SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

January 5, 2022

( ) ACTION/DECISION
(X) INFORMATION

I. **TITLE:** Healthcare Quality Administrative and Consent Orders.

II. **SUBJECT:** Healthcare Quality Administrative Orders and Consent Orders for the period of November 1, 2021, through November 30, 2021.

III. **FACTS:** For the period of November 1, 2021, through November 30, 2021, Healthcare Quality reports seven (7) Consent Orders totaling $99,950 in assessed monetary penalties.

Name of Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Assessed Penalties	Required Payment
Community Care	Community Residential Care Facility (CRCF)		1	$5,100	$5,100
	Intermediate Care Facilities for Individuals with Intellectual Disabilities		2	$23,000	$23,000
Healthcare Systems and Services	EMS Agency		1	$650	$650
	Paramedic		2	$1,200	$1,200
Radiological Health	Mammography		1	$70,000	$70,000
TOTAL			**7**	**$99,950**	**$99,950**

Submitted By:

Gwendolyn C. Thompson

Gwen C. Thompson
Deputy Director
Healthcare Quality

HEALTHCARE QUALITY ENFORCEMENT REPORT
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

January 5, 2022

Bureau of Community Care

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Community Residential Care Facility (CRCF)	481	22,029

1. Blake at Woodcreek Farms – Elgin, SC

Inspections and Investigations: The Department conducted a routine inspection and several complaint investigations in March 2021 and found the facility violated regulatory requirements.

Violations: The Department found the facility violated Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, by retaining residents needing treatment for stage 2, 3, or 4 decubitus ulcers or multiple pressure sores or other widespread skin disorder. The Department further found the facility failed to maintain a record of each incident and submit a written report of its investigation of every serious incident to the Department within five (5) days. Moreover, the facility failed to ensure that residents were protected from physical abuse as outlined in the Bill of Rights for Residents of Long-Term Care Facilities; this was a repeat violation.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of five thousand one hundred dollars ($5,100) against the facility. The facility was required to pay the full amount of the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The facility also agreed to schedule and attend a compliance assistance meeting with the Department within forty-five (45) days of executing the Consent Order.

Remedial Action: The facility has paid the full amount of the assessed monetary penalty. The compliance assistance meeting has been scheduled for January 12, 2022.

Prior Actions: None in the past five (5) years.

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID)	66	1,629

2. Pecan Lane – Florence, SC

Inspections and Investigations: The Department conducted three (3) complaint investigations in June 2021 and three (3) complaint investigations in July 2021, and found the facility violated regulatory requirements.

Violations: The Department found the facility violated Regulation 61-13, *Standards for Licensing Intermediate Care Facilities for Individuals with Intellectual Disabilities*, by failing to report incidents to the Department within twenty-four (24) hours. Moreover, the facility repeatedly failed to ensure that residents were protected from physical abuse as outlined in the Bill of Rights for Residents of Long-Term Care Facilities.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of fifteen thousand dollars ($15,000) against the facility. The facility was required to pay the full amount of the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The facility also agreed to schedule and attend a compliance assistance meeting with the Department within forty-five (45) days of executing the Consent Order.

Remedial Action: The facility made the required payment, in full, totaling $15,000. The compliance assistance meeting was held on December 15, 2021.

Prior Actions: None in the past five (5) years.

3. Mulberry Park – Florence, SC

Inspections and Investigations: The Department conducted complaint investigations in April 2021 and June 2021, and found the facility violated regulatory requirements.

Violations: The Department found the facility violated Regulation 61-13, *Standards for Licensing Intermediate Care Facilities for Individuals with Intellectual Disabilities*, by failing to ensure the safety and the supervision of clients were in accordance with their individual program plans. Moreover, the facility repeatedly failed to ensure that residents were protected from physical abuse as outlined in the Bill of Rights for Residents of Long-Term Care Facilities

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of eight thousand dollars ($8,000) against the facility. The facility was required to pay the full amount of the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The facility also agreed to schedule and attend a compliance assistance meeting with the Department within forty-five (45) days of executing the Consent Order.

Remedial Action: The facility made the required payment, in full, totaling $8,000. The compliance assistance meeting was held on December 15, 2021.

Prior Actions: In April 2021, the parties executed a consent order imposing a civil monetary penalty of $1,500 against the facility. The facility was required to pay the full amount of the penalty within 30 days of executing the Consent Order. The facility agreed to schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of executing the Consent Order. The facility made the required payment. The compliance assistance meeting took place on June 2, 2021.

Bureau of Healthcare Systems and Services

License Type	Total Number of EMS Agencies
Emergency Medical Services (EMS) Agency	271

4. Kershaw County EMS – Camden, SC

Inspections and Investigations: The Department conducted an investigation beginning in May 2021, and found the agency was in violation of a regulatory requirement.

Violations: The Department found the agency was in violation of Regulation 61-7, *Emergency Medical Services*, because the agency allowed an unlicensed emergency medical technician to provide patient care for 11 patient encounters. The Department concluded that the agency violation S.C. Code Section 44-61-50 and Regulation 61-7 because they require all ambulance attendants to have a valid emergency medical technician certificate, and require all persons providing patient care within the scope of an emergency medical technician to have the proper South Carolina certification from the Department.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of six hundred fifty dollars ($650) against the agency. The agency is required to pay the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The agency is required to submit a written plan of correction within forty-five (45) days of execution of the Consent Order. The Department will conduct a follow-up inspection within sixty (60) days of execution of the Consent Order.

Remedial Action: The agency made the required payment, in full, totaling $650. The agency submitted a written plan of correction. The Department is scheduling the follow-up inspection.

Prior Actions: None in the past five (5) years.

Level of Certification	Total Number of Certified Paramedics
Paramedic	4,071

5. Brian Craton – Paramedic

Inspections and Investigations: The Department received a complaint in March 2021, and after conducting an investigation, found that the Paramedic was in violation of regulatory requirements.

Violations: The Department determined that the Paramedic was in violation of Regulation 61-7*, Emergency Medical Services,* for committing misconduct as defined in S.C. Code Section 44-61-80(F) by taking pictures of identifiable deceased subjects and sharing them with others via social media.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of nine hundred dollars ($900) against the paramedic. The paramedic is required to pay the full amount of the assessed monetary penalty in three (3) equal payments. The paramedic agrees to a three (3) year suspension of his paramedic certificate.

Remedial Action: The paramedic has not made the required payment. The paramedic's certificate has been suspended.

Prior Actions: None in past five (5) years.

6. Justin Truluck – Paramedic

Inspections and Investigations: The Department received a complaint in March 2021, and after conducting an investigation, found that the Paramedic was in violation of regulatory requirements.

Violations: The Department determined that the Paramedic was in violation of Regulation 61-7, *Emergency Medical Services*, for committing misconduct as defined in S.C. Code Section 44-61-80(F)(13) and R.61-7, Section 1100.B.13 by observing another paramedic leave a patient unattended after administering Narcan and failing to document and notify a supervisor.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of three hundred dollars ($300) against the paramedic. The paramedic is required to pay the full amount of the assessed monetary penalty within thirty (30) days of execution of the Consent Order.

Remedial Action: The paramedic has not made the required payment.

Prior Actions: None in the past five (5) years.

Bureau of Radiological Health

Registrant Type	Total Number of Registered Mammography Facilities
Mammography Facility	106

7. MUSC - Hollings Cancer Center Mobile Mammography – Charleston, SC

Inspections and Investigations: The Department conducted an annual Mammography Quality Standards (MQSA) and state inspection in September 2020. As a result of the Department's findings and at the Department's request, the accrediting body, the American College of Radiology (ACR), performed additional reviews in November 2020 and January 2021. The Department then investigated the ACR's additional findings. On January 20, 2021, ACR notified the Department that the registrant's accreditation was revoked.

Violations: The Department found the registrant failed to comply with Regulation 61-64, *X-Rays*, which requires the leading interpreting physician to ensure the quality assurance program meets all requirements. The registrant also failed to confirm the quality assurance records were maintained and updated. Moreover, the registrant failed the Additional Mammography Review by the ACR.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a civil monetary penalty of seventy thousand dollars ($70,000). The registrant is required to pay the full amount of the civil monetary penalty within thirty (30) days of the execution of the consent order. The Department will conduct a follow-up inspection after execution of the consent order which will include a five hundred dollar ($500) follow-up inspection fee. The registrant will provide the Department with documentation of all quality control tests for the unit monthly and provide meeting minutes from the registrant's Quality Control and Quality Assurance teams quarterly for twelve (12) months.

Remedial Action: The facility made the required payment, in full, totaling $70,000. The facility was reaccredited by the ACR and provisionally certified by the Department.

Prior Actions: Following the Department's investigation into reasons for the ACR's revocation of accreditation, the Department, via an administrative order, suspended the facility's certificate effective February 24, 2021. The facility was suspended from performing mammography services and was no longer allowed to display the "SC DHEC Mammography Certificate" until the Department determined the emergency situation was no longer present and the facility had taken necessary action to obtain accreditation and compliance with applicable law. Based on the serious risk to human health and pursuant to Regulation 61-64, the Department directed the registrant to initiate the Patient and Provider Notification (PPN) process. The Department determined the registrant made reasonable effort to contact all affected patients and referring healthcare providers.

SUMMARY SHEET
BOARD OF HEALTH AND ENVIRONMENTAL CONTROL
January 5, 2022

_____ ACTION/DECISION

__X__ INFORMATION

1. **TITLE:** Administrative and Consent Orders issued by the Office of Environmental Affairs.

2. **SUBJECT:** Administrative and Consent Orders issued by the Office of Environmental Affairs during the period November 1, 2021, through November 30, 2021.

3. **FACTS:** For the reporting period of November 1, 2021, through November 30, 2021, the Office of Environmental Affairs issued fifty-six (56) Consent Orders with total assessed civil penalties in the amount of one hundred thirty-two thousand, three hundred ten dollars ($132,310.00). Also, one (1) Administrative Order with total assessed civil penalties in the amount of twenty-one thousand dollars ($21,000.00) was reported during this period.

Bureau and Program Area	Administrative Orders	Assessed Penalties	Consent Orders	Assessed Penalties
Land and Waste Management				
UST Program	1	$21,000.00	5	$3,300.00
Aboveground Tanks	0	0	0	0
Solid Waste	0	0	1	0
Hazardous Waste	0	0	1	$21,250.00
Infectious Waste	0	0	0	0
Mining	0	0	0	0
SUBTOTAL	**1**	**$21,000.00**	**7**	**$24,250.00**
Water				
Recreational Water	0	0	33	$54,260.00
Drinking Water	0	0	1	$4,000.00
Water Pollution	0	0	3	$17,800.00
Dam Safety	0	0	0	0
SUBTOTAL	**0**	**0**	**37**	**$76,060.00**
Air Quality				
SUBTOTAL	**0**	**0**	**4**	**$24,500.00**
Environmental Health Services				
Food Safety	0	0	7	$7,500.00
Onsite Wastewater	0	0	1	0
SUBTOTAL	**0**	**0**	**8**	**$7,500.00**
OCRM				
SUBTOTAL	**0**	**0**	**0**	**0**
TOTAL	**1**	**$21,000.00**	**56**	**$132,310.00**

Submitted by:

Myra C. Reece
Director of Environmental Affairs

ENVIRONMENTAL AFFAIRS ENFORCEMENT REPORT
BOARD OF HEALTH AND ENVIRONMENTAL CONTROL
January 5, 2022

BUREAU OF LAND AND WASTE MANAGEMENT

Underground Storage Tank Enforcement

1) Order Type and Number: Administrative Order 21-0121-UST
Order Date: November 4, 2021
Individual/Entity: **SuryaDev, LLC**
Facility: Revis Grocery 2
Location: 1005 North Congress Street
York, SC 29745
Mailing Address: SuryaDev, LLC
1857 Lincoln Road
York, SC 29745
County: York
Previous Orders: None
Permit/ID Number: 09351
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92, 280. 21, 280. 31(b)(1), 280.70(a) and, 280.70(c) (2012 and Supp. 2020).

Summary: SuryaDev, LLC (Individual/Entity) is the owner of underground storage tanks (USTs) located in York County, South Carolina. On February 5, 2021, the Department conducted a file review and issued a Notice of Alleged Violation. The Individual/Entity has violated the SUPERB Act and the South Carolina Underground Storage Tank Regulation, as follows: failed to test the cathodic protection system once every three (3) years; failed to operate and maintain the cathodic protection system; and failed to permanently close a temporarily closed UST system which did not meet performance standards within twelve (12) months

Action: The Individual/Entity is required to: submit a completed Tank and Sludge Disposal form for the permanent closure of the USTs by December 20, 2021, and within sixty (60) days of the Department's approval of the UST Tank and Sludge Disposal Form, permanently close the USTs and submit an UST Closure and Assessment Report to the Department. The Department has assessed a total civil penalty in the amount of twenty-one thousand dollars ($21,000.00). The Individual/Entity shall pay a civil penalty in the amount of twenty-one thousand dollars **($21,000.00)** by December 20, 2021.

Update: No RFR was filed; therefore, the Order is effective as written.

2) Order Type and Number: Consent Order 21-0465-UST
Order Date: November 4, 2021
Individual/Entity: **Quick Pantry of Elloree, LLC**

Facility: Quick Pantry 12
Location: 6642 Old Number Six Highway
Elloree, SC 29047
Mailing Address: P.O. Box 512
Elloree, SC 29047
County: Orangeburg
Previous Orders: None
Permit/ID Number: 06926
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92, 280.20(c)(1)(ii) (2012 and Supp. 2019).

Summary: Quick Pantry of Elloree, LLC (Individual/Entity) owns a compartmented underground storage tank (UST) located in Orangeburg County, South Carolina. On August 23, 2021, the Department conducted a compliance inspection and issued a Notice of Alleged Violation. The Individual/Entity has violated the SUPERB Act and the South Carolina Underground Storage Tank Regulation, as follows: failed to equip a permitted or upgraded site with an adequate overfill prevention system.

Action: The Individual/Entity corrected the violation prior to issuance of the Order. The Department has assessed a total civil penalty in the amount of one thousand dollars ($1,000.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand dollars **($1,000.00)** by December 19, 2021.

Update: The civil penalty has been paid and Order closed.

3) Order Type and Number: Consent Order 21-0226-UST
Order Date: November 10, 2021
Individual/Entity: **Parks Buick GMC, LLC**
Facility: Parks Buick GMC
Location: 2640 Laurens Road
Greenville, SC 29606
Mailing Address: Same
County: Greenville
Previous Orders: None
Permit/ID Number: 04396
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988, S.C. Code Ann. § 44-2-10 et seq. (2018) (SUPERB Act); and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92, 280.34(c), 280.35(a)(1)(ii), 280.35(a)(2), 280.36(a)(1)(i), 280.36(a)(1)(ii), 280.40(a)m 280.40(a)(3), 280.43(e), 280.45(a), 280.45(b)(1), 280.242(b)(3), 280.242(b)(4), 280.243(c), 280.245 and 280.110(c) (2012 and Supp. 2020).

