

**NOTICE OF PUBLIC HEARING
OHIO DEPARTMENT OF PUBLIC SAFETY**

Date: October 2, 2023
Time: 9:00 a.m.
Location: Ohio Department of Public Safety
1970 West Broad Street, Room 1108
Columbus, Ohio 43223

The Ohio Department of Public Safety, Division of Emergency Medical Services, State Board of Emergency Medical, Fire, and Transportation Services, pursuant to Chapter 119. of the Ohio Revised Code, will conduct a public hearing for the purpose of soliciting comments regarding the adoption, amendment, and rescission of rules.

The public hearing will be conducted on **Monday, October 2, 2023, beginning at 9:00 a.m.** in room 1108, located at 1970 West Broad Street, Columbus, OH 43223 and continue until all parties in attendance have had an opportunity to be heard.

The following amended rules have been filed with JCARR.

OAC Chapter 4765-7 (EMS Training Programs)
OAC Chapter 4765-12 (EMR Training and Scope)
OAC Chapter 4765-15 (EMT Training and Scope)
OAC Chapter 4765-16 (AEMT Training and Scope)
OAC Chapter 4765-17 (Paramedic Training and Scope)
OAC Chapter 4765-19 (Continuing Education)

Rule #	Tagline	Proposed Filing
4765-7-01	Merging of certificates of accreditation and general provisions.	Amend
4765-7-02	Accreditation of Ohio EMS training programs.	Amend
4765-7-03	Provisional certificates.	Amend
4765-7-04	Application for accreditation.	Amend
4765-7-05	Offsite locations.	Amend
4765-7-06	Notification to the board.	Amend
4765-7-07	Renewal of a certificate of accreditation.	Amend
4765-7-08	Reinstatement of a certificate of accreditation or approval, or provisional certificate of accreditation or approval.	Amend
4765-7-09	Approval of Ohio EMS continuing education programs.	Amend
4765-7-10	Reinstatement of revoked certificate of accreditation or approval, or provisional certificate of accreditation or approval.	No Change
4765-7-11	Continuing education course requirements for Ohio EMS accredited and approved institutions.	Amend
4765-7-12	Online education and distance learning delivery systems for EMS training programs offered through an accredited institution.	Amend
4765-7-13	National accreditation of paramedic programs.	Amend
4765-12-01	General provisions.	No Change
4765-12-02	Emergency medical responder curriculum prior to September 1, 2012.	Rescind
4765-12-03	Emergency medical responder continuing education.	Amend
4765-12-04	Emergency medical responder scope of practice.	Amend
4765-12-05	Emergency medical responder curriculum.	Amend
4765-15-01	Emergency medical technician curriculum prior to September 1, 2012.	Rescind
4765-15-03	Emergency medical technician continuing education.	Amend
4765-15-04	Emergency medical technician scope of practice.	Amend
4765-15-05	Emergency medical technician curriculum.	Amend
4765-16-01	Advanced emergency medical technician curriculum prior to September 1, 2012.	Rescind
4765-16-02	Transitional EMT-intermediate update course.	Rescind
4765-16-03	Advanced emergency medical technician continuing education.	Amend
4765-16-04	Advanced emergency medical technician scope of practice.	No Change
4765-16-05	EMT-intermediate special requirements.	No Change
4765-16-06	Advanced emergency medical technician curriculum.	Amend
4765-17-01	Paramedic curriculum prior to September 2012.	Rescind
4765-17-02	Paramedic continuing education.	Amend
4765-17-03	Paramedic scope of practice.	Amend
4765-17-04	Paramedic curriculum.	Amend
4765-19-01	Continuing education for EMS providers.	Amend
4765-19-02	Examination alternative to continuing education.	No Change
4765-19-03	Extension of continuing education requirement for EMS providers.	Amend
4765-19-04	Exemption from continuing education requirements for EMS providers.	Amend

Persons affected by the proposed rules may appear at the hearing and be heard in person, or by an attorney, or both, or may present their position, argument, or contention in writing. Persons may offer and examine witnesses and present evidence to show that the proposed rules will be unreasonable or unlawful if enacted.

Requests for copies of the proposed rules and/or public comments may be submitted in person or by mail at the following address: Ohio Department of Public Safety, Office of Legal Services, Suite 531C, 1970 West Broad Street, Columbus, Ohio 43223, Telephone: (614) 466-5605. These rules may be accessed at The Register of Ohio search page or via the Department of Public Safety's website at <https://publicsafety.ohio.gov/wps/portal/gov/odps/what-we-do/administrative-rules-reviews>.

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-12-02

Rule Type: Rescission

Rule Title/Tagline: Emergency medical responder curriculum prior to September 1, 2012.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being filed according to a R.C. 106.03 periodic rule review.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

This rule sets forth the curriculum standards to be met by an emergency medical responder training program and refresher programs that began prior to September 1, 2012.

9. Does the rule incorporate material by reference? No
10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.

Not Applicable

11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.

Not Applicable

II. Fiscal Analysis

12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.

This will have no impact on revenues or expenditures.

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Not Applicable

13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

It is estimated that this rule will not result in any costs of compliance for stakeholders. The rule provides information about the EMR curriculum used for classes that began prior to September 1, 2012.

14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No
15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No
16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? No

18. Does this rule have an adverse impact on business? No

- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? No
- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

TO BE RESCINDED

4765-12-02 **Emergency medical responder curriculum prior to September 1, 2012.**

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

- (A) Prior to September 1, 2012 an EMS training program for a certificate to practice as an emergency medical responder or an emergency medical responder refresher program shall be conducted in accordance with the curriculum as set forth in this rule or in rule 4765-12-05 of the Administrative Code. An EMS training program for a certificate to practice as an emergency medical responder or an emergency medical responder refresher program starting on or after September 1, 2012, shall be conducted in accordance with rule 4765-12-05 of the Administrative Code.
- (B) An EMS training program for a certificate to practice as an emergency medical responder shall be conducted in accordance with division (B) of section 4765.16 of the Revised Code and this rule. Such program shall consist of a minimum of forty-eight hours according to the "First Responder Training Program Ohio Approved Curriculum," in all of the following subject areas:
- (1) A preparatory portion that provides, as a minimum, an understanding of:
 - (a) The roles and responsibilities of the emergency medical responder within the EMS system;
 - (b) Medical and legal issues;
 - (c) Basic anatomy and physiology;
 - (d) Personal protection from airborne and blood-borne pathogens;
 - (e) Lifting and moving of patients.
 - (2) An airway portion that includes procedures for airway management and ventilation;
 - (3) A portion that includes procedures for assessment of trauma and medical patients, including, but not limited to, the following:
 - (a) History taking and physical examinations;
 - (b) Assessing vital signs;

- (c) Components of basic triage;
 - (d) Information needed by transporting EMS personnel.
 - (4) A portion that includes management of cardiac emergencies, including cardiopulmonary resuscitation and automated defibrillation;
 - (5) A portion devoted to illness and injury management, including patient-assisted auto-injector epinephrine administration;
 - (6) A portion devoted to children and childbirth;
 - (7) Practical testing as prescribed by the board.
- (C) An accredited institution may grant a maximum of four hours of credit towards the forty-eight hour emergency medical responder training program requirements set forth in paragraph (B) of this rule if the student provides documentation of successful completion of a health care provider course or professional rescuer course provided through one of the following:
- (1) American red cross;
 - (2) American heart association; or
 - (3) American safety and health institution.
- (D) An emergency medical responder refresher program shall consist of fifteen hours according to the "Emergency Medical Responder Refresher Training Program Ohio Approved Curriculum" for the number of hours in each of the following subject areas:
- (1) Three hours on preparatory considerations;
 - (2) Two hours on airway management and ventilation, including oxygen therapy;
 - (3) Two hours on patient assessment;
 - (4) Two hours on cardiac management, including cardiopulmonary resuscitation and automated defibrillation;
 - (5) Three hours on illness and injury management, including assisting patients with epinephrine auto-injectors;
 - (6) One hour on childbirth and pediatric issues;
 - (7) One hour on geriatric issues;

(8) One hour on trauma issues.

- (E) Accredited or approved institutions offering an EMS training program or refresher program, as outlined in paragraphs (B) and (D) of this rule, shall provide for regular evaluations of student performance and achievement through written and practical testing, prior to issuance of a certificate of completion.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 4765.11

Rule Amplifies: 4765.16

Prior Effective Dates: 04/04/1998, 11/27/2003, 02/01/2009, 02/06/2012,
08/01/2014, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-12-03

Rule Type: Amendment

Rule Title/Tagline: Emergency medical responder continuing education.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16, 4765.24, 4765.31
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being filed according to a R.C. 106.03 periodic rule review, and to simplify the comment related to the incorporated by reference rule.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-12-03 sets forth the continuing education requirements necessary to renew a certificate to practice as an emergency medical responder. This rule refers readers to the incorporated by reference rule. Rule 4765-12-03 is amended to simplify the comment related to the incorporated by reference rule.

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

OAC rule 4765-12-03 incorporates the form "EMS Renewal Application." To comply with sections 121.71 to 121.74 of the Revised Code, this rule refers readers to OAC rule 4765-1-03, which provides the editions and dates of the materials and the website addresses where the information may be accessed.

"EMS Renewal Application" is made available to a holder of an EMS provider certificate who wishes to renew the certificate and can be accessed at the division's renewal website at <https://services.dps.ohio.gov/EMSProviders>.

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

The cost of compliance for certificate holders (stakeholders) to obtain required continuing education may depend upon whether or not an individual's department provides in-service training and the extent to which the scope of practice is adopted into local protocol by the responder's EMS organization and medical director. EMS

organizations and their medical directors determine the level of emergency medical services that responders perform.

SOURCE: Division of EMS Education & Testing Section

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
16. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. **Was this rule filed with the Common Sense Initiative Office? Yes**
18. **Does this rule have an adverse impact on business? Yes**

- A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? Yes**

This rule requires renewal of a certificate to practice to serve as an emergency medical responder.

- B. **Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**

- C. **Does this rule require specific expenditures or the report of information as a condition of compliance? Yes**

This rule in and of itself does not require the report of information, however, certificate holders who are audited are required to provide documentation of CE as a condition of compliance. Each month ten percent of renewed certificates from all levels of EMS and instructor certifications are randomly selected for audit. In addition, any EMS certificate holders who renews while on an extension is audited.

The cost of compliance for certificate holders (stakeholders) to obtain required continuing education may depend upon whether or not an individual's

department provides in-service training and the extent to which the scope of practice is adopted into local protocol by the responder's EMS organization and medical director. EMS organizations and their medical directors determine the level of emergency medical services that responders perform.

SOURCE: Division of EMS Education & Testing Section

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

4765-12-03

Emergency medical responder continuing education.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

(A) Except as otherwise provided in section 4765.31 of the Revised Code and this chapter, when applying for renewal of a certificate to practice, a person certified as an emergency medical responder shall document compliance with one of the four following continuing education requirements:

(1) Completion of a total of at least fifteen hours of continuing education, including a minimum of one hour devoted to each of the following topics:

(a) Patient assessment;

(b) Cardiopulmonary resuscitation;

(c) Airway management and oxygen administration;

(d) Automated defibrillation;

(e) Illness and injury management;

(f) Trauma issues;

(g) Identifying and interacting with individuals with dementia;

~~(g)~~(h) Anaphylaxis and patient-assisted auto-injector epinephrine administration.

(2) Completion of an emergency medical responder refresher program as outlined in paragraph (D) of rule 4765-12-02 of the Administrative Code or in paragraph (E) of rule 4765-12-05 of the Administrative Code, as evidenced by a certificate of completion issued in accordance with section 4765.24 of the Revised Code;

(3) Current registration with the national registry of emergency medical technicians at the emergency medical responder or equivalent level;

(4) A passing score within three attempts on an examination approved by the board, pursuant to rule 4765-8-05 of the Administrative Code, to demonstrate competence to have a certificate to practice as an emergency medical responder renewed without completing an EMS continuing education program. This examination may only be taken during the last six months of an emergency

medical responder's current certification period or during a board approved extension granted pursuant to rule 4765-19-03 of the Administrative Code.

- (B) An individual that receives a board approved extension to complete continuing education requirements listed in paragraph (A) of this rule, must complete the requirements and submit an "EMS Renewal Application" to the division, no later than the expiration date of the granted extension.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11
Rule Amplifies: 4765.16, 4765.24, 4765.31
Prior Effective Dates: 04/04/1998, 11/27/2003, 02/06/2012, 08/01/2014,
06/15/2018



Common Sense Initiative

Mike DeWine, Governor
Jon Husted, Lt. Governor

Joseph Baker, Director

Business Impact Analysis

Agency, Board, or Commission Name: [Ohio Department of Public Safety \(DPS\) - Division of Emergency Medical Services \(EMS\), State Board of Emergency Medical, Fire, and Transportation Services](#)

Rule Contact Name and Contact Information: [Joseph Kirk, jakirk@dps.ohio.gov, 614-466-5605](#)

Regulation/Package Title (a general description of the rules' substantive content):
[ORC 4765-7, 4765-12, 4765-15, 4765-16, 4765-17, and 4765-19 \(EMS Accreditation, Scope of Practice, and Continuing Education\)](#)

Rule Number(s):

- 4765-7-01, 4765-7-02, 4765-7-03, 4765-7-04, 4765-7-05, 4765-7-06, 4765-7-07, 4765-7-08, 4765-7-09, 4765-7-10, 4765-7-11, 4765-7-12, 4765-7-13;
- 4765-12-01, 4765-12-02, 4765-12-03, 4765-12-04, 4765-12-05;
- 4765-15-01, 4765-15-03, 4765-15-04, 4765-15-05;
- 4765-16-01, 4765-16-02, 4765-16-03, 4765-16-04, 4765-16-05, 4765-16-06;
- 4765-17-01, 4765-17-02, 4765-17-03, 4765-17-04; and
- 4765-19-01, 4765-19-02, 4765-19-03, 4765-19-04

Date of Submission for CSI Review: [02/01/2023](#)

Public Comment Period End Date: [02/24/2023](#)

Rule Type/Number of Rules:

New/ 0 rules

No Change/ 9 rules (FYR? [Yes](#))

Amended/ 27 rules (FYR? [Yes](#))

Rescinded/ 0 rules (FYR? [Yes](#))

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

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Reason for Submission

1. **R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.**

Which adverse impact(s) to businesses has the agency determined the rule(s) create?

The rule(s):

- a. ☒ **Requires a license, permit, or any other prior authorization to engage in or operate a line of business.**
- b. ☐ **Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.**
- c. ☒ **Requires specific expenditures or the report of information as a condition of compliance.**
- d. ☐ **Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.**

Regulatory Intent

2. **Please briefly describe the draft regulation in plain language.**

Please include the key provisions of the regulation as well as any proposed amendments.

Chapter 4765-7 of the Ohio Administrative Code (OAC) sets forth the conditions under which the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS Board or Board) may approve, renew, reinstate, or deny an application for a certificate of accreditation or a certificate of approval to operate EMS training programs. In addition, this chapter sets forth the levels of EMS training authorized by the EMFTS Board and the conditions under which accredited institutions and approved continuing education (CE) institutions may offer emergency medical services (EMS) training using online education and/or distance learning systems.

Chapters 4765-12, 4765-15, 4765-16, and 4765-17 of the Administrative Code (OAC) set forth the curriculum standards, continuing education requirements, and scopes of practice established by the EMFTS board for the emergency medical responder (EMR), emergency medical technician (EMT), advanced emergency medical technician (AEMT), or paramedic certificate to practice.

Chapter 4765-19 of the OAC is authorized by sections 4765.11 and 4765.16 of the Ohio Revised Code (RC). This chapter sets forth the following:

- The conditions under which the EMFTS Board will accept continuing education (CE) training as meeting the requirements to renew an EMS provider certificate to practice EMR, EMT, AEMT, or paramedic.
- The criteria to complete an examination in lieu of continuing education as an option to meet the requirements to renew a certificate to practice.

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- The criteria to obtain an extension beyond the expiration date of a certificate to practice to complete continuing education required for renewal of the certificate.
- The criteria to obtain an exemption from the continuing education requirement for renewal of a certificate to practice.

A summary of each of the rules and its proposed amendments is provided below:

4765-7-01	AMEND	<i>Merging of certificates of accreditation and general provisions.</i>
Rule 4765-7-01 sets forth general provisions for institutions holding a certificate of accreditation issued by the EMFTS Board to operate emergency medical services training programs. The rule lists the training programs that may be authorized by the EMFTS Board and the qualifications for a valid certificate of accreditation. The rule provides information about the application submitted to obtain a certificate of accreditation and refers readers to the incorporated by reference rule.		
Rule 4765-7-01 is amended to simplify the comment related to the incorporated by reference rule and revise the title of a form. The word “may,” previously omitted, is added in paragraph (D)		
4765-7-02	AMEND	<i>Accreditation of Ohio EMS training programs.</i>
Rule 4765-7-02 sets forth the provisions for issuing a certificate of accreditation and includes information about the application to be submitted. The rule sets forth requirements for Commission on Accreditation of Allied Health Education Programs (CAAHEP) accreditation for Ohio accredited institutions seeking to provide paramedic training programs. The rule refers readers to the incorporated by reference rule.		
Rule 4765-7-02 is amended to simplify the comment related to the incorporated by reference rule, revise the title of a form, update the categories of discrimination prohibited as a basis for accepting students, correct the spelling of “prehospital,” and add “deadlines” for obtaining a certificate to practice” as information a training program must provide to a student. The rule also amends paragraph (D)(4) to replace submitting a report with entering required data into the Division of EMS course management system.		
4765-7-03	NO CHANGE	<i>Provisional certificates.</i>
Rule 4765-7-03 sets forth the criteria for issuance of a provisional certificate of accreditation or certificate of approval for previously certified institutions seeking renewal. Criteria include substantial compliance with RC and OAC standards of record keeping and passage rates. The rule sets forth time frames for applying, for issuing, and for the expiration of provisional certificates, which are not renewable but may be extended by the EMFTS Board.		
4765-7-04	AMEND	<i>Application for accreditation.</i>
Rule 4765-7-04 sets forth the application standards for a certificate of accreditation. The rule refers readers to the incorporated by reference rule.		
Rule 4765-7-04 is amended to simplify the comment related to the incorporated by reference rule and revise the title of a form.		
4765-7-05	AMEND	<i>Offsite locations.</i>
Rule 4765-7-05 sets forth the provisions required of an EMS accredited institution or EMS approved institution offering courses at locations other than those submitted in applications.		
Rule 4765-7-05 is amended to add the comment related to the incorporated by reference rule and add paragraph (A)(3) regarding the “Request for EMS Offsite Training Offsite Location” form.		
4765-7-06	AMEND	<i>Notification to the board.</i>
Rule 4765-7-06 requires an EMS accredited institution or EMS approved institution to provide to the Division of EMS within ten days written notification of a change of mailing address or physical location and name or contact information of the authorizing official, program director, or program medical director. In addition, the institutions must notify the EMFTS Board in writing of an increase in the number of hours included in an EMS training program.		
Rule 4765-7-06 is amended to correct spelling errors, simplify the language, and make the rule more similar to rule 4765-24-06 (<i>Notification to the executive director.</i>), which applies to fire charters.		

