



**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICE REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES**

1201 Umstead Drive | 2707 Mail Service Center | Raleigh, NC 27603-2008 | Phone: (919) 855-3935 | Fax: (919) 733-7021

EMS SYSTEM APPROVAL APPLICATION

Effective: 8/1/2014

SECTION .0200 – EMS SYSTEMS

10A NCAC 13P .0201 EMS SYSTEM REQUIREMENTS

10A NCAC 13P .0201 (a)	County governments shall establish EMS Systems. Each EMS System shall have:		
10A NCAC 13P .0201 (a)(1)	a defined geographical service area for the EMS System. The minimum service area for an EMS System shall be one county. There may be multiple EMS Provider service areas within the service area of an EMS System. The highest level of care offered within any EMS Provider service area must be available to the citizens within that service area 24 hours per day;		
ENTER SYSTEM NAME:	Rutherford		
BRIEF DESCRIPTION OF SYSTEM DELIVERY (include primary and secondary provider roles):		Rutherford County EMS serves as the primary provider of ambulance services and sole provider of paramedic level services within the EMS system. There are two agencies that serve as secondary ambulance providers and provide backup services to Rutherford County EMS. In addition to the ambulance providers, there are presently 14 fire department that operate as first responders within the EMS system.	
10A NCAC 13P .0201 (a)(2)	a defined scope of practice for all EMS personnel, functioning in the EMS System, within the parameters set forth by the North Carolina Medical Board pursuant to G.S. 143-514;		
VERIFY THE INFORMATION LISTED IN THE CREDENTIALING INFORMATION SYSTEM (CIS) IS CORRECT:			<input checked="" type="radio"/> YES <input type="radio"/> NO
10A NCAC 13P .0201 (a)(3)	written policies and procedures describing the dispatch, coordination and oversight of all responders that provide EMS care, specialty patient care skills and procedures as defined in Rule .0301(a)(4) of this Subchapter, and ambulance transport within the system;		
BRIEFLY DESCRIBE HOW EMS SYSTEM MEETS THIS REQUIREMENT:		The EMS System has adopted protocols, policies and procedures to ensure efficient delivery of care within the system. In addition to the NCCEP protocols, policies and procedures that have been adopted, the system has Standard Operating Procedures that determine local day-to-day operations. Local procedure documents are available for review.	
10A NCAC 13P .0201 (a)(4)	at least one licensed EMS Provider;		
10A NCAC 13P .0201 (a)(5)	a listing of permitted ambulances to provide coverage to the service area 24 hours per day;		
10A NCAC 13P .0201 (a)(6)	personnel credentialed to perform within the scope of practice of the system and to staff the ambulance vehicles as required by G.S. 131E-158. There shall be a written plan for the use of credentialed EMS personnel for all practice settings used within the system;		
BRIEFLY DESCRIBE THE WRITTEN PLAN FOR THE USE OF CREDENTIALED EMS PERSONNEL FOR ALL PRACTICE SETTINGS USED WITHIN THE SYSTEM:		All providers within the system are required to maintain up-to-date records of personnel within CIS.	
10A NCAC 13P .0201 (a)(7)	written policies and procedures specific to the utilization of the EMS System's EMS Care data for the daily and on-going management of all EMS System resources;		
BRIEFLY DESCRIBE HOW EMS SYSTEM MEETS THIS REQUIREMENT:		The system has an established PRQM/PI Committee. This committee, in addition to the medical director provides oversight of medical care within the EMS system (Outlined within the SOP). Data is obtained from EMSPIC and ESO Suite/emscharts.com for review.	
10A NCAC 13P .0201 (a)(8)	a written Infectious Disease Control Policy as defined in Rule .0102(33) of this Subchapter and written procedures which are approved by the EMS System medical director that address the cleansing and disinfecting of vehicles and equipment that are used to treat or transport patients;		
VERIFY THAT EMS SYSTEM HAS AN INFECTIOUS DISEASE CONTROL POLICY:			<input checked="" type="radio"/> YES <input type="radio"/> NO
10A NCAC 13P .0201 (a)(9)	a listing of facilities that will provide online medical direction for all EMS Providers operating within the EMS System;		
ENTER NAME OF FACILITY/FACILITIES THAT WILL PROFILE ONLINE MEDICAL DIRECTION WITHIN THE EMS SYSTEM:		Rutherford Regional Medical Center	

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

10A NCAC 13P .0201 (a)(10)	an EMS communication system that provides for:
10A NCAC 13P .0201 (a)(10)(A)	public access using the emergency telephone number 9-1-1 within the public dial telephone network as the primary method for the public to request emergency assistance. This number shall be connected to the emergency communications center or PSAP with immediate assistance available such that no caller will be instructed to hang up the telephone and dial another telephone number. A person calling for emergency assistance shall not be required to speak with more than two persons to request emergency medical assistance;
BRIEFLY DESCRIBE HOW EMS SYSTEM MEETS THIS REQUIREMENT: <p>Public access is done through one emergency number 9-1-1. Consumers may access the PSAP by voice or by text within the Rutherford County EMS System. Callers are provided within immediate assistance with no need to hang up and dial another emergency number. All Emergency Communicators are cross-trained therefore persons seeking assistance should ever have to speak to more than two persons when requesting assistance.</p>	
10A NCAC 13P .0201 (a)(10)(B)	an emergency communications system operated by public safety telecommunicators with training in the management of calls for medical assistance available 24 hours per day;
DOES EMS SYSTEM PROVIDE EMD SERVICES? <input checked="" type="radio"/> YES <input type="radio"/> NO	
10A NCAC 13P .0201 (a)(10)(C)	dispatch of the most appropriate emergency medical response unit or units to any caller's request for assistance. The dispatch of all response vehicles shall be in accordance with a written EMS System plan for the management and deployment of response vehicles including requests for mutual aid; and
BRIEFLY DESCRIBE HOW EMS SYSTEM DISPATCHES EMERGENCY RESPONSE UNITS: <p>Day to day response is dictated by the EMS Systems' Standard Operational Procedures. Rutherford County currently has 4 EMS response districts each being assigned at least 1 paramedic ambulance. In addition, rescue squad response is divided into two response districts and there are 17 fire response districts with 14 of those departments serving as medical first responders. The EMS supervisor monitors/deploys resources based on needs.</p>	
10A NCAC 13P .0201 (a)(10)(D)	two-way radio voice communications from within the defined service area to the emergency communications center or PSAP and to facilities where patients are routinely transported. The emergency communications system shall maintain all required FCC radio licenses or authorizations;
VERIFY THE INFORMATION LISTED IN THE CREDENTIALING INFORMATION SYSTEM (CIS) IS CORRECT: <input checked="" type="radio"/> YES <input type="radio"/> NO	
10A NCAC 13P .0201 (a)(11)	written policies and procedures for addressing the use of SCTP and Air Medical Programs within the system;
BRIEFLY DESCRIBE EMS SYSTEM'S POLICY FOR ADDRESSING THE USE OF SCTP AND AIR MEDICAL PROGRAMS: <p>Multiple SCTP/Air Medical Programs are utilized by the System. The system destination plan, NCCEP policy (1), and local standard operating procedures are in place to address utilization of these services. Geography, availability & capabilities of the service determine which service is utilized at the time of need. These services are access via the 911 center who coordinates response with the air medical communications center.</p>	
10A NCAC 13P .0201 (a)(12)	a written continuing education program for all credentialed EMS personnel, under the direction of a System Continuing Education Coordinator, developed and modified based on feedback from system EMS Care data, review, and evaluation of patient outcomes and quality management peer reviews, that follows the guidelines of the: <ul style="list-style-type: none"> (A) "US DOT NHTSA First Responder Refresher: National Standard Curriculum" for MR personnel; (B) "US DOT NHTSA EMT-Basic Refresher: National Standard Curriculum" for EMT personnel; (C) "EMT-P and EMT-I Continuing Education National Guidelines" for EMT-I and EMT-P personnel; and (D) "US DOT NHTSA Emergency Medical Dispatcher: National Standard Curriculum" for EMD personnel.
BRIEFLY DESCRIBE HOW SYSTEM COORDINATOR MEETS THIS REQUIREMENT, HOW OFTEN THE PROGRAM IS REVIEWED, AND THE LOCATION OF THE CONTINUING EDUCATION RECORDS: <p>The Rutherford County EMS Training Coordinator serves as the System's CE Coordinator. Topics are chosen based upon level-specific US DOT NHTSA standard curriculum, OEMS guidelines and local identified needs. System specific requirements are listed within appropriate SOP's. Rutherford County EMS works closely with Isothermal Community College to ensure needs are provided.</p>	
VERIFY THE EMS SYSTEM CONTINUING EDUCATION COORDINATOR IS DESIGNATED IN THE CREDENTIALING INFORMATION SYSTEM (CIS) (If no, update in CIS): <input checked="" type="radio"/> YES <input type="radio"/> NO	
10A NCAC 13P .0201 (a)(13)	written policies and procedures to address management of the EMS System that includes:
10A NCAC 13P .0201 (a)(13)(A)	triage and transport of all acutely ill and injured patients with time-dependent or other specialized care issues including trauma, stroke, STEMI, burn, and pediatric patients that may require the by-pass of other licensed health care facilities and which are based upon the expanded clinical capabilities of the selected healthcare facilities; (NOTE: This requirement addressed through adoption of current NCCEP plans)
10A NCAC 13P .0201 (a)(13)(B)	triage and transport of patients to facilities outside of the system;
BRIEFLY DESCRIBE EMS SYSTEM'S POLICY FOR TRIAGE AND TRANSPORT OF PATIENTS TO FACILITIES OUTSIDE OF THE SYSTEM: <p>The EMS System has adopted triage and destination plans for STEMI, Stroke, Trauma & Pediatric patients whom may require by-pass of licensed healthcare facilities that do not have the clinical expertise for specific high-acuity conditions.</p>	
10A NCAC 13P .0201 (a)(13)(C)	arrangements for transporting patients to appropriate facilities when diversion or bypass plans are activated;
BRIEFLY DESCRIBE EMS SYSTEM'S POLICY FOR TRANSPORTING PATIENTS WHEN DIVERSION OR BYPASS PLANS ARE ACTIVATED: <p>The diverting facility notifies the EMS supervisor and 911 communications center. The EMS supervisor monitors the situation and determines destinations based upon the patients condition. An "all-page" is completed by the 911 center to inform the providers within the system.</p>	

