1 10A NCAC 13F .0403 is readopted with changes as published in 35:12 NCR 1348-1349 as follows: 2 3 10A NCAC 13F .0403 **QUALIFICATIONS OF MEDICATION STAFF** 4 (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and staff who directly 5 supervise the administration of medications their direct supervisors shall have documentation of successfully 6 completing the clinical skills validation portion of the competency evaluation according to Paragraphs (d) and (e) of 7 Rule 10A NCAC 13F .0503 prior to the administration or supervision of the administration of medications. complete 8 training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized 9 by state occupational licensure laws to administer medications are exempt from this requirement. 10 (b) Medication aides and their direct supervisors, except persons authorized by state occupational licensure laws to 11 administer medications, shall successfully pass the written examination within 90 days after successful completion of 12 the clinical skills validation portion of a competency evaluation according to Rule .0503 of this Section. 13 (e)(b) Medication aides and staff who directly supervise the administration of medications, their direct supervisors, 14 except persons authorized by state occupational licensure laws to administer medications, shall complete six hours of 15 continuing education annually related to medication administration. 16 17 History Note: Authority G.S. 131D-2.16; 131D-4.5; 131D-4.5B; 143B-165; 18 Temporary Adoption Eff. January 1, 2000; December 1, 1999; 19 Eff. July 1, 2000; 20 Temporary Amendment Eff. July 1, 2004; 21 Amended Eff. July 1, 2005. 2005; 22 Readopted Eff. July 1, 2021.

1 10A NCAC 13F .0406 is amended with changes as published in 35:12 NCR 1348-1349 as follows: 2 3 10A NCAC 13F .0406 **TEST FOR TUBERCULOSIS** 4 (a) Upon employment or living in moving into an adult care home, the administrator and administrator, all other staff 5 staff, and any live in non residents persons living in the adult care home shall be tested for tuberculosis disease in 6 compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A 7 .0205, which is hereby incorporated by reference, including subsequent amendments, amendments and editions. 8 Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis 9 Control Program, 1902 Mail Service Center, Raleigh, NC 27699 1902. [may be accessed at 10 http://reports.oah.state.nc.us/ncac.asp at no charge. 11 (b) There shall be documentation on file in the <u>adult care</u> home that the administrator, all other <u>staff staff</u>, and any 12 live in non residents persons living in the adult care home are free of tuberculosis disease that poses a direct threat to 13 the health or safety of others. disease. 14 15 History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165; 16 Eff. January 1, 1977; 17 Readopted Eff. October 31, 1977; 18 Temporary Amendment Eff. September 1, 2003; July 1, 2003; 19 Amended Eff. June 1, 2004; 20 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 21 2018. <u>2018;</u> 22 Amended Eff. July 1, 2021.

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10A NCAC 13G .0402 is readopted with changes as published in 35:12 NCR 1348-1349 as follows: 1 2 3 10A NCAC 13G .0402 **QUALIFICATIONS OF SUPERVISOR-IN-CHARGE** 4 The supervisor in charge supervisor-in-charge, who is responsible to the administrator for carrying out the program in the a family care home in the absence of the administrator. All of administrator, shall meet the following 5 6 requirements must be met: requirements: 7 The applicant must complete the Application for Supervisor in Charge (DSS 1862); (1)8 (1) be 21 years or older, if employed on or after the effective date of this Rule; 9 (2) The qualifications of the administrator and co administrator referenced in Paragraphs (2), (5), (6), 10 and (7) of Rule .0401 of this Subchapter shall apply to the supervisor in charge. The 11 supervisor in charge the supervisor-in-charge, (employed employed on or after August 1, 1991) must meet a minimum educational requirement by being at least 1991, shall be a high school 12 13 graduate or certified under the GED Program or by passing an alternative examination established 14 by the Department of Health and Human Services. Documentation that these qualifications have 15 been met must be on file in the home prior to employing the supervisor in charge; Program or passed the alternative examination established by the Department of Health and Human Services prior to 16 17 the effective date of this Rule; and 18 The supervisor in charge must be willing to work with bonafide inspectors and the monitoring and (3)19 licensing agencies toward meeting and maintaining the rules of this Subchapter and other legal 20 requirements; 21 The supervisor in charge must verify that he earns earn 12 hours a year of continuing education (4)(3) 22 credits related to the management of domiciliary adult care homes and care of aged and disabled 23 persons in accordance with procedures established by the Department of Health and Human 24 Services; persons. When there is a break in employment as a supervisor in charge of one year or less, the educational 25 (5)26 qualification under which the person was last employed will apply. 27 28 History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165; 29 Eff. January 1, 1977; 30 Readopted Eff. October 31, 1977; 31 ARRC Objection June 16, 1988; 32 Amended Eff. July 1, 1990; December 1, 1988; April 1, 1987; January 1, 1985; 33 ARRC Objection Lodged January 18, 1991; 34 Amended Eff. August 1, 1991. 1991; Readopted Eff. July 1, 2021. 35

