

**TITLE 1 AUTHORITIES, BOARDS AND COMMISSIONS  
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**DELAWARE STATE FIRE PREVENTION COMMISSION**

**700 Delaware State Fire Prevention Regulations**

**710 Ambulance Service Regulations**

**1.0 Purpose**

The purpose of this regulation is to ensure a consistent and coordinated high quality level of ambulance service throughout the State of Delaware (the, "State"), focusing on timeliness, quality of care and coordination of efforts.

**28 DE Reg. 41 (07/01/24)**

**2.0 Application**

2.1 This regulation shall apply to any person, firm, corporation, other business or non-profit entity, association either as owner, agent or otherwise providing either prehospital, interfacility, or interhospital ambulance service meeting the definitions of either "BLS ambulance service" or "commercial ambulance service" within the State. The following are exempted from this regulation:

2.1.1 Privately owned vehicle or vessel not ordinarily used in the business of transporting persons who are sick, injured, wounded or otherwise incapacitated or helpless.

2.1.2 A vehicle or vessel rendering service as an ambulance in case of a major catastrophe or emergency when the ambulances with permits and based in the locality of the catastrophe or emergency are insufficient to render the services required.

2.1.3 Ambulances based outside the State rendering service in case of a major catastrophe or emergency when the ambulances with permits and based in the locality of the catastrophe or emergency are insufficient to render the services required.

2.1.4 Ambulances owned and operated by an agency of the United States Government.

2.1.5 Ambulances based and licensed outside the State engaged strictly in interstate transportation.

2.1.6 A vehicle or vessel which is designed or modified and equipped for rescue operations which is not routinely used for emergency medical care or transport of patients.

**17 DE Reg. 982 (04/01/14)**

**28 DE Reg. 41 (07/01/24)**

**3.0 Definitions**

For the purpose of this regulation the following definitions are used:

**"Advanced Life Support"** or **"ALS"** means the advanced level of pre-hospital and inter hospital emergency care that includes basic life support functions including cardiopulmonary resuscitation, plus cardiac monitoring, cardiac defibrillation, electrocardiography, administration of anti arrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive medical devices, trauma care and other authorized techniques and procedures.

**"Advertising"** means information communicated to the public, or to an individual concerned by any oral, written, or graphic means including, but not limited to, handbills, newspapers, television, billboards, radio, internet or other electronic/wireless media and telephone directories.

**"Ambulance"** means any publicly or privately owned vehicle or vessel that is specifically designed, constructed or modified and equipped, and intended to be used for and is maintained or operated for the

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transportation upon the streets, highways, and waterways of the State for persons who are sick, injured, wounded or otherwise incapacitated or helpless.

**“Ambulance service district”** means a geographical area within the State as identified and established by the Commission.

**“Basic Life Support”** or **“BLS”** means the level of capability which provides EMT emergency patient care designed to optimize the patient’s chances of surviving an emergency situation.

**“BLS ambulance permit”** means a permit given to each ambulance a BLS ambulance service provider wishes to use on the streets, highways, or waterways in this State and approved by the Commission or its designated representative.

**“BLS ambulance service contract”** means a written contract between either a primary or secondary ambulance service provider and an individual, organization, company, site location or complex or other entity for BLS ambulance service.

**“BLS ambulance service provider”** means any emergency or commercial ambulance service provider which provides BLS level intervention both through the level of personnel and training provided.

**“BLS ambulance service provider license”** means a license that validates a BLS ambulance service provider approved by the Commission to provide BLS ambulance service in this State.

**“Cardiopulmonary Resuscitation”** or **“CPR”** as defined by the American Heart Association means an emergency lifesaving procedure consisting of chest compressions or respirations performed when the heart stops beating.

**“Center For Medicare/Medicaid Services (CMS)”** means the Federal agency which oversees Medicare billing and ambulance standards.

**“Certification”** means the authorization by the Commission to practice the skills of an EMT, EMR, or FTO within the State.

**“Commercial BLS provider”** means an organization that does not receive State or Federal funding and is a 100% for profit provider of BLS service.

**“Commission”** means the Delaware State Fire Prevention Commission - The (DSFPC) State agency mandated in Title 16, Delaware Code to regulate the Basic Life Support System in the State.

**“County or counties”** refers singularly or collectively to New Castle, Kent and Sussex Counties of the State.

**“County paramedic service”** means the paramedic service operated by a county with its own employees or under contract with another governmental entity.

**“Credentialed ambulance driver”** means a person who possesses a valid driver's license, Delaware DMV issued EVO card, Approved Health Care CPR and AED card.

**“Delaware Division of Fish and Wildlife”** means a division of the Department of Natural Resources and Environmental Control which regulates and enforces boating laws and regulations in this State.

**“Delaware refresher course”** means a course of instruction for re-certification required by the Commission for EMT’s and EMR’s that meets the guidelines of the National Highway Traffic Safety Administration’s (NHTSA)

National EMS Education Standards most current curriculum.

**“Delaware State Fire School”** means the institution referred to in 16 Del.C. §6617 and under the supervision and control of the Commission.

**“Delaware training standard for Delaware Emergency Medical Technicians & Emergency Medical Responders”** means the most current National Highway Traffic Safety Administration’s (NHTSA) National EMS Education Standards

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curriculum.

**“Emergency”** means the BLS and ALS response to the needs of an individual for immediate medical care in order to prevent loss of life or aggravation or physiological or psychological illness or injury.

**“Emergency medical dispatch system”** means an approved protocol system used by an approved dispatch center to dispatch aid to medical emergencies which must include:

- Systematized caller interrogation questions
- Systematized pre-arrival instruction; and
- Protocols matching the dispatcher’s evaluation of injury or illness severity with vehicle response mode and configuration.

**“Emergency Medical Responder”** or **“EMR”** means an individual who has successfully passed Emergency Medical Responder course that meets the most current National Highway Traffic Safety Administration’s (NHTSA) National EMS Education

Standards curriculum.

**“Emergency medical services provider”** or **“EMS provider”** means individual providers certified by the Commission to perform pre hospital care. For the purposes of this regulation this includes EMT’s and EMR’s.

**“Emergency medical services provider agency”** means a provider certified by the Commission and being dispatched by PSAP for emergencies within approved ambulance districts and mutual aid or by contract as a secondary ambulance provider within an approved ambulance service district.

**“Emergency Medical Services Systems”** or **“EMSS”** means a statewide system which provides for the utilization of available personnel, equipment, transportation and communication to ensure effective and coordinated delivery of medical care in emergency situations resulting from accidents, illness or natural disasters.

**“Emergency Medical Technician”** or **“EMT”** means the individual as defined in 16 Del.C. §9702.

**“EMT credentials”** means current State of Delaware EMT certification card, National Registry EMT certification card and approved health care CPR and AED card.

**“Facility fixed-site BLS ambulance service”** means BLS service provider by a business or industry to serve a specific site/facility. The service provider is certified by the Commission to operate within a specific site or facility.

**“Facility fixed-site BLS service provider”** means an organization or company which has been designated by the Commission for providing BLS service within a specific site/facility.

**“Field training officer”** or **“FTO”** means an experienced senior EMT who has been certified by the Commission to evaluate new EMTs to ensure they have the awareness of state protocols as well as knowledge and skills of trauma, anatomy, physiological, and pathophysiological components of EMS so they can safely operate on their own as an EMT.

**“FTO refresher course”** means a required course of instruction approved by the Commission for the re-certification of FTOs.

**“Handbook of Delaware Boating Laws and Regulations”** means a document published by the Department of Natural Resources and Environmental Control that details Delaware Boating Regulations.

**“HIPAA”** means the Health Insurance Portability and Accountability Act of 1996.

**“Hospital”** means an institution having an organized medical staff which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic and therapeutic services or rehabilitation services for the care or rehabilitation of injured, disabled, pregnant, diseased, sick or mentally ill persons. The term includes facilities for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not facilities caring exclusively for the mentally ill.

**“Litter”** means any device used to secure a patient’s body and move them safely from 1 location to another.

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**“Medical command facility”** means the distinct unit within a hospital which meets the operational, staffing and equipment requirements established by the Secretary, Delaware Health and Social Services for providing medical control to the providers of advanced life support services. Any hospital that operates an emergency medical facility and desires to be designated as a medical command facility shall maintain and staff such facility on its premises and at its own expense with exception of base station communication devices which shall be an authorized shared expense pursuant to the provisions of Title 16, Chapter 98.

**“Medical control”** means directions and advice normally provided from a centrally designated medical facility operating under medical supervision, supplying professional support through radio or telephonic communication.

**“Medical control physician”** means any physician board-certified or board-prepared in emergency medicine, or a physician certified on advanced trauma life support (ATLS) and advanced cardiac life support (ACLS) who is credentialed by the hospital within which a medical command facility is located, and who is authorized by the medical command facility to give medical commands via radio or other telecommunication devices to a paramedic or EMT. When a medical control physician establishes contact with a paramedic or EMT, and provides medical control instructions that exceed or otherwise modify the standing orders of the statewide standard treatment protocol, the paramedic or EMT shall, solely for the purpose of compliance with the Medical Practices Act, be considered to be operating under the license of said medical control physician.

**“Medical Director”** means a Delaware-licensed physician who is board certified by the American Board of Emergency Medicine or by the Osteopathic Board of Emergency Medicine or has received approval as an Ambulance Medical Director by the Delaware Office of Emergency Medical Services. The Medical Director shall be the chief physician for the ambulance service and under whose license all EMS providers of the ambulance service shall operate for the purpose of delivering the standing orders of the Delaware statewide standard treatment protocols.

**“National Registered Emergency Medical Technician”** or **“NREMT”** means a person who completed the most current National Highway Traffic Safety Administration’s (NHTSA) National EMS Education Standards curriculum and passed the NREMT examination.

**“National Registry Of Emergency Medical Technicians”** or **“NREMT”** means the nationally recognized organization for the testing and registering of persons who have completed the most current National Highway Traffic Safety Administration's (NHTSA) National EMS Education Standards, paramedic, EMT and EMR courses.

**“Non-certified provider”** means any person providing patient care and placing patient care reports into the Commission approved data collection system without a current Delaware EMT certification.

**“Non-emergency ambulance service provider”** means an organization or company which has been authorized by the Commission to provide non-emergency ambulance service within the State.

**“Office Of Emergency Medical Services”** or **“OEMS”** means the State agency responsible for ensuring the effective coordination and evaluation of the emergency medical services system in the State which includes providing assistance and advice for activities related toward the planning, development, improvement and expansion of emergency medical services.

**“Paramedic”** means a person who has successfully completed a course approved by the Board of Medical Licensure and Discipline or its duly authorized representative, documented by OEMS, recognized by the Commission as a Delaware EMT while in the performance of their duties with a county paramedic service or State agency.

**“Patient”** means an individual who is sick, injured, wounded or otherwise incapacitated or helpless, an individual who seeks immediate medical attention, or both.

**“PCR”** means patient care report.

**“Pre-hospital care”** means any emergency medical service, including advanced life support, rendered by an emergency medical unit before and during transportation to a hospital or other facility.

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**“Primary BLS ambulance service”** means BLS ambulance service provided by the primary ambulance service provider certified by the Commission within a specific ambulance service district.

**“Primary BLS ambulance service provider”** means an organization or company which has been designated by the Commission as having primary responsibility for providing BLS ambulance service within a specific ambulance service district.

**“Protocols”** means written and uniform treatment and care plans, prepared pursuant to 16 **Del.C.** §9802(23), for emergency and critical patients statewide that constitutes the standing orders for BLS providers.

**“PSAP”** means a Public Safety Answering Point such as a 911 center.

**“Quality assurance”** or **“QA”** means the retrospective review or inspection of services or processes that is intended to identify problems.

**“Quality improvement”** or **“QI”** means the continuous study and improvement of a process, system, or organization.

**“Recertification training”** means a defined curriculum that once completed allows the individual to continue practicing as an EMT, EMR, or FTO for a specific period of time as determined by the Commission.

**“Responsible charge”** means the individual who is identified as having both the responsibility and authority to ensure full and complete compliance with all requirements of this regulation.

**“Secondary BLS ambulance service”** means ambulance service provided under contract to specific locations within an ambulance service district by a BLS ambulance service provider other than the primary ambulance service provider.

**“Secondary BLS ambulance service provider”** means an organization or company which provides supplemental BLS ambulance service anywhere in the State and always under specific contractual agreements.

**“Semiautomatic external defibrillation”** means an external computerized defibrillator designed for use in unresponsive victims with no breathing or signs of circulation.

**“State Board of Medical Licensure and Discipline”** or **“Board”** means the body charged with protecting the consumers of the Delaware healthcare system through the proper licensing and regulation of physicians and other health care professionals.