Summary: Parks Buick GMC, LLC (Individual/Entity) owns and operates underground storage tanks (USTs) in Greenville, South Carolina. On March 30, 2021, the Department conducted an inspection and issued a Notice of Alleged Violation. The Individual/Entity has violated the SUPERB Act and South Carolina Underground Storage Tank Control Regulation as follows: failed to provide records to the Department upon request; failed to test spill prevention equipment and/or containment sumps used for

interstitial monitoring once every three (3) years; failed to test overfill prevention equipment at least once every three (3) years; failed to check and document monthly required equipment walkthrough inspections; failed to check and document annually required equipment walkthrough inspections; failed to provide an adequate release detection method; failed to annually test release detection equipment for proper operation; failed to conduct vapor monitoring properly; failed to perform a site assessment per regulatory requirements for groundwater/vapor monitoring release detection; failed to maintain results of annual operation test for three (3) years; failed to validate that monthly requirements have been met; failed to physically visit each assigned facility once a quarter; failed to train Class C operators before they assume responsibility for the UST facility; failed to designate in writing Class C operators and keep a copy at the facility; and failed to display a registration certification in plain view.

Action: The Individual/Entity is required to submit: proof that a Class A/B walkthrough inspection log is being maintained; proof a Class A/B operator log is being properly maintained; a list of all trained and designated Class C operators for the Facility; a photograph of the current underground storage tank (UST) registration certificate displayed in plain view; either twelve (12) months of vapor monitoring records for the 2,000-gallon UST or conduct a tank tightness test and submit the results to the Department; triennial spill bucket integrity test results for the 2,000-gallon regular UST; triennial overfill prevention equipment operability test results for the 2,000-galllon regular UST; release detection operability test results for the 2,000-gallon regular UST; proof a site assessment for vapor monitoring has been conducted for the Facility; and proof the vapor monitoring system components have been calibrated and are working properly by December 27, 2021. The Department has assessed a total civil penalty in the amount of four thousand, five hundred twenty-five dollars ($4,525.00). The Individual/Entity shall pay a **suspended penalty** in the amount of four thousand, five hundred twenty-five dollars **($4,525.00)** should any requirement of the Order not be met.

Update: None.

4)

Order Type and Number:	Consent Order 21-0265-UST
Order Date:	November 16, 2021
Individual/Entity:	**R.L. Jordan Oil Company of North Carolina, Inc.**
Facility:	Hot Spot 2018
Location:	371 Battleground Road Cowpens, SC 29330
Mailing Address:	P.O. Box 2527 Spartanburg, SC 29304-2527
County:	Spartanburg
Previous Orders:	None
Permit/ID Number:	12845
Violations Cited:	The State Underground Petroleum Environmental Response Bank Act of 1988, S.C. Code Ann. § 44-2-10 et seq. (2018) (SUPERB Act); and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92, 280.21(b), 280.31(b)(1), and 280.70(c) (2012 and Supp. 2020).

Summary: R.L. Jordan Oil Company of North Carolina, Inc. (Individual/Entity) owns and operates an 8,000-gallon kerosene underground storage tank (UST) in

Spartanburg County, South Carolina. On April 12, 2021, the Department conducted a file review and issued a Notice of Alleged Violation. The Individual/Entity has violated the SUPERB Act and South Carolina Underground Storage Tank Control Regulation, as follows: failed to protect an operating UST system from corrosion; failed to have the cathodic protection system inspected by a qualified tester every three (3) years; and failed to permanently close a UST system that has been temporarily out of service for greater than twelve (12) months and does not meet current corrosion protection standards.

Action: The Individual/Entity is required to submit either: a completed Tank and Sludge Disposal form for the permanent closure of the UST; or passing metal integrity, tank tightness, and cathodic protection system test results for the UST; or passing corrosion protection system test results dated prior to May 12, 2021 for the UST by December 31, 2021. If the Department receives the Tank and Sludge Disposal form, the Individual/Entity is required to close the UST within forty-five (45) days of the Department's approval of the form and within sixty (60) days of permanent closure of the USTand submit an UST Closure and Assessment report. The Department has assessed a total civil penalty in the amount of one thousand dollars ($1,000.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand dollars (**$1,000.00**).

Update: The civil penalty has been paid.

5) Order Type and Number: Consent Order 21-0451-UST
Order Date: November 11, 2021
Individual/Entity: **Pilot Travel Centers, LLC**
Facility: Flying J Travel Plaza 711
Location: 1011 North Mountain Street
Blacksburg, South Carolina 29702
Mailing Address: P.O. Box 10146
Knoxville, Tennessee, 37939
County: Cherokee
Previous Orders: None
Permit/ID Number: 16114
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92, 280.20(c)1(ii) (2012 and Supp. 2019).

Summary: Pilot Travel Centers, LLC (Individual/Entity) is the owner of underground storage tanks (USTs) located in Cherokee County, South Carolina. The Department conducted an inspection on August 31, 2021 and issued a Notice of Alleged Violation. The Individual/Entity has violated the SUPERB Act and the South Carolina Underground Storage Tank Regulation, as follows: failed to maintain overfill prevention equipment.

Action: The Individual/Entity corrected all violations prior to the issuance of the Order. The Department has assessed a total civil penalty in the amount of one thousand dollars ($1,000.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand dollars **($1,000.00)** by December 27, 2021.

Update: The civil penalty has been paid and the Order is closed.

6) Order Type and Number: Consent Order 21-0566-UST
Order Date: November 30, 2021
Individual/Entity: **HNI Station, LLC**
Facility: Six Mile Kwik Mart
Location: 302 North Main Street
Six Mile, SC 29
Mailing Address: 206 Farlow Court
Anderson, SC 29682
County: Pickens
Previous Orders: None.
Permit/ID Number: 12078
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), S.C. code Ann. § 44-2-60(A) et seq. (2018); and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs 61-92, 280.22(b) (2012 & Supp 2020).

Summary: HNI Station, LLC (Individual/Entity) owns and operates underground storage tanks in Pickens County, South Carolina. The Department conducted a file review on October 21, 2021 and issued a Transfer of Ownership – New Owner letter. The Individual/Entity violated the SUPERB Act and the South Carolina Underground Storage Tank Regulation, as follows: failed to notify the Department within thirty (30) days of acquiring an UST system.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total penalty in the amount of three hundred dollars ($300.00). The Individual/Entity shall pay a civil penalty in the amount of three hundred dollars **($300.00)** by January 14, 2022.

Update: The civil penalty has been paid.

Solid Waste Enforcement

7) Order Type and Number: Consent Order 21-11-SW
Order Date: November 10, 2021
Individual/Entity: **McAlister Family Trust Trustee**
Facility: TMS # 0651010101000
Location: Bates Road
Taylors, SC
Mailing Address: 13 South Poinsette Highway
Travelers Rest, SC 29690
County: Greenville
Previous Orders: None
Permit/ID Number: N/A
Violations Cited: South Carolina Solid Waste Policy and Management Act of 1991, S.C. Code Ann. §§ 44-96-10 et seq. (2002 & Supp. 2018); Solid Waste Management: Solid Waste Landfills and Structural Fill Regulation, R.61-107.19, Part III.B.6 (Rev. 2008 and Supp. 2016).

Summary: The McAlister Family Trust Trustee (Individual/Entity) owns property located in Greenville County, South Carolina. Based on a complaint, the Department conducted an inspection on April 13, 2021. The Individual/Entity has violated the South Carolina Solid Waste Policy and Management Act and the Solid Waste Management: Solid Waste Landfills and Structural Fill Regulation, as follows: engaged in Class 1 Landfilling activity without a Department issued permit.

Action: The Individual/Entity is required to: record a Deed notation with the Greenville County Register of Deeds office and submit proof to the Department by December 29, 2021 and grant access to Joines Grading & Tree Service, LLC to remove the large stumps and other large pieces of land-clearing debris on top of the filled area, apply a final earth cover, and seed the finished surface with native grasses.

Update: The McAlister Family Trustee has notified the Department that all solid waste has been removed from the ravine. We are waiting on verification from the Inspector and disposal receipts.

Hazardous Waste Enforcement

8)

Order Type and Number:	Consent Order 21-11-HW
Order Date:	November 9, 2021
Individual/Entity:	**Fehrer Automotive North America, LLC**
Facility:	Fehrer Automotive North America, LLC
Location:	1825 East Main Street, Duncan, SC 29334
Mailing Address:	Same
County:	Spartanburg
Previous Orders:	N/A
Permit/ID Number:	SCR 000 773 473
Violations Cited:	The South Carolina Hazardous Waste Management Act**,** S.C. Code Ann. §§ 44-56-10 et seq. (2018), and the South Carolina Hazardous Waste Management Regulation, 6 and 7 S.C. Code Ann. Regs. 61-79 (2012 and Supp. 2020).

Summary: Fehrer Automotive North America, LLC (Individual/Entity) manufactures vehicle interior products at its facility located in Spartanburg County, South Carolina. The Department conducted an inspection at a facility on April 20, 2021. The Individual/Entity has violated the South Carolina Hazardous Waste Management Act and the Hazardous Waste Management Regulations as follows: failed to file a revised or new Notification Form with the Department within thirty (30) days after first producing a new hazardous waste and when the company contact information became inaccurate; failed to inspect at least weekly, the central accumulation areas; failed to post the name and telephone number of the emergency coordinator, the location of fire extinguishers, spill control material, fire alarm, and the telephone number of the fire department next to the telephones in areas where hazardous waste was generated and accumulated; failed to ensure all employees were thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities; failed to demonstrate there was a known disposition for the material (airbag modules) and provide appropriate documentation to demonstrate the material (airbag modules) was not a waste; failed to

maintain documentation to demonstrate solvent-contaminated wipes were not accumulated greater than one hundred eighty (180) days; failed to prepare a manifest for the transport of a hazardous waste offsite treatment or disposal; failed to designate on the manifest one facility permitted to handle the waste; failed to submit a legible copy of the manifest to the Department, with some indication that the facility had not received confirmation of delivery from the permitted facility; and failed to retain onsite a copy of all certifications for at least three (3) years from the date that the waste (airbag modules) was last sent offsite for treatment, storage, or disposal.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of twenty-one thousand, two hundred fifty dollars ($21,250.00). The Individual/Entity shall pay a civil penalty in the amount of twenty-one thousand, two hundred fifty dollars **($21,250.00)** by December 9, 2021.

Update: The civil penalty has been paid.

BUREAU OF WATER

Recreational Waters Enforcement

9)	Order Type and Number:	Consent Order 21-182-RW
	Order Date:	November 1, 2021
	Individual/Entity:	**Waters Edge Resort Homeowners Association, Inc.**
	Facility:	Water's Edge Resort
	Location:	1012 North Waccamaw Drive Murrells Inlet, SC 29576
	Mailing Address:	P.O. Box 8939 Myrtle Beach, SC 29577
	County:	Horry
	Previous Orders:	None
	Permit/ID Number:	26-A24-1 & 26-A26-1
	Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Waters Edge Resort Homeowners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool and a spa located in Horry County, South Carolina. The Department conducted inspections on April 7, 2021, July 20, 2021, and August 10, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: deck depth marker tiles were missing; frost proof tiles were missing on the pool wall; the deck was uneven with sharp edges; a skimmer was missing a weir; the chlorine and pH levels were not within the acceptable range of water quality standards; there was no shepherd's crook; the emergency notification device was not operational; only one "Shallow Water – No Diving Allowed" sign was posted; only one "No Lifeguard On Duty - Swim At Your Own Risk" sign was posted; and the current pool operator of record information was not posted to the public.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand, seven hundred twenty

dollars ($2,720.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand, seven hundred twenty dollars **($2,720.00)** by November 14, 2021.

Update: The civil penalty has been paid.

10)

Order Type and Number:	Consent Order 21-183-RW
Order Date:	November 1, 2021
Individual/Entity:	**Canirtal, LLC**
Facility:	Calypso Inn
Location:	101 Flagg Street Myrtle Beach, SC 29577
Mailing Address:	Same
County:	Horry
Previous Orders:	None
Permit/ID Number:	26-163-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Canirtal, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on May 28, 2021, and July 27, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing a rung; a ladder was missing a non-slip tread insert; there was algae on the pool floor; the deck was not clean; the deck was uneven with sharp edges; there was debris in the skimmer baskets; a skimmer was missing a weir; a gate did not self-close and latch; the main drain grates were not visible due to cloudy water; the life ring was deteriorated; only one "No Lifeguard On Duty – Swim At Your Own Risk" sign was posted; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 15, 2021.

Update: The civil penalty has been paid.

11)

Order Type and Number:	Consent Order 21-184-RW
Order Date:	November 1, 2021
Individual/Entity:	**Market Pavilion Hotel, Inc.**
Facility:	Market Pavilion Hotel
Location:	225 East Bay Street Charleston, SC 29402
Mailing Address:	Same
County:	Charleston
Previous Orders:	17-004-RW ($680.00) 19-086-RW ($1,360.00)
Permit/ID Number:	10-638-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Market Pavilion Hotel, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 7, 2021, and August 12, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: there were no universal "No Diving Allowed" tiles on the pool deck; the equipment room was not locked; the chlorine and pH levels were not within the acceptable range of water quality standards; the pool rules sign was missing; there were no "Shallow Water – No Diving Allowed" signs posted; the current pool operator of record information was not posted to the public; the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of three thousand, two hundred dollars ($3,200.00). The Individual/Entity shall pay a civil penalty in the amount of three thousand, two hundred dollars **($3,200.00)** by November 15, 2021.

Update: The civil penalty has been paid.

12)

Order Type and Number:	Consent Order 21-185-RW
Order Date:	November 1, 2021
Individual/Entity:	**Kiawah Island Club Holdings, LLC**
Facility:	Kiawah Island Beach Club
Location:	225 Ocean Marsh Road Kiawah Island, SC 29455
Mailing Address:	Same
County:	Charleston
Previous Orders:	None
Permit/ID Number:	10-579-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Kiawah Island Club Holdings, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 10, 2021, and August 11, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the equipment room was not locked; non-pool related items were stored in the equipment room; the chlorine and pH levels were not within the acceptable range of water quality standards; the location of the life-saving equipment provided on the pool rules sign was not accurate; the letters on the "Shallow Water – No Diving Allowed" signs posted were not the correct size; there was only one "Shallow Water – No Diving Allowed" sign posted, and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 12, 2021.

Update: The civil penalty has been paid.

13) Order Type and Number: Consent Order 21-186-RW
Order Date: November 1, 2021
Individual/Entity: **Kiawah Island Club Holdings, LLC**
Facility: Marsh House
Location: 342 Victory Bay Lane
Kiawah Island, SC 29455
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-1272B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Kiawah Island Club Holdings, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 10, 2021, and August 11, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the pool floor was not clean; skimmers were missing weirs; the chlorine and pH levels were not within the acceptable range of water quality standards; the life ring was not United States Coast Guard approved and was not properly hung in its designated location; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 12, 2021.

Update: The civil penalty has been paid.