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4765-7-07	AMEND	<i>Renewal of a certificate of accreditation.</i>
Rule 4765-7-07 sets forth the provisions for renewing a certificate of accreditation. The Division of EMS is required to notify each holder of a certificate of accreditation no later than ninety days prior to its expiration of the expiration date, mechanism for renewal, and due date for receipt of application. The rule sets a schedule for the EMFTS Board to review the passing percentages set forth in the rule. The rule refers readers to the incorporated by reference rule.		
Rule 4765-7-07 is amended to simplify the comment related to the incorporated by reference rule and revise the title of a form.		
4765-7-08	AMEND	<i>Reinstatement of a certificate of accreditation or approval, or provisional certificate of accreditation or approval.</i>
Rule 4765-7-08 sets forth the provisions for reinstatement of a certificate of accreditation or approval or provisional certificate of accreditation or approval. Applicants whose certificate expires within the time period for reinstatement are not eligible for a new certificate. The rule refers readers to the incorporated by reference rule.		
Rule 4765-7-08 is amended to simplify the comment related to the incorporated by reference rule and revise the title of a form.		
4765-7-09	AMEND	<i>Approval of Ohio EMS continuing education programs.</i>
Rule 4765-7-09 sets forth sets forth the requirements for EMFTS Board approval of an EMS CE program offered by an EMS approved institution. Certificates of approval are valid for up to five years. EMS approved institutions are required to maintain documentation as set forth in the rule. The rule refers readers to the incorporated by reference rule.		
Rule 4765-7-09 is amended to simplify the comment related to the incorporated by reference rule, revise the title of a form, and update the categories of discrimination prohibited as a basis for accepting students. In addition, paragraphs (E) and (F) are amended and paragraph (G) is added to distinguish between "initial" and "renewal" certificates of approval.		
4765-7-10	NO CHANGE	<i>Reinstatement of revoked certificate of accreditation or approval, or provisional certificate of accreditation or approval.</i>
Rule 4765-7-10 sets forth the restrictions for EMFTS Board approval of revoked certificates of accreditation or approval, or provisional certificates of accreditation or approval.		
4765-7-11	AMEND	<i>Continuing education course requirements for Ohio EMS accredited and approved institutions.</i>
Rule 4765-7-11 sets forth the requirements for CE courses offered by EMS accredited and approved institutions, including record keeping requirements.		
Rule 4765-7-11 is amended to update references to other rules in paragraph (K).		
4765-7-12	AMEND	<i>Online education and distance learning delivery systems for EMS training programs offered through an accredited institution.</i>
Rule 4765-7-12 sets forth the provisions for EMFTS Board approval of online and distance learning offered by EMS accredited and approved institutions.		
Rule 4765-7-12 is amended to update references to other rules in paragraphs (A)(10)(d) and (D).		
4765-7-13	NO CHANGE	<i>National accreditation of paramedic programs.</i>
Rule 4765-7-13 sets forth the qualifications, to become effective on January 1, 2018, for institutions offering an EMS training program at the paramedic level.		

4765-12-01	NO CHANGE	<i>General provisions.</i>
Rule 4765-12-01 sets forth the criteria that must be demonstrated by an applicant requesting the Board to waive the requirement that an emergency medical responder must be a volunteer for a nonprofit emergency medical services (EMS) organization or non-profit fire department.		
4765-12-02	AMEND	<i>Emergency medical responder curriculum prior to September 1, 2012.</i>
Rule 4765-12-02 sets forth the curriculum standards to be met by an emergency medical responder training program and refresher programs that began prior to September 1, 2012. This rule refers readers to the incorporated by reference rule.		
Rule 4765-12-02 is amended to simplify the comment related to the incorporated by reference rule.		

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4765-12-03	AMEND	<i>Emergency medical responder continuing education.</i>
Rule 4765-12-03 sets forth the continuing education requirements necessary to renew a certificate to practice as an emergency medical responder. This rule refers readers to the incorporated by reference rule.		
Rule 4765-12-03 is amended to simplify the comment related to the incorporated by reference rule.		
4765-12-04	NO CHANGE	<i>Emergency medical responder scope of practice.</i>
Rule 4765-12-04 sets forth the emergency medical services that may be performed by an emergency medical responder and the conditions under which the services may be performed.		
4765-12-05	AMEND	<i>Emergency medical responder curriculum.</i>
Rule 4765-12-05 sets forth the curriculum standards to be met by an emergency medical responder training program. This rule refers readers to the incorporated by reference rule.		
Rule 4765-12-05 is amended to simplify the comment related to the incorporated by reference rule and to revise paragraph (B) to establish core and discretionary competencies in the scope of practice curriculum as approved by the EMFTS Board in April 2022.		

4765-15-01	AMEND	<i>Emergency medical technician curriculum prior to September 1, 2012.</i>
Rule 4765-15-01 sets forth the Emergency Medical Technician (EMT) curriculum prior to September 1, 2012, which was developed in accordance with a USDOT standard and a refresher curriculum developed by the Division of EMS. The rule sets forth guidelines for evaluation of student performance and achievement. This rule refers readers to the incorporated by reference rule.		
Rule 4765-15-01 is amended to simplify the comment related to the incorporated by reference rule.		
4765-15-03	AMEND	<i>Emergency medical technician continuing education.</i>
Rule 4765-15-03 sets forth the continuing education (CE) standards for EMTs, including the number of hours required in the areas of pediatric, geriatric, and trauma issues; refresher program requirements; the use of national registry registration and trauma triage training for complying with CE requirements; examination requirements; and the renewal application. This rule refers readers to the incorporated by reference rule.		
Rule 4765-15-03 is amended to simplify the comment related to the incorporated by reference rule.		
4765-15-04	AMEND	<i>Emergency medical technician scope of practice.</i>
Rule 4765-15-04 sets forth the scope of practice for EMTs. The rule states that a medical director for an emergency medical organization may limit the scope of practice for EMTs within the organization. The rule requires EMTs performing emergency medical services within the scope of practice to have received training as part of their initial certification course or through subsequent training approved by the EMFTS board, or in certain emergency medical services, after having received training approved by the local medical director.		
Rule 4765-15-04 is amended to delete two items from the EMT scope of practice: pneumatic paragraph (B)(11) "pneumatic anti-shock garment" and paragraph (B)(15) "administration of activated charcoal," as approved by the EMFTS Board in April 2022.		
4765-15-05	AMEND	<i>Emergency medical technician curriculum.</i>
Rule 4765-15-05 sets forth the Emergency Medical Technician (EMT) curriculum effective September 1, 2012, which was developed in accordance with "National EMS Education Standards" approved by the National Highway Traffic Safety Administration (NHTSA), the "Ohio Approved EMS Curriculum Standards" approved by the EMFTS board, and the scope of practice set forth in OAC 4765-15-04. The rule sets forth guidelines for evaluation of student performance and achievement. This rule refers readers to the incorporated by reference rule.		
Rule 4765-15-05 is amended to simplify the comment related to the incorporated by reference rule and to revise paragraph (B) to establish core and discretionary competencies in the scope of practice curriculum, as approved by the EMFTS Board in April 2022. Paragraph (B)(16) is amended to clarify the number of hours and location of clinical experience.		

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4765-16-01	AMEND	<i>Advanced emergency medical technician curriculum prior to September 1, 2012.</i>
Rule 4765-16-01 sets forth the advanced emergency medical technician (AEMT) curriculum prior to September 1, 2012, which was developed in accordance with division (D) of section 4765.16 of the Revised Code and OAC rule 4765-16-01 and was based on objectives approved by the EMFTS board as set forth in the "Ohio EMT-Intermediate Curriculum and Transition Course. "The rule sets forth guidelines for evaluation of student performance and achievement. This rule refers readers to the incorporated by reference rule.		
Rule 4765-16-01 is amended to simplify the comment related to the incorporated by reference rule.		
4765-16-02	AMEND	<i>Transitional EMT-intermediate update course.</i>
Rule 4765-16-02 sets forth the requirements to renew a certificate to practice as an EMT-I (AEMT) who is not certified as completing training in emergency pharmacology as outlined OAC rule 4765-16-01. The transition course described in the rule provides forty of the sixty required CE hours for an EMT-I (AEMT). The rule sets forth a three-year period that does not require completion of the transitional course for those EMT-Paramedics (Paramedics) who have dropped back to the EMT-I (AEMT) level. This rule refers readers to the incorporated by reference rule.		
Rule 4765-16-02 is amended to simplify the comment related to the incorporated by reference rule.		
4765-16-03	AMEND	<i>Advanced emergency medical technician continuing education.</i>
Rule 4765-16-03 sets forth the continuing education (CE) standards for AEMTs (EMT-Is), including the number of hours required in the areas of pediatric, geriatric, and trauma issues; refresher program requirements; the use of national registry registration and trauma triage training for complying with CE requirements; examination requirements; and the renewal application. This rule refers readers to the incorporated by reference rule.		
Rule 4765-16-03 is amended to simplify the comment related to the incorporated by reference rule.		
4765-16-04	NO CHANGE	<i>Advanced emergency medical technician scope of practice.</i>
Rule 4765-16-04 sets forth the scope of practice for AEMTs (EMT-Is). The rule states that a medical director for an emergency medical organization may limit the scope of practice for AEMTs within the organization. The rule requires AEMTs performing emergency medical services within the scope of practice to have received training as part of their initial certification course or through subsequent training approved by the EMFTS board, or in certain emergency medical services, after having received training approved by the local medical director.		
4765-16-05	NO CHANGE	<i>EMT-intermediate special requirements.</i>
Rule 4765-16-05 sets forth special training requirements for renewal of an EMT-Intermediate (AEMT) certificate when the certificate holder has not completed the curriculum set forth in OAC rule 4765-16-01. The rule prevents an EMT-I (AEMT) from performing any services for which the EMT-I (AEMT) has not been trained.		
4765-16-06	AMEND	<i>Advanced emergency medical technician curriculum.</i>
Rule 4765-16-06 sets forth the Advanced Emergency Medical Technician (AEMT) curriculum effective September 1, 2012, which was developed in accordance with "National EMS Education Standards" approved by the NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the EMFTS board, and the scope of practice set forth in OAC 4765-16-04. The rule sets forth guidelines for evaluation of student performance and achievement. This rule refers readers to the incorporated by reference rule.		
Rule 4765-16-06 is amended to simplify the comment related to the incorporated by reference rule and to revise paragraph (B) to establish core and discretionary competencies in the scope of practice curriculum, as approved by the EMFTS Board in April 2022.		
4765-17-01	AMEND	<i>Paramedic curriculum prior to September 2012.</i>
Rule 4765-17-01 sets forth the paramedic curriculum prior to September 1, 2012, which was developed in accordance with division (E) of section 4765.16 of the Revised Code and the U.S. Department of Transportation (USDOT) "1998 Emergency Medical Technician Paramedic: National Standard Curriculum." The paramedic refresher course was consistent with the "Ohio EMT-Paramedic Refresher Curriculum" objectives approved by the EMFTS Board. The rule sets forth guidelines for evaluation of student performance and achievement. This rule refers readers to the incorporated by reference rule.		
Rule 4765-17-01 is amended to simplify the comment related to the incorporated by reference rule.		

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4765-17-02	AMEND	<i>Paramedic continuing education.</i>
Rule 4765-17-02 sets forth the continuing education (CE) standards for paramedics, including the number of hours required in the areas of pediatric, geriatric, and trauma issues; refresher program requirements; the use of national registry registration and trauma triage training for complying with CE requirements; examination requirements; and the renewal application. This rule refers readers to the incorporated by reference rule.		
Rule 4765-17-02 is amended to simplify the comment related to the incorporated by reference rule.		
4765-17-03	AMEND	<i>Paramedic scope of practice.</i>
Rule 4765-17-03 sets forth the scope of practice for paramedics. The rule states that a medical director for an emergency medical organization may limit the scope of practice for paramedics within the organization. The rule requires paramedics performing emergency medical services within the scope of practice to have received training as part of their initial certification course or through subsequent training approved by the EMFTS board, or in certain emergency medical services, after having received training approved by the local medical director.		
Rule 4765-17-03 is amended to delete paragraph (B)(15) "carotid massage" from the paramedic scope of practice, as approved by the EMFTS Board in April 2022.		
4765-17-04	AMEND	<i>Paramedic curriculum.</i>
Rule 4765-17-04 sets forth the paramedic curriculum effective September 1, 2012, which was developed in accordance with "National EMS Education Standards" approved by the NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the EMFTS board, and the scope of practice set forth in OAC 4765-17-03. The rule sets forth guidelines for evaluation of student performance and achievement and the paramedic refresher program. This rule refers readers to the incorporated by reference rule.		
Rule 4765-17-04 is amended to simplify the comment related to the incorporated by reference rule and to revise paragraph (B) to establish core and discretionary competencies in the scope of practice curriculum, as approved by the EMFTS Board in April 2022.		

4765-19-01	NO CHANGE	<i>Continuing education for EMS providers.</i>
Rule 4765-19-01 sets forth criteria of continuing education credit, including subject matter, format, and eligible providers. The rule includes provisions for the consideration of CE obtained by the holder of a certificate to practice during military service.		
4765-19-02	NO CHANGE	<i>Examination alternative to continuing education.</i>
Rule 4765-19-02 sets forth the provisions available to renew a certificate to practice by examination rather than by completing a CE program. A passing score must be achieved within three attempts. The examination must be completed within the last six months prior to expiration of the certificate to practice.		
4765-19-03	AMEND	<i>Extension of continuing education requirement for EMS providers.</i>
Rule 4765-19-03 sets forth the provisions for granting an extension of time to comply with CE requirements to renew a certificate to practice, including the application to be submitted to request an extension and provisions for certificate holders whose certificates expired while they served in the military. The rule refers readers to the incorporated by reference rule.		
Rule 4765-19-03 is amended to simplify the comment related to the incorporated by reference rule.		
4765-19-04	AMEND	<i>Exemption from continuing education requirements for EMS providers.</i>
Rule 4765-19-04 sets forth the provisions for obtaining a complete or partial exemption from compliance with CE requirements based on active duty service in the military, medical hardship, or unusual circumstances. The rule refers readers to the incorporated by reference rule.		
Rule 4765-19-04 is amended to simplify the comment related to the incorporated by reference rule.		

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3. Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.

Rule Number	Authorizing Statute(s)	Amplifying Statute(s)
4765-7-01	4765.11	4765.17
4765-7-02	4765.11	4765.16, 4765.17
4765-7-03	4765.11	4765.17
4765-7-04	4765.11	4765.15
4765-7-05	4765.11	4765.16
4765-7-06	4765.11	4765.15, 4765.16
4765-7-07	4765.11	4765.17
4765-7-08	4765.11	4765.17
4765-7-09	4765.11	4765.15, 4765.16, 4765.17
4765-7-10	4765.11	4765.17, 4765.18
4765-7-11	4765.11, 4765.16	4765.24, 4765.31
4765-7-12	4765.11, 4765.17	4765.17
4765-7-13	4765.11	4765.16, 4765.17
4765-12-01	4765.11	4765.30
4765-12-02	4765.11	4765.16
4765-12-03	4765.11	4765.16, 4765.24, 4765.31
4765-12-04	4765.11, 4765.35	4765.35
4765-12-05	4765.11	4765.16

Rule Number	Authorizing Statute(s)	Amplifying Statute(s)
4765-15-01	4765.11	4765.16
4765-15-03	4765.11	4765.16, 4765.24, 4765.31
4765-15-04	4765.11, 4765.37	4765.37
4765-15-05	4765.11	4765.16
4765-16-01	4765.11	4765.16
4765-16-02	4765.11	4765.16
4765-16-03	4765.11	4765.16, 4765.24, 4765.31
4765-16-04	4765.11, 4765.38	1547.11, 4506.17, 4511.19, 4765.38
4765-16-05	4765.11	4765.16
4765-16-06	4765.11	765.16
4765-17-01	4765.11	4765.16
4765-17-02	4765.11	4765.16, 4765.24, 4765.31
4765-17-03	4765.11, 4765.39	1547.11, 4506.17, 4511.19, 4765.39, 4765.391
4765-17-04	4765.11	4765.16
4765-19-01	4765.11, 4765.16	4765.31, 4745.04
4765-19-02	4765.11	4765.30, 4765.31
4765-19-03	4765.11	4765.31, 5903.12
4765-19-04	4765.11, 4765.16	4765.31, 5903.10

4. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?
If yes, please briefly explain the source and substance of the federal requirement.

The regulations do not implement federal requirements, nor are they being adopted to participate in a federal program.

5. If the regulation implements a federal requirement, but includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.

N/A

6. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?

OAC Chapter 4765-7: Pursuant to RC section 4765.11, the Board is directed to adopt rules that establish the standards and procedures under which the Board may issue, renew, suspend, or revoke certificates of accreditation and certificates of approval to operate EMS training and continuing education training programs and set forth the conditions under which accredited and approved institutions may operate these programs. Consistent, statewide, EMS training will help ensure well-trained EMS providers efficiently and effectively deliver pre-hospital patient care, improved response in emergencies, and increased safety while delivering emergency medical services. In addition, the proposed regulations also protect Ohio paramedic students by ensuring the students' education and eligibility for certification, through national standard testing, are not jeopardized.

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OAC chapters 4765-12, 4765-15, 4765-16, and 4765-17: Pursuant to section 4765.11 of the Revised Code, the EMS board is directed to adopt rules that establish the standards for the performance of emergency medical services by EMS providers. The EMS board is directed to adopt rules that establish the EMS curricula and the hours and materials used in adult and pediatric continuing education programs and courses.

Pursuant to section 4765.11 of the Revised Code, the EMS board is directed to adopt procedures for approving additional emergency medical services the providers are authorized to perform under sections 4765.35, 4765.37, 4765.38, and 4765.39 of the Revised Code. As set forth in rule 4765-6-01 of the OAC, additional services are posted on the EMS scope of practice matrix upon approval by the EMFTS Board and added to the respective EMS provider rules pertaining to scope of practice.

OAC Chapter 4765-19: Pursuant to RC section 4765.11, the EMFTS Board is directed to adopt rules that establish the standards and procedures under which the Board may issue, renew, suspend, or revoke certificates of approval to operate EMS continuing education training programs. RC section 4765.11 sets forth the criteria for and EMS CE course, how “relevant education, training, or service” may be used to fulfill required CE. In addition, the chapter sets forth meeting CE requirements by examination and options to request an exemption from or an extension of time to complete required CE. The purpose is to provide consistent, statewide, EMS training to help ensure well-trained EMS providers efficiently and effectively deliver pre-hospital patient care, improved response in emergencies, and increased safety while delivering emergency medical services.

7. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?

OAC Chapter 4765-7: Success will be measured by an increase in the number of institutions in compliance with the standards set forth in OAC Chapter 4765-7. In addition, the Division of EMS will track first attempt and cumulative attempt passing percentages on the certification examinations, student complaints, and complaints regarding EMS providers that lead to investigations. Success will also be measured by the successful completion of recertification continuing education requirements by the certified providers.

