

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: "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 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 of this Subchapter;
- (5) all aircrafts used within North Carolina shall comply with Rule .0209 of this Subchapter;
- (6) populate and maintain a roster in the North Carolina 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 North Carolina license or credential in accordance with the rules and regulations of the appropriate licensing or credentialing body;
- (8) active membership 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 of this Subchapter;
- (10) provide information regarding procedures performed during transport within North Carolina to OEMS for quality management review as required by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;"
- (11) submit peer review materials to the receiving hospital's peer review committee for each patient transported for admission; and
- (12) a method providing for the coordinated dispatch of resources between air medical programs for scene safety, that only the number of air medical resources needed respond to the incident location are provided, and arrange for the receiving hospital to prepare for the incoming patient.

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

- (1) submit to the OEMS all existing treatment protocols utilized by the program in the state that it is based for comparison with North Carolina standards as set forth in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," and make any modifications identified by the OEMS to comply with the standards as set forth in Subparagraph (d)(2) of this Rule;
- (2) all aircrafts used within North Carolina shall comply with Rule .0209 of this Subchapter, to be conducted at a location inside North Carolina at a time agreed upon by the Department and the Air Medical Program;
- (3) submit written notification to the Department within three business days of receiving notice of any arrests or regulatory investigations for the diversion of drugs or patient care issues involving a North Carolina credentialed or licensed medical crew member; and
- (4) 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 as set forth in Rule .1507 of this Subchapter;

(d) Significant failure to comply with the criteria set forth in this Rule shall result in revocation of the Air Medical Program as set forth in Rule .1503 of this Subchapter.

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