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

10A NCAC 13P .0201 (a)(13)(D)	reporting, monitoring, and establishing standards for system response times using data provided by the OEMS;
BRIEFLY DESCRIBE EMS SYSTEM'S POLICY FOR MONITORING SYSTEM RESPONSE TIMES:	
10A NCAC 13P .0201 (a)(13)(E)	weekly updating of the SMARTT EMS Provider information;
BRIEFLY DESCRIBE EMS SYSTEM'S POLICY FOR PROVIDING WEEKLY UPDATES OF THE SMARTT EMS PROVIDER INFORMATION:	
10A NCAC 13P .0201 (a)(13)(F)	a disaster plan; and
VERIFY THAT EMS SYSTEM HAS A DISASTER PLAN: <input checked="" type="radio"/> YES <input type="radio"/> NO	
10A NCAC 13P .0201 (a)(13)(G)	a mass-gathering plan;
VERIFY THAT EMS SYSTEM HAS A MASS-GATHERING PLAN: <input checked="" type="radio"/> YES <input type="radio"/> NO	
10A NCAC 13P .0201 (a)(14)	affiliation as defined in Rule .0102(4) of this Subchapter with the trauma RAC as required by Rule .1101(b) of this Subchapter; and
SELECT NAME OF RAC AFFILIATION: Mountain Area Trauma RAC	
10A NCAC 13P .0201 (a)(15)	medical oversight as required by Section .0400 of this Subchapter.
10A NCAC 13P .0201 (b)	An application to establish an EMS System shall be submitted by the county to the OEMS for review. When the system is comprised of more than one county, only one application shall be submitted. The proposal shall demonstrate that the system meets the requirements in Paragraph (a) of this Rule. System approval shall be granted for a period of six years. Systems shall apply to OEMS for reapproval.

10A NCAC 13P .0203 SPECIAL SITUATIONS
(For Informational Purposes Only)

Upon application of citizens in North Carolina, the North Carolina Medical Care Commission shall approve the furnishing and providing of programs within the scope of practice of EMD, EMT, EMT-I, or EMT-P in North Carolina by persons who have been approved to provide these services by an agency of a state adjoining North Carolina or federal jurisdiction. This approval shall be granted where the North Carolina Medical Care Commission concludes that the requirements enumerated in Rule .0201 of this Subchapter cannot be reasonably obtained by reason of lack of geographical access.

10A NCAC 13P .0401 COMPONENTS OF MEDICAL OVERSIGHT FOR EMS SYSTEMS

Each EMS System shall have the following components in place to assure medical oversight of the system:

10A NCAC 13P .0401 (1)	a medical director for adult and pediatric patients appointed, either directly or by written delegation, by the county responsible for establishing the EMS System. Systems may elect to appoint one or more assistant medical directors. The medical director and assistant medical directors shall meet the criteria defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. (NOTE: Medical and Assistant Medical Director, if applicable, must be designated in Credentialing Information System. Any changes to medical direction must be submitted to OEMS for approval)
10A NCAC 13P .0401 (2)	written treatment protocols for adult and pediatric patients for use by EMS personnel;
10A NCAC 13P .0401 (3)	for systems providing EMD service, an EMDPRS approved by the medical director; (NOTE: See EMD program approval)
10A NCAC 13P .0401 (4)	an EMS Peer Review Committee; and
10A NCAC 13P .0401 (5)	written procedures for use by EMS personnel to obtain on-line medical direction. On-line medical direction shall: (a) be restricted to medical orders that fall within the scope of practice of the EMS personnel and within the scope of approved system treatment protocols; (b) be provided only by a physician, MICN, EMS-NP, or EMS-PA. Only physicians may deviate from written treatment protocols; and (c) be provided by a system of two-way voice communication that can be maintained throughout the treatment and disposition of the patient.
BRIEFLY DESCRIBE EMS SYSTEM'S WRITTEN PROCEDURES TO OBTAIN ON-LINE MEDICAL DIRECTION: Personnel within the EMS system contact Rutherford Regional Medical Center for On-line medical direction. The system does not utilize MICN, EMS-NP or EMS-PA at the time of this application.	

10A NCAC 13P .0403 RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR EMS SYSTEMS

