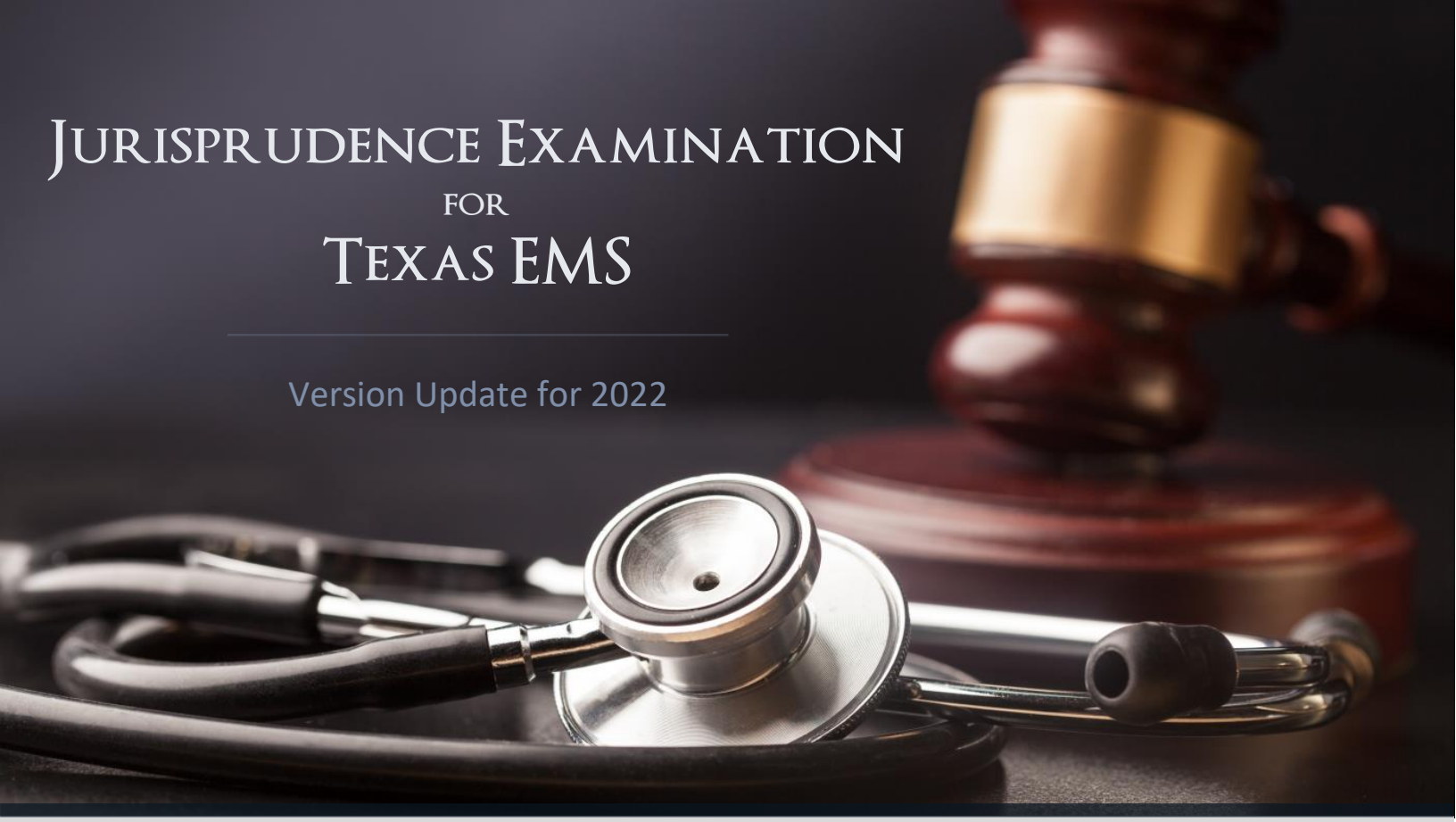

Jurisprudence Examination for Texas EMS

Version Update for 2022

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

This education offers 1.5 hours of CE credit towards Preparatory (Texas recertification) or Local/Individual Continued Competency for the NREMT.

UMC HEALTH SYSTEM
UMC EMS
Texas DSHS EMS CE Provider #100648

Objectives

- Discuss the purpose and benefits of the Texas EMS jurisprudence exam required for recertification.
- Examine specific rules that commonly apply to emergency medical technicians and providers at all certification levels.
- Review several brief scenarios usually encountered by EMS personnel and how they fit under the Texas Administrative Code.
- Explore ways to research the EMS-specific rules and regulations on the Texas Department of State Health Services (DSHS) website for future information-gathering needs.

Introduction to the CE

This continuing education describes the specific Texas rules and codes that directly affect EMS certified personnel and their agencies. Read this education and then take the online exam offered by our site. Once successfully passed, this education fulfills the Jurisprudence Exam requirements for your Texas DSHS recertification.

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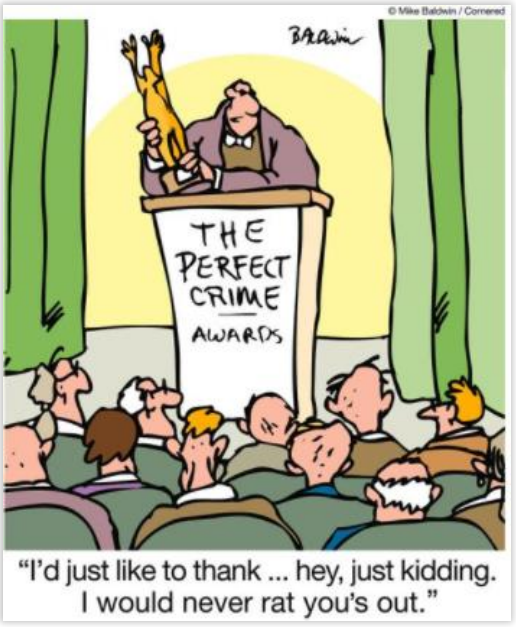
WHAT IS A JURISPRUDENCE EXAM?

Consider this scenario: You and your partner respond to a request for lift assistance at an older couple's home. She normally walks with a cane after a stroke last year, denies any complaints, and tells you she simply felt a little dizzy before the fall. She insists that she's feeling fine at this moment. Now back on her feet with your help, she declines your offer to go to the hospital.

Your partner tells her, "Well, just call 911 if you feel worse" but doesn't obtain vital signs or provide any patient education. He doesn't even explain the risks or signs/symptoms to watch for to her husband on scene. You're not comfortable about this but your partner is "up" and so this is his call. You clear the scene as a refusal and go about the rest of your day.

Hours later, another EMS crew responds to that same address and transports their patient emergently to the hospital. Now you're feeling sick to your stomach. Was it her? Or maybe it was her husband? Your partner looks at you and senses your uneasiness. He smiles and says, "It's all in the documentation. Don't worry about it".

