

**CHAPTER 1005. LICENSING OF BLS AND ALS GROUND  
AMBULANCE SERVICES**

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**Authority**

The provisions of this Chapter 1005 issued under the act of July 3, 1985 (P. L. 164, No. 45) (35 P. S. §§ 6921—6938), unless otherwise noted.

**Source**

The provisions of this Chapter 1005 adopted June 30, 1989, effective July 1, 1989, 19 Pa.B. 2843, unless otherwise noted.

**§ 1005.1. General provisions.**

(a) This chapter applies to ground ambulance services. A person, or other entity, as an owner, agent or otherwise, may not operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in providing a BLS or ALS ambulance service upon the highways or in other public places in this Commonwealth, unless that person holds a current valid license as a BLS or ALS ambulance service issued by the Department or is exempt from these prohibitions under the act.

(b) The Department will license an applicant as a BLS or ALS ambulance service, or both, when it meets the requirements of the act and this part.

(c) An ALS ambulance service may employ either or both of the following types of ambulances:

- (1) A mobile ALS care unit vehicle, which is a vehicle that is designed, constructed, equipped and maintained or operated to provide ALS and BLS emergency medical care to and transportation of patients.

(2) An ALS squad unit vehicle, which is a vehicle that is specifically modified and equipped, and is maintained or operated for the purpose of transporting ALS prehospital personnel and equipment to the scene of an emergency.

(d) In addition to the general requirements for exception in § 1001.4 (relating to exceptions), the Department may grant exceptions to regulatory licensure standards for ALS and BLS ambulance services that are licensed in a contiguous state if:

- (1) Requiring compliance with both states' licensure standards imposes an undue hardship on the individual or service.
- (2) Standards in the contiguous state are comparable.
- (3) The exception will not have a negative impact on the quality of care for the population of this Commonwealth.

**Source**

The provisions of this § 1005.1 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial pages (247547) to (247548).

**§ 1005.2. Applications.**

(a) An application for an original or renewal ambulance service license shall be submitted on forms prescribed by the Department. The application shall contain the following information as well as any additional information that may be solicited by the application form:

- (1) The name and address of the applicant.
- (2) The name under which the applicant is doing business.
- (3) The type of organization—profit or nonprofit.
- (4) The level of service—ALS or BLS.
- (5) The emergency service area the applicant plans to serve, or, alternatively, a statement that the applicant intends to engage primarily in interfacility transports.
- (6) A personnel roster and staffing plan.
- (7) The number and types (BLS, mobile ALS care unit, ALS squad unit) of ambulance vehicles to be operated by the applicant, and identifying information relating to those ambulances.
- (8) Communication access and capabilities of the applicant.
- (9) The primary physical building location, and other building locations out of which it will operate ambulances or a full description of how its ambulances will be placed and respond to emergency calls if they will not be operated out of other building locations.
- (10) The names, titles and summary of responsibilities of persons who will be staffing the ambulance service as officers, directors or other ambulance service officials, and information as to any misdemeanor or felony convictions, or

disciplinary sanctions against licenses, certifications, or other authorizations to practice a health care occupation or profession, that have been imposed against them.

(11) A statement attesting to the veracity of the application, which shall be signed by the principal official of the applicant.

(b) The applicant shall submit the application to the regional EMS council exercising responsibility for the EMS region in which the applicant will station its ambulances if licensed. If the applicant seeks a license to station and operate its ambulances in more than one region, it shall choose a primary headquarters, submit an original license application form to the regional EMS council that exercises responsibility for the region in which that primary headquarters is located, and submit a copy of the application to the regional EMS council that exercises responsibility for each additional region in which it seeks to station and operate an ambulance.

(1) The regional EMS council shall review the application for completeness and accuracy.

(2) A regional EMS council shall return an incomplete application to the applicant within 14 days of receipt. Prior to conducting an onsite inspection, a regional EMS council shall return an inaccurate application to the applicant as soon as the regional EMS council determines that any information provided in the application is inaccurate.

(c) Upon receipt of a complete application, and its verification of the accuracy of the information provided in the application which is verifiable without an onsite inspection, the regional EMS council will schedule and conduct an onsite inspection of the applicant's vehicles, equipment, and personnel qualifications, as well as other matters that bear upon whether the applicant satisfies the statutory and regulatory criteria for licensure. The inspection shall be performed within 45 days after receipt by the regional EMS council of the completed application.

(d) An ambulance service shall apply for and secure an amendment of its license prior to substantively altering the location or operation of its ambulances within an EMS region, such as a change in location or operations which would not enable it to timely respond to emergencies in the emergency service area it planned to serve when it applied for a license. The application for an amendment of an ambulance service license shall be submitted to the regional EMS council on a form prescribed by the Department.