10A NCAC 13P .0403 (a)	The Medical Director for an EMS System is responsible for the following:	
10A NCAC 13P .0403 (a)(1)	ensuring that medical control is available 24 hours a day;	
BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR ENSURES THAT MEDICAL CONTROL IS AVAILABLE 24 HOURS A DAY:		Rutherford Regional Medical Center maintains a minimum of (1) Emergency Physician on staff at all times. This physician is accessible via VHF radio or telephone 24/7/365
10A NCAC 13P .0403 (a)(2)	the establishment, approval and annual updating of adult and pediatric treatment protocols;	
10A NCAC 13P .0403 (a)(3)	EMD programs, the establishment, approval, and annual updating of the EMDPRS;	
10A NCAC 13P .0403 (a)(4)	medical supervision of the selection, system orientation, continuing education and performance of all EMS personnel;	
BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT:		The medical director reviews the protocols for updating annual at minimum. The system utilizes the standard NAEEMD card set and protocols are reviewed/updated annually. The medical director regularly consults with EMS management regarding medical supervision, selection, system orientation, and performance of all EMS personnel.
10A NCAC 13P .0403 (a)(5)	medical supervision of a scope of practice performance evaluation for all EMS personnel in the system based on the treatment protocols for the system;	
BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT:		The Medical Director and Rutherford County EMS Training Officer work together to create appropriately challenging written and practical examinations for all employees and providers within the system. In addition, routine call review for each provider also identifies performance trends.
10A NCAC 13P .0403 (a)(6)	the medical review of the care provided to patients;	
BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT:		All patient care provided has 100% QA audit conducted for compliance to policies, procedures and protocols. QA audit data is utilized for performance improvement for the individual technicians. In addition to individual audits, trends are utilized to identify areas for training/remediation needs.
10A NCAC 13P .0403 (a)(7)	providing guidance regarding decisions about the equipment, medical supplies, and medications that will be carried on all ambulances and EMS nontransporting vehicles operating within the system;	
BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT:		The medical director works closely with EMS Administration to determine the appropriate equipment, supplies and medications needed for each level provider. Once determinations are made and approved by the system, the items are mandatory for all providers based upon the level of service they provide within the system.
10A NCAC 13P .0403 (a)(8)	keeping the care provided up to date with current medical practice; and	
10A NCAC 13P .0403 (a)(9)	<p>Developing and implementing an orientation plan for all hospitals within the EMS system that use MICN, EMS-NP, or EMS-PA personnel to provide on-line medical direction to EMS personnel, which includes:</p> <p>(A) a discussion of all EMS System treatment protocols and procedures;</p> <p>(B) an explanation of the specific scope of practice for credentialed EMS personnel, as authorized by the approved EMS System treatment protocols as required by Rule .0405 of this Section;</p> <p>(C) a discussion of all practice settings within the EMS System and how scope of practice may vary in each setting;</p> <p>(D) a mechanism to assess the ability to effectively use EMS System communications equipment including hospital and prehospital devices, EMS communication protocols, and communications contingency plans as related to on-line medical direction; and</p> <p>(E) the successful completion of a scope of practice performance evaluation which verifies competency in Parts (A) through (D) of this Subparagraph and which is administered under the direction of the medical director.</p>	
BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT, IF APPLICABLE:		Not applicable.
10A NCAC 13P .0403 (b)	Any tasks related to Paragraph (a) of this Rule may be completed, through written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, EMDs, or EMT-Ps.	
DOES EMS SYSTEM HAVE WRITTEN DELEGATION TO PERFORM ANY TASKS RELATED TO PARAGRAPH (a) OF THIS RULE?		<input type="radio"/> YES <input checked="" type="radio"/> NO
IF YES, INDICATE POSITION OF PERSON RESPONSIBLE:		
10A NCAC 13P .0403 (c)	The Medical Director may suspend temporarily, pending due process review, any EMS personnel from further participation in the EMS System when it is determined the activities or medical care rendered by such personnel are detrimental to the care of the patient, constitute unprofessional conduct, or result in non-compliance with credentialing requirements.	

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

<p>BRIEFLY DESCRIBE EMS SYSTEM MEDICAL DIRECTOR'S PROCESS TO MEET THIS REQUIREMENT:</p>	<p>A individual Standard Operating Procedure is in place to address this topic. (SOP "Suspension of Medical Privileges")</p>
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10A NCAC 13P .0405 REQUIREMENTS FOR ADULT AND PEDIATRIC TREATMENT PROTOCOLS FOR EMS SYSTEMS
(For Informational Purposes Only)

<p>10A NCAC 13P .0405 (a)</p>	<p>Treatment Protocols used in EMS Systems shall:</p>
<p>10A NCAC 13P .0405 (a)(1)</p>	<p>Be adopted in their original form from the standard adult and pediatric treatment protocols as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions.</p>
<p>10A NCAC 13P .0405 (a)(2)</p>	<p>Not contain medical procedures, medications, or intravenous fluids that exceed the scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514 for the level of care offered in the EMS System and any other applicable health care licensing board.</p>
<p>10A NCAC 13P .0405 (b)</p>	<p>Individual adult and pediatric treatment protocols may be modified locally by EMS Systems if there is a change in a specific protocol which will optimize care within the local community which adds additional medications or medical procedures, or rearranges the order of care provided in the protocol contained within the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection" as described in Paragraph (a) of this Rule. Additional written Treatment Protocols may be developed by any EMS System in addition to the required protocols contained within the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection" as required by the EMS System. All North Carolina College of Emergency Physicians Policies and Procedures must be included and may be modified at the local level. All EMS System Treatment Protocols which have been added or changed by the EMS System shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change.</p>

10A NCAC 13P .0407 REQUIREMENTS FOR EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM
(For Informational Purposes Only)

<p>10A NCAC 13P .0407 (a)</p>	<p>EMDPRS used by an EMD within an approved EMD program shall:</p>
<p>10A NCAC 13P .0407 (a)(1)</p>	<p>be approved by the OEMS Medical Director and meet or exceed the statewide standard for EMDPRS as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions.</p>
<p>10A NCAC 13P .0407 (a)(2)</p>	<p>not exceed the EMD scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514.</p>
<p>10A NCAC 13P .0407 (b)</p>	<p>An EMDPRS developed locally shall be reviewed and updated annually and submitted to the OEMS Medical Director for approval. Any change in the EMDPRS shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change.</p>

10A NCAC 13P .0408 EMS PEER REVIEW COMMITTEE FOR EMS SYSTEMS

The EMS Peer Review Committee for an EMS System shall:

<p>10A NCAC 13P .0408 (1)</p>	<p>be composed of membership as defined in G.S. 131E-155(6b).</p>	
<p>LIST OF COMMITTEE MEMBERS BY POSITION:</p> <p>See attached PRQM SOP.</p>		
<p>10A NCAC 13P .0408 (2)</p>	<p>appoint a physician as chairperson;</p>	
<p>DOES EMS SYSTEM MEDICAL DIRECTOR SERVE AS CHAIRPERSON:</p>		<p><input checked="" type="radio"/> YES <input type="radio"/> NO</p>
<p>IF NO, PLEASE EXPLAIN:</p>		
<p>10A NCAC 13P .0408 (3)</p>	<p>meet at least quarterly;</p>	
<p>IDENTIFY THE EMS SYSTEM QUARTERLY MEETINGS SCHEDULE:</p> <p>The system meets on the 2nd Tuesday of March, June, September & December.</p>		
<p>10A NCAC 13P .0408 (4)</p>	<p>use information gained from the analysis of system data submitted to the OEMS to evaluate the ongoing quality of patient care and medical direction within the system;</p>	

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

BRIEFLY DESCRIBE HOW EMS SYSTEM USES DATA ANALYSIS TO EVALUATE PATIENT CARE AND MEDICAL DIRECTION:		The EMS system has a Standard Operating Procedure for EMS Peer Review Quality Management Committee that addresses this section. This document is available for review.
10A NCAC 13P .0408 (5)	use information gained from the analysis of system data submitted to the OEMS to make recommendations regarding the content of continuing education programs for all EMS personnel functioning within the EMS system;	
BRIEFLY DESCRIBE HOW EMS SYSTEM USES DATA ANALYSIS TO MAKE RECOMMENDATIONS FOR CONTINUING EDUCATION PROGRAMS:		The EMS system has a Standard Operating Procedure for EMS Peer Review Quality Management Committee that addresses this section. This document is available for review.
10A NCAC 13P .0408 (6)	review adult and pediatric treatment protocols of the EMS System and make recommendations to the medical director for changes;	
BRIEFLY DESCRIBE HOW EMS SYSTEM MEETS THIS REQUIREMENT TO INCLUDE HOW OFTEN THE PROTOCOLS ARE REVIEWED:		The EMS system has a Standard Operating Procedure for EMS Peer Review Quality Management Committee that addresses this section. This document is available for review.
10A NCAC 13P .0408 (7)	establish and implement a written procedure to guarantee due process reviews for EMS personnel temporarily suspended by the medical director;	
10A NCAC 13P .0408 (8)	record and maintain minutes of committee meetings throughout the approval period of the EMS System;	
BRIEFLY DESCRIBE HOW EMS SYSTEM RECORDS AND MAINTAINS MEETING MINUTES:		The EMS system has a Standard Operating Procedure for EMS Peer Review Quality Management Committee that addresses this section. This document is available for review.
10A NCAC 13P .0408 (9)	establish and implement EMS system performance improvement guidelines that meet or exceed the statewide standard as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions.	
10A NCAC 13P .0408 (10)	adopt written guidelines that address: <ul style="list-style-type: none"> (a) structure of committee membership; (b) appointment of committee officers; (c) appointment of committee members; (d) length of terms of committee members; (e) frequency of attendance of committee members; (f) establishment of a quorum for conducting business; and (g) confidentiality of medical records and personnel issues. 	
BRIEFLY DESCRIBE EMS SYSTEM'S WRITTEN GUIDELINES TO MEET THIS REQUIREMENT:		The EMS system has a Standard Operating Procedure for EMS Peer Review Quality Management Committee that addresses this section. This document is available for review.