OAC chapters 4765-12, 4765-15, 4765-16, and 4765-17: Success of the regulation will be measured by the increase in pass rates of Ohio candidates who attempt the National Registry certification examination. In addition, success of the regulation will be measured utilizing data collected in the Emergency Medical Services Reporting System (EMSIRS). EMSIRS can be analyzed to determine the duration of EMS responses and transports, the emergency medical services performed by EMS providers, the frequency in which EMS providers perform the services, the success of emergency medical services performed, and the impact on patient care. The number of students attempting the examination, pass rates for the exams, and the various EMSIRS reports are reviewed annually to measure the success of this regulation.

OAC Chapter 4765-19: Success will be measured through the current certification audit process, which randomly audits ten percent of all certification renewals every month and audits all certificates renewed subsequent to an extension. The audits are to ensure that the certificate holders have completed the required continuing education for the previous certification period. Complaints, including those regarding patient care, are monitored as part of the administrative investigations conducted by the Division and State Board of EMFTS.

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8. Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?

If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.

No, none of the proposed rules contained in this rule package are being submitted pursuant to RC 101.352, 101.353, 106.032, 121.93, or 121.931.

Development of the Regulation

9. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.

If applicable, please include the date and medium by which the stakeholders were initially contacted.

The Ohio State Board of Emergency Medical, Fire, and Transportation Services (EMFTS) is a twenty-one member board. The director of the Ohio Department of Public Safety designates a member of the Ohio Department of Public Safety as a member of the Board. Twenty members who each have “background or experience in emergency medical services or trauma care” are appointed by the Governor with the advice and consent of the Ohio Senate. The Governor attempts “to include members representing urban and rural areas, various geographical regions of the state, and various schools of training” in making appointments to the Ohio State Board of EMFTS. The appointees to the board represent Ohio’s fire and emergency medical services, private medical transportation services, mobile intensive care providers, air medical providers, trauma programs, hospitals, emergency physicians, EMS training institutions, and ODPS. Members of the EMFTS Board and individuals with similar backgrounds and experiences make up the committees, subcommittees, and workgroups of the EMFTS Board.

Scope of practice issues, including rules, are an agenda item at the bi-monthly meetings of the Medical Oversight Committee (MOC) and frequently appear on the bi-monthly meeting agendas of the Education Committee. Other committees may participate in the development of amendments to rules and to the EMS scope of practice.

In February 2019, the Scope of Practice Ad Hoc Committee was established to address issues and concerns related specifically to the Ohio EMS Scope of Practice and to revise rules to meet the changing roles and environments in which EMS providers function, now and in the foreseeable future. The Committee held its first meeting on May 22, 2019. In the minutes of the first meeting, the Committee recorded its intention to include members who also serve on the Medical Oversight Committee (MOC), a standing committee that addresses issues pertaining to quality assurance, medical control, scope of practice, medical standards of curricula or other related issues assigned by the EMFTS Board.

In addition, the state medical director, EMS education coordinators, and other staff of the Ohio Division of EMS, and legal staff of the Ohio Department of Public Safety participate in revisions to administrative rules and the scope of practice. The Division of EMS uses [govdelivery](#) to send subscribers information about proposed rules and solicit stakeholder comments during the rule-review process. Proposed rules and related information are also posted at the DPS [“Administrative Rules”](#) Website.

10. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

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As part of the February 13, 2019 Board retreat, participants reviewed a document entitled *Impact of Scope of Practice Changes*. The document describes the Board's authority to revise the scope of practice (SOP) and notes the following:

Once an additional service is included in rule, all accredited programs must immediately include the service in the initial certification course.

During the retreat, the group discussed a process that would permit revising the SOP and allowing programs to implement revisions to the course curriculum in the first classes held after the effective date of the rule.

Amendments to the scope of practice rules in OAC chapters 4765-12, 4765-15, 4765-16, and 4765-17 were proposed and approved by members of the Scope of Practice Ad Hoc Committee at its February 22, 2022 meeting. The committee worked with the Department of Public Safety legal office to develop the following language added in paragraph (B) of each of the EMS curriculum rules (4765-12-05, 4765-15-05, 4765-16-06, and 4765-17-04):

... EMS training program shall be conducted in accordance with the "National EMS Education Standards" approved by NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the board, and consistent with the scope of practice set forth in...the Administrative Code. The above referenced national and Ohio approved standards are required core competencies for instruction in an EMS training program. Elements of the scope of practice not referenced in the "National EMS Education Standards" or the "Ohio Approved EMS Curriculum" are added competencies that may be taught at the discretion of the EMS training program.

The amendments were developed to increase flexibility for EMS training programs, which are now required to train EMS students to "...meet all knowledge and skill standards set forth in rules 4765-12-05, 4765-15-05, 4765-16-06, and 4765-17-04" of the OAC, as set forth in rule 4765-6-02, the general provisions chapter of the EMS curriculum rules. The proposed revisions will require schools to teach a core curriculum and permit schools to teach, at their discretion, items from a list of additional curriculum topics.

In addition, the Scope of Practice Ad Hoc Committee approved a motion at its February 22, 2022 meeting to delete three items not included in the current "National EMS Education Standards" from the scope of practice rules. The three deletions are:

- 4765-15-04 (B) (11) Pneumatic anti-shock garment;
- 4765-15-04 (B) (15) Administration of activated charcoal; and
- 4765-17-03 (A) (15) Carotid massage.

The Scope of Practice Ad Hoc Committee presented its motions to the State Board of EMFTS at the Board's April 2, 2022 meeting, where they were approved.

In preparation for the five-year review of OAC chapters 4765-7, 4765-19, and the four scope of practice chapters, EMS staff reviewed and amended the rules with the scope of practice revisions and to correct

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spelling and grammar, to simplify comments related to the incorporated by reference rule, to update the titles of documents incorporated by reference, and to clarify rules that have proved to be confusing to training programs and their students. Drafts were reviewed by DPS legal staff and provided to members of the State Board of EMFTS prior to the Board October and December 2022 meetings.

When the rules are filed with CSI, govdelivery.com will be used to notify subscribers to user groups including EMS agencies, EMS instructors, EMS general bulletins, and EMS for children about the filing and stakeholder comment period. Notification about the filing and comment period will also be placed on the EMS.Ohio.gov website.

11. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

4765-7: As set forth in the four EMS curriculum rules—4765-12-05, 4765-15-05, 4765-16-06, and 4765-17-04—EMS training programs are conducted in accordance with the ["National EMS Education Standards,"](#) a systems approach approved by National Highway Traffic Safety Administration (NHTSA), and the "Ohio Approved EMS Curriculum Standards" and the [scope of practice](#) approved by the Board. Updated NHTSA standards were published in 2021. "Ohio Approved EMS Curriculum Standards" can be viewed at the EMS ["Forms & Applications"](#) Webpage at the "EMS Training Program Curriculum & Education Standards" tab.

The Scope of Practice Ad Hoc Committee is using two other resources as they work to update Ohio's scope of practice and curriculum. ["EMS Agenda 2050: A People-Centered Vision for the Future of Emergency Medical Services"](#) is compiled by a panel of experts working with the EMS community "...to develop a new vision for the future of EMS." ["National EMS Scope of Practice Model 2019"](#) is a publication distributed by the NHTSA. The executive summary of the SOP model states that it is "...a work product commissioned by the NHTSA as a continuation of the commitment of the NHTSA and the Health Resources and Services Administration (HRSA) to the implementation of the EMS Agenda for the Future ("EMS Agenda").

The "EMS Agenda 2050" vision for the future of medical services is developed using [six guidelines for proposed changes](#): inherently safe and effective, integrated and seamless, sustainable and efficient, reliable and prepared, socially equitable, and adaptable and innovative.

The measurable outcomes are recorded and identified by the staff of the Division of EMS monitoring pass/fail certification testing from each EMS accredited training institute. The Division of EMS staff also monitor the number of successful renewals, new and ended EMS accredited training institutes, as well as those which add or delete certification levels to their existing accreditation.

4765-12, 4765-15, 4765-16, and 4765-17: Changes to EMS curriculum and scope of practice rules are based on evidence based research. The research studies and results are acquired from national EMS organizations, national publications, and research funded through Division of EMS grants, thus representing the best practices. The core competencies for Ohio approved curriculum for EMS mirror the competencies set forth in the "National EMS Education Standards" published by the NHTSA.

4765-19: There was no scientific data available to be considered.

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12. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives? *Alternative regulations may include performance-based regulations, which define the required outcome, but do not dictate the process the regulated stakeholders must use to comply.*

OAC Chapter 4765-7: It was determined that alternative regulations may not meet the purpose of the rules to assure safe, effective, and efficient EMS response. This regulation aligns with the NHTSA's systems approach for national EMS education standards, scope of practice model, accreditation, and standard testing. In addition, NHTSA's systems approach facilitates the transfer of training from state-to-state.

OAC chapters 4765-12, 4765-15, 4765-16, and 4765-17: No alternative regulations were considered. Pursuant to section 4765.11 of the Revised Code, the EMFTS board is directed to adopt rules that establish the standards for the performance of emergency medical services and the procedures for approving the additional emergency medical services authorized by sections 4765.35, 4765.37, 4765.38, and 4765.39 of the RC.

OAC chapter 4765-19: The rules in OAC Chapter 4765-19 provide several methods to obtain required CE credits, including an examination alternative, requesting an extension of time to complete CE credits, and requesting an exemption from the CE requirements.

13. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?

The Division of Emergency Medical Services is the only authority for EMS training, instruction, and certification; therefore, a review of Chapter 4765. of the ORC and agency 4765 of the OAC was completed. Additionally, a review was conducted using RegExplorer to make sure there was no duplication of regulations.

14. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.

Using the Division's Web site EMS.ohio.gov and the gov.delivery.com user groups, the division will provide stakeholders with final rules, rule summaries, and amendments to chapters 4765-7, 4765-12, 4765-15, 4765-16, 4765-17, and 4765-19 of the OAC. Access to approved Ohio EMS curriculum is published at [Forms & Applications | Emergency Medical Services \(ohio.gov\)](#) under "EMS Training Program Curriculum & Education Standards." CE requirements are published to the EMS web site at the following link: [Continuing Education Requirements | Emergency Medical Services \(ohio.gov\)](#). DEMS Staff will notify the EMS accredited and approved sites' program directors about the approved Ohio EMS curriculum and rule revisions via email and through information published on the ["Program Directors"](#) Webpages.

Division of EMS staff are available via telephone and/or face-to-face meetings to assist institutions and practitioners with the application process or with questions about the scopes of practice or continuing

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education. Questions may be submitted via email to “Ask EMS” (<https://ems.ohio.gov/help-center/ask-ems>) or directly to the Division’s staff using the “Agency Directory” (<https://ems.ohio.gov/help-center/agency-directory/agency-directory>).

The Division of EMS posts information about the rule review process, including those rules scheduled for review, drafts open for public comment, and proposed rule public hearing notices at its “EMS Laws & Rules” Web site (<https://ems.ohio.gov/laws-and-rules>). The “EMS Laws & Rules” Web site includes links to chapters 4765. and 4766. of the Ohio Revised Code and links to the Ohio Administrative Code chapters and rules associated with each EMS section. Access to rules filed with CSI and with the Joint Committee on Agency Rule Review (JCARR), as well as other filing documents is provided at the “EMS Laws & Rules” Web site through links with the “Register of Ohio” (<https://registerofohio.state.oh.us/>) and the Ohio Department of Public Safety “Administrative Rules” Web site (<https://publicsafety.ohio.gov/what-we-do/administrative-rules-reviews>).

The Division of EMS uses the EMS gov.delivery.com system and its user lists to distribute the final rules, when they become effective, to stakeholders. Division of EMS staff will receive email notification of the rule changes and attend section briefings regarding the implementation of policy and procedures. During its meetings, the EMFTS Board receives regular updates about EMS rules. In addition, notification of the rule changes to Division staff will be delivered internally through staff meetings, and cross-training of staff on co-workers’ job responsibilities that will increase the overall knowledge and efficiency of the Division.

Adverse Impact to Business

15. Provide a summary of the estimated cost of compliance with the rule(s). Specifically, please do the following:

a. Identify the scope of the impacted business community, and

The scope of the impacted business community fluctuates but includes approximately:

- 1,580 EMS organizations;
- 41,312 EMS providers;
- 5,820 EMS Instructors;
- 266 EMS registered medical directors;
- 89 EMS accredited institutions, which include 38 paramedic training programs; and
- 571 approved EMS continuing education institutions.

[Source: DEMS 11/09/2022 “Ohio EMS Agency List”; DEMS November 2022 report of active certifications; DEMS 11/09/2022 “Ohio EMS & Fire Training Facilities” Web site; and 12/28/2022 report of DEMS Research & Analysis staff.]

Annually, fewer than 100 providers request an exemption from completing the required continuing education. From January 1 through December 23, 2022, seven exemption requests were received.

b. Quantify and identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance, etc.).

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a

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representative business. Please include the source for your information/estimated impact.

Chapter 4765-7

OAC Chapter 4765-7, in and of itself, does not require specific expenditures. However, some provisions in these regulations require EMS training to be conducted in accordance with the standards adopted by the Board under ORC section 4765.11 and the curricula areas set forth in ORC section 4765.16 and in agency 4765 of the OAC. Adverse impacts could include the cost of instructional materials, instructor time, and equipment as the program deems necessary. OAC Chapter 4765-7 does not require any EMS accredited Institution to provide a specific certification level training; each level of training is provided at the discretion of the accredited institution.

The costs incurred by the EMS accredited institutions will vary depending on the affiliations of the EMS accredited institution and the levels of training being offered. Those institutions not changing any certification levels will see minimal if any additional costs, except for natural increases in administrative costs. Those institutions adding additional certification levels will see cost increases, as they may need to add additional instructional, administrative, and equipment resources.

Adverse impact may result from seeking and maintaining certificates of accreditation, national accreditation, and approval to operate EMS initial and continuing education training programs. These regulations require the EMS training institutions to retain written or electronic documentation that demonstrates compliance with curriculum standards and evaluation of student performance and achievement.

These regulations do not require an institution to provide specific levels of EMS training programs. Each institution applies to provide levels of training at its own discretion. Costs vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations, as the institution deems appropriate. The institutions have the ability to dictate the tuition costs of their programs based on budgetary needs.

Significant costs could be associated with institutions requesting to become a paramedic training center due to the costs associated with the application process for Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and Commission on Accreditation of Allied Health Education Programs (CAAHEP) credentials. However, graduation from a CAAHEP accredited program is a requirement for paramedic candidates who take the National Registry examination to be certified as a paramedic.

OAC Chapter 4765-7 does require institutions to gain CAAHEP national accreditation for the paramedic level of training. Costs include the Committee on CoAEMSP-related fees and the staff time and resources required to apply for the accreditation, prepare reports, acquire technology, and participate in required site visits. Some of the program fees are listed below.

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Description of Fee	CoAEMSP Letter of Review (LoR) (no status – entering the accreditation system)	CAAHEP Initial Accreditation (currently holds CoAEMSP LoR)	CAAHEP Continuing Accreditation (currently holds CAAHEP accreditation)
Annual	\$1700		
LoR Application	\$1950	\$0 not applicable	
Satellite	\$500 per satellite location per year		
LoR Application Re-evaluation and/or Self Study Report Evaluation/Re-evaluation	\$750 paid with the submission of the SSR		
Preliminary/Regular Site Visit	\$1350 paid with the submission of the LoR Application	\$2700 paid with the submission of the ISSR and CSSR for a regular site visit	

Source: Excerpt of costs obtained from CoAEMSP at <http://www.coaemsp.org/Fees.htm>, reviewed on December 21, 2022. See the Website for additional information.

Chapters 4765-12, 4765-15, 4765-16, and 4765-17

The Division of EMS staff determined that the changes to chapters 4765-12, 4765-15, 4765-16, and 4765-17 will enhance patient care with minimal costs of compliance to the provider. Cost increases to the EMS accredited institutions and continuing education sites may include new equipment and resources and additional instructor hours to meet curriculum standards.

The nature of the adverse impact which may result from changes to OAC chapters 4765-12, 4765-15, 4765-16, and 4765-17 would be the expense of providing or obtaining training that meets the medical standard of care established by the EMFTS Board. The costs of compliance for the EMS training institutions will vary depending on the level of EMS training and the number of training hours required for each level of certification provided. The costs of compliance to the EMS student will also vary depending on the level of EMS certification and number of training hours required.

Tuition costs range from:

- \$300 - \$700 for EMR Training,
- \$500-\$1200 for EMT training,
- \$1000-\$2000 for AEMT training, and
- \$4000-\$10,000 for paramedic training.

These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. Costs vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs.

The variance in costs for continuing education may also be dependent upon whether or not an individual's department provides in-service training and the extent to which the scope of practice is

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adopted into local protocol by the responder's EMS organization and medical director. EMS organizations and their medical directors determine the level of emergency medical services that responders perform.

The amendments to paragraph (B) of each of the EMS curriculum rules (4765-12-05, 4765-15-05, 4765-16-06, and 4765-17-04) are designed to increase flexibility for EMS training programs. The training programs will be required to provide training for a set of core competencies and may add competencies from a separate list at their own discretion.

Source: The information was updated in December 2022 by DEMS staff.

Chapter 4765-19

Annually, fewer than 100 providers request an exemption from completing the required continuing education. From January 1 through December 23, 2022, seven exemption requests were received.

Typically, thirty to fifty certificate holders per month request an extension to meet continuing education requirements for renewal. From January 1 through December 23, 2022, 405 extension requests were received.

SOURCE: Division of Emergency Medical Services, Certifications Section, December 2022

The holder of a certificate to practice is required to complete emergency medical services continuing education as set forth in chapters 4765-12, 4765-15, 4765-16, and 4765-17 of the OAC. This chapter provides alternative provisions for compliance; however, the certificate holder must submit written requests to obtain these options. Failure to submit the appropriate documents in a timely manner may result in denial of the request for an alternative provision and ultimately result in the loss of the certificate to practice. Any cost associated with obtaining the required continuing education or an alternative provision would be determined by the type, provision, and location of the continuing education. The Division of EMS does not regulate or dictate any costs.

This rule, in and of itself, does not impose a penalty or sanction. However, the process for the State Board of EMFTS, pursuant to an adjudicatory hearing under Chapter 119. of the Revised Code, is described in rule 4765-10-03 of the Administrative Code. The board may impose sanctions up to and including revocation of any certificate issued by the board and may impose a fine not to exceed \$1,000 for violations of specific provisions of Chapter 4765. of the Revised Code and specific sections of the Administrative Code.

16. Are there any proposed changes to the rules that will reduce a regulatory burden imposed on the business community? Please identify. (*Reductions in regulatory burden may include streamlining reporting processes, simplifying rules to improve readability, eliminating requirements, reducing compliance time or fees, or other related factors*).

Amendments to paragraph (4) of rule 4765-7-02 replace the requirement to "submit a report" with entering data into the division's course management system database.

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Revisions to curriculum rules 4765-12-05, 4765-15-05, 4765-16-06, and 4765-17-04 will result in a core curriculum and an additional set of competencies, over and above the core curriculum, that may be approved by the local medical director.

Current scope of practice rules authorize local medical directors to meet but not exceed the scope of practice approved by the Board. Proposed revisions to the rules authorize local medical directors, at their discretion, to provide train EMS personnel on competencies that are within the scope of practice but beyond the core skills required to be taught in initial training by an accredited program. The objective is to provide emergency medical services to best meet the needs of Ohio's local communities.

17. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

4765-7: Pursuant to RC 4765.11, the Board is statutorily required to adopt rules that establish the standards and procedure under which the Board may issue, renew, suspend, or revoke certificates of accreditation to operate training programs and certificates of approval to operated EMS continuing education training programs. Ensuring professional standards from the training programs and in EMS providers' professional conduct, delivery of emergency medical services, and patient care justifies the minimal adverse impact to the business community.

The rules are developed using research recommendations from the "*EMS Agenda 2050: A People-Centered Vision for the Future of Emergency Medical Services*," which includes a set of national education standards, national accreditation, and national standard testing to ensure consistent performance outcomes for EMS providers. National Registry certification is required for all levels of initial EMS certification in Ohio; CAAHEP accreditation is required for the paramedic level training. CAAHEP is the national accreditation that has been approved by forty-seven states including those bordering Ohio.

4765-12, 4765-15, 4765-16, and 4765-17: Revisions to the scope of practice rules are made pursuant to sections 4765.11, 4765.37, 4765.38, and 4765.39 of the Revised Code. The EMFTS Board is statutorily required to promulgate rules in regard to establishing the curricula, procedures, and standards for the performance of EMS providers, training institutions, and instructors. EMS providers respond to medical and traumatic emergencies in the pre-hospital setting and function without direct oversight. It is critical that the EMS workforce maintain an acceptable knowledge and skill level to provide quality care before and during transport to a medical facility. EMS agencies utilizing EMS providers depend upon the EMFTS Board and the Division of EMS to ensure individuals issued a certificate to practice have met a recognized standard. The Division of EMS' intent to ensure high standards in a provider's professional conduct, delivery of emergency medical services, and safe patient care justifies the minimal adverse impact to the impacted community.

The amendments to the scopes of practice proposed for rules 4765-15-04, 4765-16-04, and 4765-17-03 created a minimal need for additions to EMS provider training. A five-year lead time was scheduled to allow EMS training institutions to revise curricula over time, and the EMFTS Board, MOC, and state medical director provided training assistance at no cost. EMS organizations used the EMS training and assistance grant funds to purchase waveform capnography equipment.

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The Division of EMS staff determined that the amendments to rules 4765-15-04, 4765-16-04, and 4765-17-03 will enhance patient care with minimal costs of compliance to the provider.

4765-19: EMS providers respond to medical and traumatic emergencies in the pre-hospital setting and function without direct oversight. It is critical that the EMS workforce maintain an acceptable knowledge and skill level to provide quality care before and during transport to a medical facility. EMS agencies utilizing EMS providers depend upon the EMFTS Board and the Division of EMS to ensure individuals issued a certificate to practice have met a recognized standard. Ohio is one of forty-six states that use the NREMT certification as a basis for licensure/certification. The NREMT EMS certification provides “a validated and legally defensible attestation of competency.”

Additionally, EMS agencies can apply to the EMFTS Board each year for grant money to offset the cost of continuing education renewal requirements for their personnel. EMS agencies can also apply for a Certificate of Approval to offer continuing education in-house, at no cost, to ensure their providers obtain sufficient training and CE to meet the requirements to renew.

Regulatory Flexibility

18. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

The regulations do not mandate an EMS organization to operate a training program or purchase any equipment. In addition, an EMS organization issued a certificate of accreditation or certificate of approval is not required to operate all levels of EMS training. Organizations holding certificates of accreditation and certificates of approval may borrow equipment or any educational resources necessary to meet the curriculum standards. Organizations holding certificates of accreditation may form a consortium to operate paramedic training programs under a single national certificate. Rule 4765-7-12 permits EMS training programs to offer online and/or distance learning delivery systems. Rule 4765-7-10 provides instructions for applying for reinstatement of a certificate of accreditation or certificate of approval that has been revoked.

Rule 4765-7-08 provides a process for the reinstatement of an expired certificate of accreditation or approval or provisional certificate of accreditation or approval that has been expired for less than three years.

Amendments to the scope of practice curriculum rules 4765-12-05, 4765-15-05, 4765-16-06, and 4765-17-04 were proposed by the Scope of Practice Ad Hoc Committee and approved by the Board to provide more flexibility in planning and delivering courses to EMS training programs. As set forth in the general provisions rule for EMT curriculum--rule 4765-6-02--an EMS training program for a certificate to practice as an emergency medical responder (EMR), emergency medical technician (EMT), advanced emergency medical technician (AEMT) is required to meet all knowledge and skill standards set forth in the corresponding curriculum rules. The amendment to the curriculum rules will establish required core competencies in each scope of practice and a set of additional competencies that may be taught at the discretion of each EMS training program.

Rule 4765-19-02 provides examination alternatives for providers in lieu of completing continuing education courses. Rule 4765-19-03 provides information for certificate-holders to request extension of time to comply with the CE required for renewal of a certificate. Rule 4765-19-04 provides information

for certificate-holders to request a complete or partial exemption from compliance from the CE requirements for renewal of a certificate.

19. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

OAC chapters 4765-7, 4765-12, 4765-15, 4765-16, 4765-17, and 4765-19 do not directly impose penalties or sanctions. However, provisions in the RC section establish that the Board may investigate allegations of violation of RC 4765. and the rules adopted thereunder (RC 4765.101) and impose administrative sanctions up to and including:

- suspension and/or revocation of and other disciplinary actions against a certificate to practice or a certificate to teach (RC 4765.112, 4765.114, 4765.115, 4765.116, 4765.18, 4765.23, and 4765.33);
- revocation of a certificate of accreditation and certificate of approval for violations of Chapter 4765. of the ORC or any rule adopted under it (RC 4765.18).

If disciplinary action is considered, each case is submitted first to the Board's Assistant Attorney General to ensure compliance with Chapter 119. of the Revised Code. The Board reviews each situation on a case-by-case and may consider all information relevant to the requirements of agency 4765 of the OAC and Chapter 4765. Of the RC.

20. What resources are available to assist small businesses with compliance of the regulation?

As set forth in OAC rule 4765-7-07, the Division of EMS notifies each accredited institution no later than ninety days prior to its certificate expiration of its scheduled expiration date and the mechanism for renewal. It is the practice of the Division of EMS to notify all accredited and approved programs 120 days prior to their certificate expiration.

As set forth in rule 4765-7-03 of the OAC, the board may issue provisional certificates of accreditation or approval for initial applicants that are in substantial compliance with requirements of the ORC.

The Board administers grant awards set forth in RC section 4765.07, and as defined in section 4513.263 of the RC. First priority includes awards to EMS organizations for the training of personnel, the purchase of equipment, and to improve accessibility and quality of emergency medical services in this state. The Division of EMS website includes a grants web page that summarizes distribution details and provides grant applications. The EMS web page can be found using the following link: <https://ems.ohio.gov/programs-services/ems-grants>.

The EMS Web page includes links to the laws and rules associated with emergency medical services, along with an overview section about accredited and approved continuing education programs (Ohio EMS & Fire Training Facilities). Other Webpages include: [certifications](#), [medical direction](#), [scope of practice questions and answers](#), [education and testing](#), and a [help center](#). The "Agency Directory" includes a toll free number, the names and titles of EMS staff, and the names and email addresses of the Division of EMS sections.

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The Division of EMS staff members also attend and present information at various conferences, seminars, and symposiums throughout the State of Ohio such as the annual International Trauma Life Support (ITLS) Emergency Care Conference, the Ohio Association of Emergency Medical Services (OAEMS) Summer Conference, Ohio Fire and EMS Expo, Ohio EMS Grant Hospital/Ohio Health Conference, Ohio Ambulance Association Conference, Ohio State Fire Instructors Society, and the Ohio Fire & Rescue Officer Development Conference (Ohio Fire Chiefs Conference).

Division of EMS staff are available via telephone and/or face-to-face meetings to assist institutions in the application process. Questions may be submitted via email to "[Ask EMS](#)" or directly to the [Division's education staff](#).

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Common Sense Initiative

Mike DeWine, Governor
Jon Husted, Lt. Governor

Joseph Baker, Director

MEMORANDUM

TO: Joe Kirk, Ohio Department of Public Safety

FROM: Jacob Ritzenthaler, Business Advocate

DATE: April 6, 2023

RE: **CSI Review – EMS Accreditation, Scope of Practice, and Continuing Education (OAC 4765-7-01 through 4765-7-13, 4765-12-01 through 4765-12-05, 4765-15-01, 4765-15-03, 4765-15-04, 4765-15-05, 4765-16-01 through 4765-16-06, 4765-17-01, 4765-17-02, 4765-17-03, 4765-17-04, 4765-19-01, 4765-19-02, 4765-19-03, and 4765-19-04)**

On behalf of Lt. Governor Jon Husted, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Department as provided for in ORC 107.54.

Analysis

This rule package consists of twenty-seven amended rules and nine no-change rules proposed by the Ohio Department of Public Safety's (DPS) Division of Emergency Medical Services (Division). This rule package was submitted to the CSI Office on February 2, 2023, and the public comment period was held open through February 24, 2023. Unless otherwise noted below, this recommendation reflects the version of the proposed rules filed with the CSI Office on February 2, 2023.

Ohio Administrative Code (OAC) Chapter 4765-7 establishes requirements for the accreditation of emergency medical services (EMS) training programs. OAC 4765-7-01 sets forth general provisions and requirements for merging certificates of accreditation and is amended to clarify rule references and requirements. OAC 4765-7-02 establishes the accreditation process for EMS training programs and includes amendments that require information submission through the Division's course

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CSIOhio@governor.ohio.gov

management system and to update references and discrimination categories. OAC 4765-7-03 concerns the criteria for issuing provisional certificates and is proposed without changes. OAC 4765-7-04 and 4765-7-05 set forth requirements for accreditation application and offsite locations for training programs and include amendments that require the submission of a “Request for EMS Training Offsite” form and make updates to references. OAC 4765-7-06 establishes requirements for notifying the Division within ten days of a change in information, such as mailing address or personnel, and is amended to correct errors, clarify requirements, and unify requirements to similar rules for fire charters. OAC 4765-7-07 and 4765-7-08 set forth requirements for renewing and reinstating certificates of accreditation and approval and are amended to update the titles of referenced forms. OAC 4765-7-09 concerns the approval of EMS continuing education programs and is amended to clarify the differences between initial and renewal certificates of approval. OAC 4765-7-10 establishes the process of reinstating a revoked certificate and is proposed without changes. OAC 4765-7-11 and 4765-7-12 set forth requirements for continuing education courses, and online education and distance learning delivery systems. The rules are amended to update rule references. OAC 4765-7-13 concerns national accreditation of EMS training programs and is proposed without changes.

OAC Chapter 4765-12 establishes requirements for emergency medical responder certification. OAC 4765-12-01 lists general provisions, including criteria for waiving requirements for volunteer status. The rule is proposed without changes. OAC 4765-12-02 and 4765-12-03 set forth requirements for curriculum prior to September 1, 2012, and continuing education for emergency medical responders and are amended to update rule references. OAC 4765-12-04 establishes the scope of practice and is proposed without changes. OAC 4765-12-05 establishes the curriculum requirements and is amended to establish the difference between core competencies and discretionary competencies, which may be taught at the discretion of an EMS training program. OAC 4765-15-01, 4765-15-03, 4765-15-04, and 4765-15-05 establish requirements for emergency medical technician training programs, including curriculum, continuing education, and scope of practice. Amendments to these rules include removing pneumatic anti-shock garments and administration of activated charcoal from the scope of practice, establishing the difference between core competencies and discretionary competencies, and clarifying the required locations and hours for clinical experience.

OAC 4765-16-01 through 4765-16-06 set forth requirements for advanced emergency medical technicians/EMT-I, including curriculum, continuing education, scope of practice, and special requirements for certificate renewal. The rules include amendments that establish the difference between core competencies and discretionary competencies and update referenced rules. OAC 4765-17-01 through 4765-17-04 establish curriculum, continuing education, and scope of practice requirements for paramedics. These rules include amendments that remove carotid massage from

the scope of practice and establish the difference between core competencies and discretionary competencies. OAC 4765-19-01 through 4765-19-04 set forth requirements for EMS providers, including continuing education examination alternatives, extensions, and exemptions. The rules include amendments that update referenced rules.

During early stakeholder outreach, proposed changes to the rules were discussed during meetings of the Scope of Practice Ad Hoc Committee of the Ohio State Board of Emergency Medical, Fire and Transportation Services (EMFTS Board). During that time, DPS made changes in response to feedback that clarified the distinction between core and discretionary competencies, as well as updates to the scopes of practice for EMS personnel. During the CSI public comment period, DPS received comments from ten stakeholders. Several stakeholders expressed concern regarding changes due to House Bill 509 of the 134th General Assembly. DPS assured these stakeholders that none of the amendments present in this rule package are the result of HB 509 and that any changes to rule language would be monitored in the future. Two stakeholders suggested including additional techniques within the scope of practice for EMS providers. DPS stated that the inclusion of new practices requires review by the Scope of Practice Ad Hoc Committee and that their suggestions will be submitted for future consideration.

The business community impacted by the rules includes approximately 1,580 EMS organizations, 41,312 EMS providers, 5,820 EMS instructors, 266 medical directors, eighty-nine EMS accredited institutions, and 571 approved EMS continuing education institutions. The adverse impacts created by the rules include the cost for providers and training programs to complete training that meets standards set by the EMFTS Board, fees for letters of review and accreditation, and submitting requests for exemption or extension of continuing education requirements. DPS states that the costs of tuition for licensees can range between \$300 and \$700 for emergency medical responders, \$500 and \$1,200 for emergency medical technicians, \$1,000 and \$2,000 for advanced emergency medical technicians, and \$4,000 and \$10,000 for paramedics. Fees for training institutions include a \$1,950 application fee to receive a letter of review, a \$1,700 fee for annual accreditation, a \$500 annual fee for each satellite training location, \$750 for a self-study report evaluation, and fees for site visits, which cost \$1,350 for the letter of review application and \$2,700 for a regular site visit. DPS states that these adverse impacts are necessary to comply with statutory requirements to establish the framework for industry scope of practice, accreditation, and training and continuing education.

Recommendations

Based on the information above, the CSI Office has no recommendations on this rule package.

Conclusion

The CSI Office concludes that DPS should proceed in filing the proposed rules with the Joint Committee on Agency Rule Review.

**Department of
Public Safety**

Mike DeWine, Governor
Jon Husted, Lt. Governor

Andy Wilson, Director
Robert L. Wagoner, Executive Director



April 13, 2023

Jacob Ritzenthaler
Business Advocate
Common Sense Initiative Office
77 South High Street, 30th Floor
Columbus, Ohio 43215-6117

Dear Mr. Ritzenthaler:

Thank you for your review of the business impact analysis for Ohio Administrative Code (O.A.C.) chapters 4765-7 (*Accreditation of Training Programs*); 4765-12 (*First Responder Certification*); 4765-15 (*EMT-Basics*); 4765-16 (*EMT-Intermediates*); 4765-17 (*EMT-Paramedics*); and 4765-19 (*Emergency Medical Services Continuing Education*). The Ohio Department of Public Safety (ODPS), Division of Emergency Medical Services (EMS) has received and read your reviews, recommendations, and conclusions.

In June 2023, the Division of EMS intends to formally file the rules and all required materials with the Joint Committee on Agency Rule Review (JCARR), the Ohio Legislative Service Commission (LSC), and the Secretary of State. When the rules are filed with JCARR, one additional amendment will be made to paragraph (A)(7) of rule 4765-7-02 (*Accreditation of Ohio EMS training programs*):

(7) Has a sufficient number of EMS instructors ~~or assistant EMS instructors~~ to ensure the ratio of instructors to students in all practical skills components of the EMS training program does not exceed one to ten;

The additional amendment will be included due to the provisions of House Bill (HB) 52 (*Reverse H.B. 509/134th GA changes to EMS training, continuing ed*), which became effective on April 6, 2023. The provisions in HB 509 that eliminated the emergency medical services assistant instructor certificate were not reversed by HB 52. The emergency medical services assistant instructor certificate was eliminated effective April 6, 2023.

The Division of EMS plans to conduct a public hearing pursuant to Revised Code 119.03 in August 2023. The Division of EMS anticipates final-filing the rules with an effective date in October 2023.

Regards,

Robert L. Wagoner
Executive Director
Ohio Department of Public Safety
Division of Emergency Medical Services

cc: Joseph Baker, Director, Common Sense Initiative Office
Joseph A. Kirk, ODPS Rules Coordinator
Michael Wise, ODPS Associate Legal Counsel

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-12-04

Rule Type: Amendment

Rule Title/Tagline: Emergency medical responder scope of practice.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.35, 4765.11
5. What statute(s) does the rule implement or amplify? 4765.35
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

Rules 4765-12-04 is amended to add approved additional services to the EMR scope of practice as set forth in section 4765.35 of the ORC.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-12-04 sets forth the emergency medical services that may be performed by an emergency medical responder (EMR) and the conditions under which the services may be performed. The rule states that a medical director for an emergency medical organization may limit the scope of practice for EMRs within the organization. The rule requires EMRs performing emergency medical services within the scope of practice to have received training as part of their initial certification course or through subsequent training approved by the EMFTS board, or in certain emergency medical services, after having received training approved by the local medical director. The rule is amended to add identifying and interacting with individuals with dementia in paragraph (A).

9. Does the rule incorporate material by reference? No
10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.

Not Applicable

11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.

Not Applicable

II. Fiscal Analysis

12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.

This will have no impact on revenues or expenditures.

\$0

NA

13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

The costs to add dementia recognition to the EMR scope will be minimal as will the added time required to include training in the curriculum.

14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No

15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No
16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? Yes
18. Does this rule have an adverse impact on business? Yes
- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
 - B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
 - C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Accredited EMS training programs may incur minimal costs to include dementia training into EMR training.
 - D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No
- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?**

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).**

Not Applicable

4765-12-04

Emergency medical responder scope of practice.

(A) In accordance with division (B) of section 4765.35 of the Revised Code, an emergency medical responder may perform the following emergency medical services:

- (1) Open and maintain the airway;
- (2) Oropharyngeal airway adjunct;
- (3) Nasopharyngeal airway adjunct;
- (4) Manual removal of obstructed airway;
- (5) Oral suctioning;
- (6) Oxygen administration, including the following:
 - (a) Nasal cannula;
 - (b) Non-rebreather mask;
 - (c) Mouth-to-barrier devices;
- (7) Ventilation management, including the following:
 - (a) Bag-valve-mask;
 - (b) Ventilation with a flow-restricted oxygen-powered device;
- (8) Cardiopulmonary resuscitation;
- (9) Automated external defibrillation;
- (10) Spine board (long and short);
- (11) Splinting devices;
- (12) Cervical immobilization device;
- (13) Soft tissue management;
- (14) Controlling of hemorrhaging;
- (15) Taking and recording of vital signs;
- (16) Patient care report documentation;

(17) Assisting in emergency childbirth management;

(18) Identifying and interacting with individuals with dementia;

~~(18)~~(19) Trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code.

(B) In accordance with division (C) of section 4765.35 of the Revised Code, an emergency medical responder may perform the following additional emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician, or in accordance with written protocols as specified in division (D) of section 4765.35 of the Revised Code:

(1) Body substance isolation precaution/administration;

(2) Assisted administration of epinephrine auto-injector, which shall consist of either of the following:

(a) Patient's prescribed epinephrine upon the patient's request and with written protocol;

(b) EMS-provided epinephrine with written protocol.