1 10A NCAC 13G .0405 is readopted with changes as published in 35:12 NCR 1348-1349 as follows: 2 3 10A NCAC 13G .0405 **TEST FOR TUBERCULOSIS** 4 (a) Upon employment or living in moving into a family care home, the administrator, all other staff staff, and any 5 live in non residents persons living in the family care home shall be tested for tuberculosis disease in compliance with 6 control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 .0205, which 7 is hereby incorporated by reference, including subsequent amendments, amendments and editions. Copies of the rule 8 are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 9 1902 Mail Service Center, Raleigh, NC 27699 1902. [may be accessed at http://reports.oah.state.nc.us/ncac.asp at no 10 charge. 11 (b) There shall be documentation on file in the <u>family care</u> home that the administrator, all other <u>staff</u> staff, and any 12 live in non residents persons living in the family care home are free of tuberculosis disease that poses a direct threat 13 to the health or safety of others. disease. 14 15 History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165; 16 Eff. January 1, 1977; 17 Amended Eff. October 1, 1977; April 22, 1977; 18 Readopted Eff. October 31, 1977; 19 Amended Eff. December 1, 1993; April 1, 1984; 20 Temporary Amendment Eff. September 1, 2003; 21 Amended Eff. June 1, 2004. 2004;

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Readopted Eff. July 1, 2021.

22

1 10A NCAC 13P .0501 is amended with changes as published in 35:12 NCR 1350-1369 as follows:

2

10A NCAC 13P .0501 EDUCATIONAL PROGRAMS

- 4 (a) EMS educational programs that qualify credentialed EMS personnel to perform within their scope of practice shall
- 5 be offered by an EMS educational institution as set forth in Section .0600 of this Subchapter, or by an EMS educational
- 6 institution in another state where the education and credentialing requirements have been approved for legal
- 7 recognition by the Department pursuant to G.S. 131E-159 as determined using the professional judgment of OEMS
- 8 staff following comparison of out-of-state standards with the program standards set forth in this Rule.
- 9 (b) Educational programs approved to qualify EMS personnel for credentialing shall meet the educational content of
- 10 the "US DOT NHTSA National EMS Education Standards," which is hereby incorporated by reference, including
- subsequent amendments and editions. This document is available online at no cost at www.ems.gov/education.html.
- 12 (c) Educational programs approved to qualify EMS personnel for initial AEMT and Paramedic credentialing shall
- 13 meet the requirements of Paragraph (b) of this Rule and possess verification of accreditation or a valid letter of review
- 14 from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or other accrediting agency
- determined using the professional judgment of OEMS staff following a comparison of standards. The Department
- 16 shall not approve initial AEMT or Paramedic courses for educational programs that fail to meet accreditation
- 17 <u>requirements by January 1, 2023.</u>
- 18 (e) (d) Educational programs approved to qualify EMD personnel for credentialing shall conform with the "ASTM
- 19 F1258 95(2006): F1258 95(2014): Standard Practice for Emergency Medical 'Dispatch' [Dispatch'] Dispatch,"
- 20 which is hereby incorporated by reference including subsequent amendments and editions. This document is available
- 21 from ASTM International, 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA, 19428-2959 USA, at a
- 22 cost of forty <u>eight</u> dollars (\$40.00) (\$48.00) per copy.
- 23 (d) (e) Instructional methodology courses approved to qualify Level I EMS instructors shall conform with the "US
- 24 DOT NHTSA 2002 National Guidelines for Educating EMS [Instructors," which is hereby incorporated
- 25 by reference including subsequent amendments and additions. This document is available online at no cost at
- 26 www.ems.gov/education.html.
- 27 (e) (f) Continuing educational programs approved by the OEMS to qualify EMS personnel for renewal of credentials
- 28 shall be approved by demonstrating the ability to assess cognitive competency in the skills and medications for the
- 29 level of application as defined by the North Carolina Medical Board pursuant to G.S. 143-514.
- 30 (f) (g) Refresher courses shall comply with the requirements defined in Rule .0513 of this Section.

