

1 10A NCAC 13P .0224 is adopted as published in 31:24 NCAC 2448-2450 as follows:

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3 **10A NCAC 13P .0224 GROUND AMBULANCE VEHICLE MANUFACTURING STANDARDS**

4 (a) In addition to the terms defined in Rule .0102 of this Subchapter, the following definitions apply to this Rule:

5 (1) “Remounted” means a ground ambulance patient compartment module that has been removed from  
6 its original chassis and mounted onto a different chassis.

7 (2) “Refurbished” means upgrading or repairing an existing ground ambulance patient care module or  
8 chassis that may not involve replacement of the chassis.

9 (b) Ground ambulances as defined in Rule .0102 of this Subchapter manufactured after July 1, 2018, based and  
10 operated in North Carolina shall meet one of the following manufacturing standards:

11 (1) the Commission on Accreditation of Ambulance Services (CAAS) “Ground Vehicle Standard for  
12 Ambulances” (GVS - v.1.0), incorporated herein by reference including all subsequent amendments  
13 and editions. This document is available online at no cost at [www.groundvehiclestandard.org](http://www.groundvehiclestandard.org); or

14 (2) the National Fire Protection Association (NFPA) 1917-2016 “Standard for Automotive  
15 Ambulances,” incorporated herein by reference including all subsequent amendments and editions.  
16 This document is available for purchase online at [www.nfpa.org](http://www.nfpa.org) for a cost of fifty-two dollars  
17 \$52.00.

18 (c) The following are exempt from the criteria set forth in Paragraph (b) of this Rule:

19 (1) ambulances owned and operated by an agency of the United States government;

20 (2) ambulances manufactured prior to July 1, 2018;

21 (3) convalescent ambulances as defined in Rule .0102 of this Subchapter;

22 (4) remounted and refurbished ambulances; and

23 (5) Medical Ambulance/Evacuation/Bus as set forth in Rule .0217 of this Section.

24 (d) Effective July 1, 2018, the National Highway Traffic Safety Administration (NHTSA) KKK-A-1822F-  
25 Ambulance Manufacturing Standard will no longer meet the minimum manufacturing standard for new ambulances  
26 as set forth in Paragraph (b) of the Rule.

27 (e) Ground ambulances that do not meet the criteria set forth in this Rule shall be ineligible for permitting as set forth  
28 in Rule .0211 of this Section.

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30 *History Note: Authority G.S. 131E-156; 131E-157; 143-508(d)(8);*

31 *Eff. January 1, 2018.*

1 10A NCAC 13P .0410 is adopted as published in 31:24 NCAC 2448-2450 as follows:

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**10A NCAC 13P .0410 COMPONENTS OF MEDICAL OVERSIGHT FOR AIR MEDICAL PROGRAMS**

(a) In addition to the terms defined in Rule .0102 of this Subchapter, the following definition applies to this Rule, a “Specialized Ambulance Protocol Summary (SAPS) form” means a document completed by the Medical Director of the Air Medical Program that contains a listing of all medications, equipment, and supplies.

(b) Licensed EMS providers seeking to offer rotary-wing or fixed-wing air medical program services within North Carolina shall make application and receive approval from the OEMS prior to beginning operation.

(c) Licensed EMS providers seeking to offer multiple air medical programs under separate medical oversight processes as set forth in Paragraph (d) of this Rule shall make application for each program and receive approval from the OEMS as set forth in Paragraph (b) of this Rule.

(d) Each Air Medical Program providing services within North Carolina shall meet the following requirements for the provision of medical oversight:

- (1) a Medical Director as set forth in Rules .0402 and .0404 of this Section;
- (2) treatment protocols approved by the OEMS, to be utilized by the provider as required by Rule .0406 of this Section;
- (3) a peer review committee as required by Rule .0409 of this Section;
- (4) notify all North Carolina EMS Systems where services will be provided to enable each EMS System to include the provider in their EMS System plan, as set forth in Rule .0201(a)(11) of this Subchapter;
- (5) permit inspections of all aircraft used within North Carolina as set forth in Rule .0209 of this Subchapter including the supplemental information contained on the program’s SAPS form;
- (6) populate and maintain a current roster in the North Carolina Credentialing Information System database for all air medical crew members, Medical Directors, and staff identified by the program to serve as primary and secondary administrative contacts;
- (7) all medical crew members operating in North Carolina shall maintain a current and active North Carolina license or credential in accordance with the rules and regulations of the appropriate licensing or credentialing body. Any medical crew member suspended by the Department shall be barred from patient contact when operating in North Carolina until such time as the case involving the medical crew member has been adjudicated or resolved;
- (8) continued membership and active participation in each Trauma RAC containing the majority of hospitals where the program transports patients for admission;
- (9) submit patient care data into the PreHospital Medical Information System (PreMIS) for all interstate and intrastate transports as set forth in Rule .0204(b)(6) of this Subchapter;
- (10) provide information regarding procedures performed during transport within North Carolina to OEMS to allow review by the North Carolina OEMS Medical Director;

1           (11) submit peer review materials to the receiving hospital’s peer review committee for each patient  
2           transported for admission; and

3           (12) a method providing for the organized and coordinated dispatch of resources between air medical  
4           programs to enhance scene safety, ensure only the number of air medical resources needed respond  
5           to the incident location are provided, and arrange for the receiving hospital to prepare for the  
6           incoming patient.

7 (e) In addition to the requirements set forth in Paragraph (d) of this Rule, Air Medical Program whose base of  
8 operation is outside of North Carolina who operate fixed-wing or rotary-wing air medical programs within the State  
9 shall meet the following conditions for the provision of medical oversight:

10           (1) submit to the OEMS all existing treatment protocols utilized by the program in the state that it is  
11           based for comparison with North Carolina standards as set forth in the “North Carolina College of  
12           Emergency Physicians: Medical Oversight and Data Collection” standards, and make any  
13           modifications identified by the OEMS to ensure compliance with the North Carolina standards as  
14           set forth in Subparagraph (d)(2) of this Rule;

15           (2) permit inspections of all aircraft used within North Carolina as set forth in Paragraph (b)(5) of this  
16           Rule, to be conducted at a location inside North Carolina at a time mutually agreed upon by the  
17           Department and the air medical program;

18           (3) submit written notification to the Department within three business days of receiving notice of any  
19           arrests or regulatory investigations for the diversion of drugs or patient care issues involving a North  
20           Carolina credentialed or licensed medical crew member; and

21           (4) any medical crew member suspended by the Department shall be barred from patient contact when  
22           operating in North Carolina until such time as the case involving the medical crew member has been  
23           adjudicated or resolved;

24 (d) Significant failure to comply with the criteria set forth in this Rule shall result in revocation of the Air Medical  
25 Program approval.

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27 *History Note:*    *G.S. 131E-155.1; 131E-156; 131E-157(a); 131E-161; 143-508(d)(8);*  
28                    *Eff. January 1, 2018.*