**“Water ambulance”** or **“vessel”** means any publicly or privately owned vessel that is specifically designed, constructed or modified and equipped, and intended to be used for and is maintained or operated for the transportation upon the waterways of the State for persons who are sick, injured, wounded or otherwise incapacitated or helpless.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 41 (07/01/24)**

### 4.0 Authorization of BLS Companies

4.1 Relative to authorization of new BLS companies, resolution of boundary and other disputes, and cessation of necessary BLS services the Commission shall:

4.1.1 Be empowered to promulgate, amend, and repeal regulations related to the exercise of Commission powers and responsibilities defined in subsection 4.1.2 of this regulation.

4.1.2 Determine whether new BLS companies or substations shall be authorized.

4.1.2.1 Have authority to prohibit the suspension of BLS services.

4.1.2.2 Have authority to confirm the established geographical boundaries of areas served by all existing BLS companies and to resolve boundary disputes.

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4.1.3 Have authority to enter binding orders resolving disputes or grievances within or between BLS companies.

4.1.4 Within its discretion bring an action in the Court of Chancery to temporarily restrain or enjoin any act or practice which constitutes a violation of an order of the Commission.

**28 DE Reg. 41 (07/01/24)**

### 5.0 Minimum Requirements for the Establishment of Additional Stations for Existing BLS Companies/ Departments in the State of Delaware

5.1 Existing BLS companies/departments desiring to establish additional station within the State of Delaware shall immediately advise the State Fire Prevention Commission of their intent by letter.

5.2 The Commission shall, upon receipt of the notification, send a copy of these regulations to the BLS companies/departments. The Commission shall notify the parties in writing of the date and time to appear before the Commission. The company/department making the request will be required to appear before the Commission to make presentation and answer questions concerning the proposed additional station. Bordering companies/departments may send a written response or a written request to appear before the Commission at the scheduled hearing.

5.3 It is necessary for the BLS company/department desiring the additional station to follow certain steps to comply with these regulations. The steps to be followed are:

5.3.1 Authorization of additional station;

5.3.2 BLS station construction and submittal of plans;

5.3.3 Communications and alarm receiving and altering equipment;

5.3.4 Equipment; and

5.3.5 Waivers/exemptions.

5.4 Temporary/emergency BLS station. The Commission may waive the procedures set forth herein whenever it determines that the health and safety of the public or the good of the BLS service in general requires such a waiver.

**28 DE Reg. 41 (07/01/24)**

### 6.0 Authorization of Substation or Additional Station

6.1 The Commission shall determine whether any new substation or additional station shall be authorized in any part of the State. In making such determination, the Commission shall consider among things the ability, financial or otherwise, of the company/department seeking authorization to maintain an effective BLS company and BLS protection needs of the area involved.

6.2 The location of the additional BLS station shall be within the requesting company/department's district boundaries. The location shall be selected, taking into account the location of high life hazards, concentrations of values, topographical conditions, bridges, man-made barriers such as railways or limited access highways, the locations of neighboring BLS stations and the availability of department members.

6.3 A certified plot plan showing the proposed location of the station shall be submitted to the Commission.

6.4 Neighboring BLS companies/departments may join together to combine resources for an additional station provided all parties appear before the Commission in support of the request.

**28 DE Reg. 41 (07/01/24)**

### 7.0 BLS Station Construction and Submittal of Plans

7.1 The additional station shall be of adequate size to provide space for at least 2 pieces of emergency equipment.

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- 7.2 The additional station shall be of fire resistive or non-combustible construction and sprinklered in accordance with all building codes, fire codes and zoning requirements within the local jurisdiction and must provide proper rest room facilities.
- 7.3 The additional station shall be equipped with an emergency power supply to keep the station operational during a power outage.
- 7.4 Preliminary and final plans, specifications, etc., shall be submitted to the Commission for approval along with a copy of the appropriate permits from the county or jurisdictional building department and Fire Marshal's Office before work is started.
- 7.5 A pre-existing building may be approved, provided it meets the standards and requirements set forth in this Section. Preliminary and final plans, along with a copy of the appropriate permits from the county or jurisdictional building department and Fire Marshal's Office, must still be submitted and approved by the Commission.

**28 DE Reg. 41 (07/01/24)**

### **8.0 BLS Ambulance Service License and Permits**

- 8.1 Any person, firm, corporation or association either as owner, agent or otherwise who furnish, conduct, maintain, advertise or otherwise engage in or profess to be engaged in the business or service of providing BLS ambulance service upon the streets, highways, or waterways of this State shall hold a valid license and permit or permits as either a facility fixed-site, primary or secondary BLS ambulance service provider issued by the Commission. Application for the license and permit or permits shall be upon forms provided by the Commission.
- 8.2 The issuance of a license and permit or permits shall not be construed so as to authorize any person, firm, corporation or association to provide BLS services or to operate any ambulance without compliance with all laws, ordinances and regulations enacted or promulgated by any state, county or municipal government concerning ambulances.
- 8.3 Prior to issuing an original or renewal license and permit or permits, the Commission shall determine that all requirements of this regulation are fully met. Additionally, the Commission has the authority to ensure continued compliance with this regulation through the periodic review of records and operations.
- 8.4 Only facility fixed-site, primary, or secondary BLS service provider license and permit or permits shall be authorized to respond and provide BLS ambulance service within the State. Such providers must maintain a bonafide office within the State which must be used for the day-to-day operation of services within the State. Office space shall meet any requirements established by the Commission.
- 8.5 A primary or secondary BLS service provider may not discontinue BLS ambulance service until a replacement provider has been selected and can assume BLS ambulance service with no reduction in service.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 41 (07/01/24)**

### **9.0 BLS Ambulance Service Districts**

The Commission has the authority to establish ambulance service districts pursuant to 16 **Del.C.** §6717(a).

**17 DE Reg. 982 (04/01/14)**

**28 DE Reg. 41 (07/01/24)**

### **10.0 Primary and Secondary BLS Ambulance Service and Bariatric Providers**

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- 10.1 BLS ambulance service may be provided by primary BLS ambulance service providers within their ambulance service district or in the course of providing mutual aid within other ambulance service districts, provided:
- 10.1.1 They have a current license and permit or permits; and
  - 10.1.2 They are assigned by the Commission as a primary BLS ambulance service provider.
- 10.2 The Commission shall be authorized to select a new primary BLS ambulance service provider at such time that:
- 10.2.1 The current primary BLS ambulance service provider chooses to discontinue service; or
  - 10.2.2 The Commission determines that there has been failure to meet 1 or more elements of this regulation, which creates a threat to public safety; or
  - 10.2.3 The current primary BLS ambulance service provider either directly or indirectly, by merger or affiliation or through contractual agreement transfers or assigns primary BLS ambulance service to any person, firm, corporation, other business or non-profit entity not authorized by the Commission to provide BLS ambulance service within the primary BLS ambulance service provider's ambulance service district.
- 10.3 Any organization desiring to assume the role of primary BLS ambulance service provider will be required to apply to the Commission showing adequate cause in the interest of public safety to justify the change.
- 10.4 BLS ambulance service may be provided by secondary BLS ambulance service providers only to those with whom they have a contract for such service provided they:
- 10.4.1 Have a current license and permit or permits; and
  - 10.4.2 Have a written contract to provide BLS ambulance service to that specific location or site; and
  - 10.4.3 Provide the names, locations and conditions of all secondary BLS ambulance service contracts to the Commission within 20 days of contract finalization.
  - 10.4.4 Private ambulance providers must provide a copy of a private non-emergency ambulance service contract from an individual, organization, company or other entity for non-emergency ambulance service from which transports will be made.
  - 10.4.5 Commercial ambulance providers shall list contact information for their Delaware Medical Director medical professionals who are providing medical oversight of their company's EMTs.
  - 10.4.6 Owners and operators of ambulance companies within the State who have had their ambulance service providers license revoked by the Commission are not eligible to own or operate an ambulance service within the State for a period of 2 years.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 41 (07/01/24)**

### 11.0 BLS Ambulance Service Provider License and Permit Requirements

- 11.1 BLS Administrative Requirements
- 11.1.1 Procedures for securing a BLS ambulance service provider license include:
    - 11.1.1.1 The owner or registered agent must apply to the Commission upon forms provided and according to procedures established by the Commission.
    - 11.1.1.2 The BLS ambulance service provider shall either be based in the State or maintain an office in the State with a full-time individual assigned to that office who is in responsible charge. A personal residence shall not be used as a provider's required office.
    - 11.1.1.3 All requirements set forth in this regulation must be met before issuance of license.



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- 11.1.1.4 The BLS ambulance service provider must provide proof of liability insurance in the amount of \$1 million blanket liability coverage.
- 11.1.1.5 The BLS ambulance service provider must provide proof of automobile liability insurance in the amount of \$1 million individual, \$3 million aggregate per occurrence.
- 11.1.1.6 A BLS ambulance service provider requesting a permit for a water ambulance must provide proof of liability insurance in the amount of \$1 million blanket liability coverage.
- 11.1.2 Procedures for securing a BLS ambulance service provider ambulance permit or permits include:
- 11.1.2.1 The owner or registered agent must hold a valid BLS ambulance service provider license approved by the Commission to apply for an ambulance permit or permits.
- 11.1.2.2 A BLS ambulance service permit or permits must be applied for upon forms provided and according to procedures established by the Commission for each ambulance used on the streets, highways and waterways of this state.
- 11.1.2.3 BLS ambulance service providers adding an ambulance during a current permit year must apply for a permit or permits on forms provided and according to procedures established by the Commission.
- 11.1.2.4 BLS ambulance service providers must schedule an inspection with a Commission's designee prior to utilizing the ambulance or ambulances on the streets, highways and waterways of this state.
- 11.1.2.5 Once all requirements set forth in these regulations are met, a permit will be issued. Permits issued shall be valid until December 31<sup>st</sup> of that year. Renewal period begins October 1<sup>st</sup> and ends December 31<sup>st</sup> annually and must meet all requirements established by the Commission. Private providers shall affix a Commission permit sticker to the lower left window of the permitted ambulance.
- 11.1.3 The Chairman of the Commission may issue temporary permits when determined to be in the interest of public safety.
- 11.1.4 On an on-going basis throughout the term of the license and permit or permits, the owner or individual in responsible charge shall be available upon reasonable notification for the purpose of providing documentation on any provisions of this regulation and permitting physical inspection of all facilities and vehicles.
- 11.1.5 No BLS ambulance service provider shall advertise or represent that it provides any ambulance service other than it is authorized to provide under this regulation.
- 11.1.6 EMTs and BLS ambulance service providers shall be required to participate in the Commission approved ambulance data collection system which includes:
- 11.1.6.1 A Patient Care Transport (PCT) shall be completed on all 911 dispatched responses to include private transports and inter-facility transports.
- 11.1.6.2 EMTs shall complete, a PCR in the Commission approved data collection system on each patient contact. Reports shall be completed within the time frame described in the most current State of Delaware BLS protocols.
- 11.1.6.3 Failure to comply with data submission may result in loss of BLS ambulance service permit or EMT certification or other discipline.

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11.1.6.4 All reasonable attempts shall be made to submit any other data to the designated agencies as required by the Commission. It is the responsibility of the BLS provider to ensure that all PCRs are submitted as required by this regulation.

11.1.6.5 Access to the PCR system shall be deactivated for any suspended or revoked EMT, as the Commission may direct to the OEMS until such time as the EMT certification is reactivated or reinstated.

11.1.6.6 Delaware State Fire Prevention Commission shall determine the identifier for EMTs to use the Commission approved patient care reporting system.

11.1.6.7 It shall be the sole responsibility of the EMT to ensure that their Delaware State EMT certification is current and to renew the certification prior to its expiration date. EMTs found to be working and placing PCRs into the Commission approved patient care reporting system without a current Delaware EMT certification shall be considered working as a non-certified provider.

11.1.6.8 Non-certified providers providing care without a current Delaware EMT certification shall be suspended from the Commission approved patient care reporting system. Second offense will be a 5-day suspension. Third offense shall be immediate suspension and appearance at a hearing before the Commission.

11.1.6.9 Paramedics conducting BLS transports outside of their duties as a medic or outside of their employment with a county or State government, shall place a patient care report into the Commission approved data system as a BLS report and must have a Commission approved identifier and current EMT certification.