31

- 32 *History Note: Authority G.S.* 143-508(d)(3); 143-508(d)(4); 143-514;
- 33 Temporary Adoption Eff. January 1, 2002;
- 34 Eff. January 1, 2004;
- 35 Amended Eff. January 1, 2009;
- 36 Readoption Eff. January 1, 2017. 2017:
- 37 *Amended Eff. July 1, 2021.*

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1	TOA NEAC 131	.0310 is afficiently as published in 33.12 NCK 1330-1307 as follows.
2		
3	10A NCAC 13P	2.0510 RENEWAL OF CREDENTIALS FOR LEVEL I AND LEVEL II EMS
4		INSTRUCTORS
5	(a) Level I and I	Level II EMS Instructor applicants shall renew credentials by presenting documentation to the OEMS
6	that they:	
7	(1)	are credentialed by the OEMS as an EMT, AEMT AEMT, or Paramedic;
8	(2)	within one year prior to application, complete an evaluation that demonstrates the applicant's ability
9		to provide didactic and clinical instruction based on the cognitive, psychomotor, and affective
10		educational objectives in Rule .0501(b) .0501 of this Section consistent with their level of
11		application and approved by the OEMS:
12		(A) to renew a credential to teach at the EMT level, this evaluation shall be conducted under
13		the direction of a Level II EMS Instructor credentialed at or above the level of application;
14		and
15		(B) to renew a credential to teach at the AEMT or Paramedic level, this evaluation shall be
16		conducted under the direction of the educational medical advisor, or a Level II EMS
17		Instructor credentialed at or above the level of application and designated by the
18		educational medical advisor;
19	(3)	completed 96 hours of EMS instruction at the level of application; and application. Individuals
20		identified as EMS program coordinators or positions as determined by OEMS staff in [the] their
21		professional judgment to the equivalent to an EMS program coordinator may provide up to 72 hours
22		related to the institution's needs, with the remaining 24 hours in EMS instruction;
23	(4)	completed 24 hours of educational professional development as defined by the educational
24		institution that provides for:
25		(A) enrichment of knowledge;
26		(B) development or change of attitude in students; or
27		(C) acquisition or improvement of skills; and
28	(5)	within one year prior to renewal application, attend an OEMS Instructor workshop sponsored by the
29		OEMS.
30		Il may renew a Level I or Level II EMS Instructor credential under the legal recognition option defined
31	in G.S. 131E-159	
32		al of a Level I or Level II EMS Instructor is valid for four years, or less pursuant to G.S. 131E-159(c)
33	•	e following occurs:
34	(1)	the OEMS imposes an administrative action against the instructor credential; or
35	(2)	the instructor fails to maintain a current EMT, AEMT, or Paramedic credential at the highest level
36		that the instructor is approved to teach.

- 1 (d) Pursuant to the provisions of G.S. 131E-159(h), the Department shall not issue an EMS credential for any person 2 listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an 3 offense that would have required registration if committed at a time when registration would have been required by 4 law. 5 6 History Note: Authority G.S. 131E-159(a); 131E-159(b); 143-508(d)(3); 7 Eff. February 1, 2004; 8 Amended Eff. February 1, 2009;
- 10 <u>Amended Eff. July 1, 2021.</u>

Readopted Eff. January 1, 2017. 2017;