(e) An ambulance service shall apply for and secure an amendment of its license prior to locating and operating an ambulance in a region not identified in its original license application or in a prior amendment thereto. It shall submit its application for amendment to the regional EMS council having responsibility for the region in which it intends to begin locating and operating an ambulance. That regional EMS council shall process the application for amendment as set forth in subsections (b) and (c). The ambulance service shall also file a copy of the appli-

cation for amendment with the regional EMS council having responsibility for the region in which the ambulance service maintains its primary headquarters.

**Source**

The provisions of this § 1005.2 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial page (247548).

**§ 1005.2a. Change in ambulance fleet.**

(a) *Permanent change.* Before placing and operating an additional or permanent replacement ambulance in a region, an ambulance service shall submit a modification of ambulance fleet form to the regional EMS council responsible for that region. The ambulance service may not operate that ambulance unless it is authorized to do so by the Department following an inspection of the ambulance.

(b) *Temporary change.* An ambulance service may operate a temporary replacement ambulance without securing prior approval from the Department. It shall submit a temporary change of vehicle form to the appropriate regional EMS council, by facsimile, electronic or regular mail, no later than 24 hours after placing that ambulance in service. This duty applies even if use of the replacement ambulance has stopped. Upon filing a temporary change of vehicle form, the ambulance service may continue to operate the temporary replacement ambulance unless its authority to do so is disapproved by the Department following an inspection of the ambulance. Upon receiving a temporary change in vehicle form the regional EMS council shall issue a letter and a temporary certificate authorizing the ambulance service to operate the replacement ambulance for 7 days. That time period may be extended by the regional EMS council, by letter.

**Source**

The provisions of this § 1005.2a adopted October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363.

**Cross References**

This section cited in 28 Pa. Code § 1005.6 (relating to licensure); and 28 Pa. Code § 1007.1 (relating to general provisions).

**§ 1005.3. Right to enter, inspect and obtain records.**

(a) Upon the request of an employee or agent of the Department during regular and usual business hours, or at other times when that person possesses a reasonable belief that violations of this subpart may exist, a licensee shall:

(1) Produce for inspection records maintained under § 1001.41 (relating to data and information requirements for ambulance services).

(2) Produce for inspection, permit copying, and provide within a reasonable period of time, records that pertain to personnel and their qualifications, staffing, equipment, supplies, and policies and procedures required under § 1005.10 (relating to licensure and general operating standards).

(3) Permit the person to examine vehicles, required equipment and supplies and security facilities.

(b) The Department's representative shall advise the licensee that the inspection is being conducted under section 12(k) of the act (35 P. S. § 6932(k)) and this chapter.

(c) Failure of a licensee to produce records or to permit an examination as required by this section constitutes misconduct in operating the ambulance service and shall be grounds for disciplinary sanctions or denial of license.

**Authority**

The provisions of this § 1005.3 amended under the Do-Not Resuscitate Act, 20 Pa.C.S. Chapter 54.

**Source**

The provisions of this § 1005.3 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363; amended December 13, 2002, effective March 1, 2003, 32 Pa.B. 6117; amended February 6, 2004, effective February 7, 2004, 34 Pa.B. 677. Immediately preceding text appears at serial pages (294002) to (294003).

**Cross References**

This section cited in 28 Pa. Code § 1007.1 (relating to general provisions).

**§ 1005.4. Notification of deficiencies to applicants.**

(a) Upon completion of an inspection pursuant to an application for a license or an amendment of a license, the inspector shall provide the applicant an inspection report specifying the results of the inspection.

(b) If the inspector determines that deficiencies warrant a reinspection, the inspector shall give the ambulance service written notice of the matters to be reinspected.

(c) If the type of deficiency requires a plan of correction, the applicant shall have 30 days in which to provide the inspector with a plan to correct the deficiency. If the plan is found to be acceptable, the inspector will conduct a reinspection in accordance with the time frame given in the plan of correction.

(d) If the applicant disagrees with any deficiency cited by the inspector following the inspection or reinspection, or the regional EMS council's rejection of a plan of correction, the applicant shall apprise the Department of the matter in dispute, and the Department will resolve the dispute.

(e) The Department will act upon the license application within 30 days after the inspection process has been completed, unless the Department requires additional time to complete an investigation of those qualifications of the applicant which cannot, for just cause, be determined through the inspection process.

**Source**

The provisions of this § 1005.4 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial page (247549).

**Cross References**

This section cited in 28 Pa. Code § 1007.1 (relating to general provisions).