10A NCAC 13P .0506 PRACTICE SETTINGS FOR EMS PERSONNEL

10A NCAC 13P .0506	Credentialed EMS Personnel may function in the following practice settings in accordance with the protocols approved by the medical director of the EMS System or Specialty Care Transport Program with which they are affiliated, and by the OEMS: <ul style="list-style-type: none"> (1) at the location of a physiological or psychological illness or injury including transportation to an appropriate treatment facility if required; (2) at public or community health facilities in conjunction with public and community health initiatives; (3) in hospitals and clinics; (4) in residences, facilities, or other locations as part of wellness or injury prevention initiatives within the community and the public health system; and (5) at mass gatherings or special events. 			
INDICATE SETTINGS WITHIN YOUR EMS SYSTEM (check all that apply):		<input checked="" type="checkbox"/> Mobile Integrated Healthcare	<input type="checkbox"/> Urban Search and Rescue	<input type="checkbox"/> High Angle Rescue
		<input type="checkbox"/> Wilderness Rescue	<input type="checkbox"/> Swift Water Rescue	<input type="checkbox"/> Tactical Team
		<input type="checkbox"/> Medical Evacuation Bus	<input type="checkbox"/> Bomb Squad	<input type="checkbox"/> Ambulance Strike Team
				<input checked="" type="checkbox"/> NTPS
				<input type="checkbox"/> Air Medical
				<input type="checkbox"/> Specialty Care

EMS SYSTEM APPROVAL APPLICATION

Effective: 8/1/2014

EMS SYSTEM NAME: Rutherford

ENDORSEMENTS

We, the undersigned, recommend this EMS System for approval by the North Carolina Office of EMS. We fully approve, support, and endorse this application to the North Carolina Office of EMS with thorough knowledge and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

SYSTEM MEDICAL DIRECTOR

Guyton J. Winker, MD

Signature

7/17/2015

Date

EMS SYSTEM ADMINISTRATOR

Terry L. Baynard, EMT-P

Signature

7-17-15

Date

COUNTY MANAGER

Steve Garrison

Signature

7/17/2015

Date

PROVIDER ADMINISTRATOR / AGENCY NAME:

Rutherford County EMS

Licensed Agency

Non-licensed Agency

Terry L. Baynard, EMT-P

Signature

7-17-15

Date

PROVIDER ADMINISTRATOR / AGENCY NAME:

Hickory Nut Gorge Rescue

Licensed Agency

Non-licensed Agency

Chief Amy Dalton

Signature

7-21-15

Date

PROVIDER ADMINISTRATOR / AGENCY NAME:

Rutherford Co L/S & First A

Licensed Agency

Non-licensed Agency

Chief Michael Souther

Signature

7/29/15

Date

PROVIDER ADMINISTRATOR / AGENCY NAME:

Bill's Creek Fire Dept.

Licensed Agency

Non-licensed Agency

Chief Jamie Howell

Signature

7-22-15

Date

PROVIDER ADMINISTRATOR / AGENCY NAME:

Bostic Fire Dept.

Licensed Agency

Non-licensed Agency

Chief Randy Jolley

Signature

7-28-15

Date

PROVIDER ADMINISTRATOR / AGENCY NAME:

Cherry Mtn. Fire Dept.

Licensed Agency

Non-licensed Agency

Chief Roger Hollifield

Signature

7-16-15

Date

PROVIDER ADMINISTRATOR / AGENCY NAME:

Ellenboro Fire Dept.

Licensed Agency

Non-licensed Agency

Chief Terry Horn

Signature

7-20-15

Date

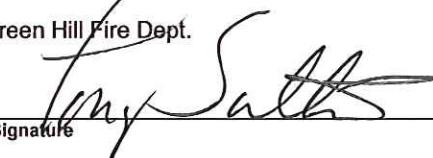
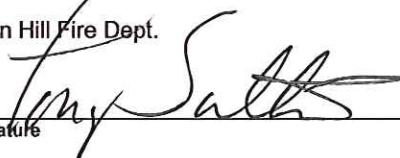
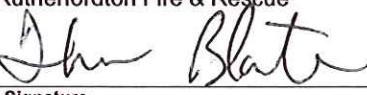
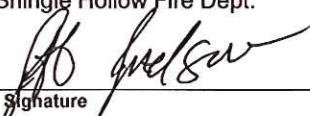
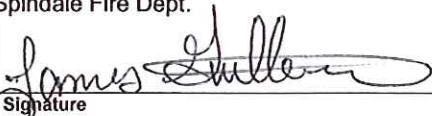
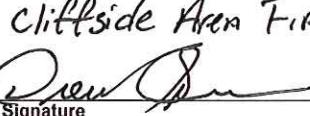
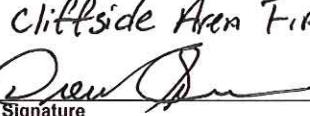
EMS SYSTEM APPROVAL APPLICATION

Effective: 8/1/2014

EMS SYSTEM NAME: Rutherford

ENDORSEMENTS

We, the undersigned, recommend this EMS System for approval by the North Carolina Office of EMS. We fully approve, support, and endorse this application to the North Carolina Office of EMS with thorough knowledge and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

PROVIDER ADMINISTRATOR / AGENCY NAME: Chief Mark McCurry Type/Print Name	Forest City Fire Dept.  Signature	<input type="radio"/> Licensed Agency <input checked="" type="radio"/> Non-licensed Agency 7-16-15 Date
PROVIDER ADMINISTRATOR / AGENCY NAME:  Type/Print Name	Green Hill Fire Dept.  Signature	<input type="radio"/> Licensed Agency <input checked="" type="radio"/> Non-licensed Agency 7-22-15 Date
PROVIDER ADMINISTRATOR / AGENCY NAME: Chief Curtis Hodge Type/Print Name	Hudlow Fire Dept.  Signature	<input type="radio"/> Licensed Agency <input checked="" type="radio"/> Non-licensed Agency 7/22/15 Date
PROVIDER ADMINISTRATOR / AGENCY NAME: Chief Ronald Morgan Type/Print Name	Lake Lure Fire Dept.  Signature	<input type="radio"/> Licensed Agency <input checked="" type="radio"/> Non-licensed Agency 7/23/15 Date
PROVIDER ADMINISTRATOR / AGENCY NAME: Chief Thomas Blanton Type/Print Name	Rutherfordton Fire & Rescue  Signature	<input type="radio"/> Licensed Agency <input checked="" type="radio"/> Non-licensed Agency 7-22-15 Date
PROVIDER ADMINISTRATOR / AGENCY NAME: Chief Jeff Jackson Type/Print Name	Shingle Hollow Fire Dept.  Signature	<input type="radio"/> Licensed Agency <input checked="" type="radio"/> Non-licensed Agency 7-22-15 Date
PROVIDER ADMINISTRATOR / AGENCY NAME: Chief James Guillermo Type/Print Name	Spindale Fire Dept.  Signature	<input type="radio"/> Licensed Agency <input checked="" type="radio"/> Non-licensed Agency 7-16-15 Date
PROVIDER ADMINISTRATOR / AGENCY NAME: Cindy Buck, CEO Type/Print Name	DLP- Rutherford Regional Medical   Signature	<input type="radio"/> Licensed Agency <input checked="" type="radio"/> Non-licensed Agency 7.22.15 Date
PROVIDER ADMINISTRATOR / AGENCY NAME:  Type/Print Name	Cliffside Area Fire Dept.  Signature	<input checked="" type="radio"/> Licensed Agency <input type="radio"/> Non-licensed Agency 7/16/15 Date

NOTE: Make additional copies, as needed, of Endorsements page.