11.1.7 Refusal of Service

. EMTs shall complete, without exception, a written or computer report on each patient refusal. Reports shall be completed as described in the most current State of Delaware BLS protocols.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 41 (07/01/24)**

### 12.0 BLS Requirements

12.1 BLS Operational Requirements

12.1.1 Roadway Vehicle Standards

12.1.1.1 All BLS ambulances shall be registered and licensed in the State by the Delaware Division of Motor Vehicles. EXCEPTIONS:

12.1.1.1.1 Those vehicles to which the international registration plan applies.

12.1.1.1.2 Those vehicles properly registered in some other state.

12.1.1.1.3 All ambulances shall have a copy of the vehicle registration and copy of the Commission issued ambulance permit on the ambulance at all times while the unit is in service on the roadways of the State of Delaware. All vehicles will display the Commission issued inspection decal on the left bottom corner of the left rear window of the patient compartment.

12.1.1.2 Vehicles shall have clearly visible letters on both sides and the rear identifying the name of the organization or corporation and the vehicle's specific identifier as specified under permit documentation. The letters shall be at least 3 inches in height.

12.1.1.3 Existing vehicle patient compartment shall conform with the criteria within the most current United States General Services Administration federal specifications for the Star of Life Ambulances. All newly purchased, fabricated, and remounted ambulance components

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including ambulance compartments, shall conform to the criteria set forth in the most current edition of NFPA 1900 Standard for Automotive Ambulances 2019.

- 12.1.1.4 Any vehicle not previously permitted in the State of Delaware will be required to conform to the most current edition of NFPA 1900 Standard.
- 12.1.2 Transports should be made in a safe manner as to prevent further injury, and utilize visual and audible warning devices as appropriate based on the patient's condition and shall meet the requirements of the State of Delaware standing orders and protocols for transport of a patient. The highest medically trained practitioner present shall recommend the appropriate mode of transportation based on the patient's condition.
- 12.1.3 Equipment Standards
  - 12.1.3.1 Every BLS ambulance shall maintain the required equipment and supplies as specified by the Commission.
  - 12.1.3.2 Required equipment shall be reviewed annually with recommendations from the Commission's designee and the Commission's Medical Director.
    - 12.1.3.1.2 Equipment with an expiration date cannot be removed from its packaging or have the expiration date removed or altered.
  - 12.1.3.2 Bariatric Transport
    - 12.1.3.2.1 Ambulances used for bariatric transport shall have an interior patient compartment size large enough to comfortably transport the patient and provide room for the attending crew to perform patient care as needed.
    - 12.1.3.2.2 Ambulances used for bariatric transport shall have suspensions capable of safely transporting patients between 350 and 1000 pounds and have a crew assisted loading system such as ramps, winch, lifting systems or a combination of those.
    - 12.1.3.2.3 Ambulance providers shall have a written policy for loading and unloading bariatric patients to ensure the safety of the crew and the patient from injury during the loading and unloading process.
    - 12.1.3.2.4 Ambulances used for bariatric transport shall have all the required Commission equipment and any additional equipment as required by the Commission to give proper patient care to bariatric patients.
    - 12.1.3.2.5 Stretchers shall be rated at 1000 pounds or greater.
    - 12.1.3.2.6 Ambulance personnel must have knowledge in the extrication, lifting, transport, and patient care needs for bariatric patients.
- 12.1.4 Staffing Requirements
  - 12.1.4.1 Minimum acceptable crew staffing when transporting a patient shall consist of a driver and 1 Delaware State certified EMT.
  - 12.1.4.2 A minimum of 1 Delaware State certified EMT or an activated paramedic acting in an ALS capacity licensed in the State of Delaware shall always be in the patient compartment when a patient is present.
  - 12.1.4.3 BLS ambulance service drivers are required to have completed the "Emergency Vehicle Operators" course conducted by the Delaware State Fire School.
  - 12.1.4.4 BLS ambulance service drivers are required to maintain current CPR/AED certification, approved by the Commission.
  - 12.1.4.5 Any member or employee with a BLS ambulance service provider who has been convicted of or-adjudicated delinquent of crimes set forth in 16 **Del.C.** §6647 or any similar

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offense under any federal, state, or local law is prohibited from serving as a BLS ambulance service driver in this State. The BLS ambulance service provider shall certify, on an annual basis, to the Commission that their members or employees have never been convicted of an offense that constitutes any of the crimes set forth in 16 **Del.C.** §6647 or any similar offense under any federal, state, or local law.

- 12.1.5           Quality Assurance. Each BLS ambulance service provider shall be responsible for monitoring quality assurance in the form of patient care and both mobilization and response times. The method in which this is accomplished is the authority and responsibility of the BLS ambulance service provider per the Quality Assurance and Improvement Program established by the Commission in conjunction with the OEMS and adopted by the Commission. Any corrections to a PCR with regard to patient care provided, EMT impressions, assessed status or narrative found during the Quality Assurance process or any other review of a PCR shall be returned to the EMT who wrote the PCR to make corrections. If the EMT is unavailable they may provide written approval to the supervisor to make corrections on a specified report.
- 12.1.6           Communications Requirements
- 12.1.6.1                           Dispatch Centers
- 12.1.6.1.1   Dispatch centers for both BLS ambulance service providers shall meet the criteria established by the Commission.
- 12.1.6.1.2   BLS ambulance service provider dispatch centers shall be responsible for following call taking protocols as established by the Commission. Calls determined to be ALS in nature shall be transferred to the appropriate public safety answering point (PSAP) within 30 seconds of taking the call utilizing a dedicated phone line to that PSAP.
- 12.1.6.1.3   Calls determined to be BLS in nature shall not be required to be forwarded to the PSAP.
- 12.1.6.1.4   Dispatch centers shall follow an Emergency Medical Dispatch System approved by the Commission.
- 12.1.6.2                           Ambulances. All BLS ambulances shall be equipped with reliable communication through the State of Delaware 800 MHz radio system, or have the ability to interface with Delaware 800 MHz radio systems.
- 12.1.6.3                           Private ambulance providers shall have radios (portable or mobile) that are programmed with 8CAL90 and 8TAC91, 92, 93, 94 to allow interfacing with Delaware 800 MHz radio system. Radio checks of portable and mobile (vehicle mounted) radios shall be conducted at a minimum of every 4 months. These radio checks shall be coordinated with the local public safety answering points (PSAP). A log of the radio tests shall be kept by the provider for inspection by the Commission.
- 12.1.6.4                           Within 3 months of being hired, all ambulance provider employees shall complete a 1-hour radio course through the Delaware State Fire School or a Commission approved class. The course shall include specific instruction on interfacing private provider authorized channels when requesting medical control and ALS intercept.
- 12.1.6.5                           If vehicle mounted communications are used, 1 mobile radio unit shall be located within the patient care compartment of the ambulance and be mounted in such a manner as to allow for the caregiver to provide patient care and use the radio.
- 12.1.7           AED Requirements. The primary BLS ambulance service provider or secondary BLS ambulance service provider shall comply with the Delaware Early Defibrillation Program administrative policies as established by the Office of Emergency Medical Services.
- 12.1.8           Infection Control. All primary BLS ambulance service providers and secondary BLS ambulance service providers shall comply with the infection control requirements in Chapter 12A, Title 16 of the **Delaware Code**.

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12.1.9 Medical Control. Primary BLS ambulance service providers and secondary BLS ambulance service providers shall be required to follow all orders issued.

12.1.10 Any certified EMT providing EMT care within accordance of the most recently adopted State of Delaware BLS standing orders and protocols may only do so under the direction of a medical control doctor. EMTs cannot provide care as an EMT outside of medical control.

12.1.11 Center for Medicare Medicaid Services (CMS). All primary BLS ambulance service providers and secondary BLS ambulance service providers shall comply with the Final Rule in the Federal Register (64 F.R. 3637) revising the Medicare policies for ambulance services adopted February 24, 1999, or the most current edition.

12.1.12 All primary BLS ambulance service providers and secondary BLS ambulance service providers shall comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA), or the most current version.

### 12.2 BLS Water Ambulance Operational Standards

12.2.1 All BLS water ambulances shall be registered and licensed in the State by the Delaware Division of Fish and Wildlife or have valid marine documents issued by the Coast Guard.

12.2.2 The vessel shall have clearly visible Star of Life and letters on both sides identifying the name of the organization or corporation or the vessel's specific identifier as specified under permit documentation. The letters shall be at least 3 inches in height

12.2.3 The vessel shall not have structural or functional defects that may adversely affect the patient, the EMS personnel or the safe operation of the vessel.

12.2.4 The vessel shall have a patient care compartment that:

12.2.4.1 Provides access to the head, torso, and lower extremities of the patient while providing sufficient working space to render patient care;

12.2.4.2 Is covered, on all sides including the top, to protect the patient and EMS personnel from the elements, such as, but not limited to wind and spray;

12.2.4.3 Has an opening sufficient size to permit the safe loading and unloading of a person occupying a litter;

12.2.4.4 Is able to secure a patient litter in the patient compartment of the vessel, must include securing straps for chest, waist and leg area, and must be secured a minimum of 12 inches off the floor of the patient care compartment.

### 12.2.5 Equipment Standards

12.2.5.1 Each BLS water ambulance must carry all equipment as specified by the U.S.Coast Guard minimum equipment requirements for motorboats.

12.2.5.2 Every BLS water ambulance is required to carry all BLS required equipment and supplies as specified by the Commission.

12.2.5.3 Required equipment must be reviewed annually following recommendations from the Commission's designee and the Commission's Medical Director.

### 12.2.6 Staffing Requirements

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12.2.6.1 Minimum acceptable crew staffing when transporting a patient shall consist of a certified boat operator, 23 **Del.C.** §2221, and 1 Delaware State certified EMT or a paramedic licensed in the State of Delaware.

12.2.6.2 A minimum of 1 State certified EMT shall always be in the patient compartment when a patient is present.

12.2.6.3 BLS water ambulance service boat operators and EMTs are required to have completed the "Boaters Safety Education" course approved by the Delaware Division of Fish and Wildlife and are required to carry their certification while operating a vessel, set forth in 23 **Del.C.** §2221.

12.2.6.3.1 Exemption for boat operators are as follows, or in the most current list provided in 23 **Del.C.** §2222, which would supersede this section:

12.2.6.3.1.1 Any person who holds a valid Coast Guard captain's license;  
or

12.2.6.3.1.2 Any person who holds a valid Delaware River and Bay pilot's license, or its

equivalent from another jurisdiction.

12.2.6.4 BLS water ambulance service boat operators are required to maintain current CPR/AED certification.

12.6.6.5 Any member or employee with a BLS ambulance service provider who has been convicted of or charged, adjudicated delinquent of crimes set forth in 16 **Del.C.** §6647 or any similar offense under any federal, state, or local law is prohibited from serving as a BLS water ambulance service boat operator in this State.

The BLS water ambulance service provider shall certify, on an annual basis, to the Commission that their members or employees have never been convicted of or adjudicated delinquent of an offense that constitutes any of the crimes set forth in 16 **Del.C.** §6647 or any similar offense under any federal, state, or local law.

12.2.7 Quality Assurance. Each primary and secondary BLS ambulance service provider shall be responsible for

monitoring quality assurance in the form of patient care and both mobilization and response

times. The method in which this is accomplished is the authority and responsibility of the

primary or secondary water ambulance service provider per the Quality Assurance and

Improvement Program established by the Commission in

conjunction with the Office of Emergency Medical Services and adopted by the Commission.

12.2.8 Communications Requirements

12.2.8.1 Dispatch Centers

12.2.8.1.1 Dispatch centers for BLS water ambulance service providers shall meet the criteria established by the Commission.

12.2.8.1.2 Secondary BLS water ambulance service provider dispatch centers shall be responsible for following call taking protocols as established by the Commission. Calls determined to be ALS in nature shall be transferred to the appropriate public safety answering point (PSAP) within 30 seconds of taking the call utilizing a dedicated phone line to that PSAP.

12.2.8.1.3 Calls determined to be BLS in nature shall not be required to be forwarded to the

PSAP.