(3) Administration of epinephrine auto-injector, which shall consist of either of the following:

(a) Patient's prescribed epinephrine upon the patient's request and with written protocol;

(b) EMS-provided epinephrine with written protocol.

(4) Apply and obtain readings of pulse oximeter and CO-oximeter, capnography equipment, or capnometry equipment;

(5) Administration of naloxone via intranasal route or via auto-injector with written protocol;

(6) Eye irrigation;

(7) Apply and utilize chest compression assist devices;

(8) Management of suspected fractures;

- (9) Any other services approved by the board pursuant to rule 4765-6-01 of the Administrative Code;
 - (10) Any other services pursuant to a research study approved by the board under rule 4765-6-04 of the Administrative Code and within the parameters established by the board for such study.
- (C) A physician or cooperating physician advisory board that serves as the medical director for any EMS organization may limit, but not exceed, the scope of practice for those emergency medical responders who provide emergency medical services under the auspices of the physician's certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued under Chapter 4731. of the Revised Code.
- (D) An emergency medical responder shall not perform emergency medical services within this rule unless the emergency medical responder has received training as part of an initial certification course or through subsequent training approved by the board. If certain emergency medical services, within the emergency medical responder scope of practice, were not included in the training specified in this paragraph, the emergency medical responder must have received training regarding such services approved by the local medical director before performing those services.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.35, 4765.11
Rule Amplifies: 4765.35
Prior Effective Dates: 11/27/2003, 05/29/2008, 02/06/2012, 08/01/2014,
06/15/2018, 04/01/2020

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-12-05

Rule Type: Amendment

Rule Title/Tagline: Emergency medical responder curriculum.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being is being filed according to a R.C. 106.03 periodic rule review, and to simplify the comment related to the incorporated by reference rule and to reflect EMFTS Board action.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-12-05 sets forth the curriculum standards to be met by an emergency medical responder training program. This rule refers readers to the incorporated by reference rule. Rule 4765-12-05 is amended to simplify the comment related to the incorporated by reference rule, to revise paragraph (B) to establish core and discretionary competencies in the scope of practice curriculum as approved by the EMFTS Board in April 2022, and to establish dementia training in the curriculum as required by HB23 (134th General Assembly).

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

OAC rule 4765-12-05 incorporates the forms "National EMS Education Standards" (January, 2009), "Ohio Approved EMS Curriculum Standards" (February, 2012), and "Emergency Medical Responder Refresher Training Program" (May, 2012). To comply with sections 121.71 to 121.74 of the Revised Code, this rule refers readers to OAC rule 4765-1-03, which provides the editions and dates of the materials and the website addresses where the information may be accessed.

"National EMS Education Standards" and "Ohio Approved EMS Curriculum Standards" are published at the division's EMS Forms & Applications website at <https://ems.ohio.gov/forms-and-applications>. "Emergency Medical Responder Refresher Training Program" is published at the division's Approved Ohio Curricula website at <https://ems.ohio.gov/programs-services/program-directors/approved-ems-ce-program/ohio-approved-curricula/ohio-approved-curricula>.

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

Costs of compliance for accredited institutions (stakeholders) vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, accredited institutions provide EMR training for a tuition fee of \$300 to \$700.

SOURCE: Division of EMS Education and Testing Staff

14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No

15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? Yes

18. Does this rule have an adverse impact on business? Yes

A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No

B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No

C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Costs of compliance for accredited institutions (stakeholders) vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, accredited institutions provide EMR training for a tuition fee of \$300 to \$700.

SOURCE: Division of EMS Education and Testing Staff

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

4765-12-05

Emergency medical responder curriculum.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters ~~4765-01 to 4765-10 and 4765-12 to 4765-19~~ of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

- (A) Effective September 1, 2012, an EMS training program for a certificate to practice as an emergency medical responder or an emergency medical responder refresher program started on or after this date, shall be taught in accordance with this rule. Prior to September 1, 2012, an EMS training program for a certificate to practice as an emergency medical responder or an emergency medical responder refresher program may, but is not required to, teach the curriculum in accordance with this rule.
- (B) An EMS training program for emergency medical responder certification shall be conducted in accordance with division (B) of section 4765.16 of the Revised Code and this rule. The EMS training program shall be conducted in accordance with the "National EMS Education Standards" approved by NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the board, and consistent with the scope of practice set forth in rule 4765-12-04 of the Administrative Code. The above referenced national and Ohio approved standards are required core competencies for instruction in an EMS training program. Elements of the scope of practice not referenced in the "National EMS Education Standards" or the "Ohio Approved EMS Curriculum" are added competencies that may be taught at the discretion of the EMS training program. Such EMS training program shall consist of a minimum of forty-eight hours to include all of the following:
- (1) Preparatory; to include body substance isolation precaution/administration;
 - (2) Anatomy and physiology;
 - (3) Medical terminology;
 - (4) Physiology;
 - (5) Life span development;
 - (6) Public health;
 - (7) Pharmacology;
 - (8) Airway management, respiration, and artificial ventilation, to include:
 - (a) Bag valve mask;
 - (b) Ventilation with flow restricted oxygen powered device;

- (c) Pulse oximeter capnography or capnometry equipment application and reading.
 - (9) Patient assessment;
 - (10) Medicine, to include:
 - (a) Auto-injector epinephrine administration;
 - (b) Naloxone administration via auto-injector or intranasal route;
 - (c) Oxygen administration;
 - (11) Shock and resuscitation;
 - (12) Trauma, to include:
 - (a) Application of spinal immobilization devices;
 - (b) Application of splints and management of suspected fractures;
 - (c) Trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code.
 - (13) Special patient populations;
 - (14) A minimum of two hours on identifying and interacting with individuals with dementia;
 - ~~(14)~~(15) EMS operations.
- (C) An accredited institution offering an EMS training program as set forth in paragraph (B) of this rule, shall provide for regular written and practical evaluations of student performance and achievement throughout the course of the program. Evaluations shall include a comprehensive written examination and an examination of practical skills, prior to issuance of a certificate of completion.
- (D) An accredited institution may grant a maximum of four hours of credit towards the forty-eight hour emergency medical responder training program requirements, set forth in paragraph (B) of this rule, if the student provides current, valid documentation of successful completion of a health care provider course or professional rescuer course provided through one of the following:
- (1) American red cross;

- (2) American heart association; or
 - (3) American safety and health institution.
- (E) An emergency medical responder refresher program shall consist of fifteen hours according to the "Emergency Medical Responder Refresher Training Program" approved by the board, for the number of hours in each of the following subject areas:
- (1) Two hours on preparatory considerations;
 - (2) Two hours on airway management and ventilation, to include oxygen therapy;
 - (3) Two hours on patient assessment;
 - (4) Two hours on cardiac management, to include cardiopulmonary resuscitation and automated defibrillation;
 - (5) ~~Three~~ Two hours on illness and injury management, to include both of the following:
 - (a) Assisting patients with epinephrine auto-injectors;
 - (b) Eye irrigation.
 - (6) One hour on childbirth and pediatric issues;
 - (7) One hour on geriatric issues;
 - (8) One hour on identifying and interacting with individuals with dementia;
 - ~~(8)~~ (9) Two hours on trauma issues.
- (F) An accredited or approved institution offering a refresher program, as outlined in paragraph (E) of this rule, shall provide for regular evaluations of student performance and achievement through written and practical examinations, prior to issuance of a certificate of completion.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11
Rule Amplifies: 4765.16
Prior Effective Dates: 02/06/2012, 08/01/2014, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-15-01

Rule Type: Rescission

Rule Title/Tagline: Emergency medical technician curriculum prior to September 1, 2012.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being filed according to a R.C. 106.03 periodic rule review.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-15-01 sets forth the Emergency Medical Technician (EMT) curriculum prior to September 1, 2012, which was conducted in accordance with a USDOT standard and a refresher curriculum developed by the Division of EMS. The rule sets forth guidelines for evaluation of student performance and achievement.

9. Does the rule incorporate material by reference? No
10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.

Not Applicable

11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.

Not Applicable

II. Fiscal Analysis

12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.

This will have no impact on revenues or expenditures.

0

Not Applicable

13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

It is estimated that this rule will not result in any costs of compliance for stakeholders. The rule provides information about the EMT curriculum used for classes that began prior to September 1, 2012.

14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No
15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? No

18. Does this rule have an adverse impact on business? No

- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? No
- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).**

Not Applicable

TO BE RESCINDED

4765-15-01 Emergency medical technician curriculum prior to September 1, 2012.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

- (A) Prior to September 1, 2012 an EMS training program for a certificate to practice as an emergency medical technician or an emergency medical technician refresher program shall be conducted in accordance with the curriculum as set forth in this rule or in rule 4765-15-05 of the Administrative Code. An EMS training program for a certificate to practice as an emergency medical technician or an emergency medical technician refresher program starting on or after September 1, 2012, shall be conducted in accordance with rule 4765-15-05 of the Administrative Code.
- (B) An EMS training program for a certificate to practice as an emergency medical technician shall be conducted in accordance with division (C) of section 4765.16 of the Revised Code, and shall follow the United States department of transportation (USDOT) "1994 Emergency Medical Technician-Basic National Standard Curriculum." Such program shall be one hundred thirty hours, allocated as follows:
- (1) Ninety-five hours devoted to emergency victim care, assessment, and management of the adult and pediatric patient;
 - (2) Three hours devoted to reading and interpreting the vital signs of a trauma victim;
 - (3) Two hours devoted to pathophysiology of the airway, ventilation, and respiration;
 - (4) Six hours devoted to mechanics of intubation, including dual lumen airway and endotracheal;
 - (5) Six hours of training in cardiopulmonary resuscitation;
 - (6) One hour devoted to pharmacology and subcutaneous auto-injection of epinephrine;
 - (7) Ten hours devoted to one of the following:
 - (a) Clinical experience;
 - (b) Prehospital internship;

- (c) Combined clinical experience and prehospital internship;
 - (8) One hour of emergency vehicle operator training;
 - (9) Six hours of written and practical testing.
- (C) An "Emergency Medical Technician: Basic Refresher Curriculum" shall consist of thirty hours according to objectives approved by the board for the number of hours listed in each of the following subject areas:
- (1) Eight hours on trauma issues, two of which must pertain to triage and transportation protocols approved by the board;
 - (2) Six hours on pediatric issues;
 - (3) Six hours on medical emergencies;
 - (4) Two hours on geriatric issues;
 - (5) Two hours on cardiology;
 - (6) Two hours on airway and ventilation;
 - (7) Two hours on EMS operations;
 - (8) Two hours on obstetrics and gynecology.
- (D) An accredited or approved institution offering a training program or refresher program, as outlined in paragraphs (B) and (C) of this rule, shall provide for regular evaluation of student performance and achievement through written and practical testing, prior to issuance of a certificate of completion.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 4765.11

Rule Amplifies: 4765.16

Prior Effective Dates: 01/01/1996, 01/25/1999, 03/23/2003, 08/30/2008,
02/06/2012, 10/18/2013, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-15-03

Rule Type: Amendment

Rule Title/Tagline: Emergency medical technician continuing education.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16, 4765.24. 4756.31
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being is being filed according to a R.C. 106.03 periodic rule review, to simplify the comment related to the incorporated by reference rule, and to add dementia training to the list of required topics for EMT continuing education.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-15-03 sets forth the continuing education (CE) standards for EMTs, including the number of hours required in the areas of pediatric, geriatric, and trauma issues; refresher program requirements; the use of national registry registration and trauma triage training for complying with CE requirements; examination requirements; and the renewal application. This rule refers readers to the incorporated by reference rule. Rule 4765-15-03 is amended to simplify the comment related to the incorporated by reference rule, and to establish dementia training as required by HB23 (134th General Assembly).

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

OAC rule 4765-15-03 incorporates the form "EMS Renewal Application." To comply with sections 121.71 to 121.74 of the Revised Code, this rule refers readers to OAC rule 4765-1-03, which provides the editions and dates of the materials and the website addresses where the information may be accessed.

"EMS Renewal Application" is made available to a holder of an EMS provider certificate who wishes to renew the certificate and can be accessed at the division's renewal website at <https://services.dps.ohio.gov/EMSProviders>.

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

The cost of compliance for certificate holders (stakeholders) to obtain required continuing education may depend upon whether or not an individual's department provides in-service training and the extent to which the scope of practice is adopted into local protocol by the responder's EMS organization and medical director. EMS organizations and their medical directors determine the level of emergency medical services that responders perform.

SOURCE: Division of EMS Education & Testing Section

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
16. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. **Was this rule filed with the Common Sense Initiative Office? Yes**
18. **Does this rule have an adverse impact on business? Yes**
 - A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No**
 - B. **Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**
 - C. **Does this rule require specific expenditures or the report of information as a condition of compliance? Yes**

This rule in and of itself does not require the report of information, however, certificate holders who are audited are required to provide documentation of CE as a condition of compliance. Each month ten percent of renewed certificates from all levels of EMS and instructor certifications are randomly selected for audit. In addition, any EMS certificate holder who renews while on an extension is audited.

The cost of compliance for certificate holders (stakeholders) to obtain required continuing education may depend upon whether or not an individual's department provides in-service training and the extent to which the scope of practice is adopted into local protocol by the responder's EMS organization and medical director. EMS organizations and their medical directors determine the level of emergency medical services that responders perform.

SOURCE: Division of EMS Education & Testing Section

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

4765-15-03

Emergency medical technician continuing education.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

(A) Except as otherwise provided in section 4765.31 of the Revised Code and this chapter, when applying for renewal of a certificate to practice, a person who is certified as an emergency medical technician shall comply with one of the four following continuing education requirements by the expiration date of the current certificate:

(1) Completion of at least forty hours of continuing education, including all of the following:

(a) Six hours on pediatric issues;

(b) Two hours on geriatric issues;

(c) A minimum of one hour on identifying and interacting with individuals with dementia;

~~(e)(d) Eight hours on trauma issues, to include education on the trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code.~~

(2) Completion of a thirty-hour emergency medical technician refresher program, as outlined in paragraph (C) of rule 4765-15-01 of the Administrative Code or in paragraph (D) of rule 4765-15-05 of the Administrative Code, as evidenced by a certificate of completion issued in accordance with section 4765.24 of the Revised Code.

(3) Current registration with the national registry of emergency medical technicians at the emergency medical technician or equivalent level and completion of the education on trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code.

(4) A passing score within three attempts on an examination approved by the board, pursuant to rule 4765-8-05 of the Administrative Code, to demonstrate competence to have a certificate to practice as an emergency medical technician renewed without completing an EMS continuing education program. This examination may only be taken during the last six months of an emergency medical technician's current certification period or during a board approved extension granted pursuant to rule 4765-19-03 of the Administrative Code.

(B) An individual that receives a board approved extension to complete continuing education requirements listed in paragraph (A) of this rule, must complete the

requirements and submit an "EMS Renewal Application" to the division, no later than the expiration date of the granted extension.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11
Rule Amplifies: 4765.16, 4765.24. 4756.31
Prior Effective Dates: 01/01/1996, 02/22/1999, 05/01/2003, 07/02/2009,
02/06/2012, 10/18/2013, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-15-04

Rule Type: Amendment

Rule Title/Tagline: Emergency medical technician scope of practice.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11, 4765.37
5. What statute(s) does the rule implement or amplify? 4765.37
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being is being filed according to a R.C. 106.03 periodic rule review, to reflect EMFTS Board action, and to add dementia training to the EMT scope of practice.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-15-04 sets forth the scope of practice for EMTs. The rule states that a medical director for an emergency medical organization may limit the scope of practice for EMTs within the organization. The rule requires EMTs performing emergency medical services within the scope of practice to have received training as part of their initial certification course or through subsequent training approved by the EMFTS board, or in certain emergency medical services, after having received training approved by the local medical director. Rule 4765-15-04 is amended to delete two items from the EMT scope of practice: pneumatic paragraph (B)(11) "pneumatic anti-shock garment" and paragraph (B)(15) "administration of activated charcoal," as approved by the EMFTS Board in April 2022, and to establish dementia training as required by HB23 (134th General Assembly).

9. **Does the rule incorporate material by reference?** No
10. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

Not Applicable

11. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

12. **Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

13. **What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

Adverse impacts are costs for accredited institutions, which vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole

ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, the costs of compliance for the EMS training institutions will vary depending on the level of EMS training and the number of training hours required for each level of certification provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate.

The costs of compliance to the EMS student will also vary depending on the level of EMS certification and number of training hours required. In general, tuition costs range from \$500-\$1200 for EMT training. Adverse impacts for EMS organizations include the cost of acquiring waveform capnography equipment, heart monitors/defibrillators, and AEDs and updating protocols. EMS agencies, their chiefs and medical directors may choose from a wide variety of equipment available on the market. With this range of choices comes a comparatively wide range of price points. Overall equipment grant reimbursement requests ranged from \$349.00 to \$15,000.00 per unit. Smaller related equipment items and consumables ranged from \$7.29 to \$224.00 per unit.

The costs to add dementia recognition to the EMT scope will be minimal as will the added time required to include training in the curriculum.

Adverse impacts for medical directors to train EMS providers and update protocols will be minimal.

The Division of EMS staff determined that the amendment will enhance patient care with minimal costs of compliance to the provider.

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
16. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. **Was this rule filed with the Common Sense Initiative Office? Yes**
18. **Does this rule have an adverse impact on business? Yes**

- A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business?** No
- B. **Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms?** No
- C. **Does this rule require specific expenditures or the report of information as a condition of compliance?** Yes

Adverse impacts are costs for accredited institutions, which vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, the costs of compliance for the EMS training institutions will vary depending on the level of EMS training and the number of training hours required for each level of certification provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate.

The costs of compliance to the EMS student will also vary depending on the level of EMS certification and number of training hours required. In general, tuition costs range from \$500-\$1200 for EMT training. Adverse impacts for EMS organizations include the cost of acquiring waveform capnography equipment, heart monitors/defibrillators, and AEDs and updating protocols. EMS agencies, their chiefs and medical directors may choose from a wide variety of equipment available on the market. With this range of choices comes a comparatively wide range of price points. Overall equipment grant reimbursement requests ranged from \$349.00 to \$15,000.00 per unit. Smaller related equipment items and consumables ranged from \$7.29 to \$224.00 per unit.

Adverse impacts for medical directors to train EMS providers and update protocols will be minimal.

The Division of EMS staff determined that the amendment will enhance patient care with minimal costs of compliance to the provider.

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

- 19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

4765-15-04

Emergency medical technician scope of practice.

(A) In addition to the emergency medical services listed in rule 4765-12-04 of the Administrative Code and in accordance with division (B) of section 4765.37 of the Revised Code, an emergency medical technician may perform the following emergency medical services:

- (1) Endotracheal suctioning through a previously established airway;
- (2) Endotracheal suctioning through a stoma;
- (3) Oxygen administration, including the following:
 - (a) Partial rebreather masks;
 - (b) Venturi masks.
- (4) Ventilation management, to include the use of a positive pressure ventilation device, including the following:
 - (a) Manually triggered ventilators;
 - (b) Automatic transportation ventilators.
- (5) Traction splint;
- (6) Rapid extrication procedures.