**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICE REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES**

1201 Umstead Drive | 2707 Mail Service Center | Raleigh, NC 27603-2008 | Phone: (919) 855-3935 | Fax: (919) 733-7021

EMS PROVIDER LICENSE RENEWAL APPLICATION

Effective: 8/1/2014

This application is for renewal of a current EMS Provider License only. Each highlighted section must be completed. Information in the Credentialing Information System (CIS) must be current prior to application submission. Endorsements from the Provider Administrator, System Medical Director, EMS System Administrator, Hospital Administrator (for fixed-wing providers), and County Manager (if applicable) are required. Renewals must be submitted at least **thirty (30) days** prior to expiration to the appropriate regional office indicated below.

GENERAL INFORMATION

Provider Name:	Rutherford County EMS			Office Number:	(828) 287-6075
Physical Address:	339 Callahan Koon Rd.			Fax Number:	(828) 287-6489
City:	Spindale	State:	NC	Provider Admin Contact:	Terry Baynard
County:	Rutherford	Zip:	28160	Title:	Operations Manager
Mailing Address:	PO Box 31			Office Number:	(828) 287-6081
City:	Rutherfordton	State:	NC	Mobile Number:	(828) 288-1336
County:	Rutherford	Zip:	28139	Fax Number:	(828) 287-6489

PROPERTIES

Service Level:				E-mail Address:	terry.baynard@rutherfordcountync.gov
Provider Number:	0810296	Provider Lic No:	1446	License Exp. Date:	Aug 31, 2015

Renewals must be submitted at least **thirty (30) days** prior to expiration to the appropriate regional office indicated below:

CENTRAL	EASTERN	WESTERN
Central Regional Office of EMS 801 Biggs Drive 2717 Mail Service Center Raleigh, NC 27699-2717 Office: (919) 855-4678 Fax: (919) 715-0498	Eastern Regional Office of EMS 404 St. Andrews Drive, Suite 7 Greenville, NC 27834-6850 Office: (252) 355-9026 Fax: (252) 355-9063	Western Regional Office of EMS 3305 16 th Avenue SE, Suite 302 Conover, NC 28613-9213 Office: (828) 466-5548 Fax: (828) 466-5651

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

10A NCAC 13P .0204 EMS PROVIDER LICENSE REQUIREMENTS

10A NCAC 13P .0204 (a)	Any firm, corporation, agency, organization or association that provides emergency medical services shall be licensed as an EMS Provider by meeting and continuously maintaining the following criteria:
10A NCAC 13P .0204 (a)(1)	Be affiliated as defined in Rule .0102(4) of this Subchapter with each EMS System where there is to be a physical base of operation or where the EMS Provider will provide point-to-point patient transport within the system;
ENTER SYSTEM NAME:	Rutherford
10A NCAC 13P .0204 (a)(2)	Present an application for a permit for any ambulance that will be in service as required by G.S. 131E-156;
10A NCAC 13P .0204 (a)(3)	Submit a written plan detailing how the EMS Provider will furnish credentialed personnel;
BRIEFLY DESCRIBE HOW EMS PROVIDER WILL FURNISH CREDENTIALED PERSONNEL:	
Rutherford County EMS, a department of Rutherford County Government operates with paid staff, both full and part time. Personnel are required to maintain credentials for employment.	
10A NCAC 13P .0204 (a)(4)	Where there are franchise ordinances pursuant to G.S. 153A-250 in effect that cover the proposed service areas of each EMS system of operation, show the affiliation as defined in Rule .0102(4) of this Subchapter with each EMS System, as required by Subparagraph (a)(1) of this Rule, by being granted a current franchise to operate, or present written documentation of impending receipt of a franchise, from each county. In counties where there is no franchise ordinance in effect, present a signature from each EMS System representative authorizing the EMS Provider to affiliate as defined in Rule .0102(4) of this Subchapter and as required by Paragraph (a)(1) of this Rule;
DOES COUNTY HAVE A FRANCHISE ORDINANCE? <input checked="" type="radio"/> YES <input type="radio"/> NO	
IF YES, IS FRANCHISE AGREEMENT GRANTED? <input checked="" type="radio"/> YES <input type="radio"/> NO	
10A NCAC 13P .0204 (a)(5)	Provide systematic, periodic inspection, repair, cleaning, and routine maintenance of all EMS responding ground vehicles and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph;
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT TO INCLUDE HOW UNITS ARE CLEANED, MAINTAINED, AND REPAIRED:	
Daily inspection records are completed by the EMS personnel assigned to the unit. Vehicle maintenance records are maintained by the County Garage. All documents are available for review.	
10A NCAC 13P .0204 (a)(6)	Collect and within 24 hours electronically submit to the OEMS EMS Care data that uses the EMS data set and data dictionary as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions.
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:	
Rutherford County EMS utilizes ESO Suite EMR software which generates an export of data each day. Personnel are required to complete documentation within 24 hours as per adopted NCCEP policies and local SOP's.	
10A NCAC 13P .0204 (a)(7)	Develop and implement written operational protocols for the management of equipment, supplies and medications and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph. These protocols shall include a methodology:
10A NCAC 13P .0204 (a)(7)(A)	to assure that each vehicle contains the required equipment and supplies on each response;
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:	
Rutherford County EMS personnel are required to conduct daily checks of the units. Check sheets are available for review.	
10A NCAC 13P .0204 (a)(7)(B)	for cleaning and maintaining the equipment and vehicles; and
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:	
Standard Operating Procedures and Infection control plans outline the requirements and are available for review.	
10A NCAC 13P .0204 (a)(7)(C)	to assure that supplies and medications are not used beyond the expiration date and stored in a temperature controlled atmosphere according to manufacturer's specifications.
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:	
Rutherford County EMS has a schedule of date checks. In addition any climate controlled medications are stored and/or discarded per manufacturer recommendations.	

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

10A NCAC 13P .0204 (a)(b)	In addition to the general requirements detailed in Paragraph (a) of this Rule, if providing fixed-wing air medical services, affiliation as defined in Rule .0102(4) of this Subchapter with a hospital as defined in Rule .0102(30) of this Subchapter is required to ensure the provision of peer review, medical director oversight and treatment protocol maintenance.
10A NCAC 13P .0204 (a)(c)	In addition to the general requirements detailed in Paragraph (a) of this Rule, if providing rotary-wing air medical services, affiliation as defined in Rule .0102(4) of this Subchapter with a Level I or Level II Trauma Center as defined in Rules .0102(35) and (36) of this Subchapter designated by the OEMS is required to ensure the provision of peer review, medical director oversight and treatment protocol maintenance. Due to the geographical barriers unique to the County of Dare, the Medical Care Commission exempts the Dare County EMS System from this Paragraph.
10A NCAC 13P .0204 (a)(d)	An EMS Provider may renew its license by presenting documentation to the OEMS that the Provider meets the criteria found in Paragraphs (a) through (c) of this Rule.

EMS PROVIDER LICENSE RENEWAL

Effective: 8/1/2014

PROVIDER NAME: Rutherford County EMS

PROVIDER NUMBER: 0810296

ENDORSEMENTS

We, the undersigned, recommend this EMS Provider for License Renewal by the North Carolina Office of EMS. We fully approve, support, and endorse this application to the North Carolina Office of EMS with thorough knowledge and understanding of our respective roles and responsibilities in maintaining an EMS Provider within our EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

PROVIDER ADMINISTRATOR

Terry L. Baynard, EMT-P

Type/Print Name



Signature

Fixed Wing Provider: YES NO

7-17-15

Date

SYSTEM MEDICAL DIRECTOR

Guyton J. Winker, MD

Type/Print Name



Signature

7/17/2015

Date

EMS SYSTEM ADMINISTRATOR

Terry L. Baynard, EMT-P

Type/Print Name



Signature

7-17-15

Date

***HOSPITAL ADMINISTRATOR**

Type/Print Name

Signature

Date

****COUNTY MANAGER**

Steve Garrison

Type/Print Name



Signature

7/17/2015

Date

* Hospital Administrator's signature is required for fixed wing providers.