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- 12.2.8.1.4 Dispatch centers shall follow an Emergency Medical Dispatch System approved by the Commission.
- 12.2.8.2 All BLS water ambulances dispatched to handle 9-1-1 emergency responses shall be equipped with reliable communication through the State of Delaware 800 MHz radio system and VHF radio with the marine frequencies listed in The Handbook of Delaware Boating Laws and Responsibilities.
- 12.2.9 AED Requirements. Upon placing an AED on any water ambulance, the BLS ambulance service providers shall comply with the Delaware Early Defibrillation Program administrative policies as established by the OEMS.
- 12.2.10 Infection Control. All BLS ambulance service providers shall comply with the infection control requirements in 16 **Del.C.** Ch. 12A.
- 12.2.11 Medical Control. BLS ambulance service providers shall be required to follow all orders issued.
- 12.2.12 Center for Medicare Medicaid Services (CMS). All BLS water ambulance service providers shall comply with the Final Rule in the Federal Register (64 F.R. 3637) revising the Medicare policies for ambulance services adopted February 24, 1999, or the most current edition.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**25 DE Reg. 957 (04/01/22)**

**28 DE Reg. 41 (07/01/24)**

### 13.0 Statewide Basic Life Support Quality Assurance/Quality Improvement

- 13.1 The Commission hereby establishes a Statewide Basic Life Support (BLS) Quality Assurance and Quality Improvement working group.
- 13.2 Purpose. The Quality Assurance/Quality Improvement working group (QA/QI), under direction of the State Medical Director or the designee is responsible for assuring and improving the quality of Basic Life Support within the EMSS that are served by the State of Delaware.
- 13.3 Definitions
- “**Quality assurance**” or “**QA**” means the retrospective review or inspection of services or processes that is intended to identify problems.
- “**Quality improvement**” or “**QI**” means the continuous study and improvement of a process, system, or organization.
- 13.4 Objectives
- 13.4.1 Conduct medical incident reviews (QA)
- 13.4.2 Collect patient care statistics to evaluate EMS effectiveness and identify trends (QI)
- 13.4.3 Provide constructive feedback on quality improvement to all EMS providers within the State of Delaware
- 13.4.4 To coordinate the findings of quality assurance activities with the content of EMS provider continuing education programs
- 13.4.5 To provide assistance to EMS providers with local agency QA/QI programs.
- 13.5 Emergency Medical Services Provider Agencies Quality Assurance and Improvement Requirements:
- 13.5.1 EMS provider agencies must appoint a Quality Assurance Manager

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- 13.5.2 The Quality Assurance Manager is charged with the responsibility of assuring that reasonable standards of care and professionalism are met within their respective EMS provider agency.
- 13.5.3 The Quality Assurance Manager should attend a quality management training program.
- 13.5.4 The Quality Assurance Manager shall implement a Quality Assurance and Improvement Program within their agency or department.
- 13.5.5 The Quality Assurance Manager shall perform monthly reviews of their data collection and conduct formal reviews with their personnel.
- 13.5.6 The Quality Assurance Manager will work closely with the Statewide QA/QI working group on emergency medical services policies, guidelines, protocols and system performance.
- 13.5.7 The Quality Assurance manager will consult with their county and State EMS Medical Director.
- 13.5.8 The Quality Assurance manager will consult with the Delaware State Fire School Director or its designee.
- 13.6 Statewide QA/QI Improvement Working Group
  - 13.6.1 The goal of this working group is to make sure BLS is meeting all State standards and is providing the best patient care to the citizens and visitors of Delaware.
  - 13.6.2 The statewide BLS QA/QI working group shall be comprised of:
    - 13.6.2.1 2 BLS representatives, Delaware EMT certified, from each county;
      - 13.6.2.1.1 1 selected from names submitted by the County Firefighter's Association; and
      - 13.6.2.1.2 1 selected from names submitted by the County EMS or Chief's Association;
    - 13.6.2.2 The BLS Medical Director or the designated agent;
    - 13.6.2.3 1 representative from the State Fire Prevention Commission, who shall chair the working group;
    - 13.6.2.4 1 representative from the Delaware State Fire School;
    - 13.2.6.5 1 representative from the Office of Emergency Medical Services; and
    - 13.2.6.6 1 representative from the Delaware Volunteer Firefighter's Association.
- 13.7 Working Group Responsibilities
  - 13.7.1 Responsible to assure reasonable standards of care and professionalism are met within the State's BLS system.
  - 13.7.2 Participate in patient care report review audits, data collection, and evaluation of system performance.
  - 13.7.3 Maintain strict confidentiality of patient information, personnel and Q/A topics.
  - 13.7.4 Each working group member MUST sign a confidentiality statement to be provided by the Office of Emergency Medical Services.
  - 13.7.5 Make sure information disseminated is protected from discovery of protected healthcare information.
  - 13.7.6 Make recommendations for changes to policies, guidelines and protocols.
  - 13.7.7 Attend a quarterly meeting to discuss QA/QI issues.
  - 13.7.8 Design and implement QI projects that are practical and able to collect patient care statistics to evaluate system effectiveness and identify trends in patient care.
  - 13.7.9 Establish clinical benchmarks to measure the State's BLS system.



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### 13.8 Medical Incident Review and Analysis

13.8.1 The QA/QI process evaluates all aspects of patient care and emergency medical services performance in the BLS system. QA/QI process shall evaluate the Key Performance Indicators (KPI) of the EMS system as defined by the SFPC.

13.8.2 Quarterly reports will be developed through the State's patient care reporting system. A percentage of the patient care reports will be reviewed using a designated and approved auditing tool as developed by the QA/QI working group and approved by the Commission.

13.8.3 The QA/QI working group shall review these reports during the quarterly meeting.

13.8.4 The primary goal is to identify and address any problem or improvement areas and recommend potential solutions:

13.8.4.1 Knowledge or skill issues

13.8.4.2 Documentation issue

13.8.4.3 Resource issue

13.8.4.4 Protocol issue

13.8.4.5 Communication issue

13.8.4.6 Statewide system issue

13.8.4.7 Conduct issue

13.8.5 The QA/QI working group shall provide constructive feedback and recommendations to improve the State's BLS system.

13.8.5.1 Recommend changes to policy, procedures, or protocols

13.8.5.2 Recommend changes in operational procedures or equipment

13.8.5.3 Recommend training

13.8.6 All working group recommendations will be forwarded to the appropriate EMS provider agency or agencies and to the Commission.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 41 (07/01/24)**

### 14.0 Fixed-Site BLS Service License and Permit or Permits

14.1 Any person, firm, corporation or association either as owner, agent or otherwise who furnish, conduct, maintain, advertise or otherwise engage in or profess to be engaged in the business or service of providing fixed-site BLS ambulance service upon the streets or highways of this State shall hold a valid license and permit or permits issued by the Commission. Application for the license and permit or permits shall be upon forms provided by the Commission.

14.2 The issuance of a license and permit or permits shall not be construed so as to authorize any person, firm, corporation or association to provide fixed-site BLS ambulance service or to operate any ambulance without compliance with all laws, ordinances and regulations enacted or promulgated by any state, county or municipal government concerning ambulances.

14.3 Prior to issuing an original or renewal license and or permit or permits, the Commission shall determine that all requirements of this regulation are fully met. Additionally, the Commission has the authority to ensure continued compliance with this regulation through the periodic review of records and operations.

14.4 Only non-emergency BLS service providers holding a current, valid fixed-site BLS ambulance service license and permit or permits shall be authorized to respond and provide fixed-site ambulance service within the State.

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17 DE Reg. 982 (04/01/14)

24 DE Reg. 471 (11/01/20)

28 DE Reg. 41 (07/01/24)

### 15.0 Fixed-Site Provider License Requirements

#### 15.1 Administrative Requirements

##### 15.1.1 Procedures for securing a fixed-site license include:

15.1.1.1 The owner or registered agent must apply to the Commission upon forms provided and according to procedures established by the Commission.

15.1.1.2 The fixed-site provider may either be based in the State or out.

15.1.1.3 All requirements set forth in this regulation must be met before issuance of a license.

15.1.1.4 The fixed-site provider must provide proof of liability insurance in the amount of \$1 million blanket liability coverage.

15.1.1.5 Provide a copy of a contract, letter, or agreement from an individual, organization, company, site location, complex, or other entity for fixed-site provider service.

##### 15.1.2 Procedure for securing fixed-site provider license include:

15.1.2.1 A fixed-site provider license must be applied for upon forms provided and according to procedures established by the Commission.

15.1.2.2 The fixed-site provider must schedule an inspection with the Commission or its designee if determined to be necessary by the Commission prior to issuance of the permit.

15.1.2.3 Once all requirements set forth in this regulation are met, a permit will be issued and a Commission permit shall be displayed in an office, aid station, operations center, or a location approved by the Commission. Permit or permits issued shall be valid until December 31<sup>st</sup> of that year. Renewal period begins October 1<sup>st</sup> annually and must meet all requirements established by the Commission.

15.1.3 On an on-going basis throughout the term of the license and or permit or permits, the owner or individual in responsible charge shall be available upon reasonable notification for the purpose of providing documentation on any provisions of this regulation and permitting physical inspection of all facilities and vehicles.

#### 15.2 Operational Requirements

15.2.1 All fixed-site providers shall have a fixed office, aid station, medical area, mobile aid station, or other area to work out of. The fixed office area shall not be a private dwelling and shall meet the approval of the Commission.

15.2.2 Any vehicles used to provide care shall be approved by the Commission and marked in such a manner as to make it clear that the vehicle is capable of giving medical care.

15.2.3 All EMTs providing care shall meet the requirements as set forth in this regulation for being a certified EMT in the State of Delaware.

15.2.4 All fixed-site providers shall have a medical control doctor familiar with the State of Delaware standing orders and protocols.

15.2.5 All-fixed site providers shall have a means of providing and documenting patient care reports into the Commission approved patient care data system.

15.2.6 Equipment Standards

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- 15.2.6.1 Every commercial BLS ambulance shall maintain the required equipment and supplies as specified by the Commission.
- 15.2.6.2 Required equipment must be reviewed annually following recommendations from the Commission's designee and the Commission's Medical Director.
- 15.2.7 **Staffing Requirements.** Required staffing shall be determined by the BLS fixed-site provider, or head of the venue being served. Staffing shall consist of a written staffing plan indicating how the BLS non-transport provider will staff the venue to provide adequate BLS care. The person or persons making the written staffing plan shall have a background and understanding in basic BLS care or prehospital care. The written staffing plan may have changes or additions, or deletions as required by the Commission's Medical Director.
- 15.2.8 **Communications Requirements.** All commercial BLS ambulances shall be equipped with reliable communication that is capable of interfacing with the State of Delaware 800 MHz radio systems. Systems are required to be connected with PSAP and all medical control facilities. This needs to be coordinated with the State of Delaware Division of Communication to provide connectivity.
- 15.2.9 **AED Requirements.** Upon placing an AED on any ambulance, the commercial BLS ambulance service provider or site of venue being served by a BLS ambulance service shall comply with the Delaware Early Defibrillation Program administrative policies as established by the Office of Emergency Medical Services.
- 15.2.10 **Infection Control.** All commercial ambulance service providers shall comply with the infection control requirements in Chapter 12A, Title 16 of the **Delaware Code**.
- 15.2.11 **Center for Medicare Medicaid Services (CMS).** All non-emergency ambulance service providers shall comply with the Final Rule in the Federal Register (64 F.R. 3637) revising the Medicare policies for ambulance services adopted February 24, 1999, or the most current edition.
- 15.2.12 All non-emergency ambulance service providers will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), or most current version.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 41 (07/01/24)**

### 16.0 Compliance

- 16.1 The owner or registered agent of every BLS ambulance service provider shall provide ambulance service in accordance with the requirements set forth in these regulations and the contractual agreements established as a BLS ambulance service provider and filed with the Commission. The Commission shall have the authority to issue corrective orders, cease and desist orders, and suspend or revoke a BLS ambulance service provider's license and permit or permits.
- 16.2 Every BLS ambulance service provider shall maintain the required equipment and supplies as specified by the Commission.
- 16.2.1 Every BLS ambulance service provider shall provide full and unimpeded access to all buildings that house apparatus requiring inspection.
- 16.2.2 Any BLS ambulance provider that refuses to grant access to Commission Investigators for inspection of apparatus shall have their ambulance permit temporarily suspended until access is granted.
- 16.2.3 After a BLS ambulance provider has received a temporary suspension for impeding access to their apparatus, they will be required to present the apparatus in question to the Fire Commission office in Dover for inspection.
- 16.2.4 Violations of subsection 16.2 shall require corrective action as defined in subsection 16.2.6 with the exception of those violations which represent an imminent danger to the public.

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16.2.5 For those violations of subsection 16.2 representing an imminent danger to the public, the Commission or a designated agent shall issue and deliver an order to cease and desist any further BLS ambulance service until such time as the violation has been verified as being corrected and corrective measures accepted by the Commission or a designee.

16.2.6 Equipment Deficiency Classifications and Corrective Action

16.2.6.1 Critical. The BLS ambulance service provider shall be immediately notified and the unit is placed out-of-service until the deficiency is corrected and a re-inspection has occurred.

16.2.6.2 Cautionary. The BLS ambulance service provider shall be immediately notified and the violation or violations shall require correction within 5 working days of receipt of notice. All corrections shall require validation by the Commission or a designee. If not corrected within 5 working days, the unit must be placed out-of-service.