(B) In accordance with division (C) of section 4765.37 of the Revised Code, an emergency medical technician may perform the following additional emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician, or in accordance with written protocols as specified in division (D) of section 4765.37 of the Revised Code:

- (1) Pulse oximeter and capnography equipment application and reading;
- ~~(2) Until January 1, 2013, orotracheal intubation of pulseless and apneic patients only;~~
- ~~(3)~~ (2) Dual lumen airway of pulseless and apneic patients only;
- ~~(4)~~ (3) Oxygen humidifier equipment application and monitoring;
- ~~(5)~~ (4) Extraglottic airway of pulseless and apneic patients only;

- ~~(6)~~(5) Continuous positive airway pressure (CPAP);
- ~~(7)~~(6) End tidal carbon dioxide monitoring and detecting;
- ~~(8)~~(7) Chest compression assist devices;
- ~~(9)~~(8) Negative impedance threshold devices;
- ~~(10)~~(9) Administration of aspirin;
- ~~(11)~~ ~~Pneumatic anti-shock garment~~;
- ~~(12)~~(10) Helmet removal;
- ~~(13)~~(11) Glucose monitoring system;
- ~~(14)~~(12) Administration of oral glucose;
- ~~(15)~~ ~~Administration of activated charcoal~~;
- ~~(16)~~(13) Administration of epinephrine auto-injector to a patient suffering from anaphylaxis;
- ~~(17)~~(14) Assisted administration of sublingual nitroglycerin, which shall consist of either of the following:
 - (a) Assisting with patient's prescribed nitroglycerin upon the patient's request and with written protocol;
 - (b) Assisting with EMS-provided nitroglycerin with verbal medical direction.
- ~~(18)~~(15) Assisted administration of aerosolized or nebulized medications, which shall consist of either of the following:
 - (a) Assisting with a patient's prescribed aerosolized or nebulized medications upon the patient's request and with written protocol;
 - (b) Assisting with EMS-provided aerosolized or nebulized medications with verbal medical direction.
- ~~(19)~~(16) Prehospital advanced life support assistance, to include the setting up of an intravenous administration kit in the presence of an advanced emergency medical technician or paramedic;
- ~~(20)~~(17) Transport of a central/peripheral intravenous access without an infusion;

~~(21)~~(18) Set up and application of a cardiac monitor in the presence of an advanced emergency medical technician or paramedic;

~~(22)~~(19) Set up and application of a twelve-lead electrocardiogram, in accordance with written protocols, in either of the following instances:

- (a) When the emergency medical technician is assisting an paramedic; or
- (b) For the purpose of electronic transmission by the emergency medical technician, provided the following conditions are met:
 - (i) The emergency medical technician does not interpret the electrocardiogram;
 - (ii) The emergency medical technician minimizes any delay of patient transport to obtain a twelve-lead electrocardiogram;
 - (iii) The EMT utilizes the twelve-lead electrocardiogram in conjunction with destination protocols approved by the local medical director.

~~(23)~~(20) Any other services approved by the board pursuant to rule 4765-6-01 of the Administrative Code;

~~(24)~~(21) Any other services pursuant to a research study approved by the board under rule 4765-6-04 of the Administrative Code and within the parameters established by the board for such study.

- (C) The utilization of waveform capnography is mandatory for all patients requiring invasive airway devices with the exception of stable patients with no cardiac or pulmonary complaints or symptoms unless ordered by the transferring physician.

As used in this rule, an invasive airway device is any airway device inserted or pre-positioned into a patient's airway by means of the mouth, directly into the trachea, or into the trachea by means of a tracheostomy tube, cricothyrotomy or nasotracheal intubation. Dual lumen and extraglottic airways, even though they are blindly inserted into the hypopharynx or the esophagus, are considered invasive airway devices.

- (D) A physician or cooperating physician advisory board that serves as the medical director for any EMS organization may limit, but not exceed, the scope of practice for those emergency medical technicians who provide emergency medical services under the auspices of the physician's certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued under Chapter 4731. of the Revised Code.

- (E) An emergency medical technician shall not perform emergency medical services within this rule unless the emergency medical technician has received training as part of an initial certification course or through subsequent training approved by the board. If certain emergency medical services, within the emergency medical technician scope of practice, were not included in the training specified in this paragraph, the emergency medical technician must have received training regarding such services approved by the local medical director before performing those services.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11, 4765.37
Rule Amplifies: 4765.37
Prior Effective Dates: 03/23/2003, 05/29/2008, 02/06/2012, 10/18/2013,
06/15/2018, 01/01/2021

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-15-05

Rule Type: Amendment

Rule Title/Tagline: Emergency medical technician curriculum.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being is being filed according to a R.C. 106.03 periodic rule review, to simplify the comment related to the incorporated by reference rule, and to reflect EMFTS Board action, and to add dementia training to the curriculum.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-15-05 sets forth the Emergency Medical Technician (EMT) curriculum effective September 1, 2012, which was developed in accordance with "National EMS Education Standards" approved by the National Highway Traffic Safety Administration (NHTSA), the "Ohio Approved EMS Curriculum Standards" approved by the EMFTS board, and the scope of practice set forth in OAC 4765-15-04. The rule sets forth guidelines for evaluation of student performance and achievement. This rule refers readers to the incorporated by reference rule. Rule 4765-15-05 is amended to simplify the comment related to the incorporated by reference rule and to revise paragraph (B) to establish core and discretionary competencies in the scope of practice curriculum, as approved by the EMFTS Board in April 2022. Paragraph (B)(16) is amended to clarify the number of hours and location of clinical experience. Dementia training is established in the curriculum as required by HB23 (134th General Assembly).

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

OAC rule 4765-15-05 incorporates the forms "National EMS Education Standards" (January, 2009), "Ohio Approved EMS Curriculum Standards" (February, 2012), and "Emergency Medical Technician Refresher Training Program" (May, 2012). To comply with sections 121.71 to 121.74 of the Revised Code, this rule refers readers to OAC rule 4765-1-03, which provides the editions and dates of the materials and the website addresses where the information may be accessed.

The three documents referenced in this rule are published at the EMS website.

"National EMS Education Standards" and "Ohio Approved EMS Curriculum Standards" are published at the division's EMS Forms & Applications website at <https://ems.ohio.gov/forms-and-applications>. "Emergency Medical Technician Refresher Training Program" is published at the division's Ohio Approved Curricula website at <https://ems.ohio.gov/programs-services/program-directors/approved-ems-ce-program/ohio-approved-curricula/ohio-approved-curricula>.

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

Costs of compliance for accredited institutions (stakeholders) vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, accredited institutions provide EMT training for a tuition fee of \$500 to \$1,200.

The costs to add dementia recognition to the EMT scope will be minimal as will the added time required to include training in the curriculum.

SOURCE: Division of EMS staff

- 14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
- 15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
- 16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable

III. Common Sense Initiative (CSI) Questions

- 17. Was this rule filed with the Common Sense Initiative Office? Yes**
- 18. Does this rule have an adverse impact on business? Yes**

- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Costs of compliance for accredited institutions (stakeholders) vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, accredited institution provide EMT training for a tuition fee of \$500 to \$1,200.

SOURCE: Division of EMS staff

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).**

Not Applicable

4765-15-05

Emergency medical technician curriculum.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

~~(A) Effective September 1, 2012, an EMS training program for a certificate to practice as an emergency medical technician or an emergency medical technician refresher program started on or after this date, shall be conducted in accordance with this rule. Prior to September 1, 2012, an EMS training program for a certificate to practice as an emergency medical technician or an emergency medical technician refresher program may, but is not required to, teach the curriculum in accordance with this rule.~~

~~(B)~~(A) An EMS training program for a certificate to practice as an emergency medical technician shall be conducted in accordance with division (C) of section 4765.16 of the Revised Code and this rule. The EMS training program shall be conducted in accordance with the "National EMS Education Standards" approved by NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the board, and consistent with the scope of practice set forth in rule 4765-15-04 of the Administrative Code. The above referenced national and Ohio approved standards are required core competencies for instruction in an EMS training program. Elements of the scope of practice not referenced in the "National EMS Education Standards" or the "Ohio Approved EMS Curriculum" are added competencies that may be taught at the discretion of the EMS training program. Such EMS training program shall consist of a minimum of one hundred fifty hours to include all of the following:

- (1) Preparatory;
- (2) Anatomy and physiology;
- (3) Medical terminology;
- (4) Physiology;
- (5) Life span development;
- (6) Public health;
- (7) Pharmacology;
- (8) Airway management, respiration, and artificial ventilation, to include:
 - (a) Insertion of extraglottic and dual lumen airway devices on apneic and pulseless patients;

- (b) Endotracheal suctioning through a stoma;
- (c) Continuous positive airway pressure device administration and management;
- (d) Flow restricted oxygen powered device;
- (e) End tidal carbon dioxide monitoring and detection;
- (f) Pulse oximeter and capnography equipment application and reading;
- (g) Use of a positive pressure ventilation device:
 - (i) Manually triggered ventilators;
 - (ii) Automatic transportation ventilators;
- (9) Negative impedance threshold devices;
- (10) Patient assessment;
- (11) Medicine, to include:
 - (a) Blood glucose monitoring;
 - (b) Chest compression assist device;
 - (c) Epinephrine auto-injection administration;
 - (d) Naloxone administration via auto-injector and intranasal route;
 - (e) Transport of a central/peripheral intravenous access without an infusion;
- (12) Shock and resuscitation;
- (13) Trauma, to include:
 - (a) Care and transportation of a trauma patient;
 - (b) Helmet removal;
 - (c) Trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code.
- (14) Special patient populations;

(15) Two hours on identifying and interacting with individuals with dementia;

~~(15)~~(16) EMS operations;

~~(16)~~(17) Clinical ~~prehospital~~experience, to include:

(a) At least ten hours devoted to combined hospital and prehospital clinical ~~experience and prehospital~~ internship;

(b) ~~Ten~~At least ten patient assessments to include one pediatric patient assessment.

~~(C)~~(B) An accredited institution offering an EMS training program as set forth in paragraph (B) of this rule, shall provide for regular written and practical evaluations of student performance and achievement throughout the course of the program. Evaluations shall include a comprehensive written examination and an examination of practical skills, prior to issuance of a certificate of completion.

~~(D)~~(C) An emergency medical technician refresher program shall consist of thirty hours according to the "Emergency Medical Technician Refresher Training Program" education standards approved by the board for the number of hours listed in each of the following subject areas:

(1) ~~Eight~~Seven hours on trauma issues, ~~to include education on the trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code;~~

(2) Six hours on pediatric issues;

(3) Six hours on medical emergencies;

(4) Two hours on geriatric issues;

(5) One hour on identifying and interacting with individuals with dementia;

~~(5)~~(6) Two hours on cardiology;

~~(6)~~(7) Two hours on airway and ventilation to include education of positive pressure ventilation devices;

~~(7)~~(8) Two hours on EMS operations;

~~(8)~~(9) Two hours on obstetrics and gynecology.

~~(E)~~(D) An accredited or approved institution offering a refresher program, outlined in paragraph (D) of this rule, shall provide for regular evaluation of student performance

and achievement through written and practical examinations, prior to issuance of a certificate of completion.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11
Rule Amplifies: 4765.16
Prior Effective Dates: 02/06/2012, 10/18/2013, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-16-01

Rule Type: Rescission

Rule Title/Tagline: Advanced emergency medical technician curriculum prior to September 1, 2012.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being filed according to a R.C. 106.03 periodic rule review.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-16-01 sets forth the advanced emergency medical technician (AEMT) curriculum prior to September 1, 2012, which was conducted in accordance with division (D) of section 4765.16 of the Revised Code and OAC rule 4765-16-01 and was based on objectives approved by the EMFTS board as set forth in the "Ohio EMT-Intermediate Curriculum and Transition Course. The rule sets forth guidelines for evaluation of student performance and achievement.

9. **Does the rule incorporate material by reference?** No
10. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

Not Applicable

11. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

12. **Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

0

Not Applicable

13. **What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

It is estimated that this rule will not result in any costs of compliance for stakeholders. The rule provides information about the AEMT curriculum used for classes that began prior to September 1, 2012.

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? No

18. Does this rule have an adverse impact on business? No

- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? No
- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).**

Not Applicable

TO BE RESCINDED

4765-16-01 Advanced emergency medical technician curriculum prior to September 1, 2012.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

- (A) Prior to September 1, 2012, an EMS training program for a certificate to practice as an advanced emergency medical technician or an advanced emergency medical technician refresher program shall be conducted in accordance with the curriculum as set forth in this rule or in rule 4765-16-06 of the Administrative Code. An EMS training program for a certificate to practice as an advanced emergency medical technician or an advanced emergency medical technician refresher program starting on or after September 1, 2012, shall be conducted in accordance with rule 4765-16-06 of the Administrative Code.
- (B) An EMS training program for a certificate to practice as an advanced emergency medical technician shall be conducted in accordance with division (D) of section 4765.16 of the Revised Code and this rule. Such program shall be for one hundred thirty hours according to the "Ohio EMT-Intermediate Curriculum and Transition Course" objectives approved by the board in each of the following subject areas:
- (1) A preparatory portion that provides, as a minimum, an understanding of:
- (a) The roles and responsibilities of the advanced emergency medical technician within the EMS system;
 - (b) The role of medical direction;
 - (c) Medical and legal issues;
 - (d) Basic anatomy and physiology;
 - (e) Basic principles of pharmacology to include the following medications:
 - (i) Oxygen;
 - (ii) Nitroglycerin;
 - (iii) Dextrose fifty per cent in water;
 - (iv) Aspirin;

- (v) Epinephrine;
 - (vi) Diphenhydramine;
 - (vii) Diazepam;
 - (viii) Lorazepam;
 - (ix) Bronchodilators;
 - (x) Naloxone;
 - (xi) Glucagon;
 - (xii) Nitrous oxide;
 - (xiii) Nalbuphine;
 - (xiv) Morphine sulfate;
 - (xv) Ketorolac, meperidine, or other analgesics for pain relief;
 - (xvi) Any additional drug approved by the board.
- (f) Procedures for accessing the venous circulation by intravenous and intraosseous needle placement;
 - (g) Procedures for administering medications;
 - (h) Procedures for obtaining blood samples;
- (2) An airway portion that includes procedures for airway management and ventilation;
 - (3) A portion that includes procedures for patient assessment, including but not limited to the following:
 - (a) History taking and physical examinations;
 - (b) Process for clinical decision making;
 - (c) The format for dissemination of patient information in oral form;
 - (d) Procedures for documenting patient assessment, care, and transport;

- (4) A trauma portion that includes an understanding of mechanisms of injury, the trauma patient, and the trauma system, including but not limited to the following:
 - (a) Hemorrhage and shock;
 - (b) Burn injuries;
 - (c) Head, spinal, and thoracic trauma;
 - (d) Extremity trauma;
 - (e) Trauma in pediatric and geriatric patients.
- (5) A medical portion that includes procedures for assessing and managing the following medical emergencies:
 - (a) Respiratory;
 - (b) Cardiovascular;
 - (c) Diabetic;
 - (d) Allergic reactions;
 - (e) Toxicological and overdose;
 - (f) Neurological;
 - (g) Non-traumatic abdominal;
 - (h) Environmental;
 - (i) Behavioral;
 - (j) Gynecological.
- (6) A portion covering special considerations, including but not limited to assessment and management of the following:
 - (a) Obstetrical emergencies;
 - (b) Neonatal resuscitations;
 - (c) Pediatric patients;

(d) Geriatric patients.

(C) During the EMS training program, students must demonstrate competencies by successfully performing the following skills on patients unless otherwise noted:

- (1) A minimum of five intravenous access;
- (2) A minimum of three intubations, which may be completed on a mannequin;
- (3) A minimum of one subcutaneous injection;
- (4) A minimum of three intramuscular injections;
- (5) A minimum of twenty patient assessments, including medical and trauma assessments, to be performed on all age groups;
- (6) A minimum of two intravenous medication administrations;
- (7) A minimum of two intraosseous infusions, which maybe completed on a mannequin;
- (8) A minimum of one manual defibrillation, which may be completed on a simulated patient;
- (9) A minimum of five bronchodilator administrations.

(D) An accredited institution offering an EMS training program, as outlined in paragraphs (B) and (C) of this rule, shall provide for regular evaluations of student performance and achievement throughout the course of the program and shall include a comprehensive written exam at the end of the program, prior to issuance of a certificate of completion.

(E) An "Ohio EMT-Intermediate Refresher Curriculum" shall consist of forty hours according to objectives approved by the board for the number of hours listed in each of the following subject areas:

- (1) Eight hours on pediatric issues;
- (2) Eight hours on trauma issues, two of which must pertain to triage and transportation protocols as approved by the board;
- (3) Nine hours on medical emergencies;
- (4) Four hours on geriatric issues;

- (5) Five hours on cardiology;
 - (6) Two hours on airway and ventilation;
 - (7) Two hours on EMS operations;
 - (8) Two hours on obstetrics and gynecology.
- (F) An accredited or approved institution offering a refresher program, as outlined in paragraph (E) of this rule, shall provide for regular evaluations of student performance and achievement through written and practical testing, prior to issuance of a certificate of completion.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 4765.11

Rule Amplifies: 4765.16

Prior Effective Dates: 01/01/1996, 01/25/1999, 03/23/2003, 02/06/2012,
10/18/2013, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-16-02

Rule Type: Rescission

Rule Title/Tagline: Transitional EMT-intermediate update course.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 47675.11
5. What statute(s) does the rule implement or amplify? 4765.16
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being filed according to a R.C. 106.03 periodic rule review.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-16-02 sets forth the requirements to renew a certificate to practice as an AEMT (previously known as EMT-I) who is not certified as completing training in emergency pharmacology as outlined OAC rule 4765-16-01. The transition course described in the rule earns forty of the sixty required CE hours for an AEMT. The rule sets forth a three-year period that does not require completion of the transitional course for those EMT-Paramedics (Paramedics) who have dropped back to the AEMT level.

- 9. Does the rule incorporate material by reference? No**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

Not Applicable

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

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Not Applicable

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

It is estimated that this rule will not result in any costs of compliance for stakeholders. The rule provides information about the AEMT curriculum used for classes that began prior to September 1, 2012.

