



Certification Page
Regular and Emergency Rules
 Revised May 2014

Emergency Rules *(After completing all of Sections 1 and 2, proceed to Section 5 below)*

Regular Rules

1. General Information

a. Agency/Board Name		
b. Agency/Board Address	c. City	d. Zip Code
e. Name of Contact Person		f. Contact Telephone Number
g. Contact Email Address		h. Adoption Date
i. Program		

2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.

If "New," provide the Enrolled Act numbers and years enacted:

c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed
(Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification)

Chapter Number:	Chapter Name:	New	Amended	Repealed
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d. The Statement of Reasons is attached to this certification.

e. If applicable, describe the **emergency** which requires promulgation of these rules without providing notice or an opportunity for a public hearing:

3. State Government Notice of Intended Rulemaking

- a. Date on which the Notice of Intent containing all of the information required by W.S. 16-3-103(a) was filed with the **Secretary of State**:
- b. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the **Legislative Service Office**:
- c. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the **Attorney General**:

4. Public Notice of Intended Rulemaking

- a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. Yes No N/A
- b. A public hearing was held on the proposed rules. Yes No

	If "Yes:"	Date:	Time:	City:	Location:

5. Final Filing of Rules

- a. Date on which the Certification Page with original signatures and final rules were sent to the **Attorney General's Office for the Governor's signature**:
- b. Date on which final rules were sent to the **Legislative Service Office**:
- c. Date on which a PDF of the final rules was electronically sent to the **Secretary of State**:

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

<i>Signature of Authorized Individual (Blue ink as per Rules on Rules, Section 7)</i>	
<i>Printed Name of Signatory</i>	
<i>Signatory Title</i>	
<i>Date of Signature</i>	

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

<i>Governor's Signature</i>	
<i>Date of Signature</i>	

Attorney General: 1. Statement of Reasons; 2. Original Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; and 5. Memo to Governor documenting emergency (for emergency rules only).

LSO: 1. Statement of Reasons; 2. Copy of Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; 5. Electronic copy of rules (PDFs) emailed to Criss.Carlson@wyoleg.gov: clean and strike/underscore; and 6. Memo to Governor documenting emergency (for emergency rules only).

SOS: 1. PDF of clean copy of rules; and 2. Hard copy of Certification Page as delivered by the AG.

CHAPTERS 4, 5, AND 10

Rules and Regulations for Emergency Medical Services Intent to Adopt New/Amended Rule(s)

Statement of Reasons

The Wyoming Department of Health proposes to adopt the following Amended Rules pursuant to the provisions of W.S. § 33-36-103 and W.S. § 35-1-804, and the Wyoming Administrative Procedure Act at W.S. § 16-3-101, *et seq.*

Chapter 4: Response and Reporting Requirements

The Department is promulgating these rules to incorporate the authority of W.S. § 35-1-801, which requires the development of a comprehensive emergency medical services and trauma system. These rules keep the Wyoming system current, as local providers follow the national trend toward electronic medical records. This chapter establishes a single electronic patient care report, specifies that all ambulance and fire protection services must report emergency medical services and trauma care, and requires these EMS agencies to provide patient care reports to other EMS agencies and receiving facilities. The rules clarify the timeframes for completing the reports, and eliminate references to written reports.

Chapter 5: Personnel Licensure Requirements

The Department is promulgating these rules to consolidate chapters that regulate the credentialing of personnel into one chapter, remove outdated language, and adopt nomenclature and levels of credentialing that correspond with the National EMS Scope of Practice Model. These changes will eliminate redundancy and inconsistency between attendants and non-attendants, and allow for greater reciprocity for Emergency Medical Technicians (EMTs) moving to Wyoming. Other significant changes include:

- Elimination of the need for affiliation with an ambulance service prior to being granted a license;
- Codifying the background check review policy;
- Clarifying the documentation requirements for licensure;
- Incorporation of the United States Department of Defense as an acceptable training agency;
- Providing additional examination opportunities;
- Bringing the term of all initial licenses in conformity with Wyo. Stat. 33-36-110(b);
- Provision for the upgrading or downgrading of a license;
- Creation of a process by which an EMT may recover a lapsed license;
- Specification and expansion of violations that could result in punitive action;
- Incorporation by reference the National EMS Scope of Practice Model with specific additions or deletions for a level based on the prior scope; and
- Clarification for the employment of an EMT within a setting other than an ambulance;
- Provision for the emergency licensing of ambulance services and EMTs in the management of a public health emergency as required by W.S. § 35-4-114.

Chapter 10: Non-ambulance personnel

The Department is repealing these Rules as the provisions are incorporated into the changes in Chapter 5.

To comply with Wyo. Stat. § 33-36-103, the Department's Office of Emergency Medical Services presented an overview of these changes to representatives from ambulance services across the state, including private and volunteer services, at the annual trauma conference, which was held in Cheyenne on August 15, 2014. The services in attendance at the conference were supportive. Once these changes were finalized, they were sent electronically to the ambulance services via the Office of EMS' email listserv with the opportunity to provide comments prior to promulgation and the public comment period.

The changes described above represent a 32% decrease in the total regulatory language regarding the licensure of emergency medical technicians. These changes are also a 5% total decrease in Emergency Medical Services regulation. The Department of Health and its Office of Emergency Medical Services remain committed to streamlining the processes in their rules while eliminating unnecessary, outdated, and redundant language. The Office will turn its attention toward hearing procedures and ambulance license requirements following the promulgation of these rules.

As required by W.S. § 16-3-103(a)(i)(G), the Rules and Regulations for Emergency Medical Services meet minimum substantive state statutory requirements.

RULES AND REGULATIONS
FOR EMERGENCY MEDICAL SERVICES

CHAPTER 4

RESPONSE AND REPORTING REQUIREMENTS

Section 1. Authority. In addition to the authority delegated under W.S. 33-36-101, these rules are promulgated under the authority of W.S. 35-1-801 to enable the Division in developing and reporting on the comprehensive EMS and Trauma system by establishing uniform criteria for EMS agency reporting and response. For the purposes of this chapter, “EMS agency” means any ambulance, authorized fire protective service or other entity dispatched with the intent to provide medical care in response to an emergency request for medical care.

Section 2. Ambulance Personnel Criteria. An ambulance shall comply with the following:

(a) Ground ambulances, when transporting a patient, shall be staffed with a driver and at least one (1) licensed EMT as provided in Chapter 5;

(b) All air ambulance service flights shall require at least one (1) licensed EMT and a flight crew in conformity with current Federal Aviation Regulations and 14 CFR Parts 91, 120, and 135; and

(c) Any physician, osteopath, registered nurse, physician assistant, or nurse practitioner currently licensed in this state may function as an attendant when approved by the ambulance service.

Section 3. Running Criteria.

(a) The driver of a ground ambulance shall comply with all Wyoming traffic laws and regulations, including W.S. 31-5-928 and 31-5-952;

(b) In the absence of decisive factors to the contrary, ambulances shall transport “emergent” or “urgent” patients to the closest accessible medical facility equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient; and

(c) Siren and approved warning light restrictions. Ground ambulance drivers shall not activate warning lights or use the siren except when responding to an emergency call, providing for safety at the scene of a response or other hazard, or transporting

emergency patients who are classified as "emergent" or "urgent" as defined in Section 5 of this Chapter.

Section 4. Patient Care Reporting.

(a) To promote the uniform provision and accountability of the comprehensive emergency medical services and trauma system, all EMS agencies shall utilize the Division's electronic patient care reporting system to document the provision of emergency medical services or related trauma care.

(b) EMS agencies shall provide patient care reports to any EMS agency or healthcare facility receiving the transfer of care of a patient to ensure the continuity of patient care and patient safety.

(c) At a minimum, the EMS agency shall, ensure that appropriate personnel at a receiving the transfer of care of a patient are aware of the patient's presence, that systems and equipment necessary for the monitoring and safety of the patient are in place, and that a verbal report of the care provided by the ambulance service has been provided to the appropriate person.

(d) EMS agencies providing transport of a patient shall leave a copy of the patient care report with the receiving medical facility or EMS agency at the time of the transfer of care of the patient whenever practicable. All EMS agencies shall submit complete and accurate patient care reports for every request for service in the electronic system maintained by the Division no later than two (2) hours after the ambulance or agency is returned to service and available for response with the following exceptions:

(i) If a patient is transported to a receiving facility outside of the agency's primary response area, and the distance and return time factors prohibit the upload of the patient care report into the system, then the patient care report shall be submitted to the Division's electronic system no later than twelve (12) hours after the return to service;

(ii) If an equipment or system failure occurs that prohibits the upload of the patient care report into the system, then the patient care report shall be submitted to the Division's electronic system no later than twenty-four (24) hours after the system is restored. In these circumstances, the EMS Agency or reporting party shall notify the Division. Password expiration or system access actions that are the responsibility of the EMS Agency or person shall not be considered equipment or system failures;

(iii) The submission of an amendment or addendum to a previously submitted patient care report, which is submitted to ensure that the previous report is complete and accurate.

(e) Cardiac rhythm strips, 12 lead electrocardiograph (ECG) tracings, and any other reports generated by patient monitoring equipment, shall be considered to be part of the patient care report. Copies of these reports shall be provided to the receiving facility and uploaded into the Division's electronic system.

(f) The Division may inspect the patient care reports of any EMS Agency covered by these rules.

(g) No person shall release a Patient Care Report without the patient's consent, except to a health care facility, the Division, a law enforcement officer, the Wyoming Attorney General's office, pursuant to a lawful court order, or as otherwise required by law.

Section 5. Patient Classifications. For the purpose of these Rules and Regulations the following patient classification definitions shall be used:

(a) "Emergent" means the patient requires immediate transport and treatment to prevent death or permanent disability.

(b) "Urgent" means there is a serious illness or injury to the patient which could expose the patient to risk of death or permanent disability unless treatment is initiated at a medical facility within a reasonable length of time.

(c) "Non-emergent" means a patient who has an injury or illness that is presently stable, which poses no present threat to life or risk of permanent disability, and does not require the use of emergency vehicle warning devices.