16.2.6.3 Watchful. The BLS ambulance service provider shall be immediately notified that the deficiency must be corrected at the next restocking or shift change.

16.3 A BLS ambulance service provider may have its license or permit or permits or both revoked, placed on probation or suspended for consistently failing inspections, including failing to maintain the required equipment list. A provider may also be disciplined where the provider has:

16.3.1 Violated or aided or abetted in the violation of any provision of these regulations or orders issued by the Commission or its designee;

16.3.2 Practiced any fraud, misrepresentation, or deceit in obtaining or renewing a BLS ambulance service permit;

16.3.3 Demonstrated gross negligence, incompetence or misconduct in providing BLS ambulance service;

16.3.4 Engaged in any unfair or deceptive trade practices;

16.3.5 Violated any contractual agreement related to providing BLS ambulance service;

16.3.6 Violated any protocols;

16.3.7 Failed to comply with Commission required QA/QI programs;

16.3.8 Continuously maintained unsafe, unsanitary, or improperly equipped vehicles. The Commission may require mechanical repair when patient care safety is a concern. At the request of the Commission's designee, BLS providers shall provide the Commission with mechanical reports at their expense clearing the ambulance for patient transport. The unit may be taken out of service until the report is provided to the Commission's designee.

16.4 Discontinuation of BLS Ambulance Service. Any BLS ambulance service provider desiring to terminate BLS ambulance service in the State must notify the Commission immediately of their intentions to terminate service.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 41 (07/01/24)**

### EMERGENCY MEDICAL TECHNICIANS

#### 17.0 Medical Director

17.1 All commercial BLS providers shall retain the services of a Delaware licensed physician who agrees to assume the physician responsibilities for the organization and providers as defined in 16 Del.C. §9806(b) and will comply with all required areas of this regulation.

17.2 Role and function. The role and responsibilities of the Medical Director include:

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- 17.2.1 Provide medical oversight and quality control of interfacility basic life support.
- 17.2.2 Establish and ensure compliance with standing orders and treatment protocols.
- 17.2.3 Provide review and evaluate the medical interventions of the EMTs.
- 17.2.4 Monitor the EMS providers for skill degradation and recommend appropriate remedies to the provider organization.
- 17.2.5 Offer technical assistance to the EMS providers they serve as Medical Director.
- 17.2.6 Oversee the training and certification of the BLS providers.
- 17.2.7 Determine policy guiding transport priority classifications (i.e. emergency vs. non-emergency response and transportation determinants).
- 17.2.8 Investigate issues related to clinical proficiency.
- 17.2.9 Serve as a liaison with the State Medical Director's Office.

### 28 DE Reg. 41 (07/01/24)

## 18.0 Training/Certification

- 18.1 Eligibility for Delaware EMT Certification. All individuals who successfully complete initial EMT training may be eligible for and must successfully pass the NREMT examination to receive Delaware EMT certification.
  - 18.1.1 Apply to the Commission on the approved application form.
  - 18.1.2 An individual may apply for certification as an EMT provided that:
    - 18.1.2.1 The individual is a member in good standing of a Delaware fire department, an ambulance company, a private ambulance provider, or any other group, business, or industry authorized or recognized by the Commission to provide BLS ambulance service within the State.
    - 18.1.2.2 The individual has a current EMT, Advanced Emergency Medical Technician (AEMT) or paramedic certification from the NREMT.
    - 18.1.2.3 The Chief, CEO, EMS Officer, or head of the respective organization signs the application. A sponsor signature is required for every initial Delaware EMT certification and reciprocity application. A sponsor signature is not required on recertification EMT applications.
    - 18.1.2.4 A person seeking certification must meet the criminal history background check as mandated in 16 Del.C. §6712(b), effective July 12, 2001 and follow the procedures outlined in this regulation.
    - 18.1.2.5 The individual must be 18 years of age.
    - 18.1.2.6 An individual applying for certification must meet the requirement of 1 DE Admin. Code 701.

## 18.2 Delaware Certification

- 18.2.1 Certification may be obtained by successfully completing a state approved EMT course and passing the NREMT exam. Registration and certification will be issued for the time period to coincide with the NREMT certification cycle. This is typically a 2-year period. All EMTs must maintain their NREMT card to maintain a Delaware EMT certification.
- 18.2.2 Individuals who take an EMT class from a state-approved provider other than the Delaware State Fire School are required to meet all Commission requirements for certification.
  - 18.2.2.1 It is the responsibility of the individual applying for certification to provide criminal history background check pursuant to 16 Del.C. §6712.

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18.2.2.2 It is the responsibility of the individual applying to provide all necessary documentation for certification which includes their course completion certificate, a copy of their current CPR/AED healthcare provider card and NREMT certification card, approved by the Commission, Delaware protocol training and current NREMT card.

18.2.2.3 EMT students in training who the Commission receives an arrest notification for, will be permitted to continue training, but will not have their Delaware State EMT card issued to them, until such time that the arrest has been adjudicated by the courts and before the Commission in the EMTs favor.

### 18.3 Recertification as Delaware EMT

18.3.1 Individuals will be recertified for a 2-year period to coincide with their NREMT card.

18.3.2 The recertification requirements for a Delaware EMT will be determined by the Commission, with recommendations of their medical director.

18.3.3 Requirements for recertification are:

18.3.3.1 Individuals must submit a request for recertification to the Commission documenting completion of the following requirements:

18.3.3.1.1 Successfully complete the National Continued Competency Program or an approved in-State Delaware EMT refresher that meets the National Continued Competency Program (NCC) (NHTSA) most current curriculum conducted by the Delaware State Fire School or an equivalent sanctioned by OEMS and approved by the Commission.

18.3.3.1.2 Certification; to coincide with the Delaware certification cycle.

18.3.3.1.3 Complete the approved application form provided by the Commission.

18.3.3.1.4 The applicant for recertification is a member in good standing of a Delaware fire department, an ambulance organization, a private ambulance provider, or any other group, business, or industry certified or recognized by the Commission to provide BLS ambulance service within the State.

18.3.3.1.5 The Chief, EMS Officer, Chief Executive Officer, President, or head of the respective organization must sign the application. A sponsor signature is required for every initial Delaware EMT certification and reciprocity application. A sponsor signature is not required on recertification EMT applications.

18.3.3.1.6 The applicant for recertification has not previously had their Delaware EMT certification revoked. Previous suspension of a Delaware EMT certification may be grounds for denial of recertification.

18.3.3.1.7 A Delaware EMT employed in another state may present a certificate of completion for training credit from an out-of-state refresher program that participates in the NHSTA NCCP program. The EMT will be required to complete the Delaware content under the local section of the NCCP curriculum to complete the required Delaware refresher for recertification.

18.3.4 Reregistration as an NREMT: The registration requirements for a National Registered Emergency Medical Technician will be determined by the NREMT. Continuing education classes to achieve reregistration through NREMT shall be approved in accordance with NREMT policy and procedures.

18.3.5 Active duty military personnel not able to recertify due to deployment will be permitted an extension of certification until they are able to return and complete necessary requirements. Upon return the individual shall have 90 days to complete recertification requirements.

### 18.4 Decertification; Violations; Penalties and Disciplinary Procedure

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- 18.4.1 The Commission may decertify or otherwise discipline a Commission certified EMT or ambulance service provider where the EMT or provider:
- 18.4.1.1 Does not meet the recertification requirements as defined by the Commission;
  - 18.4.1.2 Has obtained certification by means of fraud or deceit;
  - 18.4.1.3 Has demonstrated gross negligence, a pattern of negligence, or has proven otherwise to be grossly incompetent; or
  - 18.4.1.4 Has violated protocols;
  - 18.4.1.5 Has violated or aided or abetted in the violation of any provision of this regulation; or
  - 18.4.1.6 Has violated any contractual agreement related to providing ambulance service;
  - 18.4.1.7 Has engaged in unprofessional conduct;
  - 18.4.1.8 Had their NREMT certification revoked by the National Registry of Emergency Medical Technicians;
  - 18.4.1.9 Is charged with an offense as specified in 16 **Del.C.** §6712(b);
  - 18.4.1.10 Has had a suspension or revocation of EMT certification or of the authorizing document to practice in another profession or occupation regulated by the Commission or has had other disciplinary action taken by the regulatory authority in another state or jurisdiction. In making its determination, the Commission may take notice of decisions and proceedings made by other regulatory bodies and may refuse to permit a collateral attack on those decisions;
  - 18.4.1.11 Has a history of disciplinary violations;
  - 18.4.1.12 Has failed or is noncompliant with drug testing;
  - 18.4.1.13 Where physical or psychological limitations prevent the EMT from performing the essential functions of the job with reasonable accommodations, consistent with any applicable federal or state disability law; or
  - 18.4.1.14 Fails to report any discipline from another state or jurisdiction.
- 18.4.2 “Unprofessional conduct” includes any of the following acts or omissions:
- 18.4.2.1 The use of any false, fraudulent, or forged statement or document or the use of any fraudulent, deceitful, dishonest, or unethical practice in connection with a certification, registration, or licensing requirement of this regulation, or in connection with the practice of EMT services or other profession or occupation regulated by the Delaware State Fire Prevention Commission;
  - 18.4.2.2 Conviction of or admission under oath to having committed a crime substantially related to the practice of EMT services or other profession or occupation regulated by the Commission, including but not limited to those specified in 16 **Del.C.** §6647;
  - 18.4.2.3 Any dishonorable, unethical, or other conduct likely to deceive, defraud, or harm the public;
  - 18.4.2.4 The practice of EMT services or other profession or occupation regulated by the Commission under a false or assumed name;
  - 18.4.2.5 The practice of EMT services or other profession or occupation regulated by the Commission without a certificate or other authorizing document or renewal of such document, unless otherwise authorized by the Commission;
  - 18.4.2.6 The use, distribution, or issuance of a dangerous or narcotic drug, other than for therapeutic or diagnostic purposes;

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- 18.4.2.7 Abuse, misuse, or diversion of illicit or illegal drugs, controlled substances or prescription drugs or alcohol;
- 18.4.2.8 The practice of EMT services or other profession or occupation regulated by the Commission by any EMT whose physical or mental capacity is not adequate to safely perform the EMT's duties and responsibilities;
- 18.4.2.9 Advertising of the practice of EMT services or other profession or occupation regulated by the Commission in an unethical or unprofessional manner;
- 18.4.2.10 Knowing or intentional performance of an act which, unless authorized by the Commission, assists an unauthorized person to practice EMT services or other profession or occupation regulated by the Commission;
- 18.4.2.11 The failure to provide adequate supervision to an individual working under the supervision of a person who is certified to practice EMT services or other profession or occupation regulated by the Commission;
- 18.4.2.12 Unjustified failure upon request to divulge information relevant to the authorization or competence of a person to practice EMT services or other profession or occupation regulated by the Commission to the Commission, or to anyone designated by the Commission to request such information;
- 18.4.2.13 The violation of a provision of this regulation or the violation of an order of the Commission related to the practice of EMT services, BLS service or to the procedures of other professions or occupations regulated by the Commission, the violation of which more probably than not will harm or injure the public or an individual;
- 18.4.2.14 Charging a grossly exorbitant fee for EMT services or BLS services rendered;
- 18.4.2.15 Use of private information from PCRs or other medical documents for nonprofessional reasons;
- 18.4.2.16 Failure to cooperate in a Commission investigation;
- 18.4.2.17 Failure to answer a Commission subpoena;
- 18.4.2.18 Placing patient care reports into the Commission approved patient care reporting system without a current valid State of Delaware EMT certification;
- 18.4.2.19 The conviction of any of the following crimes from Title 11 of the Delaware Code by way of example and not of limitation set forth in the Delaware Code Annotated or similar offenses in another jurisdiction:
  - 18.4.2.19.1 §601 Offensive Touching;
  - 18.4.2.19.2 §602 Aggravated Menacing;
  - 18.4.2.19.3 §603 Reckless endangering in the second degree;
  - 18.4.2.19.4 §604 Reckless endangering in the first degree;
  - 18.4.2.19.5 §605 Abuse of a pregnant female in the second degree;
  - 18.4.2.19.6 §606 Abuse of a pregnant female in the first degree;
  - 18.4.2.19.7 §611 Assault in the third degree;
  - 18.4.2.19.8 §612 Assault in the second degree;
  - 18.4.2.19.9 §613 Assault in the first degree;
  - 18.4.2.19.10 §615 Assault by abuse or neglect;
  - 18.4.2.19.11 §625 Unlawfully administering drugs;