Now what? If your partner falsifies the patient care report with vital signs and detailed patient education that really wasn't given, are you expected to report it? And to who? Is it worth becoming a "snitch" in the eyes of your partner? Maybe it's okay to do nothing at all and hope the problem disappears on its own. *Or is it?*



The Texas Jurisprudence Exam describes our responsibilities towards our profession. It offers insight to what's considered as right and wrong in the eyes of the state that directly affects your certification, career, and even your wallet.

So, what was the answer to this scenario? You would have a duty to report the incident to your supervisor. If you didn't, *both* of you would be held liable even though the patient care and documentation was your partner's responsibility. It's all about protecting the patient.

As a profession, we are expected to provide competent, compassionate prehospital medical and trauma care to people of all ages who are likely to be experiencing the worst day of their life. We are obligated to treat, transport, and maintain our patient's safety while adhering to the many rules set by the state. It doesn't matter if our patient is critically ill or a lifetime member of the *EMS Loyalty Club*. Our duty to either spectrum does not change.

But we sometimes need a little nudge towards learning these rules on our own. Most people don't read the Texas Department of State Health Service (Texas DSHS)'s regulations and codes in their free time when there's far better things to do, like watch paint dry.

So years ago, the Texas DSHS mandated a new requirement (effective September 1, 2017) that would apply to certified personnel and those who would be our future EMTs. The short version: Every person providing prehospital medical care as an ECA, EMT, AEMT, or paramedic needs to be educated on the rules, which is then followed by a knowledge assessment. This is where the *jurisprudence examination* comes in.

Most healthcare professions certified or licensed in Texas already required a jurisprudence examination tailored to their specialty, such as physicians and nurses. EMS now follows suit. The EMS requirement was approved by the 84th Legislative Session with a goal of assuring all prehospital personnel understand the rules and codes that apply to you and your agency.

Who needs to complete the jurisprudence exam and how often?

- This education is now required during a person's initial coursework (incorporated in an EMT class, for example). The jurisprudence exam is then completed every recertification cycle as a certified or licensed ECA, EMT, AEMT, or paramedic.
- For currently-certified EMTs of all levels, the jurisprudence exam must be successfully completed at least once during each four-year recertification cycle.
- An out-of-state person applying for certification in Texas must also pass a jurisprudence exam before completing their initial application with Texas DSHS.
- An employer has the right to require more frequent testing and to even specify the source (the CE program) offering the jurisprudence exam.

The EMS jurisprudence examination requirement has some unique elements compared to other healthcare professions in Texas. For example, licensed physicians and nurses only take their exam once, but EMS personnel complete the requirement every four years. It's not all bad, as this keeps us updated with the newest regulations affecting our profession.

Another example: Physicians pay a fee every time they attempt the test, and they must use a single source for the examination and study materials. On the other hand, you are free to complete the jurisprudence examination through any approved continuing education provider in Texas and this is usually without cost. Keep in mind that individual EMS agencies do maintain the right to dictate where you take your jurisprudence exam. So while we are required to complete this education every four years, we enjoy certain advantages over other healthcare professions in Texas.

Remember that you must maintain proof that you completed a jurisprudence exam *before* you recertify for your Texas ECA, EMT, AEMT, or paramedic certification. The jurisprudence exam can be completed at any time within your recertification cycle. Hold on to your jurisprudence exam completion certificate and all other CE certificates for at least five years in case your educational record is audited by the Texas DSHS. You are ultimately responsible for maintaining records of all the CE you completed for recertification… not your agency, the state, or the CE programs you use.

Requirements for your agency

An EMS service or agency is called an "EMS provider" by the Texas DSHS, regardless if it's paid or volunteer. Just like individuals, the service must also renew its EMS license. However, an EMS provider's license is renewed every two years instead of four.

As part of the recertification process, every EMS provider is expected to maintain records of its personnel's' jurisprudence examination compliance. As of September 1, 2017, all EMS providers, whether a paid or volunteer service, must be able to prove that every single EMS-certified individual on staff has completed their jurisprudence exam before the EMS provider's license renewal date (*source*: https://www.dshs.texas.gov/emstraumasystems/Compliance/pdf/JursiprudenceExamPacket.pdf). The easiest way is to file a copy of every staff member's CE certificate and provide that to the Texas DSHS representative if audited. Some additional information:

- **Registered first responder organizations (FRO)**: As a non-transport entity, FROs bypass this recordkeeping requirement. The FRO agency itself is not required to maintain copies of its staff's jurisprudence examination. However, every person staffing the FRO is responsible for his or her own jurisprudence education and recordkeeping.

- **FRO compliance**: 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.

FINDING THE RULES

The rules governing our profession **protect** our patients, coworkers, your EMS agency, and even you. The Texas DSHS maintains a web page listing disciplinary actions against other personnel and agencies for the last year, which is updated regularly at:

https://dshs.texas.gov/emstraumasystems/disciplinaryactions.shtm.

Some face a reprimand, fine, or both for minor violations. Others are no longer certified or licensed due to the harm or potential harm caused by their actions. Some of the behaviors 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 the regulations falls 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 agency must report this incident to the state? Or, if your partner's EMT certification card expired a few weeks ago and she's still on the ambulance, both your partner and the EMS provider could land in some hot water?

Or what about that "one guy" 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.

The Texas Administrative Code (or 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. This education will cover most of them, but you'll find a link to the list here:

https://www.dshs.texas.gov/emstraumasystems/ruldraft.shtm#EMS

This education will also look at the Texas Health and Safety Code Chapter 773 later on, which offers another set of important rules that apply to prehospital healthcare providers.

157.2 Definitions

Click here to view this rule online

Discovering Definitions

The best way to avoid confusion is to make sure everyone is on the same page. The Texas Administrative Code's Rule §157.2 is dedicated to definitions. For example, what would be the requirements for a major trauma facility in your mind? What *should* it be?

Some of the more common definitions are listed below. This is not an all-inclusive list but examines terms we usually encounter within our profession.

Abandonment

Abandonment is: "*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*."

Some examples of abandonment after establishing patient contact:

- The patient has a medical problem or injury, refuses transport, but is not asked by EMS to sign a release.
- A patient is given a medication by IV or required cardiac monitoring on scene. He appears to stabilize, so the patient's care is transferred to an EMT for transport.

If a mixed crew of a paramedic and EMT assess the patient and determine he only needs BLS care, it's not patient abandonment. If "advanced treatment modalities" have been started (such as IV medications), then the higher certification needs to assume care of the patient.

An Abandonment Scenario

A paramedic treats a patient's asthma attack on scene with oxygen, a couple of nebulizer treatments, and then administers IV dexamethasone 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 EMT partner can take over the rest of the call to the hospital. The patient has an IV, but he's not receiving any medications right now and his vital signs appear to be back to normal. The paramedic hops into the driver's seat: One less report to write!

