfers, thereby requiring licensure, and excluding mutual aid situations, a copy of the current motor vehicle registration card;

(3) For each air medical transport vehicle, copies of all pertinent FAA, DOT and CAMTS documentation as set forth in Saf-C 5904.01(c); and

(4) Proof of vehicle insurance, which shall include:

a. The requirements set forth in Saf-C 5903.03(a)(2); and

b. The vehicle identification number.]

Saf-C [5904.03]5906.04 Approval Process for Vehicle License Application.

(a) [Completed applications for EMS vehicles shall be approved subject to EMS vehicle inspection in accordance with Saf-C 5904.07.

(b)] Upon receipt of a completed application for an EMS vehicle license, the division shall conduct an inspection of the vehicle and its shelter in accordance with Saf-C 5906.08, as applicable, prior to the issuance of a vehicle license, for:.]

[(c) An inspection pursuant to (b) above shall be conducted for:]

(1) All newly purchased vehicles requiring an initial EMS inspection [for licensure]; and

(2) All vehicles upon renewal [of licensure].

[(d)] (b) Failure of a vehicle and/or applicable vehicle shelter to pass an EMS inspection, pursuant to Saf-C [5904.07(d)] 5906.07 shall result in a reinspection for correction of deficiencies within 10 days of the original inspection.

[(e)] (c) Failure to pass the reinspection shall require the applicant to file a new application with the division.

[(f)] (d) Upon passing an EMS inspection, the division shall issue a vehicle license in the form of one decal, which shall be affixed to the lower left corner of the rear left window of the vehicle.

[(g)] (e) A vehicle license shall be issued commencing with the month of the EMS inspection and expiring on the last day of that month 2 years later.

[Saf-C 5904.04 Denial of Vehicle License Application.

(a) Denial of an application for a land vehicle license shall be made in accordance with RSA 541-A:29.

(b) An application shall be denied for:

(1) Acts or offenses as set forth in RSA 153-A:13, I(c) or (j); and/or

(2) Violations of RSA 153-A:13, I(g), specifically failure to pass vehicle or applicable shelter reinspection due to continued deficiencies pursuant to Saf-C 5904.07(g).

(c) Any applicant aggrieved by the decision of the commissioner relating to a denial of an application may request an adjudicative hearing in accordance with RSA 541-A and Saf-C 200.]

Saf-C [5904.05] 5906.05 Waivers of Vehicle License Application. Pursuant to RSA 153-A:10, an applicant[s] for an EMS vehicle license may request a waiver of licensure from the commissioner in accordance with Saf-C [5903.08] 5905.

Saf-C [5904.06] 5906.06 Accountability for Vehicle and Unit Equipment and Supplies. The unit shall be responsible to ensure that:

(a) Each vehicle is maintained in a safe and working manner, which means the vehicle shall be:

(1) Garaged in a safe and clean environment; and

(2) Kept free from unsanitary conditions to maintain infection control by:

a. Ensuring that the interior of the patient compartment and equipment are clean at the beginning of each call and after each call;

b. Disposing all bio-hazard waste materials in appropriate receptacles after each call; and

c. Ensuring that sterile supplies and medications are stored in sealed packages in a dry location.

Saf-C [5904.07] 5906.07 Vehicle and Shelter Inspection and Reinspection Procedures.

(a) The division, prior to the issuance of an initial vehicle license, shall conduct an [initial] EMS inspection of all vehicles and their shelters, as applicable.

(b) Initial inspections shall be conducted within 30 days of acceptance of an application for a vehicle license.

(c) During the EMS inspection, the person responsible for the maintenance and operation of the unit, or his/her designee, shall be present, in order to:

(1) Test the equipment;

(2) Prove that the required equipment is on the vehicle and in good working condition pursuant to Saf-C [5904.08] 5906.08; and

(3) Witness and assist in the inspection of the vehicle(s) and the inventory of supplies.

(d) The EMS vehicle inspection shall ensure that:

(1) The vehicle complies with the [required] equipment [as set forth] required in Saf-C [5904.08] 5906.08;

(2) The patient compartment of the vehicle is free of unsanitary conditions that might jeopardize the health and safety of the patient and/or provider; and

(3) A test of the 2-way radio communication(s) capabilities is conducted, by documenting the test call to the:

a. The unit's medical resource hospital; and

b. The unit's dispatch control center.

(e) All transporting land vehicles shall:

(1) Be garaged in a shelter constructed of material other than fabric or plastic sheeting;

(2) Be kept free from snow, sleet and ice; and

(3) Have the interior maintained at a minimum of 50 degrees Fahrenheit when the vehicle is not in use.

(f) Upon completion of the inspection, the EMS inspector shall notify the unit representative that:

(1) The vehicle(s) passed the inspection;

(2) A deficiency exists that needs to be corrected; or

(3) Reinspection of the vehicle or shelter is required.

(g) Reinspection of a vehicle shall be warranted for either one or both of the following:

(1) Deficiencies found in the vehicle, equipment or applicable vehicle shelter which threaten the life and safety of the patient(s) and/or provider(s); or

(2) Hazardous conditions found relative to the vehicle, equipment or vehicle shelter which could jeopardize the vehicle performance or the health and safety of the patient(s) and/or provider(s).

- (h) A notice of deficiencies shall be:
- (1) Recorded by the EMS inspector; and
 - (2) Issued to the unit named on the vehicle application.
- (i) The appearance of unsafe operating conditions on an EMS vehicle shall be reported by the EMS inspector to the appropriate authorities as follows:
- (1) The department of safety, division of motor vehicles, if a land vehicle and the division of [safety services] state police, if a water vehicle; or
 - (2) The department of transportation, division of aeronautics, if an air medical transport vehicle.
- (j) Unsafe operating conditions of a land vehicle shall include:
- (1) Bald tires;
 - (2) Inoperable doors, windows, or both;
 - (3) Missing door handles;
 - (4) Open holes in the vehicle body;
 - (5) Exhaust leaks; and
 - (6) Any other operating condition which the EMS inspector determines to be unsafe.
- (k) Reinspection shall be recorded and conducted within 10 days of the initial inspection.
- (l) If a reinspection is not necessary, the person responsible for the maintenance and operation of the unit's vehicles(s), or his/her designee, shall report, in writing, that any deficiencies have been corrected by:
- (1) Replacing missing equipment, items, or both;
 - (2) Repairing or replacing malfunctioning equipment;
 - (3) Restoring the patient compartment; or
 - (4) Restoring the vehicle itself.
- (m) Upon successful completion of a vehicle inspection or reinspection, the commissioner shall issue one inspection decal to the applicant, in accordance with Saf-C [5904.03(f) and (g)] 5906.04(d).
- (n) Failure to pass a reinspection shall result in denial of the vehicle application in accordance with Saf-C [5904.04] 5923.06.
- (o) Subsequent inspections shall be conducted every 2 years.
- (p) All vehicles and their shelters shall be subject to an inspection by the division at any time with or without prior notice. An inspection shall not affect ambulance response unless there is a threat to public health or safety.

Saf-C [5904.08] 5906.08 Vehicle Equipment and Supplies. Table 5906.1, cited below, shall set forth the equipment required for each land or water vehicle operating at the EMT or EMT-B level, AEMT level or paramedic level :

[(a) Each unit's land or water vehicles shall be equipped with or have the following:

(1) Emergency lighting and warning systems in operable condition, on the vehicle's exterior by denoting if the vehicle is equipped with:

- a. A siren;
- b. Exterior rotating lights, flashing warning lights or both, which provide 360 degree visibility;
- c. Fixed scene lights externally located on both sides of the vehicle for the purpose of illuminating the incident scene; and
- d. A spot light connected to the vehicle's electrical system in order to provide additional illumination of the incident scene which shall be:
 1. Fixed;
 2. Adjustable; or
 3. Portable;

(2) Identifying emblems and markers which are:

- a. Sized at no less than 4 inches in height; and
- b. Placed on the left and right sides of the vehicle and clearly identifies the name of the unit;

(3) Current motor vehicle registration certificates, which shall include:

- a. A current state motor vehicle inspection sticker located on the windshield; and
- b. Front and rear license plates with registration stickers for the current registration period; and

(4) For land vehicles, a seatbelt for every seated position in the vehicle.

(b) The division's EMS inspector shall also conduct an on-site equipment and supply inventory for each vehicle.

(c) Each unit's air medical transport vehicle shall include, at minimum:

(1) Equipment necessary for appropriate patient airway management and oxygen therapy;

(2) Medical equipment necessary for appropriate patient care, which shall include:

- a. By December 31, 2012, a cardiac monitor with 12 lead capabilities;
- b. A pacemaker;
- c. A defibrillator;

- d. A doppler, which is a device that uses high frequency sound waves to assess blood movement, tied to aircraft intercom system;
- e. A non-invasive blood pressure monitoring device;
- f. A minimum of 2 invasive blood pressure monitoring devices;
- g. An end-tidal carbon dioxide monitoring device;
- h. An electrocardiogram monitoring device (ECG);
- i. A pulse oximetry monitoring device;
- j. Infusion pumps;
- k. In-house or “fixed” suction unit;
- l. By December 31, 2010, a portable suction unit capable of constant vacuum suctioning adjustable to 80-300 millimeters of mercury;
- m. A sharps container;
- n. A portable ventilator;
- o. A pediatric immobilizer;
- p. A traction splint; and
- q. One full set of cervical extrication collars;

(3) A stretcher/litter for securing the patient to the aircraft;

(4) Necessary linen;

(5) Emergency lighting equipment;

(6) A survival pack and survival gear for each crew member;

(7) A front and back flashlight;

(8) A siren;

(9) An FAA approved aircraft helmet for each crew member;

(10) A patient headset; and

(11) Radio communication with 2-way capabilities to the unit’s dispatch control center and its MRH.

(d) Each unit’s land and water vehicle(s) operating at the EMT-B level of patient care shall include the following operable equipment, at minimum:

(1) Oxygen therapy and suctioning equipment, which shall include:

a. Portable oxygen equipment, which shall include:

1. A tank opening device;

2. At least 2 cylinders, each of which shall be at minimum a size C tank holding 248 liters;
 3. One of the cylinders listed in 2. above shall be used as a backup and filled to capacity;
 4. A matching pressure reducing regulator, which shall be:
 - (i) Yoke; or
 - (ii) Threaded; and
 5. An adjustable flow meter capable of delivering a minimum range of 2 to 15 liters per minute;
- b. Fixed oxygen equipment, which shall include:
1. At minimum, a 3,000 liter cylinder, whose contents shall not be depleted to less than 500 pounds per square inch as registered on the affixed gauge;
 2. A matching pressure and liter flow regulator, which shall be:
 - (i) Capable of reducing the pressure to a maximum of 70 pounds per square inch; and
 - (ii) Yoke or threaded; and
 3. A wall-mounted oxygen flow meter, capable of delivering a minimum of 2 to 15 liters per minute;
- c. Portable and fixed suction equipment, which shall include:
1. A suction regulator gauge, for fixed suction;
 2. A canister;
 3. Either of the following:
 - (i) Liner; or
 - (ii) Disposable collection container; and
 4. By December 1, 2012, a constant vacuum suctioning capability adjustable from 80-300 millimeters of mercury;
- (2) Airway management equipment, which shall include, at minimum:
- a. Seven oropharyngeal airways in sizes ranging from infant to large adult;
 - b. Four bag-valve-mask resuscitators, which shall include:
 1. An oxygen enrichment reservoir;
 2. A bag in sizes to accommodate:
 - (i) Neonate;

- (ii) Infant;
- (iii) Child; and
- (iv) Adult; and

3. Transparent masks and valves which shall be sized at:

- (i) Neonate;
- (ii) Infant;
- (iii) Child; and
- (iv) Adult; and

c. Two complete blind insertion airway sets, not including oral or nasal airways as set forth in (2)a., above and (3)d., below;

(3) Oxygen accessories, which shall include:

a. A minimum of 2 high concentration transparent masks with oxygen reservoir bag, in sizes to accommodate:

- 1. Child; and
- 2. Adult;

b. A minimum of 2 nasal cannulas in sizes to accommodate:

- 1. Child; and
- 2. Adult;

c. One pocket mask which shall have a one-way valve; and

d. At minimum, 6 nasopharyngeal airways in sizes ranging from infant to large adult;

(4) Suction accessories, which shall include:

a. A minimum of 8 suction catheters sized as follow:

- 1. Wide bore;
- 2. 6 French (FR);
- 3. 8 FR;
- 4. 10 FR;
- 5. 12 FR; and
- 6. 14 FR; and

b. One infant bulb syringe, separate from that in the obstetrical kit;

(5) Bandaging material, which shall include, at minimum:

- a. Six sterile universal dressings sized, at minimum, 9 inches by 24 inches;
 - b. Twenty-four sterile gauze pads sized, at minimum, 3 inches by 3 inches;
 - c. Six rolls of soft, self-adhering bandages sized, at minimum, 3 inches wide;
 - d. Two full rolls of adhesive tape, one of which shall be non-allergenic;
 - e. Four triangular bandages sized, at minimum, 35 inches wide or 2 commercial slings;
 - f. Occlusive dressing material, which shall include:
 - 1. Six sterile occlusive dressings sized, at minimum, 4 inches by 4 inches; or
 - 2. One roll of plastic wrap, any size;
 - g. Twelve sterile dressings, which shall be:
 - 1. Individually wrapped; and
 - 2. Sized, at minimum, 5 inches by 7 inches;
 - h. One full-body, sterile burn sheet, which shall be:
 - 1. Hospital prepared, with current expiration date; or
 - 2. Disposable; and
 - i. One pair of trauma shears;
- (6) Fracture care equipment, which shall include:
- a. Rigid or inflatable splints, which shall:
 - 1. Allow direct access to the limb;
 - 2. Immobilize the injured portion of the limb;
 - 3. Be able to accommodate adult and pediatric patients, and
 - 4. Be available in each of the following sizes:
 - (i) Full arm;
 - (ii) Full leg;
 - (iii) Half arm; and
 - (iv) Half leg;
 - b. One adult-sized lower extremity traction device with ankle hitch;
 - c. A minimum of 4 rigid cervical collars capable of covering sizes infant through adult;
 - d. A minimum of 2 spine boards, which shall include:
 - 1. One half length spinal immobilization device;

2. One full length spinal immobilization device;
 3. Strapping accessories for securing the patient to the board; and
 4. One head immobilization device;
- (7) A minimum of one hospital or commercially prepackaged obstetrical kit or a hospital kit of equivalent content;
- (8) A minimum of 2 body substance isolation kits, which means a collection of protective clothing worn when encountering infectious fluids or chemicals, each including the following fluid-resistant disposable items:
- a. One standard sized body cover;
 - b. One face mask;
 - c. One pair protective goggles;
 - d. One pair latex free exam gloves; and
 - e. One pair boot covers; and
- (9) Adjunctive equipment and supplies, which shall include:
- a. A minimum of 4 blood pressure cuffs with, at minimum, one aneroid sphygmomanometer in each of the following sizes:
 1. Infant;
 2. Child;
 3. Adult; and
 4. One of the following:
 - i. Large adult; or
 - ii. Thigh;
 - b. At least one stethoscope, which shall be:
 1. Each of the following:
 - i. Pediatric size; and
 - ii. Adult size; or
 2. A combination of pediatric/adult dual head size;
 - c. A minimum of 2 liters of sterilized saline solution, which shall have:
 1. A current expiration date; and
 2. All seals intact;

- d. Glucose gel, which shall:
 - 1. Have a current expiration date; and
 - 2. Be either of the following:
 - (i) Commercially prepared; or
 - (ii) A glucose gel substitute;
- e. A minimum of 2 penlight flashlights or LED equivalents, which shall be operational;
- f. A minimum of 4 instant cold packs;
- g. A minimum of 4 instant heat packs;
- h. A minimum of one dozen pairs of disposable gloves;
- i. One emesis container;
- j. One adult bed pan;
- k. One adult portable urinal;
- l. One thermometer, which shall be:
 - 1. Rectal/oral; or
 - 2. Tympanic;
- m. A minimum of 6 packages of lubricating jelly, which shall be:
 - 1. Single use; and
 - 2. Water soluble;
- n. A minimum of 50 mass casualty tags, which shall be supplied by the division;
- o. A minimum of one pediatric length based resuscitation tape;
- p. At least one of the following spinal devices:
 - 1. One orthopedic scoop stretcher; or
 - 2. One additional full length spinal immobilization device with head immobilizer and straps;
- q. A minimum of 4 hand towels;
- r. A minimum of 2 functioning hand held lights, either rechargeable or with spare batteries;
- s. Replacement batteries for hand held lights;
- t. At least 2 sharps containers for needle disposal, at least one of which shall be portable for scene use, as necessary;
- u. At least 2 biohazard waste bags;

- v. A minimum of 2 fire extinguishers, as follows:
 - 1. The extinguishers shall be composed of:
 - (i) Dry chemical; or
 - (ii) Carbon dioxide;
 - 2. The extinguishers shall have an approved rating of, at minimum 2-A/10-B/C; and
 - 3. At least one fire extinguisher shall be stored, readily accessible, in the patient compartment;
- w. At least one stair chair with restraints;
- x. One ambulance cot, which shall be:
 - 1. Wheeled;
 - 2. Multi leveled and capable of supporting the patient at each level;
 - 3. Sized, at minimum, 69 inches long and 20 inches wide;
 - 4. Adjustable for positions of:
 - (i) Sitting; or
 - (ii) Reclining; and
 - 5. Equipped with mattress, which shall include:
 - (i) Protective cover;
 - (ii) Attached straps to secure the patient during transport; and
 - (iii) Fasteners to secure the cot to interior of vehicle during transport;
- y. Bedding, which shall include, at minimum:
 - 1. Two pillows which shall:
 - (i) Have fluid resistant covers; or
 - (ii) Be disposable; and
 - 2. Four of each of the following:
 - (i) Blankets;
 - (ii) Sheets; and
 - (iii) Pillow cases;
- z. One portable defibrillator with adult and pediatric defibrillation capabilities, which shall be operational and capable of operating according to American Heart Association standards within 2 years of updates, and include:

1. At least 4 sets of defibrillator pads in the following sizes:
 - (i) Two sets of adult size pads; and
 - (ii) Two sets of pediatric size pads;
2. Replacement battery(ies); and
3. Disposable razor(s);

aa. A commercial child safety restraint system that meets or exceeds Federal Motor Vehicle Safety Standard (FMVSS) 213, dated 2008, and that secures pediatric patients or passengers, from 5 to 80 pounds, on forward and rear facing passenger seats by use of the following:

1. A convertible seat(s); or
2. A combination of child safety restraints and safety seat(s) with 2-restraint belt pathways;

ab. One current “emergency response guidebook” for hazardous materials incidents, as published by the USDOT, research and special programs administration and supplied by the division;

ac. One pair of binoculars, appropriate for use at incidents referred to in ab. above, to assist in the protection of the provider(s);

ad. At least one blood glucose measuring device;

ae. At minimum, 24 alcohol preparation pads;

af. At minimum, one pulse oximeter with adult and pediatric sensors;

ag. At minimum, 2 ANSI/ISEA-compliant type-2 safety vests that meet current federal standards; and

ah. One printed or electronic copy of the 2009 NH patient care protocols.

(e) Each unit’s land and water vehicle(s) operating at the EMT-I level of patient care shall include all the basic-level equipment in (d) above and the following additional equipment:

(1) Intravenous administration equipment, which shall include, at minimum:

a. Two each of the following intravenous catheters:

1. 14 gauge;
2. 16 gauge;
3. 18 gauge;
4. 20 gauge;
5. 22 gauge; and
6. 24 gauge;

- b. Two macro administration sets with a minimum of 2 medication ports;
- c. Two intravenous extension tubing sets;
- d. Two bioclusive intravenous site dressings;
- e. Two tourniquets;
- f. Two arm boards:
 - 1. One adult sized; and
 - 2. One pediatric sized; and
- g. Four 1000 ml bags of normal saline solution;

(2) Medication administration equipment, which shall include:

- a. Medications approved by the NH board of pharmacy pursuant to the 2009 NH patient care protocols;
- b. At minimum, 2 each of the following syringes:
 - 1. 1 cc;
 - 2. 3 or 5 cc;
 - 3. 10 or 12 cc; and
 - 4. 20 cc; and
- c. At minimum, 2 each of the following needles:
 - 1. 18-20 gauge;
 - 2. 21-25 gauge; and
 - 3. Filter needles or comparable devices;

(3) At minimum, 4 complete nebulizer delivery devices setups;

(4) One current nursing medication reference book, either hard copy or electronic; and

(5) By December 31, 2012, for EMS vehicles licensed at the EMT-I level:

- a. One complete and operational CPAP device; and
- b. One complete and operational adult-sized facilitated intraosseous device.

(f) Each unit's land and water vehicle(s) operating at the EMT-P level of patient care, shall include all the basic-level equipment in (d) above, all the intermediate-level equipment in (e) above and the following additional equipment shall be required:

(1) Ventilation and airway equipment, which shall include, at minimum:

- a. One wire-guided dilation-type cricothyroidotomy sets;

- b. One endotracheal tube set, including:
 - 1. Uncuffed tubes, sized as follows:
 - (i) Size 2.5;
 - (ii) Size 3.0;
 - (iii) Size 3.5;
 - (iv) Size 4.0;
 - (v) Size 4.5;
 - (vi) Size 5.0;
 - (vii) Size 5.5; and
 - (viii) Size 6.0; and
 - 2. Cuffed tubes, sized as follows:
 - (i) Size 6.0;
 - (ii) Size 6.5;
 - (iii) Size 7.0;
 - (iv) Size 7.5;
 - (v) Size 8.0; and
 - (vi) Size 8.5;
- c. Two end tidal carbon dioxide (CO₂) detectors for each pediatric and adult sized patient or an electronic ETCO₂ monitoring device capable of adapting to endotracheal tubes listed in (1)b. above;
- d. Four stylettes for use with endotracheal tubes:
 - 1. Two adult sized; and
 - 2. Two pediatric sized;
- e. Two commercial endotracheal tube (ETT) securing devices;
- f. Two laryngoscopes handles, in working order, including:
 - 1. One adult sized;
 - 2. One pediatric sized;
 - 3. One extra set of batteries; and
 - 4. One extra bulb;
- g. Eight laryngoscope blades, one in each of the following sizes:

1. Straight blades:
 - (i) Size 0;
 - (ii) Size 1;
 - (iii) Size 2;
 - (iv) Size 3; and
 - (v) Size 4; and
 2. Curved blades:
 - (i) Size 2;
 - (ii) Size 3; and
 - (iii) Size 4;
 - h. Two magill forceps in the following sizes:
 1. One adult size; and
 2. One pediatric size;
 - i. Five nasogastric tubes, one in each of the following sizes:
 1. 8 FR;
 2. 10 FR;
 3. 12 FR;
 4. 14 FR; and
 5. 16 FR;
 - j. Two hospital or commercially prepackaged needle decompression kits; and
 - k. One meconium aspirator;
- (2) Monitoring equipment, which shall include:
- a. Manual defibrillator with the following adult and pediatric capabilities:
 1. By December 31, 2012, 12 lead EKG;
 2. Cardioversion; and
 3. Pacing; and
 - b. In a. above, the following additional equipment:
 1. Extra monitor battery(ies);
 2. Extra electrodes:

- (i) Pediatric;
 - (ii) Adult; and
3. Extra recording paper; and
- (3) At minimum, 2 sets of interosseous needles with syringes in the following sizes:
- a. Adult; and
 - b. Pediatric.]