- 14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**

15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No
16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? No
18. Does this rule have an adverse impact on business? Yes
- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? Yes
- This rule requires renewal of a certificate to practice to serve as an advanced emergency medical technician.
- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? No
- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No
- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?**

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).**

Not Applicable

TO BE RESCINDED

4765-16-02 **Transitional EMT-intermediate update course.**

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

- (A) An EMT-intermediate who is not certified as having completed training in emergency pharmacology as outlined in paragraph (A) of rule 4765-16-01 of the Administrative Code must complete the 2002 transitional EMT-intermediate update curriculum, as outlined in this rule, prior to July 1, 2005, in order to renew a certificate to practice after that date.
- (B) A 2002 transitional EMT-intermediate update course shall only be provided by an EMT-intermediate or EMT-paramedic accredited training program and shall be for forty hours according to the "Ohio EMT-Intermediate Curriculum and Transition Course" objectives approved by the board in all of the following subject areas:
- (1) A portion that covers an understanding of the basic principles of pharmacology to include the following medications:
- (a) Oxygen;
 - (b) Nitroglycerin;
 - (c) Dextrose fifty per-cent in water;
 - (d) Aspirin;
 - (e) Epinephrine;
 - (f) Diphenhydramine;
 - (g) Diazepam;
 - (h) Lorazepam;
 - (i) Naloxone;
 - (j) Bronchodilators;
 - (k) Glucagon;
 - (l) Nitrous oxide;

- (m) Nalbuphine;
 - (n) Morphine sulfate;
 - (o) Ketorolac, meperidine, or other analgesics for pain relief;
 - (p) Any additional drug approved by the board.
- (2) A portion that covers the procedures for accessing venous circulation and administration of medications;
 - (3) A portion that covers the procedures for establishing and maintaining a patient airway, and oxygenation and ventilation of the patient;
 - (4) A portion that covers the procedures for assessment and management of the trauma patient with a thoracoabdominal injury.
- (C) Completion of the "Ohio EMT-Intermediate Curriculum and Transition Course" will count as forty hours of continuing education toward the required sixty hours of continuing education for an EMT-intermediate.
 - (D) An EMT-paramedic who has dropped back to the level of an EMT-intermediate within three years prior to the effective date of this rule is not required to complete the transitional EMT-intermediate update course outlined in this rule.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 47675.11

Rule Amplifies: 4765.16

Prior Effective Dates: 01/01/1996, 10/11/1996 (Emer.), 05/19/1997,
07/31/1997, 02/22/1999, 01/13/2002, 03/23/2003,
10/18/2013, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-16-03

Rule Type: Amendment

Rule Title/Tagline: Advanced emergency medical technician continuing education.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16, 4765.24, 4765.31
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being is being filed according to a R.C. 106.03 periodic rule review, to simplify the comment related to the incorporated by reference rule, and to add dementia training to AEMT continuing education.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-16-03 sets forth the continuing education (CE) standards for AEMTs (EMT-Is), including the number of hours required in the areas of pediatric, geriatric, and trauma issues; refresher program requirements; the use of national registry registration and trauma triage training for complying with CE requirements; examination requirements; and the renewal application. This rule refers readers to the incorporated by reference rule. Rule 4765-16-03 is amended to simplify the comment related to the incorporated by reference rule, and to establish dementia training as required by HB23 (134th General Assembly).

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

OAC rule 4765-16-03 incorporates the form "EMS Renewal Application." To comply with sections 121.71 to 121.74 of the Revised Code, this rule refers readers to OAC rule 4765-1-03, which provides the editions and dates of the materials and the website addresses where the information may be accessed.

"EMS Renewal Application" is made available to a holder of an EMS provider certificate who wishes to renew the certificate and can be accessed at the division's renewal website at <https://services.dps.ohio.gov/EMSProviders>.

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

The cost of compliance for certificate holders (stakeholders) to obtain required continuing education may depend upon whether or not an individual's department provides in-service training and the extent to which the scope of practice is adopted into local protocol by the responder's EMS organization and medical director. EMS organizations and their medical directors determine the level of emergency medical services that responders perform.

The costs to add dementia recognition to the AEMT scope will be minimal as will the added time required to include training in the curriculum.

SOURCE: Division of EMS Education & Testing Section

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
16. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. **Was this rule filed with the Common Sense Initiative Office? Yes**
18. **Does this rule have an adverse impact on business? Yes**
 - A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No**
 - B. **Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**
 - C. **Does this rule require specific expenditures or the report of information as a condition of compliance? Yes**

This rule in and of itself does not require the report of information, however, certificate holders who are audited are required to provide documentation of CE as a condition of compliance. Each month ten percent of renewed

certificates from all levels of EMS and instructor certifications are randomly selected for audit. In addition, any EMS certificate holders who renew while on an extension is audited.

The cost of compliance for certificate holders (stakeholders) to obtain required continuing education may depend upon whether or not an individual's department provides in-service training and the extent to which the scope of practice is adopted into local protocol by the responder's EMS organization and medical director. EMS organizations and their medical directors determine the level of emergency medical services that responders perform.

SOURCE: Division of EMS Education & Testing Section

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

4765-16-03

Advanced emergency medical technician continuing education.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

(A) Except as otherwise provided in section 4765.31 of the Revised Code and this chapter, when applying for renewal of a certificate to practice, a person certified as an advanced emergency medical technician shall comply with one of the four following continuing education requirements by the expiration date of the current certificate:

(1) Completion of at least sixty hours of continuing education, including all of the following:

(a) Eight hours on pediatric issues;

(b) Four hours on geriatric issues;

(c) One hour on identifying and interacting with individuals with dementia;

~~(e)(d) Eight hours on trauma issues, to include education on the trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code.~~

(2) Completion of both of the following:

(a) An advanced emergency medical technician refresher training program, as outlined in rule 4765-16-01 of the Administrative Code or in paragraph ~~(E)~~(A) of rule 4765-16-06 of the Administrative Code, as evidenced by a certificate of completion in accordance with section 4765.24 of the Revised Code, which will satisfy forty hours of the required sixty hours of continuing education;

(b) Completion of the remaining twenty hours of continuing education.

(3) Current registration with the national registry of emergency medical technicians at the advanced emergency medical technician or equivalent level, ~~and completion of the education on the trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code.~~

(4) A passing score within three attempts on an examination approved by the board, pursuant to rule 4765-8-05 of the Administrative Code, to demonstrate competence to have a certificate to practice as an advanced emergency medical technician renewed without completing an EMS continuing education program. This examination may only be taken during the last six months of an advanced emergency medical technician's current certification period or during a board

approved extension granted pursuant to rule 4765-19-03 of the Administrative Code.

- (B) An individual that receives a board approved extension of time to complete continuing education requirements listed in paragraph (A) of this rule, must complete the requirements and submit an "EMS Renewal Application" no later than the expiration date of the granted extension.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11
Rule Amplifies: 4765.16, 4765.24, 4765.31
Prior Effective Dates: 01/01/1996, 02/22/1999, 03/23/2003, 07/02/2009,
02/06/2012, 10/18/2013, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-16-06

Rule Type: Amendment

Rule Title/Tagline: Advanced emergency medical technician curriculum.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being is being filed according to a R.C. 106.03 periodic rule review, to reflect EMFTS Board action, and to add dementia training to the AEMT curriculum.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-16-06 sets forth the Advanced Emergency Medical Technician (AEMT) curriculum effective September 1, 2012, which was developed in accordance with "National EMS Education Standards" approved by the NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the EMFTS board, and the scope of practice set forth in OAC 4765-16-04. The rule sets forth guidelines for evaluation of student performance and achievement. This rule refers readers to the incorporated by reference rule. Rule 4765-16-06 is amended to simplify the comment related to the incorporated by reference rule and to revise paragraph (B) to establish core and discretionary competencies in the scope of practice curriculum, as approved by the EMFTS Board in April 2022, and to establish dementia training in the curriculum as required by HB23 (134th General Assembly).

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

OAC rule 4765-16-06 incorporates the forms "National EMS Education Standards" (January, 2009), "Ohio Approved EMS Curriculum Standards" (February, 2012), and "Advanced Emergency Medical Technician Refresher Training Program" (May, 2012). To comply with sections 121.71 to 121.74 of the Revised Code, this rule refers readers to OAC rule 4765-1-03, which provides the editions and dates of the materials and the website addresses where the information may be accessed.

Information for accessing "National EMS Education Standards" and "Ohio Approved EMS Curriculum Standards" is published at the division's Forms & Applications website at <https://ems.ohio.gov/forms-and-applications>. "Advanced Emergency Medical Technician Refresher Training Program" is published at the division's Ohio Approved Curricula website at <https://ems.ohio.gov/programs-services/program-directors/approved-ems-ce-program/ohio-approved-curricula/ohio-approved-curricula>.

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

Costs of compliance for accredited institutions (stakeholders) vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, accredited institutions provide AEMT training for a tuition fee of \$1,000 to \$2,000.

The costs to add dementia recognition to the AEMT scope will be minimal as will the added time required to include training in the curriculum.

SOURCE: Division of EMS staff

14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No

15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? Yes

18. Does this rule have an adverse impact on business? Yes

A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No

- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Costs of compliance for accredited institutions (stakeholders) vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, accredited institutions provide AEMT training for a tuition fee of \$1,000 to \$2,000.

SOURCE: Division of EMS staff

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

4765-16-06

Advanced emergency medical technician curriculum.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

~~(A) Effective September 1, 2012, an EMS training program for a certificate to practice as an advanced emergency medical technician or an advanced emergency medical technician refresher program started on or after this date, shall be conducted in accordance with this rule. Prior to September 1, 2012, an EMS training program for a certificate to practice as an advanced emergency medical technician or an advanced emergency medical technician refresher program may, but is not required to, teach the curriculum in accordance with this rule.~~

~~(B)~~(A) An EMS training program for a certificate to practice as an advanced emergency medical technician shall be conducted in accordance with division (D) of section 4765.16 of the Revised Code and this rule. The EMS training program shall be conducted in accordance with the "National EMS Education Standards" approved by NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the board, and consistent with the scope of practice set forth in rule 4765-16-04 of the Administrative Code. The above referenced national and Ohio approved standards are required core competencies for instruction in an EMS training program. Elements of the scope of practice not referenced in the "National EMS Education Standards" or the "Ohio Approved EMS Curriculum" are added competencies that may be taught at the discretion of the EMS training program. Such EMS training program shall consist of a minimum of two hundred hours to include all of the following:

- (1) Preparatory;
- (2) Anatomy and physiology;
- (3) Medical terminology;
- (4) Physiology;
- (5) Life span development;
- (6) Public health;
- (7) Pharmacology;
 - (a) Sublingual nitroglycerin;
 - (b) Dextrose in water;

- (c) Epinephrine at the concentration of one milligram per milliliter;
 - (d) Diphenhydramine;
 - (e) Benziodiazepines;
 - (f) Bronchodilators;
 - (g) Naloxone;
 - (h) Glucagon;
 - (i) Nitrous oxide;
 - (j) Nalbuphine;
 - (k) Narcotics or other analgesics for pain relief;
 - (l) Lidocaine, for pain relief after intraosseous infusion;
 - (m) Oral ondansetron;
 - (n) Any additional drug approved by the board.
- (8) Airway management, respiration, and artificial ventilation, to include:
- (a) Orotracheal intubation with apneic patients to include insertion of endotracheal, extraglottic and dual lumen airway devices;
 - (b) Laryngoscopy for the removal of airway obstruction;
 - (c) Tracheostomy tube replacement and suctioning;
 - (d) Continuous positive airway pressure device administration and management;
 - (e) End tidal carbon dioxide monitoring and detection.
- (9) Patient assessment;
- (10) Medicine, to include the following:
- (a) Manual defibrillation;
 - (b) Cardiac monitor strip interpretation;

- (c) Intraosseous insertion;
 - (d) Chest compression assist devices.
 - (11) Shock and resuscitation;
 - (12) Trauma, to include:
 - (a) Trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code;
 - (b) Needle decompression of the chest.
 - (13) Special patient populations;
 - (14) A minimum of two hours on identifying and interacting with individuals with dementia;
 - ~~(14)~~(15) EMS operations.
- ~~(C)~~(B) During the training program, students must demonstrate competencies by successfully performing the following skills on patients unless otherwise noted:
- (1) A minimum of five intravenous accesses;
 - (2) A minimum of three intubations, which may be completed on a mannequin;
 - (3) A minimum of three insertions of extraglottic airway devices, which may be completed on a mannequin;
 - (4) A minimum of three insertions of dual lumen airway devices, which may be completed on a mannequin;
 - (5) A minimum of one subcutaneous injection, which may be completed on a mannequin or simulator;
 - (6) A minimum of three intramuscular injections;
 - (7) A minimum of twenty patient assessments, including medical and trauma assessments, to be performed on all age groups;
 - (8) A minimum of two intravenous medication administrations;
 - (9) A minimum of two intraosseous infusions, which maybe completed on a mannequin;

- (10) A minimum of one manual defibrillation, which may be completed on a mannequin or simulator;
- (11) A minimum of three bronchodilator administrations.
- ~~(D)~~(C) An accredited institution offering an EMS training program as outlined in paragraphs (B) and (C) of this rule, shall provide for regular written and practical skills evaluations of student performance and achievement throughout the course of the program. Evaluations shall include a comprehensive written examination and an examination of practical skills, prior to issuance of a certificate of completion.
- ~~(E)~~(D) An advanced emergency medical technician refresher training program shall consist of forty hours according to the "Advanced Emergency Medical Technician Refresher Training Program" education standards approved by the board and for the number of hours as follows:
 - (1) Eight hours on pediatric issues;
 - (2) Eight hours on trauma issues, ~~to include education on the trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code;~~
 - (3) ~~Nine~~ Eight hours on medical emergencies;
 - (4) Four hours on geriatric issues;
 - (5) One hour on identifying and interacting with individuals with dementia;
 - ~~(5)~~(6) Five hours on cardiac emergencies;
 - ~~(6)~~(7) Two hours on airway and ventilation;
 - ~~(7)~~(8) Two hours on EMS operations;
 - ~~(8)~~(9) Two hours on obstetrics and gynecology.
- ~~(F)~~(E) An accredited or approved institution offering a refresher program, as outlined in paragraph (E) of this rule, shall provide for regular evaluation of student performance and achievement through written and practical examinations, prior to issuance of a certificate of completion.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11
Rule Amplifies: 4765.16
Prior Effective Dates: 02/06/2012, 10/18/2013, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-17-01

Rule Type: Rescission

Rule Title/Tagline: Paramedic curriculum prior to September 2012.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being filed according to a R.C. 106.03 periodic rule review.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-17-01 sets forth the paramedic curriculum prior to September 1, 2012, which was conducted in accordance with division (E) of section 4765.16 of the Revised Code and the U.S. Department of Transportation (USDOT) "1998 Emergency Medical Technician Paramedic: National Standard Curriculum." The paramedic refresher course was consistent with the "Ohio EMT-Paramedic Refresher Curriculum" objectives approved by the EMFTS Board. The rule sets forth guidelines for evaluation of student performance and achievement.

- 9. Does the rule incorporate material by reference? No**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

Not Applicable

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

0

Not Applicable

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

It is estimated that this rule will not result in any costs of compliance for stakeholders. The rule provides information about the paramedic curriculum used for classes that began prior to September 1, 2012.

- 14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**

15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No
16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? No
18. Does this rule have an adverse impact on business? No
 - A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
 - B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
 - C. Does this rule require specific expenditures or the report of information as a condition of compliance? No
 - D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No
 - A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable
 - B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).**

Not Applicable

TO BE RESCINDED

4765-17-01 **Paramedic curriculum prior to September 2012.**

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

- (A) Prior to September 1, 2012, an EMS training program for a certificate to practice as a paramedic or a paramedic refresher program shall be conducted in accordance with the curriculum as set forth in this rule or in rule 4765-17-04 of the Administrative Code. An EMS training program for a certificate to practice as a paramedic or a paramedic refresher program starting on or after September 1, 2012, shall be conducted in accordance with rule 4765-17-04 of the Administrative Code.
- (B) A training program for a certificate to practice as a paramedic shall be in accordance with division (E) of section 4765.16 of the Revised Code, and shall follow the United States department of transportation (USDOT) "1998 Emergency Medical Technician Paramedic: National Standard Curriculum." Such program shall be between six hundred and eight hundred hours, allocated as follows:
- (1) Two hundred to two hundred seventy hours shall be devoted to the didactic portion of the course;
 - (2) Four hundred to five hundred thirty hours shall be devoted to lab, clinical, and field training;
 - (3) A ten percent adjustment between didactic and lab, clinical, and field training hours is permitted.
- (C) If the advisory board of an accredited training program approves the supplemental modules in the USDOT national standard curriculum, the training program may be increased with approval of the EMS board.
- (D) A paramedic refresher course shall consist of forty-eight hours according to the "Paramedic Refresher Curriculum" objectives approved by the board for the number of hours listed in each of the following subject areas:
- (1) Twelve hours on pediatric issues;
 - (2) Eight hours on trauma issues, two of which must pertain to triage and transportation determination pursuant to rule 4765-14-02 of the Administrative Code;
 - (3) Ten hours on medical emergencies;

- (4) Four hours on geriatric issues;
 - (5) Six hours on cardiology;
 - (6) Four hours on airway and ventilation;
 - (7) Two hours on EMS operations;
 - (8) Two hours on obstetrics and gynecology.
- (E) An accredited or approved institution offering an EMS training program or refresher program, as outlined in paragraphs (B), (C), and (D) of this rule, shall provide for regular evaluation of student performance and achievement through written and practical testing, prior to issuance of a certificate of completion.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 4765.11

Rule Amplifies: 4765.16

Prior Effective Dates: 01/01/1996, 03/01/2001, 03/23/2003, 08/30/2008,
02/06/2012, 10/18/2013, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-17-02

Rule Type: Amendment

Rule Title/Tagline: Paramedic continuing education.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16, 4765.24, 4765.31
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being is being filed according to a R.C. 106.03 periodic rule review, to simplify the comment related to the incorporated by reference rule, and to add dementia training to the continuing education requirements.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-17-02 sets forth the continuing education (CE) standards for paramedics, including the number of hours required in the areas of pediatric, geriatric, and trauma issues; refresher program requirements; the use of national registry registration and trauma triage training for complying with CE requirements; examination requirements; and the renewal application. This rule refers readers to the incorporated by reference rule. Rule 4765-17-02 is amended to simplify the comment related to the incorporated by reference rule and to establish dementia training in the curriculum as required by HB23 (134th General Assembly).

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

OAC rule 4765-17-02 incorporates the form "EMS Renewal Application" (August, 2016) or EMS form 0043. To comply with sections 121.71 to 121.74 of the Revised Code, this rule refers readers to OAC rule 4765-1-03, which provides the editions and dates of the materials and the website addresses where the information may be accessed.

"EMS Renewal Application" is made available to a holder of an EMS provider certificate who wishes to renew the certificate and can be accessed at the division's renewal website at <https://services.dps.ohio.gov/EMSProviders>.

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

The cost of compliance for certificate holders (stakeholders) to obtain required continuing education may depend upon whether or not an individual's department provides in-service training and the extent to which the scope of practice is adopted into local protocol by the responder's EMS organization and medical director. EMS organizations and their medical directors determine the level of emergency medical services that responders perform.

The costs to add dementia recognition to the paramedic scope will be minimal as will the added time required to include training in the curriculum.

SOURCE: Division of EMS Education & Testing Section

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
16. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. **Was this rule filed with the Common Sense Initiative Office? Yes**
18. **Does this rule have an adverse impact on business? Yes**
 - A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? Yes**

This rule requires renewal of a certificate to practice to serve as a paramedic.
 - B. **Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**
 - C. **Does this rule require specific expenditures or the report of information as a condition of compliance? Yes**

This rule in and of itself does not require the report of information, however, certificate holders who are audited are required to provide documentation

of CE as a condition of compliance. Each month ten percent of renewed certificates from all levels of EMS and instructor certifications are randomly selected for audit. In addition, any EMS certificate holder who renews while on an extension is audited.