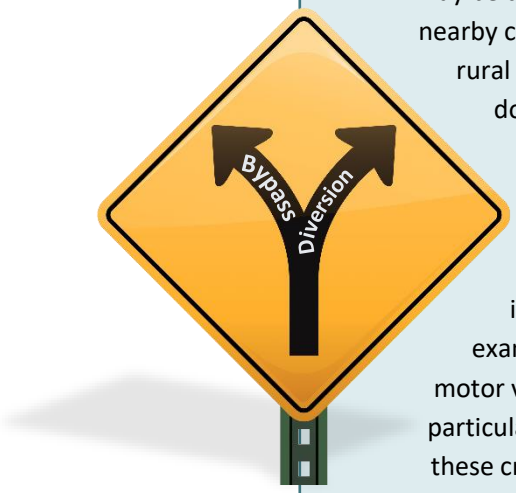
Since dexamethasone is not an EMT level treatment per protocol, this could be considered as abandonment. Also, if the protocol required cardiac monitoring, this should be continued throughout patient care to the hospital. It doesn't matter that the paramedic was within earshot if the patient's condition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

Diversion

Diversion is: *"A procedure put into effect by a trauma facility to ensure appropriate patient care when that facility is unable to provide the level of care demanded by a trauma patient's injuries or when the facility has temporarily exhausted its resources."*

How many times has an emergency center tried to divert you during your radio report? Notice the definition of "diversion" is specifically targeted towards trauma facilities who either cannot provide the level of care needed by the injured patient or it has *temporarily* exhausted its resources. A critically-injured trauma patient needs a surgeon, and time to definitive care is extremely important. By definition, diversion does not apply to medical patients, overcrowded hospitals, or chronic understaffing.

The difference between a hospital diversion and bypass?



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

On the other hand, a hospital *diversion* occurs when a facility 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 critically-injured patients in rooms already, it's at capacity from a previous incident, or any other situation where an appropriate level care may not be available. During normal operation, this hospital has all of the resources it needs --- it's just temporarily overwhelmed right now.

Emergency medical services (EMS) volunteer

An **EMS volunteer** is defined as: *"EMS personnel who provide emergency prehospital or interfacility care in affiliation with a licensed EMS provider or a registered First Responder organization without remuneration, except for reimbursement for expenses."*

By definition, a volunteer would not receive any pay for his or her own time. However, if a volunteer used her credit card to pay for ambulance fuel because the agency's card was not working, she could be reimbursed for that expense without affecting her volunteer status.

Emergency medical services (EMS) volunteer provider

An **emergency medical services (EMS) volunteer provider** is defined as: *"An EMS provider that has at least 75% of the total personnel as volunteers and is a nonprofit organization"*. So, this organization can have a few paid staff but at least 75% of all personnel need to maintain the volunteer status as defined by the previous term. Just because a person works for a volunteer EMS does not make him or her a "volunteer"; this person could be one of the 25% paid staff. In addition, the agency needs to be legally formed as a non-profit organization and follow state regulations that apply to it.

Mobile intensive care unit (MICU)

Does an MICU ambulance need one paramedic or two? The state defines that as well, where a **Mobile intensive care unit (MICU)** is considered as: *"A vehicle that is designed for transporting the sick or injured and that meets the requirements of the advanced life support vehicle and which has sufficient equipment and supplies to provide cardiac monitoring, defibrillation, cardioversion, drug therapy, and two-way communication with at least one paramedic on the vehicle when providing EMS"*.

So, can an MICU ambulance operate with an AED instead of a cardiac monitor/defibrillator, even if staffed by paramedic(s)? *Nope.* Even though advanced AEDs allow for manual override to monitor a single ECG lead and defibrillate, they can't cardiovert.

Response ready

Sometimes a rule refers to another rule for additional details. The definition of **response ready** fits that description: *"When an EMS vehicle is equipped and staffed in accordance with §157.11 of this title (relating to Requirements for a Provider License) and is immediately available to respond to any emergency call 24 hours per day, seven days per week (24/7)"*. We'll examine §157.11 later.

Your ambulance is "response ready" if the unit has the required equipment, staffing, and can immediately respond to any emergency call 24 hours a day, 7 days a week. Is the mechanic working on wiring? It's not response ready. What if your 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. Is dispatch trying to send you on a call but you're out of oxygen? Whether your next patient needs oxygen or not, the unit is still not response ready.

Other important definitions follow on the next page.

Other Important Definitions

Administrator of Record. *"The administrator for an EMS provider who meets 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). "*An individual who is certified by the department and is minimally proficient in performing the basic life support skills required to provide emergency prehospital or interfacility care and initiating and maintaining under medical supervision certain advanced life support procedures, including intravenous therapy and endotracheal or esophageal intubation."*

Sometimes we find errors or misunderstandings in the regulations. An example exists within this definition. "Esophageal intubation" is universally-recognized as something we want to avoid, where the endotracheal tube is inserted into the esophagus instead of the trachea. The stomach does not need ventilation… the lungs do. However, "esophageal intubation" is indicated for an AEMT in this definition, but the phrase itself is not defined. In this case, you may have to assume that "esophageal intubation" refers to blind insertion airway device (BIAD) that is designed for esophageal *placement* but directs ventilated air to the lungs.

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 our area's EMTF-1. However, EMTF resources are found throughout Texas.

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.

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

Rule §157.3 focuses on the initial certification requirements as an ECA, EMT, AEMT, or paramedic and renewal of certifications. This rule also describes the requirements for EMS Instructors and education programs. It also covers initial licensing and renewals for EMS providers (agencies) and FROs.

Scenario: 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 to submit this information?

The answer is within this rule. If recertifying, the department needs the requested information within 10 days from the date the letter was mailed. If the department does not receive this information, a second written request will be made, but once you go past that deadline, your application may be withdrawn by the Texas DSHS and you also forfeit your fees. So, maintaining an accurate mailing address is very important, as there's no requirement in the TAC for email or phone/text message communication. In fact, the Texas DSHS requires you to notify them of any mailing address changes within 10 days of your move if you're in the process of recertifying. Just keep "10 days" in mind as your deadline for anything that might affect your pending recertification application.

So, what if you're already certified, not renewing at this time, and you move with a mailing address change? Do you also have just 10 days to notify the Texas Department of State Health Services? Or can it wait since you're already certified?

If you're *already certified and not renewing*, you have up to 30 days to notify the Texas DSHS of your new mailing address. This is covered in Rule §157.33, which we'll examine later on.

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

157.4 Audits

Click here to view this rule online

AUDITS

Any certified person or licensed entity can be audited. EMS instructors, CE programs, initial education programs, basically anyone certified or licensed with Texas DSHS can be audited either randomly or based on a complaint or concern. An audit may simply require emailed or mailed submission of documents, such as all your CE certificates. For EMS providers and education programs, an audit may include a site visit by a representative of the Texas DSHS who will have access to all records.

This isn't a long section at all in the TAC, but audits are important to ensure that those who take care of our patients (both people and services) are meeting the standards set out for continuing education, recordkeeping, and operations. It keeps people and providers *honest*. If you're doing the right thing and keeping up with CE, an audit is nothing more than a checkup that you'll need to devote some extra time and effort towards. Random audits do not target any specific person or group.

If a person or service was found to be non-compliant or have deficiencies in their last audit, they are also subject to another one to make sure they're still on the right track.