TABLE 5906.1 FIXED AMBULANCE EQUIPMENT

| Item Name: | Size or Description | Number or Criteria | BLS | \$<d f# | Medic |
|--|--|----------------------------|------------|-------------------|--------------|
| <u>Mass Casualty Tags</u> | - | <u>50 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Ambulance Cot Safety Straps</u> | <u>Full Set: Shoulder Harness system with hip and leg straps</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Ambulance Cot Vehicle Mounting Bracket System</u> | - | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Ambulance Cot with Mattress</u> | - | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Infant/Child Safety Restraint System Meeting 2015 NH EMS Patient Care Protocol Requirements</u> | <u>System for Pediatric Patients weighing 5-80 Pounds</u> | <u>1 system</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Fixed Suction</u> | <u>80-300 mmhg</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Fixed Suction Canister with Liner OR Disposable Canister</u> | <u>Compatible with device</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Main/Fixed Oxygen Tank</u> | <u>3000 Liter; containing not less than 500 psi</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Oxygen Regulator/Flow meter (Wall Mounted)</u> | <u>2-15 LPM capable</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Blanket</u> | - | <u>4 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Pillow Case</u> | - | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Pillow with Fluid Resistant Cover</u> | - | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Sheet</u> | - | <u>4 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Towel</u> | <u>Undefined</u> | <u>4 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Urinal, Portable</u> | <u>Adult</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Bed Pan</u> | <u>Adult</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Emesis Container</u> | - | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Sharps/Needle Container</u> | <u>Fixed</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Siren</u> | - | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Exterior Rotating/Flashing Lights</u> | <u>Visible on 4 Sides</u> | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Fixed Scene Lights</u> | <u>Left, Right and Rear</u> | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Name of Unit on Vehicle Exterior</u> | <u>Minimum 4 inch High Lettering</u> | <u>Left and Right Side</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Current Motor Vehicle Registration</u> | <u>Unexpired</u> | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Current Motor Vehicle Inspection Sticker</u> | <u>Unexpired</u> | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |

| | | | | | |
|--|---------------------------------------|--|------------|------------|------------|
| <u>Current Motor Vehicle Insurance Certificate</u> | <u>With Vehicle</u> | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Motor Vehicle License Plates</u> | <u>Front and Rear</u> | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Current Motor Vehicle Registration License Plate Stickers</u> | <u>Front and Rear</u> | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Two-Way Radio Communications, Statewide EMS Ambulance-to-Hospital Primary Frequency</u> | <u>Capablity Tested</u> | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Two-Way Radio Communications, Unit Dispatch Center</u> | <u>Capablity Tested</u> | - | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Antimicrobial Hand Cleanser</u> | <u>6 Ounces</u> | <u>1 Container</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Binoculars</u> | - | <u>1 pair</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Biohazard Waste Bag</u> | - | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Disposable Impermeable Boot Covers</u> | <u>Extra Large</u> | <u>2 pair</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Disposable Impermeable Coverall; or</u> | <u>Sizes to Fit Staffing</u> | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Disposable Impermeable Gown</u> | <u>Universal or Largest Available</u> | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Disposable, Latex-Free Exam Gloves</u> | <u>Small, Medium and Large</u> | <u>1 Box Each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Emergency Response Guidebook</u> | <u>Current version</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Fire Extinguisher, Portable 2-A/10-B/C</u> | <u>Outside of Patient Compartment</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Fire Extinguisher, Portable 2-A/10-B/C</u> | <u>Inside of Patient Compartment</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Full Face Fluid Protection</u> | <u>Universal</u> | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Battery Charger(s) for Hand-Held Light - OR- Replacement Batteries</u> | <u>Sized per light type</u> | <u>1 replacement change per light</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Hand-Held Light or Headlamp</u> | - | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Hospital Grade Disinfectant Solution or Wipes</u> | <u>Container or Bottle</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>N95 or N100 Mask</u> | <u>Sized for Crew</u> | <u>2 Masks</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Portable CO Detector or Alarm</u> | - | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Respiratory Mask , Fluid Resistant</u> | <u>Universal</u> | <u>1 Box</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Safety Vest, High-Visibility, ANSI/ISEA-Compliant Type-2</u> | <u>Sized for Crew</u> | <u>1 per each crew member responding</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Seatbelts</u> | - | <u>1 per seat</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Sharps/Needle Container</u> | <u>Vehicle mounted</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Pocket Ventilation Mask with One-Way Valve</u> | <u>Adult</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Adjustable PEEP (Positive End-Expiratory Pressure) Valve</u> | <u>1 Size</u> | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Bag Valve Mask Resuscitator with oxygen reservoir & transparent mask</u> | <u>Child</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Bag Valve Mask Resuscitator with oxygen reservoir & transparent mask with PEEP Connection</u> | <u>Adult</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |

| | | | | | |
|---|---|------------------------------|------------|------------|------------|
| <u>Blind Insertion/SupraGlottic Airways</u> | <u>Complete Set of available Adult and Pedi Sizes per Manufacturer and Model</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Bulb Syringe (separate from OB kit)</u> | <u>Infant</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Fixed Oxygen Regulator for Main/Fixed Oxygen</u> | <u>Capable of reducing pressure to 50 PSI</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Lubricating Jelly, Water Soluble</u> | <u>Single Use Package</u> | <u>4 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Nasal Cannula</u> | <u>Pediatric</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Nasal Cannula</u> | <u>Adult</u> | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Nasopharyngeal Airways</u> | <u>6 Sizes, Infant-Adult</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Oropharyngeal Airways</u> | <u>6 Sizes, Infant-Adult</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Oxygen Non-Rebreather Mask with Reservoir Bag</u> | <u>Pediatric</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Oxygen Non-Rebreather Mask with Reservoir Bag</u> | <u>Adult</u> | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Portable Oxygen Tank (1 Min 500 PSI, 1 Full)</u> | <u>Size D or ></u> | <u>2 Tanks</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Portable Oxygen Tank Opening Device</u> | <u>Compatible with device</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Portable Oxygen Tank Regulator/Flow Meter</u> | <u>2-15 LPM capable</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Portable Suction</u> | <u>80-300 mmhg</u> | <u>1 unit</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Portable Suction Canister with liner OR Disposable Canister</u> | <u>Compatible with device</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Suction Catheters</u> | <u>Rigid, Widebore</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Suction Catheters</u> | <u>1 Flexible catheter size between 6-10 F and 1 flexible catheter size between 12 and 16 F</u> | <u>1 each size (2 total)</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Transparent Mask for Bag Valve Mask Resuscitator</u> | <u>Neonate Compatible with Child BVM</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Transparent Mask for Bag Valve Mask Resuscitator</u> | <u>Infant Compatible with Child BVM</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Commercial Advanced Airway securing device</u> | <u>Pedi and Adult Capable</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>CPAP (One complete and Operational System)</u> | <u>Complete Set of available Adult Sizes per Manufacturer and Model</u> | <u>1 System</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Continuous Quantitative Waveform Capnography Monitor (Electronic)</u> | <u>1 Size</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Electronic ETCO2 monitoring sampling Cannula</u> | <u>Adult</u> | <u>2 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Electronic ETCO2 monitoring sampling Cannula</u> | <u>Pedi</u> | <u>2 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Electronic ETCO2 monitoring Tube Adapter</u> | <u>One size</u> | <u>2 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Endotracheal Tubes</u> | <u>Full set of 12 sizes 2.5 - 8.0</u> | <u>1 Set</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Laryngoscope Blades, Curved</u> | <u>2, 3, 4</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |

| | | | | | |
|--|--|--------------------------------------|------------|------------|------------|
| <u>Laryngoscope Blades, Straight</u> | <u>0,1,2,3,4</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Spare Batteries or Charging Device for Laryngoscope Handle</u> | <u>Size/device appropriate to handles</u> | <u>1 set or device / handle size</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Magill forceps</u> | <u>Pediatric</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Magill forceps</u> | <u>Adult</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Meconium Aspirator (Adapter)</u> | <u>1 Size</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Nasogastric tubes sized for Pedi and Adult</u> | <u>1 Size 8 or 10 Fr, and 1 Size 14 or 16 Fr</u> | <u>1 each size</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Needle Decompression Kit</u> | <u>Consisting of: 3.25" needle, 3-Way Stopcock and 20 cc Syringe</u> | <u>2 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Spare Light Bulb or Fiberoptic Lightsource</u> | <u>Size appropriate to handle or blade type</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Standard Laryngoscope Handle</u> | <u>Pediatric</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Standard Laryngoscope Handle</u> | <u>Adult</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Stylette and/or Gum Elastic Bougie, Endotracheal Tube</u> | <u>Pediatric</u> | <u>2 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Stylette and/or Gum Elastic Bougie, Endotracheal Tube</u> | <u>Adult</u> | <u>2 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Twomey Syringe</u> | <u>1 Size</u> | <u>1 each</u> | <u>No</u> | <u>No</u> | <u>Yes</u> |
| <u>Antiseptic Skin Preparation Pads</u> | <u>Individual packs</u> | <u>12 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Bandage Dressing, Sterile</u> | <u>Minimum size 5" x 7"</u> | <u>12 Sterile Packages</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Blood Pressure Cuff</u> | <u>Infant</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Blood Pressure Cuff</u> | <u>Child</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Blood Pressure Cuff</u> | <u>Adult</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Blood Pressure Cuff</u> | <u>Adult Large or Thigh</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Sphygmomanometer</u> | <u>To fit all sized cuffs</u> | <u>One</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Burn Sheet, Sterile, Hospital Prepared or Commercially Disposable</u> | <u>Full Body</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Cold Pack</u> | <u>Instant</u> | <u>4 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Commercial Tourniquet Device</u> | <u>Minimum 2" Width</u> | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Gauze Pads, Sterile</u> | <u>Minimum 3" x 3"</u> | <u>12 Sterile Packages</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Heat Pack</u> | <u>Instant</u> | <u>4 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>OB Kit, Must Contain: Sterile Umbilical Clamp (2), Sterile Scapel or Scissors, Sterile Bulb Syringe, Head Cap, and Heat Reflective Blanket or Material.</u> | - | <u>1 complete kit</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Occlusive Dressing, Sterile; or</u> | <u>Minimum size 4" x 4"</u> | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Plastic Wrap, Self-Adhesive</u> | <u>Undefined</u> | <u>1 roll</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Pelvic Binding Device</u> | <u>Undefined</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Penlight (flashlight or LED equivalent)</u> | - | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Rolled Bandage, Soft, Self-Clinging</u> | <u>Minimum width 3"</u> | <u>4 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Saline Solution, Sterile</u> | <u>Undefined</u> | <u>1000 ml Total</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |

| | | | | | |
|--|---|---------------------------|------------------------|------------------------|------------|
| <u>Splints capable of stabilizing upper and lower extremities in half and full lengths</u> | <u>Adult & Pedi</u> | <u>1 set</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Stethoscope(s)</u> | <u>Adult and Pedi Capable</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Traction device, Lower Extremity with Ankle Hitch</u> | <u>Adult</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Trauma Shears</u> | <u>Undefined</u> | <u>1 pair</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Triangular Bandages</u> | <u>Minimum size 35"</u> | <u>4 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Universal Dressing, Sterile</u> | <u>Minimum 9" x 24"</u> | <u>2 Sterile Packages</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Cervical Collars,Rigid</u> | <u>Complete Set capable of fitting Infant through Adult</u> | <u>2 Complete Sets</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Extrication and Movement Device, Rigid or Semi-Rigid</u> | <u>Long/ Full Length</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Extrication and Movement Strapping Accessories</u> | <u>Compatible with device</u> | <u>1 set</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Head Motion Restriction Device or System</u> | <u>Compatible with device</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Stair Chair (with safety straps)</u> | - | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Scoop Stretcher</u> | <u>Full Length</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Blood Glucose Measuring Device with Appropriate Testing Strips</u> | <u>Undefined</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Defibrillator Pad</u> | <u>Pediatric</u> | <u>2 sets</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Defibrillator Pad</u> | <u>Adult</u> | <u>2 sets</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Disposable Razor</u> | - | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Pulse Oximeter Measuring Device</u> | - | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Pulse Oximeter Sensor</u> | <u>Pediatric</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Pulse Oximeter Sensor</u> | <u>Adult</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Thermometer</u> | <u>Capable down to 86 Degrees</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Monitor Spare Battery or Charging System with Continuous Power supply</u> | <u>Appropriate to Device</u> | <u>1 each</u> | <u>Yes, If Present</u> | <u>Yes, If Present</u> | <u>Yes</u> |
| <u>Multifunction Cardiac Monitor</u> | <u>Pedi and Adult Manual Defib, Pacing, Cardioversion, 12 Lead Acquisition capability</u> | <u>1 Monitor</u> | <u>Yes, If Present</u> | <u>Yes, If Present</u> | <u>Yes</u> |
| <u>Multifunction Cardiac Monitor Electrodes</u> | <u>Pediatric</u> | <u>10</u> | <u>Yes, If Present</u> | <u>Yes, If Present</u> | <u>Yes</u> |
| <u>Multifunction Cardiac Monitor Electrodes</u> | <u>Adult</u> | <u>20</u> | <u>Yes, If Present</u> | <u>Yes, If Present</u> | <u>Yes</u> |
| <u>Multifunction Cardiac Monitor Recording Paper</u> | <u>Appropriate to Device</u> | <u>1 Replacement</u> | <u>Yes, If Present</u> | <u>Yes, If Present</u> | <u>Yes</u> |
| <u>All Medication Expiration Dates Current</u> | - | <u>Not Expired</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Length-Based Resuscitation Tape</u> | <u>Pediatric</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Medicine Cup or oral syringe with Measurement Increments</u> | <u>With Measurement Increments</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Mucosal Atomization Device</u> | <u>Undefined</u> | <u>2 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |

| | | | | | |
|---|--|----------------------|------------|------------|------------|
| <u>NH Patient Care Protocols, Printed or Service Owned, Dedicated Electronic Copy</u> | - | <u>1 copy</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>0.9% Normal Saline Solution</u> | <u>IV Bags</u> | <u>Total 4000 ML</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>3-Way Stop-Cock</u> | - | <u>5 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Bio-Occlusive IV Site Dressing</u> | - | <u>2 Each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Commercial IntraOsseous Introduction Device</u> | <u>Adult and Pediatric Capable</u> | <u>1 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Filter needles</u> | <u>Undefined</u> | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Administration Set with min. of 2 med ports</u> | <u>Macro</u> | <u>2 sets</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Arm Board</u> | <u>Pediatric</u> | <u>1 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Arm Board</u> | <u>Adult</u> | <u>1 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Catheter</u> | <u>14 gauge</u> | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Catheter</u> | <u>16 gauge</u> | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Catheter</u> | <u>18 gauge</u> | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Catheter</u> | <u>20 gauge</u> | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Catheter</u> | <u>22 gauge</u> | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Catheter</u> | <u>24 gauge</u> | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Pressure Bag</u> | <u>1000 ML</u> | <u>1 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>IV Saline Lock</u> | <u>Macro</u> | <u>2 sets</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Sharps/Needle container</u> | <u>portable</u> | <u>1 each</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Nebulizer Delivery Device Setup, Complete</u> | - | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Needle</u> | <u>18-21 gauge (1-1/2 Inch Min Length)</u> | <u>2 Assorted</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Needle</u> | <u>25-27 gauge (1 Inch Min Length)</u> | <u>2 Assorted</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Needles for Commercial IntraOsseous Introduction Device</u> | <u>Adult and Pediatric Capable</u> | <u>1 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Syringe</u> | <u>1cc</u> | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Syringe</u> | <u>3 or 5cc</u> | <u>4 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Syringe</u> | <u>10 or 12cc</u> | <u>2 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Syringe</u> | <u>20 or 60CC</u> | <u>1 each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |
| <u>Venous Constricting Band (Latex Free)</u> | - | <u>2 Each</u> | <u>No</u> | <u>Yes</u> | <u>Yes</u> |

Saf-C [5904.09] 5906.09 Vehicle License Renewal Process.

[(a) Vehicle license renewals shall be made in accordance with the requirements set forth in Saf-C 5904.01.

(b) Any currently licensed EMS vehicle in the state shall be eligible for renewal by complying with the vehicle requirements set forth in Saf-C 5904.02.] Any currently licensed EMS vehicle in this state shall be eligible for renewal in accordance with Saf-C 5906.01 and Saf-C 5906.03.

Saf-C [5904.10] 5906.10 Complaints and Investigations Relating to Vehicles. All complaints and investigations regarding the use of any vehicle licensed under RSA 153-A or of the use of any vehicle

believed to be in violation of RSA 153-A or [Saf-C 5900] these rules, shall be made to the commissioner in accordance with Saf-C [5903.10] 5923.

[Saf-C 5904.11 Suspension of Vehicle License.

(a) Any suspension of a vehicle's license shall be assessed for a period of up to one calendar year.

(b) All or any portion of the division's suspension imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the suspension. If any misconduct occurs during the period of deferred time or the unit fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred suspension shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) The division's period of suspension imposed pursuant to (a) above shall be rescinded upon the unit's correction of the violation(s) that caused the suspension.

(d) Any suspension of a vehicle's license shall only apply to the vehicle cited.

(e) Any suspension of a transport unit's license shall also result in the suspension of all vehicle licenses held by the unit.

(f) If a unit's vehicle license expires during the suspension period, the unit shall apply for a license in accordance with Saf-C 5904.01.

(g) After notice and an opportunity for a hearing pursuant to Saf-C 5904.13, the commissioner shall suspend a vehicle license for failure of a unit to maintain:

- (1) The vehicle in good operating condition pursuant to Saf-C 5904.07;
- (2) Vehicle equipment and supplies pursuant to Saf-C 5904.08; or
- (3) Vehicle insurance pursuant to Saf-C 5904.02(a)(4).

Saf-C 5904.12 Revocation of Vehicle License.

(a) Any revocation of a vehicle's license shall be assessed for a period of up to 5 calendar years.

(b) All or any portion of the division's revocation imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the revocation. If any misconduct occurs during the period of deferred time or the unit fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred revocation shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) Any revocation of a transport unit's license shall also result in the revocation of all vehicle licenses held by the unit.

(d) If a unit's vehicle license is revoked, the unit shall apply for a license in accordance with Saf-C 5904.01, after the completion of the revocation period.

(e) After notice and an opportunity for a hearing pursuant to Saf-C 5904.13, the commissioner shall revoke a vehicle license for a second offense of:

- (1) Failure of a unit to maintain the vehicle in good operating condition pursuant to Saf-C 5904.07; or
- (2) Failure of a unit to maintain vehicle equipment and supplies pursuant to Saf-C 5904.08.

Saf-C 5904.13 Right to A Hearing Relating to Vehicles. In accordance with Saf-C 5904.10, Saf-C 5904.11 and Saf-C 5904.12, the division shall send a written notice of the right to a hearing, within 10 days and sent via certified mail, to the applicant or licensee prior to taking any adjudicative action pursuant to RSA 541-A:31 and Saf-C 200.

Saf-C 5904.14 Immediate Suspension. In accordance with RSA 541-A:30, III, if the division determines that public health, safety or welfare requires emergency action, an immediate suspension of a license may be ordered pending an adjudicative hearing, which shall occur not later than 10 working days after the date of the suspension of the license. The adjudicative hearing shall be conducted in accordance with the requirements of Saf-C 200.]

Repeal Saf-C 5905.01 – Saf-C 5905.03, effective September 8, 2010 (Doc. # 9779-B), cited as follows:

[PART Saf-C 5905 APPLICATIONS

Saf-C 5905.01 Transport Unit License Application Form.

(a) All applicants for a transport unit license shall complete a transport unit license application form in accordance with Saf-C 5903.02.

(b) All information entered on the transport unit license application form shall be:

- (1) Typewritten; or
- (2) Legibly printed in black ink.

(c) Each applicant shall complete the transport unit license application form by furnishing the information in (d) below, as follows:

- (1) In writing wherever applicable; and
- (2) By checkmark next to the corresponding response.

(d) Each applicant shall provide the following:

- (1) Applicant information, which shall include:
 - a. Full legal name of unit;
 - b. Current unit license number, if applicable;
 - c. Business and mailing addresses, each of which shall include:
 - 1. Street;
 - 2. City or town;
 - 3. State; and

4. Zip code;
 - d. Unit telephone number(s), to include:
 1. Its 7-digit emergency number; and
 2. Its 7-digit non-emergency number;
 - e. Full name and contact information for the head of unit, to include:
 1. Title;
 2. Daytime contact telephone number;
 3. Fax number, if available; and
 4. E-mail address, if available; and
 - f. Full name and contact information for the alternative contact for head of unit, to include:
 1. Daytime contact telephone number;
 2. Fax number, if available; and
 3. E-mail address, if available;
- (2) A copy of the agreement between the MRH and the unit, pursuant to Saf-C 5902.03;
- (3) The name of the medical director of the unit's MRH;
- (4) Classification of unit, which shall be denoted as:
- a. Commercial;
 - b. Funeral home-based;
 - c. Hospital-based;
 - d. Paid municipal fire;
 - e. Paid municipal police;
 - f. Volunteer fire department;
 - g. Volunteer unit; or
 - h. Other, which shall be specified by the applicant;
- (5) A description of the vehicle(s) shelter, which shall specify the:
- a. Type of shelter, to include:
 1. Closed garage; or
 2. Heated garage;
 - b. Street location; and

- c. Type of interior heater, if applicable;
- (6) Name and physical location of the unit's dispatch center, to include:
 - a. Business non-emergency telephone number;
 - b. Radio frequencies used by the unit to communicate with the dispatch center; and
 - c. Operation radio frequency, if appropriate; and
- (7) Name of the insurance company covering general and professional liability.
- (e) The following sections of the form shall then be signed and dated by the head of unit, or his/her designee:
 - (1) FCC agreement; and
 - (2) Acknowledgement.
- (f) A current list of all licensed EMS providers affiliated with the unit, together with their legal names and license numbers, shall be provided as part of the application.

Saf-C 5905.02 Non-Transport Unit License Application Form.

- (a) Each applicant for a non-transport unit license shall complete a non-transport unit license application form in accordance with Saf-C 5903.03.
- (b) All information entered on the non-transport unit license application form shall be:
 - (1) Typewritten; or
 - (2) Legibly printed in black ink.
- (c) Each applicant shall complete the non-transport unit license application form by furnishing the information in (d) below, as follows:
 - (1) In writing wherever applicable; and
 - (2) By checkmark next to the corresponding response.
- (d) Each applicant shall provide the following:
 - (1) Applicant information, which shall include:
 - a. Full legal name of unit;
 - b. Current unit license number, if applicable;
 - c. Business and mailing addresses, each of which shall include:
 - 1. Street;
 - 2. City or town;
 - 3. State; and

4. Zip code;
 - d. Telephone number(s), to include:
 1. Its 7-digit emergency number; and
 2. Its 7-digit non-emergency number;
 - e. Full name and contact information for the head of unit, to include:
 1. Title;
 2. Daytime contact telephone number;
 3. Fax number, if available; and
 4. E-mail address, if available; and
 - f. Full name and contact information for the alternative contact for head of unit, to include:
 1. Daytime contact telephone number;
 2. Fax number, if available; and
 3. E-mail address, if available;
- (2) A copy of the agreement between the MRH and the unit, pursuant to Saf-C 5902.03;
- (3) The name of the medical director of the unit's MRH;
- (4) Classification of unit, which shall be denoted as:
- a. Commercial;
 - b. Funeral home-based;
 - c. Hospital-based;
 - d. Paid municipal fire;
 - e. Paid municipal police;
 - f. Volunteer fire department;
 - g. Volunteer unit; or
 - h. Other, which shall be specified by the applicant;
- (5) Name and physical location of the unit's dispatch center, to include:
- a. Business non-emergency telephone number;
 - b. Radio frequencies used by the unit to communicate with the dispatch center; and
 - c. Operation radio frequency, if appropriate; and
- (6) Name of the insurance company covering general and professional liability.

(e) The following sections of the form shall then be signed and dated by the head of unit, or his/her designee:

- (1) FCC agreement; and
- (2) Acknowledgement.

(f) A current list of all licensed EMS providers affiliated with the unit, together with their legal names and license numbers, shall be provided as part of the application.

Saf-C 5905.03 Unit License Application Statement of Certification. By signing the unit license application form, the head of unit, or his/her designee, shall certify that:

(a) The unit shall abide by the Federal Communications Commission's regulations relating to:

- (1) Radio broadcast frequencies;
- (2) Access to, and retention of, communications maintenance records;
- (3) Restricting communications to official and emergency purposes; and
- (4) Disabling the transmitting capabilities, when necessary;

(b) The unit shall operate in accordance with all applicable local ordinances regarding emergency medical services;

(c) He/she is authorized to sign the application; and

(d) He/she understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C 5903.07, Saf-C 5903.11 or Saf-C 5903.12.

Repeal Saf-C 5903.04, effective September 8, 2010 (Doc. #9779-B), as amended previously effective February 20, 2015 (Doc. #10786, Emergency) and expired August 19, 2015, and as amended effective September 15, 2015 (Doc. #10941), as follows:

[Saf-C 5905.04 Provider License Application Form.

(a) Each applicant for a provider license shall complete a provider license application form in accordance with Saf-C 5903.04.

