



JURISPRUDENCE EXAMINATION FOR EMS

Updated for 2019

Successful completion of this continuing education meets the Texas Department of State Health Services' Jurisprudence Examination for EMS requirement, and is applicable to all levels of EMT certification.

Continuing Education:

1 hour towards Preparatory (Texas) or Local Continued Competency (NREMT® NCCP) for all certifications.



OBJECTIVES:

- Understand the purpose of the Texas EMS jurisprudence exam and how it ties into your recertification requirements.
- Examine some of the specific rules that apply to emergency medical technicians and providers at all certification levels.
- Review several brief scenarios that may be more frequently encountered by EMS personnel and how they fit under the Texas Administrative Code.
- Learn how to find the EMS-specific rules and regulations on the Texas Department of State Health Services (DSHS) website to address your own questions and concerns.

The EMS rules are signposts that keep you on the right path.

Rules everywhere... and so many of them! Why even read this hefty CE that has *nothing* to do with patient care? There's not even one mention of oxygen, defibrillation, or even pleural decompression.

In reality, the objectives covered by the jurisprudence examination education have *everything* to do with patient care and for every patient you'll encounter during your career. The jurisprudence exam itself not a new concept in Texas... several medical professions have required a similar examination for many years, including physicians, nurses, counselors, and other healthcare-related fields. It assures that medical professionals understand the rules that affect their licensure, practice, and the public's safety.



Most of the jurisprudence examinations for other healthcare professionals require a substantial fee to be paid for each examination attempt, and may also mandate that you take the examination at a proctored location, such as a Pearson-VUE® testing center*. However, fulfilling the jurisprudence exam requirement for EMT-certified personnel is different. It's met by successfully completing education offered by a Texas Department of State Health Services-approved continuing education provider instead.

Why does this examination exist?

The rules governing our profession protect our patients, coworkers, the service you work or volunteer for, and even protect you. If you look at the Texas DSHS' Disciplinary Actions website at <https://dshs.texas.gov/emstraumasystems/disciplinaryactions.shtm>, you'll find a list of personnel and ambulance services who did not abide by the rules. Some face a reprimand for minor violations. On the other end of the spectrum, others no longer have their certifications or licenses due to the harm or potential harm caused by their actions.

So, did they know the rules and if so, understand the impact of violating them? Some were obviously intentional... using a forged certification card or falsifying a patient care report. Other violations may simply stem from a lack of awareness of the rules. However, the responsibility of knowing them lies on the individual alone. This is the purpose of your jurisprudence education: To learn how to find these rules.



For example, did you know that if your ambulance is involved in a collision, your service must report this incident to the state? Or, if your partner's certification card expired a few weeks ago and she's still on the ambulance, both your partner and the EMS service could land in some hot water?

Or what about that "one guy" at your service who created and stocked his own responder bag with IV fluids and a few medications for his personal vehicle? He simply wants to help injured victims if he encounters a roadside emergency while driving home, but this can be a violation of the Texas DSHS rules *if* this bag and its contents were not previously approved by his medical director.

It's important to understand what we can and cannot do as prehospital medical providers. While other healthcare professions require online or even proctored examinations with a fee, the Texas Department of State Health Service's EMS division has allowed approved EMS continuing education providers to develop CE that meets the state's educational objectives. This is unique in that it veers away from the standardized test and instead, offers an opportunity to provide education in a variety of ways. There is no standard examination on the Texas DSHS site for EMS personnel.

Successful completion of approved CE will meet your Jurisprudence Examination for EMS requirements for your current 4-year certification cycle. You'll need to take it again when you're in the next recertification cycle... in other words, at least once every four years. This jurisprudence exam CE also offers credit towards the Preparatory area for your recertification needs in Texas. Every Texas-approved CE provider has their own method of verifying competency (*such as a quiz*), course length, and they may charge a fee, if inclined to do so (*this one is free, of course*).

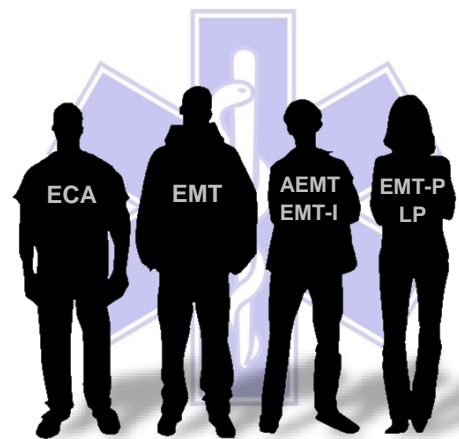


EMS students. All EMT students (*all certification levels*) will have their jurisprudence education incorporated within their curricula. So, as far as the state is concerned, they won't need to take the jurisprudence exam until they renew their certification.

However, an EMS service they work or volunteer for can require *anyone* on their roster to take the exam/CE through a *specific* education provider, even if they have already met the state's requirements for the jurisprudence education. The EMS service may want to assure that everyone receives the same message across the board, the Service Director or Medical Director prefers a certain type of education, or the service wants to use a continuing education provider who issues certificates of completion for their own records.

Rights of an EMS service. An EMS service is called an "EMS provider", whether it's paid or volunteer. Just like individuals, the service must also renew its license. However, an EMS provider's license is renewed every two years instead of four. In addition, every EMS provider must now keep documented records of its personnel's' jurisprudence examination compliance. As of September 1, 2017, every EMS provider, whether a paid or volunteer service, must be able to produce proof that every single EMS-certified individual on staff has completed their jurisprudence exam **before** the service provider's license renewal date. The easiest way is for the service to keep a copy of every staff member's CE certificate. Some specific points to note: ¹

- **Registered first responder organizations (FRO) do not have this recordkeeping requirement. Only EMS does.** However, everyone in the FRO is responsible for his or her own jurisprudence education and recordkeeping.
- An EMS service is not responsible for verifying that the jurisprudence examination was completed by any of their first responder organizations' personnel, unless the FRO or its members receives financial compensation for their work by that EMS service.
- As mentioned earlier, an EMS service can require its staff to take the jurisprudence exam through a specific CE provider, even if some of the staff have already completed this requirement through other means.



The jurisprudence education is required for every level of certification

Do I take this exam only once, or every time I need to renew? The jurisprudence exam must be completed once during every recertification cycle. When you recertify with the state, you'll have a question on your application that asks you to attest that you have completed the jurisprudence exam education. If audited, you'll need to provide proof that you did indeed complete it, just like any other CE.