(d) For patients who are classified as emergent or urgent, the use of emergency vehicle warning devices is appropriate.

Section 6. Other Mandatory Reporting Requirements.

(a) All EMS Agencies that come under the provisions of these rules shall submit to the Division a copy of any requests for information filed with them. Any such requests shall be sent to the Division by certified mail, return receipt requested, within thirty (30) days of receipt of such request.

(b) All EMS Agencies shall report any service of process, as defined in Chapter 1, Section 4(qq) of these rules to the Division within one (1) working day of receipt of service.

(c) Any EMS Agency or person licensed or authorized under these rules that has cause to believe or information indicating that any person or EMS Agency is, or may be in violation of these rules, shall report that information to the Division. Failure to report such information shall be considered aiding and abetting in the violation of these rules.

(d) EMS Agencies authorized to perform needle or surgical cricothyrotomy or rapid sequence intubation (RSI) shall notify the Division via e-mail within two hours of the performance of these procedures. The Division shall review all cases.

(e) Ambulance services shall notify the Division within two (2) hours of any incident or accident requiring reporting to the Federal Aviation Administration (FAA) or the National Transportation Safety Board, or that inhibits or prohibits the ability of the ambulance to transport a patient.

RULES AND REGULATIONS
FOR EMERGENCY MEDICAL SERVICES

CHAPTER 4

~~PERSONNEL~~ RESPONSE AND REPORTING REQUIREMENTS

Section 1. ~~Ambulance Personnel Criteria.~~ ~~An Ambulance, when used to provide ambulance service, shall comply with the following:~~ Authority. In addition to the authority delegated under W.S. 33-36-101, these rules are promulgated under the authority of W.S. 35-1-801 to enable the Division in developing and reporting on the comprehensive EMS and Trauma system by establishing uniform criteria for EMS agency reporting and response. For the purposes of this chapter, "EMS agency" means any ambulance, authorized fire protective service or other entity dispatched with the intent to provide medical care in response to an emergency request for medical care.

Section ~~1~~ 2. ~~Running Criteria.~~ Ambulance Personnel Criteria. ~~The driver of a ground ambulance~~ An ambulance shall comply with the following criteria:

- (a) Ground ambulances, when transporting a patient shall be staffed with a driver and at least one (1) licensed EMT ~~certified~~ as provided in Chapter 5;
- (b) ~~Air ambulances.~~ All ambulance service flights shall require at least one (1) ~~certified~~ licensed EMT and a flight crew in conformity with current Federal Aviation Regulations and 14 CFR Parts 91, 120 and 135; and
- (c) Any physician, osteopath, registered nurse, physician assistant, or nurse practitioner currently licensed in this state may function as an attendant when approved by the local ambulance service.

Section ~~2~~ 3. Running Criteria. ~~The driver of a ground ambulance shall comply with the following criteria:~~

- (a) ~~Emergency vehicle operation.~~ The driver of a ground ambulance shall comply with all Wyoming traffic laws and regulations, including W.S. 31-5-928 and 31-5-952;
- (b) ~~Destination.~~ In the absence of decisive factors to the contrary, ~~the ambulances driver~~ shall transport "emergent" or "urgent" patients to the closest accessible medical facility equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient; and

(c) Siren and approved warning light restrictions. Ground ambulance drivers shall not activate warning lights or use the siren except when responding to an emergency call, engaging in life-saving services providing for safety at the scene of a response or other hazard or transporting emergency patients who are classified as "emergent" or "urgent" ~~(by the ambulance attendant on the state ambulance trip report form)~~ as defined in Section 7 5 of this Chapter.

~~Section 3 4. Pilot Responsibilities: Patient Care Reporting. Pilots of air ambulances shall comply with the current Federal Aviation Regulations and 14 CFR 135, while providing air ambulance service.~~

(a) To promote the uniform provision and accountability of the comprehensive emergency medical services and trauma system, all EMS agencies shall utilize the Division's electronic patient care reporting system to document the provision of emergency medical services or related trauma care.

(b) EMS agencies shall provide patient care reports to any EMS agency or healthcare facility receiving the transfer of care of a patient to ensure the continuity of patient care and patient safety.

(c) At a minimum, the EMS agency shall, ensure that appropriate personnel receiving the transfer of care of a patient are aware of the patient's presence, that systems and equipment necessary for the monitoring and safety of the patient are in place, and that a verbal report of the care provided by the ambulance service has been provided to the appropriate person.

(d) EMS agencies providing transport of a patient shall leave a copy of the patient care report with the receiving medical facility or EMS agency at the time of the transfer of care of the patient whenever practicable. All EMS agencies shall submit complete and accurate patient care reports for every request for service in the electronic system maintained by the Division no later than two (2) hours after the ambulance or agency is returned to service and available for response with the following exceptions:

(i) If a patient is transported to a receiving facility outside of the agency's primary response area, and the distance and return time factors prohibit the upload of the patient care report into the system, then the patient care report shall be submitted to the Division's electronic system no later than twelve (12) hours after the return to service;

(ii) If an equipment or system failure occurs that prohibits the upload of the patient care report into the system, then the patient care report shall be submitted to the Division's electronic system no later than twenty-four (24) hours after the system is restored. In these circumstances, the EMS Agency or reporting party shall notify the Division. Password expiration or system access actions that are the responsibility of the EMS Agency or person shall not be considered equipment or system failures;

(iii) The submission of an amendment or addendum to a previously submitted patient care report, which is submitted to ensure that the previous report is complete and accurate.

(e) Cardiac rhythm strips, 12 lead electrocardiograph (ECG) tracings, and any other reports generated by patient monitoring equipment, shall be considered to be part of the patient care report. Copies of these reports shall be provided to the receiving facility and uploaded into the Division's electronic system.

(f) The Division may inspect the patient care reports of any EMS Agency covered by these rules.

(g) No person shall release a Patient Care Report without the patient's consent, except to a health care facility, the Division, a law enforcement officer, the Wyoming Attorney General's office, pursuant to a lawful court order, or as otherwise required by law.

~~Section 4. — Patient Care Reports. A Patient Care Report (PCR) is required for all requests for service listed on the Division approved PCR's Type of Service section.~~

~~(a) — Each EMS Agency response shall be recorded on either an electronic or written PRC as approved by the Division.~~

~~(b) — The EMS Agency shall submit electronic or written PCRs to the Division in the manner proscribed by Division policy, by the tenth day of the month following the provision of service, or within shorter time as the Division may request.~~

~~(c) — The EMS Agency shall leave a PCR with the receiving medical facility at the time of patient drop-off or as soon as reasonably possible thereafter.~~

~~Section 5. — Inspection of Patient Care Reports (PCR). The Division may inspect the PCR records of any person operating an ambulance service covered by these rules.~~

~~Section 6. — Patient Records. No person shall release a Patient Care Report without the patient's consent, except to a health care facility, the Division, a law enforcement officer, the Wyoming Attorney General's office, or pursuant to a lawful court order.~~

Section 7.5. Patient Classifications. For the purpose of these Rules and Regulations the following patient classification definitions shall be used:

(a) “Emergent” means the patient requires immediate transport and treatment to prevent death or permanent disability.

(b) “Urgent” means there is a serious illness or injury to the patient which could expose the patient to risk of death or permanent disability unless treatment is initiated at a medical facility within a reasonable length of time.

(c) “Non-emergent” means a patient who has an injury or illness that is presently stable, which poses no present threat to life or risk of permanent disability, and does not require the use of emergency vehicle warning devices.

(d) For patients who are classified as emergent or urgent, the use of emergency vehicle warning devices is appropriate.

~~Section 8.6. Reports of Requests for Information or of Litigation. Other~~
Mandatory Reporting Requirements.

(a) ~~All political sub-division EMS Agencies that come under the provisions of W.S. 16-4-201 (Wyoming Public Records Act) these rules shall submit to the Division a copy of any requests for information filed with them. Any such requests shall be sent to the Division by certified mail, return receipt requested, within thirty (30) days of receipt of such request.~~

(b) All EMS Agencies shall report any service of process, as defined in Chapter 1, Section ~~3~~ 4(qq) of these rules, ~~on the ambulance service~~ to the Division within one (1) working day of receipt of service.

(c) Any EMS Agency or person licensed or authorized under these rules that has cause to believe or information indicating that any person or EMS Agency is, or may be in violation of these rules, shall report that information to the Division. Failure to report such information shall be considered aiding and abetting in the violation of these rules.

(d) EMS Agencies authorized to perform needle or surgical cricothyrotomy or rapid sequence intubation (RSI) shall notify the Division via e-mail within two hours of the performance of these procedures. The Division shall review all cases.

(e) Ambulance services shall notify the Division within two (2) hours of any incident or accident requiring reporting to the Federal Aviation Administration (FAA) or the National Transportation Safety Board, or that inhibits or prohibits the ability of the ambulance to transport a patient.

RULES AND REGULATIONS FOR
EMERGENCY MEDICAL SERVICES

CHAPTER 5

PERSONNEL LICENSURE REQUIREMENTS

Section 1. License Required.

(a) No person shall represent themselves to be an Emergency Medical Responder or any level of EMT without obtaining a license in one of the categories listed below from the Division:

- (i) Emergency Medical Responder (EMR); or
- (ii) Emergency Medical Technician (EMT); or
- (iii) Advanced Emergency Medical Technician (AEMT); or
- (iv) Intermediate Emergency Medical Technician (IEMT); or
- (v) Paramedic.

(b) No person shall act in the capacity of an attendant or represent that they are licensed to do so without obtaining a license as specified under (a) of this Section and affiliating with an ambulance service licensed under Chapter 2, of these rules.

(c) Should the license be revoked or suspended, the license holder shall not act in the capacity of an EMR or EMT unless reinstated or relicensed at the discretion of the Division.

Section 2. Qualifications for Licensure.