(b) All information entered on the provider license application form shall be:

- (1) Typewritten; or
- (2) Legibly printed in black ink.

(c) Each applicant shall complete the provider license application form by furnishing the information in (d) below, as follows:

- (1) In writing wherever applicable;
- (2) By checkmark next to the corresponding response; and
- (3) By providing legible copies of certifications, as required.

(d) Each applicant shall provide the following:

- (1) Applicant information, which shall include:
 - a. Full legal name;
 - b. Mailing address;
 - c. City or town;
 - d. State and zip code;
 - e. Daytime contact telephone number;
 - f. Gender;
 - g. Date of birth; and
 - h. E-mail address, if available;
 - (2) Type of license requested, as follows:
 - a. Apprentice;
 - b. First responder;
 - c. Law enforcement;
 - d. Non-nationally registered NH EMT-basic (NHEMT);
 - e. Nationally registered EMT-basic;
 - f. Nationally registered EMT-intermediate; or
 - g. Nationally registered EMT-paramedic;
 - (3) Document initial or renewal application;
 - (4) Current provider license number, if applicable;
 - (5) Copies of current documentation as set forth in Saf-C 5903.04; and
 - (6) Unit affiliation(s):
 - a. Primary EMS service, for which the applicant provides patient care skills the majority of the time, whether paid or on a volunteer basis; or
 - b. Other(s), if applicable.
- (e) The form shall then be signed and dated by:
- (1) The applicant;
 - (2) The primary EMS service's head of unit or his/her designee, and
 - (3) In the case of an apprentice, a parent or legal guardian.
- (f) In addition to the signature required by (e)(2), above, the primary EMS service's head of unit or his/her designee shall also print his or her name.

(g) By signing the application for a provider license, the primary EMS service's head of unit shall certify that:

- (1) The applicant is affiliated with the licensed unit; and
- (2) The unit has signed an agreement with its MRH.]

Repeal Saf-C 5905.05 - Saf-C 5905.07, effective September 8, 2010 (Doc. #9779-B), as follows:

[Saf-C 5905.05 Provider License Application Statement of Certification. By signing the provider license application form, the applicant shall certify that:

- (a) The information provided in the application is accurate to the best of his/her knowledge;
- (b) He/she has not been convicted or found guilty of an offense pursuant to RSA 153-A:13, I(h);
- (c) He/she complies with RSA 153-A and its applicable rules; and
- (d) He/she understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C 5903.07, Saf-C 5903.11 or Saf-C 5903.12.

Saf-C 5905.06 EMS Vehicle License Application Form.

(a) Each applicant for an EMS vehicle license shall complete a vehicle license application form in accordance with Saf-C 5904.01.

(b) All information entered on the vehicle license application form shall be:

- (1) Typewritten; or
- (2) Legibly printed in black ink.

(c) Each applicant shall complete the vehicle license application form by furnishing the information in (d) below, as follows:

- (1) In writing wherever applicable; and
- (2) By checkmark next to the corresponding response.

(d) Each applicant shall provide the following:

(1) Applicant information, which shall include:

- a. Full legal name of affiliated unit;
- b. Business and mailing addresses of the unit where the vehicle(s) will be garaged, which shall include:
 1. Street;
 2. City or town;
 3. State; and
 4. Zip code; and

- (2) Business telephone number;
- (3) The type of license requested, which shall be denoted as:
 - a. New; or
 - b. Relicense;
- (4) Vehicle description, which shall include:
 - a. Make of vehicle;
 - b. Vehicle identification number;
 - c. Year of manufacture; and
 - d. State motor vehicle registration number; and
- (5) Affirmation of the type of ownership, which shall be denoted as:
 - a. Proprietary for-profit entity;
 - b. Not-for-profit entity; or
 - c. Municipal department.

(e) The form shall then be signed and dated by the head of unit, or his/her designee.

Saf-C 5905.07 Vehicle License Application Statement of Certification. By signing the vehicle license application form, the head of unit, or his/her designee, shall certify that:

- (a) All equipment and supplies required in Saf-C 5904.08 shall be included in the vehicle;
- (b) He/she understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C 5904.04, Saf-C 5904.11 or Saf-C 5904.12; and
- (c) Failure to maintain the equipment and supplies in the vehicle as required in Saf-C 5904.08, shall result in license denial, suspension or revocation, in accordance with Saf-C 5904.04, Saf-C 5904.11 or Saf-C 5904.12.]

Readopt with amendment and renumber Saf-C 5906 and Saf-C 5907, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5907 and Saf-C 5908 to read as follows:

PART Saf-C 59[06]07 LICENSING FEES

Saf-C 59[06]07.01 Licensing Fees.

- (a) There shall be no licensing fee charged for any person applying for a provider license.
- (b) Pursuant to RSA 153-A:15, there shall be no licensing fee charged to non-profit organizations and volunteer associations or municipalities applying for a unit or vehicle license.
- (c) All other businesses shall be charged a licensing fee.
- (d) Fees charged shall be assessed at:

(1) A sum of \$100.00 for a unit license, regardless of the number of satellite locations owned by the unit; and

(2) A sum of \$20.00 for each vehicle license.

(e) Fees shall be:

(1) Submitted with the application form; and

(2) Paid in the form of:

a. Cash; or

b. Checks or money orders, made payable to the "Treasurer, State of New Hampshire".

(f) All fees shall be:

(1) Nontransferable; and

(2) Nonrefundable.

(g) Pursuant to RSA 6:11-a, the division shall charge the applicant for the costs of collection for any check returned as uncollectable.

(h) Failure to compensate the division for the initial fee and collection costs within 60 days of notification shall result in a license suspension, after notice and an opportunity for a hearing pursuant to Saf-C [5903.13.] 5923.09.

PART Saf-C 59[07]08 FINES AND PENALTIES

Saf-C 59[07]08.01 Procedure for the Administration of Fines.

(a) When the division has determined through an inspection conducted in accordance with Saf-C [5904.07] 5906.07 or an investigation conducted in accordance with Saf-C [5903.10 or Saf-C 5904.10] 5923 that a violation of RSA 153-A or [Saf-C 5900] these rules has occurred, the commissioner shall impose a fine in accordance with [the provisions of] RSA 153-A:22[, Saf-C 5903.10, Saf-C 5903.11, Saf-C 5903.12, Saf-C 5903.13, Saf-C 5904.11, Saf-C 5904.12, Saf-C 5904.13 and Saf-C 5907.02].

(b) The commissioner shall not impose both an administrative fine and a suspension or revocation of a license in the same proceeding.

(c) A licensee shall not be fined more than once, for the same offense, during a single period of licensure.

(d) If the licensee waives his[/] or her right to a hearing pursuant to Saf-C [5903.13 or] 5923.09 or Saf-C 5923.10, [Saf-C 5904.13] and chooses to pay the imposed fine, the fine shall be paid and received by the division within 10 days of receipt of notice by the applicant or licensee.

(e) The payment of the fine shall be paid by:

(1) Cash; or

(2) Checks or money orders, made payable to the "Treasurer, State of New Hampshire".

Saf-C 59[07]08.02 Schedule of Fines. After notice and an opportunity for a hearing pursuant to Saf-C [5903.13] 5923, [or Saf-C 5904.13], fines for violations of the provisions of RSA 153-A [and Saf-C 5900] or these rules shall be imposed as follows:

(a) For failure of a unit to maintain the required vehicle inside air temperature when the vehicle is not in use a fine of \$500.00 shall be imposed;

(b) For failure of a unit to maintain required vehicle shelter a fine of \$500.00 shall be imposed;

(c) For failure of a unit to license a vehicle a fine of \$1000.00 shall be imposed for each unlicensed vehicle;

(d) For failure of a unit to maintain required equipment and supplies a fine of \$500.00 shall be imposed;

(e) For failure of a unit to have the correct number of providers licensed at the appropriate levels in the vehicle a fine of \$1,000.00 shall be imposed;

(f) For misrepresentation of a unit of its licensed level a fine of \$1,000.00 shall be imposed;

(g) For misrepresentation of a provider of his/her licensed level a fine of \$1,000.00 shall be imposed;

(h) [For the operation of a unit with a license that has been suspended or revoked, the commissioner shall seek injunctive relief in the applicable court of jurisdiction to cease operations;

(i) For use of emergency warning lights and/or siren for purposes other than the response to or transport of an emergent sick or injured patient a fine of \$500.00 shall be imposed;

[(j)] (i) For rendering emergency medical care to any person beyond a provider's level of certification a fine of \$1,000.00 shall be imposed upon the provider;

[(k)] (j) For call jumping by a unit a fine of \$1,000.00 shall be imposed;

[(l)] (k) For call jumping by a provider a fine of \$1,000.00 shall be imposed;

[(m)] (l) For rendering emergency medical care to any person after receiving notice from the division that a certificate(s) has expired a fine of \$500.00 shall be imposed upon the provider;

[(n)] (m) For unauthorized disclosure of confidential patient information by a unit or provider a fine of \$500.00 shall be imposed [upon the violator along with the license revocation];

[(o)] (n) The first repeat of any violation identified in Saf-C 590[7]8.02 shall result in a fine that shall be double the amount of the original fine;

[(p)] (o) Second and subsequent repeats of any violation identified in Saf-C 590[7]8.02 shall result in a fine that shall be triple the amount of the original fine, not to exceed \$2,000.00;

[(q)] (p) For failure to comply with an order of the commissioner the maximum fine of \$2,000.00 shall be imposed upon the violator; [and]

(q) For failure to submit records as required pursuant to Saf-C 5902.08 or Saf-C 5902.09, a fine of \$2,000.00 shall be imposed upon the violator; and

(r) For failure to pay a fine, an additional fine of \$100.00 shall be imposed.

Readopt with amendment and renumber Saf-C 5908.01 - Saf-C 5908.04, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5909.01 – Saf-C 5909.04, cited and to read as follows:

PART Saf-C 590[8]9 EMS INSTRUCTOR/COORDINATOR (EMS I/C) REQUIREMENTS

Saf-C 590[8]9.01 EMS I/C General Requirements.

(a) Each applicant seeking licensure [as] for an EMS I/C license shall complete a[n] division approved instructor training program. The division shall approve instruct training programs that [which] meet[s] or exceed[s] the standards of the USDOT, NHTSA, EMS instructor training program national standard curriculum, dated [1996] 2002;
https://one.nhtsa.gov/people/injury/ems/instructor/instructor_ems/2002_national_guidelines.htm.

(b) [Each applicant who has] Upon successful[ly completed] completion of the [an] instructor training program [as] set forth in (a) above, the applicant shall [be considered for EMS I/C licensure by the division upon successful completion of the following] complete a final cognitive examination and a final practical examination approved by the division. [:

- (1) A final cognitive examination which shall be based upon the USDOT, NHTSA, EMS instructor training program national standard curriculum, dated 1996; and
- (2) A final practical examination which shall be based upon the USDOT, NHTSA, EMS instructor training program national standard curriculum, dated 1996.]

Saf-C 590[8]9.02 [Training Programs Requiring an EMS I/C.

(a) A licensed EMS I/C shall be responsible, in accordance with the requirements set forth in Saf-C 5909, for all training programs set forth in Saf-C 5910.01(a).

(b) A licensed EMS I/C set forth in (a) above shall meet and maintain the requirements set forth in Saf-C 5908.04.]

EMS I/C License Application.

(a) Each applicant for an EMS I/C license shall complete an EMS I/C application which shall be:

_____ (1) Typewritten; or

_____ (2) Legibly printed.

(b) Each applicant shall provide the following:

_____ (1) Applicant information, which shall include:

_____ a. Full legal name;

_____ b. Date of birth;

_____ c. Mailing address;

_____ d. City/town;

- _____ e. State;
- _____ f. Zip code;
- _____ g. Contact telephone number;
- _____ h. Fax number, if available;
- _____ i. E-mail address;
- _____ j. National Registry number;
- _____ k. EMS unit affiliation; and
- _____ l. EMS provider license number.

_____ (2) Type of license requested:

- _____ a. Initial; or
- _____ b. Renewal, to include the current EMS I/C license number.

_____ (c) The application shall be signed and dated by the applicant.

Saf-C 590[8]9.03 [EMS I/C Licensing Application Requirements.

(a) Each person applying for an EMS I/C license pursuant to RSA 153-A shall obtain the application form defined in Saf-C 5908.05 from the division.

(b) The applicant shall submit:

- (1) The completed application form to the division; and
- (2) Legible copies of documents and certificates in accordance with Saf-C 5908.04.]

_____ EMS I/C License Application Statement of Certification. By signing the EMS I/C application form, the applicant shall certify that:

_____ (a) The information provided in the application is] complete, truthful, and correct, under the penalties of unsworn falsification pursuant to RSA 641:3;

_____ (b) He or she complies with RSA 153-A and these rules;

_____ (c) He or she understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C 5923.03, Saf-C 5923.04 or Saf-C 5923.05 and may be grounds for a misdemeanor conviction pursuant to RSA 641:3;

_____ (d) He or she has not been convicted or found guilty of an offense pursuant to RSA 153-A:13, I or Saf-C 5923.03(c)(5);

(e) He or she has not been subject to limitation, suspension from, or under revocation or probation of the ability to practice in a health care occupation or voluntarily surrendered a health care license in any state or to any agency authorizing the right to work; and

(f) If the applicant is unable to certify compliance with Saf-C 5909.03(b) to 5909.03(e) the applicant shall provide official documentation that fully describes the offense, current status and disposition of the case.

Saf-C 590[8]9.04 EMS I/C Licensing Requirements.

(a) Each applicant [applying] for an initial EMS I/C license shall provide the following with the application:

- (1) At minimum, copies of a high school diploma or GED;
- (2) [A current certificate of successful completion of a CPR instructor course that meets the American Heart Association's guidelines for cardiopulmonary resuscitation and emergency cardiac care-basic life support for health care providers, dated 2005;
- (3) Proof of current registration at the minimum EMT[-B] classification level with the National Registry and registered at or above the classification level of the program to be instructed;
- [(4)] (3) [Affiliation with a licensed EMS unit,] A current EMS provider's license, which at minimum, shall be at the provider level of the program to be instructed; and
- [(5)] (4) Proof of successful completion of an instructor training program [which meets or exceeds the standards set forth in USDOT, NHTSA, EMS instructor training program national standard curriculum, dated 1996] in accordance with Saf-C 5909.01(a); or
- [(6)] (5) A professional educator challenge process approved by the division in accordance with (e) below.

(b) [Subsequent to successful] Upon completion of the requirements set forth in (a) above, the applicant shall be issued a 6-month provisional license, during which time the provisional instructor shall:

- (1) Show completion of a minimum of 20 hours of instruction in training program(s) approved by the division, under the direct supervision and preceptorship of an EMS I/C assigned by the division;
- (2) Attend an an [4-hour] instructor orientation program for new EMS instructors conducted by the division;
- (3) Submit an evaluation approved by the division, completed and signed by the EMS I/C acting as the provisional instructor's preceptor; and
- (4) Complete a final evaluation authorized by the division.

(c) Each applicant shall be notified by the division of the decision to approve or deny full licensure, in accordance with the requirements set forth in Saf-C [5908.07] 5909.05 or Saf-C [5908.10]5923.03.

(d) All standards, certifications and documents showing compliance shall be maintained and not allowed to lapse in order to retain an EMS I/C license. The [department]division shall[, if necessary,] request any documentation that it deems necessary in order to verify compliance.

(e) A candidate for a professional educator challenge pursuant to (a)[(6)] (5) above shall:

- (1) Meet the requirements set forth in (a)(1)-[(4)] (3) above;
- (2) Provide documentation of teaching experience in EMS and one of the following:
 - a. A bachelor's or advanced level degree in education;
 - b. Completion of educational training in post-secondary educational setting; [or]
 - c. Be an active licensed or certified EMS instructor in another state; or
 - d. Be an actively licensed or certified educator from a state authorizing authority.
- (3) Submit 2 letters of recommendation from a currently licensed NH EMS I/C;
- (4) Conduct a 20-minute presentation on an EMS topic, to only be attempted once and which shall include:
 - a. A lesson plan consisting of the following steps:
 1. Motivation/preparation;
 2. Presentation;
 3. Application; and
 4. Evaluation; and
 - b. A [videotape] recording of the presentation and evaluation by 2 evaluators approved by the division; and
- (5) Successful completion of the fire and emergency services instructor III final cognitive examination[, consisting of 100 questions].

(f) A candidate for a professional educator challenge shall only have one opportunity to successfully complete the process set forth in (e) above.

Repeal Saf-C 5908.05 and Saf-C 5908.06, effective September 8, 2010 (Doc. #9779-B), as follows:

[Saf-C 5908.05 EMS I/C License Application Form.

(a) Each applicant for an EMS I/C license shall complete an EMS I/C application form and submit it to the division in accordance with Saf-C 5908.03 and Saf-C 5908.04.

(b) All information entered on the application form shall be:

- (1) Typewritten; or
- (2) Legibly printed in black ink.

(c) Each applicant shall complete the application form by furnishing the information in (d) below, as follows:

- (1) In writing wherever applicable; and
- (2) By checkmark next to the corresponding response.

(d) Each applicant shall provide the following:

(1) Applicant information, which shall include:

- a. Full legal name;
- b. Date of birth;
- c. Mailing address;
- d. City or town of residence;
- e. State;
- f. Zip code;
- g. Contact telephone number;
- h. Fax number, if available;
- i. E-mail address, if available;
- j. National Registry number; and
- k. EMS unit affiliation; and

(2) Type of license requested:

- a. Initial; or
- b. Renewal, to include the current EMS I/C license number.

(e) The form shall then be signed and dated by the applicant.

Saf-C 5908.06 EMS I/C License Application Statement of Certification. By signing the EMS I/C application form, the applicant shall certify that:

- (a) The information provided in the application is accurate to the best of his/her knowledge;
- (b) He/she complies with RSA 153-A and its applicable rules; and

(c) He/she understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C 5908.10, Saf-C 5908.12 or Saf-C 5908.13.]

Readopt with amendment and renumber Saf-C 5908.07 – Saf-C 5908.09, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5909.05 – Saf-C 5909.07 to read as follows:

Saf-C 590[8.07]9.05 EMS I/C License Approval Process.

(a) Completed applications shall be approved in accordance with RSA 541-A:29.

(b) Upon approval of an application, the division shall issue an EMS I/C license, commencing with the date of approval and expiring [on the expiration date listed on the National Registry level documentation provided for licensure] 30 days after the expiration date listed on the National Registry documentation provided for licensure.

Saf-C 590[8.08]9.06 EMS I/C License Renewal Process.

(a) [The process of renewal shall be made] Any currently licensed EMS I/C shall be eligible for renewal in accordance with [the requirements set forth in Saf-C 5908.03] Saf-C 5909.03 and Saf-C 5909[8].04(a)(2) [through (4)] and (3).

(b) Any currently licensed EMS I/C in the state shall be eligible for renewal upon meeting the following requirements within the previous 2 years as a licensed EMS I/C:

- (1) At minimum, 20 hours of instruction in a training program(s) approved by the division;
- (2) Attendance at EMS I/C updates as required by the division, which shall be 20 hours or less; and
- (3) At minimum, attendance at 6 hours of continuing education in order to improve teaching skills such as educational methodology.

(c) In order to make necessary improvements in the quality of instruction provided, any currently licensed EMS I/C shall be audited by the division in every 2-year licensing period if he/she fails to maintain a pass rate of 75% for all students on his/her course roster who takes the National Registry cognitive examination, utilizing the criteria as set forth in Saf-C 5915.04.

(d) Any instructor who has pass rates of 75% or less, as set forth in (c) above, in 2 consecutive I/C licensing cycles, shall undergo remedial training with a licensed EMS I/C assigned by the division.

(e) After remedial training pursuant to (d) above, an instructor who fails to provide adequate training to students shall be subject to disciplinary action pursuant to Saf-C 5923.

Saf-C 59[08.]09.07 Lapse of EMC I/C License. Any previously licensed EMS I/C whose license has lapsed[,] shall meet the following in order to have his/her license renewed:

(a) If lapsed less than 2 years, the person shall meet the requirements set forth in Saf-C [5908.08] 5909.06; or

(b) If lapsed more than 2 years, the person shall meet the requirements set forth in Saf-C 590[8]9.04.

Repeal Saf-C 5908.10, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5908.10 Denial of EMS I/C License Application.

(a) An initial application for an EMS I/C license shall be reviewed by the division in accordance with RSA 541-A:29.

(b) The applicant shall be notified of any apparent errors or omissions in the application and allowed to resubmit the application within 30 days of initial receipt by the division.

(c) An initial application shall be denied in accordance with RSA 541-A:29 for:

- (1) Information that does not meet the requirements specified in Saf-C 5908; or
- (2) Violations specified in RSA 153-A:13, I.

(d) An application for renewal shall be denied for failing to meet the requirements set forth in Saf-C 5908.08 or Saf-C 5909.

(e) An applicant aggrieved by the decision of the commissioner relating to a denial of an application may request an adjudicative hearing in accordance with RSA 541-A and Saf-C 200.]

Repeal Saf-C 5908.11, effective September 25, 2015 (Doc. #10940), as follows:

[Saf-C 5908.11 Complaints and Investigations Relating to EMS I/C License.

(a) All complaints and investigations regarding the actions of any EMS I/C licensed under RSA 153-A, or of a person believed to be in violation of RSA 153-A or these rules, shall be made to the commissioner or his/her designee and disposed of in accordance with the procedures provided in Saf-C 5903.10 regarding units and providers.

(b) In the case of a founded complaint, if no hearing is requested, or following the conclusion of the requested hearing and any timely appeal, the division shall publish a public list of EMS I/Cs found to have violated RSA 153-A or these rules, on the Bureau of Emergency Medical Services website. The division is not limited to that method of publication. Such public list shall specify:

- (1) The name of the unit;
- (2) The EMS I/C license number;
- (3) The provision(s) of RSA 153-A and/or these rules that have been violated;
- (4) The date of the violation;
- (5) Any action resulting in a change in status of the EMS I/C license, including any prerequisites to full restoration of unit or provider license privileges; and
- (6) The date of implementation and conclusion of the change in status.]

Repeal Saf-C 5908.12- Saf-C 5908.16, effective September 8, 2010 (Doc. 9779-A), as follows:

[Saf-C 5908.12 Suspension of EMS I/C License.

(a) Any suspension of an EMS I/C license shall be assessed for a period of up to one calendar year.

(b) All or any portion of the division's suspension imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the suspension. If any misconduct occurs during the period of deferred time or the EMS I/C fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred suspension shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) If an EMS I/C's license expires during the suspension period imposed pursuant to (a) above, he/she shall apply for a license in accordance with Saf-C 5908.03.

(d) After notice and an opportunity for a hearing pursuant to Saf-C 5908.15, the commissioner shall suspend an EMS I/C's license for:

- (1) Failure to maintain EMS I/C licensure requirements;
- (2) Falsification of course completion documents;
- (3) Failure to supervise the program and insure that all materials presented by guest lecturers or assistant instructors are in accordance with USDOT curricula and EMS rules;
- (4) Failure to provide appropriate training materials and/or equipment in working order; or
- (5) Failure to adhere to the requirements set forth in Saf-C 5909.

Saf-C 5908.13 Revocation of EMS I/C License.

- (a) Any revocation of an EMS I/C license shall be assessed for a period of up to 5 calendar years.
- (b) All or any portion of the division's revocation imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the revocation. If any misconduct occurs during the period of deferred time or the EMS I/C fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred revocation shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.
- (c) If an EMS I/C's license is revoked, he/she shall apply for a license in accordance with Saf-C 5908.03, after the completion of the revocation period.
- (d) After notice and an opportunity for a hearing pursuant to Saf-C 5908.15, the commissioner shall revoke an EMS I/C license for:
 - (1) Compromising the safety of any student as a direct result of instructions given during class participation; or
 - (2) Failure to adhere to the requirements set forth in Saf-C 5908, Saf-C 5909, or both.

Saf-C 5908.14 Convictions of EMS I/C.

- (a) After notice and an opportunity for a hearing pursuant to Saf-C 5908.15, the commissioner shall deny an EMS I/C license application or suspend or revoke a current EMS I/C license for:
 - (1) Conviction of any criminal offense relating to the performance of duties or practice of EMS; or
 - (2) Conviction of any criminal offense that endangers the health or safety of the public.