The jurisprudence education can be completed at any time during the four-year recertification period, as long as it's done *before* submitting your renewal application with the state. This examination is not required for maintaining your National Registry of Emergency Medical Technicians (NREMT)[®] certification, but since the CE is produced by an approved Texas CE provider, the contact hours may be directed towards your Local or Individual Continued Competency content area for your NREMT recertification.

How to find the Texas EMS rules and regulations.

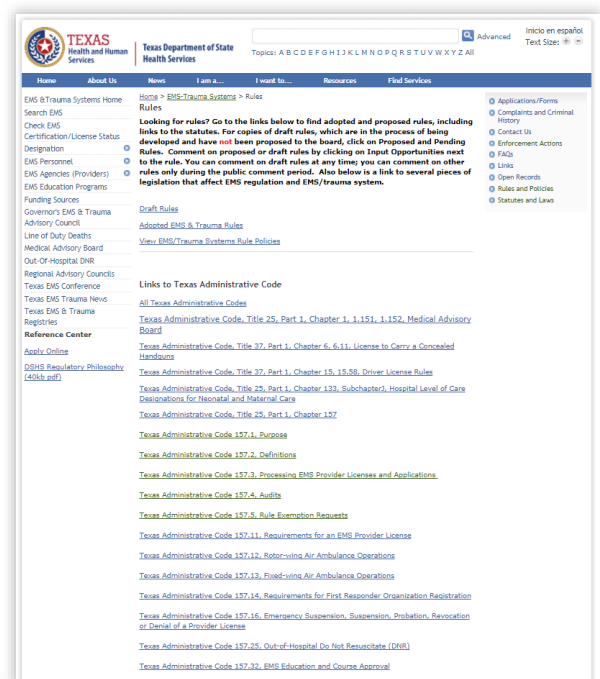
Months down the road, you'll probably forget most of the education about specific rules and regulations in this CE. *That's just part of being a human.*

The most important goal of this CE is learning *how* to find the rules so that if a situation does develop in the future, you know where to find the information. You could probably care less about the requirements of an EMS Infection Control Officer today, but what if you were asked to fill that position two years from now? At least you'll know how to find the rules regarding the position requirements when it becomes important to you.

The link below takes you to an important webpage for the Texas Administrative Code (TAC). The TAC offers a "plain English" way of viewing the most current EMS rules and how the Texas Department of State Health Services assures compliance with them:

<https://www.dshs.texas.gov/emstraumasystems/ruldraft.shtm>. Use this link to find most of the rules that already apply to EMS along with ones that may be proposed. This education will also look at the Texas Health and Safety Code Chapter 773 later on that offers other important rules applying to EMS.

The next page explores rules within the Texas Administrative Code (TAC) that specifically applies to us as EMS personnel and providers. It's not a comprehensive, detailed analysis of every rule, but does explore some of the more pertinent ones for all certification levels and services.





Texas Administrative Code §157.2 is where relevant people, places, and actions are defined within the rules.

We all have a different idea of what a single word or phrase may represent to us. For example, an eye pad can be applied over the *uninjured* eye to prevent visual tracking by the injured one. This prevents further damage to the injured eye. But, if you ask your partner for an eye pad, will he hand you the gauze pad or instead, his iPad® that has the treatment protocols saved on it? Just as it's easy to misinterpret two objects with similar-sounding names, words used within EMS can be misinterpreted as well.



For example: What does a “major trauma facility” mean to you? Now, how is this defined according to the state and the rules that govern it? This education will look at examples of common words and phrases defined within the Texas Administrative Code rule §157.2.

An example of an action: Abandonment. “Abandonment” describes an action where a person is left without appropriate medical care when a need exists. In rule §157.2, it specifically defines abandonment as:

“Leaving a patient without appropriate medical care once patient contact has been established, unless emergency medical services personnel are following medical director's protocols, a physician directive or the patient signs a release; turning the care of a patient over to an individual of lesser education when advanced treatment modalities have been initiated.”

An example of abandonment could include delegating care of a patient to a lower certification level if advanced treatments have already been started. Even though the patient is still receiving medical care in this case, it's not being continued at a *level* of care expected for his or her condition.

An abandonment scenario: A paramedic “fixes” a patient’s asthma attack on scene with oxygen, a couple of nebulizer treatments with a beta₂ agonist (*such as albuterol, Xopenex, DuoNeb, etc.*), and even administers IV dexamethasone (*an intravenous anti-inflammatory medication*) to help prevent his asthma from flaring up again. The patient appears very stable now and gives both thumbs up that the treatments worked. So, the paramedic decides his Advanced EMT (*or EMT-Intermediate*) partner can take over the rest of the call to the

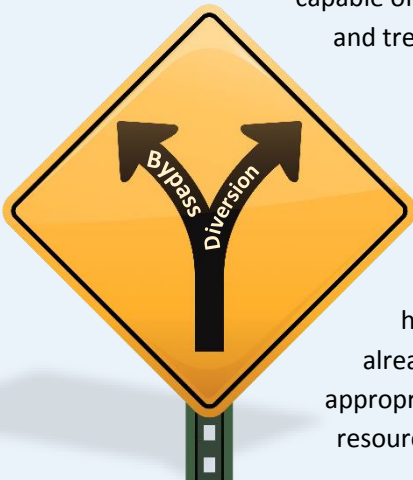
hospital. The patient has an IV, but he's not receiving any more medications and his vital signs seem to be back to normal. The paramedic hops into the driver's seat and smiles: One less report to write!

But, if dexamethasone is not an EMT-Intermediate/Advanced EMT level treatment per protocol, this could be considered as abandonment. If the protocol required cardiac monitoring, this should be continued throughout patient care to the hospital. It doesn't matter that the paramedic was within earshot if the patient's condition declined and he could take over care at any time. It's still abandonment.

Defining locations. Just as there's different levels of EMT certification, there are different levels of hospitals... particularly when it comes to trauma. Trauma facilities are also defined in rule §157.2. All of them stabilize trauma patients and provide trauma-related education to other healthcare providers and their communities.