Finally, remember that keeping your mailing address current with the Texas DSHS is important, as mentioned with the last rule. Rule §157.5 specifically states that failure to maintain a current address does not pardon you for the requirements within the audit.

157.5 Rule Exemption Requests

Click here to view this rule online

RULE EXEMPTION REQUESTS

This rule is specifically geared towards the process of granting temporary exemptions to TAC rules that govern EMS. Basically, you have a rule that outlines how to negotiate with other rules. As odd as this may seem, it serves a purpose, particularly with rural EMS providers.

This process is not fast or simple, as it requires documentation on the *need* for the exemption, an assurance that the health and safety of the public will not be compromised if it is approved, the proposed way to resolve the problem, and requires a letter of support from the Medical Director.

An example where this exemption could apply: An individual is currently a certified EMT on a rural service that's in dire need of advanced providers. The EMT has been in school for her AEMT education and just passed all of her classes and completed her clinicals. She has a course completion certificate and is in the process of applying for and testing with the NREMT. However, scheduling with the NREMT can take some time and this EMS service really needs advanced skill providers.

Rural EMS providers benefit the most from Rule §157.5 where resources are limited but patient acuity can be high.

For the time being, she can apply for an exemption to work as an AEMT if she's only providing this higher level of care while partnered with another AEMT or paramedic. The exemption would need to be granted by the Texas DSHS first, but once in effect, this EMT (nearly AEMT) can help take some patient load off of her AEMT or paramedic partner while working for the rural service. The exemption is immediately revoked if she fails her NREMT exam. The exemption also expires at some point in time, which is determined beforehand by the Texas DSHS.

157.11 Requirements for an EMS Provider License

Requirements for an EMS Provider License

This is where the rules and requirements are listed for any person or entity wanting to start an ambulance service, whether 911, interfacility, or private service. Any prospective ambulance service must apply and pay a fee to 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 at most 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 the declarations, plans, and other documentation expected from any ambulance service operating out of Texas. This extensive list includes submitting 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. Other topics include quality assurance practices, exemptions if the service is nationally-accredited, and how specialty care transports are designated under the eyes of the state.

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. If you're an aspiring ambulance service owner, you'll need to tackle this rule in depth. For the rest of us, some of the more pertinent topics within Rule §157.11 are covered below.

Administrator of Record

An Administrator of Record (AOR) holds many responsibilities. **As far as the state is concerned, the AOR serves as the primary contact person who represents the EMS service.** While there are some exceptions listed in rule §157.11 (such as EMS providers directly operated by governmental entities), these are the basic AOR expectations:

- The AOR cannot be employed by two or more private, *for-profit* EMS providers.
- The AOR must be certified as an EMT or as another health care professional with a direct relationship to EMS.
- A 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 requirements for ambulances, such as appropriate 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 levels and designation. Ambulance staffing is addressed within this rule --- 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. There is no ECA level ambulance designation in Texas.

How about an ambulance staffed as **BLS with ALS capabilities?** If operating in the capacity of 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 Advanced EMT (the EMT-Intermediate designation has been phased out by the Texas DSHS). An 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**. When operating at the BLS designation, you only need two ECAs staffing the ambulance (or higher). If operating at the MICU level, a paramedic and an EMT must be on the ambulance, not a paramedic and ECA.

An ambulance designated **solely as a 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".

The next page offers a chart illustrating the different staffing levels in Texas.

Ambulance Staffing Designation

Operating Level:	Requirements:
BLS	A BLS unit is staffing at least two ECAs, an ECA and an EMT, or two EMTs.
BLS with ALS capability	Is BLS when at the BLS capability listed above. Is ALS when at least one Advanced EMT (AEMT) is staffing the ambulance. If the AEMT's partner is a lower certification level, he or she must be an EMT, not an ECA.
BLS with MICU capability	Is BLS when at the BLS capability listed above. Is MICU when at least one paramedic is staffing the ambulance. The other crew member can be an EMT or AEMT, but not an ECA.
ALS	Staffed with one EMT and one AEMT. Or, the ambulance is staffed with two AEMTs.
ALS with MICU capability	Is ALS when staffed at the ALS capability listed above. Is MICU when at least one person is a paramedic. The other person can be an EMT, AEMT, or another paramedic.
MICU	Staffed with at least one paramedic partnered with an EMT, AEMT, or another paramedic.

Treatment protocols

Treatment protocols are standing orders (offline medical control) that are required to be signed by the Medical Director and include an effective date range. 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 an ECA's 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

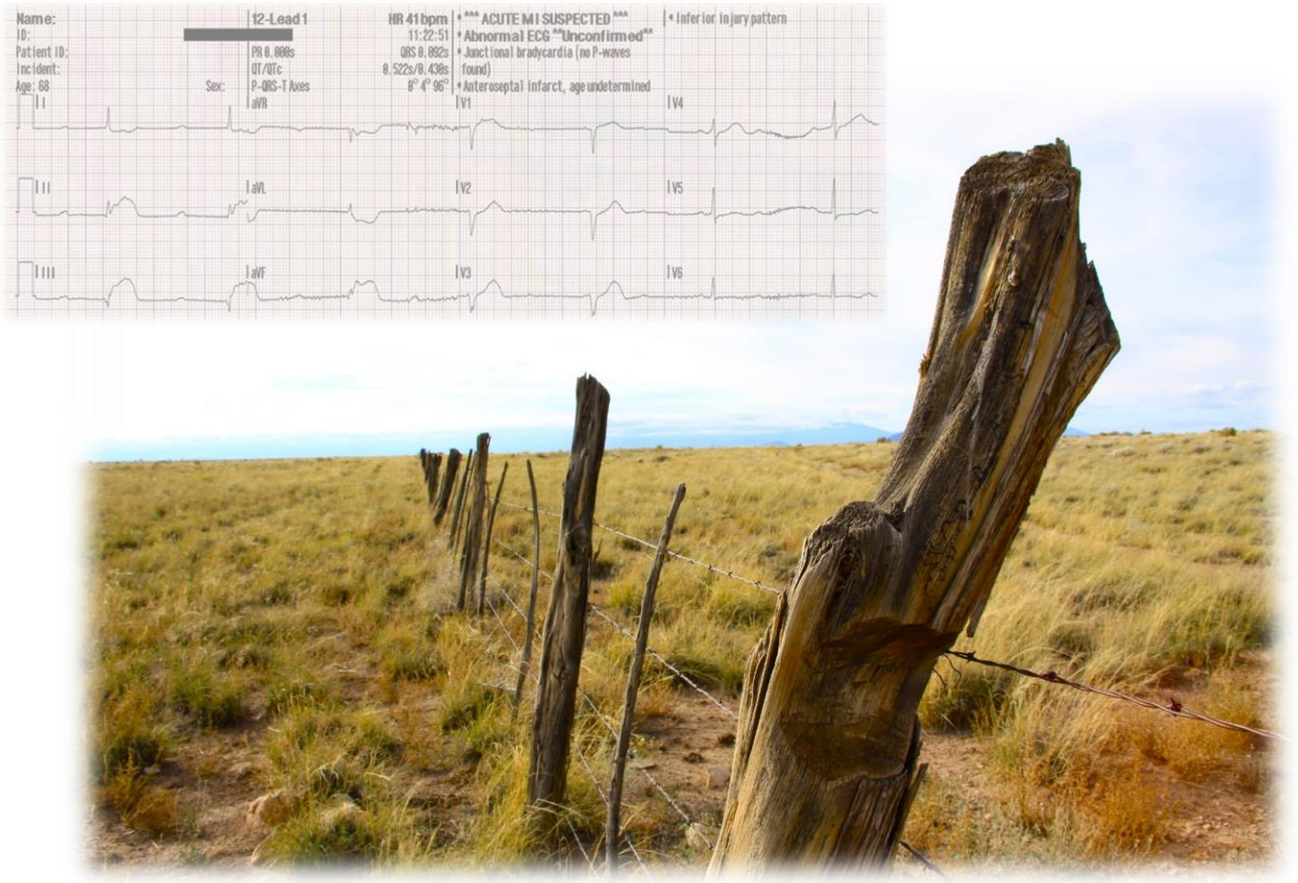
This rule also lists the basic equipment and capabilities expected for each level of ambulance licensure, and in some cases, even a specific medication such as epinephrine for anaphylaxis. A minimum equipment inventory is described in this rule, starting with BLS units. This list includes basic trauma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