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1	10A NCAC 13	P .0512 is amended with changes as published in 35:12 NCR 1350-1369 as follows:						
2								
3	10A NCAC 13							
4	• • •	onnel enrolled in an OEMS approved continuing education program as set forth in Rule .0601 of this						
5	Subchapter and that who was were eligible for renewal of an EMS credential prior to expiration, may request the EMS							
6	educational institution submit documentation of the continuing education record to the OEMS. OEMS shall renew							
7	the EMS crede	the EMS credential to be valid for four years from the previous expiration date.						
8	(b) An individual with a lapsed North Carolina EMS credential is eligible for reinstatement through the legal							
9	recognition option defined in G.S. 131E-159(c) and Rule .0502 of this Section.							
10	(c) EMR, EM	Γ, AEMT, and Paramedic applicants for reinstatement of an EMS credential, lapsed up to 24 [<mark>‡2</mark>] <u>36</u>						
11	months, shall:							
12	(1)	be ineligible for legal recognition pursuant to G.S. 131E-159(c);						
13	(2)	be a resident of North Carolina or affiliated with a North Carolina EMS Provider;						
14	(3)	at the time of application, present evidence that renewal education requirements were met prior to						
15		expiration or complete a refresher course at the level of application taken following expiration of						
16		the credential;						
17	(4)	EMRs and EMTs shall complete an OEMS administered written examination for the individual's						
18		level of credential application;						
19	(5)	undergo a criminal history check performed by the OEMS; and						
20	(6)	submit evidence of completion of all court conditions resulting from applicable misdemeanor or						
21		felony conviction(s).						
22	(d) EMR and l	EMT applicants for reinstatement of an EMS credential, lapsed more than 24 months, must:						
23	(1)	be ineligible for legal recognition pursuant to G.S. 131E-159(c); and						
24	(2)	meet the provisions for initial credentialing set forth in Rule .0502 of this Section						
25	(e) AEMT and	Paramedic applicants for reinstatement of an EMS credential, lapsed between 24 and 48 months, shall:						
26	(1)	be ineligible for legal recognition pursuant to G.S. 131E-159(c);						
27	(2)	be a resident of North Carolina or affiliated with a North Carolina EMS Provider;						
28	(3)	present evidence of completion of a refresher course at the level of application taken following						
29		expiration of the credential;						
30	(4)	complete an OEMS administered written examination for the individuals level of credential						
31		application;						
32	(5)	undergo a criminal history check performed by the OEMS; and						
33	(6)	submit evidence of completion of all court conditions resulting from applicable misdemeanor or						
34		felony conviction(s).						
35	(<u>f)(d)</u> AEMT	EMR, EMT, AEMT, and Paramedic applicants for reinstatement of an EMS credential, lapsed more						
36	than 4 8 [<mark>12]</mark> <u>36</u>	months, shall:						
37	(1)	be ineligible for legal recognition pursuant to G.S. 131E-159(c); and						

1	(2)	meet the provisions for initial credentialing set forth in Rule .0502 of this Section.
2	(e) EMT, AEN	MT, and Paramedic applicants for reinstatement of an EMS Instructor Credential, lapsed up to 12
3	months, shall:	
4	<u>(1)</u>	be ineligible for legal recognition pursuant to G.S. 131E-159(c):
5	<u>(2)</u>	be a resident of North Carolina or affiliated with a North Carolina EMS Provider; and
6	<u>(3)</u>	at the time of application, present evidence that renewal requirements were met prior to expiration
7		or within six months following the expiration of the Instructor credential.
8	(f) EMT, AEM	T, and Paramedic applicants for reinstatement of an EMS Instructor credential, lapsed greater than 12
9	months, shall:	
10	<u>(1)</u>	be ineligible for legal recognition pursuant to G.S. 131E-159(c); and
11	<u>(2)</u>	meet the requirements for initial Instructor credentialing set forth in Rules .0507 and .0508 of this
12		Section. Degree requirements that were not applicable to EMS Instructors initially credentialed
13		prior to July 1, 2021 shall be required for reinstatement of a lapsed credential.
14	(g) EMD appli	cants shall renew a lapsed credential by meeting the requirements for initial credentialing set forth in
15	Rule .0502 of the	nis Section.
16	(h) Pursuant to	G.S. 131E-159(h), the Department shall not issue or renew an EMS credential for any person listed
17	on the Departm	ent of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense
18	that would have	required registration if committed at a time when registration would have been required by law.
19		
20	History Note:	Authority G.S. 131E-159; 143-508(d)(3); 143B-952;
21		Eff. January 1, 2017. <u>2017:</u>
22		Amended Eff. July 1, 2021.