Starting with the most common designation, a Level IV trauma facility that stabilizes, resuscitates, and arranges transfers of major and severe trauma patients to a higher-level trauma facility is called a "Basic Trauma Facility". And, this level IV or even a Level III trauma facility may be referred to as a "General trauma facility" as well. A "Major trauma facility" meets Level II trauma facility criteria. A "Comprehensive Trauma Facility" represents a Level I trauma facility that continues management of major/severe trauma patients, conducts research in trauma-related topics, and implements targeted education programs.

The difference between a hospital diversion and bypass? If you are transporting a stable suspected stroke patient, you may be directed to *bypass* the local rural hospital for a more specialized one in the nearby city that can provide primary or comprehensive stroke care. While the rural hospital is very capable of stabilizing patients, it usually doesn't have the more specialized diagnostics and treatment options of a comprehensive stroke center.



A hospital *diversion* occurs when a hospital is unable to provide the level of care demanded by the patient's injuries *at that time* or its resources are temporarily exhausted. For example, if your EMS service has several ambulances on scene of a major motor vehicle collision, one or more of them may be diverted from a particular hospital while enroute. That hospital may already have several of these acutely-injured patients in rooms already, is at capacity from a previous incident, or any other situation where an appropriate level care may not be available. Normally, this hospital has all of the resources it needs --- it's just temporarily overwhelmed right now.

Volunteers... who is one, and who isn't? Under §157.2, volunteer personnel do not receive remuneration (*financial or other tangible compensation*) except for reimbursement of expenses, such as a uniform shirt.

A volunteer provider (*EMS or registered first responder organization*) is a non-profit organization can be made up of no more than 25% paid staff. So, an EMT who works for a volunteer EMS is not a “volunteer” herself if she’s one of those 25% who is paid by that service.



Whose license do we work under? Every level of EMT certification practices under medical supervision, which is only granted by a licensed physician under the Medical Practices Act and by rules supported by the Texas Medical Board. In other words, a nurse, physician assistant, or a Division Chief cannot provide medical supervision and direction to EMS personnel; only a licensed physician has that privilege.

Is your ambulance “response ready”? It is if the unit has the required equipment, staffing, and can immediately respond to any emergency call 24 hours a day, 7 days a week. So, are you still working on the wiring for the lightbar? It’s not response ready. How about if the ambulance can respond to any call except infants because the intubation kit is incomplete... you’re still missing your smallest blades? This ambulance is not response ready either. What about that backup unit that may or may not start since it’s been sitting around for two weeks? Or how about getting a crew together quickly if it does start?



Other important definitions. This rule defines just about everything. Some of the more important definitions to know that may not be part of your everyday EMS language include:

Administrator of Record. This is the administrative point-of-contact for the EMS provider who must meet the requirements of Health and Safety Code §773.05712 and §773.0415. This person must remain knowledgeable about the federal and state rules that govern EMS, is required to obtain specific and continuing education for this position, and may not be employed or otherwise compensated by another private for-profit emergency medical services provider.

Advanced Emergency Medical Technician (AEMT). This level of certification encompasses the skills and knowledge of an Emergency Medical Technician Intermediate, and is replacing the older EMT-Intermediate designation that evolved with variants over the years (*EMT-I/99 and EMT-I/85*).

An AEMT needs to be proficient in prehospital basic level skills. But, they also are certified to initiate and perform certain advanced life support procedures, including intravenous therapy and endotracheal intubation, per their Medical Director's authorization in Texas. Other states can vary on their scope of practice.

Emergency Medical Task Force (EMTF). A regional unit specially organized to provide coordinated emergency medical response operation systems during large scale EMS incidents. For UMC EMS personnel, the AMBUS (*ambulance bus*) and MMU (*Mobile Medical Unit*) are usually the first to come to mind for EMTF-1.



Interfacility care. This is medical care provided while transporting a patient between medical facilities.

Medical Control versus Medical Director. Medical Control involves the supervision of prehospital emergency medical service providers by a licensed physician, including on-line (*direct voice contact*) and offline (*written protocol and procedural review*) orders. A Medical Director is the licensed physician who provides medical supervision to the EMS personnel of a licensed EMS provider or a recognized First Responder Organization under the terms of the Medical Practices Act.

Quality management. This incorporates quality assurance, quality improvement, and/or performance improvement activities.

Regional Advisory Council (RAC). This is an organization serving as the Department of State Health Services-recognized health care coalition responsible for the development, implementation, and maintenance of the regional trauma and emergency health care system within the geographic jurisdiction of the Trauma Service Area. A Regional Advisory Council must maintain §501(c)(3) (*non-profit organization*) status.

157.3

Processing EMS Provider Licenses and Applications for EMS Personnel Certification and Licensure



This rule focuses primarily on time periods for applications, certifications, and licenses for both people and EMS services.

You arrive home from shift and your spouse hands you a letter from the Texas Department of State Health Services. You read the letter and find that they are asking for some missing information from your recertification application. How much time do you have? The department needs the information within 30 days from the date the letter was mailed, per §157.33.

What if you move? Your mailing address changes. Do you also have 30 days to notify the Texas Department of State Health Services? If you're already certified, yes (*per Rule §157.33*). But, when you're applying for recertification, you only have 10 days from your mailing address change. That can be a bit confusing.

Rule §157.3 also provides important information about appealing a decision made towards your initial certification or renewal.



157.4

Audits



Any certified person or licensed entity can be audited.

This isn't a long section at all, but audits are important to assure that those who take care of our patients (*both people and services*) are meeting the standards set out for continuing education, recordkeeping, and operations.

An important piece of information to remember about these audits: They can be initiated either randomly or by cause (*a reason to do so*). Also, if a person or service was found to be non-compliant in their last audit, they are also subject to another one to make sure they're still on the *right* track.



All about acquiring, issuing, and maintaining an EMS providers license.

Any prospective ambulance service must submit an application and fee with the state. A person just can't buy an ambulance, hang a shingle out on the front door, and legally call it an ambulance service in Texas.

Fees? But what about volunteer EMS? Volunteer services can be exempt from this fee if they intend to provide emergency prehospital care and are staffed with at least 75% volunteers. They can have up to five full-time staff, and must operate as an IRS-recognized 501(c)(3) nonprofit corporation. If they need to pay a physician to provide medical supervision, that's okay as long as all of the other terms are met.