**§ 1005.5. Licensure.**

(a) A license to operate as an ambulance service will be issued by the Department when it has determined that requirements for licensure have been met.

(b) A license certificate will specify the name of the ambulance service, its license number, the address of its primary headquarters, the dates of issuance and expiration, the levels of service the ambulance service is authorized to provide, and the name of the regional EMS council through which the license application was processed. If the ambulance service is an ALS ambulance service, the license certificate will also specify the type or types of ALS ambulance the ambulance service has been authorized to use. The Department will issue a new license certificate if there is a need to change information on an existing license certificate.

(c) The current license certificate shall be displayed in a public and conspicuous place in the ambulance service's primary headquarters.

(d) An ambulance, other than a temporary replacement ambulance, shall be identified by a decal issued by the Department which shall be considered part of its license and which shall be applied to the outside of the ambulance in a conspicuous place. After an ambulance service receives a temporary certificate issued under § 1005.2a(b) (relating to change in ambulance fleet) it shall identify a temporary replacement ambulance by displaying the temporary certificate in a conspicuous place in the ambulance. If the expiration date of a temporary certificate has been extended, the ambulance shall keep in the temporary replacement ambulance a copy of the letter extending the expiration date.

(e) An ambulance decal issued by the Department may not be displayed on a vehicle by an entity not licensed as an ambulance service by the Department.

(f) A license shall be nontransferable and shall remain valid for 3 years unless revoked or suspended by the Department.

(g) The Department will consolidate into one license a person's multiple licenses to operate an ambulance service in this Commonwealth, as of January 12, 2001, unless the person objects and asserts reasons in writing why consolidation of the multiple licenses into a single license is opposed. The person shall file the written objection by December 13, 2000. If an objection is filed, the Department will consider and rule upon the objection prior to consolidating the licenses.

#### Source

The provisions of this § 1005.5 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial pages (247549) to (247550).

#### Cross References

This section cited in 28 Pa. Code § 1007.1 (relating to general provisions).

### § 1005.6. Out-of-State providers.

Ambulance services located or headquartered outside of this Commonwealth that engage in the business of providing emergency medical care and transporta-

tion of patients from within this Commonwealth, to facilities within or outside this Commonwealth, are required to be inspected and licensed by the Department. Ambulance services located or headquartered outside of this Commonwealth that limit their operations in this Commonwealth to the transportation of patients from outside this Commonwealth to facilities within this Commonwealth are not required to be licensed and inspected by the Department provided they do not engage in these patient transports on a routine basis.

**Source**

The provisions of this § 1005.6 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial page (247550).

**§ 1005.7. Services owned and operated by hospitals.**

A hospital licensed under Chapter 8 of the Health Care Facilities Act (35 P. S. §§ 448.801—448.820) is not required to obtain a separate ambulance service license to own and operate an ambulance service. An ambulance service owned and operated by a hospital is subject to the act and this part, and shall be inspected under this part, regardless of whether the hospital secures a license to operate as an ambulance service.

**Source**

The provisions of this § 1005.7 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial page (247550).

**§ 1005.7a. Renewal of ambulance service license.**

- (a) The Department will notify the ambulance service to renew its license at least 120 days prior to the expiration date of the license.
- (b) An ambulance service shall apply for renewal of its license between 120 days and 60 days prior to the expiration of its license. Failure to apply for renewal in a timely manner may result in the applicant not securing a renewal of its license before the prior license expires.
- (c) The criteria for license renewal are the same as the requirements that would apply for original licensure at the time the renewal application is made.

**§ 1005.8. Provisional license.**

- (a) If an ambulance service or an applicant for an ambulance service license fails to meet licensure requirements, the Department may issue it a provisional license, valid for a specific time period of not more than 6 months, when the Department deems it is in the public interest to do so.
- (b) The Department may renew a provisional license once, for a period not to exceed 6 months except when a longer period of renewal is permitted under subsection (c), if:
  - (1) The ambulance service has substantially, but not completely, complied with applicable requirements for licensure.

- (2) The ambulance service is making a good faith effort to comply with a course of correction approved by the Department.
- (3) The Department deems it is in the public interest to do so.
- (c) The Department may renew a provisional BLS ambulance service license for 12 months for a volunteer ambulance service, or a volunteer fire department or rescue service that operates an ambulance service, which does not meet the minimum standards for staffing at the BLS level of care, but meets the other requirements of this chapter.
- (d) The Department will require an ambulance service to maintain a duty roster if the Department issues that ambulance service a provisional license because the ambulance service is not meeting staffing standards or is not providing PSAPS notice when it is unable to respond as required by § 1005.10(e) (relating to licensure and general operating standards).