(a) The Division shall grant a license to an applicant who meets the provisions of these rules. The Division shall not authorize, examine or subsequently license any person as an EMR or any level of EMT unless that person has successfully completed the requirements, as specified by the Division, appropriate for the licensure category except as provided under Section 14 of this chapter.

(b) An applicant for licensure shall;

- (i) Complete an application as provided for in this chapter.

(ii) Provide evidence of successful completion of a course of education appropriate for the category of licensure.

(iii) Be at least sixteen (16) years of age when applying for a license as an EMR or be at least eighteen (18) years of age when applying for a license for any level of EMT.

(iv) Successfully complete the Division Licensure Exam appropriate for the level of licensure or the equivalent exam administered by the National Registry of Emergency Medical Technicians unless the applicant qualifies for licensure under Section 5(c) of this chapter; and

(v) Not have been convicted of a criminal offense against a person, a felony, or an offense against morals, decency and family. The Division may, at its sole discretion, waive this after review by the Division of the following:

(A) The nature and seriousness of the crime;

(B) The length of time since the crime was committed;

(C) Additional arrests;

(D) The applicant's actions and conduct since the crime occurred;

(E) Compliance with court orders associated with the conviction (court issued documents demonstrating fulfillment of the court's orders must be submitted with the request for consideration); and

(F) Any other information reasonably related to the applicant's character and fitness to serve as an emergency medical services provider.

(G) Reviews shall not attempt to determine whether the applicant was duly convicted.

(vi) Verify whether the applicant has been the subject of limitation, suspension, or termination of their right to practice in a health care occupation or

voluntarily surrendered a health care certification or license in any state or an agency authorizing the legal right to work.

Section 3. Application.

(a) Any individual desiring to be licensed under this chapter shall submit an application in the format prescribed by the Division to the Division. The application shall contain the following information:

- (i) Full name and address of legal residence;
- (ii) Age, height, weight, color of eyes and hair;
- (iii) Proof of current medical certification or license, if applicable;
- (iv) Category of license desired;
- (v) Whether the applicant has been convicted of a crime against a person, a felony, or an offense against morals, decency and family;
- (vi) Whether the applicant has been the subject of limitation, suspension, or termination of their right to practice in a health care occupation or voluntarily surrendered a health care certification or license in any state or to an agency authorizing the legal right to work;
- (vii) Social Security Number;
- (viii) If the applicant desires to affiliate with an ambulance service and function in an attendant capacity, the applicant will indicate such on the application and submit the Attendant Affiliation Fee of two dollars (\$2.00) payable to the State of Wyoming. The fee shall only be required once per licensure period, regardless of the number of affiliations. The Division shall provide a separate affiliation form for use when a licensed individual desires to affiliate with more than one ambulance service or changes affiliation.
- (ix) Proof of current certification in American Heart Association BLS (Basic Life Support) for Healthcare Providers or equivalent; and
- (x) Proof of current certification in American Heart Association Advanced Cardiac Life Support if the applicant is applying for licensure at the IEMT or Paramedic level.

(xi) Any other information the Division determines is necessary to establish the person's qualification for licensure.

(b) Any individual desiring to be licensed as an EMT shall complete and submit to a criminal history screening as directed by the Department. The criminal history screening must contain federal and state criminal information, Costs of all necessary background checks and fingerprinting are the sole responsibility of the applicant.

(c) The Division may contact agencies or entities including, but not limited to, other state agencies, law enforcement agencies, national provider databanks, and medical personnel to verify information in the application.

Section 4. Educational Requirements.

(a) Applicants for licensure shall provide evidence of education specific to the category of license for which they are applying. Such evidence shall be:

(i) Records of completion of a course of instruction approved by the Division; or

(ii) Records of completion of a course of instruction conducted in another state. Such records must reflect the course description, topics, hours of instruction, and clinical practice time to allow the Division to determine acceptability of the course. Courses conducted in other states or through other means must be substantively equivalent to those conducted within this state to be acceptable for licensure; or

(iii) Proof of course completion through forms and records of the Department of Defense (DoD) if the applicant received their training through the DoD.

(b) The Division may accept alternate documentation of course completion if the applicant cannot fulfill (a) of this section, if other reliable means exist to verify that appropriate education was completed.

(c) The Division shall not license an applicant at the paramedic level who attended a paramedic course of instruction after January 1, 2013, unless the applicant is a graduate of a paramedic course of instruction accredited by the Commission on

Accreditation of Allied Health Education Programs (CAAHEP) or that had received a Letter of Review from the Committee on Accreditation of Educational Programs for the emergency Medical Services Professions (CoAEMSP) at the time that the applicant completed the program.

Section 5. Examination of Personnel.

(a) The Division may examine any individual applying for, or holding a license. The examination may be a practical demonstration of skills, a written examination, or a combination of the two to test the individual's educational qualifications and patient care skills.

(b) Applicants shall have a total of six attempts to pass the examination. Successive attempts must occur more than seven (7) and fewer than thirty (30) days after the previous attempt. Following the third failure of the examination, the Division may direct a course of remediation, and allow the applicant an additional three attempts. Failure of the six attempts, or failure to take the retests, shall be grounds for revocation or denial of the license until the person retakes the formal Division approved training program, specific to the level applied for or held. Applicants shall not function as an EMR or EMT pending successful retesting.

(c) Applicants for licensure who are licensed or certified in another state, or through the National Registry of EMTs, shall not be required to take the Division Licensure Exam if they meet all other requirements for licensure under this chapter.

Section 6. Decision. The Division shall grant or deny an application for licensure within forty-five (45) days after receiving a complete and verifiable application. If the Division grants the license, it shall send a wallet size card (license) to the applicant. If the Division denies licensure, it shall send written notice to the applicant. The written notice shall contain a statement of reasons for denial.

Section 7. Initial License Terms.

(a) For the purposes of these rules, an "initial license" shall be the first license issued to a person under these rules.

(b) An initial license shall expire no sooner than two (2) years from the date of issuance, but no later than December 31st of the third year following the date of issuance; unless the Division revokes or suspends the license. An initial license may be granted to an applicant who meets the education and training requirements under this chapter.

Section 8. Upgrade or Downgrade of a License.

(a) For the purposes of this chapter the following definitions shall apply:

(i) An “upgrade” to a license shall be the issuance of a license allowing a scope of practice greater than that of the license already held by an applicant.

(ii) A “downgrade” to a license shall be the issuance of a license allowing a scope of practice more limited than that of the license already held by an applicant.

(b) Upgrading a license.

(i) An applicant for the upgrade of a license shall meet all requirements for the requested level under this chapter.

(ii) If the applicant completed a course of education required for an upgrade during the renewal cycle of their current license, the applicant will be considered to have met the continuing education renewal requirements for the upgraded level for that period. The Division shall issue the upgraded license with an expiration date matching the expiration date of the applicant’s current license, and upon application for renewal, issue a new license at the upgraded level if all other renewal requirements have been met.

(c) Downgrading a license.

(i) A license holder under this chapter may request the downgrade of a license from the Division. Applicants for a downgraded license shall not be the subject of any current investigations or be under any administrative actions by the division.

(ii) The Division shall issue the requested license with an expiration matching the expiration date of the current license.

(iii) A downgraded license issued under the provisions of this section shall not be considered a punitive action under these rules.

Section 9. Licensure Renewal.

(a) The Division may renew a license only if the license holder has completed the renewal requirements as set forth in Chapter 8 of these rules. To ensure continuous

licensure, the renewal applicant shall submit the following documentation to the Division not less than thirty (30) days, but not more than ninety (90) days, before the license expires:

- (i) A renewal application form,
 - (ii) Proof of completion of all required continuing medical education,
- and
- (iii) The attendant affiliation fee, if applicable.

(b) The Division may require submission of renewal documentation through electronic means.

(c) A renewal license shall be valid for two (2) years from the expiration date of the previous license. A license shall remain valid unless the Division revokes or suspends the license.

(d) Should the license expire, the license holder shall not act in the capacity of an EMR, EMT, AEMT, IEMT, or Paramedic.

Section 10. Licensure Renewal Through Recovery Process.

(a) An individual licensed under this chapter whose license has expired, may recover the license within one (1) year of the expiration date, by completing the Division required continuing medical education and other renewal requirements.

(b) An individual licensed under this chapter whose license has been expired, more than one (1), but less than four (4) years, may have the license reinstated by:

- (i) Completing a Division approved refresher course appropriate for the category of license;
- (ii) Completing any other requirements required for licensure at the level requested.

(c) An individual licensed under this chapter whose license has been expired, more than four (4) years and has not maintained a comparable license or certification in another state or through the National Registry of EMTs shall be required to complete the initial education and training requirements required for the license category.

Section 11. Warning, Revocation, Suspension, or Denial of a License.

(a) If the Division becomes aware of any act of noncompliance with these rules by a holder of a license, which the Division determines does not require revocation or suspension, the Division may, at its sole discretion, give a warning notice to the holder concerning the act. Failure to correct this act of noncompliance within the terms of the warning may result in revocation, suspension, or refusal to renew a license, as provided below.