Warning: Rule §157.11 is really long! This rule covers all of the declarations, plans, and other documentation expected from any ambulance service operating out of Texas. This extensive list includes documenting everything from ownership declarations to dispatching processes, to even spelling out the additional continuing education requirements for the Administrator of Record. The rule covers both new applicants and established ambulance services who are currently operating within the state. Quality assurance practices, exemptions if the service is nationally-accredited, and how specialty care transports are designated form some of the other topics covered under this rule.



Reading though this rule is a long journey, but covers a lot of important topics for EMS providers and even personnel concerned about the operations of a service.

Administrator of Record. An Administrator of Record (AOR) holds many responsibilities, but for the state's needs, is the primary contact person who represents the EMS service. While there are some exceptions listed in rule §157.11 (*such as governmental entities*) these are the basic AOR expectations:

- He or she cannot be employed by another private, for-profit EMS provider.
- Must be certified as an EMT or as another health care professional with a direct relationship to EMS.
- Criminal history check must be performed at the AOR candidate/provider's expense.
- Unless exempted, the AOR must complete an initial education course approved by the Texas DSHS and earn eight hours of CE related to the state and federal rules and regulations that apply to EMS, along with other applicable topics annually.

Vehicles and staff. Rule §157.11 describes the basic expectations for ambulances, such as heating, cooling, and even how the service’s name is displayed on the vehicle. Staffing plans are also required per this rule, and it also points out the need for a completed a jurisprudence exam by every member of the staff.

Ambulance staffing is addressed here and it can be a little confusing. When two ECAs staff an ambulance, is this a BLS level unit? Or does a BLS ambulance require one of them to be an EMT? The answer is that two ECAs can staff an active BLS ambulance... one of them does not *have* to be an EMT for this designation.

How about a BLS with ALS capabilities? If operating as a BLS unit, two ECAs will fulfill the requirement. But if operating as an active ALS unit, this requires staffing by an EMT and an EMT-Intermediate or Advanced EMT. The ECA can be a “third person” on the truck, but you still need at least an EMT and an ALS provider responding on the unit to run at the ALS staffing level.

The same line of thinking follows for an ambulance designated as BLS with MICU capabilities. If operating at the MICU level, a paramedic and an EMT must be on the ambulance. An ambulance designated solely as an MICU unit (*not a BLS with MICU capabilities*) must have a paramedic and at least an EMT to be response-ready and active. It cannot drop down to a BLS unit if its designation is strictly “MICU”.

BLS	BLS with ALS capability	BLS with MICU capability	ALS	ALS with MICU capability	MICU
A BLS unit is staffing at least two ECAs, an ECA and an EMT, or two EMTs when response-ready.	Staffed as BLS when at the BLS capability, or one Advanced EMT (<i>AEMT or EMT-I</i>) and one EMT (<i>or higher</i>) to staff at the ALS level.	One paramedic and one EMT (<i>or higher</i>) at the MICU level of staffing. Or, follows the BLS requirements for the BLS level.	Staffed with one EMT (<i>or higher</i>) and one EMT-Intermediate or Advanced EMT.	ALS level: Same staffing as ALS. MICU level: Paramedic and an EMT or higher.	At least one paramedic partnered with an EMT or higher level.

Treatment protocols. They are required to be signed by the Medical Director with an effective date. There must be protocols for the care of adults, pediatrics, and neonates and under every level of certification staffing on the ambulance. For example, a rural service may rely on ECAs, so their protocols need to address their scope of practice and treatment algorithms in addition to the other levels of certification who staff the ambulance or response units.

Protocols must also address the use of specialized equipment or pharmaceuticals on the ambulance along with the delegated scope of practice for each level of certification.

Ambulance inventory. This rule even lists the basic equipment and capabilities expected for each level of ambulance licensure, and in some cases, even a specific medication such as epinephrine for anaphylaxis. A minimum equipment inventory is described in this rule, starting with BLS units. This list includes basic trauma equipment such as commercial tourniquets and splints, and also covers airway and patient assessment needs.

Part of rule §157.11 now indicates that durable equipment must have identifiable or legible serial numbers, and this must be recorded by the service. Every authorized ambulance must have its own set of required equipment... no “swapping gear” from one unit to another because you’re short. And, all powered patient care equipment must have a manual mechanical backup, spare batteries, or an alternative power source, if applicable.



ALS and MICU ambulances are required to stock as a BLS unit, but also must include additional medications and equipment specifically indicated for the higher level of care. Some new additions to the list include:

- Waveform capnography or state-approved carbon dioxide detection equipment. This is now required when performing or even monitoring endotracheal intubation, and remains the best way to confirm endotracheal tube placement in the field.
- Cardiac monitors/defibrillators with transmitting 12-lead capability are required by all MICU-capable services starting on January 1, 2020. No one has a reliable crystal ball to predict when that “stable patient going to dialysis” is going to develop an acute myocardial infarction. This requirement helps to bring an expected standard of patient care across Texas.

Responsibilities of the EMS provider. Your field training officer (FTO) walks into the station with a report in his hands. “Not me again”, you sigh. Honestly, good FTOs don’t wring their hands and grin knowing they get to slam your patient care report. Instead, they should meet up with you to offer an educational opportunity that improves treatment decisions next time, recognizes great patient care, or the report itself simply requires some grammatical corrections or clarification. This quality management is required by the state. As stated by rule §157.11:

The provider’s quality assessment and performance improvement program includes: “...*monitoring the quality of patient care provided by the personnel and taking appropriate and immediate corrective action to ensure that quality of care is maintained in accordance with the existing standards of care and the provider medical director’s signed, approved protocols*”.

A few examples of other EMS provider responsibilities outlined in this rule include:

- Assuring that all response-ready and in-service vehicles are available 24 hours a day and seven days a week. They must be maintained, operated, equipped, and staffed in accordance with the requirements of the provider's license.
- Confirming that all personnel are currently certified or licensed by the department.
- Developing and using a preventive maintenance plan for vehicles and equipment.
- Provide contact information for the provider's designated Infection Control Officer, with documented education based on U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff-136. An infection control officer is a liaison between the provider/EMS personnel who were possibly exposed to a reportable disease and destination hospital.
- Patient care reports need to be given to facilities receiving the patient before they clear. Or in cases of a response-pending status, an abbreviated documented report needs to be given at time of patient delivery and a fully-documented report (*written or computer-generated*) within 24 hours.
- Patient care records must be kept by an EMS provider for at least seven years. If the patient was younger than 18 years old when last treated by the provider, the records need to be maintained until he or she reaches 21 years of age or for seven years since the last treatment, whichever is longer. If the provider's business is sold or closes, this requirement still remains in effect.
- When on an in-service vehicle or on the scene of an emergency, the EMS provider needs to assure that all personnel are prominently identified by:
 - At least the last name and the first initial of the first name,
 - The certification or license level,
 - And the EMS provider's name.