** The County Manager's signature is not required when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county. If the county manager or system administrator has changed since last submission, a new letter from the county is required.

**NOTE: If a provider operates in multiple county EMS Systems,
an Endorsements page must be completed for each of the county EMS Systems.**

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICE REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES

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RECEIVED

AUG 11 2015

EMS PROVIDER LICENSE RENEWAL APPLICATION

Effective: 8/1/2014

This application is for renewal of a current EMS Provider License only. Each highlighted section must be completed. Information in the Credentialing Information System (CIS) must be current prior to application submission. Endorsements from the Provider Administrator, System Medical Director, EMS System Administrator, Hospital Administrator (for fixed-wing providers), and County Manager (if applicable) are required. Renewals must be submitted at least thirty (30) days prior to expiration to the appropriate regional office indicated below.

GENERAL INFORMATION

Provider Name:	Hickory Nut Gorge EMS & Rescue INC			Office Number:	(828) 625-1595	
Physical Address:	140 Bills Creek Road			Fax Number:	(828) 625-0347	
City:	Lake Lure	State:	NC	Provider Admin Contact:	Amy Dalton	
County:	Rutherford	Zip:	28746	Title:	Chief	
Mailing Address:	140 Bills Creek Road			Office Number:	(828) 625-1595	
City:	Lake Lure	State:	NC	Mobile Number:	(828) 748-7308	
County:	Rutherford	Zip:	28746	Fax Number:	(828) 625-0347	
				E-mail Address:	daltonamy4@yahoo.com	
Properties				System Affiliation:	Rutherford County EMS System	
Service Level:	EMT-Intermediate			Provider Lic No:	1199	License Exp. Date: Aug 31, 2015
Provider Number:	0810712					

Renewals must be submitted at least thirty (30) days prior to expiration to the appropriate regional office indicated below:

CENTRAL	EASTERN	WESTERN
Central Regional Office of EMS 801 Biggs Drive 2717 Mail Service Center Raleigh, NC 27699-2717 Office: (919) 855-4678 Fax: (919) 715-0498	Eastern Regional Office of EMS 404 St. Andrews Drive, Suite 7 Greenville, NC 27834-6850 Office: (252) 355-9026 Fax: (252) 355-9063	Western Regional Office of EMS 3305 16 th Avenue SE, Suite 302 Conover, NC 28613-9213 Office: (828) 466-5548 Fax: (828) 466-5651

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

10A NCAC 13P .0204 EMS PROVIDER LICENSE REQUIREMENTS

10A NCAC 13P .0204 (a)	Any firm, corporation, agency, organization or association that provides emergency medical services shall be licensed as an EMS Provider by meeting and continuously maintaining the following criteria:
10A NCAC 13P .0204 (a)(1)	Be affiliated as defined in Rule .0102(4) of this Subchapter with each EMS System where there is to be a physical base of operation or where the EMS Provider will provide point-to-point patient transport within the system;
ENTER SYSTEM NAME:	Rutherford
10A NCAC 13P .0204 (a)(2)	Present an application for a permit for any ambulance that will be in service as required by G.S. 131E-156;
10A NCAC 13P .0204 (a)(3)	Submit a written plan detailing how the EMS Provider will furnish credentialed personnel;
BRIEFLY DESCRIBE HOW EMS PROVIDER WILL FURNISH CREDENTIALED PERSONNEL:	
Credentialed Personnel will be furnished through an interview process with individuals being required to maintain OEMS credentials.	
10A NCAC 13P .0204 (a)(4)	Where there are franchise ordinances pursuant to G.S 153A-250 in effect that cover the proposed service areas of each EMS system of operation, show the affiliation as defined in Rule .0102(4) of this Subchapter with each EMS System, as required by Subparagraph (a)(1) of this Rule, by being granted a current franchise to operate, or present written documentation of impending receipt of a franchise, from each county. In counties where there is no franchise ordinance in effect, present a signature from each EMS System representative authorizing the EMS Provider to affiliate as defined in Rule .0102(4) of this Subchapter and as required by Paragraph (a)(1) of this Rule;
DOES COUNTY HAVE A FRANCHISE ORDINANCE?	<input checked="" type="radio"/> YES <input type="radio"/> NO
IF YES, IS FRANCHISE AGREEMENT GRANTED?	<input checked="" type="radio"/> YES <input type="radio"/> NO
10A NCAC 13P .0204 (a)(5)	Provide systematic, periodic inspection, repair, cleaning, and routine maintenance of all EMS responding ground vehicles and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph;
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT TO INCLUDE HOW UNITS ARE CLEANED, MAINTAINED, AND REPAIRED:	
Units are cleaned daily as well as after each transport. Routine maintenance and daily check offs are performed and kept log of also.	
10A NCAC 13P .0204 (a)(6)	Collect and within 24 hours electronically submit to the OEMS EMS Care data that uses the EMS data set and data dictionary as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions.
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:	
Calls are submitted through emscharts.com. emscharts.com generates a state compliant export of data each day.	
10A NCAC 13P .0204 (a)(7)	Develop and implement written operational protocols for the management of equipment, supplies and medications and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph. These protocols shall include a methodology:
10A NCAC 13P .0204 (a)(7)(A)	to assure that each vehicle contains the required equipment and supplies on each response;
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:	
Daily check offs of all equipment are checked off each morning and logged.	
10A NCAC 13P .0204 (a)(7)(B)	for cleaning and maintaining the equipment and vehicles; and
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:	
Truck are cleaned daily and after each transport. Maintenance schedule is maintained by officers.	
10A NCAC 13P .0204 (a)(7)(C)	to assure that supplies and medications are not used beyond the expiration date and stored in a temperature controlled atmosphere according to manufacturer's specifications.
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:	
Medications and equipment is checked daily.	

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

10A NCAC 13P .0204 (a)(b)	In addition to the general requirements detailed in Paragraph (a) of this Rule, if providing fixed-wing air medical services, affiliation as defined in Rule .0102(4) of this Subchapter with a hospital as defined in Rule .0102(30) of this Subchapter is required to ensure the provision of peer review, medical director oversight and treatment protocol maintenance.
10A NCAC 13P .0204 (a)(c)	In addition to the general requirements detailed in Paragraph (a) of this Rule, if providing rotary-wing air medical services, affiliation as defined in Rule .0102(4) of this Subchapter with a Level I or Level II Trauma Center as defined in Rules .0102(35) and (36) of this Subchapter designated by the OEMS is required to ensure the provision of peer review, medical director oversight and treatment protocol maintenance. Due to the geographical barriers unique to the County of Dare, the Medical Care Commission exempts the Dare County EMS System from this Paragraph.
10A NCAC 13P .0204 (a)(d)	An EMS Provider may renew its license by presenting documentation to the OEMS that the Provider meets the criteria found in Paragraphs (a) through (c) of this Rule.

EMS PROVIDER LICENSE RENEWAL

Effective: 8/1/2014

PROVIDER NAME: Hickory Nut Gorge EMS & Rescue **PROVIDER NUMBER:** 0810712

ENDORSEMENTS

We, the undersigned, recommend this EMS Provider for License Renewal by the North Carolina Office of EMS. We fully approve, support, and endorse this application to the North Carolina Office of EMS with thorough knowledge and understanding of our respective roles and responsibilities in maintaining an EMS Provider within our EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

PROVIDER ADMINISTRATOR

Amy Dalton, Chief

Type/Print Name


Signature

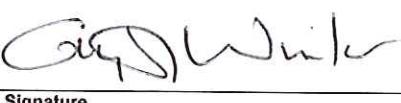
Fixed Wing Provider: YES NO

Date

SYSTEM MEDICAL DIRECTOR

Guyton J. Winker, MD

Type/Print Name


Signature

8/15/15

Date

EMS SYSTEM ADMINISTRATOR

Terry L. Baynard, EMT-P

Type/Print Name


Signature

8-5-15

Date

***HOSPITAL ADMINISTRATOR**

Type/Print Name

Signature

Date

****COUNTY MANAGER**

Steve Garrison

Type/Print Name


Signature

8/7/2015

Date

* Hospital Administrator's signature is required for fixed wing providers.