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18.4.2.19.12	§626 Unlawfully administering controlled substance or counterfeit substance or narcotic drugs;
18.4.2.19.13	§627 Prohibited acts as to substances releasing vapors or fumes;
18.4.2.19.14	§629 Vehicular assault in the first degree;
18.4.2.19.15	§630 Vehicular homicide in the second degree;
18.4.2.19.16	§630A Vehicular homicide in the first degree;
18.4.2.19.17	§631 Criminally negligent homicide;
18.4.2.19.18	§632 Manslaughter;
18.4.2.19.19	§633 Murder by abuse or neglect in the second degree;
18.4.2.19.20	§634 Murder by abuse or neglect in the first degree;
18.4.2.19.21	§635 Murder in the second degree;
18.4.2.19.22	§636 Murder in the first degree;
18.4.2.19.23	§645 Promoting suicide;
18.4.2.19.24	§763 Sexual harassment;
18.4.2.19.25	§764 Indecent exposure in the second degree;
18.4.2.19.26	§765 Indecent exposure in the first degree;
18.4.2.19.27	§766 Incest;
18.4.2.19.28	§767 Unlawful sexual contact in the third degree;
18.4.2.19.29	§768 Unlawful sexual contact in the second degree;
18.4.2.19.30	§769 Unlawful sexual contact in the first degree;
18.4.2.19.31	§770 Rape in the fourth degree;
18.4.2.19.32	§771 Rape in the third degree;
18.4.2.19.33	§772 Rape in the second degree;
18.4.2.19.34	§773 Rape in the first degree;
18.4.2.19.35	§774 Sexual extortion;
18.4.2.19.36	§776 Continuous sexual abuse of a child;
18.4.2.19.37	§780 Female genital mutilation;
18.4.2.19.38	§781 Unlawful imprisonment in the second degree;
18.4.2.19.39	§782 Unlawful imprisonment in the first degree;
18.4.2.19.40	§783 Kidnapping in the second degree;
18.4.2.19.41	§783A Kidnapping in the first degree;
18.4.2.19.42	§791 Acts constituting coercion;
18.4.2.19.43	§801 Arson in the third degree;
18.4.2.19.44	§802 Arson in the second degree;
18.4.2.19.45	§803 Arson in the first degree;
18.4.2.19.46	§804 Reckless burning or exploding;
18.4.2.19.47	§811 Criminal mischief, Felony;
18.4.2.19.48	§820 Trespassing with intent to peer or peep into a window or door of another;

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18.4.2.19.49	§824 Burglary in the third degree;
18.4.2.19.50	§825 Burglary in the second degree;
18.4.2.19.51	§826 Burglary in the first degree;
18.4.2.19.52	§828 Possession of burglar's tools or instruments facilitating
theft;	
18.4.2.19.53	§831 Robbery in the second degree;
18.4.2.19.54	§832 Robbery in the first degree;
18.4.2.19.55	§835 Carjacking in the second degree;
18.4.2.19.56	§836 Carjacking in the first degree;
18.4.2.19.57	§840 Shoplifting; Felony;
18.4.2.19.58	§841 Theft;
18.4.2.19.59	§843 Theft; false pretense;
18.4.2.19.60	§844 Theft; false promise;
18.4.2.19.61	§845 Theft of services;
18.4.2.19.62	§846 Extortion;
18.4.2.19.63	§851 Receiving stolen property;
18.4.2.19.64	§854 Identity theft;
18.4.2.19.65	§860 Possession of shoplifter's tools or instruments facilitating
theft;	
18.4.2.19.66	§861 Forgery;
18.4.2.19.67	§862 Possession of forgery devices;
18.4.2.19.68	§871 Falsifying business records;
18.4.2.19.69	§876 Tampering with public records in the first degree;
18.4.2.19.70	§877 Offering a false instrument for filing;
18.4.2.19.71	§878 Issuing a false certificate;
18.4.2.19.72	§881 Bribery;
18.4.2.19.73	§882 Bribe receiving;
18.4.2.19.74	§891 Defrauding secured creditors;
18.4.2.19.75	§892 Fraud in insolvency;
18.4.2.19.76	§900 Issuing a bad check; Felony;
18.4.2.19.77	§903 Unlawful use of payment card; Felony;
18.4.2.19.78	§903 A Re-encoder and scanning devices;
18.4.2.19.79	§906 Deceptive business practices;
18.4.2.19.80	§907A Criminal impersonation, accident related;
18.4.2.19.81	§907B Criminal impersonation of a police officer, fire fighter,
emergency medical technician (EMT), paramedic or fire police;	
18.4.2.19.82	§908 Unlawfully concealing a will;
18.4.2.19.83	§913 Insurance fraud;
18.4.2.19.84	§913A Health care fraud;
18.4.2.19.85	§1100A Dealing in children;

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18.4.2.19.86	§1101 Abandonment of child;
18.4.2.19.87	§1102 Endangering the welfare of a child;
18.4.2.19.88	§1103 Child abuse in the third degree;
18.4.2.19.89	§1103A Child abuse in the second degree;
18.4.2.19.90	§1103B Child abuse in the first degree;
18.4.2.19.91	§1105 Crime against a vulnerable adult;
18.4.2.19.92	§1106 Unlawfully dealing with a child;
18.4.2.19.93	§1107 Endangering children;
18.4.2.19.94	§1108 Sexual exploitation of a child;
18.4.2.19.95	§1109 Dealing in child pornography;
18.4.2.19.96	§1111 Possession of child pornography;
18.4.2.19.97	§1112 Sexual offenders; prohibitions from school zones;
18.4.2.19.98	§1112A Sexual solicitation of a child;
18.4.2.19.99	§1113 Criminal non-support and aggravated criminal non-support;
18.4.2.19.100	§1325 Cruelty to animals;
18.4.2.19.101	§1326 Animals; fighting and baiting prohibited;
18.4.2.19.102	§1327 Maintaining a dangerous animal;
18.4.2.19.103	§1201 Bribery;
18.4.2.19.104	§1203 Receiving a bribe;
18.4.2.19.105	§1207 Improper influence;
18.4.2.19.106	§1211 Official misconduct;
18.4.2.19.107	§1212 Profiteering;
18.4.2.19.108	§1222 Perjury in the second degree;
18.4.2.19.109	§1223 Perjury in the first degree;
18.4.2.19.110	§1233 Making a false written statement;
18.4.2.19.111	§1239 Wearing a disguise during commission of a felony;
18.4.2.19.112	§1240 Terroristic threatening of public officials or public servants;
18.4.2.19.113	§1243 Obstructing fire-fighting operations;
18.4.2.19.114	§1244 Hindering prosecution;
18.4.2.19.115	§1245 Falsely reporting an incident;
18.4.2.19.116	§1249 Abetting the violation of driver's license restrictions;
18.4.2.19.117	§1250 Offenses against law-enforcement animals;
18.4.2.19.118	§1253 Escape after conviction;
18.4.2.19.119	§1254 Assault in a detention facility;
18.4.2.19.120	§1256 Promoting prison contraband;
18.4.2.19.121	§1257 Resisting arrest with force or violence; Felony;
18.4.2.19.122	§1257A Use of an animal to avoid capture;
18.4.2.19.123	§1259 Sexual relations in detention facility;
18.4.2.19.124	§1261 Bribing a witness;

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18.4.2.19.125	§1262 Bribe receiving by a witness;
18.4.2.19.126	§1263 Tampering with a witness;
18.4.2.19.127	§1263A Interfering with child witness;
18.4.2.19.128	§1264 Bribing a juror;
18.4.2.19.129	§1265 Bribe receiving by a juror;
18.4.2.19.130	§1266 Tampering with a juror;
18.4.2.19.131	§1267 Misconduct by a juror;
18.4.2.19.132	§1269 Tampering with physical evidence;
18.4.2.19.133	§1271 Criminal contempt;
18.4.2.19.134	§1271A Criminal contempt of a domestic violence protective order;
18.4.2.19.135	§1273 Unlawful grand jury disclosure;
18.4.2.19.136	§1302 Riot;
18.4.2.19.137	§1304 Hate crimes;
18.4.2.19.138	§1311 Harassment;
18.4.2.19.139	§1312 Stalking;
18.4.2.19.140	§1313 Malicious interference with emergency communications;
18.4.2.19.141	§1335 Violation of privacy;
18.4.2.19.142	§1338 Bombs, incendiary devices, Molotov cocktails and explosive devices;
18.4.2.19.143	§1340 Desecration of burial place;
18.4.2.19.144	§1351 Promoting prostitution in the third degree;
18.4.2.19.145	§1352 Promoting prostitution in the second degree;
18.4.2.19.146	§1353 Promoting prostitution in the first degree;
18.4.2.19.147	§1361 Obscenity; acts constituting;
18.4.2.19.148	§1365 Obscene literature harmful to minors;
18.4.2.19.149	§4752 Drug Dealing - Aggravated Possession, Class B Felony;
18.4.2.19.150	§4753 Drug Dealing - Aggravated Possession, Class C Felony;
18.4.2.19.151	§4754 Drug Dealing - Aggravated Possession, Class D Felony;
18.4.2.19.152	§4755 Drug Dealing - Aggravated Possession, Class E Felony;
18.4.2.19.153	§4756 Drug Dealing - Aggravated Possession, Class F Felony;
18.4.2.19.154	§4757 Miscellaneous Drug Crimes;
18.4.2.19.155	§4758 Unlawful dealing in a counterfeit or purported controlled substance;
18.4.2.19.156	§4761 Illegal possession and delivery of noncontrolled prescription drugs;
18.4.2.19.157	§4762 Hypodermic syringe or needle; delivering or possessing; disposal; exceptions;
18.4.2.19.158	§4771 Drug paraphernalia;
18.4.2.19.159	§4798 Misuse of the Prescription Monitoring Program;
18.4.2.19.160	§1442 Carrying a concealed deadly weapon;

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- 18.4.2.19.161 §1443 Carrying a concealed dangerous instrument;
- 18.4.2.19.162 §1444 Possessing a destructive weapon;
- 18.4.2.19.163 §1447 Possession of a deadly weapon during commission of a felony;
- 18.4.2.19.164 §1447A Possession of a firearm during commission of a felony;
- 18.4.2.19.165 §1448 Possession and purchase of deadly weapons by persons prohibited;
- 18.4.2.19.166 §1448A Criminal history record checks for sales of firearms;
- 18.4.2.19.167 §1449 Wearing body armor during commission of felony;
- 18.4.2.19.168 §1450 Receiving a stolen firearm;
- 18.4.2.19.169 §1451 Theft of a firearm;
- 18.4.2.19.170 §1454 Giving a firearm to person prohibited;
- 18.4.2.19.171 §1455 Engaging in a firearms transaction on behalf of another;
- 18.4.2.19.172 §1456 Unlawfully permitting a minor access to a firearm;
- 18.4.2.19.173 §1457 Possession of a weapon in a Safe School and Recreation Zone;
- 18.4.2.19.174 §1458 Removing a firearm from the possession of a law enforcement officer;
- 18.4.2.19.175 §1459 Possession of a weapon with a removed, obliterated or altered serial number;
- 18.4.2.19.176 §1471 Prohibited Acts;
- 18.4.2.19.177 §1504 Criminal Penalties for Racketeering;
- 18.4.2.19.178 §3532 Acts of Intimidation: Class D felony;
- 18.4.2.19.179 §3533 Aggravated act of intimidation, Class B felony;
- 18.4.2.20 The conviction of Neglect of Abuse of Patient or Resident of Nursing Facilities in violation of 16 **Del.C.** §1136 or similar offenses in another jurisdiction;
- 18.4.2.21 The conviction of Driving under the Influence in violation of 21 **Del.C.** §4177 or similar offenses in another jurisdiction;
- 18.4.2.22 The conviction of Operation of a Vessel or Boat while under the Influence of Intoxicating Liquor or Drugs in violation of 23 **Del.C.** §2302 or similar offenses in another jurisdiction;
- 18.4.2.23 The conviction of Sale to Persons under 21 or Intoxicated Persons in violation of 24 **Del.C.** §903 or similar offenses in another jurisdiction;
- 18.4.3 The following procedure shall be followed for the investigation of complaints against EMTs:
- 18.4.3.1 Any person who desires to file a complaint against any EMT or ambulance service provider must do so in writing to the Commission. The Commission shall assign an investigator to investigate the complaint. A sitting Commissioner that conducts the investigation of any complaint shall recuse that Commissioner from the hearing of that complaint.
- 18.4.3.2 The complaint shall state the name of the EMT or ambulance provider and sufficient facts as determined by the Commission's investigator which allegedly constitute the basis for the written complaint. If any of these elements are missing in the written complaint, the Commission investigator may, in that investigator's discretion, *sua sponte* dismiss the complaint.
- 18.4.3.3 The complaint shall be filed with the Commission. The Commission's designee shall, within 15 days of the receipt of the complaint, fill out a complaint, log assign a

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complaint number and enter the complaint in the Commission's records. A record of the complaint shall be kept with the Commission for a period of 5 years.