Saf-C 5908.15 Right to A Hearing Relating to EMS I/C License. In accordance with Saf-C 5908.10 through Saf-C 5908.14, the division shall send a written notice of the right to a hearing, within 10 days and sent via certified mail, to the applicant or licensee prior to taking any adjudicative action pursuant to RSA 541-A:31 and Saf-C 200.

Saf-C 5908.16 Immediate Suspension. In accordance with RSA 541-A:30, III, if the division determines that public health, safety or welfare requires emergency action, an immediate suspension of a license may be ordered pending an adjudicative hearing, which shall occur not later than 10 working days

after the date of the suspension of the license. The adjudicative hearing shall be conducted in accordance with the requirements of Saf-C 200.]

Readopt with amendment and renumber Saf-C 5909, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5910 to read as follows:

PART Saf-C 59[09]10 EMS I/C RESPONSIBILITIES AND TRAINING PROGRAMS

Saf-C 5910.01 Authorization Process.

(a) The division shall authorize training programs at any of the provider licensing levels set forth in Saf-C 5904.01 or any associated refresher training.

(b) Only licensed EMS I/C's shall act as primary instructors for training programs authorized in (a) above and shall be accountable for all of the requirements set forth in Saf-C 5910.

(c) The EMS I/C shall request authorization for a training program by completing the "Authority to Establish Courses" form pursuant to Saf-C 5910.02.

(d) Any training program authorized by the division in (a) above shall be issued a course approval number.

Saf-C 5910.02 Authority to Establish Courses Form.

(a) The EMS I/C shall complete the "Authority to Establish Courses" form for each course offered a minimum of 30 calendar days prior to the start of the course, electronically or, if in writing:

(1) Typewritten; or

(2) Legibly printed.

(b) The EMS I/C shall provide the following:

(1) The type of training program(s) applied for, indicated under the "Course Information" section of the form;

(2) Registration information, to be indicated as follows:

a. "Open" programs, which shall be listed on the division's course and examination schedule if received by the time of distribution; or

b. "Closed" programs, which are provided to a specified group;

(3) Course information, which shall include:

a. The city or town in which the program will be offered;

b. The name and address of the facility where the program will be offered;

c. The name and license number of the EMS I/C;

- d. The EMS region in which the program will be held;
- e. The name of the assistant instructor, if applicable;
- f. The name of the program's course medical director who has approved the program being offered;
- g. The name of the local MRH physician;
- h. The program's start date; and
- i. The program's end date; and

(4) EMS I/C contact information, which shall include:

- a. The name of the EMS I/C;
- b. The signature of the EMS I/C and the date signed;
- c. The EMS I/C's contact information, to include:
 - 1. Mailing address;
 - 2. Daytime telephone number; and
 - 3. E-mail address; and
- d. The sponsoring agency and address, if applicable.

(c) The reviewing division employee shall sign and date the authorization form.

(d) The EMS I/C shall submit any changes to the information set forth in (b)(1) through (4) above to the division within 5 days of making the changes. _____

Saf-C 5910.03 Authorization Statement of Certification. By signing the "Authority to Establish Courses" form, the EMS I/C shall certify that:

(1) The course shall be taught in an interactive learning environment; and

(2) The course shall be taught in accordance with the training curriculum standards for which authorization is granted by the division.

Saf-C [5909.01]5910.04 Training Program Authorization Requirements.

(a) [The EMS I/C shall complete the "Authority to Establish Courses" form, pursuant to Saf-C 5910, for each program offered.

(b) The EMS I/C shall [submit] provide the following, along with the "Authority to Establish Courses" form:

- (1) A course outline, including:
 - a. Dates;
 - b. Times;
 - c. Subjects taught; and
 - d. Name of assistant instructor(s); and
- (2) Course/student guidelines, including, at minimum:
 - a. Attendance requirements;
 - b. Course completion requirements;
 - c. Clinical or field internship requirements; and
 - d. Code of conduct and disciplinary procedures.

[(c)] (b) The EMS I/C shall submit any [modifications] changes to the [documents] information set forth in (a) [and (b)] above to the division within 5 days of making the [modifications] changes.

[(d)] (c) The EMS I/C shall maintain, for each type of program offered, the following, subject to audit by the division:

- (1) Proof that:
 - a. The applicant has access to medical and educational equipment to meet the training program needs;
 - b. The medical and educational equipment set forth in a. above is in reliable working condition; and
 - c. Access to the medical and educational equipment set forth in a. above is at a ratio of 6:1 student to equipment, as appropriate to the particular topic being taught;
- (2) Written affiliation agreements that provide for the completion of all clinical requirements applicable to the program, which shall include:
 - a. Current agreement(s) with a hospital for in-hospital clinic time, which shall have an emergency department; and
 - b. Current agreement(s) with each licensed EMS unit or healthcare facility for the clinical field experience phase of the program; and
- (3) Proof that the training program faculty is qualified to teach the particular topic being taught.

Saf-C 5910[9.02].05 EMS I/C Training Program Approval Process.

(a) The completed “Authority to Establish Courses” form shall be approved in accordance with RSA 541-A:29.

(b) [The division shall conduct an initial site visit to the location of the proposed training program, in order to determine that the physical environment is adequate for the presentation of the course material.

(c)] The EMS I/C shall be notified, in writing, of the approval or denial within 10 days of receipt by the division.

(c) The division shall notify the following of the training program's approval:

(1) The EMS I/C requesting course authorization; and

(2) The course medical director or his or her designee.

Saf-C 5910[9.03].06 EMS I/C Responsibilities.

(a) The EMS I/C shall be responsible for the general effectiveness of the training program:

(b) The training program set forth in (a) above shall encompass the following:

- (1) Operational goals and objectives;
- (2) Organization of the program's content;
- (3) Periodic review of the program's goals and objectives, to determine compliance;
- (4) Continued development and oversight of the program's administration;
- (5) Maintaining accurate records of course management, which shall be retained for a minimum period of [2]5 years from course completion, to include:
 - a. Student attendance;
 - b. Grades;
 - c. Evaluation of written and practical examinations;
 - d. In-hospital observation times/clinical rotations and locations, if applicable;
 - e. Guest lecturer and instructor aide attendance and materials presented, if applicable;
 - f. Training completed by all graduates and attendees; and
 - g. Other records relative to the conduct of the training program;
- (6) Being a liaison between students, program staff and clinical affiliates;
- (7) Maintaining all correspondence between the EMS I/C and the division;
- (8) The program schedules, to include dates, times and locations;
- (9) The assignment and conduct of any lesson offered;
- (10) Compliance with site visits, inspections or audits by the division;
- (11) Compliance with complaint investigations; and
- (12) Compliance with the submission of any required documents, upon request by the division.

(c) The EMS I/C shall be responsible for ensuring that any publications or advertisements pertaining to any program shall accurately reflect the education and training offered.

(d) The EMS I/C shall attend, at minimum, 60% of the classroom hours of an approved training program, and document such attendance.

(e) Notwithstanding (d) above:

(1) The required 60% attendance may be shared between no greater than 2 licensed EMS I/Cs who shall be equally responsible for the program;

(2) The EMS I/C shall attend, at minimum, 25% of the classroom hours of an approved refresher training program, and document such attendance.

Saf-C 5910[9].0[4]7 EMS I/C Course Completion.

(a) The EMS I/C shall verify that students accepted into the program have obtained a current certificate of CPR training and appropriate [transition] scope of practice program(s) for the level of training being conducted before the course is completed.

(b) The EMS I/C shall submit, in writing, a division approved course completion roster to the division within 10 days of the completion of the program and no less than 10 days prior to the scheduled practical examination.

(c) All information submitted shall be typewritten or legibly printed [in black ink].

(d) A course completion roster shall include the following information pertaining to all students who began the program, regardless of whether or not the student completed the program:

- (1) Full legal name;
- (2) Mailing address;
- (3) Telephone number;
- (4) Date of birth;
- (5) National Registry number, if applicable; and
- (6) Status, as follows:
 - a. "C" to indicate complete;
 - b. "I" to indicate incomplete; or
 - c. "F" to indicate failure.

(e) For those students with a status of "I", a division approved course completion roster addendum shall be submitted that demonstrates which modules were not completed and an updated addendum shall be submitted indicating completion or failure once a final outcome has been made.

(f) Students with a status of "I" for a period of 2 years from the program's end date shall be considered to have failed the program.

Saf-C 5910[9].0[5]8 EMS I/C Authorized Training Program Audits.

(a) The division shall conduct site visits, if applicable, without prior notice, for the purpose of auditing the quality of any training program offered by the EMS I/C.

(b) During the audit, the division shall, if applicable:

- (1) Review course outlines to insure that the EMS I/C is teaching the course(s) as indicated;
- (2) Monitor equipment;
- (3) Check the quality of the lecture and skills presented, to ensure that the course's goals and objectives are being met;
- (4) Look for deficiencies in staff instruction and/or training equipment;
- (5) Review the course to insure that it consists of both lecture and practical skills; and
- (6) Insure that the equipment to student ratio meets the requirements of Saf-C [5909.01(d)(1)]5910.04(c)(1)c.

Repeal Saf-C 5910.01, effective September 8, 2010 (Doc. #9779-A), as follows:

[PART Saf-C 5910 EMS TRAINING PROGRAM AUTHORIZATION

Saf-C 5910.01 Authorization Process.

(a) The division shall authorize the following kinds of training programs:

- (1) First responder;
- (2) EMT-basic;
- (3) EMT-intermediate;
- (4) EMT-paramedic;
- (5) PEETE programs; and
- (6) Any associated transition and refresher training programs.

(b) Only licensed EMS I/C(s) shall act as primary instructors for training programs defined in Saf-C 5901.112 and shall be accountable for all the requirements set forth in Saf-C 5909.

(c) The EMS I/C shall request authorization for a training program by completing the “Authority to Establish Courses” form in accordance with Saf-C 5910.02.

(d) Any EMS training program set forth in (a) above, shall be authorized by the division in order to be recognized and shall be issued a course approval number.]

Repeal Saf-C 5910.02 and Saf-C 5910.03, effective September 8, 2010 (Doc. #9779-B), as follows:

[Saf-C 5910.02 Authority to Establish Courses Form.

(a) The EMS I/C applying for authorization to offer an EMS training program shall submit the “Authority to Establish Courses” form and the documentation set forth in Saf-C 5909.01(b) the a minimum of 30 calendar days prior to the start of the course.

(b) All information entered on the authorization form shall be completed electronically or, if in writing:

- (1) Typewritten; or
- (2) Legibly printed in black ink.

(c) The EMS I/C shall complete the authorization form by furnishing the information in (d) below, as follows:

- (1) In writing, wherever applicable; and
- (2) By checkmark next to the corresponding response.

(d) The EMS I/C shall provide the following:

(1) The type of training program applied for, one course type per form and indicated under the “Course Information” section of the form as:

- a. First responder;
- b. First responder refresher training program (RTP);
- c. First responder RTP – alternative;
- d. EMT-B (FR bridge to EMT);
- e. EMT-basic;
- f. EMT-basic RTP;
- g. EMT-basic RTP – alternative;
- h. EMT-basic protocol transition;
- i. IFTE transition;
- j. EMT-intermediate;
- k. EMT-intermediate protocol transition;
- l. EMT-paramedic;
- m. EMT-paramedic RTP;
- n. EMT-paramedic protocol transition; or
- o. PEETE;

(2) Registration information, to be indicated as follows:

- a. “Open” programs, which shall be listed on the division’s course and examination schedule if received by the time of distribution; or
- b. “Closed” programs, which are provided to a specified group;

(3) Course information, which shall include:

- a. The city or town in which the program will be offered;
- b. The name and address of the facility where the program will be offered;
- c. The name and license number of the EMS I/C;
- d. The EMS region in which the program will be held;
- e. The name of the assistant instructor, if applicable;
- f. The name of the program's course medical director who has approved the program being offered;
- g. The name of the local MRH physician;
- h. The program's start date; and
- i. The program's end date; and

(4) EMS I/C and course coordinator contact information, which shall include:

- a. The name of the EMS I/C;
- b. The signature of the EMS I/C and the date signed;
- c. The EMS I/C's contact information, to include:
 1. Mailing address;
 2. Daytime telephone number; and
 3. E-mail address, if available;
- d. If applicable, the name of the course coordinator as defined in Saf-C 5901.25;
- e. The course coordinator's contact telephone number; and
- f. The sponsoring agency and address, if applicable.

(e) The reviewing division employee shall sign and date the authorization form.

(f) The division shall notify the following of the program's approval:

- (1) The EMS I/C requesting course authorization; and
- (2) The course medical director or his/her designee.

(g) The EMS I/C shall submit any modifications to the documents set forth in (a) through (f) above to the division within 5 days of making the modifications.

Saf-C 5910.03 Authorization Statement of Certification. By signing the "Authority to Establish courses" form, the EMS I/C shall certify that:

(a) The course shall be taught in an interactive learning environment; and

(b) The course shall be taught in accordance with the training curriculum standards for which authorization was granted by the division.]

Readopt with amendment Saf-C 5911, effective September 8, 2010 (Doc. #9779-A), to read as follows:

PART Saf-C 5911 PROVIDER TRAINING

Saf-C 5911.01 [First Responder] EMR Provider Training. The [first responder] EMR provider training process shall include all of the following:

(a) A training program which meets or exceeds the standards [of the] as defined in the USDOT, NHTSA, [first responder national standard curriculum, dated 1995] national emergency medical services education standards, emergency medical responder, dated 2009, and which shall be valid for a period of 2 years from the program end date;

(b) A division approved EMR final practical examination [which shall be based upon the USDOT, NHTSA, first responder national standard curriculum, dated 1995, and] which shall be valid for a period of one year from the date of successful completion; and

(c) [A first responder] The EMR cognitive examination [which shall be based upon the USDOT, NHTSA, first responder national standard curriculum, dated 1995] approved by the National Registry.

Saf-C 5911.02 EMT[-Basic] Provider Training. The EMT[-basic] training process shall include all of the following:

(a) A training program which meets or exceeds the standards [of the] as defined in the USDOT, NHTSA, [emergency medical technician-basic national standard curriculum, dated 1994] national emergency medical services education standards, emergency medical technician, dated 2009, and which shall be valid for a period of 2 years from the program end date;

(b) Successful completion of the division developed EMT[-B transition] scope of practice program[, dated 2005];

(c) A division approved EMT final practical examination[, which shall be based upon the USDOT, NHTSA, emergency medical technician-basic national standard curriculum, dated 1994, and] which shall be valid for a period of one year from the date of successful completion; and

(d) [A] The EMT cognitive examination [which shall be based upon the USDOT, NHTSA, emergency medical technician-basic national standard curriculum, dated 1994] approved by the National Registry.

Saf-C 5911.03 AEMT[-Intermediate] Provider Training. The AEMT[-intermediate] provider training process shall include all of the following:

(a) Proof that the person is a current [EMT-B] EMT approved by the division, prior to taking the AEMT[-I] training program;

(b) A training program which meets or exceeds the standards [of the] as defined in the USDOT, NHTSA, [emergency medical technician-intermediate national standard curriculum, dated 1985,] national emergency medical services education standards, advanced emergency medical technician, dated 2009, and which shall be valid for a period of 2 years from the program end date;

(c) Successful completion of the division developed AEMT[-B transition] scope of practice program[, dated 2005];

(d) [Successful completion of the division developed EMT-I transition program, dated 2009;

(e) A division approved AEMT final practical examination [which shall be based upon the USDOT, NHTSA, emergency medical technician-intermediate national standard curriculum, dated 1985, and] which shall be valid for a period of one year from the date of successful completion; and

[(f)](e) [A] The AEMT cognitive examination [which shall be based upon the USDOT, NHTSA, emergency medical technician-intermediate national standard curriculum, dated 1985] approved by the National Registry.

Saf-C 5911.04 [EMT-]Paramedic Provider Training Process. The [EMT-]paramedic provider training process shall include all of the following:

(a) Proof that the person is, at a minimum, a current [EMT-B] EMT approved by the division, prior to taking the [EMT-P] paramedic training program;

(b) A training program which meets or exceeds the standards [of the] as defined in the USDOT, NHTSA, [emergency medical technician-paramedic national standard curriculum, dated 1998,] national emergency medical services education standards, paramedic, dated 2009, and which shall be valid for a period of 2 years from the program end date;

(c) Successful completion of the division developed [EMT-P transition] paramedic scope of practice program[, dated 2005];

(d) A division approved paramedic final practical examination [which shall be based upon the USDOT, NHTSA, emergency medical technician-paramedic national standard curriculum, dated 1998,] which shall be valid for a period of one year from the date of successful completion; and

(e) [A] The paramedic cognitive examination [which shall be based upon the USDOT, NHTSA, emergency medical technician-paramedic national standard curriculum, dated 1998] approved by the National Registry.

Readopt with amendment Saf-C 5912, effective September 8, 2010 (Doc. #9779-A), to read as follows:

PART Saf-C 5912 PRACTICAL EXAMINATION EVALUATOR TRAINING AND EDUCATION (PEETE) PROGRAM

Saf-C 5912.01 PEETE Training.

(a) A person applying to become an evaluator for the ALS or BLS practical examination teams shall attend a 3-hour PEETE program, as defined in Saf-C [5901.95] 5901.80, which consists of the following information:

- (1) The role and responsibilities of a practical examination evaluator and the entire examination team;
- (2) The minimum qualifications to become an evaluator;
- (3) The evaluator application and renewal process;

- (4) The necessity for a standardized practical examination team in order to ensure uniformity and fairness in the process;
- (5) The components of the practical skill stations which the evaluator will be expected to monitor; and
- (6) The necessity and purpose of an objective-based evaluation process.

(b) A person applying to become an evaluator for the ALS or BLS practical examination teams shall meet the following requirements:

- (1) Attend a PEETE program, as set forth in (a) above;
- (2) Be a [current EMT-B, EMT-I or EMT-P] licensed NH EMS provider;
- (3) Have been an EMT for a minimum of 2 years;
- (4) Complete observation at a BLS practical examination, completed within 6 months of the PEETE training program;
- (5) Be evaluated at a minimum of 2 BLS practical examination skills stations, completed within 6 months of the PEETE training program; and
- (6) Submit a PEETE application form to the division within 2 years of the completion date of the program.

(c) A statewide list of PEETE evaluators shall be maintained by the division.

(d) Evaluator expiration dates shall coincide with the certification expiration dates.

(e) A medical professional approved by the National Registry pursuant to Saf-C 5914.0[2]1 shall be considered a practical examination evaluator at the ALS examination.

[Saf-C 5912.02 Denial of PEETE Application.

(a) An application for a PEETE evaluator shall be reviewed by the division in accordance with RSA 541-A:29.

(b) The applicant shall be notified of any apparent errors or omissions in the application and allowed to resubmit the application within 30 days of initial receipt by the division.

(c) An evaluator's application shall be denied in accordance with RSA 541-A:29 for the following:

- (1) Failure to meet the qualifications; or
- (2) Failure to submit required documentation.]

Saf-C 5912.0[3]2 Renewal of PEETE Evaluator Status.

(a) Upon recertification of EMT status, an evaluator shall submit a renewal application to the division in order to remain active on the PEETE evaluator list.

(b) The division shall grant a renewal based upon the following factors:

- (1) The evaluator is a [current EMT-B, EMT-I or EMT-P] licensed NH EMS provider;
 - (2) The evaluator has:
 - a. E[e]valuated at 2 or more practical examinations within the previous 2 years of the date of the renewal application; or
 - b. The evaluator has completed a division approved PEETE refresher program; and
 - (3) A satisfactory review of the evaluator's PEETE performance evaluations[,] is conducted by the division at practical examinations[]; and
 - (4) Tracking the number of practical examination skill stations that the evaluator has monitored].
- (c) A renewal application shall be denied in accordance with RSA 541-A:29 for the following:
- (1) Failure to meet the qualifications;
 - (2) Failure to follow the approved examination process;
 - (3) Having 2 or more unsatisfactory PEETE performance evaluations on file with the division within the previous 2 years of the date of the renewal application;
 - (4) Having 3 or more written founded complaints on file with the division within the previous 2 years of the date of the renewal application;
 - (5) Having 2 or more unexcused absences from practical examinations at which the evaluator agreed to be present on file with the division within the previous 2 years of the date of the renewal application; or
 - (6) Failure to submit required documentation.

Saf-C 5912.0[4]3 [Right to A Hearing Relating to PEETE Training]. Any applicant aggrieved by the decision of the division relating to a denial of a PEETE program application or of a renewal may request an adjudicative hearing in accordance with RSA 541-A and Saf-C 200.]

Lapse of PEETE Evaluator Status.

(a) A PEETE evaluator whose status has lapsed for less than 24 months shall meet the renewal requirements set forth in Saf-C 5912.02.

(e) A PEETE evaluator whose status has lapsed for more than 24 months shall complete a full PEETE program in accordance with Saf-C 5912.02.

Readopt with amendment Saf-C 5913, effective September 8, 2010 (Doc. #9779-A), to read as follows:

PART Saf-C 5913 REFRESHER TRAINING PROGRAMS (RTP)

Saf-C 5913.01 [First Responder RTP] Refresher Training Process. [Refresher training for renewal of first responder certification shall include all of the following:

(a) A course which meets the standards of the USDOT, NHTSA, first responder refresher training program national standard curriculum, dated 1996, and which shall be valid for a period of 2 years from the program end date; and

(b) A final practical examination which shall be based upon the USDOT, NHTSA, first responder refresher training program national standard curriculum, dated 1996, and which shall be valid for a period of one year from the date of successful completion.] The Refresher Training Process shall be successfully completed during the certification period in order to be valid.

Saf-C 5913.02 RTP Requirements.

(a) In order to renew a provider license at any level, a person shall successfully complete:

(1) A division approved refresher training program; or

(2) The refresher requirements in accordance with the standards of the National Registry.

Saf-C 5913.03 Continuing Education Credits.

(a) In order to obtain continuing education credits pursuant to Saf-C 5913.02(a)(2), a person shall provide documentation showing the following:

(1) Course objectives;

(2) The content expertise of the individual teaching the course;

(3) Number of hours;

(4) Date, time and location of training; and

(5) Course roster showing the participant's signature.

(b) The provider shall maintain all documents pertaining to continuing education credits for a minimum of 5 years. The division shall request any documentation that it deems necessary to verify compliance.

(c) Upon request by the division, a provider shall provide verification of continuing education courses used for National Registry recertification.

(d) Failure to provide requested documentation pursuant to (b) or (c) above shall subject the provider to disciplinary action pursuant to Saf-C 5923.

Saf-C 5913.[02].04 NH EMT-B[asic] RTP Process. Notwithstanding the requirements of Saf-C 5913.01 through Saf-C 5913.03, [R]refresher training for renewal of NH EMT-[basic]B providers [certification] that are not certified with the National Registry shall include [all of] the following:

(a) A course [which meets the standards of the USDOT, NHTSA, emergency medical technician-basic refresher training program national standard curriculum, dated 1995,] division approved RTP that meets the EMT refresher standards of the National Registry, including verification of skills, [and] which shall be valid for a period of 2 years from the program end date; and

(b) Successful completion of the division developed EMT[-B transition] scope of practice program[, dated 2005; and

(c) A final practical examination which shall be based upon the USDOT, NHTSA, emergency medical technician-basic refresher training program national standard curriculum, dated 1995, and which shall be valid for a period of one year from the date of successful completion].

[Saf-C 5913.03 EMT-Intermediate RTP Process. Refresher training for renewal of EMT-intermediate certification shall include all of the following:

(a) A course which meets the standards set forth in Saf-C 5913.02(a), and which shall be valid for a period of 2 years from the program end date;

(b) Successful completion of the division developed EMT-B transition program, dated 2005, and the EMT-I transition program, dated 2009; and

(c) A final practical examination in accordance with Saf-C 5913.02(c).

Saf-C 5913.04 EMT-Paramedic RTP Process. Refresher training for renewal of EMT-paramedic certification shall include the following:

(a) A course which meets the standards of the USDOT, NHTSA, emergency medical technician-paramedic refresher training program national standard curriculum, dated 2001, and which shall be valid for a period of 2 years from the program end date; and

(b) Successful completion of the division developed EMT-P transition program, dated 2005.

Saf-C 5913.05 Alternatives to RTP Process. The division shall approve alternative procedures to the RTP process that will assure quality and meet the specific training program objectives.