(b) The Division may deny, revoke, suspend, limit, or refuse to issue a license or skills authorization or take other appropriate disciplinary action on the following grounds:

(i) Fraud, bribery, or misrepresentation in applying for or procuring a certificate of training, initial or renewal license or other authorization under these rules;

(ii) Fraud or deceit, including, but not limited to, omission of required information or submission of false information written or verbal;

(iii) Fraudulent submission of patient care reports;

(iv) Drug diversion for use by self or others;

(v) Sale, unauthorized use, or manufacturing of controlled or illicit drugs;

(vi) Failure to comply or maintain compliance with these rules or the Act;

(vii) Aiding, abetting or conspiring with another in the violation of these rules or the Act;

(viii) Conviction of a crime against a person, a felony, or an offense against morals, decency and family;

(ix) Becoming subject to the limitation, suspension, or termination of the right to practice in a health care occupation or voluntarily surrendering a health care certification or license in any state or to an agency authorizing the legal right to work;

- (x) Manifest incapacity or incompetence to render emergency medical care;
- (xi) Exceeding the scope of practice authorized for the appropriate license;
- (xii) Gross negligence, gross malpractice, or repeated malpractice;
- (xiii) Unprofessional, unethical, dishonorable or repeated disruptive conduct;
- (xiv) Failure to comply with request for criminal background check and fingerprints;
- (xv) Based upon information contained in a criminal background check that identifies the individual as a potential danger to the health, safety, and welfare to the citizens of Wyoming if the person were allowed to serve as an EMT;
- (xvi) Inability to function with reasonable skill and safety for the following reasons, including but not limited to:
 - (A) Physical or mental disability;
 - (B) Substance abuse/dependency;
 - (C) Patient abandonment;
 - (D) Patient abuse, including sexual abuse;
 - (E) Patient neglect;
- (xvii) Violation of patient privacy or confidentiality in any form, written, verbal, or technological;
- (xviii) Misappropriation of patient property;
- (xix) Failure to comply with reasonable requests from the Division including, but not limited to:
 - (A) Responses to administrative complaints;

(B) Responses to formal pleadings such as a notice of hearing or petition and complaint;

(C) Written response to request for explanation for failure to disclose required information;

(D) Failure to cooperate in an investigation;

(E) Failure to appear at properly noticed hearings;

(xx) Failure to conform to the standards of acceptable and prevailing practice appropriate for the level of licensure, in which case actual injury need not be established; or

(xxi) Failure to supervise or to monitor the performance of acts by any EMR or EMT.

(c) The Division shall not return the application fee upon revocation, suspension, or denial of a license.

(d) The Division may initiate investigations or proceedings under this Section on its own motion, or on the written complaint of any person. Reasonable effort shall be made to protect the identity of the complainant. Identifying information shall not be divulged by the Division except upon waiver by the complainant, court order, request of law enforcement officers, or the Attorney General's Office.

Section 12. Authorized Acts or Scope of Practice.

(a) Except as otherwise provided in these rules, the authorized acts or scope of practice for an EMR or EMT in this state shall be those described in the United States Department of Transportation, National Highway Traffic and Safety Administration (NHTSA) National EMS Scope of Practice Model, DOT HS 810 657, February, 2007. Copies are available from the Division upon request, and may be obtained through the NHTSA at: <http://www.ems.gov/education/EMSScope.pdf>. This adoption does not include later amendments or editions of the incorporated matter.

(b) EMRs may:

- (i) Administer up to 324 milligrams of aspirin orally to patients complaining of chest pain.
 - (ii) Utilize nasopharyngeal airways.
 - (iii) Utilize mechanical devices approved by the Division for the provision of CPR.
 - (iv) Utilize electronic devices for the measurement of vital signs.
 - (v) Provide immobilization of the spinal column through manual means and the use of appropriate equipment.
 - (vi) Provide splinting of extremities to include the use of traction splints for the femur.
 - (vii) Utilize a tourniquet in the management of hemorrhage.
- (c) EMTs shall not utilize automatic transport ventilators.
- (d) EMTs may:
- (i) Administer up to 324 milligrams of aspirin orally to patients complaining of chest pain.
 - (ii) Utilize auto-injection devices for the administration of epinephrine in the treatment of anaphylaxis.
 - (iii) Perform capillary blood glucose testing.
 - (iv) Utilize twelve (12) lead electrocardiograph (ECG) machines to capture and transmit a patient's ECG to a receiving facility;
- (e) In addition to the authorizations for the EMT, AEMTs may:
- (i) Provide nebulized ipratropium (Atrovent) or combinations of albuterol and ipratropium.
 - (ii) Utilize continuous positive airway pressure (CPAP) devices.

(f) The scope of practice for the IEMT shall be that of the AEMT and the following additional authorizations:

- (i) Administer medications as authorized for the IEMT by the Division;
- (ii) Perform manual defibrillation;
- (iii) Apply non-invasive patient monitoring devices, to include the application of cardiac monitoring devices;
- (iv) Perform needle thoracotomy;
- (v) Perform endotracheal intubation if specifically authorized by the Division.

(g) Individuals that were certified or licensed at an Intermediate level that exceeds the scope of practice for that of the EMT level in this section prior to the adoption of this Chapter, shall be considered to be “grandfathered” and shall retain the authorization to perform those specific skills unless one of the following occurs:

- (i) The license is revoked subsequent to a disciplinary action.
- (ii) The license is upgraded as specified in Section 8 of this Chapter.
- (iii) The licensee completes a Transition Course approved by the Division. Transition Courses shall not be considered to meet the entirety of the Continuing Education Requirements for license renewal under Chapter 8.
- (iv) The licensee is granted a voluntary downgrade under Section 8 of this Chapter.
- (v) The license has been expired more than one (1) year. In these circumstances, the applicant may only recover an EMT level license as specified in Section 10(b).

(h) Irrespective of the employment or service setting, EMTs shall not practice beyond the scope of practice outlined in this Chapter unless licensed or certified to do so by another board or agency under Title 33 of the Wyoming Statutes.

(i) EMS personnel may only perform within their scope of practice based on the written or verbal order of a physician. Written orders shall be through one of the following means:

(i) Standing orders authorizing an EMT at any level to perform a skill or administer a medication; or

(ii) Protocols that address unforeseen or unusual circumstances and authorize an EMT to perform a skill or administer a medication when not previously addressed in a set of standing orders.

(iii) A written order on the appropriate patient care forms utilized by a medical facility.

(j) Physician medical directors of EMS Agencies, as defined by Chapter 4, Section 1 of these rules or supervising physicians in a place of employment shall promulgate written protocols and standing orders as defined by this Section.

(k) Physician medical directors and supervising physicians shall:

(i) Indicate by signature, that written protocols and standing orders have been reviewed and approved at least every two years.

(ii) Indicate by signature, approval of amendments to written protocols and standing orders at the time that amendments are adopted.

(iii) Indicate by signature approval of written protocols and standing orders upon the assumption of duties as a physician medical director or as a supervising physician.

Section 13. Displaying of Licensure. EMTs shall display their licensure level by means of the Division approved insignia or patch, or similar means approved by the Division on their outer clothing when responding as a member or employee of an EMS Agency.

Section 14. Emergency Licensing of Ambulance Services and Individuals.

(a) Authority. Pursuant to the authority of W.S. § 35-4-114, and at the direction of the State Health Officer, the Division may issue licenses to ambulance

services and EMS personnel in order to manage public health emergencies within the state. “Public health emergency” means those emergencies defined by W.S. § 35-4-115(a)(i).

(i) The Division may grant an Emergency Ambulance Business License to ambulance services not licensed in this state, based on written or electronic confirmation that the ambulance service is licensed within the state of origin; and

(ii) The Division may grant Emergency Licenses to individuals as an EMR, EMT, AEMT, IEMT or Paramedic based on written or electronic confirmation that the individual is currently licensed at the comparable level in another state.

(b) Emergency Licenses for ambulance services or individuals shall terminate upon the Governor’s declaration that the public health emergency has ended.

RULES AND ~~REGULATIONS~~ REGULATIONS FOR
EMERGENCY MEDICAL SERVICES

CHAPTER 5

~~ATTENDANTS PERSONNEL LICENSURE REQUIREMENTS~~

Section 1. ~~Attendant Certificate Required.~~ License Required.

(a) No person shall ~~attend a patient or provide sole or primary patient care activities in an ambulance or represent that they are certified to do so~~ represent themselves to be an Emergency Medical Responder or any level of EMT without obtaining an appropriate certificate a license in one of the categories listed below from the Division:

- (i) ~~Certified EMT Basic attendant~~ Emergency Medical Responder (EMR); or
- (ii) ~~Certified EMT Intermediate attendant~~ Emergency Medical Technician (EMT); or
- (iii) Advanced Emergency Medical Technician (AEMT); or
- (iv) Intermediate Emergency Medical Technician (IEMT); or
- (iii)(v) Certified Paramedic Attendant.

(b) ~~Attendant certification shall not be required for attendants exclusively employed or engaged by an industrial ambulance service.~~ No person shall act in the capacity of an attendant or represent that they are licensed to do so without obtaining a license as specified under (a) of this Section and affiliating with an ambulance service licensed under Chapter 2, of these rules.

(c) ~~Any physician, osteopath, registered nurse, physician assistant or nurse practitioner currently licensed in Wyoming may function as an attendant when approved by the local ambulance service without obtaining certification as an attendant.~~ Should the license be revoked or suspended, the license holder shall not act in the capacity of an EMR or EMT unless reinstated or relicensed at the discretion of the Division.

Section 2. ~~Qualifications for an Attendant Certificate Licensure.~~

(a) ~~Initial certificate.~~ The Division shall grant an initial attendant certificate to an applicant who has graduated from a training program approved and sponsored by the

~~Division, and is currently an EMT certified by the Division. [Training programs approved by the Division are available on request.]~~ The Division shall grant a license to an applicant who meets the provisions of these rules. The Division shall not authorize, examine or subsequently license any person as an EMR or any level of EMT unless that person has successfully completed the requirements, as specified by the Division, appropriate for the licensure category except as provided under Section 14 of this chapter.

~~(b) The Division shall not authorize, examine or subsequently certify any person as a certified EMT Basic, EMT Intermediate or Paramedic attendant unless that person has successfully completed the educational requirements, as specified by the Division, appropriate for that attendant category. An applicant for licensure shall:~~

~~(c) — In addition to the educational and training requirements for initial and renewal certificates, the applicant shall:~~

~~(i) Complete an application as provided for in this chapter.~~

~~(ii) Be currently affiliated with a Wyoming ambulance service or authorized fire protective service that is authorized for the level of certification being applied for; Provide evidence of successful completion of a course of education appropriate for the category of licensure.~~

~~(iii) Be at least sixteen (16) years of age when applying for a license as an EMR or EMT; Be at least eighteen (18) years of age when applying for a license for any level of EMT;~~

~~(iii) — Have an identified physician medical director for the ambulance service or the authorized fire protective service that is licensed to practice in this state.~~

~~(iv) Complete the required orientation listed on the attendant application; Successfully complete the Division Licensure Exam appropriate for the level of licensure or the equivalent exam administered by the National Registry of Emergency Medical Technicians unless the applicant qualifies for licensure under Section 5(c) of this chapter; and~~

~~(v) Not have been convicted of a criminal offense against a person, a felony, or an offense against morals, decency and family. The Division may, at its sole discretion, waive this after review by the Division after consultation with the Attorney General's Office on a case-by-case basis; and of the following:~~

~~(A) The nature and seriousness of the crime;~~

~~(B) The length of time since the crime was committed;~~

(C) Additional arrests;

(D) The applicant's actions and conduct since the crime occurred;

(E) Compliance with court orders associated with the conviction (court issued documents demonstrating fulfillment of the court's orders must be submitted with the request for consideration); and

(F) Any other information reasonably related to the applicant's character and fitness to serve as an emergency medical services provider.