14) Order Type and Number: Consent Order 21-187-RW
Order Date: November 1, 2021
Individual/Entity: **Innkeeper Motor Lodge West, Inc.**
Facility: Hampton Inn & Suites
Location: 108 Spartangreen Boulevard
Duncan, SC 29334
Mailing Address: Same
County: Spartanburg
Previous Orders: None
Permit/ID Number: 42-208-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Innkeeper Motor Lodge West, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Spartanburg County, South Carolina. The Department conducted inspections on June 25, 2021, and August 9, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: ladders were not tight & secure; the pool floor & walls were not clean; the plaster on the pool floor was deteriorated; there was debris in the skimmer baskets; the drinking water fountain was not operating properly; the flow meter was not operational; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 10, 2021.

Update: The civil penalty has been paid.

15)

Order Type and Number:	Consent Order 21-188-RW
Order Date:	November 1, 2021
Individual/Entity:	**W.A.L. Lodging, L.L.C.**
Facility:	Hampton Inn
Location:	15 Park Woodruff Drive Greenville, SC 29607
Mailing Address:	Same
County:	Greenville
Previous Orders:	None
Permit/ID Number:	23-502-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: W.A.L. Lodging, L.L.C. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Greenville County, South Carolina. The Department conducted inspections on July 19, 2021, and August 11, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine level was not within the acceptable range of water quality standards; the cyanuric acid level was above the water quality standards acceptable limit; the pool rules sign was not legible; the pool rules sign was not completely filled out; and the "Shallow Water – No Diving Allowed" signs posted were obstructed.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 18, 2021.

Update: The civil penalty has been paid.

16)

Order Type and Number:	Consent Order 21-189-RW
Order Date:	November 2, 2021
Individual/Entity:	**Liberty Pointe-Paces Run-Acquisition, LLC**
Facility:	Paces Run
Location:	100 Paces Run Court Columbia, SC 29223
Mailing Address:	P.O. Box 566 Greenville, NC 27835
County:	Richland
Previous Orders:	None
Permit/ID Number:	40-260-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Liberty Pointe-Paces Run-Acquisition, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Richland County, South Carolina. The Department conducted inspections on June 3, 2021, and August 13, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; the pool floor was delaminated; there was debris in the skimmer baskets; the bathrooms were dirty; the drinking water fountain was not operating properly; the chlorine level was not within the acceptable range of water quality standards; the emergency notification device was not operational; the pool rules sign was not completely filled out; the bound and numbered log book was not available for review; the filtration system was not operating properly; and the current pool operator of record information was not posted to the public.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 14, 2021.

Update: The civil penalty has been paid.

17)

Order Type and Number:	Consent Order 21-190-RW
Order Date:	November 2, 2021
Individual/Entity:	**Rice Pointe Columbia, LLC**
Facility:	Rice Terrace Apartments
Location:	100 Rice Terrace Drive Columbia, SC 29229
Mailing Address:	Same
County:	Richland
Previous Orders:	None
Permit/ID Number:	40-1024B
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Rice Pointe Columbia, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Richland County, South Carolina. The Department conducted inspections on June 10, 2021, and July 20, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; a skimmer was missing a weir; the drinking water fountain was not operating properly; the life ring rope was deteriorated; the life ring was deteriorated; the shepherd's crook was not permanently attached to the handle on the first inspection; the shepherd's crook was missing on the second inspection; and the pH level was not within the acceptable range of water quality standards.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 17, 2021.

Update: The civil penalty has been paid.

18) Order Type and Number: Consent Order 21-191-RW
Order Date: November 5, 2021
Individual/Entity: **Wild Dunes, LLC**
Facility: Wild Dunes Resort
Location: 200 Grand Pavilion Boulevard
Isle of Palms, SC 29451
Mailing Address: 5757 Palm Boulevard
Isle of Palms, SC 29451
County: Charleston
Previous Orders: None
Permit/ID Number: 10-418-1, 10-419-1, & 10-535-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J) & 61-51(K)(1)(c)

Summary: Wild Dunes, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of three pools located in Charleston County, South Carolina. The Department conducted inspections on May 21, 2021, and August 3, 2021, and violations were issued for failure to properly operate and maintain; and on August 3, 2021, a follow-up inspection was conducted, and a violation was issued for re-opening public swimming pool Permit No. 10-535-1 prior to receiving Department approval. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the depth marker tiles were missing on the pool deck; a handrail was not tight and secure; a skimmer basket was floating; a skimmer was missing a weir; there was debris in the skimmer baskets; the drinking water fountain was not operating properly; a gate did not self-close and latch; a light in the pool wall was out of its niche; the chlorine level was not within the acceptable range of water quality standards; the life ring was deteriorated; the emergency notification device was not operational; only one "No Lifeguard On Duty – Swim At Your Own Risk" sign was posted on the first inspection; there were no "No Lifeguard On Duty – Swim At Your Own Risk" signs posted on the second inspection; the bound and numbered log book was not maintained on a daily basis and the cyanuric acid level was not recorded on a weekly basis on the first and second inspections; the bound and numbered log book was not available for review on the third inspection; and public swimming pool Permit No. 10-535-1 was operating prior to receiving Department approval.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of three thousand, seven hundred forty dollars ($3,740.00). The Individual/Entity shall pay a civil penalty in the amount of three thousand, seven hundred forty dollars **($3,740.00)** by November 21, 2021.

Update: The civil penalty has been paid.

19) Order Type and Number: Consent Order 21-192-RW
Order Date: November 8, 2021
Individual/Entity: **Rock Hill Hotel Group, LLC**
Facility: Holiday Inn Express Rock Hill
Location: 680 Tinsley Way
Rock Hill, SC 29730
Mailing Address: 109 Destination Boulevard
Anderson, SC 29621

County:	York
Previous Orders:	None
Permit/ID Number:	46-1221B
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Rock Hill Hotel Group, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in York County, South Carolina. The Department conducted inspections on June 18, 2021, July 22, 2021, and August 12, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the flow meter was missing; the chlorine level was not within the acceptable range of water quality standards; the pool rules sign was not completely filled out; the cyanuric acid levels were not recorded in the bound and numbered log book on a weekly basis; the bound and numbered log book was not available for review on the first and third inspections; and the bound and numbered log book was not maintained on a daily basis on the second inspection.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand, forty dollars ($2,040.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand, forty dollars **($2,040.00)** by November 21, 2021.

Update: The civil penalty has been paid.

20)

Order Type and Number:	Consent Order 21-193-RW
Order Date:	November 8, 2021
Individual/Entity:	**Crescent Shores Condominium Association**
Facility:	Crescent Shores Resort
Location:	1626 S Ocean Boulevard North Myrtle Beach, SC 29582
Mailing Address:	P.O. Box 4838 North Myrtle Beach, SC 29597
County:	Horry
Previous Orders:	None
Permit/ID Number:	26-1221D
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Crescent Shores Condominium Association (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa located in Horry County, South Carolina. The Department conducted inspections on June 9, 2021, and July 12, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the spa floor was not clean; the chlorine and pH levels were not within the acceptable range of water quality standards; and the spa rules sign was not completely filled out.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 23, 2021.

Update: The civil penalty has been paid.

21) Order Type and Number: Consent Order 21-194-RW
Order Date: November 8, 2021
Individual/Entity: **Capital City Hotels, LLC**
Facility: Hampton Inn Columbia – Downtown Historic District
Location: 822 Gervais Street
Columbia, SC 29201
Mailing Address: Same
County: Richland
Previous Orders: None
Permit/ID Number: 40-427-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Capital City Hotels, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Richland County, South Carolina. The Department conducted inspections on June 2, 2021, and July 19, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: skimmer baskets were missing on the first inspection; skimmer baskets were floating on the second inspection; the chlorine and pH levels were not within the acceptable range of water quality standards; there was standing water on the deck; and the water level was too high.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 23, 2021.

Update: The civil penalty has been paid.

22) Order Type and Number: Consent Order 21-195-RW
Order Date: November 8, 2021
Individual/Entity: **Saluda River Resort, LLC**
Facility: Saluda River Resort
Location: 1283 Saluda River Road
Silverstreet, SC 29145
Mailing Address: Same
County: Richland
Previous Orders: None
Permit/ID Number: 36-009-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Saluda River Resort, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Richland County, South Carolina. The Department conducted inspections on June 17, 2021, and August 5, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the waterline tiles were dirty; the chlorine level was not within the acceptable range of water quality standards; the shepherd's crook was missing a bolt; the shepherd's crook was

attached to a telescoping pole; the letters on the "No Lifeguard On Duty – Swim At Your Own Risk" signs posted were not the correct size and the signs did not have the correct wording; the bound and numbered log book was not available for review; and a skimmer was missing a weir.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 24, 2021.

Update: The civil penalty has been paid.

23)

Order Type and Number:	Consent Order 21-196-RW
Order Date:	November 8, 2021
Individual/Entity:	**Welcome Group, LLC**
Facility:	Hampton Inn
Location:	1094 Chris Drive West Columbia, SC 29169
Mailing Address:	Same
County:	Lexington
Previous Orders:	None
Permit/ID Number:	32-104-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Welcome Group, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Lexington County, South Carolina. The Department conducted inspections on June 7, 2021, and August 12, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; the shepherd's crook was missing a bolt and was not permanently attached to the handle; and the "No Lifeguard On Duty – Swim At Your Own Risk" signs posted did not have the correct wording.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 23, 2021.

Update: The civil penalty has been paid.

24)

Order Type and Number:	Consent Order 21-197-RW
Order Date:	November 10, 2021
Individual/Entity:	**Southern Oaks Neighborhood Association, Inc.**
Facility:	Southern Oaks at New Riverside
Location:	48 Savannah Oak Drive Bluffton, SC 29910
Mailing Address:	Same
County:	Beaufort

Previous Orders: None
Permit/ID Number: 07-1182B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Southern Oaks Neighborhood Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Beaufort County, South Carolina. The Department conducted inspections on June 8, 2021, and August 13, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: deck depth marker tiles were broken; a ladder was missing bumpers; the plaster on the pool floor was deteriorated; a skimmer was missing a weir; the life ring was deteriorated; only one "Shallow Water – No Diving Allowed" sign was posted; and only one "No Lifeguard On Duty – Swim At Your Own Risk" sign was posted.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 22, 2021.

Update: The civil penalty has been paid.

25) Order Type and Number: Consent Order 21-198-RW
Order Date: November 10, 2021
Individual/Entity: **GCA Vista Sands, LLC**
Facility: Vista Sands
Location: 1001 Bear Island Road
Summerville, SC 29483
Mailing Address: Same
County: Berkeley
Previous Orders: None
Permit/ID Number: 08-1023B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: GCA Vista Sands, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Berkeley County, South Carolina. The Department conducted inspections on June 21, 2021, and August 5, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine level was not within the acceptable range of water quality standards; the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book; the bound and numbered log book was not maintained on a daily basis; and a depth marker tile was broken.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 28, 2021.

Update: The civil penalty has been paid.

26) Order Type and Number: Consent Order 21-199-RW
Order Date: November 12, 2021
Individual/Entity: **Walterboro Hospitality, LLC**
Facility: Baymont Inn & Suites
Location: 1286 Sniders Highway
Walterboro, SC 29488
Mailing Address: Same
County: Colleton
Previous Orders: None
Permit/ID Number: 15-008-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Walterboro Hospitality, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Colleton County, South Carolina. The Department conducted inspections on June 28, 2021, and August 5, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were in disrepair; the coping was cracked and uneven; the deck was uneven with sharp edges; the water level was too high; skimmer baskets were floating; a skimmer was missing a weir; the gate did not self-close and latch; the main drain grates were not visible due to cloudy water; the life ring was deteriorated; the shepherd's crook was missing on the first inspection; the shepherd's crook was not permanently attached to the handle on the second inspection; the pool rules sign was not completely filled out; the current pool operator of record information was not posted to the public; there were chlorine sticks in the skimmer baskets; deck depth marker tiles were broken; the pool floor was dirty; and the emergency notification device was not operational.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by December 2, 2021.

Update: The civil penalty has been paid.

27) Order Type and Number: Consent Order 21-200-RW
Order Date: November 15, 2021
Individual/Entity: **Almond Glen Owners Association, Inc.**
Facility: Almond Glen Amenities
Location: 2116 Caprington Drive
Fort Mill, SC 29720
Mailing Address: 3075 Allendale Drive
Indian Land, SC 29707
County: Lancaster
Previous Orders: 18-250-RW ($2,040.00)
19-110-RW ($1,360.00)
Permit/ID Number: 29-1029B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Almond Glen Owners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Lancaster County, South Carolina. The Department conducted inspections on June 10, 2021, and July 22, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the

gate did not self-close and latch; the chlorine and pH levels were not within the acceptable range of water quality standards; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of three thousand, two hundred dollars ($3,200.00). The Individual/Entity shall pay a civil penalty in the amount of three thousand, two hundred dollars **($3,200.00)** by November 29, 2021.

Update: The civil penalty has been paid.

28)

Order Type and Number:	Consent Order 21-201-RW
Order Date:	November 15, 2021
Individual/Entity:	**Elite Hotels, LLC**
Facility:	Home 2 Suites
Location:	900 Woody Jones Boulevard Florence, SC 29501
Mailing Address:	Same
County:	Florence
Previous Orders:	18-078-RW ($2,040.00) 18-214-RW ($4,080.00)
Permit/ID Number:	21-1025B
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Elite Hotels, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Florence County, South Carolina. The Department conducted inspections on July 26, 2021, and October 22, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was not tight and secure; the flow meter was not operating; the pH level was not within the acceptable range of water quality standards; and pool chemicals were stored in the equipment room.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of three thousand, two hundred dollars ($3,200.00). The Individual/Entity shall pay a civil penalty in the amount of three thousand, two hundred dollars **($3,200.00)** by November 28, 2021.

Update: The civil penalty has been paid.

29)

Order Type and Number:	Consent Order 21-202-RW
Order Date:	November 15, 2021
Individual/Entity:	**Charleston Mills House Hotel, L.L.C.**
Facility:	The Mills House
Location:	115 Meeting Street Charleston, SC 29401
Mailing Address:	Same
County:	Charleston
Previous Orders:	None
Permit/ID Number:	10-093-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J) & (K)(1)(c)

Summary: Charleston Mills House Hotel, L.L.C. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 14, 2021, June 15, 2021, and August 12, 2021, and violations were issued for failure to properly operate and maintain; and on June 15, 2021, a violation was issued for re-opening the pool prior to receiving Department approval. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were damaged and not properly spaced; a light in the pool wall was out of its niche; a gate did not self-close and latch; the cyanuric acid level was not checked on a weekly basis; the letters and numbers on the depth marker tiles were not the appropriate size; the chlorine level was not within the acceptable range of water quality standards; the facility address was not posted at the emergency notification device; and the pool was operating prior to receiving Department approval.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand, three hundred eighty dollars ($2,380.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand, three hundred eighty dollars **($2,380.00)** by November 23, 2021.

Update: The civil penalty has been paid.