Saf-C 5913.06 Inter-facility Transfer Exception (IFTE) Refresher Training Program (RTP). Refresher training for renewal of the healthcare provider as set forth in Saf-C 5918.04 requiring IFTE authorization from the division shall include a division approved program which meets the objectives of the EMS IFTE transition training program as outlined in Saf-C 5918.02 (a)(1) and (2).

Saf-C 5913.07 Successful Completion of RTP Process. The RTP process shall be successfully completed during the certification period in order to be valid.]

Readopt with amendment Saf-C 5914, effective September 8, 2010 (Doc. #9779-A), to read as follows:

PART Saf-C 5914 [MECHANISM FOR] MEDICAL PROFESSIONAL[S TO] CHALLENGE [NATIONAL REGISTRY LEVELS.] AND OUT-OF –STATE EMS PERSONNEL RECOGNITION PROCESS

Saf-C 5914.01 [Challenge Process. Those medical professionals set forth in Saf-C 5914.02, who are properly licensed by and in good standing with the state of NH, may challenge the FR, EMT-basic, EMT-intermediate or EMT-paramedic National Registry examinations in accordance with Saf-C 5914.03 and Saf-C 5914.04.

Saf-C 5914.02] Medical Professionals. The following medical professionals who are properly licensed and in good standing with the state of NH may challenge the National Registry examinations in accordance with Saf-C 5914.02 through Saf-C 5914.04:

- (1) A registered nurse (RN);
- (2) A physician's assistant (PA);
- (3) A medical doctor (MD); or
- (4) A doctor of osteopathy (DO).

Saf-C 5914.[03].02 [First Responder] EMR and EMT[-Basic] Challenge.

(a) In order to challenge the National Registry examination and become a nationally registered [FR]EMR or EMT[-basic], a medical professional shall:

- (1) [Enroll in an FR or EMT-basic RTP;
- (2)] Provide a legible copy of [a] current NH [license/] licensing credentials at the RN, PA, MD or DO levels to the division;
- [[3]2] Successfully complete the appropriate level [refresher] training program process as set forth in Saf-C 5913.01 or Saf-C 5913.02; and
- (3) Successfully complete the division approved EMR or EMT final practical examination.

(b) Once the medical professional has met the requirements in (a) above and been verified by the division, he[/]or she shall successfully complete the [FR] EMR or EMT[-basic] cognitive examination approved by the National Registry.

(c) The division shall submit a letter to the NREMT that the medical professional shall be eligible to apply for certification at the appropriate level.

Saf-C 5914.[04].03 AEMT[-Intermediate] Challenge.

(a) In order to challenge the National Registry examination and become a nationally registered AEMT[-intermediate], a medical professional shall:

- (1) Have current NREMT certification as an EMT-B or EMT;
- (2) Provide the division a legible copy of the following:
 - a. A current NH EMT-B or EMT provider license; and
 - b. Current NH licensing credentials at the RN, PA, MD or DO levels;
- (3) Provide a letter of recommendation from the applicant's EMS unit's medical director; and
- (4) Provide a letter of verification as to skills proficiency in IV therapy and trauma assessment from one of the following:
 - a. An emergency department physician; or

b. A medical facility's nursing education department[; and

(5) Successfully complete the EMT-I transition program, dated 2009].

(b) Upon completion of the requirements set forth in (a) above, the medical professional shall successfully complete:

(1) A division approved AEMT final practical examination [which shall be based upon the USDOT, NHTSA, emergency medical technician-intermediate national standard curriculum, dated 1985]; and

(2) [A] The AEMT cognitive examination [which shall be based upon the USDOT, NHTSA, emergency medical technician-intermediate national standard curriculum, dated 1985] approved by the National Registry.

Saf-C 5914.[05].04 [EMT-]Paramedic Challenge.

(a) In order to challenge the National Registry examination and become a nationally registered [EMT-] paramedic, a medical professional shall:

(1) Have current NREMT certification as an [EMT-B] EMT or AEMT [or EMT-I];

(2) Provide the division a legible copy of the following:

a. A current NH [EMT-B or EMT-I] provider license; and

b. Current NH licensing credentials at the RN, PA, MD or DO levels;

(3) Provide a letter of recommendation from the applicant's EMS unit's medical director; and

(4) Provide a certificate of equivalency from a division approved paramedic training program that meets the objectives of the USDOT, NHTSA, national emergency medical [technician-paramedic national standard curriculum, dated 1998] services education standards-paramedic, dated 2009[;].

(b) Upon completion of the requirements set forth in (a) above, the medical professional shall successfully complete:

(1) A division approved paramedic final practical examination [which shall be based upon the USDOT, NHTSA, emergency medical technician-paramedic national standard curriculum, dated 1998]; and

(2) [A] The paramedic cognitive examination [which shall be based upon the USDOT, NHTSA, emergency medical technician-paramedic national standard curriculum, dated 1998] approved by the National Registry.

Saf-C 5914.[06].05 Out-of-state BLS National Registry Challenge.

(a) An out-of-state person who documents successful completion of a state approved or accredited BLS level training program which meets the requirements of Saf-C 5911.01 or Saf-C 5911.02 shall be eligible to become a candidate for a division approved BLS practical examination, applicable to the level applied for[, by providing proof of the following:

(1) Affiliation with a licensed NH unit;

- (2) Employment with a patient/healthcare setting performing under medical control; or
- (3) Employment with a licensed NH unit, which is contingent upon provider licensure.

(b) Upon successful completion of the division approved BLS practical examination, the person shall be eligible to take the National Registry cognitive examination, applicable to the level applied for].

(c) A person who is a resident of the state of NH who documents successful completion of a state approved or accredited BLS level training program which meets the requirements of Saf-C 5911.01 or Saf-C 5911.02 and documents successful completion of a state approved BLS practical examination within the previous 12 months shall be eligible to take the National Registry cognitive examination, applicable to the level applied for.

[Saf-C 5914.07 Out-of-state EMT-Intermediate and EMT-Paramedic National Registry Challenge.

(a) An out-of-state person who documents successful completion of a division approved or accredited ALS level training program that meets the requirements of Saf-C 5911.03 or Saf-C 5911.04 shall be eligible to become a candidate for the division approved ALS practical and cognitive examinations applicable to the level applied for, by providing proof of the following:

- (1) Affiliation with a licensed NH unit;
- (2) Employment with a patient/healthcare setting performing under medical control; or
- (3) Employment with a licensed NH unit, contingent upon provider licensure.]

Readopt with amendment Saf-C 5915, effective September 8, 2010 (Doc. #9779-A), to read as follows:

PART Saf-C 5915 EXAMINATIONS

Saf-C 5915.01 Final Practical Examination.

(a) Prior to taking a final BLS practical examination, a person shall successfully complete a training program in accordance with Saf-C 5911.01, Saf-C 5911.02, Saf-C 5913.01, Saf-C 5913.02, Saf-C 5914.03, Saf-C [5914.04 or Saf-C 5914.06]5914.05.

(b) Prior to taking a final ALS practical examination, a person shall successfully complete a training program in accordance with Saf-C 5911.03, Saf-C 5911.04, Saf-C 5914.04 or Saf-C 5914.[05]04.

(c) The EMS I/C shall be responsible for providing the final BLS practical examination for the candidates in the program and shall coordinate scheduling for the examination with the division.

(d) The EMS I/C[, the course coordinator, as defined in Saf-C 5901.25,] or the site coordinator, as defined in Saf-C [5901.105]5901.92, shall be responsible for arranging a site location for the final practical examination by insuring that:

- (1) The site is adequate for the number of candidates attending the examination;
- (2) An adequate amount of station equipment is present and in good working order;
- (3) An adequate amount of evaluators, assistants and patients are scheduled for the examination process;

- (4) The space used for each of the stations is adequate for the skill to be performed; and
- (5) All areas of the examination site provide for privacy.

Saf-C 5915.02 Final BLS Practical Examination Process.

(a) The final BLS practical examination shall be administered by a division approved examination coordinator who shall be:

- (1) A member of the division staff; or
- (2) A person designated by the division.

(b) The examination coordinator shall:

- (1) Be a [practical examination] PEETE evaluator pursuant to Saf-C 5912;
- (2) Be familiar with the role and responsibilities of the examination team;
- (3) Be responsible for the completion of all necessary paperwork pertaining to the final practical examination process;
- (4) Be knowledgeable of all division rules, policies and procedures pertaining to the final practical examination process;
- (5) Be responsible for the overall quality and integrity of the final practical examination process; and
- (6) Be responsible for ensuring the safety of all candidates during the final practical examination process.

(c) Each station of the practical examination shall be monitored by a[n] PEETE evaluator [trained in accordance with Saf-C 5912] pursuant to Saf-C 5912, who shall observe and record the actions of the candidate.

(d) Pass/fail criteria shall be based upon a 70% success rate of all possible points awarded, along with passage of all critical criteria, in each station of the examination.

(e) Overall pass/fail examination and retest procedures shall be in accordance with guidelines set forth by the National Registry, [first responder or EMT-B practical examinations,] division policies and PEETE program policies.

(f) The examination coordinator shall verify the pass/fail status of a candidate at the final practical examination in accordance with (e) above.

(g) The examination coordinator or his/her designee shall notify the candidate of the results of the final practical examination.

(h) It shall be the responsibility of the candidate to arrange for any retest with the division.

(i) A candidate shall successfully complete the final practical examination within the 24 months [of] immediately following the program end date and within 12 months [prior to] of taking the National Registry cognitive examination.

Saf-C 5915.03 Final ALS Practical Examination Process. [(a)] The final ALS practical examination shall be conducted by an organization or entity that is approved by the National Registry and the division.

[(b) The organization or entity described in (a) above shall be recognized as an ALS examination coordinator by the division.

(c) The ALS examination coordinator shall provide the following for each ALS examination that is scheduled:

- (1) An examination site approved by the division that is adequate for examination delivery;
- (2) General and professional liability insurance in the form of a document from the insurer, which shall include:
 - a. Name of the insurer;
 - b. A statement that the entity has, at minimum, one million dollars of general liability coverage; and
 - c. The period of time for which the coverage is valid; and
- (3) Proof that the entity is in good standing with the secretary of state's office.

(d) The candidate shall register for an ALS practical examination with the division and the ALS examination coordinator no less than 15 days prior to the examination date.

(e) The division shall provide the ALS examination coordinator with a list of eligible candidates no less than 5 days prior to the examination date.

(f) Only those candidates appearing on the list pursuant to (e) above shall be tested by the ALS examination coordinator.]

Saf-C 5915.04 Final Cognitive Examination Process.

(a) The final cognitive examination shall be administered by the National Registry.

(b) A candidate shall successfully complete the cognitive examination within the 24 months [of] immediately following the program end date and within 12 months of taking the final practical examination.

Repeal Saf-C 5916, effective September 8, 2010 (Doc. #9779-A), as follows:

[PART Saf-C 5916 RENEWAL OF LAPSED CERTIFICATION

Saf-C 5916.01 Renewal of Certification.

- (a) Persons whose BLS certification has lapsed for less than 24 months shall, in order to be renewed:
- (1) Complete a refresher training program in accordance with Saf-C 5913, at the level for which renewal is being applied;
 - (2) Pass a final practical examination in accordance with Saf-C 5915.01; and
 - (3) Pass a final cognitive examination in accordance with Saf-C 5915.04.
- (b) Persons whose BLS certification has lapsed for more than 24 months shall, in order to be renewed:

(1) Complete an entry level training program in accordance with Saf-C 5911.01, Saf-C 5911.02, Saf-C 5911.03 or Saf-C 5911.04;

(2) Pass a final practical examination in accordance with Saf-C 5915.01; and

(3) Pass a final cognitive examination in accordance with Saf-C 5915.04.

(c) Persons whose ALS certification has lapsed shall follow the reregistration process set forth by the National Registry.

(d) Persons whose PEETE evaluator's status has lapsed for less than 24 months shall follow the renewal process set forth in Saf-C 5912.

(e) Persons whose PEETE evaluator's status has lapsed for more than 24 months shall complete a full PEETE program in accordance with Saf-C 5912.]

Readopt with amendment and renumber Saf-C 5917, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5916, to read as follows:

PART Saf-C 591[7]6 EDUCATIONAL INSTITUTIONS AND TRAINING AGENCIES

Saf-C 591[7]6.01 Educational Institutions.

(a) In order to be approved by the division to conduct EMS training programs, an educational institution shall:

(1) Be approved by the NH Postsecondary Education Commission and accredited by the New England Association of Schools and Colleges; or

(2) Be accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Professions and approved or accredited by the NH [Postsecondary Education Commission] department of education.

(b) An educational institution shall meet the requirements set forth for EMS I/C's in Saf-C 5909.01, Saf-C [5909.02] through [, Saf-C 5909.04,] Saf-C 5909.05, and Saf-C 5910.

Saf-C 591[7]6.02 Educational Training Agencies.

(a) In order to be approved by the division to conduct EMS training programs, an educational training agency shall:

(1) Have one or more EMS I/C's on staff, who meet the requirements of Saf-C 5909 [and Saf-C 5910];

(2) Offer EMS training programs on a 12-month basis; and

(3) Be licensed by the New Hampshire Postsecondary Education Commission.

Saf-C 591[7]6.03 Division Approval. Upon providing proof of the requirements set forth in Saf-C [5917.01] 5916.01 or Saf-C [5917.02] 5916.02, the division shall approve an educational institution or an educational training agency to conduct EMS training programs.

Repeal Saf-C 5918.01 through Saf-C 5918.04, effective September 8, 2010 (Doc. #9779-A), cited as follows:

[PART Saf-C 5918 EMS INTER-FACILITY TRANSFER EXCEPTION (IFTE) PROCESS REQUIREMENTS

Saf-C 5918.01 EMS IFTE General Requirements.

(a) Each applicant seeking authorization for approval in accordance with RSA 153-A:16, III shall complete the division developed and approved EMS IFTE transition training program as defined in Saf-C 5918.02.

(b) Each applicant who has successfully completed the EMS IFTE transition program as set forth in (a) above shall be considered for authorization by the division upon completion of the application outlined in Saf-C 5918.05.

Saf-C 5918.02 EMS IFTE Transition Training Program.

(a) An EMS IFTE transition training program shall consist of all of the following:

(1) A training program developed and approved by the division, including:

a. Objectives of the EMT-basic refresher training program as outlined in Saf-C 5913.02 (a); and

b. Review of the equipment used in an EMS vehicle during urgent patient transfers from one facility to another;

(2) A final practical examination, which shall be based upon the USDOT, NHTSA emergency medical technician-basic national standard curriculum, dated 1994; and

(3) A cognitive examination, which shall be based upon the USDOT, NHTSA, emergency medical technician-basic national standard curriculum, dated 1994.

(b) Successful completion of the training program referenced in (a)(1) above shall be valid for a period of 2 years from the program end date.

(c) For the purposes of (a)(2) above, the passing of the final practical examination shall be valid for a period of one year from the date of successful completion.

(d) Notwithstanding any rule to the contrary, the successful completion of the final practical examination, pursuant to (a)(2) above, shall be required prior to sitting for the cognitive examination referenced in (a)(3) above.

Saf-C 5918.03 EMS IFTE Authorization Application Requirements.

(a) Each person applying for an EMS IFTE authorization pursuant to RSA 153-A:16 and this chapter shall obtain the application form described in Saf-C 5918.05 from the division.

(b) The applicant shall submit:

(1) The completed application form to the division; and

- (2) Legible copies of documents and certificates in accordance with Saf-C 5918.04.

Saf-C 5918.04 EMS IFTE Authorization Requirements.

(a) Each applicant applying for EMS IFTE authorization shall provide proof of the following with the application:

- (1) Current employment/affiliation with a recognized critical access hospital based in NH;
- (2) Current licensure:
 - a. By the appropriate NH licensing board, as one of the following healthcare providers:
 1. Emergency physician assistant; or
 2. Emergency physician; or
 - b. By the NH board of nursing, as a registered nurse with current CEN or CCRN certification;
- (3) A current certificate of ACLS training as defined in Saf-C 5901.02; and
- (4) A current certificate of successful completion of the EMS IFTE transition training program as set forth in Saf-C 5918.02.]

Repeal Saf-C 5918.05 and Saf-C 5918.06, effective September 8, 2010 (Doc. #9779-B), as follows:

[Saf-C 5918.05 EMS IFTE Application Form.

(a) Each applicant for an EMS IFTE authorization shall complete an EMS IFTE authorization application form and submit it to the division.

(b) All information entered on the application form shall be:

- (1) Typewritten; or
- (2) Legibly printed in black ink.

(c) Each applicant shall complete the application form by furnishing the information in (d) below, as follows:

- (1) In writing wherever applicable; and
- (2) By checkmark next to the corresponding response.

(d) Each applicant shall provide the following:

- (1) Applicant information, including:
 - a. Full legal name;
 - b. Date of birth;
 - c. Mailing address;

- d. City or town of residence;
 - e. State;
 - f. Zip code;
 - g. Contact telephone number;
 - h. Fax number, if available;
 - i. E-mail address, if available; and
 - j. Critical access hospital affiliation;
- (2) Type of authorization requested, as follows:
- a. Initial; or
 - b. Renewal, to include the current EMS IFTE authorization identification code; and
- (3) Current healthcare provider licensing level, as follows:
- a. Emergency physician;
 - b. Emergency physician assistant; or
 - c. Registered nurse with CEN or CCRN certification.

(e) The form shall contain the signature of the chief executive officer (CEO) of the critical access hospital for which the applicant is applying as an EMS IFTE authorized provider.

(f) The applicant shall sign and date the form.]

Saf-C 5918.06 EMS IFTE Authorization Application Statement of Certification.

(a) By signing the EMS IFTE authorization application form, the applicant shall certify that:

- (1) The information provided in the application is accurate to the best of his/her knowledge;
- (2) The applicant shall comply with RSA 153-A and its applicable rules; and
- (3) The applicant understands any material falsification of information shall result in EMS IFTE authorization denial, suspension or revocation, in accordance with Saf-C 5918.10, Saf-C 5918.12 or Saf-C 5918.13.]

Repeal Saf-C 5918.07 through Saf-C 5918.15, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5918.07 EMS IFTE Authorization Approval Process.

(a) Completed applications shall be approved in accordance with RSA 541-A:29.

(b) Upon approval of an application, the division shall issue an EMS IFTE authorization, commencing with the date of approval and expiring 2 years from the successful completion of the IFTE transition program authorized by the division.

Saf-C 5918.08 EMS IFTE Authorization Renewal Process.

(a) The process of renewal shall be the same as the requirements set forth in Saf-C 5918.03 and Saf-C 5918.04.

(b) Any currently authorized EMS IFTE provider in the state shall be eligible for renewal upon meeting the following requirements within the previous 2 years:

- (1) At minimum, one urgent inter-facility transfer as defined in RSA 153-A:16, III;
- (2) Successful completion of a division approved EMS IFTE refresher training program; and
- (3) Completion of a division approved EMS IFTE authorization application with proof of current status in all requirements outlined in Saf-C 5918.03.

Saf-C 5918.09 Lapse of EMS IFTE Authorization. Any previously authorized EMS IFTE provider whose authorization has lapsed shall meet the requirements of Saf-C 5918.02 and Saf-C 5918.03 in order to have his/her authorization renewed.

Saf-C 5918.10 Denial of EMS IFTE Authorization.

(a) An initial application for an EMS IFTE authorization shall be reviewed by the division in accordance with RSA 541-A:29.

(b) The applicant shall be notified of any apparent errors or omissions in the application and shall be allowed to resubmit the application within 30 days of initial receipt by the division.

(c) An initial application shall be denied in accordance with RSA 541-A:29 for any information that does not meet the requirements specified in Saf-C 5918.

(d) An application for renewal shall be denied for failing to meet the requirements set forth in Saf-C 5918.08.

(e) An applicant aggrieved by the decision of the commissioner relating to a denial of an application may request an adjudicative hearing in accordance with RSA 541-A and Saf-C 200.

Saf-C 5918.11 Complaints and Investigations Relating to EMS IFTE Authorization.

(a) Any person may file a complaint regarding the actions of any EMS IFTE provider authorized under RSA 153-A, or any person believed to be in violation of RSA 153-A or Saf-C 5918, provided that the complaint shall be submitted in writing to the commissioner.

(b) The written complaint shall include at minimum:

- (1) The name of the EMS IFTE provider against whom the complaint is filed, hereinafter called the "respondent";
- (2) The alleged violation of RSA 153-A or this chapter;
- (3) The date of the alleged violation;
- (4) The complainant's signature; and
- (5) The complainant's printed or typed name, address and telephone number.

(c) Complaints shall be investigated by the director or his/her designee in accordance with RSA 153-A:14.

(d) The division shall not investigate any anonymous complaints.

(e) During the course of the investigation, the director or his/her designee shall determine whether the complaint is founded.

(f) Complaints shall be founded if they include any number of violations specified in RSA 153-A:13 or these rules.

(g) At the conclusion of the investigation, the commissioner shall notify the complainant, respondent, critical access hospital of the respondent and the appropriate NH licensing board outlined in Saf-C 5918.04 (a) (2) of the findings of the investigation, sent via certified mail.

(h) If unfounded, the commissioner shall terminate the investigation and shall notify the complainant and respondent of such finding, sent via certified mail.

(i) If founded, the commissioner shall issue a written order, sent via certified mail to the respondent, which:

(1) Specifies the violation(s) of RSA 153-A and/or Saf-C 5918; and

(2) Directs such person(s) to comply with the provisions of RSA 153-A, Saf-C 5918.

(j) Investigation information shall be confidential, and shall not be released.

(k) Notwithstanding (j) above, investigation information shall be released:

(1) To the department of justice in its capacity as legal counsel to the agency;

(2) Pursuant to a court order directing the division to release such information; or

(3) During an adjudicative hearing subject to the provisions set forth in RSA 541-A:31 and Saf-C 200.

(l) Any person against whom a complaint is determined to be founded, may request a hearing pursuant to Saf-C 541-A:31 and Saf-C 5918.15 for the purpose of challenging such finding.

Saf-C 5918.12 Suspension of EMS IFTE Authorization.

(a) Any suspension of an EMS IFTE authorization shall be assessed for a period of up to one calendar year.

(b) All or any portion of the division's suspension imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the suspension. If any misconduct occurs during the period of deferred time or the EMS IFTE provider fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred suspension shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) If an EMS IFTE authorization expires during the suspension period, he/she shall apply for a license in accordance with Saf-C 5918.03.

(d) After notice and an opportunity for a hearing pursuant to Saf-C 5918.15, the commissioner shall suspend an EMS IFTE authorization for:

- (1) Failure to maintain EMS IFTE authorization requirements; or
- (2) Acts referenced in RSA 153-A:21, I.

Saf-C 5918.13 Revocation of EMS IFTE Authorization.

(a) Any revocation of an EMS IFTE authorization shall be assessed for a period of up to 5 calendar years.

(b) All or any portion of the division's revocation imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the revocation. If any misconduct occurs during the period of deferred time or the EMS IFTE provider fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred revocation shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred.

(c) If an EMS IFTE provider authorization is revoked, he/she shall apply for an authorization in accordance with Saf-C 5918.03, after the completion of the revocation period.

(d) After notice and an opportunity for a hearing pursuant to Saf-C 5918.15, the commissioner shall revoke an EMS IFTE authorization for:

- (1) Failure to adhere to the requirements set forth in Saf-C 5918; or
- (2) Acts referenced in RSA 153-A:21, I.

Saf-C 5918.14 Convictions of EMS IFTE Provider.

(a) After notice and an opportunity for a hearing pursuant to Saf-C 5918.15, the commissioner shall deny an EMS IFTE authorization application or suspend or revoke a current EMS IFTE authorization for:

- (1) Conviction of any criminal offense relating to the performance of duties or practice; or
- (2) Conviction of any criminal offense that endangers the health or safety of the public.

Saf-C 5918.15 Right to A Hearing Relating to an EMS IFTE Authorization. In accordance with Saf-C 5918.10 through Saf-C 5918.14, the division shall send a written notice of the right to a hearing, sent via certified mail, to the applicant or licensee prior to taking any adjudicative action pursuant to RSA 541-A:31 and Saf-C 200.]

Adopt PART Saf-C 5917 to read as follows:

PART Saf-C 5917 TRAUMA SYSTEM

Saf-C 5917.01 Categories of Trauma Hospital Classification.