**Source**

The provisions of this § 1005.8 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial pages (247550) to (247551).

**Cross References**

This section cited in 28 Pa. Code § 1007.1 (relating to general provisions); and 28 Pa. Code § 1007.8 (relating to disciplinary and corrective actions).

**§ 1005.9. Temporary license.**

When an ALS ambulance service or an applicant for an ALS ambulance service license cannot provide service 24 hours-a-day, 7 days-a-week, the Department may issue a temporary license for operation of the ALS ambulance service when the Department deems it is in the public interest to do so. The temporary license is valid for 1 year and may be renewed once. The Department will require an ALS ambulance service to maintain a duty roster if the Department issues that ambulance service a temporary license.

**Source**

The provisions of this § 1005.9 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial page (247551).

**Cross References**

This section cited in 28 Pa. Code § 1007.1 (relating to general provisions); and 25 Pa. Code § 1007.8 (relating to disciplinary and corrective actions).

**§ 1005.10. Licensure and general operating standards.**

(a) *Documentation requirements.* An applicant for an ambulance service license shall have the following documents available for the inspection by the Department:

- (1) A roster of active personnel, including certification and recognition documentation with dates of expiration and identification numbers; documen-

tation of medical command authorization decisions and the medical command status of personnel, if applicable; its process for scheduling staff to ensure that the minimum staffing requirements set forth in subsection (d) are met; identification of persons who are responsible for making operating and policy decisions for the ambulance service, such as officers, directors and other ambulance service officials; and the criminal and disciplinary information for all persons who staff the ambulance service as required by subsections (d)(3) and (4)(vii) and (k).

(2) Copies of EMS patient care reports, or other formats on which those records are kept on patients treated or transported, if applicable.

(3) Call volume records from the previous year's operations, if applicable. These records shall include a record of each call received requesting the ambulance service to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.

(4) A record of the time periods for which the ambulance service notified the PSAP, under subsection (e), that it would not be available to respond to a call.

(5) Copies of all written policies required by this section.

(6) Copies of any documents by which it agrees to manage another ambulance service or to be managed by another entity.

(b) *Ambulance standards.*

(1) For ambulance vehicles which transport patients the ambulance service will be required to show evidence that the vehicle has met 75 Pa.C.S. §§ 4571 and 4572 (relating to visual and audible signals on emergency vehicles; and visual signals on authorized vehicles) and 67 Pa. Code Chapter 173 (relating to flashing or revolving lights on emergency and authorized vehicles), and the Federal KKK standards which were in effect at the time of the vehicle's manufacture and which are not inconsistent with the Vehicle Code standards in 75 Pa.C.S. §§ 4571 and 4572. These specifications will be for design types, floor plans, general configuration and exterior markings. An ALS squad unit vehicle is not subject to the Federal KKK standards; however, it is required to meet the standards in 75 Pa.C.S. §§ 4571 and 4572. It is also required to have a minimum of six stars of life at least 3 inches in diameter prominently displayed on its exterior, at least two on both the front and rear and at least one on each side.

(2) The name of the ambulance service, or a fictitious name of the ambulance service duly registered with the Department of State, shall be displayed on both sides of an ambulance in lettering at least 3 inches in height, except these requirements do not apply to a temporary ambulance used for 30 days or less.

(c) *Equipment and supplies.* Required equipment and supplies shall be carried and readily available in working order for use on BLS and ALS vehicles.

(1) BLS and ALS vehicles shall carry medical equipment and supplies as published by the Department in the *Pennsylvania Bulletin* on an annual basis, or more frequently.

(2) An ALS squad unit vehicle is exempt from the requirement of carrying patient litters and equipment which is permanently installed.

(3) A BLS ambulance service may carry ALS equipment and drugs, in addition to those generally prescribed for use by a BLS ambulance service, only if it has a physician who is directly responsible for security, accountability, administration and maintenance of the equipment and drugs, and the arrangement is authorized by the Department upon its determination that the arrangement is in the public interest. The physician shall have education and continuing education in ALS and prehospital care and shall serve as the medical director of the BLS ambulance service.

(d) *Personnel requirements.*

(1) *Minimum staffing requirements.*

(i) *BLS unit.* A BLS ambulance, when transporting a patient, except for when engaging in the routine transfer of convalescent or other nonemergency cases, shall be staffed by at least two persons, one of whom shall be an EMT, EMT-paramedic, or health professional, and one of whom shall, at least, qualify as an ambulance attendant. A BLS ambulance need not meet the staffing requirement in this subparagraph when responding to a call, provided that the minimum staffing requirement is satisfied when transporting a patient. An EMT, EMT-paramedic or a health professional shall accompany the patient in the patient compartment of the ambulance during transport.