1	10A NCAC 13P	.0602 is	amended w	ith chang	ges as published in	35:12 NC	R 1350-1369 as follow	s:
2								
3	10A NCAC 13P	.0602	BASIC	AND	ADVANCED	EMS	EDUCATIONAL	INSTITUTION
4			REQUIR					
5				cational I	Institutions may of	fer educat	ional programs for wh	ich they have been
6	credentialed by the							
7	<u>(1)</u>				-		m of two initial cours	
8		-		ational p	rogram approved	for the Edi	acational Institution's	credential approval
9		period.						
10	<u>(2)</u>				_		itial courses for each e	
11				•			.1505 of this Subchap	
12							of the requirements f	or continuing EMS
13		-	•		Rule .0601 of this S			
14	(1)						ructor for EMR and El	
15							al to or higher than the	-
16					-		ndard III of the CAA	
17						onal Progra	ams in the Emergency	y Medical Services
18			sions. The l					
19		<u>(A)</u>	-		_		delegation of the prog	
20		<u>(B)</u>					al, and field internship	
21	(2)			- '	_		dual may be either <u>shal</u>	
22					_		f course offered by t	
23					•	•	ments of the Level II	
24			•	• 1		•	are the responsibilities	
25					-		e defined in the educa	tional plan required
26		-		, , ,	nis Rule; institutior			
27		<u>(A)</u>					ining, and experience;	
28		<u>(B)</u>	be knowle	edgeable	about methods of	nstruction,	testing, and evaluation	n of students;
29		<u>(C)</u>		-	_		oital emergency care;	
30		<u>(D)</u>	have acad	lemic tra	ining and prepara	tion related	I to emergency medic	al services, at least
31			<u>equivalen</u>	t to that c	of a paramedic; and	<u>l</u>		
32		<u>(E)</u>	be knowle	edgeable	of current versions	of the Nat	ional EMS Scope of Pr	ractice and National
33			EMS Edu	cation S	tandards as define	d by USD	OT NHTSA National	EMS, [evidenced
34			informed	<u>evidenc</u>	e-informed clinica	d practice,	and incorporated by	Rule .0501 of this
35			Section;					
36	<u>(3)</u>	a lead]	EMS educat	ional pro	gram coordinator i	esponsible	for the following:	
37		<u>(A)</u>	the admin	<u>istrative</u>	oversight, organiza	ation, and s	upervision of the prog	<u>ram;</u>

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1		<u>(B)</u>	the continuous quality review and improvement of the program;
2		<u>(C)</u>	the long-range planning on ongoing development of the program;
3		<u>(D)</u>	evaluating the effectiveness of the instruction, faculty, and overall program;
4		<u>(E)</u>	the collaborative involvement with the Education Medical Advisor;
5		<u>(F)</u>	the training and supervision of clinical and field internship preceptors; and
6		<u>(G)</u>	the effectiveness and quality of fulfillment of responsibilities delegated to another qualified
7			individual;
8	(3)(4)	written	n educational policies and procedures that include:
9		(A)	the written educational policies and procedures set forth in Rule .0601(b)(4) .0601 of this
10			Section;
11		(B)	the delivery of cognitive and psychomotor examinations in a manner that will protect and
12			limit the potential for exploitation of such content and material;
13		(C)	the exam item validation process utilized for the development of validated cognitive
14			examinations;
15		(D)	the selection and monitoring of all in-state and out-of-state clinical education and field
16			internship sites;
17		(E)	the selection and monitoring of all educational institutionally approved clinical education
18			and field internship preceptors;
19		(F)	utilization of EMS preceptors providing feedback to the student and EMS program;
20		(G)	the evaluation of preceptors by their students, including the frequency of evaluations;
21		(H)	the evaluation of the clinical education and field internship sites by their students, including
22			the frequency of evaluations; and
23		(I)	completion of an annual evaluation of the program to identify any correctable deficiencies;
24	(4) (5)	an Edu	icational Medical Advisor that meets the criteria as defined in the "North Carolina College of
25		Emerg	ency Physicians: Standards for Medical Oversight and Data Collection;" and Collection" who
26		is resp	onsible for the following:
27		<u>(A)</u>	medical oversight of the program;
28		<u>(B)</u>	collaboration to provide appropriate and updated educational content for the program
29			curriculum;
30		<u>(C)</u>	establishing minimum requirements for program completion;
31		<u>(D)</u>	oversight of student evaluation, monitoring, and remediation as needed;
32		<u>(E)</u>	ensuring entry level competence;
33		<u>(F)</u>	ensuring interaction of physician and students; and
34	(5) (6)	written	n educational policies and procedures describing the delivery of educational programs, the
35		record	-keeping system detailing student attendance and performance, and the selection and
36		monito	oring of EMS instructors.