(a) Pursuant to RSA 153-A:7, II, RSA 153-A:8, V(a) and RSA 153-A:20, XX , the division shall approve a voluntary categorization of trauma hospitals, based upon the hospital's resources for the caring for seriously injured patients, in accordance with the NH Trauma System Plan, dated 2010, approved by the Trauma Medical Review Committee.

(b) The levels of trauma hospitals are categorized as follows:

- (1) Level I – a hospital that provides the highest level of care for patients with complex traumatic injuries that present directly to the hospital’s emergency department or by interfacility transfer. A level I hospital is a regional resource that treats a significant number of seriously injured patients and is responsible for outreach, accredited education and is committed to research in trauma management;
- (2) Level II – a hospital that provides a high level of care for patients with complex injuries. A level II hospital has essentially all the surgical specialty providers as a level I hospital, on-call and promptly available for 24 hours, 7 days a week. A level II hospital provides definitive care on a regional basis for complex trauma patients, but transfers the most specialized trauma patients to a level I hospital or special facility, such as a burn center;
- (3) Level III – a hospital that provides trauma care for a local catchment area. Depending upon the level III hospital’s resources, such as neurosurgery, some level III hospitals are able to care for complex trauma patients, but the expectation is that most level III hospitals for major trauma patients is stabilization and prompt transfer to a level I hospital;
- (4) Level IV – a hospital that provides 24-hour emergency services. A level IV hospital is expected to resuscitate, stabilize and transfer major trauma patients to a higher level facility. A level IV hospital will admit only patients who are determined to have injuries that do not meet the criteria for transfer;
- (5) Unassigned – a hospital that provides 24-hour emergency services but who has not voluntarily sought assessment or assignment as part of the NH trauma system, or has not received approval after filing an application.

(c) Each of the levels set forth in (b) above shall be assessed for both adult and pediatric standards.

Saf-C 5917.02 Trauma Hospital Classification Process. Any hospital seeking classification as a trauma hospital shall comply with the provisions of the NH Trauma System Plan, dated 2010.

Saf-C 5917.03 Identification as a Trauma Hospital. No hospital shall hold itself out as a trauma hospital or center until it has been approved by the division at the appropriate level.

Saf-C 5917.04 Compliance. All documents showing compliance as a trauma hospital or center shall be maintained by the hospital and not allowed to lapse during the assignment period. The division shall request any documentation that it deems necessary in order to verify compliance.

Repeal Saf-C 5919.01 effective, September 8, 2010 (Doc. #9779-A), and renumber the Part heading, cited and to read as follows:

PART Saf-C 591[9]8 WHEELCHAIR VANS FOR HIRE

[Saf-C 5919.01 Chair Van Company Licensing Requirements.

(a) Each applicant for a chair van company license shall provide the following:

(1) Proof of general liability and professional liability insurance in the form of a document from the insurer, which shall include:

- a. The name of the insurer(s);
- b. A statement that the company has, at a minimum, one million dollars of coverage, for general and professional liability; and
- c. The period of coverage for the insurance;

(2) A completed chair van company license application, pursuant to Saf-C 5919.02; and

(3) The applicable fee, pursuant to Saf-C 5919.27.

(b) For a private for profit or a private non-profit organization, the division shall verify with the Secretary of State of NH that the organization is in good standing.

(c) Proof of renewal of insurance shall be submitted to the division on an annual basis.

(d) The company shall submit to the division any updated documentation from the insurance company to the division.]

Readopt with amendment and renumber Saf-C 5919.02 and Saf-C 5919.03, effective September 8, 2010 (Doc. #9779-B), as Saf-C 5918.01 and Saf-C 5918.02, to read as follows:

Saf-C 591[9]8.0[2]1 Chair Van Company License Application.

(a) [All information entered on the] Each applicant for a chair van company license [application] shall complete a chair van company license application which shall be:

- (1) Typewritten; or
- (2) Legibly printed in black ink.

(b) [Each applicant shall complete the chair van company license application by furnishing the information in (c) below, as follows:

- (1) In writing wherever applicable; and
- (2) By checkmark next to the corresponding response.

(c)] Each applicant shall provide the following:

- (1) Applicant information, which shall include:
 - a. Full legal name of company;
 - b. Current company license number, if applicable;
 - c. Business and mailing addresses, each of which shall include:
 1. Street;
 2. City or town;
 3. State; and

4. Zip code;

d. Company telephone number(s);

e. Full name and contact information for the company, to include:

1. Title;

2. Daytime contact telephone number;

3. Fax number, if available; and

4. E-mail address[, if available]; and

f. Full name and contact information for the alternative contact for the company to include:

1. Daytime contact telephone number;

2. Fax number, if available; and

3. E-mail address[, if available];

(2) Name of the insurance company covering general and professional liability; and

(3) A current list of all personnel expected to operate the chair vans, together with their legal names, a course roster or copies of cards for each operator, and documentation of passenger assistance training and 2-way communications training.

(d) The acknowledgement section of the application shall [then] be signed and dated by the owner of the company, or his/her designee.

Saf-C 591[9.03]8.02 Chair Van Company License Application Statement of Certification. By signing the chair van company license application, the owner or his/her designee, shall certify that:

(a) The chair van company shall operate in accordance with all applicable federal, state[,] and local laws[/] or ordinances;

(b) He[/] or she is authorized to sign the application; and

(c) He[/] or he understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C [5919.05] 5923.06 through Saf-C 5923.08 [Saf-C 5919.08 and Saf-C 5919.09].

Adopt Saf-C 5918.03 to read as follows:

Saf-C 5918.03 Chair Van Company Licensing Requirements.

(a) Each applicant for a chair van company license shall provide the following with the application:

(1) Proof of general liability and professional liability insurance in the form of a document from the insurer, which shall include:

a. The name of the insurer(s);

- b. A statement that the company has, at a minimum, one million dollars of coverage, for general and professional liability; and
- c. The period of coverage for the insurance; and

(2) The applicable license fee set forth in Saf-C 5918.16.

(b) For a private for profit or a private non-profit organization, the division shall verify with the secretary of state of NH that the organization is in good standing.

(c) Proof of renewal of insurance shall be submitted to the division on an annual basis.

(d) The company shall submit any updated documentation from the insurance company to the division, as it becomes available.

Readopt with amendment and renumber Saf-C 5919.04, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5918.04, to read as follows:

Saf-C 591[9]8.04 Chair Van Company License Initial Approval Process.

(a) Completed applications shall be approved in accordance with RSA 541-A:29.

(b) Upon approval of an initial chair van company application pursuant to Saf-C [5919.02] 5918.01, the division shall issue a company license commencing with the date of the approval and expiring on the 31st day of December in the year approved.

(c) All registrations, inspections and documents showing compliance with Saf-C [5919.01]5918.01, shall be maintained and not allowed to lapse in order to retain a chair van company license. The [department] division [reserves the right to] shall request any documentation that it deems necessary in order to verify compliance.

Repeal Saf-C 5919.05, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5919.05 Denial of Chair Van Company License Application.

(a) An application for a chair van company license shall be reviewed by the division in accordance with RSA 541-A:29.

(b) The applicant shall be notified of any apparent errors or omissions in the application and allowed to resubmit the application within 30 days of initial receipt by the division.

(c) Applications shall be denied in accordance with RSA 541-A:29 for:

(1) Information that does not meet the requirements specified in Saf-C 5919.01 or Saf-C 5919.02; or

(2) Violations specified in RSA 153-A:13, I.

(d) Any applicant aggrieved by the decision of the commissioner relating to a denial of an application may request an adjudicative hearing in accordance with RSA 541-A and Saf-C 200.]

Readopt with amendment and renumber Saf-C 5919.06, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5918.05, to read as follows:

Saf-C 591[9]8.0[6]5 Chair Van Company License Renewal Process.

(a) [The process of renewal shall be in accordance with the requirements set forth in Saf-C 5919.01.

(b)] Any currently licensed company shall be eligible for renewal, prior to lapse, by complying with the chair van company requirements set forth in Saf-C [5919.01]5918.01, and shall be issued a license, commencing with the date of approval and expiring the 31st day of December, 2 years later.

[(c)](b) All chair van company registrations, inspections and documents showing compliance shall be maintained and not allowed to lapse in order to renew a license with the division. The [department] division [reserves the right to] shall request any documentation that it deems necessary in order to verify compliance.

Repeal Saf-C 5919.07 through Saf-C 5919.12, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5919.07 Complaints and Investigations Relating to a Chair Van Company License. All complaints regarding any chair van company licensed under RSA 153-A or the use of any chair van believed to be in violation of RSA 153-A or Saf-C 5900 shall be made to the commissioner in accordance with Saf-C 5903.10.

Saf-C 5919.08 Suspension of Chair Van Company License.

(a) Any suspension of a chair van company's license shall be assessed for a period of up to one calendar year.

(b) All or any portion of the division's suspension imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the suspension. If any misconduct occurs during the period of deferred time or the chair van company fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred suspension shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) The division's period of suspension imposed pursuant to (a) above shall be rescinded upon the chair van company's correction of the violation(s) that caused the suspension.

(d) Any suspension of a chair van company's license shall also result in the suspension of all vehicle licenses of the company.

(e) If a chair van company's license expires during the suspension period, the company shall apply for a license in accordance with Saf-C 5919.02.

(f) After notice and an opportunity for a hearing pursuant to Saf-C 5919.10 the commissioner shall suspend a chair van company's license for:

- (1) Negligence or incompetence in the performance of unauthorized services;
- (2) Rendering treatment not authorized under this chapter;
- (3) Failure to maintain insurance pursuant to Saf-C 5919.01(a);

(4) Having a license or registration to provide transportation services suspended in another jurisdiction or having disciplinary action taken by a licensing or registering authority of another jurisdiction related to providing transportation services; or

(5) Failure to renew license, pursuant to Saf-C 5919.01, within 30 days after the license has lapsed.

(g) Any violation(s) which has not been corrected at the end of the period of suspension, shall result in the revocation of the chair van company's license.

Saf-C 5919.09 Revocation of Chair Van Company License.

(a) Any revocation of a chair van company's shall be assessed for a period of up to 5 calendar years.

(b) All or any portion of the division's revocation imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the revocation. If any misconduct occurs during the period of deferred time or the chair van company fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred revocation shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) Any revocation of a chair van company's license shall also result in the revocation of all vehicle licenses of the company.

(d) If a chair van company's license is revoked, the company shall apply for a license in accordance with Saf-C 5919.02, after the completion of the revocation period.

(e) After notice and an opportunity for a hearing pursuant to Saf-C 5919.10, the commissioner shall revoke a chair van company's license for:

(1) Fraud in the procurement of a license pursuant to Saf-C 5919.02;

(2) Having a license or registration to provide transportation services revoked in another jurisdiction or having disciplinary action taken by a licensing or registering authority of another jurisdiction related to providing transportation services;

(3) Any violation of a statute of this state or another jurisdiction, whether a misdemeanor or felony, related to providing transportation services;

(4) Failure to provide sufficient funds for payment of a license;

(5) Any violation(s) which has not been corrected at the end of the period of suspension pursuant to Saf-C 5919.08;

(6) Willful or repeated violations of this chapter or rules adopted pursuant to this chapter;

(7) Negligent, unsafe or illegal operation of any wheelchair van or vehicle;

(8) Negligent or unsafe use or maintenance of the safety systems of any wheelchair van or vehicle;

(9) Delivering transportation services while drug or alcohol impaired; or

(10) A second offense of:

- a. Negligence or incompetence in the performance of unauthorized services;
- b. Rendering treatment not authorized under this chapter;
- c. Failure to maintain insurance pursuant to Saf-C 5919.01(a); or
- d. Failure to renew license, pursuant to Saf-C 5919.01, within 30 days after the license has lapsed.

Saf-C 5919.10 Right to A Hearing Relating to Chair Van Company Licenses.

(a) In accordance with Saf-C 5919.05, Saf-C 5919.07, Saf-C 5919.08 and Saf-C 5919.09, the division shall send a written notice of the right to a hearing, within 10 days and sent via certified mail, to the applicant or licensee prior to taking any adjudicative action pursuant to RSA 541-A:31 and Saf-C 200.

Saf-C 5919.11 Immediate Suspension. In accordance with RSA 541-A:30, III, if the division determines that public health, safety or welfare requires emergency action, an immediate suspension of a license may be ordered pending an adjudicative hearing, which shall occur not later than 10 working days after the date of the suspension of the license. The adjudicative hearing shall be conducted in accordance with the requirements of Saf-C 200.

Saf-C 5919.12 Wheelchair Vans for Hire Licensing Requirements.

(a) Each applicant for a wheelchair van for hire license shall provide the following:

- (1) For each chair van, a copy of the current motor vehicle registration certificate issued in accordance with RSA 261:58 and Saf-C 500, as applicable;
- (2) For out-of-state chair vans, which cover NH communities, thereby requiring licensure, a copy of the current motor vehicle registration card; and
- (3) Proof of vehicle insurance, which shall include:
 - a. The requirements set forth in Saf-C 5919.01(a)(1); and
 - b. The vehicle identification number;
- (4) A completed wheelchair vans for hire license application, pursuant to Saf-C 5919.13; and
- (5) The applicable fee, pursuant to Saf-C 5919.27.]

Readopt with amendment and renumber Saf-C 5919.13 and Saf-C 5919.14, effective September 8, 2010 (Doc. #9779-B), as Saf-C 5918.06 and Saf-C 5918.07, to read as follows:

Saf-C 591[9]8.[13]06 Wheelchair Vans for Hire License Application.

(a) [All information entered on the] Each applicant for a wheelchair vans for hire license application shall complete a wheelchair vans for hire license application which shall be:

- (1) Typewritten; or
- (2) Legibly printed [in black ink].

(b) [Each applicant shall complete the wheelchair vans for hire license application by furnishing the information in (c) below, as follows:

- (1) In writing wherever applicable; and
- (2) By checkmark next to the corresponding response.

(c)] Each applicant shall provide the following:

(1) Applicant information, which shall include:

- a. Full legal name of affiliated company;
- b. Business and mailing addresses of the company where the chair van(s) will be garaged, which shall include:
 1. Street;
 2. City or town;
 3. State; and
 4. Zip Code;
- c. Business telephone number;

(2) The type of license requested, which shall be denoted as:

- a. New; or
- b. Relicense;

(3) Chair van description, which shall include:

- a. Make of chair van;
- b. Vehicle identification number;
- c. Year of manufacture; and
- d. State motor vehicle registration number; and

(4) Affirmation of type of ownership, which shall be denoted as:

- a. Proprietary for-profit entity; or
- b. Not-for-profit entity.

[(d)] (c) The application shall [then] be signed and dated by the owner, or his[/] or her designee.

Saf-C 591[9.14]8.07 Wheelchair Vans for Hire License Application Statement of Certification. By signing the wheelchair vans for hire license application, the owner or his[/] or her designee, shall certify that:

(a) All equipment required in Saf-C 591[9]8.1[9]3 shall be included in the chair van;

(b) He[/] she understands any material falsification of information shall result in license denial, suspension or revocation, in accordance with Saf-C [5919.16, Saf-C 5919.22 or Saf-C 5919.23] 5923; and

(c) Failure to maintain the equipment in the chair van required by Saf-C 591[9]8.1[9]3, shall result in license denial, suspension or revocation, in accordance with Saf-C [5919.16, Saf-C 5919.22 or Saf-C 5919.23] 5923.

Adopt Saf-C 5918.08 to read as follows:

Saf-C 5918.08 Wheelchair Vans for Hire Licensing Requirements.

(a) Each applicant for a wheelchair van for hire license shall provide the following with the application:

- (1) For each chair van, a copy of the current motor vehicle registration certificate;
- 2) For an out-of-state chair van requiring a license because the van covers NH communities, a copy of the current motor vehicle registration card; and
- (3) Proof of vehicle insurance, which shall include:
 - a. The requirements set forth in Saf-C 5918.03(a)(1) ; and
 - b. The vehicle identification number; and
- (4) The license fee set forth in Saf-C 5918.16.

Readopt with amendment and renumber Saf-C 5919.15, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5918.09, to read as follows:

Saf-C 591[9]8.[15]09 Approval Process for Wheelchair Vans for Hire License Application.

(a) [Completed applications for wheelchair vans for hire shall be approved subject to an inspection in accordance with Saf-C 5919.18.

(b)] Upon receipt of a completed application, the division shall conduct an inspection of the wheelchair van, as applicable, prior to the issuance of a license[.

(c) An inspection pursuant to (b) above shall be conducted] for:

- (1) All newly purchased wheelchair vans, prior to passenger transport, requiring an initial inspection for licensure; and
- (2) All wheelchair vans upon renewal [of licensure].

[(d)] (b) Failure of a wheelchair van to pass an inspection, pursuant to Saf-C 591[9]8.[18]12, shall result in a reinspection for correction of deficiencies within 10 days of the original inspection.

[(e)](c) Failure to pass the reinspection shall require the applicant to file a new application with the division.

[(f)](d) Upon passing an inspection, the division shall issue a wheelchair van license in the form of one decal, which shall be affixed to the lower left corner of the rear left window of the wheelchair van.

[(g)](e) A wheelchair vans for hire license shall be issued commencing with the month of the inspection and expiring on the last day of that month 2 years later.

Repeal Saf-C 5919.16, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5919.16 Denial of Wheelchair Vans for Hire License Application.

(a) Denial of an application for a wheelchair vans for hire license shall be made in accordance with RSA 541-A:29.

(b) An application shall be denied for:

(1) Acts or offenses as set forth in RSA 153-A:13, I(c);and/or

(2) Violations of RSA 153-A:13, I(g), specifically failure to pass a wheelchair van reinspection due to continued deficiencies pursuant to Saf-C 5919.18.

(c) Any applicant aggrieved by the decision of the commissioner relating to a denial of application may request an adjudicative hearing in accordance with RSA 541-A and Saf-C 200.]

Readopt with amendment and renumber Saf-C 5919.17 through Saf-C 5919.20, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5918.10 through Saf-C 5918.13, to read as follows:

Saf-C 591[9]8.[17]10 Accountability for Wheelchair Vans for Hire. The company shall be responsible to ensure that:

(a) Each wheelchair van is maintained in a safe and working manner, which means the chair van shall be:

(1) Kept free from unsanitary conditions; and

(2) In compliance with all equipment pursuant to Saf-C 591[9]8.12.

Saf-C 591[9.18]8.11 Wheelchair Vans for Hire Inspection and Reinspection Procedures.

(a) The division, prior to the issuance of a wheelchair vans for hire license, shall conduct an initial inspection of all chair vans, as applicable.

(b) Initial inspections shall be conducted within 30 days of acceptance of an application for a chair van license.

(c) Inspections shall be conducted in accordance with Saf-C 5906.07 and Saf-C 5918.11, with the exception of Saf-C 5906.07(d)(3) which shall be satisfied by a test of the 2-way communication capability with the company's dispatch center.

[During the inspection, the person responsible for the maintenance and operation of the company, or his/her designee, shall be present in order to:

(1) Test the equipment;

- (2) Prove that the required equipment is on the wheelchair van and in good working condition;
and
 - (3) Witness and assist in the inspection of the wheelchair van(s) and the inventory of supplies.
- (d) The chair van inspection shall ensure that:
- (1) The chair van complies with the required equipment as set forth in Saf-C 5919.19;
 - (2) The compartment of the chair van is free of unsanitary conditions that might jeopardize the health and safety of the passenger(s); and
 - (3) A test of the 2-way communication(s) capabilities is conducted, by documenting the test call to the wheelchair van company's dispatch control center.
- (e) Upon completion of the inspection, the EMS inspector shall notify the wheelchair van company that:
- (1) The chair van(s) passed the inspection;
 - (2) A deficiency exists that needs to be corrected; or
 - (3) Reinspection of the chair van is required.
- (f) Reinspection of a chair van shall be warranted for either one or both of the following:
- (1) Deficiencies found in the chair van or equipment which threaten the life and safety of the passenger(s); or
 - (2) Hazardous conditions found relative to the chair van or equipment which could jeopardize the vehicle performance or the health and safety of the passenger(s).
- (g) A notice of deficiencies shall be:
- (1) Recorded by the EMS inspector; and
 - (2) Issued to the company named on the wheelchair van application.
- (h) The appearance of unsafe operating conditions on a wheelchair van shall be reported by the EMS inspector to the department of safety, division of motor vehicles and/or the division of state police.
- (i) Unsafe operating conditions of a wheelchair van shall include:
- (1) Bald tires;
 - (2) Inoperable doors, windows, or both;
 - (3) Missing door handles;
 - (4) Open holes in the chair van body;
 - (5) Exhaust leaks; and
 - (6) Any other operating condition which the EMS inspector determines to be unsafe.
- (j) Reinspection shall be recorded and conducted within 10 days of the initial inspection.

(k) If a reinspection is not necessary, the person responsible for the maintenance and operation of the wheelchair van(s), or his/her designee, shall report, in writing, that any deficiencies have been corrected by:

- (1) Replacing missing equipment, items, or both;
- (2) Repairing or replacing malfunctioning equipment;
- (3) Restoring the chair van compartment; or
- (4) Restoring the chair van itself.

(l) Upon successful completion of a vehicle inspection or reinspection, the commissioner shall issue one inspection decal to the applicant, in accordance with Saf-C 5904.03(f) and (g).

(m) Failure to pass a reinspection shall result in denial of the chair van application in accordance with Saf-C 5919.16.

(n) Subsequent inspections shall be conducted every 2 years.

(o) All wheelchair vans shall be subject to an inspection by the division at any time with or without prior notice. An inspection shall not affect the transport of passengers unless there is a threat to public health or safety.]

Saf-C 591[9]8.[19]12 Wheelchair Vans for Hire Equipment and Supplies.

(a) Each wheelchair van for hire shall conform to the following, which shall remain in good working condition and subject to inspection at any time, with or without prior notice, by officials designated by the director:

- (1) The wheelchair van shall be a passenger type, rubber-wheeled vehicle maintained in such a manner as to ensure the safety and comfort of the operator and passenger(s) being transported;
- (2) The wheelchair chair van shall have at least one exit large enough to accommodate the loading and unloading of an occupied wheelchair and one additional exit which shall be, at minimum, for emergency use;
- (3) The wheelchair chair van interior and wheelchair loading doorway shall have the following minimum dimensions:
 - a. Height of wheelchair van interior – 52 inches;
 - b. Height of loading doorway – 42 inches; and
 - c. Width of loading doorway – 39 inches;
- (4) The wheelchair van shall be equipped with wheelchair and/or stretcher locking devices that are permanently affixed to the chair van for each wheelchair or stretcher position for which the chair van is designed. The locking device shall be capable of securing the wheelchair or stretcher so that it is immobilized during transport, with longitudinal movement not to exceed 2 inches forward and backward, and without any lateral movement;
- (5) The wheelchair van shall be equipped with a manual ramp or an electric or hydraulic lift that is permanently affixed to the chair van. If an electric or hydraulic lift is utilized, the lift shall also be capable of manual operation as a back-up system. Manual ramps shall be of single unit

construction and may have folding capabilities for storage purposes. Ramps shall have suitable non-slip coating to ensure safe footing for the passenger and personnel;

(6) The wheelchair van shall have an interior lighting system capable of illuminating the entire passenger area. The entrance ramp(s) shall be sufficiently illuminated to ensure safe vision of the passenger(s) and other personnel while loading or unloading wheelchairs;

(7) The wheelchair van shall be equipped with a heating and ventilation system capable of heating and/or ventilating the entire chair van in a comfortable manner for the passenger(s) and other personnel;

(8) The name of the wheelchair van company shall be clearly displayed in no less than 4" letters on the exterior of the chair van;

(9) The wheelchair van shall be equipped with warning lights that operate independently of the chair van's normal signaling system. Such lamps are to be used when passenger safety or comfort requires reduced operating speeds or when loading or unloading passengers in a heavily traveled area;

(10) All equipment, including unoccupied passenger wheelchairs or stretchers, shall be secured while the wheelchair van is in operation;

(11) The wheelchair van shall have a current state motor vehicle inspection sticker located on the windshield; and

(12) The wheelchair van shall have front and rear license plates with registration stickers for the current registration period.

(b) The wheelchair van shall provide, with trained personnel, appropriate equipment and supplies for the safe transportation of persons with disabilities.