30)

Order Type and Number:	Consent Order 21-203-RW
Order Date:	November 15, 2021
Individual/Entity:	**PARMARS, LLC**
Facility:	Quality Inn Mullins
Location:	2693 E. Highway 76 Mullins, SC 29574
Mailing Address:	Same
County:	Marion
Previous Orders:	None
Permit/ID Number:	33-009-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: PARMARS, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Marion County, South Carolina. The Department conducted inspections on June 11, 2021, and July 27, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a skimmer was missing a weir; the chlorine level was not within the acceptable range of water quality standards; the pool rules sign was not completely filled out; the cyanuric acid level was not checked on a weekly basis; and the plaster on the pool floor was deteriorated.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 30, 2021.

Update: The civil penalty has been paid.

31)

Order Type and Number:	Consent Order 21-204-RW
Order Date:	November 18, 2021

Individual/Entity:	**The Palace Horizontal Property Regime, Inc.**
Facility:	The Palace Resort
Location:	1605 South Ocean Boulevard Myrtle Beach, SC 29577
Mailing Address:	Same
County:	Horry
Previous Orders:	18-112-RW ($680.00)
Permit/ID Number:	26-C32-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: The Palace Horizontal Property Regime, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa located in Horry County, South Carolina. The Department conducted inspections on July 1, 2021, August 12, 2021, and August 27, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; and the waterline tiles were dirty.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of four thousand, eight hundred dollars ($4,800.00). The Individual/Entity shall pay a civil penalty in the amount of four thousand, eight hundred dollars **($4,800.00)** by December 2, 2021.

Update: The civil penalty has been paid.

32)

Order Type and Number:	Consent Order 21-205-RW
Order Date:	November 16, 2021
Individual/Entity:	**Madhav Hospitality, LLC**
Facility:	Sleep Inn
Location:	2208A Edmund Highway West Columbia, SC 29170
Mailing Address:	Same
County:	Lexington
Previous Orders:	None
Permit/ID Number:	32-187-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Madhav Hospitality, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Lexington County, South Carolina. The Department conducted inspections on June 29, 2021, and July 29, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: waterline tiles were dirty; a skimmer was missing a weir; the chlorine level was not within the acceptable range of water quality standards; the "No Lifeguard On Duty – Swim At Your Own Risk" signs posted did not have the correct wording; and the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The

Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by November 30, 2021.

Update: The civil penalty has been paid.

33)

Order Type and Number:	Consent Order 21-206-RW
Order Date:	November 18, 2021
Individual/Entity:	**Wild Dunes, LLC**
Facility:	Wild Dunes Sports Pavilion
Location:	5803 Palmetto Drive Isle of Palms, SC 29451
Mailing Address:	Same
County:	Charleston
Previous Orders:	None
Permit/ID Number:	10-239-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Wild Dunes, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on May 21, 2021, and August 3, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing non-slip tread inserts; a skimmer basket was floating; the drinking water fountain was not operating; the cyanuric acid level was not recorded on a weekly basis; a ladder was not tight and secure; the deck was uneven with sharp edges; there was debris in the skimmer baskets; the overflow grate at the waterline was broken; the pool equipment room was not locked; there was no life ring; the shepherd's crook was not permanently attached to the handle; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by December 5, 2021.

Update: The civil penalty has been paid.

34)

Order Type and Number:	Consent Order 21-207-RW
Order Date:	November 23, 2021
Individual/Entity:	**Smith Family Partners, LLC**
Facility:	Bermuda Sands
Location:	104 North Ocean Boulevard Myrtle Beach, SC 29577
Mailing Address:	Same
County:	Horry
Previous Orders:	18-277-RW ($1,360.00)
Permit/ID Number:	26-1160C, 26-K67-1, & 26-K68-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Smith Family Partners, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of two public kiddie pools and a public spa located in Horry County, South Carolina. The Department conducted inspections on June 8, 2021, July 29, 2021, August 18, 2021, and August 27, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the gate did not self-close and latch; the chlorine and pH levels were not within the acceptable range of water quality standards; a depth marker tile was broken; the plaster on the pool floor was deteriorated; a deck drain was broken; a skimmer was missing a weir; and the deck was dirty.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of nine thousand, six hundred dollars ($9,600.00). The Individual/Entity shall pay a civil penalty in the amount of nine thousand, six hundred dollars **($9,600.00)** by December 8, 2021.

Update: The civil penalty has been paid.

35)

Order Type and Number:	Consent Order 21-208-RW
Order Date:	November 23, 2021
Individual/Entity:	**DLH The Shores, LLC**
Facility:	Shores at Elders Pond
Location:	4500 Hard Scrabble Road Columbia, SC 29229
Mailing Address:	Same
County:	Richland
Previous Orders:	None
Permit/ID Number:	40-1027B
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: DLH The Shores, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Richland County, South Carolina. The Department conducted inspections on June 9, 2021, and July 20, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; the chlorine level was not within the acceptable range of water quality standards; the life ring was not properly hung in its designated location; the "No Lifeguard On Duty – Swim At Your Own Risk" signs posted did not have the correct wording; the bathrooms did not have soap or paper towels; and the pool rules sign was not completely filled out.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by December 8, 2021.

Update: The civil penalty has been paid.

36)

Order Type and Number:	Consent Order 21-209-RW
Order Date:	November 23, 2021

Individual/Entity: **Gatewood Associates, LLC**
Facility: Gatewood Apartments
Location: 303-D Pebble Lane
Aiken, SC 29801
Mailing Address: 808-B Lady Street
Columbia, SC 29201
County: Aiken
Previous Orders: None
Permit/ID Number: 02-074-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Gatewood Associates, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Aiken County, South Carolina. The Department conducted inspections on June 4, 2021, and August 11, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a skimmer was missing a weir; the bathrooms did not have paper towels or soap; the drinking water fountain was not operating properly; there were covers missing for the pool cleaning system on the pool floor; a gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the life ring was deteriorated; the facility address posted at the emergency notification device did not match the address recognized by 911; the bound and numbered log book was not maintained on a daily basis; the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by December 1, 2021.

Update: The civil penalty has been paid.

37) Order Type and Number: Consent Order 21-210-RW
Order Date: November 23, 2021
Individual/Entity: **Tara of Charleston, LLC**
Facility: Holiday Inn Charleston Historic District
Location: 425 Meeting Street
Charleston, SC 29403
Mailing Address: 8832 Blakeney Professional Drive
Charlotte, NC 28277
County: Charleston
Previous Orders: None
Permit/ID Number: 10-1214B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Tara of Charleston, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 16, 2021, and August 9, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the foot

rinse shower was not operating properly; the chlorine and pH levels were not within the acceptable range of water quality standards; the life ring was not United States Coast Guard approved; the bound and numbered log book was not maintained on a daily basis; the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by December 7, 2021.

Update: The civil penalty has been paid.

38)

Order Type and Number:	Consent Order 21-211-RW
Order Date:	November 23, 2021
Individual/Entity:	**Littlefield Enterprises Mt. Pleasant, LLC**
Facility:	Comfort Suites
Location:	1130 Hungry Neck Boulevard Mount Pleasant, SC 29464
Mailing Address:	Same
County:	Charleston
Previous Orders:	None
Permit/ID Number:	10-584-1
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Littlefield Enterprises Mt. Pleasant, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 21, 2021, and August 6, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was not tight and secure; the plaster on the pool floor was deteriorated; a skimmer basket was missing; a gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the life ring was not clear of obstructions; and the shepherd's crook was not clear of obstructions.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by December 6, 2021.

Update: The civil penalty has been paid.

39)

Order Type and Number:	Consent Order 21-212-RW
Order Date:	November 29, 2021
Individual/Entity:	**Tupelo Homeowners Association, Inc.**
Facility:	Tupelo
Location:	2055 Welsh Pony Drive

	Awendaw, SC 29429
Mailing Address:	7301 Rivers Avenue
	North Charleston, SC 29406
County:	Charleston
Previous Orders:	None
Permit/ID Number:	10-1267B
Violations Cited:	S.C. Code Ann. Regs. 61-51(J) & (K)(1)(c)

Summary: Tupelo Homeowners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 7, 2021, and July 7, 2021, and violations were issued for failure to properly operate and maintain; and on June 7, 2021, a violation was issued for re-opening the pool prior to receiving Department approval. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not properly spaced; the water level was too high; a skimmer basket was floating; a light in the pool wall was out of its niche; the entry gate was propped open; the chlorine level was not within the acceptable range of water quality standards; and the pool was operating prior to receiving Department approval.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand, three hundred eighty dollars ($2,380.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand, three hundred eighty dollars **($2,380.00)** by December 5, 2021.

Update: The civil penalty has been paid.

40)

Order Type and Number:	Consent Order 21-213-RW
Order Date:	November 29, 2021
Individual/Entity:	**Bretagne Homeowners' Association, Inc.**
Facility:	Bretagne
Location:	Loire Valley Drive
	Seneca, SC 29678
Mailing Address:	1515 Mockingbird Lane, Suite 600
	Charlotte, NC 28209
County:	Lancaster
Previous Orders:	None
Permit/ID Number:	29-1062C
Violations Cited:	S.C. Code Ann. Regs. 61-51(J)

Summary: Bretagne Homeowners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a kiddie pool located in Lancaster County, South Carolina. The Department conducted inspections on June 2, 2021, July 12, 2021, and August 10, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the foot rinse shower was not operating properly; and the chlorine and pH levels were not within the acceptable range of water quality standards.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand, forty dollars ($2,040.00).

The Individual/Entity shall pay a civil penalty in the amount of two thousand, forty dollars **($2,040.00)** by December 5, 2021.

Update: The civil penalty has been paid.

41) Order Type and Number: Consent Order 21-214-RW
Order Date: November 29, 2021
Individual/Entity: **Woodland Crossing Community Association, Inc.**
Facility: Woodland Crossing
Location: Timberwood Drive, Chapin, SC 29036
Mailing Address: 570 Chris Drive, West Columbia, SC 29169
County: Lexington
Previous Orders: None
Permit/ID Number: 32-1114B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Woodland Crossing Community Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Lexington County, South Carolina. The Department conducted inspections on July 27, 2021, and August 4, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the water level was too low; the pump room was not accessible; the chemical storage room was not accessible; skimmers were missing weirs; the bolts on the shepherd's crook were in the wrong direction; the pool rules sign was not completely filled out; there were no "No Lifeguard On Duty – Swim At Your Own Risk" signs posted on the first inspection; the "No Lifeguard On Duty – Swim At Your Own Risk" signs posted did not have the correct wording on the second inspection; the current pool operator of record information was not posted to the public; the bound and numbered log book was not available for review on the first inspection; the cyanuric acid level was not recorded in the bound and numbered log book on a weekly basis on the second inspection; and the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record on the second inspection.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars ($680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars **($680.00)** by December 16, 2021.

Update: The civil penalty has been paid.

Drinking Water Enforcement

42) Order Type and Number: Consent Order 21-045-DW
Order Date: November 16, 2021
Individual/Entity: **The Glen at Clover, LLC**
Facility: The Glen at Clover

Location: 626 Adriatic Lane
Clover, SC 29710
Mailing Address: Same
County: York
Previous Orders: None
Permit/ID Number: 4660064
Violations Cited: S.C. Code Ann. Regs. 61-58.7 & 61-58.8.C(1)

Summary: The Glen at Clover, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS) located in York County, South Carolina. The Department conducted an inspection on October 7, 2021, and the PWS was not properly operated and maintained. The Individual/Entity has violated the State Primary Drinking Water Regulation as follows: the flow meter and the pressure gauge at Well 1 were not operational; the storage tank at Well 1 did not have a pressure gauge; the well house at Well 2 did not have a light; the storage tank at Well 2 was waterlogged and leaking; the well cover roof at Well 4 was in disrepair; Well 4 did not have a screened casing vent; the electrical conduit box at Well 4 had a rodent nest in it and did not close properly; the storage tank at Well 4 was waterlogged; and the PWS was experiencing low water pressure and the Individual/Entity failed to immediately notify the Department.

Action: The Individual/Entity is required to: correct all of the deficiencies by December 1, 2021; submit to the Department for review and approval a standard operating procedure that will be followed to ensure that the PWS maintains compliance with reporting and public notification requirements by December 1, 2021; submit to the Department for review and approval a corrective action plan with a schedule to address the causes of the low water pressure by December 1, 2021; have the storage tanks inspected by a professional tank servicing company, and submit a copy of the storage tank inspection reports with the recommendations to the Department for review by December 1, 2021; and complete the recommendations in the storage tank inspection reports within ninety days of the date of the storage tank inspection reports. The Department has assessed a total civil penalty in the amount of eight thousand dollars ($8,000.00). The Individual/Entity shall pay a civil penalty in the amount of four thousand dollars **($4,000.00)** by December 1, 2021 and pay a stipulated penalty in the amount of four thousand dollars ($4,000.00) should any requirement of the Order not be met.

Update: The civil penalty has been paid. The Individual/Entity requested an extension until January 15, 2022, to submit a corrective action plan and complete the requirement to have the storage tank inspected.

Water Pollution Enforcement

43) Order Type and Number: Consent Order 21-068-W
Order Date: November 2, 2021
Individual/Entity: **Antioch Farms, LLC**
Facility: Antioch Farms, LLC WWTF
Location: Near Clio Road

Loris, SC 29582
Mailing Address: P.O. Box 4775
North Myrtle Beach, SC 29582
County: Horry
Previous Orders: None
Permit/ID Number: SCG731444
Violations Cited: Pollution Control Act, S.C. Code Ann. § 48-1-110 (d) (2008 & Supp. 2019) and Water Pollution Control Permits Regulation, S.C. Code Ann Regs. 61-9.122.41(a) (2011), and SCG731444

Summary: Antioch Farms, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Horry County, South Carolina. On August 16, 2021, a Notice of Alleged Violation (NOAV) was issued as a result of pH violation as reported on discharge monitoring reports submitted to the Department and for a failure to report flow. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations as follows: failed to comply with limitations of NPDES Permit SCG731444 for pH and failed to report flow.

Action: The Individual/Entity is required to: submit written notification of the completion date for all corrective actions necessary to resolve the violations by December 2, 2021; conduct a six (6) monitoring event compliance confirmation period upon completion of corrective actions; and implement engineered upgrades to the WWTF should additional violations be observed during the compliance confirmation period. The Department has assessed a total civil penalty in the amount of fourteen thousand dollars ($14,000.00). The Individual/Entity shall pay a civil penalty in the amount of eleven thousand and nine hundred dollars **($11,900.00)** by April 30, 2022.

Update: No Updates.

44) Order Type and Number: Consent Order 21-072-W
Order Date: November 22, 2021
Individual/Entity: **Town of Allendale**
Facility: Town of Allendale WWTF
Location: On SC-3-129
Allendale, SC 29810
Mailing Address: P.O. Box 551
Allendale, SC 29810
County: Allendale
Previous Orders: 08-012-W ($4,000.00)
Permit/ID Number: SC0039918
Violations Cited: Pollution Control Act, S.C. Code Ann. § 48-1-110(d) (2008 & Supp. 2020), Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.21(d) (2011), and NPDES Permit SC0039918

Summary: Town of Allendale (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) in Allendale County, South Carolina. On September 29, 2021 a Notice of Alleged Violation (NOAV) was issued for failure to reapply for permit coverage within one hundred eighty (180) days before the existing permit expires. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations as follows: failed

to submit an application for renewal of the National Pollutant Discharge Elimination System (NPDES) permit at least one hundred eighty (180) days before the existing permit expires.