In *incident-specific* situations that pose a potential for danger or harm to personnel, an alternative identification system can be used.

- If the EMS provider changes Medical Directors, this notification must be made to the Texas DSHS within one business day. Twenty-four hours is not much time, but this change has a major impact on an EMS system and the Texas DSHS needs to remain "in the know" about it.

Complaints. There's always going to be a complaint. But how does the state handle a complaint investigation against a service? This rule explains how a complaint is prioritized and investigated, and the state's expectations from the service it was filed against.



157.16

Emergency Suspension, Suspension, Probation, Revocation, Denial of a Provider License or Administrative Penalties



All about the actions that may be done to an EMS service to protect the public.

Emergency suspension. An emergency suspension represents one of the most immediate and serious actions issued by the Texas DSHS, and becomes effective immediately without a preceding hearing or notice to the license holder. In order to protect public health and safety, the Texas Department of State Health Services may issue an emergency suspension order to any licensed EMS provider if the department has reasonable cause to believe that the conduct of any licensed provider creates an imminent danger.

Accountability. An EMS service not only has a huge stack of documentation to maintain, vehicles to keep up with, and many rules to follow to remain in compliance, but also becomes accountable for the actions of its personnel while doing business. And, it doesn't matter if the license holder was aware of the staffs' actions or not, or even if consent was given. An EMS provider retains the ultimate responsibility for the operation of the service. However, the state will consider the service's current policies and procedures when staff violate rules or EMS standards. More details can be found in the "Accountability of EMS Provider" rule clarification, available for download as a pdf file at:

<http://dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=51630>

Non-emergency suspension or revocation. This may be issued to an EMS service for violating one or more Texas DSHS rules, such as (*but not limited to*):

- Falsifying documents or licenses, or basically any form of forgery, misrepresentation, fraud, or deception.
- Failure to maintain patient confidentiality.
- Operating, directing, or allowing staff to operate vehicle warning devices unnecessarily or inappropriately.
- Operating, directing, or allowing staff to operate any vehicle that is not mechanically safe, clean, and in good operating condition.



Denial of the provider's license. The EMS service may not be able to acquire or renew a license for several reasons, with the most obvious one being that the requirements under rule §157.11 were not met. Other causes include disciplinary action against the service from another state or the federal level, or an owner has a misdemeanor or felony which the department has determined may put the safety of any person at risk.

157.33

Certification



Okay... Enough about the providers. What about the *people*?

This rule set examines the requirements to become an EMT of any certification level and also includes the process involved in changing to an inactive status. Some of the major key points in this rule:

Age. Only adults may apply. Even though you may find a particularly-gifted teenager who would be an asset to your service, a candidate for emergency medical services (EMS) certification in Texas needs to be at least 18 years old.

Education. A high school diploma, home school diploma, or GED certificate is required *unless* the person is obtaining an ECA certification for use exclusively as a volunteer with a licensed provider or registered FRO. All EMS education needs to be obtained through a DSHS-approved course.

National certification. To apply as an EMT of any certification level in Texas, the candidate must have current active or inactive National Registry certification at the appropriate level. The National Registry's First Responder certification is considered the appropriate corresponding certification level for an ECA.

Procrastination or other delays, even legitimate ones. It's understandable that in some cases, a delay may occur from course completion until the National Registry examination, or even from passing the NREMT exam to submitting all of the required information and any fees to the state. But, a candidate who does not complete all requirements for certification within two years of the candidate's initial course completion date must successfully complete *another* initial course to achieve certification along with all of the other standard requirements. The National Registry certification must be kept current until the final requirement for initial state certification has been met.



Reciprocity. If an out-of-state person holds a current National Registry certification, he or she can apply for reciprocity with Texas after completing an application and submitting a fee. An Advanced EMT candidate may be required to submit written verification AEMT skills proficiency from an approved education program.

Reciprocity at the ECA level is not possible in Texas. And, those out-of-state candidates who let their National Registry certification expire will also be ineligible for reciprocity.

Responsibilities of EMS personnel. Rule §157.33 also describes some of the responsibilities of EMS personnel. Timely, complete documentation of patient care reports is required, and the Medical Director's policies and protocols need to be followed. EMS personnel must report abuse or injury to a patient or the public within 24 hours or the next business day after the event, and they are expected to take precautions to prevent the misappropriation of medications, supplies, equipment, personal items, or money belonging to the patient, employer, or really, anyone else for that matter.

EMS personnel will also maintain their skills and knowledge to perform the duties or meet the responsibilities required of their current level of EMS certification.

Certification length. Once certified, an EMT of any certification level enjoys four years of certification that begins on the issuance date of their certificate and/or wallet card. This is, of course, subject to change if disciplinary action cuts the certification length short.



And with certification, there's recertification.

Recertification is the procedure used to renew your current level of EMT certification every four years. The Texas Department of State Health Services may send the renewal candidate a notice no later than 30 days before expiration date, but the ultimate responsibility of knowing when you expire, earning continuing education, and completing the renewal application is yours.

Even if you never received notification, you are still responsible for requesting the renewal application or downloading it online on your own. You worked hard for your certification... don't lose it because you forgot to set an alert on your phone or calendar to renew. Rule §157.34 makes this responsibility very clear.

This rule also covers the actual process of recertification, time allowances, and fees. It also describes the process for military personnel who have been deployed or are being demobilized, which in many cases can offer them additional time.

When can I recertify? The renewal application should be completed with a year of your expiration date. It won't be accepted if your expiration date is more than a year away. Military personnel follow a different timeline if deployed or demobilized.



How do I recertify? The state offers five ways to renew your certification that are all described in this rule. In all cases, the jurisprudence exam requirement must be met at least once per recertification cycle. A brief description of each recertification option is listed on the next page.