Part of Rule §157.11 now requires that durable equipment must have identifiable or legible serial number, and this must be recorded by the service. Every authorized ambulance must have its own set of required equipment. 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, as this technology 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. This became effective on January 1, 2020. No one can predict when that "stable patient going to dialysis" is going to develop an acute myocardial infarction. This requirement helps to deliver an expected standard of patient care across Texas.



The transmitting 12-lead ECG requirement encountered a problem. Rural services in Texas reported that it would be technically impossible to reliably transmit a 12-lead ECG over certain geographical regions lacking a strong cell phone signal. Transmitting monitor data is usually more demanding than voice on a cell phone… the data stream can't wane a lot in strength. In response, the following options were made available by the Texas DSHS in published guidance (effective November 13, 2018):

- Transmit the ECG to the receiving facility (the original option), or
- Use a commercial mobile application approved by the EMS Provider's Medical Director that transmits the information to a receiving facility, or
- That additional documented education be provided to the advanced EMS personnel that ensures he or she can reliably interpret the ECG, determine the patient's emergency needs, and communicate this information before arriving at the receiving facility. This education must be approved by the EMS provider's Medical Director.

The notice can be accessed from here:
https://dshs.texas.gov/emstraumasystems/RulesLaws/pdf/Guidance-2018-B-12-Lead.pdf

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. The FTO’s intent isn’t evil. Instead, they are *expected* to meet up with you for education that improves treatment decisions next time, recognizes great patient care, or to let you know the report itself simply requires some grammatical corrections or clarification. They’re obligated do this as it’s part of the quality management requirement from the state. As indicated 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”.*

Other EMS provider responsibilities outlined in this rule include:

- Assure 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.
- Confirm that all personnel are currently certified or licensed by the department.
- Develop and implement a preventive maintenance plan for vehicles and equipment.
- Provide contact information for the EMS provider’s designated Infection Control Officer, including the individual’s documented education based on U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff-136. When EMS personnel are exposed to a reportable disease, needlestick injury, or other occupational health concern, an infection control officer becomes the liaison between the employee, the EMS provider, and the patient’s destination hospital.

Not part of the expected maintenance plan for ambulances, or any vehicle for that matter.

- Patient care reports need to be given to the receiving facility before the EMS crew clears the hospital. In cases of a response-pending status, another option is to provide an abbreviated patient care report at time of patient delivery and a fully-documented report *(written or computer-generated)* to the facility within 24 hours. The more commonly-used EMS documentation software programs send the completed patient care report to the hospital automatically.
- 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 staffing 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 full 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 also explains how a complaint is prioritized and investigated, and the state's expectations from the service it was filed against.

EMERGENCY SUSPENSION, SUSPENSION, PROBATION, REVOCATION, DENIAL OF A PROVIDER LICENSE OR ADMINISTRATIVE PENALTIES

This rule describes the actions that may be applied to an EMS provider to protects the public and its personnel.

An EMS provider (agency) is expected to maintain a reasonably safe working environment, keep equipment and vehicles in good working order, and implement quality measurement policies to ensure the safety of the patients and general public it serves. All of these requirements were outlined in Rule §157.11. When a provider fails to meet its obligations, Rule §157.16 come into play.

Emergency suspension

An emergency suspension represents one of the most immediate and serious actions issued by the Texas DSHS. This action becomes effective immediately without a preceding hearing or notice to the license holder. 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 provider not only has a huge stack of documents to maintain, vehicles to keep up with, and many rules to follow to remain in compliance, but the agency also becomes accountable for the actions of its personnel while doing business.

The wording in this rule is misleading and implies that the EMS provider would have no defense at all when one or more of the agency's personnel violated a rule, even if the provider was unaware of the situation. Basically, an EMS provider retains the ultimate responsibility for the operation of the service.

On November 16, 2000, an interpretation of the rule was published, providing a more reasonable assessment of the EMS provider's action (or lack of action). The text of the policy reads:

> *"A licensed EMS provider shall be held accountable for the proper operation of the service and the conduct of its personnel at all times in the performance of EMS duties. A provider may defend against a proposed disciplinary action by demonstrating that a violation committed by an individual in its employ:*
>
> 1. *Was committed without the provider's awareness and/or could have not been reasonably foreseen by the provider;*
> 2. *Was clearly against the providers policies;*
> 3. *Was not a repeat violation;*
> 4. *Resulted in immediate corrective action by the provider; and*
> 5. *Was immediately reported to the department by the provider."*

The document itself can be downloaded from:

https://dshs.texas.gov/emstraumasystems/RulesLaws/pdf/polprov01-02.pdf

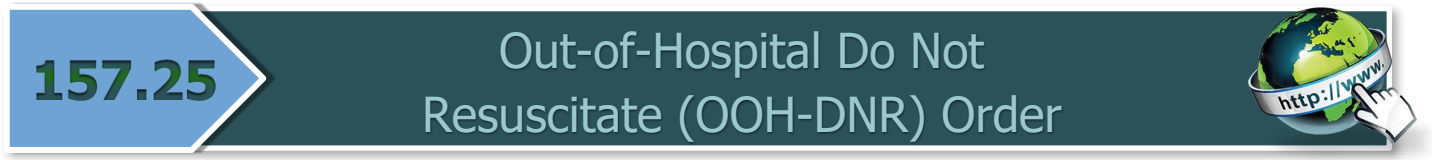
Non-emergency suspension or revocation

This may be issued to an EMS provider for violating one or more Texas DSHS rules. Some examples include the following:

- 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.
- Obtaining any fee or benefit by fraud, coercion, theft, deception, or misrepresentation.
- Allowed or told staff to operate any EMS vehicle in a reckless or unsafe manner and/or in a manner that is dangerous to the health or safety of any person.