Action: The Individual/Entity is required to: submit an administratively complete application for renewal of its NPDES permit by February 28, 2022; and continue operating the WWTF in accordance with the most recent NPDES permit until a new permit becomes effective.; The Department has assessed a total civil penalty in the amount of one thousand dollars ($1,000.00). The Individual/Entity shall pay in full a civil penalty in the amount of one thousand dollars **($1,000.00)** by December 22, 2021.

Update: The Individual/Entity has paid the civil penalty.

45) Order Type and Number: Consent Order 21-073-W
Order Date: November 23, 2021
Individual/Entity: **Town of Summerton**
Facility: Town of Summerton WWTF
Location: Near Wash Davis Road
Summerton, SC 29148
Mailing Address: P.O. Box 217
Summerton, SC 29148
County: Clarendon
Previous Orders: None
Permit/ID Number: ND0063401
Violations Cited: Pollution Control Act, S.C. Code Ann. § 48-1-110(d) and Water Pollution Control Permits Regulation S.C. Code Ann. Regs. 61-9.403.12(i)

Summary: The Town of Summerton (Individual/Entity) owns and is responsible for a wastewater treatment facility (WWTF) located in Clarendon County, South Carolina. The Individual/Entity reported violations of the permitted discharge limits for Escherichia coli (E.coli) for the January 2021 and April 2021 monthly monitoring periods, and violations of the permitted flow limits during the November 2020, January 2021, February 2021, March 2021, and April 2021 monthly monitoring periods. The Individual/Entity has violated the Pollution Control Act and the Water Pollution Control Permits Regulation, as follows: failed to comply with the permitted effluent limitations for E.coli and flow.

Action: The Individual/Entity is required to: submit written notification of the completion date for all corrective actions necessary to resolve the violations by December 23, 2021; conduct a six (6) monitoring event compliance confirmation period upon completion of corrective actions; and implement engineered upgrades to the WWTF should additional violations be observed during the compliance confirmation period. The Department has assessed a total civil penalty in the amount of four thousand, nine hundred dollars ($4,900.00). The Individual/Entity shall pay a civil penalty in the amount of four thousand, nine hundred dollars **($4,900.00)** by March 31, 2022.

BUREAU OF AIR QUALITY

46) Order Type and Number: Consent Order 21-026-A
Order Date: November 9, 2021
Individual/Entity: **Ms. Sheila Peeples**
Facility: N/A
Location: 1096 Wilhite Drive
Ladson, SC 29456
Mailing Address: Same
County: Berkeley
Previous Orders: None
Permit/ID Number: N/A
Violations Cited: South Carolina Code Ann. Regs. 61-62.2, Prohibition of Open Burning

Summary: Sheila Peeples (Individual/Entity) is the owner of the property located in Berkeley County, South Carolina. The Department conducted an open burning investigation on April 27, 2021. The Individual/Entity has violated South Carolina Air Pollution Control Regulations, as follows: burned materials other than those allowed by Section I of the Regulation, specifically household garbage.

Action: The Individual/Entity is required to cease all open burning except in accordance with the Regulations. The Department has assessed a total civil penalty in the amount of five hundred dollars ($500.00). The Individual/Entity shall pay a penalty in the amount of five hundred dollars **($500.00)** by December 9, 2021.

Update: No additional updates.

47) Order Type and Number: Consent Order 21-024-A
Order Date: November 15, 2021
Individual/Entity: **Pacolet Grove Holdings, LLC**
Facility: Pacolet Grove Holdings, LLC
Location: 6004 Highway 24
Townville, SC 29689
Mailing Address: Same
County: Anderson
Previous Orders: None
Permit/ID Number: N/A
Violations Cited: South Carolina Code Ann. Regs. 61-62.2, Prohibition of Open Burning

Summary: Pacolet Grove Holdings, LLC (Individual/Entity) is a developer based in Anderson County, South Carolina. The Department conducted an open burning investigation on December 31, 2020. The Individual/Entity violated South Carolina Air Pollution Control Regulations, as follows: burned materials other than those allowed by Section I of the Regulation, specifically household garbage, insulation, paint cans, metal, and plastic; and burned land clearing debris on property less than 1000-feet from public roadways and any residential, commercial, and industrial sites not part of the contiguous property on which the burning was conducted.

Action: The Individual/Entity is required to cease all open burning except in accordance with the Regulations. The Department has assessed a total civil penalty in the amount of seven thousand dollars ($7,000.00). The Individual/Entity shall pay a penalty in the amount of seven thousand dollars **($7,000.00)** by December 15, 2021.

Update: The Individual/Entity has paid the civil penalty.

48) Order Type and Number: Consent Order 21-025-A
Order Date: November 15, 2021
Individual/Entity: **First Creek Acquisitions, LLC**
Facility: First Creek Acquisitions, LLC
Location: 6004 Highway 24
Townville, SC 29689
Mailing Address: 6004 Highway 24
Townville, SC 29689
County: Anderson
Previous Orders: None
Permit/ID Number: N/A
Violations Cited: S.C. Code Ann. Regs. 61-62.2 (2011 & Supp. 2020), Prohibition of Open Burning.

Summary: First Creek Acquisitions, LLC (Individual/Entity) is a developer in Anderson County, South Carolina. The Department conducted an open burning investigation onApril 12, 2021. The Individual/Entity has violated South Carolina Air Pollution Control Regulations, as follows: burned materials other than those specifically allowed by Section I of the Regulations, specifically land-clearing debris was burned on property less than 1000 feet from public roadways and all residential, commercial, and industrial sites not part of the contiguous property on which the burning was conducted.

Action: The Individual/Entity is required to cease all open burning except as in accordance with the open burning regulations. The Department has assessed a civil penalty in the amount of eight thousand five hundred dollars ($8,500.00). The Individual/Entity shall pay a penalty in the amount of eight thousand five hundred dollars **($8,500.00)** by December 15, 2021.

Update: The Individual/Entity has paid the civil penalty.

49) Order Type and Number: Consent Order 21-027-A
Order Date: November 30, 2021
Individual/Entity: **Specialty Oil Extractors Manufacturer, LLC**
Facility: Specialty Oil Extractors Manufacturer, LLC
Location: 311 Washington St
Darlington, SC 29540
Mailing Address: Same
County: Darlington
Previous Orders: None
Permit/ID Number: 0820-0091
Violations Cited: S.C. Code Ann. Regs. 61-62.1, Section II, Permit Requirements and S.C. Code Ann. Regs. 61-62.5 Section IX.B

Summary: Specialty Oil Extractors Manufacturer, LLC (Individual/Entity), produces industrial hemp oil at its facility located in Darlington County, South Carolina. On November 2, 2020, the Department received and reviewed an annual report from the Individual/Entity. The Individual/Entity has violated South Carolina Air Pollution Control Regulation, as follows: failed to limit its twelve-month rolling sum of volatile organic compound emissions to 100.00 tons for March, April, and May 2020.

Action: The Individual/Entity is required to: comply with all terms and conditions of it permit. The Department has assessed a total civil penalty in the amount of eight thousand five hundred dollars ($8,500.00). The individual shall pay a civil penalty in the amount of eight thousand five hundred dollars **($8,500.00)** by December 30, 2021.

Update: None

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

Food Safety Enforcement

50)

Order Type and Number:	Consent Order 21-03-FOOD
Order Date:	November 1, 2021
Individual/Entity:	**Church's Chicken #823**
Facility:	Church's Chicken #823
Location:	2001 Broad River Road Columbia, SC 29210
Mailing Address:	980 Hammond Drive, Suite 1100 Atlanta, GA 30328
County:	Richland
Previous Orders:	2019-206-03-030 ($200.00)
Permit Number:	40-206-08254
Violations Cited:	S.C. Code Ann. Regs. 61-25

Summary: Church's Chicken #823 (Individual/Entity) operates a restaurant located in Columbia, South Carolina. The Department conducted inspections on June 21, 2021, July 23, 2021, and August 2, 2021. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25. The Department has assessed a total civil penalty in the amount of five hundred dollars ($500.00). The Individual/Entity shall pay a civil penalty in the amount of five hundred dollars **($500.00)**.

Update: The Individual/Entity has met all requirements of the Order. This Order has been closed.

51) Order Type and Number: Consent Order 21-07-FOOD
Order Date: November 1, 2021
Individual/Entity: **Rancho Grande**
Facility: Rancho Grande
Location: 136 Sea Island Parkway, Suite 4
Lady's Island, SC 29907
Mailing Address: Same
County: Beaufort
Previous Orders: 2018-206-08-007 ($200.00)
Permit Number: 07-206-02367
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Rancho Grande (Individual/Entity) operates a restaurant located in Beaufort, South Carolina. The Department conducted inspections on August 3, 2021, August 6, 2021, August 12, 2021, August 26, 2021, and August 31, 2021. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25. The Department has assessed a total civil penalty in the amount of three thousand dollars ($3,000.00). The Individual/Entity shall pay a civil penalty in the amount of three thousand dollars **($3,000.00)**.

Update: The Individual/Entity has met all requirements of the Order. This Order has been closed.

52) Order Type and Number: Consent Order 21-11-FOOD
Order Date: November 3, 2021
Individual/Entity: **Reggae Grill**
Facility: Reggae Grill
Location: 910B Holland Avenue
Cayce, SC 29033
Mailing Address: Same
County: Lexington
Previous Orders: None
Permit Number: 32-206-06744
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Reggae Grill (Individual/Entity) operates a restaurant located in Cayce, South Carolina. The Department conducted inspections on September 13, 2021, September 22, 2021, and October 1, 2021. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25. The Department has assessed a total civil penalty in the amount of eight hundred

dollars ($800.00). The Individual/Entity shall pay a civil penalty in the amount of eight hundred dollars **($800.00)**.

Update: The Individual/Entity has met all requirements of the Order. This Order has been closed.

53) Order Type and Number: Consent Order 21-02-FOOD
Order Date: November 8, 2021
Individual/Entity: **Big Cliff's BBQ**
Facility: Big Cliff's BBQ
Location: 304 Ann Street
Pickens, SC 29671
Mailing Address: 169 Knollwood Heights Road
Pickens, SC 29671
County: Greenville
Previous Orders: None
Permit Number: 39-206-02207
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Big Cliff's BBQ (Individual/Entity) operates a restaurant located in Pickens, South Carolina. The Department conducted inspections on June 24, 2021, July 1, 2021, and July 8, 2021. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25. The Department has assessed a total civil penalty in the amount of eight hundred dollars ($800.00). The Individual/Entity shall pay a civil penalty in the amount of eight hundred dollars **($800.00)**.

Update: None

54) Order Type and Number: Consent Order 21-15-FOOD
Order Date: November 10, 2021
Individual/Entity: **JKS & K Inc.**
Facility: McDonald's of Manning
Location: 1960 Paxville Highway
Manning, SC 29102
Mailing Address: 8584 Rivers Avenue, #103
North Charleston, SC 29406
County: Clarendon
Previous Orders: None
Permit Number: 14-206-00583
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: JKS & K, Inc., Individually and d.b.a. McDonald's of Manning (Individual/Entity) operates a restaurant located in Manning, South Carolina. The Department conducted inspections on September 23, 2021, September 30, 2021, October 8, 2021, and October 18, 2021. The Individual/Entity has violated the South Carolina

Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25. The Department has assessed a total civil penalty in the amount of eight hundred dollars ($800.00). The Individual/Entity shall pay a civil penalty in the amount of eight hundred dollars **($800.00)**.

Update: The Individual/Entity has met all requirements of the Order. This Order has been closed.

55)

Order Type and Number:	Consent Order 21-13-FOOD
Order Date:	November 23, 2021
Individual/Entity:	**ACM Fatz VII, LLC**
Facility:	ACM Fatz VII, LLC
Location:	212 Wall Street Camden, SC 29020
Mailing Address:	1361 W Wade Hampton Boulevard, #F-6 Greer, SC 29650
County:	Kershaw
Previous Orders:	None
Permit Number:	28-206-00814
Violations Cited:	S.C. Code Ann. Regs. 61-25

Summary: ACM Fatz VII, LLC (Individual/Entity) operates a restaurant located in Camden, South Carolina. The Department conducted inspections on September 16, 2021, September 24, 2021, October 4, 2021, and October 14, 2021. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25. The Department has assessed a total civil penalty in the amount of eight hundred dollars ($800.00). The Individual/Entity shall pay a civil penalty in the amount of eight hundred dollars **($800.00)**.

Update: None

56)

Order Type and Number:	Consent Order 21-06-FOOD
Order Date:	November 29, 2021
Individual/Entity:	**Scotties Café and Grill**
Facility:	Scotties Café and Grill
Location:	10400 Wilson Boulevard Blythewood, SC 29016
Mailing Address:	Same
County:	Richland
Previous Orders:	None
Permit Number:	40-206-07849
Violations Cited:	S.C. Code Ann. Regs. 61-25

Summary: Scotties Café and Grill (Individual/Entity) operates a restaurant located in Blythewood, South Carolina. The Department conducted inspections on July 1, 2021, July 6, 2021, July 9, 2021, and August 24, 2021. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods and failed to clearly mark the date by which food shall be consumed on the premises, sold, or discarded when held at a temperature of 41°F or less for a maximum of seven (7) days. This applies only to refrigerated, ready-to-eat, time/temperature control for safety foods prepared and held in a food establishment for more than twenty-four (24) hours.

Action: The Individual/Entity is required to operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25. The Department has assessed a total civil penalty in the amount of eight hundred dollars ($800.00). The Individual/Entity shall pay a civil penalty in the amount of eight hundred dollars **($800.00)**.

Update: If the civil penalty is not paid by January 5, 2021, the Department will issue the Individual/Entity a payment demand letter for the assessed civil penalty.

On-Site Wastewater Enforcement

57)	Order Type and Number:	Consent Order 21-067-OSWW
	Order Date:	November 3, 2021
	Individual/Entity:	**Lexington Plumbing and Gas/Richard Smith**
	Facility:	Lexington Plumbing and Gas/Richard Smith
	Location:	276 Steele Pond Road Lexington, SC 29073
	Mailing Address:	256 Walter Rawl Road Lexington, SC 29072
	County:	Lexington
	Previous Orders:	None
	Permit Number:	None
	Violations Cited:	S.C. Code Ann. Regs. 61-56

Summary: Lexington Plumbing and Gas/Richard Smith (Individual/Entity) installed an OSWW system at property located in Lexington County, South Carolina. The Department conducted an inspection on September 1, 2021. The Individual/Entity does not hold a Department issued license to repair and construct OSWW systems. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: they have engaged in the business of constructing and repairing onsite sewage treatment systems without first applying for, receiving, and subsequently maintaining a valid license to conduct such activities, as required by the Department.

Action: The Individual/Entity is required to cease and desist engaging in the business of constructing and repairing onsite sewage treatment systems without first applying for, receiving, and subsequently maintaining a valid license to conduct such activities, as required by the Department.