(c) Each wheelchair van shall have the following adjunctive equipment:

(1) Two-way communication capabilities to, at minimum, the 9-1-1 system;

(2) At least one fire extinguisher, either dry chemical or carbon dioxide, with an approved rating of, at minimum, 2-A[]10-B[]C;

(3) One each, functioning hand held light which shall be powered by:

a. A rechargeable battery with installed charger; or

b. At minimum, 2/D cell sized batteries with replacements;

(4) Four each, road warning reflectors or flares; and

(5) Seat restraints, with shoulder straps, for securing all passengers and personnel in the chair van in the same quantity as the maximum number of people the chair van is designated to accommodate.

(d) Each wheelchair van shall have the following personal care equipment and supplies:

(1) One each, sealable motion sickness bags or plastic containers with suitable covers, for the maximum number of people the chair van is designed to accommodate;

- (2) Two each, blankets which shall be fire resistant;
- (3) One commercial prepackaged first aid kit;
- (4) At minimum, one pocket mask that shall have a one-way valve; and
- (5) A minimum of one dozen pair of disposable gloves.

Saf-C 591[9.20]8.13 Wheelchair Vans for Hire License Renewal Process. [(a) The process of renewal shall be in accordance with the requirements set forth in Saf-C 5919.12.

(b) Any currently licensed wheelchair vans shall be eligible for renewal, prior to lapse, by complying with the chair van company requirements set forth in Saf-C 591[9]8.[12]08, and shall be issued a license, commencing with the month of the inspection and expiring on the last day of that month 2 years later.

Repeal Saf-C 5919.21 through Saf-C 5919.24, effective September 8, 2010 (Doc. #9779-A), as follows:

[Saf-C 5919.21 Complaints and Investigations Relating to a Wheelchair Vans for Hire License. All complaints regarding the use of any wheelchair van licensed under Saf-C 5919 or the use of any wheelchair van believed to be in violation of RSA 153-A or Saf-C 5900 shall be made to the commissioner in accordance with Saf-C 5903.10.

Saf-C 5919.22 Suspension of Wheelchair Vans for Hire License.

(a) Any suspension of a wheelchair van license shall be assessed for a period of up to one calendar year.

(b) All or any portion of the division's suspension imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the suspension. If any misconduct occurs during the period of deferred time or the wheelchair van company fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred suspension shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) The division's period of suspension imposed pursuant to (a) above shall be rescinded upon the wheelchair van company's correction of the violation(s) that caused the suspension.

(d) Any suspension of a wheelchair van's license shall only apply to the van cited.

(e) Any suspension of a wheelchair van company's license shall also result in the suspension of all wheelchair van licenses held by the company.

(f) If a wheelchair van's license expires during the suspension period, the chair van company shall apply for a license in accordance with Saf-C 5919.12.

(g) After notice and an opportunity for a hearing pursuant to Saf-C 5904.13, the commissioner shall suspend a wheelchair van license for failure of a chair van company to maintain:

- (1) The wheelchair van in good operating condition pursuant to Saf-C 5919.18;
- (2) Wheelchair van equipment and supplies pursuant to Saf-C 5919.19; or
- (3) Wheelchair van insurance in accordance with Saf-C 5919.12(a)(3).

Saf-C 5919.23 Revocation of Wheelchair Vans for Hire License.

- (a) Any revocation of a wheelchair van license shall be assessed for a period of up to 5 calendar years.
- (b) All or any portion of the division's revocation imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the revocation. If any misconduct occurs during the period of deferred time or the wheelchair van company fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred revocation shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.
- (c) Any revocation of a wheelchair van's license shall also result in the revocation of all wheelchair van licenses held by the company.
- (d) If a wheelchair van's license is revoked, the chair van company shall apply for a license in accordance with Saf-C 5919.12, after the completion of the revocation period.
- (e) After notice and an opportunity for a hearing pursuant to Saf-C 5904.13, the commissioner shall revoke a wheelchair van license for a second offense of:
- (1) Failure of a wheelchair van company to maintain the wheelchair van in good operating condition pursuant to Saf-C 5919.18; or
 - (2) Failure of a wheelchair van company to maintain wheelchair van equipment and supplies pursuant to Saf-C 5919.19.

Saf-C 5919.24 Right to A Hearing Relating to Wheelchair Vans for Hire. In accordance with Saf-C 5919.21, Saf-C 5919.22 and Saf-C 5919.23, the division shall send a written notice of the right to a hearing, within 10 days and sent via certified mail, to the applicant or licensee prior to taking any adjudicative action pursuant to RSA 541-A:31 and Saf-C 200.]

Readopt with amendment and renumber Saf-C 5919.25 through Saf-C 5919.29, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5918.14 through Saf-C 5918.19, to read as follows:

Saf-C 591[9.25]8.14 Wheelchair Vans for Hire Staffing and Passenger Assistance Requirements.

- (a) A wheelchair van shall be staffed with a minimum of one person or 2, if an ambulette stretcher is utilized, who has been trained and has documentation of passenger assistance training and [two]2-way communication procedures [pursuant to Saf-C 5919.02(c)(3)].
- (b) A wheelchair van shall, if necessary, carry a passenger's individually prescribed and provided oxygen, and medical oxygen only for use on passengers that have been prescribed oxygen, in order to preserve the use of the passenger's oxygen during transport. The passenger shall be able to self-regulate the oxygen.
- (c) The operator, if necessary, shall assist any passenger for whom transport service is being provided. Assistance shall be rendered to or from the point of origin to the wheelchair van, and to or from the wheelchair van to the point of destination.
- (d) Each operator shall conduct daily inspection and testing of the hydraulic lift or access ramp prior to transporting any wheelchair bound patient.

(e) A wheelchair van shall not be dispatched to any scene as an EMS vehicle, except in those situations defined in RSA 153-A:2, XIII.

Saf-C 591[9.26]8.15 Recordkeeping and Reporting.

- (a) All wheelchair van companies shall be responsible for recordkeeping and reporting.
- (b) All reports submitted to the division shall include the company license number.
- (c) All companies shall report the following, in writing, to the division within 30 calendar days:
 - (1) All new operators affiliated with the company, which shall include the operator's legal name;
 - (2) All operators who are no longer affiliated with the company, which shall include the operator's legal name;
 - (3) Relocation of the company, which shall include both the old and the new company's:
 - a. Street and mailing address;
 - b. City/town;
 - c. State;
 - d. Zip code;
 - e. Telephone number;
 - f. Primary contact person's name; and
 - g. A preferred E-mail address[, if available];
 - (4) Additions and deletions of wheelchair vans licensed to the company; and
 - (5) Changes to the company ownership and leadership.

Saf-C 591[9.27]8.16 Licensing Fees.

- (a) Pursuant to RSA 21-P:12-b, II, (m) there shall be fees established for wheelchair van company licenses and wheelchair vans for hire licenses.
- (b) All for-profit businesses shall be charged a licensing fee.
- (c) Fees charged shall be assessed at:
 - (1) A sum of \$100.00 for a wheelchair van company license, regardless of the number of satellite locations owned by the company;
 - (2) A sum of \$50.00 for a wheelchair van company license, if the company is also operated as a licensed NH EMS unit with the same name; and
 - (3) A sum of \$20.00 for each wheelchair vans for hire license.
- (d) Fees shall be collected in accordance with Saf-C 5907.01[:

- (1) Submitted with the application form; and
- (2) Paid in the form of:
 - a. Cash; or
 - b. Checks or money orders, made payable to the "Treasurer, State of New Hampshire".
- (e) All fees shall be:
 - (1) Nontransferable; and
 - (2) Nonrefundable.

(f) Pursuant to RSA 6:11-a, the division shall charge the applicant for the costs of collection for any check returned as uncollectable.

(g) Failure to compensate the division for the initial fee and collection costs within 60 days of notification shall result in a license suspension, after notice and an opportunity for a hearing pursuant to Saf-C 5919.10].

Saf-C 591[9.28]8.17 Procedure for the Administration of Fines.

(a) When the division has determined through an inspection conducted in accordance with Saf-C 591[9]8.11[8] or an investigation conducted in accordance with Saf-C [5920]5923 that a violation of RSA 153-A or [Saf-C 5900] these rules has occurred, the commissioner shall impose a fine in accordance with [the provisions of] RSA 153-A:22[,] and Saf-C [5919.08, Saf-C 5919.09, Saf-C 5919.10, Saf-C 5919.22, Saf-C 5919.23 and Saf-C 5919.24] 5923.

[(b) The commissioner shall not impose both an administrative fine and a suspension or revocation of a license in the same proceeding.

(c) A licensee shall not be fined more than once, for the same offense, during a single period of licensure.

(d) If the licensee waive his/her right to a hearing pursuant to Saf-C 5919.10 or Saf-C 5919.24 and chooses to pay the imposed fine, the fine shall be paid and received by the division within 10 days of receipt of notice by the applicant or licensee.

(e) The payment of the fine shall be paid by:

- (1) Cash; or
- (2) Checks or money orders, made payable to the Treasurer, State of New Hampshire".]

Saf-C 591[9.29]8.18 Schedule of Fines. After notice and an opportunity for a hearing pursuant to Saf-C [5919.10 or Saf-C 59197.24] 5923, fines for violations of the provisions of RSA 153-A [and Saf-C 5900] or these rules shall be imposed as follows:

(a) For failure of a wheelchair van company to license a wheelchair van a fine of \$1000.00 shall be imposed for each unlicensed wheelchair van;

(b) For failure of a wheelchair van company to maintain required equipment and supplies a fine of \$500.00 shall be imposed;

(c) [For the operation of a wheelchair van company with a license that has been suspended or revoked, the commissioner shall seek injunctive relief in the applicable court of jurisdiction to cease operations;

(d) For disclosure of confidential passenger information by a wheelchair van company a fine of \$500.00 shall be imposed upon the violator [along with the license revocation];

(d) For failure of a wheelchair van company to provide documentation of proper training in passenger assistance and 2-way communication a fine of \$500.00 shall be imposed;

(e) The first repeat of any violation identified in Saf-C 591[9]8.[28]17 shall result in a fine that shall be double the amount of the original fine;

(f) Second and subsequent repeats of any violation identified in Saf-C 591[9]8.[28]17 shall result in a fine that shall be triple the amount of the original fine, not to exceed \$2000.00;

(g) For failure to comply with an order of the commissioner the maximum fine of \$2000.00 shall be imposed upon the violator; and

(h) For failure to pay a fine, an additional fine of \$100.00 shall be imposed.

Readopt with amendment and renumber Saf-C 5920 and Saf-C 5921, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5919 and Saf-C 5920, to read as follows:

PART Saf-C 59[20]19 POSSESSION PROCEDURES FOR CONTROLLED DRUGS

Saf-C 59[20]19.01 Agreement.

(a) The procurement, storage and security of controlled prescription drugs shall be regulated in accordance with 21 CFR 1300.

(b) The procurement, storage and security of non-controlled prescription drugs shall be defined by the unit's MRH, in accordance with the NH patient care protocols[, dated 2009].

(c) Prior to obtaining possession of controlled drugs, each unit shall enter into a formal written agreement with its designated MRH.

(d) A separate agreement between the unit and the designated local MRH shall be required for each unit and each of its applicable satellite locations based in this state.

(e) The agreement shall identify and describe the policies and procedures that implement the provisions of Saf-C 59[20]19.03 through Saf-C 59[20]19.07 for the procurement, security and accountability of controlled drugs and be routed as follows:

(1) The signed agreement shall be forwarded to the [commissioner] director for approval and signature;

(2) The [commissioner] director shall then forward the agreement to the Drug Enforcement Agency (DEA) Special Agent in Charge (SAC) for written approval;

(3) The original approved agreement signed by the [commissioner] director and the DEA, SAC shall be maintained, on file, in the pharmacy of the MRH; and

(4) Copies of the approved agreement shall be kept on file at the unit and with the [commissioner] division.

(f) Any revisions[, with the exception of] unto the existing agreement, except for a change in identity of the UCDC or the MRH pharmacist pursuant to (l) below, [to the existing agreement] shall necessitate a new agreement, which shall be approved by the [commissioner]director and the SAC.

(g) Units shall conduct controlled drug activity pursuant to the provisions of 21 CFR 1304.03, as an extension of the MRH, DEA registration.

(h) The signed, approved agreements shall be available for inspection, upon demand, by any person or agency charged with the responsibility of enforcing RSA 318 or RSA 318-B.

(i) The [commissioner] division shall maintain a current listing of all units with signed agreements and provide copies to the pharmacy board either upon demand or as changes occur.

(j) The agreement shall be typewritten or legibly printed and identify the following:

- (1) The legal name of the unit;
- (2) The street address of the unit;
- (3) The mailing address of the unit;
- (4) The business telephone number of the unit;
- (5) The FAX number of the unit, if available;
- (6) The E- mail address of the unit[, if available];
- (7) The legal name of the head of unit;
- (8) The identity of the UCDC and the person's provider license number;
- (9) The identity of the MRH;
- (10) The mailing address of the MRH;
- (11) The US Drug Enforcement registration number of the MRH; and
- (12) The identity of the MRH pharmacist.

(k) The identity and quantities of controlled drugs contained in each drug kit and the total number of drug kit(s) for each unit shall be included in the agreement.

(l) Any changes in the identity of the UCDC or MRH pharmacist shall require written notice to all parties in the agreement and the [commissioner] director within 5 days after making the change.

Saf-C 59[20]19.02 Procurement.

(a) The drug kit(s) shall be obtained or exchanged only at the MRH specified in the agreement.

(b) The initial distribution of the drug kit(s) shall be by the pharmacy of the MRH directly to the UCDC, who shall be responsible for placement of the drug kit(s) at the appropriate, predesignated stations.

(c) At the time of distribution to the UCDC, the pharmacy shall review the MRH policies and procedures for possession and replacement of the drug kit(s).

(d) Only those controlled drugs[, as] approved by the pharmacy board and the EMS MCB₂ in accordance with RSA 153-A:5, III(f) shall be included in the drug kit(s).

(e) The pharmacist shall report any changes in type and/or quantities of controlled drugs or changes in drug kits in writing to the [commissioner]UCDC. The [commissioner]UCDC shall provide the [UCDC] director with a copy of the correspondence.

Saf-C 59[20]19.03 MRH Responsibilities.

(a) The MRH shall develop policies and procedures to address the supply and distribution of controlled drugs to agreement units pursuant to Saf-C 59[20]19.01 (h) through (j).

(b) The policies and procedures shall specifically address, but not be limited to, such issues as:

- (1) Initial stocking;
- (2) Returns;
- (3) Drug kit replacement;
- (4) Recordkeeping requirements;
- (5) Drug losses;
- (6) Security of the drug kits; and
- (7) Reports.

(c) At the time of the initial distribution of the drug kit(s) to the UCDC, the pharmacy shall review the[se] policies and procedures with the UCDC and document the following:

- (1) The UCDC name;
- (2) The unit;
- (3) The date, time and place of meeting; and
- (4) The topics covered.

(d) Controlled drugs shall only be supplied in drug kits that meet the following requirements:

- (1) The quantity of controlled drugs contained in the drug kits and the contents of the proof of use sheet shall be determined jointly by the pharmacy and the medical director;
- (2) The pharmacy shall document the contents of each drug kit;
- (3) All controlled drugs kits shall be prepared and sealed by the pharmacy; and
- (4) Each drug kit shall contain the following information on the outside of the container:
 - a. The name of the MRH;
 - b. The expiration date of the drug kit; and

- c. The specific identification number of the drug kit.
- (e) Replacement drug kit(s) shall be obtained directly from the pharmacy.
- (f) A specified number of replacement drug kit(s) may be stored in the MRH's emergency department for purposes of restocking during times that the pharmacy might be closed.
- (g) Drug kits located in the emergency department shall be stored in a locked location, separate from all other drug supplies of the emergency department.
- (h) The[se] replacement drug kits shall only be accessed by the emergency department supervisor [only].
- (i) The sealed replacement drug kits shall be included as part of the emergency department shift change narcotic count as established by the MRH.
- (j) The pharmacy shall provide the emergency department with a list of those persons, designated by the unit's UCDC, [as] who are authorized to engage in drug kit replacement.
- (k) The pharmacy shall develop a system of documentation[,] for the emergency department[,] to record drug kit replacement activities.
- (l) Documentation in (k) above shall include:
- (1) The date and time of shift counts for sealed drug kits;
 - (2) The number of sealed drug kits on hand; and
 - (3) The name of the person doing the count and the name of the witness.
- (m) Utilized drug kits shall be accepted and documented in the emergency department[,] by the shift supervisor.
- (n) Utilized drug kits shall be stored in a locked area, separate from the emergency department's own inventory.
- (o) A separate medications inventory sheet, for documenting utilized drug kit contents, shall be developed by the pharmacy.
- (p) Upon receipt of the utilized drug kit, the contents shall be documented on the proof of use sheet by the person relinquishing the kit and the nurse supervisor or pharmacist receiving the kit.
- (q) The medications inventory proof of use sheet shall be documented at each shift inventory until such time as the utilized drug kit is returned to the pharmacy.
- (r) Utilized drug kits and inventory documents shall be forwarded to the pharmacy pursuant to facility procedures.

Saf-C 59[20]19.04 Unit Responsibilities.

- (a) The UCDC shall place the drug kits into service at the unit and its applicable satellite locations only after conducting a training session which explains the requirements set forth in Saf-C 59[20]19.03(a) to the unit personnel authorized to have possession of controlled substances.
- (b) The UCDC shall maintain a record of the date, time and participants of the procedures review.

(c) Records of training sessions described in (a) above shall be available for inspection by authorized persons pursuant to RSA 318:8 and 318-B:25.

(d) Resupply of expended controlled drugs shall be obtained only at the specific MRH named in the unit's agreement.

(e) Drug kits shall be maintained in secure locations as designated by the UCDC and identified in the agreement.

(f) Drug kits shall only be accessible to those persons authorized [under] pursuant to RSA 318:42, X and 318-B:10, V.

(g) When stored on a vehicle, the drug kit shall be stored in a secured compartment, separate from the non-controlled substance medication container.

(h) When the drug kit is not stored on a vehicle, storage shall be:

- (1) In a secured area that is not accessible to unauthorized personnel;
- (2) Separate from non-controlled substance medication containers; and
- (3) In compliance with security measures required in the agreement.

(i) Key or access codes for the drug kits shall be distributed by the UCDC, to those persons authorized under RSA 318:42, X and 318-B:10, V.

(j) The UCDC shall communicate [to the MRH pharmacy,] a list of all personnel authorized to possess and replace drug kits to the MRH pharmacy.

(k) The list identified in (j) above shall be immediately updated as changes occur.

(l) The UCDC shall be the person designated to communicate with the unit owner and MRH pharmacy[,] on all matters related to controlled drugs.

Saf-C 59[20]19.05 Loss/Tampering Reporting Procedure.

(a) Units shall report any loss or tampering of or potential damage to the drug kits or its contents during inspection procedures or calls for service as follows:

- (1) Immediately upon conclusion of the inspection [and upon noting any discrepancy in the security or contents of a controlled drug kit, orally] the unit shall verbally report[ing the discrepancy] any discrepancies in the security or contents of a controlled drug kit to the UCDC; and
- (2) After [oral] verbal notification, the persons conducting the inspection shall file a written statement to the UCDC within 8 hours.

(b) The UCDC shall have the following responsibilities covering loss or tampering of controlled drugs:

- (1) The UCDC shall verbally notify the MRH pharmacy of [such] any loss or tampering immediately upon receipt of the verbal report; and

(2) The UCDC shall file a written report to the pharmacy, including a copy of the discovering unit's report and the specific identity of the drug kit involved, if known, within 24 hours of verbal notification.

(c) The hospital pharmacy shall notify the following agencies of the reported incident pursuant to Ph 703.04 and 21 CFR 1301.76(b) within 15 days:

- (1) The pharmacy board;
- (2) US DEA via DEA form 106; and
- (3) Copies of the notices referenced in (1) and (2) above to the [commissioner]division.

Saf-C 59[20]19.06 Outdated Controlled Drug Kit Exchange.

(a) All intact drug kits in possession of the unit shall be returned to the pharmacy within 5 days of the expiration date.

(b) All intact drug kits shall be exchanged on a one-for-one basis.

(c) Documentation of drug kit exchange shall be maintained in the pharmacy pursuant to Ph [704.11]705.02 with a copy provided to the UCDC for the unit's records.

Saf-C 59[20]19.07 Violations.

(a) A denial, suspension or revocation of a license as a result of any violation of this section shall be in accordance with RSA 153-A:13 and Saf-C 5923[, Saf-C 5903.11, Saf-C 5903.12 and RSA 541-A:30].

(b) Administrative fines shall be assessed for any violation under this section in accordance with Saf-C 590[7]8.

(c) The schedule of fines as set forth in Saf-C 590[7]8.02 shall be [utilized] in addition to any fines imposed by the board of pharmacy pursuant to Ph 710.01 and 710.02.

PART Saf-C 59[21]20 RESPONSIBILITIES BETWEEN MRH AND UNIT

Saf-C 59[21]20.01 Collaboration between Medical Director and Head of Unit.

(a) The head of unit and medical director shall collaborate with one another in regards to the following:

- (1) Education;
- (2) Advice;
- (3) Critiques;
- (4) Medications; and
- (5) Treatment modalities and performance improvement.

Saf-C 59[21]20.02 Responsibilities.

- (a) Responsibilities between the unit and the unit's MRH shall be in a written agreement.
- (b) The written agreement set forth in (a) above shall include, at minimum:
- (1) The name and mailing address of the MRH;
 - (2) The name and mailing address of the unit;
 - (3) Provisions for sharing of patient demographic data;
 - (4) Provisions for medical control as defined in RSA 153-A:2, XV;
 - (5) The name of the medications approved for use under the NH patient care protocols[, dated 2009];
 - (6) Provisions for the supply and control of medications;
 - (7) Provisions set forth in Saf-C 59[21]20.01(a); and
 - (8) Provisions set forth in Saf-C 5902.09(d).
- (c) A copy of each responsibility between the unit and the unit's MRH set forth in (a) above shall be signed by both parties.
- (d) Licensed units providing care shall have an agreement with their designated MRH, which shall include:
- (1) Printed or typed name of the medical director for the MRH that is responsible for [emergency medical services] the EMS unit agreement;
 - (2) Printed or typed name of the medical director's designee, if [appropriate] applicable;
 - (3) Printed or typed name of the head of unit; and
 - (4) [The form shall be signed and dated by both parties listed above] Signature of the medical director for the MRH and the head of unit and date signed.
- (e) [EMT-intermediate and EMT-paramedic level medical control shall only be in effect while the unit has intermediate and/or paramedic provider(s) affiliated or through written ALS mutual aid agreements.] The unit shall notify the division and the MRH within 10 days when it no longer has AEMT[-intermediate or EMT-] or paramedic [provider(s)] affiliated with it.
- (f) The MRH shall maintain a current file of agreements, which includes the following:
- (1) The name, address and contact information of the MRH; and
 - (2) An alphabetical list of unit agreements.
- (g) The complete list of agreements shall be kept current and copies shall be submitted to the division by the MRH.
- (h) The MRH shall be responsible to notify the division within 10 days of any changes of the following:
- (1) Any change in the EMS medical director;

- (2) Any change in the primary hospital EMS contact;
- (3) Any change in the hospital trauma program contact;
- (4) The addition or deletion of any hospital personnel who have access to TEMSIS; or
- (5) Any potential or actual breach of EMSIR data that may compromise the security of confidential patient information.

Readopt with amendment and renumber Saf-C 5922.01, effective September 8, 2010 (doc. #9779-A), as Saf-C 5921.01, cited and to read as follows:

PART Saf-C 59[22]21 PATIENT CARE PROTOCOLS

Saf-C 592[2]1.01 Procedures.

(a) Protocols for patient care shall be established by the EMS MCB in accordance with RSA 153-A:2, XVII.

(b) The patient care protocols shall include standing orders and on-line medical control for the following:

- (1) Treatment of adult medical emergencies; and
- (2) Treatment of pediatric medical emergencies.

(c) Emergency medical care providers who are not affiliated with the unit responsible for a patient but who are available to give necessary care based upon a patient assessment shall:

- (1) Meet the protocols set forth in (a) above;
- (2) [Receive verbal approval from the unit's provider in charge of the incident prior to beginning care to a patient; and
- (3)] Continue to provide care during transport of the patient; or
- [(4)](3) Transfer patient care to another provider [at the same licensing level] for transport of the patient to a medical hospital/facility;
- [(5)](4) Document all advanced care procedures performed while rendering care, which shall include an emergency care provider's current license number assigned by the division; and
- [(6)](5) Submit all documentation to the unit in charge of the incident.