(ii) *ALS units.* Minimum staffing standards for an ambulance that is operating at the ALS level of care shall be as follows:

(A) Two persons shall respond to calls for assistance. This staff shall consist of one of the following:

(I) Two health professionals.

(II) One health professional and either one EMT or one EMT-paramedic.

(III) One EMT and one EMT-paramedic.

(IV) Two EMT-paramedics.

(B) An ALS ambulance service may be staffed by one EMT-paramedic or one health professional when responding to calls for assistance, if the minimum ALS staffing requirements in this subsection are met during emergency medical treatment and transport of the patient.

(C) An ALS squad unit meets minimum staffing requirements by transporting an EMT-paramedic or health professional to rendezvous with a BLS ambulance, and having the EMT-paramedic or health professional provide emergency medical treatment to, and accompany on the BLS ambulance during transport, a patient requiring ALS care.

(D) Minimum ALS staffing standards apply to the ALS ambulance service 24 hours-a-day, 7 days-a-week. A mobile ALS care unit, itself, need only satisfy BLS ambulance staffing requirements under subparagraph (i) when responding to a call for BLS assistance exclusively. If the nature of the assistance requested is unknown, the mobile intensive care unit shall respond as if the patient requires ALS care.

(iii) All units.

(A) Minimum staffing standards are satisfied when an ambulance service has a duty roster that identifies staff who meet minimum staff criteria and who have committed themselves or been assigned by the ambulance service to be available at the specified times, or a staff availability schedule that identifies staff who meet minimum staff criteria and have identified themselves to the ambulance service as being available at the specified times, and minimum staff are present at times required by this subsection, the staff being the staff of the ambulance service except as otherwise authorized in this subsection.

(B) The ambulance service shall comply with the Child Labor Law (43 P. S. §§ 41—66.1) and regulations adopted under that law when it is using persons 18 years of age and younger to staff and ambulance.

(2) *ALS service medical director.* An ALS ambulance service shall have an ALS service medical director whose duties include the following:

(i) Providing medical guidance and advice to the ambulance service.

(ii) Making medical command authorization determinations for EMT-paramedics and prehospital registered nurses as set forth in § 1003.28 (relating to medical command authorization).

(iii) Reviewing the medical command authorization status of EMT-paramedics and prehospital registered nurses utilized by the ALS ambulance service as set forth in § 1003.28 at least once annually.

(iv) Evaluating the quality of patient care provided by the ALS and BLS prehospital personnel utilized by the ALS ambulance service.

(3) *Responsible staff.* An ambulance service shall ensure that all persons who staff the ambulance service, including its officers, directors and other members of its management team, prehospital personnel, and ambulance drivers, are responsible persons. In making that determination it shall require each person who staffs the ambulance service to provide it with information as to misdemeanor and felony convictions, and disciplinary sanctions against a license, certification or other authorization to practice a health care occupation or profession, that have been imposed against that person, and to update that information if and when additional convictions and disciplinary sanctions occur. The ambulance service shall consider this information in determining whether the person is a responsible person. An ambulance service shall also provide the Department with advance notice, 30 days if possible, of any change in its management personnel to include as a new member of its management

team a person who has been convicted of a felony or misdemeanor or has had a disciplinary sanction imposed against a license, certification or other authorization to practice a health care occupation or profession.

(4) *Ambulance drivers.* Notwithstanding other considerations that may bear upon whether a driver of an ambulance is a responsible person, a person who drives an ambulance for an ambulance service will not be considered to be a responsible person unless that individual:

- (i) Is at least 18 years of age.
- (ii) Has a valid driver's license.
- (iii) Observes all traffic laws.
- (iv) Is not addicted to, or under the influence of, alcohol or drugs.
- (v) Is free from physical or mental defect or disease that may impair the person's ability to drive an ambulance.
- (vi) Has successfully completed an emergency vehicle operator's course of instruction approved by the Department.
- (vii) Has not been convicted within the last 4 years of driving under the influence of alcohol or drugs, or, within the last 2 years, has not been convicted of reckless driving or had a driver's license suspended. The person will not be considered to be a responsible person until the designated time has elapsed and the individual, after the conviction or suspension of license, repeats an emergency vehicle operator's course of instruction approved by the Department.

(e) *Communicating with PSAPs.*

(1) *Responsibility to communicate unavailability.* An ambulance service shall apprise the PSAP in its area as to when it will not be in operation due to inadequate staffing or for another reason and when its resources are committed in such a manner that it will not be able to have an ambulance and required staff respond to a call requesting it to provide emergency assistance.