(G) Reviews shall not attempt to determine whether the applicant was duly convicted.

(vi) Verify whether the applicant has been the subject of limitation, suspension, or termination of their right to practice in a health care occupation or voluntarily surrendered a health care certification or license in any state or an agency authorizing the legal right to work.

~~(vii) — Be judged physically, mentally, and emotionally sound in the estimation of the physician medical director.~~

~~(viii) — Any individual desiring to be certified as an Attendant shall have completed and submitted a Federal Bureau of Investigation (FBI) Criminal Background check and a State of Wyoming Division of Criminal Investigation (DCI) background check to include fingerprinting. Criminal Background check forms shall be provided by the Division. Costs of the background check and fingerprinting are the sole responsibility of the applicant.~~

Section 3. Application.

(a) Any individual desiring to be ~~certified as an attendant~~ licensed under this chapter shall submit an application in the format prescribed by the Division to the Division ~~with a fee of two dollars (\$2.00) payable to the State of Wyoming.~~ The application shall contain the following information:

(i) Full name, ~~current address,~~ and address of legal residence;

(ii) Age, height, weight, color of eyes and hair;

- (iii) Proof of current medical certification or license if applicable;
- (iv) Category of ~~attendant certificate~~ license desired;
- (v) ~~Current Wyoming ambulance service with which the applicant proposes to be affiliated~~;

~~(vi) Name and signature of the ambulance administrator;~~

~~(vii) The physician medical director's name and signature;~~

~~(viii)~~ Whether the applicant has been convicted of a crime against a person, a felony, or an offense against morals, decency and family;

~~(ix)~~(vi) Whether the applicant has been the subject of limitation, suspension, or termination of their right to practice in a health care occupation or voluntarily surrendered a health care certification or license in any state or to an agency authorizing the legal right to work; ~~and~~

~~(x)~~(vii) Social Security Number.

(viii) If the applicant desires to affiliate with an ambulance service and function in an attendant capacity, the applicant will indicate such on the application and submit the Attendant Affiliation Fee of two dollars (\$2.00) payable to the State of Wyoming. The fee shall only be required once per licensure period, regardless of the number of affiliations. The Division shall provide a separate affiliation form for use when a licensed individual desires to affiliate with more than one ambulance service or changes affiliation.

(ix) Proof of current certification in American Heart Association BLS (Basic Life Support) for Healthcare Providers or equivalent; and

(x) Proof of current certification in American Heart Association Advanced Cardiac Life Support if the applicant is applying for licensure at the IEMT or Paramedic level.

(xi) Any other information the Division determines is necessary to establish the person's qualification for licensure.

(b) Any individual desiring to be licensed as an EMT shall complete and submit to a criminal history screening as directed by the Department. The criminal history screening must contain federal and state criminal information. Costs of all necessary background checks and fingerprinting are the sole responsibility of the applicant.

(c) The Division may contact agencies or entities including, but not limited to, other state agencies, law enforcement agencies, national provider databanks, and medical personnel to verify information in the application.

Section 4. Educational Requirements.

(a) Applicants for licensure shall provide evidence of education specific to the category of license for which they are applying. Such evidence shall be:

(i) Records of completion of a course of instruction approved by the Division; or

(ii) Records of completion of a course of instruction conducted in another state. Such records must reflect the course description, topics, hours of instruction, and clinical practice time to allow the Division to determine acceptability of the course. Courses conducted in other states or through other means must be substantively equivalent to those conducted within this state to be acceptable for licensure; or

(iii) Proof of course completion through forms and records of the Department of Defense (DoD) if the applicant received their training through the DoD.

(b) The Division may accept alternate documentation of course completion if the applicant cannot fulfill (a) of this section, if other reliable means exist to verify that appropriate education was completed.

(c) The Division shall not license an applicant at the paramedic level who attended a paramedic course of instruction after January 1, 2013, unless the applicant is a graduate of a paramedic course of instruction accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or that had received a Letter of Review from the Committee on Accreditation of Educational Programs for the emergency Medical Services Professions (CoAEMSP) at the time that the applicant completed the program.

Section 45. Examination of Personnel.

(a) The Division may examine any individual applying for ~~an initial attendant certificate~~, or holding ~~an attendant certificate~~-license. The examination ~~shall~~ may be a practical demonstration of skills, ~~and/or~~ a written examination, or a combination of the two to test the individual's educational qualifications and patient care skills. ~~Testing shall~~

be equivalent to the standard Division final examination administered normally for course completion, at the appropriate level.

(b) Applicants shall have a total of six attempts to pass the examination. Successive attempts must occur more than seven (7) and fewer than thirty (30) days after the previous attempt. Following a the third failure of the examination, the Division may direct a course of remediation, and allow the applicant an additional three attempts. applicant may retake the examination within thirty (30) days, and may not function as an attendant pending successful retesting. Failure of the ~~retests~~ six attempts, or failure to take the retests, shall be grounds for revocation or denial of the ~~attendant certification license~~ until the person retakes the formal Division approved training program, specific to the ~~attendant~~ level applied for or held. Applicants shall not function as an EMR or EMT pending successful retesting.

(c) Applicants for licensure who are licensed or certified in another state, or through the National Registry of EMTs, shall not be required to take the Division Licensure Exam if they meet all other requirements for licensure under this chapter.

~~Section 5. — Verification of Information. The Division may contact agencies or entities including but not limited to, other State agencies, law enforcement agencies and medical personnel to verify information in the application.~~

Section 6. Decision. The Division shall grant or deny an application for ~~certification~~ licensure within forty-five (45) days after receiving a complete and verifiable application. If the Division grants the ~~certificate~~ license, it shall send a wallet size card (~~certificate~~ license) to the applicant. If the Division denies ~~certification~~ licensure, it shall send written notice to the applicant. The written notice shall contain a statement of reasons for denial.

Section 7. Terms of Certificate Initial License Terms.

(a) ~~An initial certificate shall be valid through December 31st of the year following the year of issuance; unless one of the following events occurs: For the purposes of these rules, an “initial license” shall be the first license issued to a person under these rules.~~

(i) ~~— The attendant ends his affiliation with the ambulance service. If the attendant’s affiliation is terminated for any reason, the attendant shall immediately surrender the certificate to the ambulance service supervisor. Within fifteen (15) days, the ambulance service supervisor shall mail the certificate to the Division; or~~

~~(ii) — The Division revokes or suspends the certificate. The certificate holder shall immediately return the certificate to the Division by hand delivery or certified mail.~~

~~(b) A renewal certificate shall be valid for two (2) years from the expiration date of the previous certificate. A renewal certificate shall remain valid unless (i) or (ii) of (a) above occurs. An initial license shall expire no sooner than two (2) years from the date of issuance, but no later than December 31st of the third year following the date of issuance; unless the Division revokes or suspends the license. An initial license may be granted to an applicant who meets the education and training requirements under this chapter.~~

~~(e) — The certificate shall remain the property of the State of Wyoming.~~

~~(d) — Should the attendant certificate be revoked or suspended, the certificate holder shall not act in the capacity of an attendant unless reinstated or recertified at the discretion the Division.~~

Section 8. Upgrade or Downgrade of a License.

(a) For the purposes of this chapter the following definitions shall apply:

(i) An “upgrade” to a license shall be the issuance of a license allowing a scope of practice greater than that of the license already held by an applicant.

(ii) A “downgrade” to a license shall be the issuance of a license allowing a scope of practice more limited than that of the license already held by an applicant.

(b) Upgrading a license.

(i) An applicant for the upgrade of a license shall meet all requirements for the requested level under this chapter.

(ii) If the applicant completed a course of education required for an upgrade during the renewal cycle of their current license, the applicant will be considered to have met the continuing education renewal requirements for the upgraded level for that period. The Division shall issue the upgraded license with an expiration date matching the expiration date of the applicant’s current license, and upon application for renewal, issue a new license at the upgraded level if all other renewal requirements have been met.

(c) Downgrading a License.

(i) A license holder under this chapter may request the downgrade of a license from the Division. Applicants for a downgraded license shall not be the subject of any current investigations or be under any administrative actions by the division.

(ii) The Division shall issue the requested license with an expiration matching the expiration date of the current license.

(iii) A downgraded license issued under the provisions of this section shall not be considered a punitive action under these rules.

Section 8(9). Certificate Licensure Renewal.

(a) The Division may renew a certificate license only if the certificate license holder has completed the required continuing medical education training renewal requirements as set forth in Chapter 8 of these rules. To ensure continuous licensure, † the renewal applicant shall send two dollars (\$2.00) and a renewal application form submit the following documentation to the Division not less than thirty (30) days, but not more than ninety (90) days, before the certificate license expires to insure continuous certification:

(i) A renewal application form,

(ii) Proof of completion of all required continuing medical education,
and

(iii) The attendant affiliation fee, if applicable.

(b) ~~Should the attendant certificate expire the certificate holder shall not act in the capacity of an attendant.~~ The Division may require submission of renewal documentation through electronic means.

(c) A renewal license shall be valid for two (2) years from the expiration date of the previous license. A license shall remain valid unless the Division revokes or suspends the license.