(d) Prerequisites required by protocol shall be established by the EMS MCB in accordance with RSA 153:A-2, XVI (a).

(e) Protocol prerequisites, when required, shall address each of the following elements:

- (1) The protocol title and number to which the prerequisites relate;
- (2) The provider [licensure]license level necessary to carry out the protocol;
- (3) The name of the medical director, or designee, who will oversee the training module;

- (4) The MRH and EMS head of unit recommendations to the division;
- (5) The provider experience criteria;
- (6) All quality management program elements;
- (7) Reporting requirements for monitoring and skill retention;
- (8) Equipment and staff support resources necessary;
- (9) Provider renewal criteria, and
- (10) Training requirements.

Readopt with amendment and renumber Saf-C 5922.02, effective September 8, 2010 (Doc. #9779-B), as Saf-C 5921.02 to read as follows:

Saf-C 592[2]1.02 Protocol Prerequisite Application Form.

(a) [Any unit applying] Each applicant for a protocol prerequisite approval shall [obtain] complete a protocol prerequisite application [from the division and submit the completed form in accordance with this rule.] which shall be:

[(b) All information entered on the application form shall be:]

- (1) Typewritten; or
- (2) Legibly printed [in black ink].

(c) [Each applicant shall complete the application form by furnishing the information in (d) below, as follows:

- (1) In writing wherever applicable; and
- (2) By checkmark next to the corresponding response.

(d)] Each applicant shall provide the following:

- (1) Applicant information, which shall include:
 - a. Legal name of unit;
 - b. Mailing address;
 - c. Physical address
 - d. City or town of residence;
 - e. State;
 - f. Zip code;
 - g. Head of unit;
 - h. Contact telephone number;

- i. Fax number, if available;
 - j. E-mail address[, if available];
 - k. Name of MRH;
 - l. MRH medical director, or his/her designee; and
 - m. Medical director contact phone number;
- (2) Type of application requested:
- a. Initial; or
 - b. Renewal; and
- (3) The protocol title and number, for which the applicant is applying.

[(e)] (c) The applicant shall submit supporting documentation for all elements listed in Saf-C 592[2]1.01 (e) with a list of the licensed providers trained [under] pursuant to Saf-C 592[2]1.

[(f)](d) The form shall [then] be signed and dated by the head of unit, as the applicant, and the MRH medical director, or designee.

Readopt and renumber Saf-C 5922.03, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5921.03 to read as follows:

Saf-C 592[2]1.03 Living Wills, Durable Powers of Attorney and Patient Requested, Physician Generated Orders Relative to Resuscitation. All living wills, durable powers of attorney and patient-requested, physician-generated orders relative to resuscitation shall be generated in accordance with the requirements set forth in RSA 137-J, pertaining to written directives for medical decision-making for adults without the capacity to make health care decisions.

Readopt with amendment and renumber Saf-C 5923, effective September 8, 2010 (Doc. #9779-A), as Saf-C 5922 to read as follows:

PART Saf-C 592[3]2 QUALITY MANAGEMENT PROGRAM

Saf-C 592[3]2.01 Scope. These quality management (QM) administrative rules will apply to the division, the coordinating board, medical control board or EMS units who implement a quality management program that meets or exceeds the requirements of Saf-C 59[03]22.02.

Saf-C 592[3]2.02 Quality Management Program Requirements.

(a) [Upon implementation of a quality management program a unit] Units shall be accredited by the Commission on the Accreditation of Ambulance Services (CAAS); or

(b) The unit shall establish a written plan, in collaboration with the MRH:

- (1) A written QM plan shall outline operational and clinical care [issues] performance measures that the EMS unit and the MRH agree to monitor;

(2) [A meeting schedule, no less than 4 per year, to review the operational and clinical issues agreed upon by the EMS unit and the MRH;

(3) The written plan shall, at minimum, include the following:

- a. Planning and pre-response issues:
 1. Patient care specifics, including:
 - (i) Protocol testing implementation; and
 - (ii) Monitoring of necessary certification requirements;
 2. System operations specifics, including:
 - (i) EMS provider background checks; and
 - (ii) Orientation to EMS unit's policies and procedures;
- b. Occurrences at or around the time of planning and pre-response issues:
 1. Newly licensed provider preceptor plan; and
 2. Annual protocol review with testing;
- c. Occurrences after planning and pre-response issues:
 1. Review of EMSIR's;
 2. System operations, including:
 - (i) Unusual occurrences;
 - (ii) Complaints pertaining to provider care or behavior;
 - (iii) Written communications between EMS unit leaders and EMS providers; and
 - (iv) Written communications between EMS providers;]

The written plan shall include, at minimum, the following:

- a. Mission statement;
- b. Goals and objectives;
- c. Methods for addressing:
 1. New employee training and orientation;
 2. Employee training and certification;
 3. Review of EMSIRs; and
 4. Complaints and adverse or near-miss events;

d. Identification of benchmarks and issues to monitor;e. Communication plan, including:

1. Confidentiality of information;
2. Feedback loop for providers, the QM committee and the MRH; and
3. Periodic reporting to stakeholders; and

f. Key dates and authorizations, including:

1. Authorized and dated signatures of stakeholders;
2. Effective dates; and
3. Date of last review;

[(4)](3) The QM program shall include a QM committee;

[(5)](4) The QM committee shall include, at minimum, the following members who shall meet no less than [4]2 times per year:

- a. Head of unit, or designee;
- b. Training officer;
- c. Two EMS providers, one which shall be the highest level provider on the unit roster; and
- d. The medical director, or designee; and

[(6)](5) The QM written plan shall be kept on file and updated yearly[; and

(7) The written plan, referenced in (6) above, shall be formatted as outlined in (1), (2) and (3) above, and shall also include the following:

- a. Unit demographics;
- b. Number of unusual occurrences reviewed during the QM committee meetings;
- c. Number of unusual occurrences in the previous year's report;
- d. Description as to how the previous year's unusual occurrences were addressed in order to decrease incidents;
- e. Complaints that have been reported;
- f. Status and resolution of complaints; and
- g. A summary of each action taken for complaint issues reported during the previous QM report.]

(c) The written plan shall be made available for review by the division upon request [as per RSA 21-P:12-b, II (g)].

(d) All programs set forth or defined by the division, the coordinating board or medical control board that make use of EMSIR data benchmarks or standards for evaluation, measurement or reporting of the quality of EMS care shall be considered a quality management program, including any reporting at the aggregate level.

(e) All quality management program requirements included in this section shall be protected from discovery in accordance with RSA 153-A:34, II.

Adopt Saf-C 5923 to read as follows:

PART Saf-C 5923 COMPLAINTS, INVESTIGATIONS AND HEARINGS

Saf-C 5923.01 Definitions.

(a) For the purposes of this part:

- (1) “Exonerated” means any allegation that is true, but was lawful;
- (2) “Not Sustained” means any allegation for which there is insufficient evidence to either prove or disprove;
- (3) “Sustained” means any allegation for which there is sufficient evidence to prove that it occurred.
- (4) “Unfounded” means any allegation that was investigated and found to have no foundation or basis in fact.

Saf-C 5923.02 Complaints and Investigations Relating to Unit, Provider, PEETE or EMS Instructor Coordinator License Application.

(a) Any person may file a complaint regarding the actions of any unit or provider licensed under RSA 153-A, or any person or entity believed to be in violation of RSA 153-A or Saf-C 5900 provided that the complaint should be:

- (1) Submitted in writing to the commissioner;
 - (2) Typewritten, electronic or legibly printed; and
 - (3) Reported within 60 days of the discovery of the alleged violation, except that any complaint involving criminal activity shall be investigated as long as the investigation is initiated, either by the division or other law enforcement authority, within the statute of limitations of any indicated criminal offense.
- (b) The written complaint should include:
- (1) The name of the unit, provider, PEETE or EMS IC against whom the complaint is filed, hereinafter called the “respondent;”
 - (2) A concise statement of the facts that establish the alleged violation; and
 - (3) The date of the alleged violation;

(c) Complaints shall be assigned to an investigator by the director in accordance with RSA 153-A:14. A complaint shall be deemed non-actionable if assuming the allegations in the complaint to be true, there would be a no violation of RSA 153-A or Saf-C 5900.

(d) If there are sufficient factual allegations in a complaint to suspect a criminal violation has been committed, the matter shall be referred to the appropriate law enforcement authorities.

(e) If the director determines that a complaint is actionable, a letter shall be sent to the respondent, notifying him or her of an investigation. With the letter, the respondent shall also receive a copy of the complaint or a version of the complaint redacted as necessary to preserve the integrity of the investigation, or a description of the complaint containing sufficient detail to provide the respondent with notice of the allegation or allegations being made. The letter and enclosures shall be sent by certified mail, and a copy of the letter shall be sent no earlier than 48 hours later to:

- (1) The head of the unit on whose behalf the respondent was acting at the time the alleged violation took place, or, if at the time of the alleged violation the respondent was not acting on behalf of a unit with which the respondent is affiliated, to the respondent's primary unit;
- (2) If the bureau is seeking immediate suspension pursuant to RSA 541-A:30, III, to the heads of all units with which the respondent is affiliated; and
- (3) If the bureau is not seeking immediate suspension pursuant to RSA 541-A:30, III but the director determines that the allegations constitute a potential threat to public health or safety, to the heads of all units with which the respondent is affiliated.

(f) The investigator shall document facts collected in a report of investigation. The investigator shall recommend findings to the commissioner .

(g) If, after investigation, the complaint is determined to be exonerated, not sustained or unfounded, the commissioner shall issue a written order dismissing the complaint and shall send a copy of such order to the complainant and respondent within 10 days by certified mail.

(h) If, after investigation, the complaint is determined to be sustained, the commissioner shall issue a written order reflecting the finding within 10 days and sent by certified mail to the complainant and respondent which:

- (1) Specifies the violation(s) of RSA 153-A or Saf-C 5900, or both;
- (2) Directs the respondent to comply with the provisions of RSA 153-A or Saf-C 5900, or both;
- (3) Informs the respondent that he or she may request a hearing within 10 days pursuant to RSA 541-A:31 and Saf-C 5903.13 for the purpose of challenging such finding;
- (4) Describes the facts surrounding the decision in sufficient detail to provide the respondent with the basis for the decision; and
- (5) Specifies any sanction permissible under the law and these rules.

(i) Upon issuing the order specified in paragraphs (g) and (h) above, the commissioner shall send a copy of such order to the heads of all units who received notification of the investigation in accordance with paragraph (g) above.

(j) Investigation information shall be confidential, and shall not be released except in accordance with these rules.

(k) Notwithstanding paragraph (j) above, investigation information shall be released:

- (1) To the department of justice in its capacity as legal counsel to the division;
- (2) Pursuant to court order directing the division to release such information;
- (3) During an adjudicative hearing subject to the provisions set forth in RSA 541-A:31 and Saf-C 200;
- (4) In the case of a possible violation affecting public health, to the Department of Health and Human Services, Division of Public Health and Bureau of Infectious Disease Control; or
- (5) As specified in (k)(4) above.

(l) Any respondent against whom a complaint is determined to be sustained may request a hearing within 10 days of receipt of the order in paragraph (k) above, pursuant to RSA 541-A:31 and Saf-C 5923 for the purpose of challenging such finding.

(m) In the case of a sustained complaint, if no hearing is requested, or following the conclusion of the requested hearing and any timely appeal, the division shall publish a public list of licensees found to have violated RSA 153-A or these rules, on the division website. The division shall not be limited to that method of publication. Such public list shall specify:

- (1) The name of the licensee;
- (2) The unit or provider license number;
- (3) The provision(s) of RSA 153-A or the rules that have been violated;
- (4) The date of the violation;
- (5) Any action resulting in a change in status of the licensee's license, including any prerequisites to full restoration of license privileges; and
- (6) The date of implementation and conclusion of any change in status.

(q) In the case of a sustained complaint, if no hearing is requested, or following the conclusion of the requested hearing and any timely appeal, the division shall also notify the National Registry of Emergency Medical Technicians, National Practitioner's Data Bank and the Centers for Medicare and Medicaid Services of any unit or provider license revocation, suspension or limitation.

(r) In the case of a sustained complaint, if no hearing is requested, or following the conclusion of the requested hearing and any timely appeal, a copy of the report of investigation, a copy of the order in (k) above, and a copy of any hearing report shall be released to the heads of all units with which the respondent is affiliated, upon their request.

(s) Notwithstanding the provisions of this section, the release of any hearing report shall be in accordance with RSA 91-A.

Saf-C 5923.03 Denial of Unit, Provider, PEETE, EMS Instructor Coordinator, Chair Van Company, or Wheelchair Vans for Hire License Application.

(a) An application for a unit, provider, PEETE, EMS Instructor Coordinator, chair van company, or wheelchair vans for hire license shall be reviewed by the division in accordance with RSA 541-A:29.

(b) The applicant shall be notified of any apparent errors or omissions in the application and allowed to resubmit the application within 30 days of initial receipt by the division.

(c) Applications for a unit, provider, PEETE, EMS Instructor Coordinator, chair van company, or wheelchair vans for hire license shall be denied in accordance with RSA 541-A:29 for:

- (1) Failure to meet the qualifications
- (2) Failure to submit required documentation.
- (3) Violations specified in RSA 153-A:13, I.
- (4) Falsifications or omissions of items from criminal background check
- (5) A conviction of any criminal offense:
 - a. Relating to the performance of duties or practice of EMS;
 - b. That endangers the health or safety of the public.

(d) An applicant aggrieved by the decision of the commissioner relating to a denial of an application may request an adjudicative hearing in accordance with RSA 541-A and Saf-C 200.

Saf-C 5923.04 Suspension of Unit, Provider, PEETE, EMS Instructor Coordinator License, Chair Van Company, or Wheelchair Vans for Hire.

(a) Any suspension of a unit, provider, PEETE, EMS Instructor Coordinator's license, chair van company or wheelchair van for hire shall be assessed for a period of up to one calendar year.

(b) All or any portion of the division's suspension imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon good behavior and the completion of any requirements ordered as part of the suspension. If any misconduct occurs during the period of deferred time or the unit or provider fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred suspension shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) The division's period of suspension imposed pursuant to (a) above may be rescinded upon the licensee's correction of the violation(s) that caused the suspension.

(d) Any suspension of a transport unit's license shall also result in the suspension of all vehicle licenses of the unit.

(e) If a licensee's license expires during the suspension period, the unit or provider may apply for a license in accordance with Saf-C 5903.02 following the expiration of the suspension period.

(f) After notice and an opportunity for a hearing pursuant to Saf-C 5903.13, the commissioner shall suspend a unit's license for:

- (1) Negligence or incompetence in the provision of emergency medical care as specified in RSA 153-A:13, I(a);
- (2) Rendering unauthorized treatment as specified in RSA 153-A:13, I(b);
- (3) Unethical conduct as specified in RSA 153-A:13, I(d);
- (4) Fraud in representations as to skills or ability of the licensed level as specified in RSA 153-A:13, I(f);
- (5) Negligent, unsafe, or illegal operation of a vehicle, or negligent or unsafe use or maintenance of a vehicle's safety systems as specified in RSA 153-A:13, I(j);
- (6) Failure to maintain insurance pursuant to these rules;
- (7) Call jumping;
- (8) Failure to maintain requirements specified in Saf-C 5903.04, or Saf-C 5903.05;
- (9) A second offense of:
 - a. Failure to license a vehicle pursuant to Saf-C 5904.01 through Saf-C 5904.03;
 - b. Failure to have 2 licensed providers in the land or water vehicle pursuant to Saf-C 5902.07;
 - c. Failure to have at least one nationally registered EMT-basic, EMT-intermediate or EMT-paramedic provider in the air medical transport vehicle; or
 - d. Use of the vehicle's emergency warning lights and/or siren during EMS calls for purposes other than the response to or transport of an emergent sick or injured patient, pursuant to RSA 266:78-g; or
- (10) A third offense of:
 - a. Failure to maintain the land vehicle's inside air temperature at a minimum of 50 degrees while the vehicle is not in use pursuant to these rules;
 - b. Failure to maintain the vehicle shelter pursuant to these rules;
 - c. Failure to maintain vehicle equipment and supplies; or
 - d. Failure to maintain the vehicle in good operating condition.

(g) After notice and an opportunity for a hearing, the commissioner shall suspend a licensee's license for:

- (1) Negligence or incompetence in the provision of emergency medical care as specified in RSA 153-A:13, I(a);
- (2) Rendering unauthorized treatment as specified in RSA 153-A:13, I(b);
- (3) Unethical conduct as specified in RSA 153-A:13, I(d);
- (4) Acts or offenses as set forth in RSA 153-A:13, I(e) and (h)
- (5) Having a license or registration to practice suspended in another jurisdiction or having disciplinary action taken by the registering authority of another jurisdiction or the National Registry as specified in RSA 153-A:13, I(i);
- (6) Negligent, unsafe, or illegal operation of a vehicle, or negligent or unsafe use or maintenance of a vehicle's safety systems as specified in RSA 153-A:13, I(j);
- (7) Call jumping pursuant to Saf-C 5902.05;
- (8) Failure to renew certification(s), within 30 days, after notice has been given;
- (9) Failure to supervise an educational program and insure that all materials presented by guest lecturers or assistant instructors are in accordance with (NREMT Educational) curricula and these rules;
- (10) Failure to provide appropriate training materials or equipment in working order;
- (11) Failure to maintain requirements specified in Saf-C 5909;
- (12) A conviction of criminal offense:
 - a. Relating to the performance of duties or practice of EMS; or
 - b. That endangers the health or safety of the public.

(h) After notice and an opportunity for a hearing, any violation(s) which has not been corrected at the end of the period of suspension, shall result in the revocation of the licensee's license.

Saf-C 5923.05 Revocation of Unit, Provider, PEETE, EMS Instructor Coordinator, Chair Van Company, or Wheelchair Van for Hire License.

(a) Any revocation of a licensee's license shall be assessed for a period of up to 5 calendar years.

(b) All or any portion of the division's revocation imposed pursuant to (a) above may be deferred for a period of five years, conditioned upon good behavior and the completion of any requirements ordered as part of the revocation. If any misconduct occurs during the period of deferred time or the unit or provider fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred revocation

shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) Any revocation of a transport unit's license shall also result in the revocation of all vehicle licenses of the unit.

(d) If a licensee's license is revoked, the licensee may apply for a license in accordance with these rules after the completion of the revocation period.

(e) After notice and an opportunity for a hearing, the commissioner shall revoke a unit's license for:

- (1) Falsifying licensing information on the unit or vehicle application form as specified in RSA 153-A:13, I(c);
- (2) Unauthorized use or disclosure of patient record information as specified in RSA 153-A:13, I(k) or these rules;
- (3) Failure to provide sufficient funds for payment of a license;
- (4) Any violation(s) which has not been corrected at the end of the period of suspension pursuant to Saf-C 5923.

(f) After notice and an opportunity for a hearing, the commissioner shall revoke a provider, PEETE and EMS Instructor Coordinator's license for:

- (1) Falsifying licensing information on the application in accordance with RSA 153-A:13, I(c);
- (2) Unauthorized use or disclosure of patient record information as specified in RSA 153-A:13, I(k), or these rules;
- (3) Acts or offenses as set forth in RSA 153-A:13, I(l) which occur during the licensing period;
- (4) Rendering care beyond the level of training and/or licensing in accordance with RSA 153-A:13, I(d);
- (5) Fraud in representations as to skills or ability as specified in RSA 153-A:13, I(f);
- (6) Willful or repeated violation of this chapter or of rules as specified in RSA 153-A:13, I(g);
- (7) Having a license or registration to practice revoked in another jurisdiction as specified in RSA 153-A:13, I(i);
- (8) Any violation(s) which has not been corrected at the end of the period of suspension pursuant to Saf-C 5923.04; or
- (9) For failure to pay a fine imposed by the commissioner as specified in Saf-C 5908;
- (10) A second offense of:
 - a. Negligence or incompetence in the provision of emergency medical care as specified in RSA 153-A:13, I(a);

- b. Rendering unauthorized treatment as specified in RSA 153-A:13, I(b);
- c. Acts or offenses as set forth in RSA 153-A:13, I(e) and (h);
- d. Having a license or registration to practice suspended in another jurisdiction or having disciplinary action taken by the registering authority of another jurisdiction or the National Registry as specified in RSA 153-A:13, I(i);
- e. Negligent, unsafe or illegal operation of a vehicle, or negligent or unsafe use or maintenance of a vehicle's safety systems as specified in RSA 153-A:13, I(j);
- f. Call jumping;
- g. Failure to renew certification(s), within 30 days, after notice has been; or
- h. Unethical conduct as specified in RSA 153-A:13, I(d).

Saf-C 5923.06 Denial of Vehicle License Application.

- (a) Denial of an application for a vehicle license shall be made in accordance with RSA 541-A:29.
- (b) An application shall be denied for:
 - (1) Information or equipment that does not meet the requirements of these rules; or
 - (2) Acts or offenses as set forth in RSA 153-A:13, I(c) or (j);
 - (3) Violations of RSA 153-A:13, I(g), specifically failure to pass vehicle or applicable shelter reinspection due to continued deficiencies contrary to these rules;
 - (4) Failure to provide sufficient funds for payment of a license;
 - (5) Failure to meet the qualifications; or
 - (6) Failure to submit required documentation.
- (c) Any applicant aggrieved by the decision of the commissioner relating to a denial of an application may request an adjudicative hearing in accordance with RSA 541-A and Saf-C 200.

Saf-C 5923.07 Suspension of Vehicle License.

- (a) Any suspension of a vehicle's license shall be assessed for a period of up to one calendar year.
- (b) All or any portion of the division's suspension imposed pursuant to (a) above may be deferred for a period of one year, conditioned upon the completion of any requirements ordered as part of the suspension. If any misconduct occurs during the period of deferred time or the unit fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred suspension shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) The division's period of suspension imposed pursuant to (a) above shall be rescinded upon the unit's correction of the violation(s) that caused the suspension.

(d) Any suspension of a vehicle's license shall only apply to the vehicle cited.

(e) Any suspension of a transport unit's license shall also result in the suspension of all vehicle licenses held by the unit.

(f) If a unit's vehicle license expires during the suspension period, the unit shall apply for a license in accordance with these rules.

(g) After notice and an opportunity for a hearing the commissioner shall suspend a vehicle license for failure of a unit to maintain:

- (1) The vehicle in good operating condition pursuant to these rules;
- (2) Vehicle equipment and supplies pursuant to these rules;
- (3) Vehicle insurance pursuant to these rules;
- (4) Vehicle registration and inspection.

Saf-C 5923.08 Revocation of Vehicle License.

(a) Any revocation of a vehicle's license shall be assessed for a period of up to 5 calendar years.

(b) All or any portion of the division's revocation imposed pursuant to (a) above may be deferred for a period of five years, conditioned upon the completion of any requirements ordered as part of the revocation. If any misconduct occurs during the period of deferred time or the unit fails to comply with any requirements ordered, a hearing shall be conducted to determine if the deferred revocation shall be imposed, in addition to any further disciplinary action taken on any misconduct that occurred during the deferred period.

(c) Any revocation of a transport unit's license shall also result in the revocation of all vehicle licenses held by the unit.

(d) If a unit's vehicle license is revoked, the unit shall apply for a license in accordance with Saf-C 5904.01, after the completion of the revocation period.

(e) After notice and an opportunity for a hearing pursuant to Saf-C 5904.13, the commissioner shall revoke a vehicle license for a second offense of:

- (1) Failure of a unit to maintain the vehicle in good operating condition pursuant to Saf-C 5904.07; or
- (2) Failure of a unit to maintain vehicle equipment and supplies pursuant to Saf-C 5904.08.

Saf-C 5923.09 Notice of Opportunity for Hearing. Prior to taking any adjudicative action pursuant to RSA 541-A:31 and Saf-C 200, the division shall provide written notice to the licensee of the opportunity to request a hearing.

Saf-C 5923.10 Immediate Suspension. In accordance with RSA 541-A:30, III, if the division determines that public health, safety or welfare requires emergency action, an immediate suspension of a license may be ordered pending an adjudicative hearing, which shall occur not later than 10 working days after the date of the suspension of the license. The adjudicative hearing shall be conducted in accordance with the requirements of Saf-C 200.