(2) *Responsibility to communicate delayed response.* An ambulance service shall apprise the PSAP, as soon as practical after receiving a dispatch call, if it is not able to have an ambulance and required staff en route to an emergency within the time as may be prescribed by a PSAP for that type of communication.

(3) *Responsibility to communicate with PSAP generally.* In addition to the communications required by paragraphs (1) and (2), an ambulance service shall provide a PSAP with information, and otherwise communicate with a PSAP, as the PSAP requests to enhance the ability of the PSAP to make dispatch decisions.

(4) *Response to dispatch by PSAP.* An ambulance service shall respond to a call for emergency assistance as communicated by the PSAP, provided it is able to respond as requested.

(f) *Patient management.* All aspects of patient management are to be handled by a prehospital practitioner with the level of EMS certification or recognition necessary to care for the patient based upon the condition of the patient.

(g) *Use of lights and other warning devices.* Ambulances may not use emergency lights or audible warning devices, unless they do so in accordance with standards imposed by 75 Pa.C.S. (relating to Vehicle Code) and are transporting or responding to a call involving a patient who presents or is in good faith perceived to present a combination of circumstances resulting in a need for immediate medical intervention. When transporting the patient, the need for immediate medical intervention must be beyond the capabilities of the ambulance crew using available supplies and equipment.

(h) *Weapons and explosives.* Weapons and explosives may not be worn by ambulance personnel or carried aboard an ambulance. This subsection does not apply to law enforcement officers who are serving in an authorized law enforcement capacity.

(i) *Accident, injury and fatality reporting.* An ambulance service shall report to the appropriate regional EMS council, in a form or manner prescribed by the Department, an ambulance vehicle accident that is reportable under 75 Pa.C.S., and an accident or injury to an individual that occurs in the line of duty of the ambulance service that results in a fatality, or medical treatment at a facility. The report shall be made within 24 hours after the accident or injury. The report of a fatality shall be made within 8 hours after the fatality.

(j) *Medical command notification.* An ALS ambulance service shall identify, to the regional EMS council having responsibility in the region out of which it operates, the prehospital personnel used by it that have medical command authorization in the region for that ALS ambulance service. It shall also notify the regional EMS council when a prehospital practitioner loses medical command authorization for that ALS ambulance service.

(k) *Monitoring compliance.* An ambulance service shall monitor compliance with the requirements that the act and this part impose upon the ambulance service and its staff. An ambulance service shall file a written report with the Department if it determines that a prehospital practitioner who is a member of the ambulance service, or who has recently left the ambulance service, has engaged in conduct not previously reported to the Department, for which the Department may impose disciplinary sanctions under § 1003.27 (relating to disciplinary and corrective action). The duty to report pertains to conduct that occurs during a period of time in which the prehospital practitioner is functioning for the ambulance service.

(l) *Policies and procedures.* An ambulance service shall maintain written policies and procedures addressing each of the requirements imposed by this section, as well as the requirements imposed by §§ 1001.41, 1001.42, 1001.65, 1005.11 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), and shall also maintain written policies and procedures addressing infection con-

trol, management of personnel safety, substance abuse in the workplace, and the placement and operation of its ambulances.

**Authority**

The provisions of this § 1005.10 amended under the Do-Not Resuscitate Act, 20 Pa.C.S. Chapter 54.

**Source**

The provisions of this § 1005.10 amended September 1, 1995, effective September 2, 1995, 25 Pa.B. 3685; amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363; amended December 13, 2002, effective March 1, 2003, 32 Pa.B. 6117; amended February 6, 2004, effective February 7, 2004, 34 Pa.B. 677. Immediately preceding text appears at serial pages (269378) to (269380), (287207) to (287208) and (294005) to (294006).

**Cross References**

This section cited in 28 Pa. Code § 1005.3 (relating to right to enter, inspect and obtain records); 28 Pa. Code § 1005.8 (relating to provisional license); 28 Pa. Code § 1005.11 (relating to medication use, control and security); 28 Pa. Code § 1005.12 (relating to grounds for suspension, revocation or refusal of an ambulance service license); and 28 Pa. Code § 1007.7 (relating to licensure and general operating requirements).

**§ 1005.11. Drug use, control and security.**

(a) An ambulance service may stock drugs as approved by the Department, and shall carry drugs in an ambulance in conformance with the transfer and medical treatment protocols applicable in the region in which its ambulance is stationed. Additional drugs may be stocked by an ALS ambulance service as authorized by the ALS service medical director if the ALS ambulance service uses health professionals, and additional drugs may be carried or brought on an ambulance as follows:

(1) Drugs which the applicable regional transfer and medical treatment protocols prescribe for the treatment of an ALS patient may be brought on a BLS ambulance by an EMT-paramedic or health professional when rendezvousing with a BLS ambulance to treat an ALS patient on behalf of an ALS ambulance service.