1	(c) For initial courses, Advanced Educational Institutions shall meet all requirements defined set forth in Paragraph			
2	(b) of this Rule, and have a Level II EMS Instructor as lead instructor for AEMT and Paramedic initial courses. The			
3	lead instructor shall be credentialed at a level equal to or higher than the course offered. Rule, [standard] Standard III			
4	of the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical			
5	Services Professions shall apply, and;			
6	<u>(1)</u>	The faculty must be knowledgeable in course content and effective in teaching their assigned		
7		subjects, and capable through academic preparation, training, and experience to teach the courses		
8		or topics to which they are assigned.		
9	<u>(2)</u>	A faculty member to assist in teaching and clinical coordination in addition to the program		
10		coordinator.		
11	(d) Basic and Advanced EMS Educational Institution credentials shall be valid for a period of four years, unless the			
12	institution is acc	credited in accordance with Rule .0605 of this Section.		
13				
14	History Note:	Authority G.S. 143-508(d)(4); 143-508(d)(13);		
15		Temporary Adoption Eff. January 1, 2002;		
16		Eff. January 1, 2004;		
17		Amended Eff. January 1, 2009;		
18		Readopted Eff. January 1, 2017. 2017;		
19		Amended Eff. July 1, 2021.		

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1 10A NCAC 13P .1101 is amended with changes as published in 35:12 NCR 1350-1369 as follows: 2 3 10A NCAC 13P.1101 STATE TRAUMA SYSTEM 4 (a) The state State trauma system shall consist of regional plans, policies, guidelines, and performance improvement 5 initiatives by the RACs to create an Inclusive Trauma System monitored by the OEMS. 6 (b) Each hospital and EMS System shall affiliate as defined in Rule .0102(3) .0102 of this Subchapter and participate 7 with the RAC that includes the Level I or II Trauma Center where the majority of trauma patient referrals and 8 transports occur. Each hospital and EMS System shall submit to the OEMS upon request patient transfer patterns from 9 data sources that support the choice of their primary RAC affiliation. Each RAC shall include at least one Level I or 10 II Trauma Center. (c) The OEMS shall notify each RAC of its hospital and EMS System membership annually. 11 12 (d)(c) Each hospital and each EMS System Lead RAC Coordinator shall update and submit its RAC affiliation 13 information membership for hospitals and EMS Systems to the OEMS no later than July 1 of each year. Each hospital 14 or EMS System shall submit written notification to the OEMS for any RAC affiliation change. RAC affiliation may 15 only be changed during this annual update and only if supported by a change in the majority of transfer patterns to a 16 Level I or Level II Trauma Center. Documentation of these new transfer patterns shall be included in the request to 17 change affiliation. If no change is made in RAC affiliation, written notification shall be required annually to the OEMS 18 to maintain current RAC affiliation. 19 20 History Note: Authority G.S. 131E-162; 21 Temporary Adoption Eff. January 1, 2002; 22 Eff. April 1, 2003; 23 Amended Eff. January 1, 2009; 24 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016; 25

Amended Eff. July 1, 2021; January 1, 2017.