Update: The Individual/Entity has submitted all requirements of the Order. This Order has been closed.

* Unless otherwise specified, "Previous Orders" as listed in this report include orders issued by Environmental Affairs Programs within the last five (5) years.

BOARD OF HEALTH AND ENVIRONMENTAL CONTROL
SUMMARY SHEET

January 5, 2022

(X) ACTION/DECISION
( ) INFORMATION

I. TITLE: Request for a nine-month Board extension of Certificate of Need (CON) SC-19 82, issued to Lowcountry Rehabilitation Hospital, for the construction for the establishment of a 33 bed freestanding rehabilitation hospital in Berkeley County.

II. SUBJECT: Lowcountry Rehabilitation Hospital requests Board approval for extension of CON SC-19-82.

III. FACTS:

CON SC-19-82 was issued to Lowcountry Rehabilitation Hospital (LRH) on July 19, 2019 for construction for the establishment of a thirty-three (33) bed freestanding rehabilitation hospital in Berkeley County. The original CON had an expiration date of July 19, 2020.

LRH requested a first staff extension of the CON on April 20, 2020, which was more than 30 days prior to expiration. In the same letter, LRH requested an amendment to the project including prepared schematics by the architect. LRH received CON SC-19-82-EXT-1 on July 19, 2020, and it was valid until April 19, 2021, a period of nine months from original expiration of the CON. On August 19, 2020, the Department received a letter from LRH withdrawing the amendment request described in its letter dated April 20, 2020. On October 23, 2020, the Department received a 5th quarterly report concurrent from LRH with a request to amend the CON. The amendment request included new prepared schematics and furnished a project description with an updated cost estimate and project timeline.

LRH requested a second staff extension of the CON on March 5, 2021, which was 30 days prior to expiration. The Department issued a second staff extension CON SC-19-82-EXT-2 to LRH on July 13, 2021 and it will expire on January 19, 2022. Additionally, the Department communicated to LRH via email on July 13, 2021, that the Department has determined the amendment proposed in the letter dated October 23, 2020 is not a substantial amendment to the project and does not constitute a new project. In accordance with R. 61-15, Section 601, LRH submitted a third extension request to the Department on October 18, 2021, which is 90 days prior to expiration.

IV. ANALYSIS:

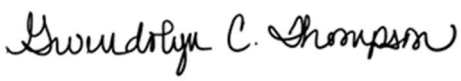
Department staff have reviewed all relevant information concerning this third extension request and find that circumstances beyond the control of LRH have contributed to the need for further extension of CON SC-19-82. Specifically, LRH references delays as a result schematic re-design and communication with Department staff as the primary driver of the request for extension. LRH provided in its extension request an updated timeline for the project, which Department staff believe is achievable given the significant expertise and resources available to LRH. In addition, with the new schematic re-design, LRH will have an estimated cost saving of $1.8 million. Department Staff expect that subsequent extensions by the Board may be unnecessary given LRH's timeline showing execution of a construction contract for the Project on or about October 2022. This contract will satisfy the requirement for implementation of the

Project under R. 61-15, *Certification of Need for Health Facilities and Services* and will render moot the need for further extension of CON SC-19-82.

V. RECOMMENDATION:

Department staff recommend the Board finds that Lowcountry Rehabilitation Hospital has demonstrated extenuating circumstances beyond its control which have prevented the Project from advancing, the Project is likely to be implemented during the period of extension, and a 9-month extension of CON SC-19-82 be granted.

Approved by:



Gwen C. Thompson
Deputy Director
Healthcare Quality

Attachments:

A) CON SC-19-82
B) Letter requesting first extension and amendment of CON
C) Letter granting first extension of CON
D) Letter requesting to withdrawal amendment request of CON
E) Letter of 5th quarterly report and revised amendment request of CON
F) Letter requesting second extension of CON
G) Letter granting second extension of CON
H) Email copy of Department determination of amendment request of CON
I) Letter requesting third extension of CON

South Carolina Department of Health and Environmental Control

Certificate of Need

SC-19-82

FACILITY NAME: Lowcountry Rehabilitation Hospital

LOCATION: Berkeley County

LICENSEE: Lowcountry Rehabilitation Hospital

FOR: Construction for the establishment of a 33 bed freestanding rehabilitation hospital in Berkeley County.

TOTAL PROJECT COST: $39,997,285

This Certificate is being issued in accordance with the Code of Laws of South Carolina.

In determining the need for this project, the South Carolina Department of Health and Environmental Control has taken into consideration the "Criteria for Project Review" and the South Carolina Health Plan as established in the *State Certification of Need and Health Facility Licensure Act*, S.C. Code Ann. Section 44-7-110 *et seq*. and Regulation 61-15, "Certification of Need for Health Facilities and Services."

This Certificate of Need is valid until July 19, 2020, which is a period of twelve (12) months from the date of issuance, unless the applicant receives an extension from the Department in accordance with applicable regulations.

Witness to this Certificate is confirmed by my signature and the seal of the Department of Health and Environmental Control this 19th day of July, 2019.

Louis W. Eubank, Chief
Bureau of Healthcare Planning and Construction

dhec
Healthy People. Healthy Communities.

ROPER ST. FRANCIS HEALTHCARE

125 Doughty St. Suite 720
Charleston, SC 29403

April 20, 2020

Ms. Maggie Murdock, Director
DHEC CON Program
2600 Bull Street
Columbia, SC 29201

SENT VIA ELECTRONIC MAIL: murdocmp@dhec.sc.gov

Re: SC-19-82 issued to Lowcountry Rehabilitation Hospital

Dear Ms. Murdock:

This letter serves as both a request to extend the above referenced Certificate of Need ("CON") issued for the construction of a 33-bed rehabilitation facility with ten additional shelled rooms in Berkeley County (the "Project") for a period of nine months and also to request permission to amend the Project in accordance with S.C. Code Regulation 61-15, Section 605 as described below.

As stated in the CON application, Lowcountry Rehabilitation Hospital ("Lowcountry") is the applicant and a wholly owned subsidiary of Roper St. Francis Healthcare ("Roper"). The Project is located on the campus of Roper St. Francis Hospital – Berkeley, also wholly owned by Roper. The application further describes Roper's intent to develop the Project and at some future date convey a partial membership interest in Lowcountry to an affiliate of the Medical University of South Carolina ("MUSC"). However, after the CON was issued and Roper began to develop the Project, the decision was made that MUSC would no longer pursue a membership interest in Lowcountry. As a result, Roper leadership further evaluated the Project and has decided that incorporating the thirty-three rehabilitation beds into the existing Roper St. Francis Hospital - Berkeley would result in significant design efficiencies and operational cost savings compared to the approved construction of a freestanding rehabilitation hospital located on the same campus. The progress made to date consists of a feasibility analysis and proposed architectural re-design. These factors account for the delay in project implementation, and need for the requested extension.

The concurrent request to amend the Certificate of Need is twofold. First, we are seeking permission to place thirty-three rehabilitation beds and one shelled room on a second-floor extension of Roper St. Francis Hospital – Berkeley. Richard Alsop, the architect, has prepared schematics and furnished the enclosed project description with an updated cost estimate and project timeline. The approved $39,997,285 total Project cost will be slightly reduced (reference "revised total project cost" enclosure). As the documentation demonstrates, this amendment will not result in an increase in Project size, scope or cost. Secondly, we are seeking permission to change the licensee to Roper St. Francis Hospital – Berkeley, Inc. Given both corporations are wholly owned subsidiaries of Roper, we don't believe this transaction would be transfer of the CON contemplated under S.C. Code

Regulation 61-15, Section 604. This would allow Roper St. Francis Hospital – Berkeley to create a hospital-based rehabilitation unit.

With this amendment there will be efficiencies in utilities and other support services; however, the most significant anticipated savings are expected within shared services which include: dietary, respiratory therapy, pharmacy, human resources, materials management and plant operations. The initial pro-forma for a freestanding hospital identified a need for 81.9 FTEs in Year 1. By converting to a hospital-based unit, revised projections identify a need for 46.5 FTEs. This reduction translates into over $2.1MM in salaries/wages/benefits expense savings in the first year and more than $13MM over five years, demonstrating achievement of the goal to provide healthcare services in a cost-effective manner.

Accordingly, Lowcountry/Roper respectfully request that the Department:

1. Grant a nine-month extension of the CON.
2. Grant permission to amend the Project as described above with the finding that (a) the proposed amendments do not result in a substantial change under S.C. Code Regulations, Section 605, and (b) the change of licensee from one Roper wholly owned subsidiary, Lowcountry Rehabilitation Hospital, to another wholly owned subsidiary, Roper St. Francis Hospital – Berkeley, Inc. is not a transfer as described in S.C. Code Regulations, Section 604.

Should you have any questions or need additional information, please feel free to contact me at (843) 789-1754 or shannon.cantwell@rsfh.com.

Sincerely,

Shannon Cantwell
Regulatory Affairs Specialist

Enclosures

April 15, 2020

Mr. Greg Edwards, Vice President and General Counsel
Roper St. Francis Healthcare
125 Doughty Street, Suite 720
Charleston, SC 29403
Greg.Edwards@rsfh.com

RE: 33 Bed Rehabilitation Expansion – Roper St. Francis, Berkeley Campus

Dear Mr. Edwards,

Per your request, please accept this letter for Roper St. Francis Healthcare's submission to SCDHEC as required for a Certificate of Need for a new 33 bed rehabilitation hospital unit which will be an expansion to the current Roper Hospital Berkeley campus. Please find provided below the following items: certified conceptual project construction budget (construction budget prepared by Robins + Morton); location/legal description of the property; project description; project timeline. Please find attached the following items: program for the rehabilitation expansion; conceptual plans of the expansion.

PROJECT BUDGET:

Based on conceptual plans prepared by HDR and in dialogue with Robins + Morton to discuss assumptions and clarifications, Robins + Morton has estimated the present value cost of construction at approximately $24,500,000 for 55,000 square feet of gross building square footage, equating to $445.45 per square foot. To that budget, please find estimated costs for equipment, IS, FF+E, permits, inspections, professional fees, and contingencies.

Task	Present Value	With Escalation (2021)
A. Estimated Construction Budget:	$24,500,000	$25,968,538*
B. Equipment, IS and FF+E:		$5,900,000
C. Permits and Inspections:		$160,000
D. Professional Design Fees (6% of A):		$1,558,112
E. Construction Contingency (10% of A):		$2,596,854
F. Design Contingency (10% of D):		$155,811
G. Total Project Budget:		**$36,339,315**

* 4.5% escalation from March 2020-March 2021 + 1.5% escalation from March 2021-June 2021 (anticipated bid acceptance date)

LOCATION/LEGAL DESCRIPTION:

The rehabilitation building expansion is to be located at 100 Callen Boulevard, Summerville, SC 29486 at the site of the current Roper St. Francis Hospital, Berkeley Campus, TMS # 209-00-01-080. The total site area for the expansion is approximately 0.4 acres.

Power and utility infrastructure is on site and will need to be extended to the project location. Site planning will include preparations for the building location, sidewalks, and extension of the service driveways. Stormwater detention for this expansion was calculated and installed during the hospital construction. No additional stormwater detention capacity is anticipated.

Additional parking will not need to be provided onsite to meet the zoning requirements of Goose Creek for hospitals (1 per 5 beds and 2 per main shift of staff) or the FGI Guidelines providing 1 per Patient bed, treatment area and 1 per employee per weekday shift. There are currently 711 parking spaces on site to satisfy a current hospital and MOB need of 392 leaving an excess of 319. The parking requirements for the rehabilitation expansion are 38 spaces. The remaining excess parking spaces available once this expansion is complete will be 281.

A separate service area is already designated and functioning for deliveries and Ambulance drop-off.

PROJECT DESCRIPTION:

The project includes the preparation of the documents associated with the CON application for roughly 55,000 SF of space. The rehab expansion will include 33 private inpatient beds, Rehabilitation Gym, nursing support, and associated clerical and family spaces for a rehabilitation hospital.

The building will be of the same construction type as the hospital and two stories in height. The rehabilitation hospital will occupy the upper floor of the expansion (approx. 36,000 square feet) with the lower floor (approx. 19,000 square feet) being shelled for future use. The rehabilitation hospital will be fully sprinklered. Occupancy is anticipated to be I-2 Condition 2 hospital serving more than 16 occupants incapable of self-preservation with 24 hour care per the IBC 2015 Use and Occupancy. It will meet the requirements of SCDHEC Regulation 61-16 – MINIMUM STANDARDS FOR LICENSING HOSPITALS AND INSTITUTIONAL GENERAL INFIRMARIES and other related sections 61-25 Retail Food Establishments. A program and scaled conceptual plan drawings are attached. Mechanical and electrical services will be provided to meet the redundancy requirements listed in NFPA documents for such a healthcare setting.

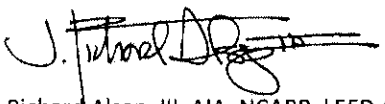
PROJECT TIMELINE:

The Design Services will be completed within 10 months of receipt of CON amendment approval. Bidding to general contractors and permitting will take approximately two months with an additional month to get the selected contractor under contract with the owner. Site and Building Construction are expected to take approximately 12 months following successful execution of the construction contract. With design services beginning in June 2020, anticipated opening date of the rehabilitation hospital after equipment installation and licensure is September 2022.

Activity	Estimated Duration	Planned Month
Receive CON Amendment Approval	2 Months	June 2020
Complete Design Documents	5 Months	November 2020
Complete Construction Documents	5 Months	April 2021
Bidding/Permitting	2 Months	June 2021
Execute Construction Contract	1 Month	July 2021

Construction	12 Months	July 2022
Equipment Installation	1 Month	August 2022
Licensure/Open	1 Month	September 2022

Sincerely,
HDR Architecture, Inc.