The cost of compliance for certificate holders (stakeholders) to obtain required continuing education may depend upon whether or not an individual's department provides in-service training and the extent to which the scope of practice is adopted into local protocol by the responder's EMS organization and medical director. EMS organizations and their medical directors determine the level of emergency medical services that responders perform.

SOURCE: Division of EMS Education & Testing Section

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

4765-17-02

Paramedic continuing education.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters ~~4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code~~, see rule 4765-1-03 of the Administrative Code.]

(A) Except as otherwise provided in section 4765.31 of the Revised Code and this chapter, when applying for renewal of a certificate to practice, a person who is certified as a paramedic shall comply with one of the four following education requirements by the expiration date of the current certificate:

(1) Completion of at least ~~eighty-six~~ seventy-five hours of continuing education, including all of the following:

(a) Twelve hours on pediatric issues;

(b) Four hours on geriatric issues;

(c) A minimum of one hour on identifying and interacting with individuals with dementia;

~~(e)(d)~~ Eight hours on trauma issues, ~~to include education on the trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code;~~

~~(d)(e)~~ Six hours on emergency cardiac care continuing education, which may be satisfied upon successful completion of one of the following:

(i) An advanced cardiac life support course of the American heart association, which will satisfy this requirement;

(ii) An advanced cardiac life support course of the American safety and health institute, which will satisfy this requirement;

(iii) An equivalent program approved or designated by the board which can be found at http://www.ems.ohio.gov/links/ems_CEmrequirementsEMS.pdf;

(iv) Six hours of continuing education in emergency cardiac care.

(2) Completion of both of the following:

(a) A paramedic refresher course, as outlined in rule 4765-17-01 of the Administrative Code or paragraph (F) of rule 4765-17-04 of the Administrative Code as evidenced by a certificate of completion issued in accordance with section 4765.24 of the Revised Code, which will

satisfy forty-eight hours of the required ~~eighty-six~~seventy-five hours of continuing education;

- (b) Completion of the remaining ~~thirty-eight~~twenty-seven hours of continuing education.
 - (3) Current registration with the national registry of emergency medical technicians at the paramedic or equivalent level ~~and completion of the continuing education on trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code.~~
 - (4) A passing score within three attempts on an examination approved by the board, pursuant to rule 4765-8-05 of the Administrative Code, to demonstrate competence to have a certificate to practice as ~~an~~a paramedic renewed without completing an EMS continuing education program. This examination may only be taken during the last six months of a paramedic's current certification period or during a board approved extension granted pursuant to rule 4765-19-03 of the Administrative Code.
- (B) An individual that receives a board approved extension to complete continuing education requirements listed in paragraph (A) of this rule, must complete the requirements and submit an "EMS Renewal Application" to the division, no later than the expiration date of the granted extension.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11
Rule Amplifies: 4765.16, 4765.24, 4765.31
Prior Effective Dates: 01/01/1996, 04/28/2002, 03/23/2003, 07/02/2009,
02/06/2012, 10/18/2013, 06/15/2018

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-17-03

Rule Type: Amendment

Rule Title/Tagline: Paramedic scope of practice.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11, 4765.39
5. What statute(s) does the rule implement or amplify? 1547.11, 4506.17, 4511.19, 4765.39, 4765.391
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being is being filed according to a R.C. 106.03 periodic rule review, and to reflect EMFTS Board action.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-17-03 sets forth the scope of practice for paramedics. The rule states that a medical director for an emergency medical organization may limit the scope of practice for paramedics within the organization. The rule requires paramedics performing emergency medical services within the scope of practice to have received training as part of their initial certification course or through subsequent training approved by the EMFTS board, or in certain emergency medical services, after having received training approved by the local medical director. Rule 4765-17-03 is amended to delete paragraph (B)(15) "carotid massage" from the paramedic scope of practice, as approved by the EMFTS Board in April 2022.

9. **Does the rule incorporate material by reference?** No
10. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

Not Applicable

11. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

12. **Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

13. **What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

Adverse impacts are costs for accredited institutions, which vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training

programs, only those that the institution has voluntarily applied to provide. In general, the costs of compliance for the EMS training institutions will vary depending on the level of EMS training and the number of training hours required for each level of certification provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate.

The costs of compliance to the EMS student will also vary depending on the level of EMS certification and number of training hours required. In general, tuition costs range from \$500-\$1200 for EMT training.

Adverse impacts for EMS organizations include the cost of acquiring waveform capnography equipment, heart monitors/defibrillators, and AEDs and updating protocols. EMS agencies, their chiefs and medical directors may choose from a wide variety of equipment available on the market. With this range of choices comes a comparatively wide range of price points. Overall equipment grant reimbursement requests ranged from \$349.00 to \$15,000.00 per unit. Smaller related equipment items and consumables ranged from \$7.29 to \$224.00 per unit.

Adverse impacts for medical directors to train EMS providers and update protocols will be minimal.

The Division of EMS staff determined that the amendment will enhance patient care with minimal costs of compliance to the provider.

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
16. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. **Was this rule filed with the Common Sense Initiative Office? Yes**
18. **Does this rule have an adverse impact on business? Yes**
 - A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No**

- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes**

Adverse impacts are costs for accredited institutions, which vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, the costs of compliance for the EMS training institutions will vary depending on the level of EMS training and the number of training hours required for each level of certification provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate.

The costs of compliance to the EMS student will also vary depending on the level of EMS certification and number of training hours required. In general, tuition costs range from \$500-\$1200 for EMT training.

Adverse impacts for EMS organizations include the cost of acquiring waveform capnography equipment, heart monitors/defibrillators, and AEDs and updating protocols. EMS agencies, their chiefs and medical directors may choose from a wide variety of equipment available on the market. With this range of choices comes a comparatively wide range of price points. Overall equipment grant reimbursement requests ranged from \$349.00 to \$15,000.00 per unit. Smaller related equipment items and consumables ranged from \$7.29 to \$224.00 per unit.

Adverse impacts for medical directors to train EMS providers and update protocols will be minimal.

The Division of EMS staff determined that the amendment will enhance patient care with minimal costs of compliance to the provider.

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No**

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

4765-17-03

Paramedic scope of practice.

(A) In addition to the skills listed in rules 4765-12-04, 4765-15-04 and 4765-16-04 of the Administrative Code, and in accordance with section 4765.39 of the Revised Code, a paramedic may perform the following emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician, or in accordance with written protocols as specified in division (C) of section 4765.39 of the Revised Code:

- (1) Orotracheal intubation;
- (2) Nasotracheal intubation;
- (3) Cricothyrotomy (surgical);
- (4) Cricothyrotomy (needle);
- (5) Dual lumen airways;
- (6) Extraglottic airways;
- (7) Positive end-expiratory pressure;
- (8) Bilevel positive air pressure;
- (9) Ventilator management of patients sixteen years of age or older;
- (10) Chest tube monitoring and management;
- (11) Central line monitoring;
- (12) Transcutaneous cardiac pacing;
- (13) Administration of cardiac medication;
- (14) Cardioversion;
- ~~(15) Carotid massage;~~
- ~~(16)~~(15) Twelve-lead electrocardiogram performance and interpretation;
- ~~(17)~~(16) Administration of nitroglycerin;
- ~~(18)~~(17) Administration of aerosolized or nebulized medication;

- ~~(19)~~(18) Epinephrine administration via intravenous or intraosseous route;
- ~~(20)~~(19) Placement of nasogastric or orogastric tubes;
- ~~(21)~~(20) Administration of other medications pursuant to written protocols;
- ~~(22)~~(21) Intravenous infusion pump;
- ~~(23)~~(22) Blood chemistry analysis;
- ~~(24)~~(23) Thrombolytic therapy initiation and monitoring;
- ~~(25)~~(24) Immunizations for influenza to firefighters, EMTs, AEMTs, or paramedics in accordance with section 4765.391 of the Revised Code;
- ~~(26)~~(25) Maintenance of medicated intravenous fluids;
- ~~(27)~~(26) Maintenance of blood administration;
- ~~(28)~~(27) Eye irrigation morgan lens;
- ~~(29)~~(28) Withdraw blood for the purpose of determining the alcohol, drug, controlled substance, metabolite of a controlled substance, or combination content of the whole blood, blood serum, or blood plasma as provided in division (D) of section 4765.39 of the Revised Code when performed in accordance with the criteria established in rule 4765-6-06 of the Administrative Code and the protocols established by the medical director of the emergency medical service organization with which the paramedic is affiliated;
- ~~(30)~~(29) Any other services pursuant to a research study approved by the board under rule 4765-6-04 of the Administrative Code and within the parameters established by the board for such study;
- ~~(31)~~(30) Any other services approved by the board pursuant to rule 4765-6-01 of the Administrative Code.

- (B) A paramedic may perform non-emergent ambulance transport of a stable patient less than sixteen years of age who has a chronic condition requiring a tracheostomy tube and a ventilator provided the patient's caregiver accompanies the patient during transport and the patient's caregiver has received appropriate training in use of the patient's ventilator.

A caregiver is not required to accompany the patient if the patient is accompanied by an Ohio licensed registered nurse or respiratory therapist, or other appropriately trained and licensed Ohio healthcare provider.

- (C) The utilization of waveform capnography is mandatory for all patients requiring invasive airway devices with the exception of stable patients with no cardiac or pulmonary complaints or symptoms unless ordered by the transferring physician.

As used in this rule, an invasive airway device is any airway device inserted or pre-positioned into a patient's airway by means of the mouth, directly into the trachea, or into the trachea by means of a tracheostomy tube, cricothyrotomy or nasotracheal intubation. Dual lumen and extraglottic airways, even though they are blindly inserted into the hypopharynx or the esophagus, are considered invasive airway devices.

- (D) A physician or cooperating physician advisory board that serves as the medical director for any EMS organization may limit, but not exceed, the scope of practice for those paramedics who provide emergency medical services under the auspices of the physician's certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued under Chapter 4731. of the Revised Code to include the withdrawing of blood for evidence collection.
- (E) A paramedic shall not perform emergency medical services within this rule unless the paramedic has received training as part of an initial certification course or through subsequent training approved by the board. If certain emergency medical services, within the paramedic scope of practice, were not included in the training specified in this paragraph, the paramedic must have received training regarding such services approved by the local medical director before performing those services.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11, 4765.39
Rule Amplifies: 1547.11, 4506.17, 4511.19, 4765.39, 4765.391
Prior Effective Dates: 03/23/2003, 05/29/2008, 12/02/2010, 02/06/2012,
10/18/2013, 06/15/2018, 04/01/2020, 01/01/2021

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4765-17-04

Rule Type: Amendment

Rule Title/Tagline: Paramedic curriculum.

Agency Name: State Board of Emergency Medical, Fire, and Transportation Services

Division:

Address: 1970 West Broad Street PO box 182081 Columbus OH 43218-2081

Contact: Joseph Kirk **Phone:** 614-466-5605

Email: jakirk@dps.ohio.gov

I. Rule Summary

1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 8/29/2023
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 4765.11
5. What statute(s) does the rule implement or amplify? 4765.16
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule is being is being filed according to a R.C. 106.03 periodic rule review, to reflect EMFTS Board action, and to add dementia training to the curriculum.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 4765-17-04 sets forth the paramedic curriculum effective September 1, 2012, which was developed in accordance with "National EMS Education Standards" approved by the NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the EMFTS board, and the scope of practice set forth in OAC 4765-17-03. The rule sets forth guidelines for evaluation of student performance and achievement and the paramedic refresher program. This rule refers readers to the incorporated by reference rule. Rule 4765-17-04 is amended to simplify the comment related to the incorporated by reference rule, to revise paragraph (B) to establish core and discretionary competencies in the scope of practice curriculum, as approved by the EMFTS Board in April 2022, and to establish dementia training in the curriculum as required by HB23 (134th General Assembly).

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

OAC rule 4765-17-04 incorporates the forms "National EMS Education Standards" (January, 2009), "Ohio Approved EMS Curriculum Standards" (February, 2012), and "Paramedic Refresher Training Program" (May, 2012). To comply with sections 121.71 to 121.74 of the Revised Code, this rule refers readers to OAC rule 4765-1-03, which provides the editions and dates of the materials and the website addresses where the information may be accessed.

Information on obtaining "National EMS Education Standards" and "Ohio Approved EMS Curriculum Standards" is available at the division's Forms & Applications website at <https://ems.ohio.gov/forms-and-applications>. "Paramedic Refresher Training Program" is published at the division's Ohio Approved Curricula website at <https://ems.ohio.gov/programs-services/program-directors/approved-ems-ce-program/ohio-approved-curricula/ohio-approved-curricula>.

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable

13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

Costs of compliance for accredited institutions (stakeholders) vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, accredited institutions provide paramedic training for a tuition fee of \$4,000 to \$10,000.

The costs to add dementia recognition to the paramedic scope will be minimal as will the added time required to include training in the curriculum.

SOURCE: Division of EMS staff

14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No

15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? Yes

18. Does this rule have an adverse impact on business? Yes

A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No

- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Costs of compliance for accredited institutions (stakeholders) vary depending on the levels of training provided, typical class size, instructor salaries, supplies, equipment, and affiliations as the institution deems appropriate. The institutions have the sole ability to dictate the tuition costs of their programs based on budgetary needs. These regulations do not require an institution to provide specific levels of EMS training programs, only those that the institution has voluntarily applied to provide. In general, accredited institutions provide paramedic training for a tuition fee of \$4,000 to \$10,000.

SOURCE: Division of EMS staff

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

4765-17-04

Paramedic curriculum.

[Comment: For dates and availability of material incorporated by reference in this chapter and Chapters 4765-01 to 4765-10 and 4765-12 to 4765-19 of the Administrative Code, see rule 4765-1-03 of the Administrative Code.]

~~(A) Effective September 1, 2012, an EMS training program for a certificate to practice as a paramedic or a paramedic refresher program started on or after this date, shall be conducted in accordance with this rule. Prior to September 1, 2012, an EMS training program for a certificate to practice as a paramedic or a paramedic refresher program may, but is not required to, teach the curriculum in accordance with this rule.~~

~~(B)~~(A) An EMS training program for a certificate to practice as a paramedic shall be in accordance with division (E) of section 4765.16 of the Revised Code and this rule and shall require all students complete an anatomy and physiology course as a prerequisite for admission into the EMS training program for a certificate to practice as a paramedic. The EMS training program shall be conducted in accordance with the "National EMS Education Standards" approved by NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the board, and consistent with the scope of practice set forth in rule 4765-17-03 of the Administrative Code. The above referenced national and Ohio approved standards are required core competencies for instruction in an EMS training program. Elements of the scope of practice not referenced in the "National EMS Education Standards" or the "Ohio Approved EMS Curriculum" are added competencies that may be taught at the discretion of the EMS training program. Such EMS training program shall consist of at least nine hundred hours, to include all of the following subject hours:

- (1) At least five hundred hours shall be devoted to the didactic and laboratory portion of the EMS training program;
- (2) At least four hundred hours shall be devoted to the clinical and field training portion, to include minimum skill set competency as outlined in paragraph (D) of this rule.

~~(C)~~(B) An EMS training program for paramedic certification shall include all of the following subject areas:

- (1) Preparatory;
- (2) Anatomy and physiology;
- (3) Medical terminology;
- (4) Physiology;

- (5) Life span development;
- (6) Public health;
- (7) Pharmacology;
- (8) Airway management, respiration, and artificial ventilation;
- (9) Patient assessment;
- (10) Medicine, to include chest compression assist devices;
- (11) Shock and resuscitation;
- (12) Trauma, to include trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code;
- (13) Special patient populations;
- (14) A minimum of two hours on identifying and interacting with individuals with dementia;
- ~~(14)~~(15) EMS operations.

~~(D)~~(C) In addition to meeting the requirements in paragraphs (B) and (C) of this rule, during the EMS training program, students must demonstrate competencies by successfully completing the following skills on patients, unless otherwise noted:

- (1) A minimum of ninety patient assessments, to include:
 - (a) A minimum of fifty adult assessments;
 - (b) A minimum of thirty geriatric assessments;
 - (c) A minimum of ten pediatric assessments;
 - (d) Within the ninety patient assessments, the following must be included:
 - (i) Fifteen chest complaints;
 - (ii) Fifteen shortness of breath complaints;
 - (iii) Fifteen abdominal pain complaints;
 - (iv) Fifteen altered mental status complaints.

- (2) A minimum of fifteen medication administrations, to include:
 - (a) A minimum of two intravenous medication administrations;
 - (b) A minimum of one subcutaneous injection, which may be completed on a mannequin or simulator;
 - (c) A minimum of three intramuscular injections;
 - (d) A minimum of five bronchodilator administrations.
 - (3) A minimum of thirty intravenous accesses and maintenance;
 - (4) Programs are expected to provide live intubation experience when possible. At a minimum, students shall be successful in any combination of live patients, high definition fidelity simulations, low fidelity simulations or cadaver labs in all age brackets. Each student shall perform:
 - (a) A minimum of ten direct adult orotracheal intubations and ten direct pediatric orotracheal intubations as an individual student competency evaluation in the laboratory;
 - (b) A minimum of two direct adult orotracheal intubations and two direct pediatric orotracheal intubations as an individual student competency evaluation in a laboratory scenario;
 - (5) A minimum of thirty electrocardiogram interpretations;
 - (6) A minimum of fifty advanced life support ambulance runs;
 - (7) A minimum of two intraosseous initiations, which may be completed on a mannequin or simulator;
 - (8) A minimum of one manual defibrillation, which may be completed on a mannequin or simulator.
- ~~(E)~~(D) An accredited institution offering an EMS training program, as outlined in paragraphs (B), (C), and (D) of this rule, shall provide for regular written and practical skills evaluations of student performance and achievement throughout the EMS training program. Evaluations shall include a comprehensive written examination and an examination of practical skills, prior to the issuance of a certificate of completion.

~~(F)~~(E) A paramedic refresher program shall consist of at least forty-eight hours according to the "Paramedic Refresher Training Program" education standards approved by the board for the number of hours listed in each of the following subject areas:

- (1) Twelve hours on pediatric issues;
- (2) Eight hours on trauma issues, to include education on each of the following:
 - ~~(a)~~ ~~The trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code;~~
 - ~~(b)~~(a) Chest tube monitoring;
 - ~~(c)~~(b) Maintenance of blood products.
- (3) ~~Ten~~Nine hours on medical emergencies to include education on each of the following:
 - (a) Blood chemistry analysis;
 - (b) Morgan lens.
- (4) Four hours on geriatric issues;
- (5) A minimum of one hour on identifying and interacting with individuals with dementia;
- ~~(5)~~(6) Six hours on cardiac emergencies to include education on thrombolytic initiation and monitoring;
- ~~(6)~~(7) ~~Fours~~Four hours on airway and ventilation to include education on positive end-expiratory pressure;
- ~~(7)~~(8) Two hours on EMS operations;
- ~~(8)~~(9) Two hours on obstetrics and gynecology.

~~(G)~~(F) An accredited or approved institution offering a refresher program, as outlined in paragraph ~~(F)~~(E) of this rule, shall provide for regular evaluation of student performance and achievement through written and practical testing, prior to issuance of a certificate of completion.

Effective:

Five Year Review (FYR) Dates: 8/29/2023

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4765.11
Rule Amplifies: 4765.16
Prior Effective Dates: 02/06/2012, 10/18/2013, 06/15/2018