~~(b)(d) Should the attendant certificate license expire, the certificate license holder shall not act in the capacity of an attendant~~ EMR, EMT, AEMT, IEMT, or Paramedic.

Section 10. ~~Lapsed Certification. Licensure Renewal Through Recovery Process.~~ ~~Individuals with lapsed Wyoming certification may be reinstated, within one (1) year of decertification, by completing Division required continuing medical education re-training and passing the written and practical examinations.~~

(a) An individual licensed under this chapter whose license has expired, may recover the license within one (1) year of the expiration date, by completing the Division required continuing medical education and other renewal requirements.

(b) An individual licensed under this chapter whose license has been expired, more than one (1), but less than four (4) years, may have the license reinstated by:

(i) Completing a Division approved refresher course appropriate for the category of license;

(ii) Completing any other requirements required for licensure at the level requested.

(c) An individual licensed under this chapter whose license has been expired, more than four (4) years and has not maintained a comparable license or certification in another state or through the National Registry of EMTs shall be required to complete the initial education and training requirements required for the license category.

Section 911. Warning, Revocation, Suspension, or Denial of an ~~Attendant Certificate License.~~

(a) If the Division ~~shall~~ becomes aware of any act of noncompliance with these rules by a holder of a ~~certificate~~ license, which the Division determines does not require revocation or suspension, the Division may, at its sole discretion, give a warning notice to the holder concerning the act. Failure to correct this act of noncompliance within the terms of the warning may result in revocation, suspension, or refusal to renew an ~~attendant certificate~~ license, as provided below.

(b) The Division may deny, revoke, suspend, limit, or refuse to issue an ~~attendant certificate~~ license or skills authorization or take other appropriate disciplinary action on the following grounds:

(i) Fraud, bribery, or misrepresentation in applying for or procuring a certificate of training, initial or renewal certificate license or other authorization under these rules;

(ii) Fraud or deceit, including, but not limited to, omission of required information or submission of false information written or verbal;

(iii) Fraudulent submission of patient care reports;

(iv) Drug diversion for use by self or others;

(v) Sale, unauthorized use, or manufacturing of controlled or illicit drugs;

~~(ii)~~(vi) Failure to comply or maintain compliance with these rules or the Act;

~~(iii)~~(vii) Aiding, abetting or conspiring with another in the violation of these rules or the Act;

~~(iv)~~(viii) Conviction of a crime against a person, a felony, or an offense against morals, decency and family;

~~(v)~~(ix) Becoming ~~S~~subject to the limitation, suspension, or termination of the right to practice in a health care occupation or voluntarily surrendering a health care certification or license in any state or to an agency authorizing the legal right to work;

~~(vi)~~(x) Manifest incapacity or incompetence to render emergency medical care; ~~category;~~

~~(vii)~~(xi) Exceeding the scope of practice authorized for the appropriate ~~certificate~~ license;

~~(viii)~~(xii) Gross negligence, gross malpractice, or repeated malpractice;

~~(ix)~~(xiii) Unprofessional, unethical, dishonorable or repeated disruptive conduct;

~~(x)~~ ~~Termination by the physician medical director;~~

~~(xi)~~(xiv) Failure to comply with request for criminal background check and fingerprints; ~~or~~

~~(xii)~~(xv) Based upon information contained in criminal background check that identifies the individual as a potential danger to the health, safety, and welfare to the citizens of Wyoming if the person were allowed to serve as an ~~attendant~~ EMT.

(xvi) Inability to function with reasonable skill and safety for the following reasons, including but not limited to:

- (A) Physical or mental disability;
- (B) Substance abuse/dependency;
- (C) Patient abandonment;
- (D) Patient abuse, including sexual abuse;
- (E) Patient neglect;

(xvii) Violation of patient privacy or confidentiality in any form, written, verbal, or technological;

(xviii) Misappropriation of patient property;

(xix) Failure to comply with reasonable requests from the Division including, but not limited to:

- (A) Responses to administrative complaints;
- (B) Responses to formal pleadings such as a notice of hearing or petition and complaint;
- (C) Written response to request for explanation for failure to disclose required information;
- (D) Failure to cooperate in an investigation;
- (E) Failure to appear at properly noticed hearings;

(xx) Failure to conform to the standards of acceptable and prevailing practice appropriate for the level of licensure, in which case actual injury need not be established; or

(xxi) Failure to supervise or to monitor the performance of acts by any EMR or EMT.

(c) The Division shall not return the application fee upon revocation, suspension, or denial of an ~~attendant certificate~~ license.

(d) The Division may initiate investigations or proceedings under this Section on its own motion, or on the written complaint of any person. Reasonable effort shall be made to protect the identity of the complainant. Identifying information shall not be divulged by the Division except upon waiver by the complainant, court order, request of law enforcement officers, or the Attorney General's Office.

Section 4-12. Authorized Acts or Scope of Practice of a Certified Attendant.

(a) ~~In order to regulate the acts of a certified attendant, the Division has established the following three (3) categories of certified attendants: EMT Basic attendant; EMT Intermediate attendant; and Paramedic attendant. Except as otherwise provided in these rules, the authorized acts or scope of practice for an EMR or EMT in this state shall be those described in the United States Department of Transportation, National Highway Traffic and Safety Administration (NHTSA) National EMS Scope of Practice Model, DOT HS 810 657, February, 2007. Copies are available from the Division upon request, and may be obtained through the NHTSA at: <http://www.ems.gov/education/EMSScope.pdf>. This adoption does not include later amendments or editions of the incorporated matter.~~

(b) ~~An attendant who holds a valid attendant certificate issued by the Division, and who is acting with the consent of the patient, may be authorized to perform the skills defined below in the care of a patient, as consistent with the formal training for the category of the certificate held by the attendant and the skills authorized by the Division. EMRs may:~~

(i) Administer up to 324 milligrams of aspirin orally to patients complaining of chest pain.

(ii) Utilize nasopharyngeal airways.

(iii) Utilize mechanical devices approved by the Division for the provision of CPR.

(iv) Utilize electronic devices for the measurement of vital signs.

(v) Provide immobilization of the spinal column through manual means and the use of appropriate equipment.

(vi) Provide splinting of extremities to include the use of traction splints for the femur.

(vii) Utilize a tourniquet in the management of hemorrhage.

(c) ~~EMT Intermediate and Paramedic attendants are limited to administering authorized medications and performing authorized advanced skills when functioning as a member of their identified ambulance service; when on duty with their identified law enforcement or military organization; or when assisting the Office of Emergency Medical Services' (OEMS) staff, functioning under the OEMS's identified physician medical director, during a state supported event. EMTs shall not use automatic transport ventilators.~~

(d) ~~A certified EMTs may Basic attendant is authorized to:~~

(i) ~~Render emergency care, rescue and resuscitation service consistent with formal training through the EMT basic course ; Administer up to 324 milligrams of aspirin orally to patients complaining of chest pain.~~

(ii) ~~Provide emergency transportation; Utilize auto-injection devices for the administration of epinephrine in the treatment of anaphylaxis.~~

(iii) ~~Perform cardiopulmonary resuscitation in accordance with the Healthcare Provider standards of the American Heart Association, or its equivalent; Perform capillary blood glucose testing.~~

(iv) ~~Administer oxygen and assist a patient with self administered medications as authorized by the Division for the EMT basic; Utilize twelve (12) lead electrocardiograph (ECG) machines to capture and transmit a patient's ECG to a receiving facility;~~

(v) ~~Perform defibrillation using an AED according to the recommended guidelines of the Division;~~

(e) ~~A certified EMT Intermediate attendant with authorization is allowed to: In addition to the authorizations for the EMT, AEMTs may:~~

(i) ~~Perform skills listed in Section 11 (d) of this Chapter and may when appropriately certified: Provide nebulized ipratropium (Atrovent) or combinations of albuterol and ipratropium.~~

~~(ii) At the scene of an emergency or during transportation administer any medication on the list of EMT Intermediate medications as approved by the Board and the Division. Utilize continuous positive airway pressure (CPAP) devices.~~

~~(iii) — At the scene of an emergency or during transportation perform any skill on the list of EMT Intermediate skills as approved by the Board and Division.~~

~~(iv) — Personnel certified under these rules may with prior approval from the Division and the Board, perform such other acts as expressly approved by the Division and the Board.~~

(f) A certified Paramedic attendant: The scope of practice for the IEMT shall be that of the AEMT and the following additional authorizations:

(i) Is authorized to perform the skills listed in Section 11 (d) and (e) of this Chapter; and may when appropriately certified: Administer medications as authorized for the IEMT by the Division;

(ii) At the scene of an emergency or during transportation administer any medication on the list of Paramedic medications as approved by the Board and Division. Perform manual defibrillation;

(iii) At the scene of an emergency or during transportation perform any skill on the list of Paramedic skills as approved by the Board and Division. Apply non-invasive patient monitoring devices, to include the application of cardiac monitoring devices;

(iv) Perform needle thoracotomy;

(v) Perform endotracheal intubation if specifically authorized by the Division.

(g) Personnel certified under these rules may with prior approval from the Division and Board, perform such other acts as expressly approved by the Division and the Board. Individuals that were certified or licensed at an Intermediate level that exceeds the scope of practice for that of the EMT level in this section prior to the adoption of this Chapter, shall be considered to be “grandfathered” and shall retain the authorization to perform those specific skills unless one of the following occurs:

(i) The license is revoked subsequent to a disciplinary action.

(ii) The license is upgraded as specified in Section 8 of this Chapter.

(iii) The licensee completes a Transition Course approved by the Division. Transition Courses shall not be considered to meet the entirety of the Continuing Education Requirements for license renewal under Chapter 8.

(iv) The licensee is granted a voluntary downgrade under Section 8 of this Chapter.

(v) The license has been expired more than one (1) year. In these circumstances, the applicant may only recover an EMT level license as specified in Section 10(b).

(h) Irrespective of the employment or service setting, EMTs shall not practice beyond the scope of practice outlined in this Chapter unless licensed or certified to do so by another board or agency under Title 33 of the Wyoming Statutes.