Five ways to recertify in Texas

Option:	Description:
Take the NREMT exam	A person can recertify by taking and passing the NREMT cognitive (“written”) exam appropriate to their level of certification. Initial exam: You get three attempts with an additional fee tied to each. If you are unable to pass the exam by the third attempt, a formal recertification course needs to be successfully completed; this allows three more attempts. If you’re unable to pass the NREMT exam after that (<i>six attempts total</i>), your certification expires and cannot be renewed, even by one of the other options listed below. The NREMT has different policies regarding <i>renewal</i> of an NREMT certification by exam that are not as lenient.
Keep up with your continuing education	<p>This option allows you to recertify through earning continuing education hours throughout your current certification cycle. Our look into Rule §157.38 describes this in more detail, but in general, the hours must be earned in specified amounts and content areas as indicated by the state. You can find the most recent information at http://dshs.texas.gov/emstraumasystems/scehours.shtm.</p> <p>Continuing education credit is earned through contact hours. There must be at least 50 consecutive minutes of participation in a learning activity to qualify for one contact hour of CE in Texas.</p>
Maintain a current NREMT certification	If you keep up with your NREMT certification for your practice level, this option allows you to recertify based on this status alone. Your NREMT certification must be current when you complete your recertification application. So, if your state certification expires in February but your NREMT expires in March, that’s okay! However, you’ll want to keep your NREMT certification renewed every two years so you can use this convenient option next time.
Take a formal recertification course	The fourth option is to take a state-approved formal recertification course. This has to be a formal, interactive course and must fulfill the minimum contact hours as shown in this link: http://dshs.texas.gov/emstraumasystems/srcourse.shtm . So, a person recertifying as a paramedic needs to earn 144 contact hours in this course to recertify.
Enroll and complete a state-approved Comprehensive Clinical Management Program (CCMP)	<p>A CCMP is an in-house, Texas DSHS-approved program that may be offered by some EMS services to help maintain EMS personnel certification. The details are found in Rule §157.39. In short, EMS providers can offer this program, which includes completion of continuing education, monitoring, mentoring, assessment, and ongoing professional development as defined by Rule §157.39.</p> <p>To qualify through this option, you would need to be enrolled in the CCMP for at least six continuous months, your medical Director must provide a signed statement that attests to your successful completion of the program, and you must be currently credentialed through this program at the time of your recertification application.</p>

Okay, so my recertification application is a *little* late. If your application is submitted late, you basically need to stay off of the ambulance until your certification is current again. You are no longer certified as an EMR, EMT, AEMT/EMT-Intermediate, or Paramedic/Licensed Paramedic once expired. This rule is clear, and specifically states:

“The candidate whose certification has expired shall be considered late, non-certified and shall not function in the capacity of an EMS certificant or represent that he is EMS certified until recertification is issued.”

How to return to “good graces” after letting your certification expire. It’s not the end of the world if you’re late, but you will have additional obligations to meet before trying to bring your certification back into an unexpired status.

Certification expired 90 days or less: The renewal fee increases to 1 ½ times the normal renewal fee and you still need to meet one of the five recertification options listed on the previous page. In addition, you’ll need to submit a verification of skills proficiency from an approved education program.

Certification expired more than 90 days but less than one year: The renewal fee increases to two times the normal renewal fee and you still need to meet one of the five recertification options listed on the previous page. In addition, you’ll need to submit a verification of skills proficiency from an approved education program.

The rule describes whether or not you’ll need to submit another application, and also what applies to those with a later renewal for an inactive status.



But despite all of his talent, he still wouldn't be able to work on an ambulance until he cleared his certification status.



Most of us try to do the right thing.
But sometimes “stuff happens”, whether intentional or not.

The list below is long, incomplete, and paraphrased. It's worth your time to review this rule if you have a question on whether an action is appropriate or not as an EMS professional. §157.36 describes many of the criteria that contribute to disciplinary action against a person. The disciplinary action can range from several days of suspension to complete surrender of your certification or licensure. In short:

- Do not steal, falsify, cheat, blackmail, deceive, discriminate, or engage in other criminal acts. "Alternative facts" have no place in EMS.
- Write a timely, complete patient care report, regardless if it's a transport or a refusal. A complete patient care report includes:
 - “...documenting a patient's condition upon arrival at the scene, the prehospital care provided, and patient's status during transport, including signs, symptoms, and responses during duration of transport as per EMS provider's approved policy”* [From 25 TAC 157.36(b)(3)]
- Discuss your patient only with those who have a lawful right to know about him or her.
- Don't "turn the other cheek" if you see emotional or physical abuse of your patient or the public. This also includes situations where your partner is the one causing harm. You need to report this to your employer, the appropriate legal authority, and/or the Texas DSHS within 24 hours.
- Follow your Medical Director's orders (*protocols*) and stay within your scope of practice.
- Just because it's 5 o'clock somewhere, you can't just leave/abandon your patient or choose not to respond to a call if you're on duty.
- Abandoning the patient also includes turning over care to someone at a lower certification level when a higher level of care is indicated.
- Insufficient funds for a check written to the Texas DSHS, or not answering their questions.
- Claiming you're a paramedic... but you're an EMT.
- "Borrowing" or not taking appropriate precautions to prevent theft of medications, supplies, and other items.
- You need to avoid illegal dispensing, administration, or selling of controlled substances. See Health and Safety Code Chapter 481 and/or Chapter 483 for details.

- Arrested, charged, or indicted for any criminal offense other than any class C misdemeanor not directly related to EMS? You need to notify the Texas DSHS within 5 business days of the action.
- Failed to pass your employer’s drug screening test, refused it, or said, "I quit... right now!" when asked to take one. That’s cause for disciplinary action.
- Behaving in a disruptive manner to other responders or the public that could reasonably be expected to adversely affect patient care.
- Falsifying documents for your EMS students, such as clinical hours and skills.
- Verbal and/or physical behavior that sexually-exploits the patient, or any behavior that undermines patient-provider trust.
- Failing to notify the department of a current or valid mailing address within 30 days of the change.
- Failing to maintain a substantial amount of skill, knowledge, and/or academic acuity to timely and accurately perform your duties.
- Falsifying or failing to complete daily readiness checks on EMS vehicles, medical supplies, and equipment as required by EMS employers.

What type of disciplinary action can be imposed by the Texas DSHS?