** The County Manager's signature is not required when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county. If the county manager or system administrator has changed since last submission, a new letter from the county is required.

**NOTE: If a provider operates in multiple county EMS Systems,
an Endorsements page must be completed for each of the county EMS Systems.**

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICE REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES

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RECEIVED

AUG 11 2015

EMS PROVIDER LICENSE RENEWAL APPLICATION

Effective: 8/1/2014

This application is for renewal of a current EMS Provider License only. Each highlighted section must be completed. Information in the Credentialing Information System (CIS) must be current prior to application submission. Endorsements from the Provider Administrator, System Medical Director, EMS System Administrator, Hospital Administrator (for fixed-wing providers), and County Manager (if applicable) are required. Renewals must be submitted at least thirty (30) days prior to expiration to the appropriate regional office indicated below.

GENERAL INFORMATION

Provider Name:	Rutherford County Life Saving & First Ai			Office Number:	(828) 245-5016	
Physical Address:	378 US HWY			Fax Number:	(828) 245-6957	
City:	Bostic	State:	NC	Provider Admin Contact:	Michael Souther	
County:	Rutherford	Zip:	28018	Title:	Chief	
Mailing Address:	P.O. Box 670			Office Number:	(828) 245-5016	
City:	Forest City	State:	NC	Mobile Number:	(828) 305-2064	
County:	Rutherford	Zip:	28043	Fax Number:	(828) 245-6957	
				E-mail Address:	msouther@rutherfordcountyrescue.com	

PROPERTIES

Service Level:	EMT-Basic			System Affiliation:	Rutherford County EMS System	
Provider Number:	0810297	Provider Lic No:	1394	License Exp. Date:	Aug 31, 2015	

Renewals must be submitted at least thirty (30) days prior to expiration to the appropriate regional office indicated below:

CENTRAL	EASTERN	WESTERN
Central Regional Office of EMS 801 Biggs Drive 2717 Mail Service Center Raleigh, NC 27699-2717 Office: (919) 855-4678 Fax: (919) 715-0498	Eastern Regional Office of EMS 404 St. Andrews Drive, Suite 7 Greenville, NC 27834-6850 Office: (252) 355-9026 Fax: (252) 355-9063	Western Regional Office of EMS 3305 16 th Avenue SE, Suite 302 Conover, NC 28613-9213 Office: (828) 466-5548 Fax: (828) 466-5651

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

10A NCAC 13P .0204 EMS PROVIDER LICENSE REQUIREMENTS

10A NCAC 13P .0204 (a)	Any firm, corporation, agency, organization or association that provides emergency medical services shall be licensed as an EMS Provider by meeting and continuously maintaining the following criteria:
10A NCAC 13P .0204 (a)(1)	Be affiliated as defined in Rule .0102(4) of this Subchapter with each EMS System where there is to be a physical base of operation or where the EMS Provider will provide point-to-point patient transport within the system;
ENTER SYSTEM NAME:	Rutherford County EMS System
10A NCAC 13P .0204 (a)(2)	Present an application for a permit for any ambulance that will be in service as required by G.S. 131E-156;
10A NCAC 13P .0204 (a)(3)	Submit a written plan detailing how the EMS Provider will furnish credentialed personnel;
BRIEFLY DESCRIBE HOW EMS PROVIDER WILL FURNISH CREDENTIALED PERSONNEL: <p>We employ both full-time & part-time personnel that must maintain state certification as a condition of employment. Also, our Assistant Chief checks certifications per CIS quarterly.</p>	
10A NCAC 13P .0204 (a)(4)	Where there are franchise ordinances pursuant to G.S 153A-250 in effect that cover the proposed service areas of each EMS system of operation, show the affiliation as defined in Rule .0102(4) of this Subchapter with each EMS System, as required by Subparagraph (a)(1) of this Rule, by being granted a current franchise to operate, or present written documentation of impending receipt of a franchise, from each county. In counties where there is no franchise ordinance in effect, present a signature from each EMS System representative authorizing the EMS Provider to affiliate as defined in Rule .0102(4) of this Subchapter and as required by Paragraph (a)(1) of this Rule;
DOES COUNTY HAVE A FRANCHISE ORDINANCE? <input checked="" type="radio"/> YES <input type="radio"/> NO	
IF YES, IS FRANCHISE AGREEMENT GRANTED? <input checked="" type="radio"/> YES <input type="radio"/> NO	
10A NCAC 13P .0204 (a)(5)	Provide systematic, periodic inspection, repair, cleaning, and routine maintenance of all EMS responding ground vehicles and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph;
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT TO INCLUDE HOW UNITS ARE CLEANED, MAINTAINED, AND REPAIRED: <p>Per our policy trucks are cleaned & disinfected at the start of each shift and after each transport.</p>	
10A NCAC 13P .0204 (a)(6)	Collect and within 24 hours electronically submit to the OEMS EMS Care data that uses the EMS data set and data dictionary as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions.
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT: <p>Per our policy, every call involving patient contact must be entered in EMS Charts within 24 hours and is then electronically uploaded to the state.</p>	
10A NCAC 13P .0204 (a)(7)	Develop and implement written operational protocols for the management of equipment, supplies and medications and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph. These protocols shall include a methodology:
10A NCAC 13P .0204 (a)(7)(A)	to assure that each vehicle contains the required equipment and supplies on each response;
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT: <p>Crews check their trucks at the start of each shift. At the first of each month, our supply officers check every truck to ensure it is properly stocked, equipped & in-date.</p>	
10A NCAC 13P .0204 (a)(7)(B)	for cleaning and maintaining the equipment and vehicles; and
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT: <p>Trucks are cleaned inside & out on each shift & the patient compartment is disinfected. Any issues that our crews note with the vehicles are reported to our Lt. over maintenance. The Lt. then will repair the truck, make a appointment to repair or take the truck out-of-service.</p>	
10A NCAC 13P .0204 (a)(7)(C)	to assure that supplies and medications are not used beyond the expiration date and stored in a temperature controlled atmosphere according to manufacturer's specifications.
BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT: <p>In addition to our crews checking their truck on each shift, our supply officers check every truck monthly & remove any out-of-date supplies.</p>	

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

10A NCAC 13P .0204 (a)(b)	In addition to the general requirements detailed in Paragraph (a) of this Rule, if providing fixed-wing air medical services, affiliation as defined in Rule .0102(4) of this Subchapter with a hospital as defined in Rule .0102(30) of this Subchapter is required to ensure the provision of peer review, medical director oversight and treatment protocol maintenance.
10A NCAC 13P .0204 (a)(c)	In addition to the general requirements detailed in Paragraph (a) of this Rule, if providing rotary-wing air medical services, affiliation as defined in Rule .0102(4) of this Subchapter with a Level I or Level II Trauma Center as defined in Rules .0102(35) and (36) of this Subchapter designated by the OEMS is required to ensure the provision of peer review, medical director oversight and treatment protocol maintenance. Due to the geographical barriers unique to the County of Dare, the Medical Care Commission exempts the Dare County EMS System from this Paragraph.
10A NCAC 13P .0204 (a)(d)	An EMS Provider may renew its license by presenting documentation to the OEMS that the Provider meets the criteria found in Paragraphs (a) through (c) of this Rule.

EMS PROVIDER LICENSE RENEWAL

Effective: 8/1/2014

PROVIDER NAME: Rutherford County Life Saving & First Ai PROVIDER NUMBER: 0810297

ENDORSEMENTS

We, the undersigned, recommend this EMS Provider for License Renewal by the North Carolina Office of EMS. We fully approve, support, and endorse this application to the North Carolina Office of EMS with thorough knowledge and understanding of our respective roles and responsibilities in maintaining an EMS Provider within our EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

PROVIDER ADMINISTRATOR

Michael Souther

Type/Print Name

Signature

Fixed Wing Provider: YES NO

7/29/15

Date

SYSTEM MEDICAL DIRECTOR

Guyton Winker, M.D.