18.4.3.4 The Commission shall mail a copy of the complaint to the complaint respondent at the address of record in the Commission's files. Commission's investigator may, in that investigator's discretion, withhold the name of the complainant until the time of the hearing. The named EMT or ambulance service provider may file an answer to the complaint within 20 calendar days of the notice of complaint.

18.4.3.5 The Commission or the investigator shall suspend its investigation and withhold from the respondent reports of violations or misconduct if a request to do so is made by the Delaware Department of Justice or a federal law-enforcement authority due to the potential effects of such conduct on a pending criminal investigation. Such written request shall suspend any duty to investigate, advise the complainant or respondent, or undertake any other duties that would interfere with the ability of law enforcement to investigate the allegations successfully. The suspension shall remain in effect until the Delaware Department of Justice or federal law enforcement informs the Commission or its investigator that action by the Commission will not interfere with a pending law-enforcement investigation.

18.4.3.6 The investigator assigned by the Commission shall direct the investigation of the complaint. The investigator shall issue a final report at the conclusion of the investigation. The report shall list the evidence reviewed, the witnesses interviewed and cite the law or regulation alleged to have been violated and the facts to support such finding.

18.4.3.7 If there is substantial evidence to support a violation of any of these regulations or any law governing the Commission, the Commission or its investigator may forward the complaint and written report to the Department of Justice to determine whether a complaint should be filed and a hearing requested before the Commission. If the Deputy Attorney General assigned to the case recommends not to prosecute or otherwise not file a formal complaint, the Deputy Attorney General shall notify the Chair or Vice-Chair of the Commission and the investigator in writing.

18.4.3.8 If the Deputy Attorney General assigned to the case recommends dismissal or no prosecution, the Commission shall, thereafter, dismiss the complaint which shall constitute a final order. The Commission shall, thereafter, file a copy of the Attorney General's recommendation and an investigator's report for informational purposes only.

18.4.3.9 Nothing in this subsection shall prohibit a member of the public from filing a complaint directly with the Commission or an EMS Medical Director.

18.4.4 For the purpose of the public health, safety and welfare, and after a hearing the Commission may impose any of the following sanctions against an EMT or ambulance service provider for any violation of this regulation:

18.4.4.1 Dismiss without prejudice;

18.4.4.2 Issue a letter of reprimand;

18.4.4.3 Place the EMT on probationary status with any such license restrictions as the Commission may deem appropriate and with requirements for reporting to the Commission.

18.4.4.4 Suspend any EMT's or ambulance service provider's certification;

18.4.4.5 Permanently revoke any EMT's certification;

18.4.4.6 Withdraw or reduce conditions of probation or suspension when the Commission finds that the deficiencies which required such action have been remedied;

18.4.4.7 Require reeducation on any topic of concern;

18.4.5 Voluntary relinquishment. An EMT may voluntarily relinquish their EMT certification upon request to the Commission. Once Commission has accepted the relinquishment, the requesting EMT's

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certification will be deactivated. An EMT may reactivate their certification upon request by requesting an appearance before the Commission to request that their EMT certification be reactivated. By approval of the Commission the request may be in writing. Based on facts presented, the Commission may approve or deny the reactivation of the EMT certification.

18.4.6 Notwithstanding the foregoing, if the BLS Medical Director determines after a review of the investigation that while a violation of regulations or protocols did not occur, the Commission may issue a confidential letter of concern if the Commission and or Medical Director believe that any act or omission is a matter of concern and that the EMT's practice may be improved. If an EMT receives 3 or more letters of concern, the Commission may schedule a hearing to determine if further disciplinary action may be required.

18.4.7 If a complaint against an EMT or ambulance provider appears to present a clear and immediate danger to the public health, safety or welfare, the Commission or the Commission Investigator may temporarily suspend the EMT or ambulance provider's certification. Notice of a temporary suspension must be provided to the EMT or ambulance provider no later than 24 hours prior to the effective date of the suspension. An order of temporary suspension shall remain in effect until a hearing is convened. An EMT or provider whose license has been temporarily suspended may request an expedited hearing provided that the Commission receives a request for expedition within 5 calendar days from the date the EMT or Provider receives notice of the temporary suspension. In no event shall an order of temporary suspension exceed 60 days.

18.5 Reinstatement for Delaware EMT Certification Upon Expiration of Current Certification

18.5.1 The following is required for reinstatement of an expired EMT certification:

18.5.1.1 More than 24 months has not elapsed since the applicant's last certification. If more than 24 months has expired, then the applicant must reapply pursuant to subsection 18.1 of this regulation.

18.5.1.2 The applicant has successfully completed an approved in-State Delaware EMT refresher that meets the National Continued Competency Program. (NHTSA) National EMS education standards most current curriculum conducted by the Delaware State Fire School or an equivalent sanctioned by OEMS and approved by the Commission.

18.5.1.3 The applicant must show proof of a current CPR/AED certification card, approved by the Commission.

18.5.1.4 The applicant has successfully completed the current Delaware protocol examination.

18.5.1.5 The applicant obtains, at his or her expense, the background check required by 16 **Del.C.** §6712.

18.5.1.6 The applicant must submit any other paperwork and application for certification to the Commission.

18.5.1.7 The applicant is a member in good standing of a Delaware fire department, an ambulance organization, a private ambulance provider, or any other group, business, or industry certified or recognized by the Commission to provide BLS or ambulance service.

18.5.1.8 The Chief, CEO, EMS Officer, or head of the respective organization signs the application.

18.5.1.9 The applicant has not previously had their Delaware EMT certification or Delaware paramedic license revoked. Previous suspension of a Delaware EMT certification or Delaware paramedic license may be grounds for denial of reinstatement.

18.5.1.10 The Commission may take action against an EMT for violations of regulation and protocol that occurred prior to the lapse of an EMT's certification.

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- 18.5.2 Individuals whose card has expired 24 months or more must successfully pass an approved EMT course and pass the NREMT examination.
- 18.6 Testing Procedures for the National Registry of Emergency Medical Technicians. Initial testing and retesting for National Registered EMT will follow the guidelines set forth by the National Registry of Emergency Medical Technicians.
- 18.7 Reciprocity
  - 18.7.1 EMTs, paramedics, nurses, or physicians who enter Delaware with a NREMT advanced emergency medical technician, nurse license, physician license or paramedic certification will receive reciprocity as an EMT in the State provided that:
    - 18.7.1.1 They are a member in good standing of a Delaware fire department, an ambulance company, a private ambulance provider, or any other group, business, or industry authorized or recognized by the Commission to provide BLS or ambulance service within the State.
    - 18.7.1.2 They submit the required paperwork and application form to the Commission.
    - 18.7.1.3 They have a current National Registry EMT or paramedic certification.
    - 18.7.1.4 They have a CPR/AED certification card as approved by the Commission.
    - 18.7.1.5 They have successfully completed a reciprocity course approved by the Commission conducted by Delaware State Fire School which includes:
      - 18.7.1.5.1 Delaware protocols examination
      - 18.7.1.5.2 Practical examination
      - 18.7.1.5.3 Reciprocity written examination
    - 18.7.1.6 They are compliant with the criminal history background check pursuant to 16 Del.C. §6712. Background checks are at the expense of the applicant.
    - 18.7.1.7 Applicants will be advised of the appeal process in Section 21.0 of this regulation, Criminal History Background Check, if reciprocity is denied because of criminal history background check.
  - 18.7.2 Applicants certified from other states without at least a Nationally Registered EMT certification must obtain NREMT certification prior to applying for Delaware certification.
- 18.8 Duties and Responsibilities
  - 18.8.1 All EMTs and ambulance drivers, and BLS providers shall:
    - 18.8.1.1 Submit a self-report to the volunteer fire, rescue or ambulance company, or ambulance service provider to which they are a member or employed and to the Commission of any arrests, convictions, charges or adjudications.
    - 18.8.1.2 Submit the report required by this section in writing within 10 days of any arrest or release from state custody.
    - 18.8.1.3 Report within 10 days of any out of state arrests, disciplinary action, open investigations, revocations or suspensions to the Commission in writing.
    - 18.8.1.4 Maintain current contact information in the approved Commission information system.
    - 18.8.1.5 Report to the Commission any positive drug or alcohol test of any EMT.
    - 18.8.1.6 Report to the Commission any suspected drug use, drug diversion, intoxication, or impairment.



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18.8.1.7 Report to the Commission any action taken against an EMT for sexual harassment.

18.8.1.8 Carry EMT and drivers credentials while on duty. Credentials may be stored electronically on a phone. Credentials are to be shown upon request of public or Commission.

18.8.1.9 Unless an EMT is involved in the emergency transport of a patient to a hospital, when stopping would cause great risk to said patient, any certified EMT, while on duty, who comes across any type of accident, event, or apparent injury, the EMT shall stop and determine if any medical aid is needed. EMT shall render medical aid to any person or persons who may be in need.

18.8.2 Failure to make a report constitutes grounds for discipline under this regulation.

**17 DE Reg. 982 (04/01/14)**

**21 DE Reg. 874 (05/01/18)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 41 (07/01/24)**

### 19.0 Training/Certification

19.1 All individuals must be certified as a NREMT for a minimum of 5 years, have never had any disciplinary action that resulted in their EMT card being suspended or revoked and have completed and passed the required testing of a Commission recognized initial FTO program.

19.2 Eligibility for Delaware FTO Certification

19.2.1 Apply to the Commission on the approved application form.

19.2.2 An individual may apply for certification as an FTO provided that:

19.2.2.1 The individual is a member in good standing of a Delaware fire department, an ambulance company, a private ambulance company, or any other group, business, or industry authorized or recognized by the Commission to provide BLS ambulance service within the State.

19.2.2.2 The individual has had a current EMT, Advanced EMT (AEMT) or paramedic certification from the NREMT for the past 5 years.

19.2.2.3 The Chief, CEO, EMS Officer, or head of the respective organization signs the application.

19.2.2.4 The individual must not have had action taken by the Commission resulting in suspension or revocation of their EMT card.

19.3 Delaware FTO certification

19.3.1 Certification may be obtained by successfully completing a Commission/State approved FTO and passing the FTO exam. Registration and certification will be issued for the time period to coincide with the EMT certification cycle. This is typically a 2-year period. All FTOs must maintain their EMT card to maintain a Delaware FTO certification.

19.3.2 Individuals who take an FTO class from a Commission/State approved provider other than the Delaware State Fire School are required to meet all Commission requirements for certification.

19.3.3 It is the responsibility of the individual applying to provide all necessary documentation. For certification which includes their course completion certificate, a copy of their current CPR/AED healthcare provider card and Delaware EMT certification card, approved by the Commission, Delaware protocol training and current NREMT card.

19.4 Recertification and Delaware FTO

19.4.1 Individuals will be recertified for a 2-year period to coincide with their EMT card.

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- 19.4.2 The recertification requirements for a Delaware FTO will be determined by the Commission, with recommendations of the Medical Director.
- 19.4.3 Requirements for recertification are:
- 19.4.3.1 Individuals complete the approved application for recertification of the Commission documenting completion of the following requirements:
- 19.4.3.1.1 Successful completion of the most current Delaware State Fire School or Commission approved FTO refresher program.
- 19.4.3.1.2 Current certification that has not expired.
- 19.4.3.1.3 Complete the approved application for provided by the Commission
- 19.4.3.1.4 The individual is a member in good standing of a Delaware fire department, an ambulance company, a commercial ambulance company or any other group, business or industry authorized or recognized by the Commission to provide BLS ambulance service within the State.
- 19.4.3.1.5 The Chief, CEO, EMS Officer, or head of the respective organization signs the application.
- 19.4.3.1.6 A Delaware EMT employed in another state may present a certificate of completion for training credit form an out-of-state refresher program that is approved by the Commission.
- 19.4.3.1.7 If for any reason, the FTO's EMT certification is suspended or revoked, their FTO certifications shall automatically be suspended or revoked.