Denial of the provider's license

The EMS service may not be able to acquire or renew a license for several reasons. One of the most obvious reasons is that any of the requirements under Rule §157.11 were neglected. Other reasons 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.



OUT-OF-HOSPITAL DO NOT RESUSCITATE (OOH-DNR) ORDER

This rule states that your treatment protocols need to include direction regarding Out-of-Hospital Do Not Resuscitate Orders (OOH-DNR). Specifically, it needs to list the treatments to be withheld when presented with a completed OOH-DNR, what constitutes approved OOH-DNR identification (state OOH-DNR forms, approved metal bracelet, or approved metal necklace) and dispute resolution guidance, such as contacting your medical director. An out-of-state OOH-DNR may be honored if it appears authentic.

Treatments that are specifically withheld for patients with an OOH-DNR include:

- Cardiopulmonary resuscitation (CPR);
- Advanced airway management;
- Artificial ventilation;
- Defibrillation;
- Transcutaneous cardiac pacing

An OOH-DNR does not mean "do not treat". If the patient has a treatable condition that does not involve any of the procedures listed above, treat that patient as you would with any other. If the patient is pregnant or circumstances of the patient's demise are suspicious, the OOH-DNR cannot be honored.

The OOH-DNR must be transported with the patient to the hospital regardless if the patient is going to the hospital for a minor injury/condition or nearing his time of death. It is in effect during prehospital care and for interfacility transports. When honoring an

OOH-DNR, the patient care report must include an assessment of the patient, the type of OOH-DNR identification, and who confirmed the patient's identity on scene.

An OOH-DNR may be revoked. Per the OOH-DNR instructions (found at https://dshs.texas.gov/emstraumasystems/DNR/pdf/DNR_Form.pdf), an OOH-DNR make be revoked under the following circumstances:

> *"An OOH-DNR Order may be revoked at ANY time by the person, person's authorized representative, or physician who executed the order. Revocation can be by verbal communication to responding health care professionals, destruction of the OOH-DNR Order, or removal of all OOH-DNR identification devices from the person."*

CERTIFICATION

Becoming an ECA, EMT, AEMT, or paramedic

This rule set examines the requirements to become an EMT at any certification level and includes the process involved with changing from an active to an inactive status. Some of the major key points in this rule are outlined below.

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 technician (EMT) 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 Texas DSHS-approved course.

National certification is required

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

Procrastination or other delays when applying for state certification

Sometimes a person has a delay from course completion until they take their National Registry examination, or even from passing the NREMT exam to submitting all of the required information and any fees to the state. However, 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 also remain 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 of AEMT skills proficiency from an approved education program.

Reciprocity at the ECA level is not possible in Texas. Only EMTs, AEMTs, and paramedics can apply for reciprocity directly from their current certification level.

Finally, any *out-of-state* candidates who allow their National Registry certification to 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.

This rule adds that 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 is allotted 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.

157.34 Recertification

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 your certification expires, 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?

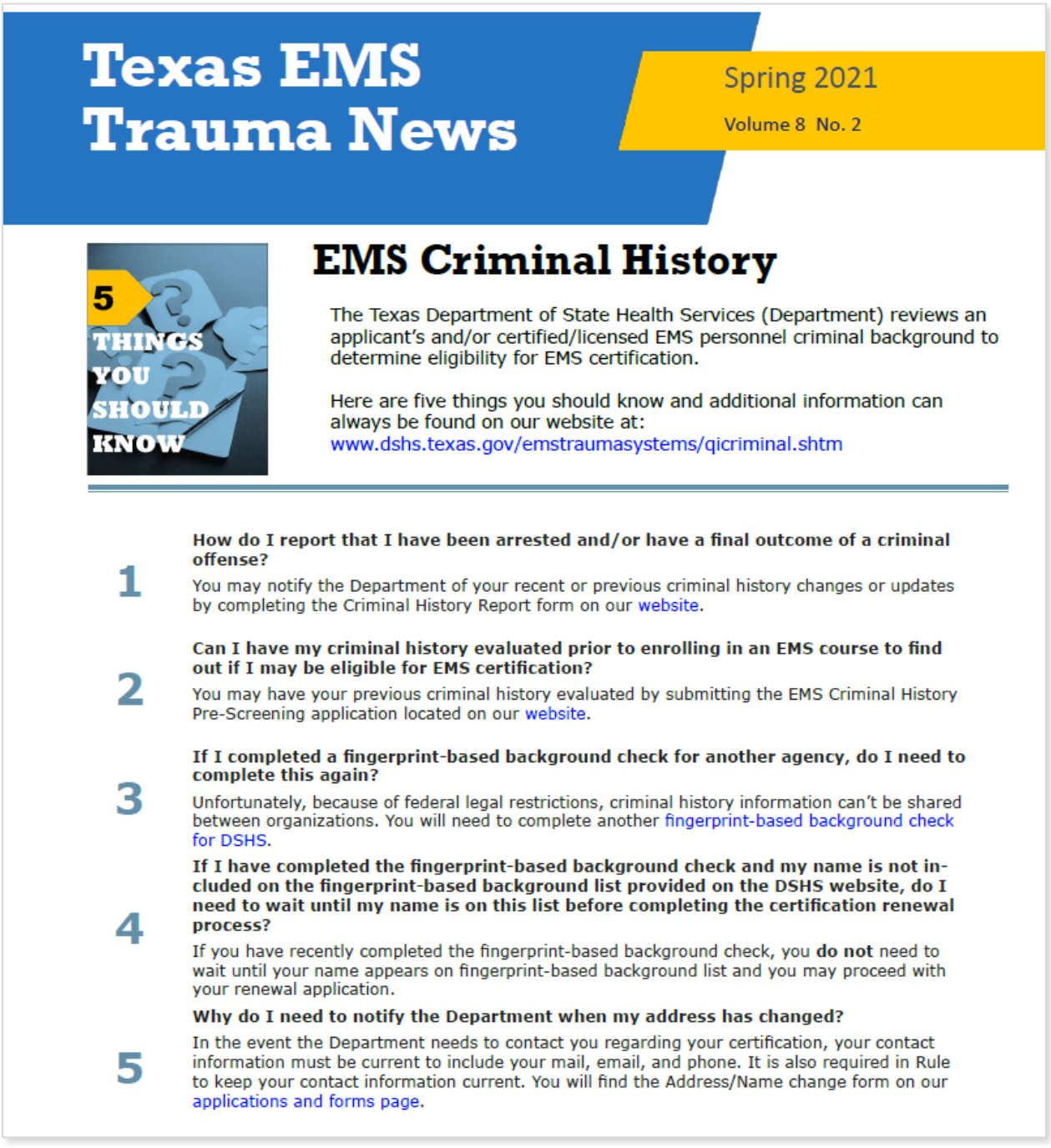
The renewal application should be completed with a year of your expiration date. It won't be accepted if your expiration date is more than a year away… it's just too soon. Military personnel follow a different timeline depending on whether they are deployed or demobilized.