Type/Print Name

Signature

8/15/15

Date

EMS SYSTEM ADMINISTRATOR

Kerry Giles Terry J. Baynard EMT-P

Type/Print Name

Signature

8-5-15

Date

*HOSPITAL ADMINISTRATOR

Type/Print Name

Signature

Date

**COUNTY MANAGER

STEVE GARRISON

Type/Print Name

8/5/2015

Date

* Hospital Administrator's signature is required for fixed wing providers.

** The County Manager's signature is **not** required when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county. If the county manager or system administrator has changed since last submission, a new letter from the county is required.

NOTE: If a provider operates in multiple county EMS Systems, an Endorsements page must be completed for each of the county EMS Systems.

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICE REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES

1201 Umstead Drive | 2707 Mail Service Center | Raleigh, NC 27603-2008 | Phone: (919) 855-3935 | Fax: (919) 733-7021

RECEIVED

AUG 11 2015

WRC-EMS

EMD CENTER RENEWAL APPLICATION

Effective: 8/1/2014

This application is for renewal of Emergency Medical Dispatch (EMD) Centers. EMD Centers must be operational twenty-four (24) hours a day, seven (7) days a week. Each highlighted section must be completed. Information in the Credentialing Information System (CIS) must be current prior to application submission. Endorsements from the EMD Center Director, EMS System Administrator, System Medical Director, and County Manager (if applicable) are required. Renewals must be submitted to the appropriate regional EMS office indicated below.

GENERAL INFORMATION

EMD Center Name:	County of Rutherford-Communications			Office Number:	(828) 287-6050
Physical Address:	240 N Washington St			Fax Number:	(828) 287-6157
City:	Rutherfordton		State:	NC	Provider Admin Contact:
County:	Rutherford County		Zip:	28139	Title:
Mailing Address:	240 N Washington St			Office Number:	(828) 287-6050
City:	Rutherfordton		State:	NC	Mobile Number:
County:	Rutherford County		Zip:	NC	Fax Number:

PROVIDER PROPERTIES

Provider Number:	0811363	E-mail Address:	tammy.aldrige@rutherfordcountync.gov
		System Affiliation:	Rutherford County EMS System

Renewals must be submitted to the appropriate regional office indicated below:

<u>CENTRAL</u>	<u>EASTERN</u>	<u>WESTERN</u>
Central Regional Office of EMS 801 Biggs Drive 2717 Mail Service Center Raleigh, NC 27699-2717 Office: (919) 855-4678 Fax: (919) 715-0498	Eastern Regional Office of EMS 404 St. Andrews Drive, Suite 7 Greenville, NC 27834-6850 Office: (252) 355-9026 Fax: (252) 355-9063	Western Regional Office of EMS 3305 16 th Avenue SE, Suite 302 Conover, NC 28613-9213 Office: (828) 466-5548 Fax: (828) 466-5651

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

SECTION .0400 - MEDICAL OVERSIGHT

10A NCAC 13P .0401 COMPONENTS OF MEDICAL OVERSIGHT FOR EMS SYSTEMS

Each EMS System shall have the following components in place to assure medical oversight of the system:

10A NCAC 13P .0401(3)	for systems providing EMD service, an EMDPRS approved by the medical director.
NOTE: Medical Director's signature is required on this application.	

10A NCAC 13P .0403 RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR EMS SYSTEMS

10A NCAC 13P .0403(a)	The Medical Director for an EMS System is responsible for the following:
10A NCAC 13P .0403(a)(3)	EMD programs, the establishment, approval, and annual updating of the EMDPRS.
DATE OF LAST EMDPRS REVIEW:	7/28/2015

10A NCAC 13P .0407 REQUIREMENTS FOR EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM

10A NCAC 13P .0407(a)	EMDPRS used by an EMD within an approved EMD program shall:				
10A NCAC 13P .0407(a)(1)	be approved by the OEMS Medical Director and meet or exceed the statewide standard for EMDPRS as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions.				
10A NCAC 13P .0407(a)(2)	not exceed the EMD scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514.				
10A NCAC 13P .0407(b)	An EMDPRS developed locally shall be reviewed and updated annually and submitted to the OEMS Medical Director for approval. Any change in the EMDPRS shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change. (EXAMPLE: EMDPRS will be reviewed every January or as changes occur throughout the year.)				
EMDPRS CARD SET NAME:	Priority Dispatch	VERSION NO:	12.2	EMDPRS LICENSE NO:	C00000A065
NOTE: If the EMDPRS is developed locally, please provide a complete copy of card set and assurance that the EMDPRS will be reviewed annually and submit to OEMS Medical Director for approval.					
VERIFY THE EMD ROSTER LISTED IN THE CREDENTIALING INFORMATION SYSTEM (CIS) IS CORRECT (if no, update in CIS):					<input checked="" type="radio"/> YES <input type="radio"/> NO
BRIEFLY DESCRIBE THE EMD PROGRAM CONTINUING EDUCATION AND RECREDENTIALING REQUIREMENTS TO INCLUDE EDUCATIONAL INSTITUTION AND INSTRUCTOR INFORMATION:		Emergency Medical Dispatchers are required to complete 16 hours of annual classroom continuing education. In addition to the classroom based training, Emergency Medical Dispatchers are required to complete 15 hours of online training every 2 years which is administered through Richmond Community College.			
VERIFY THE FCC CALL SIGN AND EXPIRATION DATE OF THE CENTER THAT WILL BE UTILIZING THE EMD PROGRAM IN THE CREDENTIALING INFORMATION SYSTEM (CIS) IS CORRECT (if no, update in CIS):					<input checked="" type="radio"/> YES <input type="radio"/> NO
FCC CALL SIGN:	WNUF300	EXPIRATION DATE:	9/5/2025		

NOTE: EMD Centers must have representation at Peer Review Committee Meetings.

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

EMD CENTER RENEWAL APPLICATION

Effective: 8/1/2014

EMD CENTER NAME: County of Rutherford-Communications

PROVIDER NUMBER: 0811363

ENDORSEMENTS

We, the undersigned, recommend this EMD Center for renewal by the North Carolina Office of EMS. We fully approve, support, and endorse this application to the North Carolina Office of EMS with thorough knowledge and understanding of our respective roles and responsibilities in maintaining an EMD Center within our EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

EMD CENTER DIRECTOR

Lt. Tammy Aldridge

Type/Print Name



Signature

8-5-15

Date

EMS SYSTEM ADMINISTRATOR

Terry L. Baynard, EMT-P

Type/Print Name



Signature

8-5-15

Date

SYSTEM MEDICAL DIRECTOR

Guyton J. Winker, MD

Type/Print Name

Signature

Date



8-5-15

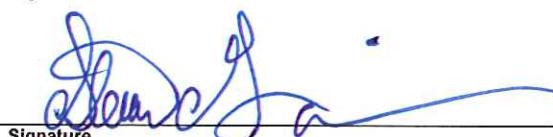
*COUNTY MANAGER

Steve Garrison

Type/Print Name

Signature

Date



8/5/2015

* The County Manager's signature is not required when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county. If the county manager or system administrator has changed since last submission, a new letter from the county is required.

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST



RUTHERFORD COUNTY

Emergency Medical Services

RECEIVED

AUG 4 2015

WRO-EMS



Paul Anderson
NC OEMS-WRO
3305 16th Ave SE STE 302
Conover, NC 28613

August 3, 2015

Paul,

Enclosed are the following:

System Renewal: Rutherford
Agency Renewal: Rutherford County EMS

I will send the following in the very near future. A few signatures still have to be obtained:

Agency Renewal: Rutherford County Rescue
Agency Renewal: Hickory Nut Gorge EMS & Rescue
Agency Renewal: 911 EMD Center
NTPS: Rutherford Regional Medical Center

Kindest Regards,



Justin T. Moore, NRP
Rutherford County EMS
339 Callahan Koon Rd.
Spindale, NC 28160
828.287.6383 (office)
Justin.moore@rutherfordcountync.gov