26

1	10A NCAC 13I	2.1404 is amended with changes as published in 35:12 NCR 1350-1369 as follows:
2		
3	10A NCAC 13	P .1404 REINSTATEMENT OF AN UNENCUMBERED EMS CREDENTIAL
4	Reinstatement	of an unencumbered EMS credential is dependant <u>dependent</u> upon the individual successfully
5	completing all 1	requirements of the treatment program consent agreement as defined in set forth in Rule .1401 of this
6	Section.	
7		
8	History Note:	Authority G.S. 131E-159(f); 143-508(d)(10); 143-509(13);
9		Eff. October 1, 2010;
10		Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February
11		2, 2016. <u>2016:</u>
12		Amended Eff. July 1, 2021.

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10A NCAC 13P .1507 is amended with changes as published in 35:12 NCR 1350-1369 as follows:

10A NCAC 13P .1507 EMS PERSONNEL CREDENTIALS

- (a) An Any EMS credential that has been forfeited under G.S. 15A-1331.1 may not be reinstated until the person has complied with the court's requirements, has petitioned the Department for reinstatement, has completed the disciplinary process, and has received Department reinstatement approval.
- (b) The Department shall amend, deny, suspend, or revoke the credentials of EMS personnel for any of the following:
- 8 (1) significant failure to comply with the applicable performance and credentialing requirements as 9 found in this Subchapter;
 - (2) making false statements or representations to the Department, or concealing information in connection with an application for credentials;
 - (3) making false statements or representations, concealing information, or failing to respond to inquiries from the Department during a complaint investigation;
 - (4) tampering with, or falsifying any record used in the process of obtaining an initial EMS credential, or in the renewal of an EMS credential;
 - in any manner or using any medium, engaging in the stealing, manipulating, copying, reproducing, or reconstructing of any written EMS credentialing examination questions, or scenarios;
 - (6) cheating, or assisting others to cheat while preparing to take, or when taking a written EMS credentialing examination;
 - (7) altering an EMS credential, using an EMS credential that has been altered, or permitting or allowing another person to use his or her EMS credential for the purpose of alteration. "Altering" includes changing the name, expiration date, or any other information appearing on the EMS credential;
 - (8) unprofessional conduct, including a significant failure to comply with the rules relating to the function of credentialed EMS personnel contained in this Subchapter, or the performance of or attempt to perform a procedure that is detrimental to the health and safety of any person, or that is beyond the scope of practice of credentialed EMS personnel or EMS instructors;
 - (9) being unable to perform as credentialed EMS personnel with reasonable skill and safety to patients and the public by reason of illness that will compromise skill and safety, use of alcohol, drugs, chemicals, or any other type of material, or by reason of any physical impairment;
 - (10) conviction in any court of a crime involving moral turpitude, a conviction of a felony, a conviction requiring registering on a sex offender registry, or conviction of a crime involving the scope of practice of credentialed EMS personnel;
 - (11) by theft or false representations representations, obtaining or attempting to obtain, money or anything of value from a patient; patient, EMS Agency, or educational institution;
 - (12) adjudication of mental incompetence;
 - (13) lack of competence to practice with a reasonable degree of skill and safety for patients, including a failure to perform a prescribed procedure, failure to perform a prescribed procedure competently, or