(Source: <http://www.dshs.texas.gov/emstraumasystems/qihome.shtm>)

	Closed: Dismissed due to insufficient evidence that a violation occurred. No disciplinary action warranted.
	Closed: Substantiated, but no disciplinary action warranted. The DSHS accepts the licensee’s plan of correction or internal remediation.
	Reprimand.
	Suspension or Probated Suspension.
	Revocation of certification or license.

The Texas DSHS may impose an emergency suspension of a certificate or license if there is reasonable cause to believe that the conduct of a certificate or license holder creates an imminent danger to the public health and safety. In such instances, the emergency suspension may be imposed separately from any proposed disciplinary action based upon the same conduct.

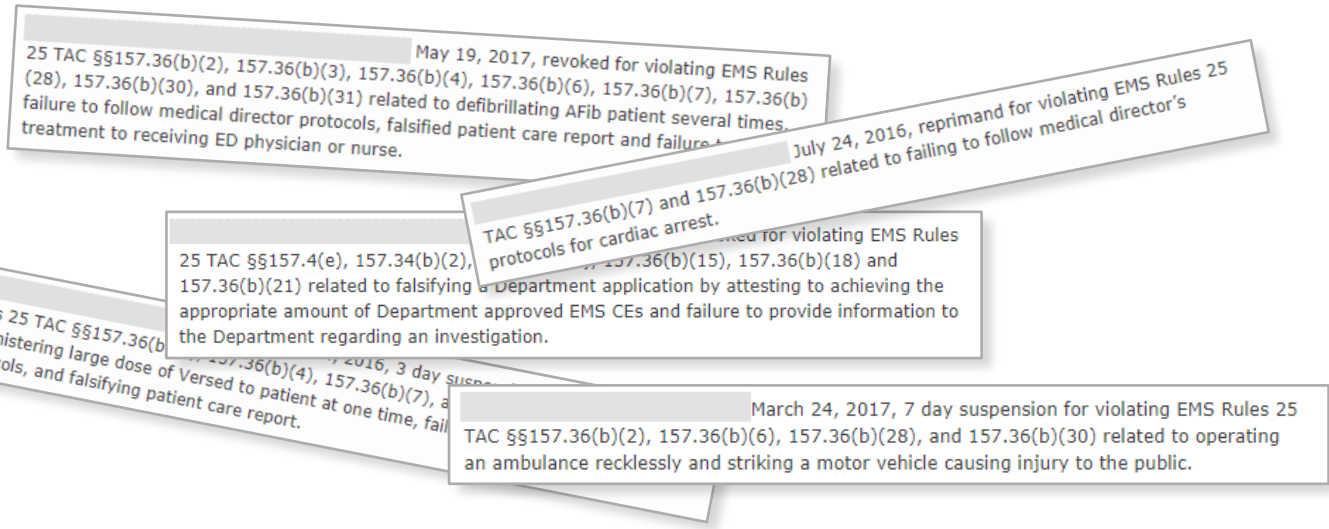
Does this mean once my certification or license has been revoked, I can never certify again?

This section covers the requirements for reapplication after a certification or license has been revoked, an application was denied, or a current certification was voluntarily surrendered. After two years, a person can reapply, but bears the burden of proof that he or she is fit to earn the certification again through the state. The Texas DSHS can deny the reapplication if there's concern about the safety, confidence, and health of the public. If the application is granted, a probationary period will follow it.

The Texas Department of State Health Services publishes a current list of personnel and EMS providers with disciplinary actions, which can be viewed at

<http://www.dshs.texas.gov/emstraumasystems/disciplinaryactions.shtm>.

This list ranges from emergency suspensions of EMS providers and personnel to reprimands for working on an ambulance with an expired certification.





“Intellectual growth should commence at birth and cease only at death.” – Albert Einstein

There’s an entire section on continuing education, which starts off with a solid list of definitions. The list below shows the different ways you can earn continuing education credit towards your recertification.

Approved Educational Opportunities

- CE from a Texas DSHS approved EMS continuing education provider.
- Education from a Joint Commission accredited hospital or other healthcare facility.
- Other Texas DSHS approved education from organizations.

Developing Education

- Directed self-study. Your findings/conclusions must be published in an EMS-related textbook, or a state/national EMS-related journal.

Precepting Students

- Precepting EMS students. These contact hours can only be applied to the Additional Approved Category content area.

What can't be used as continuing education:

- **Personal experience or unpublished personal research.** Even though that unusual trauma patient taught you a few new tricks in patient assessment or that cardiology book offered new insights into 12-lead ECG interpretation, this avenue of learning cannot count as continuing education.

- **Orientation sessions with your new job.** Orientation programs sponsored by employers to provide employees with information about the philosophy, goals, policies, procedures, role expectations, and physical facilities of a specific workplace cannot be used as continuing education.
- **Staff meetings that are not providing medical education applicable to EMS.** Meetings and activities such as in-service programs required as part of employment do not count towards your CE needs unless the in-service training is a type of continuing education approved by the Texas DSHS.
- **Committee involvement.** Organizational activities such as serving on committees, councils, or as an officer or board member in a professional organization do not count towards your CE needs.
- **Attending college classes, but not for a grade.** Some college courses can be audited, which means you attend the class but do not receive a grade or are expected to complete assignments. Auditing a class does not provide any measure of competency with the material, so it cannot count.
- **BLS or other basic courses.** Your Basic Life Support provider card does not count towards your continuing education needs, although more advanced level courses (*ACLS, PALS*) can offer contact hour credit. First-aid and other courses intended for lay persons cannot count towards your CE needs.
- **Repeated CE.** A specific CE course can only be taken once during your recertification cycle for credit. For example, you take an online CE and pass it, earning an hour of education. If you take that same course again in a year or two and it happens to fall within this same recertification cycle, the contact time does not count again. You can only claim credit for one of the times it was taken.

Continuing education providers. This rule also provides details on the requirements of continuing education courses, the process of becoming an approved continuing education provider, and the criteria for instruction. The details can be extensive, ranging from expected content in the course itself (*objectives, for example*) to what information needs to be included on a CE certificate. For a course to meet one contact hour of education, there needs to be at least 50 consecutive minutes of participation in the learning activity.

Responsibilities of EMS personnel. The rule makes it very clear: EMS personnel are responsible for completing their own CE, in the right amount, and addressing the required content areas for their recertification. It's not the responsibility of the EMS service, the regional education providers, or even your partner to make sure you have all of the CE you need.