Fingerprinting

Fingerprinting is required only *once* during your EMS certification in Texas, but Texas DSHS can't use your existing prints from a concealed carry license, nursing license, etc. See the next page for details.

The image below is from page 7 of the Spring 2021 edition of the Texas EMS Trauma News publication, which is a quarterly online newsletter developed by the Texas DSHS' EMS division. You can access the current and previous issues of the newsletter from here: https://www.dshs.texas.gov/emstraumasystems/txemstraumanews.shtm

The links are accessible in the image below if you want to view more detailed information. To see if you have met the fingerprint requirements, go to the Recertification-Relicensure Information webpage, scroll down to "*Fingerprinting Requirement for Renewal*", and download the Excel sheet for your certification level. If your name is **on** the list, you've met the requirements and don't need to fingerprint again.



Texas EMS Trauma News

Spring 2021

Volume 8 No. 2

EMS Criminal History

The Texas Department of State Health Services (Department) reviews an applicant's and/or certified/licensed EMS personnel criminal background to determine eligibility for EMS certification.

Here are five things you should know and additional information can always be found on our website at:
www.dshs.texas.gov/emstraumasystems/qicriminal.shtm

1 **How do I report that I have been arrested and/or have a final outcome of a criminal offense?**

You may notify the Department of your recent or previous criminal history changes or updates by completing the Criminal History Report form on our website.

2 **Can I have my criminal history evaluated prior to enrolling in an EMS course to find out if I may be eligible for EMS certification?**

You may have your previous criminal history evaluated by submitting the EMS Criminal History Pre-Screening application located on our website.

3 **If I completed a fingerprint-based background check for another agency, do I need to complete this again?**

Unfortunately, because of federal legal restrictions, criminal history information can't be shared between organizations. You will need to complete another fingerprint-based background check for DSHS.

4 **If I have completed the fingerprint-based background check and my name is not included on the fingerprint-based background list provided on the DSHS website, do I need to wait until my name is on this list before completing the certification renewal process?**

If you have recently completed the fingerprint-based background check, you **do not** need to wait until your name appears on fingerprint-based background list and you may proceed with your renewal application.

5 **Why do I need to notify the Department when my address has changed?**

In the event the Department needs to contact you regarding your certification, your contact information must be current to include your mail, email, and phone. It is also required in Rule to keep your contact information current. You will find the Address/Name change form on our applications and forms page.

What if my recertification application is a little late?

If your application is submitted late, you need to stay off of the ambulance until your certification is current again. You are no longer certified as an ECA, EMT, AEMT, or EMT-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 if you let your certification expire, you will have additional obligations to meet before you'll step foot on an ambulance again.

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 next 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 next page. In addition, you'll need to submit a verification of skills proficiency from an approved education program.

Certification expired a year or longer: You'll have no options at this point but to certify as a new candidate following the criteria in Rule §157.33. Recertification is no longer an option.

Certification expired:	Requirements to renew
90 days or less	• Pay the increased fee (1 ½ of normal) • Submit a skills proficiency verification form • Meet all requirements for CE
91 to 364 days	• Pay the increased fee (twice of normal) • Submit a skills proficiency verification form • Meet all requirements for CE
365 days or longer	*Recertification is not an option*

Which methods can I use to 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.

Recertification Options

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 (six attempts total), your certification expires and cannot be renewed, even by one of the other options listed below. The NREMT has different policies regarding *renewal* of an NREMT certification by exam.
Keep up with your continuing education	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. 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. Bathroom breaks, lunch, etc. are not included as contact hours. You can use other sources of approved and accredited education for your CE hours, including sources for nursing, physicians, respiratory, etc. See https://dshs.texas.gov/emstraumasystems/EMS/sotherce.shtm for a list of approved providers.
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. The NREMT requires fewer hours overall compared to the previous option (CE only).
Take a formal recertification course	The fourth option is to take a state-approved formal recertification course. This must be a formal, interactive course and must fulfill the minimum contact hours as shown in this link: http://dshs.texas.gov/emstraumasystems/srcourse.shtm. A person recertifying as a paramedic needs to earn 144 contact hours in this course.
Enroll and complete a state-approved Comprehensive Clinical Management Program (CCMP)	A CCMP is an in-house, Texas DSHS-approved program that may be offered by some EMS providers to help maintain EMS personnel certification. The details are found in Rule §157.39. In short, EMS providers provide continuing education, monitoring, mentoring, assessment, and ongoing professional development as defined by Rule §157.39. It is a labor-intensive option for the EMS provider though. 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.

CRITERIA FOR DENIAL AND DISCIPLINARY ACTIONS FOR EMS PERSONNEL AND APPLICANTS AND VOLUNTARY SURRENDER OF A CERTIFICATE OR LICENSE

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

The list below is a long, incomplete, and paraphrased description of the actual set of rules. It's worth your time to review this section if you have a question on whether an action is appropriate or not as an EMS professional. Rule §157.36 describes common criteria contributing to disciplinary action against a person. The disciplinary action can range from several days of suspension to complete surrender of your certification or licensure. As paraphrased:

- 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's information 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 kind of disciplinary action can be imposed by the Texas DSHS?

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

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.

	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.

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.

157.38 Continuing Education

CONTINUING EDUCATION

"Intellectual growth should commence at birth and cease only at death."

— Albert Einstein

There's an entire rule for continuing education that 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, state/national EMS-related journal, conference, or other educational venue.

Precepting Students

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

What <u>can't</u> 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 a cardiology book offered new insights into 12-lead ECG interpretation, this avenue of learning does not qualify as continuing education.
- **Orientation sessions with your new job.** Orientation programs sponsored by employers to provide employees with information about the philosophy, goals, workplace policies, non-medical 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 complete assignments. Auditing a class does not provide any measure of competency with the material. You need a grade and a transcript.

- **Very basic education or first aid courses.** First-aid and other courses intended for lay persons cannot count towards your CE needs.

- **Repeated CE.** An *identical* CE course can only be taken once during your recertification cycle for credit. For example, you take an online CE entitled "The Traumatic Abdomen" and earn 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 instances.

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 are 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 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 with the last update of the page on March 5, 2021. For the most updated list, visit: http://dshs.texas.gov/emstraumasystems/scehours.shtm

197.3 Off-line Medical Director

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.

An FRO or EMS provider's Medical Director provides off-line medical direction through protocols. Without a doubt, the Medical Director needs to understand EMS systems and continue to keep that knowledge current. Medical Directors also need to comply with specific requirements from the Texas DSHS 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. However, this doesn't mean the physician needs to be an "ER doc" or board-certified in emergency medicine.
- 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 suspending a certified EMS individual from medical care duties for due cause pending review and evaluation.

"Patients don't put their trust in machines or devices. They put their trust in you."

– Margaret Hamburg

Continuing Medical Education

Just like EMS personnel, the Medical Director also completes continuing medical education (CME). Before or within two years of holding the Medical Director 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 Texas DSHS-approved EMS medical director course

A few restrictions for Medical Directors

- 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

Injury Prevention and Control

Chapter 103 (Title 25 Texas Administrative Code §103) describes injury prevention and control for EMS and other healthcare providers/facilities. For EMS personnel, sections §103.1 through §103.5 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.