(i) EMS personnel may only perform within their scope of practice based on the written or verbal order of a physician. Written orders shall be through one of the following means:

(i) Standing orders authorizing an EMT at any level to perform a skill or administer a medication; or

(ii) Protocols that address unforeseen or unusual circumstances and authorize an EMT to perform a skill or administer a medication when not previously addressed in a set of standing orders.

(iii) A written order on the appropriate patient care forms utilized by a medical facility.

(j) Physician medical directors of EMS Agencies, as defined by Chapter 4, Section 1 of these rules or supervising physicians in a place of employment shall promulgate written protocols and standing orders as defined by this Section.

(k) Physician medical directors and supervising physicians shall:

(i) Indicate by signature, that written protocols and standing orders have been reviewed and approved at least every two years.

(ii) Indicate by signature, approval of amendments to written protocols and standing orders at the time that amendments are adopted.

(iii) Indicate by signature approval of written protocols and standing orders upon the assumption of duties as a physician medical director or as a supervising physician.

~~Section 12. — Physician Medical Director.~~

~~(a) — The physician medical director shall promulgate written policies and procedures in keeping with the rules of the Division. Certified attendants shall comply with all established policies and procedures.~~

~~(b) — The attendant is supervised by the physician at the receiving hospital through direct voice contact, or the physician medical director through formally written standing authorizations. Any other physician wishing to formally take charge of the patient at the scene of the emergency or during transport is required to communicate with the supervising physician, sign the attendant's Patient Care Report and accept responsibility for the patient's continued medical care to the arrival at the receiving medical care to arrival at the receiving facility.~~

~~(c) — The physician medical director shall verify the competency and continuing medical education of all certified personnel operating under her supervision as outlined in Chapter 8.~~

Section 13. Displaying of Certification to the Extent Practicable Licensure. ~~Attendants~~ EMTs shall display their certification licensure level by means of the Division approved insignia or patch, or similar means approved by the Division on their outer clothing when responding as a member or employee of an EMS Agency.

Section 14. Religious Grounds-Emergency Licensing of Ambulance Services and Individuals. ~~No certified attendant shall provide treatment or transportation if a patient objects to any medical treatment or transportation to a hospital or medical facility on religious grounds. See W.S. 33-38-111.~~

(a) Authority. Pursuant to the authority of W.S. § 35-4-114, and at the direction of the State Health Officer, the Division may issue licenses to ambulance services and EMS personnel in order to manage public health emergencies within the state. "Public health emergency" means those emergencies defined by W.S. § 35-4-115(a)(i).

(i) The Division may grant an Emergency Ambulance Business License to ambulance services not licensed in this state, based on written or electronic confirmation that the ambulance service is licensed within the state of origin; and

(ii) The Division may grant Emergency Licenses to individuals as an EMR, EMT, AEMT, IEMT or Paramedic based on written or electronic confirmation that the individual is currently licensed at the comparable level in another state.

(b) Emergency Licenses for ambulance services or individuals shall terminate upon the Governor's declaration that the public health emergency has ended.

~~Section 15. — Comfort One @ Cardiopulmonary Resuscitation Directive. This directive is for the purpose of instructing prehospital EMS personnel to forego resuscitation attempts in the event of a patient's cardiopulmonary arrest in accordance with W.S. 35-22-203(a). [See attached Appendix E]~~

RULES AND REGULATIONS FOR
EMERGENCY MEDICAL SERVICES

CHAPTER 10

NON-AMBULANCE EMS PERSONNEL

[This chapter is repealed.]

RULES AND REGULATIONS FOR
EMERGENCY MEDICAL SERVICES

CHAPTER 10

NON-AMBULANCE EMS PERSONNEL

[This chapter is repealed.]

~~Section 1. — Qualifications for a Non-ambulance EMS Certificate.~~

~~(a) — Initial Certificate. — The Division shall grant an initial EMS Certificate to an applicant who has graduated from an appropriate training program approved and sponsored by the Division. Training programs approved by the Division are available upon request.~~

~~(b) — The Division shall not authorize, examine, or subsequently certify any person as a certified First Responder (FR), EMT-Basic, EMT-Intermediate, or Paramedic unless that person has successfully completed the educational requirements specified by the Division appropriate for that EMS certificate category.~~

~~(c) — In addition to the educational and training requirements for initial and renewal certificates, the applicant shall:~~

~~(i) — Be at least fifteen (15) years of age when applying for FR certification, or by the conclusion of the Division approved FR training program; or~~

~~(ii) — Be at least eighteen (18) years of age when applying for EMT Basic, EMT Intermediate, or Paramedic certification, or within six (6) months of the conclusion of the Division approved EMT training program.~~

~~(iii) — If the applicant has not reached the required age at the conclusion of the Division approved training program, and~~

~~(i) — Does reach that age in less than six (6) months after the conclusion of the approved training program, the applicant may take the Division approved written and practical examination for the Division approved EMT training program. Successful completion of the program shall still be required for all levels of certification. Certification shall not be valid until after the applicant reaches the required age;~~

~~(ii) — Does reach that age in more than six (6) months after the conclusion of the approved training program, the applicant may complete the course, but~~

~~shall wait until after attaining the required age to take the Division approved written and practical examination for the Division approved EMT training program. Applicant must complete all testing within thirty (30) days of attaining the required age for certification. Successful completion of the program shall still be required for all levels of certification;~~

~~(iv) — Not have been convicted of a criminal offense against a person, a felony, or an offense against morals, decency and family. The Division may, at its sole discretion, waive this after review by the Division after consultation with the Attorney General's Office on a case-by-case basis;~~

~~(v) — Verify whether the applicant has ever been subject to limitation, suspension, or termination of their right to practice in a health care occupation or voluntarily surrendered a health care certification or license in any state or to an agency authorizing the legal right to work;~~

~~(vi) — If applying for EMT Basic, EMT Intermediate, or Paramedic shall have an identified physician medical director licensed to practice medicine in this state. Non-ambulance EMT Intermediate and Paramedic personnel must show affiliation with a fire protection service that has been authorized by the Division and Board to provide advanced level of care; and~~

~~(vi) — Any individual desiring to be certified as an EMT shall have completed and submitted a Federal Bureau of Investigation (FBI) Criminal Background check and a State of Wyoming Division of Criminal Investigation (DCI) background check to include fingerprinting. Criminal Background check forms shall be provided by the Division. Costs of the background check and fingerprinting are the sole responsibility of the applicant.~~

~~Section 2. — Application.~~

~~(a) — Any individual desiring to be certified as a FR, EMT Basic, EMT Intermediate, or Paramedic shall submit to the Division an application in the format prescribed by the Division. Applications for EMT Basic, EMT Intermediate, and Paramedic shall include a fee of two (\$2.00) payable to the State of Wyoming. The application shall at a minimum contain the following information:~~

~~(i) — Full name, current address and legal residence;~~

~~(ii) — Age, height, weight, color of eyes and hair;~~

~~(iii) — Proof of current medical certification desired;~~

~~(iv) — Category of EMS certified desired;~~

~~(v) — Whether the applicant has been convicted of a crime against a person, a felony, or an offense against morals, decency and family;~~

~~(vi) — Whether the applicant has ever been subject to limitation, suspension, or termination of their right to practice in a health care occupation or voluntarily surrendered a health care certification or license in any state or to an agency authorizing the legal right to work;~~

~~(vii) — If applying for EMT Basic, EMT Intermediate, or Paramedic certification, submit a completed Wyoming EMT physician sponsor form; and~~

~~(viii) — Social Security number.~~

~~Section 3. — Examination of Personnel.~~

~~(a) — The Division may examine any individual applying for or holding an EMS certificate. The examination shall be a practical demonstration of skills and/or a written examination to test the individual's educational qualifications and patient care skills. Testing shall be equivalent to the standard Division final examination administered normally for course completion, at the appropriate level.~~

~~(b) — Following a failure of the examination, the applicant may retake the examination within thirty (30) days, and may not function as a FR, EMT Basic, EMT Intermediate, or Paramedic pending a successful retest. Failure of the retest, or failure to retest, shall be grounds for revocation or denial of the EMS certificate until the person retakes the formal Division approved training program, specific to the EMS certificate level applied for or held.~~

~~Section 4. — Verification of Information. The Division may contact agencies or entities including, but not limited to, other State agencies, law enforcement agencies and medical personnel, to verify information in the application.~~

~~Section 5. — Decision. The Division shall grant or deny the application within forty five (45) days after receiving a complete and verifiable application. If the Division grants the application for a certificate, it shall send a wallet size card (certificate) to the applicant. If the Division denies certification, it shall send written notice to the applicant. The written notice shall contain a statement of reasons for denial.~~

~~Section 6. — Term of Certificate.~~

~~(a) — An initial certificate shall be valid though December 31 of the year following the year of issuance; unless one of the following events occurs:~~

~~(i) — The physician medical director terminates his sponsorship of the EMT Basic, EMT Intermediate, or Paramedic. If the physician medical director terminates his sponsorship of an EMT Basic, EMT Intermediate, or Paramedic, the individual shall immediately surrender his certificate to the Division. The EMT Basic, EMT Intermediate, or Paramedic within fifteen (15) days, shall mail the certificate to the Division; or~~

~~(ii) — The Division revokes or suspends the certificate. The certificate holder shall immediately return the certificate to the Division by hand delivery or certified mail.~~

~~(b) — A renewal certificate shall be valid for two (2) years from the expiration date of the previous certificate.~~

~~(c) — The certificate shall remain the property of the State of Wyoming.~~

~~(d) — Should the certificate be revoked or suspended, the certificate holder shall not act in the capacity of a FR, EMT Basic, EMT Intermediate, or Paramedic.~~

~~Section 7. — Certificate Renewal.~~

~~(a) — The Division may renew a certificate only if the certificate holder has completed the required continuing medical education training and testing (as applicable) requirements as set forth in Chapter 8 of these rules. The renewal applicant shall send to the Division the continuing education form and all required documentation to the Division not less than thirty (30) days, but not more than ninety (90) days, before the certificate expires, to insure continuous certification.~~