J. Richard Alsop, III, AIA, NCARB, LEED AP BD+C
Managing Principal
SC Registration Number: 7579

Roper St. Francis

Rehabilitation Expansion Program
Berkeley Campus

ROPER ST. FRANCIS

Expansion Summary

4/6/2020

Level 1	**18,715 BGSF**	Includes shell and upfit space
Level 2	**36,000 BGSF**	Includes 33 Rehab beds, gym, support and shell space
	54,715 BGSF	**Grand Total, Levels 1 & 2 Proposed Expansion**
Note:	**1,845 NSF**	Represents total NSF on Level 2 allocated to Rehab Patient Living Areas
	55.91 SF	SF allocated per patient for 33 Patient Beds, 55 SF per patient minimum

Level One

Departmental Net Sq. Feet:	**17,135**	
Departmental Grossing Factor:	**1.04**	Includes circulation to extend egress to exterior
Departmental Gross Sq. Feet:	**17,889**	
Building Grossing Factor:	**1.05**	(Includes Vertical Circulation, Exterior Skin)
Level 1 Building Gross Sq. Feet:	18,715 BGSF	

		Quantity	NSF/Room	Total NSF	Comments
	Building Support			**385**	**NSF Sub-Total**
2.01	Elevator Lobby	1	170	170	Two new patient/ material elevators
2.02	IDF Room	1	215	215	Intermediate Distribution Frame (Low Voltage)
2.03	Staff Vestibule	1	105	105	
	Shell Space			**16,750**	**NSF Sub-Total**
2.04	Shell Area	1	3,000	3,000	Assumed cold, dark shell
2.05	Shell Area	1	4,200	4,200	Assumed cold, dark shell
2.06	Shell Area	1	9,550	9,550	Assumed cold, dark shell

Roper St. Francis

Rehabilitation Expansion Program
Berkeley Campus

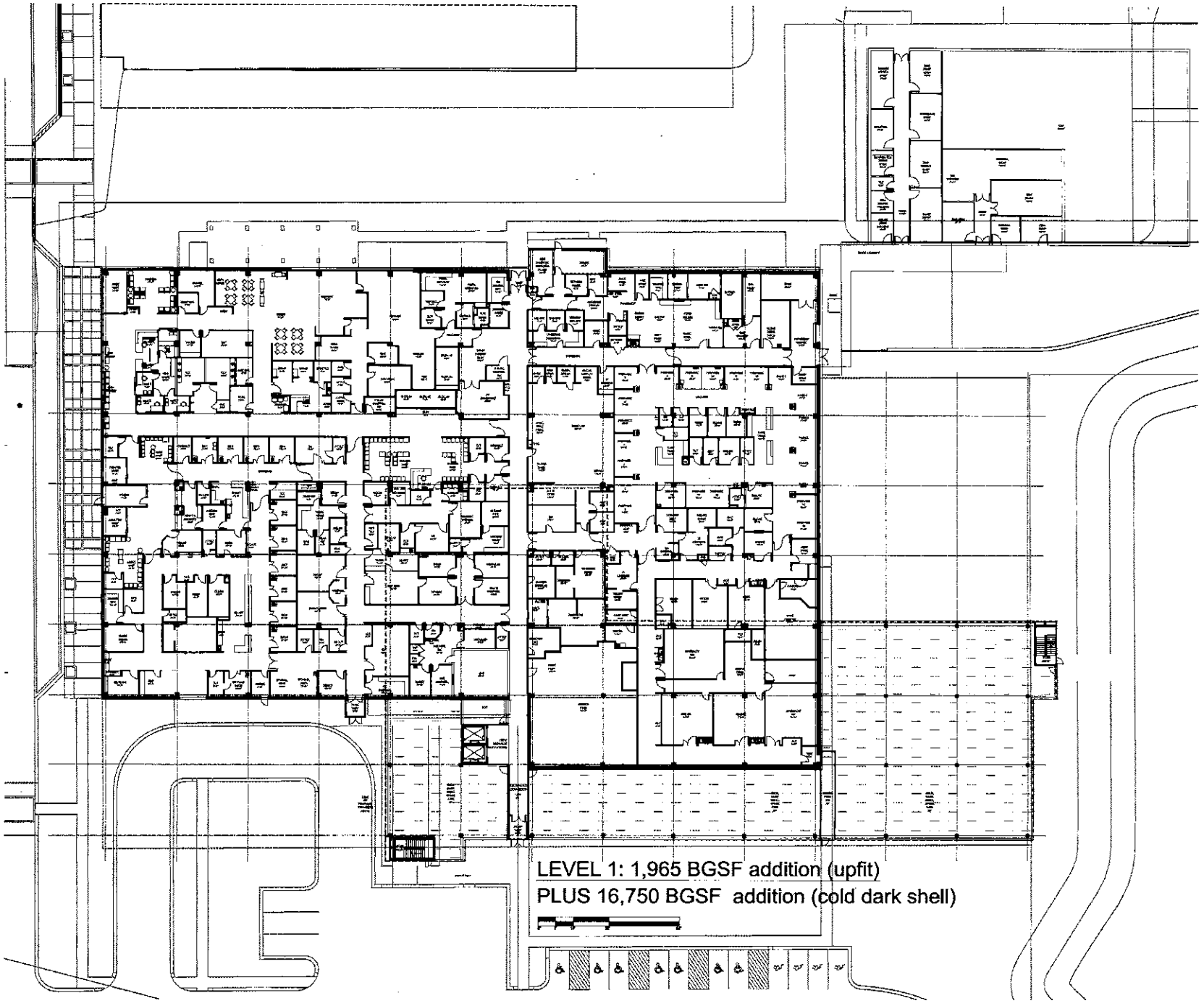
ROPER ST. FRANCIS HDR

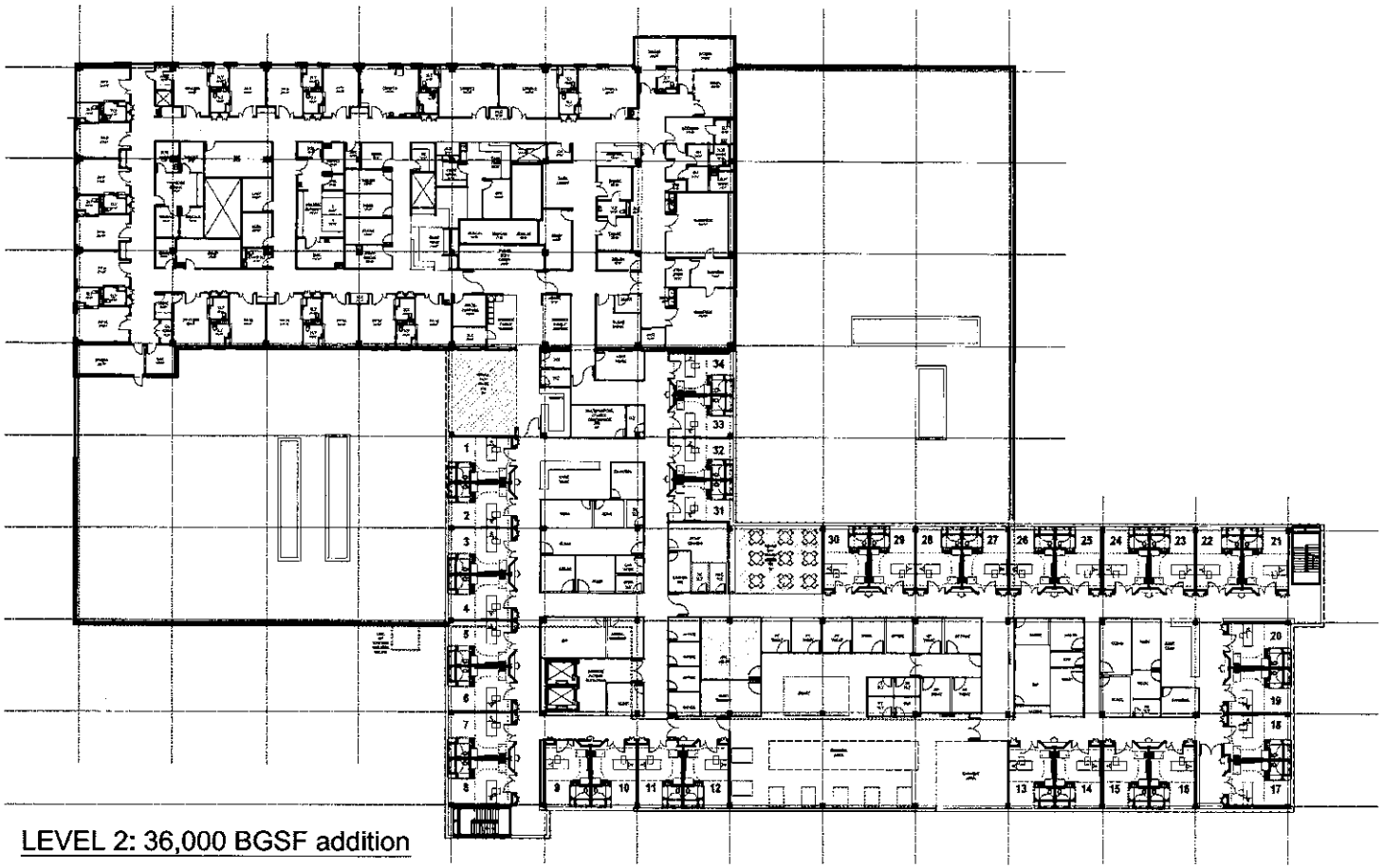
Level Two

4/6/2020

Departmental Net Sq. Feet:	**23,064**	
Departmental Grossing Factor:	**1.46**	Includes intradepartmental Circulation
Departmental Gross Sq. Feet:	**33,604**	
Building Grossing Factor:	**1.07**	Includes Vertical Circulation, Electrical Rooms, and Exterior Skin
Level 2 Building Gross Sq. Feet:	36,000 BGSF	

		Quantity	NSF/Room	Total NSF	Comments
	Entry / Public Support			**220**	**NSF Sub-Total**
2.01	Reception / Entry/ Control	1	110	110	
2.02	Public Toilet	2	55	110	
	Inpatient Unit			**15,644**	**NSF Sub-Total**
2.03	Rehab Patient Room	33	275	9,075	4' clear around bed and 5' turning radius
2.04	Rehab Patient Room Toilet	33	50	1,650	100% ADA
2.05	Rehab Nurse Server	33	5	165	Decentralized supplies
2.06	Rehab Patient Living- Day Space	1	679	679	Access to daylight, part of 55 SF/ patient minimum
2.07	Rehab Patient Living- Multipurpose Rm	1	276	276	Access to daylight, part of 55 SF/ patient minimum
2.08	Rehab Patient Living- Dining	1	760	760	Access to daylight, part of 55 SF/ patient minimum
2.09	Rehab Patient Living- Day Space Alcoves	2	65	130	Access to daylight, part of 55 SF/ patient minimum
2.10	Rehab Patient Toilets	2	55	110	
2.11	Care Team/ Nurse Station	2	320	640	
2.12	Charting/ Dictation	2	140	280	
2.13	Meds	2	165	330	
2.14	Nourishment	2	95	190	
2.15	Clean Supplies	2	263	525	
2.16	Soiled Holding	2	130	260	
2.17	Equipment Storage	2	177	354	
2.18	Housekeeping Closet	1	60	60	
2.19	Anes. Workroom	1	160	160	Replaces support for C-Section
	Diagnostic and Treatment Support			**5,365**	**NSF Sub-Total**
2.20	Activities of Daily Living Suite	1	450	450	Includes bedroom, bathroom, kitchen, training
2.21	Rehab Gym- Open Exercise Area	1	2,900	2,900	
2.22	Rehab Gym- Quiet Therapy	1	240	240	
2.23	Rehab Gym- Private Treatment	3	120	360	
2.24	Rehab Gym- Speech Treatment	3	120	360	
2.25	Rehab Gym - Speech Proc. Rm	1	150	150	
2.26	Rehab Gym- Therapist Work/ Chart	1	300	300	
2.27	Rehab Gym- Patient Locker Alc.	1	30	30	
2.28	Rehab Gym- Patient Toilet	2	55	110	
2.29	Rehab Gym- Staff Toilet	1	55	55	
2.30	Rehab Gym - Storage	1	140	140	
2.31	Rehab Gym- Office	1	100	100	
2.32	Rehab Gym- EVS	1	55	55	
2.33	Lab Work	1	60	60	
2.34	Lab Specimen Toilet	1	55	55	
	Staff Support			**1,125**	**NSF Sub-Total**
2.35	Staff Lounge	1	240	240	
2.36	Staff Locker Room	1	105	105	
2.37	Staff Toilet	3	55	165	
2.38	Office	5	90	450	
2.39	Social Services Workroom	1	165	165	
	Building Support			**385**	**NSF Sub-Total**
2.40	Elevator Lobby	1	220	220	Two new patient/ material elevators
2.41	IDF Rooms	1	165	165	Intermediate Distribution Frame (Low Voltage)
	Shell Space			**325**	**NSF Sub-Total**
2.42	Shell, Level 2	1	325	325	


LEVEL 1: 1,965 BGSF addition (upfit)
PLUS 16,750 BGSF addition (cold dark shell)



LEVEL 2: 36,000 BGSF addition

Updated Total Project Cost Estimate
4/16/20

PART A – QUESTIONNAIRE	
10. Construction and Site	
A. Type of Construction New	B. Number of Buildings Pertaining to Project 1
C. Number of Stories Pertaining to Project 2	D. Size of the Site in Acres 109.2 total acreage
E. Size of the Project Site in Acres 0.4 acre expansion	F. Square Footage of the Project 54,715 gross square feet consisting of: 36,000 2nd floor rehab unit 18,715 1st floor shell
G. Anticipated Date of Beginning Construction July 2021	H. Anticipated Date of Licensing or Project Completion September 2022
I. Anticipated Date for Submission of Final Completion Report March 2023	
11. Zoning of Construction Site General Commercial and Institutional (GC)	
12. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Land Cost $65,770 (@ $164,424/acre)	B. Construction Cost $25,968,538 inc. sitework
C. Professional Fees $1,873,923 consisting of: $1,558,112 design fees $ 155,811 contingency $ 160,000 permits/inspections	D. Equipment Costs $6,005,767 consisting of: $1,500,000 FFE/signage inc. sales tax $4,400,000 IT/cabling/infrastructure $ 105,767 procurement consultant
E. Financing Cost During Construction $1,645,308	F. Other Costs (Specify) $2,596,854 construction contingency
G. Total Project Cost $38,156,160	H. Construction and Equipment Cost 1. Per Square Foot $584 2. Per Bed $968,918

Healthy People. Healthy Communities.

Article #: 9214896900999790141991702 3

July 19, 2020

VIA EMAIL AND CERTIFIED MAIL

Shannon Cantwell
Regulatory Affairs Specialist
Roper St. Francis Healthcare
125 Doughty Street, Suite 720
Charleston, SC 29403

Re: Request for an Extension of Certificate of Need No. SC-19-82
Applicant: Lowcountry Rehabilitation Hospital
Project: Construction for the establishment of a 33 bed freestanding rehabilitation hospital in Berkeley County at a total project cost $39,997,285.
Berkeley County, South Carolina

Dear Ms. Cantwell:

The South Carolina Department of Health and Environmental Control ("Department") has reviewed your request for an extension of the above referenced Certificate of Need ("Certificate" or "CON"). A Certificate is valid for one year from the date of issuance. SC Code § 44-7-230(D). If a project is not completed before the expiration of that year, or if progress on the project does not comply with the timetable set forth in the CON application, then the Department may revoke the Certificate. The holder of a CON may apply to the Department for an extension of the Certificate's expiration period pursuant to S.C. Code Regs. 61-15 sections 601 through 603. Initially, Department staff may grant up to two extensions of as long as nine months apiece upon a proper showing that substantial progress has been made in implementing the project. Subsequent extensions may only be granted by the Department's Board. SC Code § 44-7-230(D).

Based on the material you have provided in support of your request, it is the decision of the Department to **grant you a nine (9) month extension** for Certificate No. SC-19-82. The Department's decision is based on the following findings:

- You have demonstrated substantial progress towards completion of the Project, and
- You have demonstrated that certain circumstances beyond the control of the applicant have prevented compliance with the Project's approved timetable.

A copy of the Department's Guide to Board Review is enclosed for your convenience. Should you require further information, please contact me at (803) 545-4492.