§103.2: Definitions

Just like the Texas Administrative Code's §157.2, this section defines the who and what as it pertains to the rules and regulations governing our profession. Some of the more pertinent ones to the prehospital realm are listed on the next page. You can view the other definitions at §103.2: Definitions.

SELECTED LIST OF DEFINITIONS FROM §103.2	
Electronic reporting	Submitting data by computer in a format prescribed by the department.
Emergency Medical Services (EMS) provider	A person or entity that uses, operates or maintains EMS vehicles and EMS personnel to provide EMS; as defined by Health and Safety Code, §773.003(11) and Chapter 157, Subchapter A, §157.2 of this title (relating to Definitions).
Health authority	A physician appointed as such under Texas Health and Safety Code, Chapter 121.
Injury	Damage to the body resulting from intentional or unintentional acute exposure to thermal, mechanical, electrical, or chemical energy, or from the absence of essentials such as heat or oxygen
Regional Registry	A system that collects, maintains and reports EMS provider runs and trauma data to the department for a designated area of the state.
Reporting entity	An EMS provider, a justice of the peace, a medical examiner, a physician, or an entity reporting on behalf of the physician including a hospital or an acute or post-acute rehabilitation facility.
Reportable event	Any injury or incident required to be reported under this chapter
EMS run	A resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to or transports a person.
Traumatic brain injury (TBI)	An acquired injury to the brain, including brain injuries caused by anoxia due to submersion incidents.
Spinal cord injury (SCI)	An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel dysfunction.
Submersion injury	The fatal or non-fatal process of experiencing respiratory impairment from submersion/immersion in liquid.
Significant trauma injuries	Other severely injured trauma patients whose injury meets the department's inclusion criteria based on the data dictionaries and admitted to a hospital inpatient setting for more than 48 hours, or died after receiving any evaluation or treatment, or was dead on arrival, or transferred into or out of a hospital.
Trauma	An injury or wound to a living body caused by the application of an external force, including but not limited to violence, burns, poisonings, submersion incidents, traumatic brain injuries, traumatic spinal cord injuries, and suffocations.
Trauma service area (TSA)	A multi-county area in which an emergency medical services and trauma care system has been developed by a Regional Advisory Council and has been recognized by the department.

§103.3: Confidentiality

The first section of this rule is extremely 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" 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 section continues with how records can be released by the department for other purposes, such as research.

§103.4: Who Shall Report and List of Reportable Injuries and Events

For the Texas DSHS, the word "shall" represents "must". So in this section, the state lays out who must report certain injuries and deaths, including those individuals not directly involved in patient care. The state maintains a huge database of this reportable data that must updated with each EMS provider or other reportable entity/individual within a set number of days from the incident. Individuals or entities listed below are defined in §103.2:

- EMS Provider: All EMS runs
- Justice of the Peace
    - Submersion injuries
    - Traumatic brain injuries
    - Spinal cord injuries
- Medical examiner
    - Submersion injuries
    - Traumatic brain injuries
    - Spinal cord injuries
- Physician
    - Submersion injuries
    - Traumatic brain injuries
    - Spinal cord injuries
    - A physician shall be exempt from reporting if a hospital or acute or post-acute rehabilitation facility admitted the patient and fulfilled the reporting requirements as

stated in §103.7 of this title (relating to Reporting Requirements for Hospitals) or §103.8 of this title (relating to Reporting Requirements for Acute or Post-Acute Rehabilitation Facilities).

- Hospital (if reporting for a physician)
    - Traumatic brain injuries
    - Spinal cord injuries
    - Submersion injuries
    - Significant trauma injuries
- Acute or post-acute rehabilitation facility (if reporting for a physician)
    - Traumatic brain injuries
    - Spinal cord injuries

The professionals or organizations listed in this section must send all reports of injuries and events listed in this section to the Texas EMS & Trauma Registries. If the above listed professionals or organizations choose to notify a local or regional health authority to respond on their behalf, the local or regional health authority must report to the Registries within ten workdays.

§103.5: Reporting Requirements for EMS Providers.

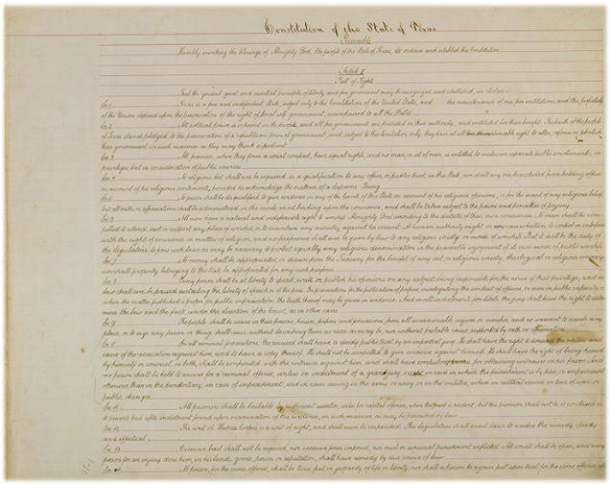
Trauma calls are reported electronically to the Texas Department of State Health Services in data format specified by the state. It needs to be sent electronically to the Texas EMS & Trauma Registries within 90 days since the 911 call (or other call for assistance), and the section recommends monthly submissions of data. No more stacks of paper or faxes.

If the EMS provider had no reportable calls for that time period, they still need to submit *something*. In this case, they report "no reportable data" every month where this is the case.

An EMS provider can use a third-party service such as their electronic patient care report program (if it offers this service), but there must be a legally-binding agreement between the service and the EMS provider to ensure each party's responsibilities are known and clear.

This agreement needs to be sent to the state and regardless of the terms, the EMS provider is ultimately responsible for the complete, accurate, and timely submission of data to the Registries.

TITLE 9: HEALTH AND SAFETY CODE



The 1876 Constitution of Texas

The 1876 revision of the Constitution of Texas is the foremost source of state law. But as years move on, things change and new legislation is needed. Computers, modern infrastructure, and other integrations have made life far different compared to the late 1800s. The original 1876 Constitution of Texas has been amended hundreds of times.[1] The Texas Legislature meets to develop laws every two years, which are then published in the General and Special Laws. These laws are then codified into the Texas Statutes.

Statues may be amended, have repealed language, or can otherwise 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 reads a lot like the Texas Administrative Code (TAC) sections we just looked at. But digging deeper into it, the Health and Safety Code offers guidance to what needs to be regulated, how it can be done, and to what extent the department can act. A few are highlighted below:

§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.

1 The Texas Constitution of 1876. Texas State Library and Archives Commission (December 5, 2017). *Webpage*: https://www.tsl.texas.gov/treasures/constitution/index.html. *Accessed on* December 29, 2021.

§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 to ensure we're providing optimal, safe care to the public. 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

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

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

Health and Safety Code (Title 9, Subtitle B, Chapter 773):
http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.773.htm

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