~~(b) — Should the certificate expire, the certificate holder shall not act in the capacity of a FR, EMT Basic, EMT Intermediate, or Paramedic.~~

~~Section 8. — Warning, Revocation, Suspension, or Denial of an EMS Training Certificate.~~

~~(a) — If the Division becomes aware of any act of noncompliance with these rules by a holder of a certificate, which the Division determines does not require revocation or suspension, the Division may, at its sole discretion, give a warning notice to the holder concerning the act. Failure to correct this act of noncompliance within the terms of the warning may result in revocation, suspension, or refusal to renew an EMS certificate, as provided below.~~

~~(b) — The Division may deny, revoke, suspend, or refuse to issue a certificate or take other appropriate disciplinary action on the following grounds:~~

- ~~(i) — Fraud, bribery, or misrepresentation in applying for or procuring a certificate or renewal certificate;~~
- ~~(ii) — Failure to comply or maintain compliance with these Rules or the Act;~~
- ~~(iii) — Aiding, abetting or conspiring with another on the violation of these Rules or the Act;~~
- ~~(iv) — Manifest incapacity or incompetence to render emergency medical care;~~
- ~~(v) — Conviction of a crime against a person, a felony, or an offense against morals, decency and family;~~
- ~~(vi) — Whether the applicant has ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care certification or license in any state or to an agency authorizing the legal right to work;~~
- ~~(vii) — Exceeding the scope of practice authorized for the appropriate EMS training certificate category;~~
- ~~(viii) — Gross negligence, gross malpractice, or repeated malpractice;~~
- ~~(ix) — Unprofessional, unethical, dishonorable or repeated disruptive conduct; or~~
- ~~(x) — Termination by the physician medical director;~~
- ~~(xi) — Failure to comply with request for criminal background check and fingerprinting; or~~
- ~~(xii) — Based upon information contained in the criminal background check and/or fingerprint check reports that would identify the individual as a potential danger to the health, safety, and welfare to the citizens of Wyoming.~~

~~(e) — The Division shall not return the certification fee upon revocation, suspension, or denial of an EMS certificate.~~

~~(d) — The Division may initiate investigations or proceedings under this section on its own motion or on the written complaint of any person. In order to encourage accessibility to the Division of the public, reasonable effort shall be made to protect the identity of the complainant. Identifying information shall not be divulged by the Division~~

except upon waiver by the complainant, court order, request of law enforcement officers, or the Attorney General's office.

~~Section 9. — Lapsed Certification. Individuals with lapsed Wyoming certification may be reinstated, within one (1) year of decertification only, by completing Division continuing medical education re-training and passing the written and practical examinations. The Division shall deny reinstating a lapsed certification for any reason listed above that constitutes cause to revoke, suspend or deny an existing certificate or application.~~

~~Section 10. — Authorized Acts or Scope of Practice of Non-Attendant Personnel.~~

~~(a) — Persons holding an EMS certificate but not an attendant certificate issued by the Division shall not serve as attendants, by themselves, for any licensed ambulance service.~~

~~(b) — A certified FR technician is authorized to:~~

~~(i) — Render emergency care, rescue and resuscitation consistent with formal training though the FR course;~~

~~(ii) — Perform cardiopulmonary resuscitation in accordance with the Healthcare Provider standards of the American Heart Association or its equivalent;~~

~~(iii) — Administer oxygen, and~~

~~(iv) — Perform defibrillation using an AED according to the recommended protocol of the Division; or assist a patient with self-administered medications as authorized by the Division, when functioning as a member of an organized first responder organization.~~

~~(d) — All certified non-ambulance EMT Intermediate and/or Paramedic personnel must adhere to the same requirements as set forth for EMT Intermediate and/or Paramedic ambulance attendants as referenced in Chapter 5. EMT Intermediate and Paramedic personnel are limited to administering medications and performing authorized advanced skills when functioning as a member of their identified and Division authorized fire protection service, when assisting the local ambulance service; when on duty with their identified law enforcement or military organization; or when assisting the Office of Emergency Medical Services' (OEMS) staff, functioning under the OEMS' identified physician medical director, during a state-supported event.~~

~~Section 11.—Religious Grounds. No person holding an EMS training certificate shall provide treatment or transportation if the patient objects to any medical treatment or transportation to a hospital or medical facility on religious grounds.~~

~~Section 12.—Comfort One @ Cardiopulmonary Resuscitation Directive. This directive is for the purpose of instructing prehospital EMS personnel to forego resuscitation attempts in the event of a patient's cardiopulmonary arrest in accordance with W.S. 35-22-203(a) [See attached Appendix E]~~

~~Section 13.—Training Programs.—Training programs for emergency medical personnel shall address not only adults but shall address emergency medical services for children (EMS-C).~~

~~(a)—Any person desiring to establish a training program for FR personnel shall form a Program Committee. The Program Committee shall consist of:~~

~~(i)—A physician licensed to practice medicine in this state who agrees to act as program director; and~~

~~(ii)—A person who agrees to serve as course coordinator. This person should hold a current EMT certificate.~~

~~(b)—Any person desiring to establish a training program for EMT Basic personnel shall form a program committee. The program committee shall consist of:~~

~~(i)—A physician licensed to practice medicine in this state who agrees to act as program director;~~

~~(ii)—Representative from the sponsoring hospital; and~~

~~(iii)—A person agreeing to serve as a coordinator. This person must hold a current EMT certificate and have satisfactorily completed a Division approved Instructor/Coordinator program.~~

~~(c)—Application. The program shall submit an application for a FR or EMT training program to the Division. The application must include:~~

~~(i)—A summary, with appropriate documentation, explaining the medical need for the program; and~~

~~(ii)—An agreement to the following:~~

~~(A)—Division program curriculum;~~

~~(B)—A description of the time schedule;~~

~~(C) — Instructors by name and subjects;~~

~~(D) — Materials and physical facilities;~~

~~(E) — Number of students;~~

~~(F) — Acceptable student costs;~~

~~(G) — Record keeping methods; and~~

~~(iii) — The local criteria for student acceptance and graduation, if more restrictive than Division criteria.~~

~~(d) — Decision. The Division shall notify the Program Committee of its sole decision concerning the applicant's application for a FR or EMT training program within ten (10) days of its decision.~~

~~(e) — Supervision. Following approval, the program shall be supervised by the program director. The program director shall ensure that each instructor is knowledgeable in his subject and understands his responsibility and shall maintain the standards of quality instruction as provided in the curriculum.~~

~~(f) — Instructors. Instructors for FR EMT programs shall be:~~

~~(i) — Physicians;~~

~~(ii) — Physician support persons PA-Cs;~~

~~(iii) — Registered nurses licensed in this state;~~

~~(iv) — Paramedics;~~

~~(v) — EMT Intermediates;~~

~~(vi) — Individuals acceptable to the Division.~~

~~(g) — An EMT training program shall have active physician participation.~~

~~(h) — Curriculum. Curriculum requirements shall be established by the Division. To be acceptable a curriculum must adhere to the current Department of Transportation's EMT Basic National Standard Curriculum Training Programs and is acceptable to the Division.~~

~~(i) — Training programs for Non-ambulance EMT Intermediates and Paramedics shall adhere to those guidelines set forth in Chapter 6 for Advanced Training Programs.~~

~~(j) — Educational Records. The program coordinator shall maintain accurate records of each student's involvement in the training curriculum. These records must be submitted at the time of certification. Such records shall include but not necessarily be limited to, attendance at lectures, demonstrations, subject matters covered, completion of the prescribed clinical requirements, time spent in each clinical area, special experiences containing a clinical training component, and verification of practical skill competency, and successful completion of written examination.~~

~~(k) — Program Initiation. All programs must commence operations within three (3) months of approval. Failure to start a program within this time period shall nullify the approval and require reapplication.~~

~~(l) — The Division shall provide:~~

~~(i) — At the FR level, the Division has responsibilities to include: course approval or denial, course curriculum and continuing education requirements, course fees, testing and certifications;~~

~~(ii) — At the EMT, EMT Intermediate, and Paramedic level, the Division has responsibilities that include: course approval or denial, course curriculum and continuing education requirements, course fees, contracting for local administration and instruction, on-site monitoring, administration of practical and written testing, and certification; and~~

~~(iii) — Because the physician medical director is ultimately responsible for the EMT Basic, EMT Intermediate, or Paramedic's competency during the certification period, a physician medical director has the right to request that the Division test for competency, or may conduct competency testing independent of the Division. The Physician medical director may withdraw EMT, EMT Intermediate and Paramedic sponsorship at any time for any reason.~~

~~(m) — All requirements for any certificate issued under these rules shall be completed within sixty (60) days of course completion.~~

~~Section 14. — Patient Care Reports. All Division and Board approved fire protective services shall submit a patient care reporting form for all patients evaluated/treated by their EMT Basic, EMT Intermediate and Paramedic personnel. Each patient report shall be recorded on a report form approved by the Division, disk or hard copies of the completed patient care reports to the Division. These shall be due on the tenth day of the next month or within such shorter time as the Division may request.~~

~~Section 15.— Inspection of Patient Care Records.— The Division may inspect the records of any Division and Board approved fire protective service covered by these rules.~~

~~Section 16.— Patient Records.— No Division and Board approved fire protective service, covered by these rules shall release a patient care report without the patient's consent, except to a health care facility, the Division, a law enforcement officer, the Wyoming Attorney General's office, or pursuant to a lawful court order.~~

~~Section 17.— Reports of Requests for Information or of Litigation. All political sub-division Division and Board approved fire protective services that come under the provisions of W.S.—16-4-201 (Wyoming Public Records Act) shall submit to the Division a copy of any requests for information filed with them. Any such requests shall be sent to the Division by certified mail, return receipt requested, within thirty (30) days of receipt of such request. All Division and Board approved fire protective services shall report any service of process, as defined in Chapter 1, Section 3 (rr) of these rules, on the fire protective service to the Division within one (1) working day of receipt of service.~~