(2) Drugs other than those authorized by the applicable regional transfer and medical treatment protocols may be carried on an ALS ambulance, or brought on board a BLS ambulance by a health professional, when the requirements of subsection (d)(2) are satisfied.

(3) Drugs other than those authorized by the applicable regional transfer and medical treatment protocols may be carried on an ALS ambulance, or brought on board a BLS ambulance by a registered nurse, physician assistant, or physician when the following standards are met:

(i) The ambulance is engaged in an interfacility transport.

(ii) The physician, registered nurse, or physician assistant has special training required for the continuation of treatment provided to the patient at the facility, and the use of drugs not maintained on the ambulance is or may be required to continue that treatment.

(iii) The physician, registered nurse, or physician assistant does not substitute for required staff.

(4) A BLS ambulance service, if not also licensed as an ALS ambulance service, may not stock drugs which are not prescribed by the Department for use by a BLS ambulance, and a BLS ambulance service may not carry these drugs, except as authorized under this section and § 1005.10(c)(3) (relating to licensure and general operating standards).

(b) The Department will publish at least annually by notice in the *Pennsylvania Bulletin* a list of drugs approved for use by ambulance services when use of those drugs is also permitted by the applicable regional transfer and medical treatment protocols.

(c) An ambulance service may procure and replace drugs, from a hospital, pharmacy or from a participating and supervising physician, if not otherwise prohibited by law.

(d) Administration of drugs by prehospital personnel, other than those approved for use by a BLS ambulance service, shall be restricted to EMT-paramedics and health professionals who have been authorized to administer the drugs by the ALS service medical director, when under orders of a medical command physician or under standing orders in the EMS region's transfer and medical treatment protocols; except all prehospital personnel other than a first responder and an ambulance attendant may administer to a patient, or assist the patient to administer, drugs previously prescribed for that patient, as specified in the Statewide BLS medical treatment protocols.

(1) An EMT-paramedic is restricted to administering drugs permitted by the applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols.

(2) A health professional may administer drugs in addition to those permitted by the applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols, provided the health professional has received approval to do so by the ALS service medical director of the ambulance service, and has been ordered to administer the drug by the medical command physician.

(e) The ambulance service shall adequately monitor and direct the use, control and security of drugs provided to the ambulance service. This includes, but is not limited to:

(1) Ensuring proper labeling and preventing adulteration or misbranding of drugs, and ensuring drugs are not used beyond their expiration dates.

(2) Storing drugs as required by The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101—780-149), and as otherwise required to maintain the efficacy of drugs and prevent their misappropriation.

(3) Including in the EMS patient care report information as to the administration of drugs by patient name, drug identification, date and time of administration, manner of administration, dosage, name of the medical command physician who gave the order to administer the drug, and name of person administering the drug.

(4) Maintaining records of drugs administered, lost or otherwise disposed of, and records of drugs received and replaced.

(5) Providing the pharmacy, physician or hospital that is requested to replace a drug, with a written record of the use and administration, or loss or other disposition of the drug, which identifies the patient and includes any other information required by law.

(6) Ensuring, in the event of an unexplained loss or theft of a controlled substance, that the dispensing pharmacy, physician or hospital has contacted local or State police and the Department's Drugs, Devices and Cosmetics Office, and has filed a DEA Form 106 with the Federal drug enforcement administration.

(7) Disposing of drugs as required by The Controlled Substance, Drug, Device and Cosmetic Act.

(8) Arranging for the original dispensing pharmacy, physician or hospital, or its ALS service medical director, to provide it consultation and other assistance necessary to ensure that it meets the requirements of this section.

#### Source

The provisions of this § 1005.11 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial pages (247555) to (247556).

#### Cross References

This section cited in 28 Pa. Code § 1005.10 (relating to licensure and general operating standards); and 28 Pa. Code § 1007.1 (relating to general provisions).

### § 1005.12. Disciplinary and corrective actions.

(a) The Department may, in compliance with proper administrative procedure, reprimand, or suspend, revoke or refuse to issue a license, or issue a provisional or temporary license as permitted by §§ 1005.8 and 1005.9 (relating to provisional license; and temporary license) for the following reasons:

(1) A serious violation of the act or this part. A serious violation is one which poses a continued significant threat to the health and safety of the public.

(2) Failure of the licensee or applicant to submit a reasonable timetable to correct deficiencies and violations cited by the Department.