**28 DE Reg. 41 (07/01/24)**

### 20.0 Training agencies

- 20.1 Office of Emergency Medical Services shall be the approving agency for setting curriculum for the training of EMTs within the State of Delaware. Delaware State Fire School shall be responsible for designing how the curriculum will be presented, and all other approved training agencies will be responsible for obtaining and teaching the designed curriculum from the Delaware State Fire School.
- 20.2 Agencies may be approved as training sites provided, they meet the requirements of the Delaware State Fire Commission, the State of Delaware Office of Emergency Medical Services EMR, EMT, and FTO educational training standards and guidelines. All training agencies shall adhere to and understand the most current Commission approved Emergency Medical Responder and Emergency Medical Technician level EMS education program administrative standards and guidelines.
- 20.3 Each training agency shall have a permit from the State Fire Commission to teach the EMR, EMT, or FTO education training standards and guidelines.
- 20.4 Permit requests shall be filled out on Commission provided forms.
- 20.5 Inspections will be done of the facility where the instruction will take place prior to issuance of the permit to ensure that the site meets the requirements the EMR, EMT, FTO education training standards and guidelines. The Commission may conduct spot inspections to ensure compliance with this regulation and EMR, EMT, FTO educational training standards.
- 20.6 Applicants must show proof of Medical Direction as required in the EMR, EMT, FTO educational training standards.
- 20.7 Applicant must identify a program manager as required by the EMR, EMT, FTO educational training standards.
- 20.8 Applicant must list the instructors and adjunct instructors and how they meet the instructor qualification as required by the EMR, EMT, FTO educational training standards.

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- 20.9 If a Course Coordinator is used, applicant must show they meet the instructor qualifications as required by of the EMR, EMT, FTO educational training standards.
- 20.10 Applicant must submit a written plan indicating the points to be covered under the Quality Improvement Standards as required by the EMR, EMT, FTO educational training standards.
- 20.11 Instructors must have instructor certification as required by the approved Commission, EMR, EMT, FTO educational standards, and guidelines.
- 20.12 Instructors shall recertify as required by the Commission approved educational standards and guidelines.

### 28 DE Reg. 41 (07/01/24)

## 21.0 Criminal History Background Check

- 21.1 The Commission's designee shall acquire and review all criminal history background checks submitted by the State Bureau of Identification and may interview the applicants.
- 21.2 Evaluation Procedure for Criminal History Background Checks
- 21.2.1 Criminal history background checks shall be evaluated using the criteria 16 **Del.C.** §6712(b). All criminal history background checks will be forwarded by the State Bureau of Identification to the Commission. If the Commission's designee believes that an applicant should be denied certification because of the applicant's criminal history or other unprofessional conduct the Commission's designee shall notify the applicant and the Commission of this decision.
- 21.2.2 Any applicant denied certification due to criminal history or other unprofessional conduct has the right to appeal to the Commission and shall be afforded a hearing.
- 21.3 The following procedures shall apply to any appeal of a denial of certification or decision to decertify:
- 21.3.1 Within 10 days after the postmark on the notification of the intent to deny certification or decertify a certificate holder, the applicant shall submit a written request for a hearing to the Commission stating the reason or reasons supporting the appeal.
- 21.3.2 Notice of the hearing shall be given at least 20 days before the day of the hearing and comply with the provisions of 29 **Del.C.** §10122.
- 21.3.3 The hearing before the Commission will be conducted in accordance with the Delaware Administrative Procedures Act 29 **Del.C.** Ch. 101.
- 21.4 Administrative Policy Pertaining to Criminal History Background Checks
- 21.4.1 Delaware State Fire School training announcements for EMT courses will include the statement "Criminal history background checks will be required as per the regulations".
- 21.4.2 All chiefs of departments, presidents, or ambulance captains of volunteer rescue or ambulance squads or officers of private corporations or entities which have students pre-registered for the class shall inform the individual that a criminal history background check will be required. It will be the responsibility of any private EMT training institution to make their students aware that a criminal history background check is required to become a State certified EMT and the criminal history background check be available in order to receive EMT certification or authorization by the Commission, or its designee.
- 21.4.3 At the start of the EMT course, the student must be 17 years of age.
- 21.4.4 All EMT students must submit to a Federal and State criminal history background check conducted by the State Bureau of Identification. Any student failing to submit to Section 21.0 will not be permitted to participate in the course.
- 21.4.5 Any volunteer fire, rescue or ambulance company student accepted into a BLS course conducted by the Delaware State Fire School and does not complete the course will be required to reimburse the Delaware State Fire School the cost of the course materials.
- 21.5——— Payment of Cost for Criminal History Background Checks

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21.5.1 All applicants shall pay for the criminal history background check at the time of their request.

21.5.2 Reciprocity for University of Delaware Students

21.5.2.1 The Commission will waive the criminal history background check requirements for all University of Delaware students applying for certification as an EMT.

21.5.2.2 The University Police Department will provide the Commission with a written document listing all eligible students and a statement that they have passed an internal background check at least equal to the requirement of 16 **Del.C.** §6712.

21.6 Confidentiality of Criminal History Background Check Information

21.6.1 Information obtained pursuant to the criminal history background check is confidential and except as provided in this regulation, shall not be released from the Commission under any circumstances to anyone.

21.6.2 The Commission shall retain all criminal history background check information that is reviewed by the Commission's designee in a locked file cabinet in the custody of the Commission office for a period of 2 years from the receipt. The Commission may destroy all criminal history background check information when the retaining period is reached.

21.6.3 When a denial for certification is made, the Commission will be advised by the Commission's designee and the background check will be secured for at least 60 days or until any appeal process is completed. After providing proof of identification including photo identification, applicants may review their criminal history information in the Commission office. Copies shall not be provided to anyone. At the expiration of 60 days, if an appeal has not been filed, the information is to be retained by the Commission designee secured file system.

21.6.4 Pursuant to 16 **Del.C.** §6712 the individual may meet with the Commission's designee and after providing proof of identification including a photo identification, review their information. Copies will not be provided to anyone.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 40 (07/01/24)**

**28 DE Reg. 41 (07/01/24)**

### 22.0 Emergency Medical Responders

22.1 EMRs do not meet the requirements of EMT and cannot transport a patient without a Delaware certified EMT present and in the patient care compartment.

22.2 Eligibility for Delaware EMR certification is based on the following criteria:

22.2.1 An applicant must be a minimum of 16 years of age.

22.2.2 The applicant must successfully complete an approved NHTSA National EMS education standards most current EMR curriculum and have a current CPR/AED certification card, approved by the Commission

22.2.3 NREMT EMR certification is optional.

22.2.4 The applicant must submit required applications and paperwork to the Commission.

22.3 Certification is valid for 2 years from the date of course completion.

22.4 Recertification

22.4.1 The applicant must recertify as determined by the Delaware State Fire Prevention Commission.

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22.4.1.1 The applicant must successfully complete an approved NHTSA National EMS education standards most current EMR refresher curriculum and have a current CPR/AED certification card, approved by the Commission.

22.4.1.2 NREMR registration is as determined by the National Registry.

22.4.1.3 The applicant for recertification has not previously had their EMR or EMT certification, or their paramedic license revoked. Previous suspension of any certification or license may be grounds for denial of recertification.

22.5 Decertification. The applicant may have their certification revoked by the Commission for any violation of this regulation. The provisions of subsections 18.4 and 18.8 of this regulation are expressly made applicable to EMR's.

22.6 Expired EMR Certifications

22.6.1 Individuals desiring certification as an EMR after the expiration date of their certification may do so providing the following conditions are met:

22.6.1.1 The applicant's card has been expired for 24 months or less.

22.6.1.2 The applicant has successfully completed an approved NHTSA National EMS education standards most current EMR refresher curriculum and has a current CPR/AED certification card.

22.6.1.3 The applicant has submitted all required applications and paperwork to the Commission.

22.6.1.4 The applicant for recertification has not previously had their Delaware EMR or EMT certification, or their paramedic license revoked. Previous suspension of a certification or license may be grounds for denial of recertification.

22.7 Testing procedures Delaware EMR. Initial testing and retesting for EMRs will follow the guidelines set forth by Commission.

22.8 Reciprocity. An EMR certified in another state may apply for reciprocity as an EMR in this State if:

22.8.1 The applicant submits the required paperwork and application form to the Delaware State Fire School.

22.8.2 The applicant provides a copy of their current State EMR Card.

22.8.3 The applicant provides a copy of their current CPR/AED certification card, as approved by the Commission.

22.8.4 The applicant successfully completes reciprocity requirements approved by the Commission conducted by the Delaware State Fire School which includes, but is not limited to:

22.8.4.1 Practical examinations

22.8.4.2 State EMR Written examination.

**17 DE Reg. 982 (04/01/14)**

**24 DE Reg. 471 (11/01/20)**

**28 DE Reg. 41 (07/01/24)**

**23.0 Delaware Paramedic's EMT Certification**

23.1 A paramedic licensed in the State of Delaware in good standing as recognized by OEMS, shall be recognized by the Commission as a Delaware EMT while in the performance of their daily employment and shall not require an EMT certification or recertification application for the purpose of 16 Del.C. §6711(a)(3).

23.2 Paramedics riding with the volunteer fire/ambulance service, shall use their paramedic identification to provide proof of certification.

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- 23.3 A paramedic licensed in the State of Delaware may apply for Delaware EMT certification on forms provided by the Commission provided that:
- 23.3.1 The applicant is a member in good standing of a Delaware fire department, an ambulance company, a private ambulance provider, or any other group, business, or industry authorized or recognized by the Commission to provide BLS or ambulance service within the State.
- 23.3.2 The applicant is currently a paramedic licensed in the State of Delaware.
- 23.3.3 The Chief, CEO, or head of the respective organization sponsoring the applicant signs the application.
- 23.3.4 The applicant submits documentation of successfully completing the current Delaware BLS protocol examination or successfully complete the current Delaware BLS protocol examination.
- 23.3.5 The applicant provides a copy of their current CPR/AED Certification card approved by the Commission.
- 23.3.6 The applicant is compliant with criminal history background check pursuant to 16 **Del.C.** §6712.
- 23.4 Recertification
- 23.4.1 A paramedic licensed in the State of Delaware as recognized by OEMS, currently certified by Commission as a Delaware EMT may apply for recertification as a Delaware EMT if:
- 23.4.1.1 The applicant submits a request for recertification to the Commission documenting completion of the following requirements:
- 23.4.1.1.1 The applicant is currently a paramedic licensed in the State of Delaware as recognized by OEMS as required for certification.
- 23.4.1.1.2 The applicant has a current CPR/AED certificate card, approved by the Commission.
- 23.4.1.1.3 Completion of the approved application form provided by the Commission.
- 23.4.1.2 The applicant for recertification is a member in good standing of a Delaware fire department, an ambulance organization, a private ambulance provider or any other group, business, or industry certified or recognized by the Commission to provide BLS ambulance service within the State.
- 23.4.1.3 The Chief, Chief Executive Officer, President, or head of the respective organization signs the application.
- 23.4.1.4 The applicant submits documentation of successfully completing the current Delaware BLS protocol examination or successfully complete the current Delaware BLS protocol examination.
- 23.4.1.5 The applicant for recertification has not previously had their Delaware EMT certification or paramedic license revoked. Previous suspension of a Delaware EMT certification or paramedic license may be grounds for denial of recertification.
- 23.5 Discontinued Paramedic Employment
- 23.5.1 The Commission will issue a Delaware EMT Card to paramedics that have satisfactorily discontinued their employment with New Castle County EMS, or Kent County EMS, or Sussex County EMS, or the Delaware State Police.
- 23.5.2 The applicant must apply on an EMT certification/recertification application within 6 months from last day of employment with 1 of the above listed organizations:

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- 23.5.3 The applicant must be a member in good standing of a Delaware fire department, an ambulance organization, a private ambulance provider or any other group, business or industry certified or recognized by Commission to provide BLS and/or ambulance service in the State.
- 23.5.4 The applicant must submit a copy of their CPR/AED healthcare provider card (as approved by the Commission)
- 23.5.5 The applicant must submit a copy of their National Registry Card (if individual does not have National Registry card, they can provide a copy of their paramedic identification card)
- 23.5.6 The applicant must submit a copy of documentation from their previous employer stating that at the time of separation from employment they were compliant with the background requirements of 16 Del.C. §6712.
- 23.5.7 If there have been more than 6 months from the last day of employment with 1 of the organizations listed in subsection 23.5.1, the applicant will be required to follow the reciprocity policy.
- 23.6 When an EMT recertification is required, if the applicant is not employed as a paramedic, the applicant will be required to follow the requirements of recertification as described in this regulation.

**7 DE Reg. 1649 (06/01/04)**

**11 DE Reg. 1031 (02/01/08)**

**14 DE Reg. 1046 (04/01/11)**

**17 DE Reg. 982 (04/01/14)**

**21 DE Reg. 874 (05/01/18)**

**24 DE Reg. 471 (11/01/20)**

**25 DE Reg. 957 (04/01/22)**

**28 DE Reg. 40 (07/01/24)**

**28 DE Reg. 41 (07/01/24)**