You need to keep documented proof of your CE completion (*certificates, etc.*) for at least 5 years in case you are audited by the Texas DSHS. This rule also explains some of the audit expectations and what may trigger one to occur. If you are audited, you must provide the requested documentation/information to the Texas DSHS within 30 days.

As of the time this education was created, Texas required the following content areas and hours per four-year recertification cycle, if using the CE route for recertification. These requirements have been in effect since August 2008. For the most updated list, visit: <http://dshs.texas.gov/emstraumasystems/scehours.shtm>

197.3

Off-line Medical Director



Can ANY physician become your Medical Director?

This rule is not in chapter 157, but instead resides in Title 22 Texas Administrative Code §197. Title 22 covers rules tied to the Texas Medical Board, and in this case, who can provide off-line medical direction for an EMS service.

Your service's Medical Director provides off-line medical direction through your protocols, and he or she needs to understand EMS systems and continue to keep that knowledge current. Medical Directors also need to comply with specific requirements and remain in good standing, both state and federal. Just a few of the requirements include:

- The physician must be licensed to practice in Texas and registered as an EMS Medical Director with the Texas Department of State Health Services.
- The physician needs to be familiar with the design and operation of EMS systems, and is expected to help develop and maintain the policies, protocols, and education that guides his or her EMS personnel.
- Understand the rules and regulations that govern EMS, along with the operations of dispatch, local mass casualty incident plans, and community needs.
- Direct an effective quality management system, and be willing to enforce corrective action, including suspend a certified EMS individual from medical care duties for due cause pending review and evaluation.

Continuing Medical Education. Just like EMS personnel, the Medical Director is not immune to continuing medical education (CME) requirements. Before or within two years of holding the position, the physician needs to:

Complete 12 hours of formal continuing medical education in the area of EMS medical direction, followed by an hour of formal CME covering EMS medical direction every two years.	
And <u>one</u> of the following below:	
	Become board certified in Emergency Medical Services through the American Board of Medical Specialties
Or	Obtain a Certificate of Added Qualification in EMS by the American Osteopathic Association Bureau of Osteopathic Specialists
Or	Complete a DSHS-approved EMS medical director course

Some of the restrictions:

- A physician cannot offer off-line medical direction to more than 20 EMS providers unless the physician obtains a waiver from the Texas Department of State Health Services.
- The Medical Director cannot have a suspended or revoked license, and/or be excluded from Medicare, Medicaid, or CHIP.

103 Injury Prevention and Control 

Injuries happen. But the cause of some may require a closer look.

Chapter 103 (*Title 25 Texas Administrative Code §103*) encompasses injury prevention and control for EMS and other healthcare providers/facilities as well. For EMS personnel, sections §103.1, 103.3, and 103.4 are the most relevant ones to our profession.

§103.1: The purpose of the Injury Prevention and Control chapter. This chapter describes the ways that injury reporting, control, and prevention can be implemented in the state of Texas. Information includes how data can be obtained, who may be contacted regarding injury of a person, and how

an investigation may be conducted. Investigations may be made to verify the diagnosis, ascertain the cause of the injury, obtain a history of circumstances surrounding the injury, and even discover unreported cases.

§103.3: Confidentiality. The first section of this rule is important:

“All information and records relating to injuries received by the local health authority or the department, including information electronically submitted to the Texas EMS & Trauma Registries and information from injury investigations, are sensitive, confidential, and not public records.”

Injury information, like all protected health care information, needs to remain confidential and not disclosed to others except where required by law. In our profession, we become directly involved in some “headline news” trauma incidents, ranging from motor vehicle collisions to gunshot injuries, and even suspicious injuries that occur in a local care facility. People ask about these incidents frequently, but confidentiality needs to be maintained.

The rule continues with how records can be released by the department for other purposes, such as research.

§103.5: Reporting Requirements for EMS Providers. Trauma calls are reported electronically to the Texas Department of State Health Services in an acceptable data format.

773

Title 9: Health and Safety Code



The Constitution of Texas is the foremost source of state law. Every two years though, the Texas Legislature meets to develop laws, which are then published in the General and Special Laws, and then codified into the Texas Statutes.

Statutes may be amended, have repealed language, or otherwise can be altered down the road. Codes, such as the Health and Safety Code, organize this massive collection of statutes into specific topics that reflect the most up-to-date revisions of the statutes. In other words, codes offer a specific, logical order and restate the most current law in modern American English, making it a lot easier to understand.

At first glance, the Health and Safety Code appears to describe information similar to the Texas Administrative Code (TAC) sections we just looked at. But reading deeper into it, the Health and Safety Code offers more of a framework of what needs to be regulated, how it can be done, and to what extent the department can act.

§773.050: Minimum Standards. This section outlines the basic expectations for developing rules that govern EMS providers, vehicles, staff, education, certification requirements, and more. This framework is “fleshed out” through the Texas Administrative Code rules described throughout this entire document.

§773.0612: Access to Records. Can the Texas Department of State Health Services step into your ambulance or EMS station without prior notice? Absolutely, and this section clarifies this right along with other allowances granted to the department, such as inspecting the service’s records.

§773.064: Criminal Penalties. This section clearly defines the penalties for misrepresenting a level of EMT certification, or even representing oneself as an EMT when that layperson is not. There’s also an offense tied to EMS providers who advertise a false, misleading, or deceptive statement against emergency medical services staffing, equipment, and vehicles.

In Conclusion...

While there’s a lot of rules that govern EMS, they all play a significant role in ensuring that EMS personnel provide optimal care to the public and operate under a legitimate and safe EMS provider. The Texas Administrative Code and Health and Safety Code will continue to evolve and expand over the years, and it’s important to know where to find the latest information.

Websites maintained by the state will offer the latest information available to the public. For chapter-level access, follow the links below:

Texas Administrative Code (Title 25, Part 1, Chapter 157):

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=157](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=157)

Texas Administrative Code (Title 22, Part 9, Chapter 197):

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=22&pt=9&ch=197&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=9&ch=197&rl=Y)

Texas Administrative Code (Title 25, Part 1, Chapter 103):

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=103&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=103&rl=Y)

Health and Safety Code (Title 9, Subtitle B, Chapter 773):

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.773.htm>

Please be sure to complete the quiz and course evaluation to earn credit for this continuing education. Once completed, you'll have access to your pdf certificate that should be printed and kept for your recertification records.

Thank you!