1		performance of a procedure that is not within the scope of practice of credentialed EMS personnel
2		or EMS instructors;
3	(14)	performing as a credentialed EMS personnel in any EMS System in which the individual is not
4		affiliated and authorized to function;
5	(15)	performing or authorizing the performance of procedures, or administration of medications
6		detrimental to a student or individual;
7	(16)	delay or failure to respond when on-duty and dispatched to a call for EMS assistance;
8	(17)	testing positive, whether for-cause or at random, through urine, blood, or breath sampling, for any
9		substance, legal or illegal, that is likely to impair the physical or psychological ability of the
10		credentialed EMS personnel to perform all required or expected functions while on duty;
11	(18)	failure to comply with G.S. 143-518 regarding the use or disclosure of records or data associated
12		with EMS Systems, Specialty Care Transport Programs, Alternative Practice Settings, or patients;
13	(19)	refusing to consent to any criminal history check required by G.S. 131E-159;
14	(20)	abandoning or neglecting a patient who is in need of care, without making arrangements for the
15		continuation of such care;
16	(21)	falsifying a patient's record or any controlled substance records;
17	(22)	harassing, abusing, or intimidating a patient, student, bystander, or OEMS staff, either physically,
18		verbally, or in writing;
19	(23)	engaging in any activities of a sexual nature with a patient, including kissing, fondling, or touching
20		while responsible for the care of that individual;
21	(24)	any criminal arrests that involve charges that have been determined by the Department to indicate a
22		necessity to seek action in order to further protect the public pending adjudication by a court;
23	(25)	altering, destroying, or attempting to destroy evidence needed for a complaint investigation being
24		conducted by the OEMS;
25	(26)	significant failure to comply with a condition to the issuance of an encumbered EMS credential with
26		limited and restricted practices for persons in the chemical addiction or abuse treatment program;
27	(27)	unauthorized possession of lethal or non-lethal weapons, chemical irritants to include mace, pepper
28		(oleoresin capsicum) spray and tear gas, or explosives while in the performance of providing
29		emergency medical services;
30	(28)	significant failure to comply to provide EMS care records to the licensed EMS provider for
31		submission to the OEMS as required by Rule .0204 of this Subchapter;
32	(29)	continuing to provide EMS care after local suspension of practice privileges by the local EMS
33		System, Medical Director, or Alternative Practice Setting; or
34	(30)	representing or allowing others to represent that the credentialed EMS personnel has a credential
35		that the credentialed EMS personnel does not in fact have. have:
36	<u>(31)</u>	diversion of any medication requiring medical oversight for credentialed EMS personnel; or
37	<u>(32)</u>	filing a knowingly false complaint against an individual, EMS Agency, or educational institution.

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- 1 (c) Pursuant to the provisions of G.S. 131E-159(h), the OEMS shall not issue an EMS credential for any person listed
- 2 on the North Carolina Department of Public Safety, Sex Offender and Public Protection Registry, or who was
- 3 convicted of an offense that would have required registration if committed at a time when the registration would have
- 4 been required by law.
- 5 (d) Pursuant to the provisions of G.S. 50-13.12, upon notification by the court, the OEMS shall revoke an individual's
- 6 EMS credential until the Department has been notified by the court that evidence has been obtained of compliance
- with a child support order. The provisions of G.S. 50-13.12 supersede the requirements of Paragraph (f) of this Rule.
- 8 (e) When a person who is credentialed to practice as an EMS professional is also credentialed in another jurisdiction
 - and the other jurisdiction takes disciplinary action against the person, the Department shall summarily impose the
- same or lesser disciplinary action upon receipt of the other jurisdiction's action. The EMS professional may request a
- hearing before the EMS Disciplinary Committee. At the hearing the issues shall be limited to:
- 12 (1) whether the person against whom action was taken by the other jurisdiction and the Department are the same person;
 - (2) whether the conduct found by the other jurisdiction also violates the rules of the N.C. Medical Care Commission; and
 - (3) whether the sanction imposed by the other jurisdiction is lawful under North Carolina law.
 - (f) The OEMS shall provide written notification of the amendment, denial, suspension, or revocation. This notice shall be given personally or by certified mail, and shall set forth:
- 19 (1) the factual allegations;
 - (2) the statutes or rules alleged to have been violated; and
- 21 (3) notice of the individual's right to a contested hearing, set forth in Rule .1509 of this Section, on the revocation of the credential.
- 23 (g) The OEMS shall provide written notification to the EMS professional within five business days after information
- 24 has been entered into the National Practitioner Data Bank and the Healthcare Integrity and Protection Integrity Data
- 25 Bank.
- 26 (h) The EMS System Administrator, Primary Agency Contact, Medical Director, Educational Institution Program
- 27 Coordinator, or Medical Advisor shall notify the OEMS of any violation listed in Paragraph (b) of this Rule.

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- 29 History Note: Authority G.S. 131E-159; 143-508(d)(10); 143-519;
- 30 Eff. January 1, 2013;
- 31 *Readopted Eff. January 1*, 2017. <u>2017:</u>
- 32 <u>Amended Eff. July 1, 2021.</u>