(3) The existence of a continuing pattern of deficiencies over a period of 3 or more years.

(4) Fraud or deceit in obtaining or attempting to obtain a license.

(5) Lending a license or borrowing or using the license of another, or knowingly aiding or abetting the improper granting of a license.

(6) Incompetence, negligence or misconduct in operating the ambulance service or in providing EMS to patients.

(7) Failure of an ALS ambulance service to secure an ALS service medical director and to ensure that the ALS service medical director meets the roles and responsibilities in § 1003.5(a) (relating to ALS service medical director).

(8) Failure to have appropriate medical equipment and supplies required for licensure as identified in § 1005.10(c) (relating to licensure and general operating standards).

(9) Failure of an ALS ambulance service to staff a sufficient number of qualified EMS personnel to provide service 24 hours-a-day, 7 days-a-week in accordance with required staffing standards.

(10) Failure of the ambulance service licensee to promptly notify the Department of a change of ownership.

(11) Abuse or abandonment of a patient.

(12) Unauthorized disclosure of medical or other confidential information.

(13) Willful preparation or filing of false reports or records, or the inducement of another to do so.

(14) Alteration or inappropriate destruction of medical records.

(15) Refusal to render EMS because of a patient's race, sex, creed, national origin, sexual preference, age, handicap, medical problem or financial inability to pay.

(16) Failure to comply with the regional EMS council transfer and medical treatment protocols which have been approved by the Department.

(17) Misuse or misappropriation of drugs/medication.

(18) Repeated failure by an ambulance service to communicate with the PSAP or comply with the dispatch communication as required by § 1005.10(e).

(19) Failure to continue to meet standards applicable to the issuance of the license.

(b) Upon receipt of a written complaint describing conduct for which the Department may take disciplinary action against an ambulance service, the Department will:

(1) Initiate an investigation of the specific charges.

(2) Provide the ambulance service with a copy of the complaint and request a response unless the Department determines that disclosure to the ambulance service of the complaint will compromise the investigation or would be inappropriate for some other reason.

(3) Develop a written report of the investigation.

(4) Notify the complainant of the results of the investigation of the complaint, as well as the ambulance service if the ambulance service has been officially apprised of the complaint or investigation. This notification does not include providing a copy of the written report developed under paragraph (3).

(c) The Department will provide public notification of the sanction it imposes upon an ambulance service license.

**Source**

The provisions of this § 1005.12 amended September 1, 1995, effective September 2, 1995, 25 Pa.B. 3685; amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial pages (247556) to (247558).

**Cross References**

This section cited in 28 Pa. Code § 1007.8 (relating to grounds for suspension, revocation or refusal of an air ambulance license).

**§ 1005.13. Removal of ambulances from operation.**

(a) When a vehicle manifests evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patients or crew, the ambulance service shall immediately suspend the vehicle from operation. No vehicle, which has been suspended from operation, may be operated as an ambulance until the deficiency has been corrected.

(b) When a vehicle, upon examination by the Department, manifests evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patients or crew, it shall be immediately suspended from operation as directed by the Department. No vehicle, which has been suspended from operation by the Department, may be operated as an ambulance until the Department has confirmed to the ambulance service that the deficiency has been corrected.

**Source**

The provisions of this § 1005.13 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial page (247558).

**Cross References**

This section cited in 28 Pa. Code § 1007.1 (relating to general provisions).

**§ 1005.14. Invalid coaches.**

(a) Invalid coaches are not eligible for licensing as an ambulance.

(b) The terms “ambulance,” “emergency” or other similar designations may not be used by invalid coaches. Invalid coaches may not be equipped with emergency warning devices, audible or visible, such as flashing lights, sirens, air horns or other devices except those which are required by 75 Pa.C.S. (relating to Vehicle Code).

**Source**

The provisions of this § 1005.14 amended October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363. Immediately preceding text appears at serial page (247558).

**§ 1005.15. Discontinuation of service.**

An ambulance service may not discontinue service, except upon order of the Department, without providing each regional EMS council, PSAP and the chief

executive officer of each political subdivision within its service area, as well as the chief executive officer of a political subdivision outside of its service area that relies upon it for service even if not provided on a routine basis, 90 days advance notice. The ambulance service shall also advertise notice of its intent to discontinue service in a newspaper of general circulation in its service area at least 90 days in advance of discontinuing service, and shall provide the Department with written notice that it has met these responsibilities at least 90 days in advance of discontinuing service.

**Source**

The provisions of this § 1005.15 adopted October 13, 2000, effective October 14, 2000, 30 Pa.B. 5363.

**Cross References**

This section cited in 28 Pa. Code § 1007.1 (relating to general provisions).

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