Sincerely,

Maggie Parham Murdock, Director
Certificate of Need Program

Enclosures: Guide to Board Review
CON SC-19-82-EXT-1

South Carolina Department of Health and Environmental Control

Certificate of Need

SC-19-82-EXT-1

FACILITY NAME: Lowcountry Rehabilitation Hospital

LOCATION: Berkeley County

LICENSEE: Lowcountry Rehabilitation Hospital

FOR: Construction for the establishment of a 33 bed freestanding rehabilitation hospital in Berkeley County.

TOTAL PROJECT COST: $39,997,285

This Certificate is being issued in accordance with the Code of Laws of South Carolina.

In determining the need for this project, the South Carolina Department of Health and Environmental Control has taken into consideration the "Criteria for Project Review" and the South Carolina Health Plan as established in the *State Certification of Need and Health Facility Licensure Act*, S.C. Code Ann. Section 44-7-110 *et seq*. and Regulation 61-15, "Certification of Need for Health Facilities and Services."

This Certificate of Need is valid until April 19, 2021, which is a period of nine (9) months from the date of issuance, unless the applicant receives an extension from the Department in accordance with applicable regulations.

Witness to this Certificate is confirmed by my signature and the seal of the Department of Health and Environmental Control this 19th day of July, 2020.

Maggie Parham Murdock, Director
Certificate of Need

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

dhec
Healthy People. Healthy Communities.

South Carolina Board of Health and Environmental Control

Guide to Board Review

Pursuant to S.C. Code Ann. § 44-1-60

The decision of the South Carolina Department of Health and Environmental Control (Department) becomes the final agency decision fifteen (15) calendar days after notice of the decision has been mailed to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of $100 is filed with Department by the applicant, permittee, licensee or affected person.

Applicants, permittees, licensees, and affected parties are encouraged to engage in mediation or settlement discussions during the final review process.

If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed that the Board declined to hold a final review conference. In matters pertaining to decisions under the South Carolina Mining Act, appeals should be made to the South Carolina Mining Council.

I. Filing of Request for Final Review

1. A written Request for Final Review (RFR) and the required filing fee of one hundred dollars ($100) must be received by Clerk of the Board within fifteen (15) calendar days after notice of the staff decision has been mailed to the applicant, permittee, licensee, or affected persons. If the 15th day occurs on a weekend or State holiday, the RFR must be received by the Clerk on the next working day. RFRs will not be accepted after 5:00 p.m.
2. RFRs shall be in writing and should include, at a minimum, the following information:
   - The grounds for amending, modifying, or rescinding the staff decision;
   - a statement of any significant issues or factors the Board should consider in deciding how to handle the matter;
   - the relief requested;
   - a copy of the decision for which review is requested; and
   - mailing address, email address, if applicable, and phone number(s) at which the requestor can be contacted.
3. RFRs should be filed in person or by mail at the following address:

   South Carolina Board of Health and Environmental Control
   Attention: Clerk of the Board
   2600 Bull Street
   Columbia, South Carolina 29201

   Alternatively, RFR's may be filed with the Clerk by facsimile (803-898-3393) or by electronic mail (boardclerk@dhec.sc.gov).
4. The filing fee may be paid by cash, check or credit card and must be received by the 15th day.
5. If there is any perceived discrepancy in compliance with this RFR filing procedure, the Clerk should consult with the Chairman or, if the Chairman is unavailable, the Vice-Chairman. The Chairman or the Vice-Chairman will determine whether the RFR is timely and properly filed and direct the Clerk to (1) process the RFR for consideration by the Board or (2) return the RFR and filing fee to the requestor with a cover letter explaining why the RFR was not timely or properly filed. Processing an RFR for consideration by the Board shall not be interpreted as a waiver of any claim or defense by the agency in subsequent proceedings concerning the RFR.
6. If the RFR will be processed for Board consideration, the Clerk will send an Acknowledgement of RFR to the Requestor and the applicant, permittee, or licensee, if other than the Requestor. All personal and financial identifying information will be redacted from the RFR and accompanying documentation before the RFR is released to the Board, Department staff or the public.
7. If an RFR pertains to an emergency order, the Clerk will, upon receipt, immediately provide a copy of the RFR to all Board members. The Chairman, or in his or her absence, the Vice-Chairman shall based on the circumstances, decide whether to refer the RFR to the RFR Committee for expedited review or to decline in writing to schedule a Final Review Conference. If the Chairman or Vice-Chairman determines review by the RFR Committee is appropriate, the Clerk will forward a copy of the RFR to Department staff and Office of General Counsel. A Department response and RFR Committee review will be provided on an expedited schedule defined by the Chairman or Vice-Chairman.
8. The Clerk will email the RFR to staff and Office of General Counsel and request a Department Response within eight (8) working days. Upon receipt of the Department Response, the Clerk will forward the RFR and Department Response to all Board members for review, and all Board members will confirm receipt of the RFR to the Clerk by email. If a Board member does not confirm receipt of the RFR within a twenty-four (24) hour period, the Clerk will contact the Board member and confirm receipt. If a Board member believes the RFR should be considered by the RFR Committee, he or she will

respond to the Clerk's email within forty-eight (48) hours and will request further review. If no Board member requests further review of the RFR within the forty-eight (48) hour period, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Final Review Conference. Contested case guidance will be included within the letter.
NOTE: If the time periods described above end on a weekend or State holiday, the time is automatically extended to 5:00 p.m. on the next business day.

9. If the RFR is to be considered by the RFR Committee, the Clerk will notify the Presiding Member of the RFR Committee and the Chairman that further review is requested by the Board. RFR Committee meetings are open to the public and will be public noticed at least 24 hours in advance.
10. Following RFR Committee or Board consideration of the RFR, if it is determined no Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Conference. Contested case guidance will be included within the letter.

II. Final Review Conference Scheduling

1. If a Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, informing the Requestor of the determination.
2. The Clerk will request Department staff provide the Administrative Record.
3. The Clerk will send Notice of Final Review Conference to the parties at least ten (10) days before the Conference. The Conference will be publically noticed and should:
    - include the place, date and time of the Conference;
    - state the presentation times allowed in the Conference;
    - state evidence may be presented at the Conference;
    - if the conference will be held by committee, include a copy of the Chairman's order appointing the committee; and
    - inform the Requestor of his or her right to request a transcript of the proceedings of the Conference prepared at Requestor's expense.
4. If a party requests a transcript of the proceedings of the Conference and agrees to pay all related costs in writing, including costs for the transcript, the Clerk will schedule a court reporter for the Conference.

III. Final Review Conference and Decision

1. The order of presentation in the Conference will, subject to the presiding officer's discretion, be as follows:
    - Department staff will provide an overview of the staff decision and the applicable law to include [10 minutes]:
        - Type of decision (permit, enforcement, etc.) and description of the program.
        - Parties
        - Description of facility/site
        - Applicable statutes and regulations
        - Decision and materials relied upon in the administrative record to support the staff decision.
    - Requestor(s) will state the reasons for protesting the staff decision and may provide evidence to support amending, modifying, or rescinding the staff decision. [15 minutes] *NOTE: The burden of proof is on the Requestor(s)*
    - Rebuttal by Department staff [15 minutes]
    - Rebuttal by Requestor(s) [10 minutes]

    Note: Times noted in brackets are for information only and are superseded by times stated in the Notice of Final Review Conference or by the presiding officer.
2. Parties may present evidence during the conference; however, the rules of evidence do not apply.
3. At any time during the conference, the officers conducting the Conference may request additional information and may question the Requestor, the staff, and anyone else providing information at the Conference.
4. The presiding officer, in his or her sole discretion, may allow additional time for presentations and may impose time limits on the Conference.
5. All Conferences are open to the public.
6. The officers may deliberate in closed session.
7. The officers may announce the decision at the conclusion of the Conference or it may be reserved for consideration.
8. The Clerk will mail the written final agency decision (FAD) to parties within 30 days after the Conference. The written decision must explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court or in matters pertaining to decisions under the South Carolina Mining Act, to request a hearing before the South Carolina Mining Council.. The FAD will be sent by certified mail, return receipt requested.
9. Communications may also be sent by electronic mail, in addition to the forms stated herein, when electronic mail addresses are provided to the Clerk.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

125 Doughty St. Suite 720
Charleston, SC 29403

August 19, 2020

Ms. Maggie Murdock, Director
DHEC CON Program
2600 Bull Street
Columbia, SC 29201

SENT VIA ELECTRONIC MAIL: murdocmp@dhec.sc.gov

Re: SC-19-82 issued to Lowcountry Rehabilitation Hospital

Dear Ms. Murdock:

By letter dated April 20, 2020, Lowcountry Rehabilitation Hospital sought to extend the Certificate of Need ("CON") issued for the construction of a 33-bed rehabilitation facility with ten additional shelled rooms in Berkeley County (the "Project") for a period of nine months and to request permission to amend the Project in accordance with S.C. Code Regulation 61-15, Section 605. Given verbal approval of the extension request has been granted, this letter serves to document that the CON expiration date is April 19, 2021. In addition, Lowcountry Rehabilitation Hospital is hereby withdrawing the amendment request described in its letter dated April 20, 2020.

Should you have any questions or need additional information, please feel free to contact me at (843) 789-1754 or shannon.cantwell@rsfh.com.

Sincerely,

Shannon Cantwell

Shannon Cantwell
Regulatory Affairs Specialist

ROPER ST. FRANCIS HEALTHCARE

125 Doughty St. Suite 720
Charleston, SC 29403

October 23, 2020

Ms. Maggie Murdock, Director
DHEC CON Program
2600 Bull Street
Columbia, SC 29201

SENT VIA ELECTRONIC MAIL: murdocmp@dhec.sc.gov

Re: SC-19-82 issued to Lowcountry Rehabilitation Hospital

Dear Ms. Murdock:

This letter serves as both a progress report for the above referenced Certificate of Need ("CON") issued for the construction of a 33-bed rehabilitation facility with ten additional shelled rooms in Berkeley County (the "Project") and to also request permission to amend the Project in accordance with S.C. Code Regulation 61-15, Section 605 as described below.

Roper St. Francis Healthcare leadership has further evaluated the Project and decided that incorporating the thirty-three rehabilitation beds into the existing Roper St. Francis Berkeley Hospital would result in efficiencies in terms of various support and contracted services. The progress made during the most recent three-month period consists of having the architect, Richard Alsop, re-design Lowcountry Rehabilitation Hospital as a "hospital within a hospital".

The concurrent request to amend the Certificate of Need seeks permission to construct a "hospital within a hospital". Roper St. Francis Hospital – Berkeley, Inc. would build a 2-story addition whereby the first floor would be shelled and the 36,000 +/- square foot second floor leased to Lowcountry Rehabilitation Hospital for its thirty-three rehabilitation beds and one shelled room. Mr. Alsop has prepared schematics and furnished the enclosed project description with an updated cost estimate and project timeline. The approved $39,997,285 total Project cost will be slightly reduced (reference "revised total project cost" enclosure). As the documentation demonstrates, this amendment will not result in an increase in Project size, scope or cost.

Accordingly, Lowcountry Rehabilitation Hospital respectfully requests that the Department grant permission to amend the Project as described above with the finding that the proposed amendment does not result in a substantial change under S.C. Code Regulations, Section 605. Should you have any questions or need additional information, please feel free to contact me at (843) 789-1754 or shannon.cantwell@rsfh.com. Thank you in advance for your consideration.

Sincerely,

Shannon Cantwell
Regulatory Affairs Specialist

Enclosures

October 21, 2020

Mr. Greg Edwards, Vice President and General Counsel
Roper St. Francis Healthcare
125 Doughty Street, Suite 720
Charleston, SC 29403
Greg.Edwards@rsfh.com

RE: 33 Bed Rehabilitation Hospital – Roper St. Francis, Berkeley Campus

Dear Mr. Edwards,

Per your request, please accept this letter for Roper St. Francis Healthcare's submission to SCDHEC as required for a Certificate of Need for a rehabilitation hospital as a "hospital-within-a-hospital". This new rehabilitation hospital will be a separately licensed 33 bed rehabilitation facility located within the existing Roper St. Francis Hospital, Berkeley Campus. Please find provided below the following items: certified conceptual project construction budget (construction budget prepared by Robins + Morton); location/legal description of the property; project description; project timeline. Please find attached the following items: program for the rehabilitation hospital; conceptual plans of the hospital.

PROJECT BUDGET:

Based on conceptual plans prepared by HDR and in dialogue with Robins + Morton to discuss assumptions and clarifications, Robins + Morton has estimated the present value cost of construction at approximately $24,500,000 for 55,000 square feet of gross building area, equating to $445.45 per square foot. To that budget, please find estimated costs for equipment, IS, FF+E, permits, inspections, professional fees, and contingencies.

Task		Present Value	With Escalation (2022)
A.	Estimated Construction Budget:	$24,500,000	$25,968,538*
B.	Equipment, IS and FF+E:		$5,900,000
C.	Permits and Inspections:		$160,000
D.	Professional Design Fees (6% of Task A.):		$1,558,112
E.	Construction Contingency (10% of Task A.):		$2,596,854
F.	Design Contingency (10% of Task D.):		$155,811
G.	Total Project Budget:		**$36,339,315**

* 4.5% escalation from October 2020-October 2021 + 1.5% escalation from October 2021-January 2022 (anticipated bid acceptance date)

LOCATION/LEGAL DESCRIPTION:

The rehabilitation hospital will be a separately licensed "hospital within a hospital" and will be attached to the existing Roper St. Francis Hospital, Berkeley Campus located at 100 Callen Boulevard, Summerville, SC 29486, TMS # 209-00-01-080. The total site area for the rehabilitation hospital is approximately 0.4 acres.

Power and utility infrastructure is on site and will need to be extended to the project location. Site planning will include preparations for the building location, sidewalks, and extension of the service driveways. Stormwater detention for this rehabilitation hospital was calculated and installed during the Roper St. Francis Hospital construction. No additional stormwater detention capacity is anticipated.

Additional parking will not need to be provided onsite to meet the zoning requirements of Goose Creek for hospitals (1 per 5 beds and 2 per main shift of staff) or the FGI Guidelines providing 1 per Patient bed, treatment area and 1 per employee per weekday shift. There are currently 711 parking spaces on site to satisfy a current Roper St. Francis Hospital and MOB need of 392 leaving an excess of 319. The parking requirements for the rehabilitation hospital are 38 spaces. The remaining excess parking spaces available once this rehabilitation hospital is complete will be 281.

A separate service area is already designated and functioning for deliveries and Ambulance drop-off.

PROJECT DESCRIPTION:

The project includes the preparation of the documents associated with the CON application for approximately 55,000 SF of space. The rehabilitation hospital will include 33 private inpatient beds, rehabilitation gym, nursing support, and associated clerical and family spaces.

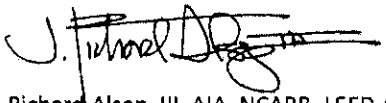
The rehabilitation hospital will be of the same construction type as the Roper St. Francis Hospital presently on site. The rehabilitation hospital will be attached to the existing Roper St. Francis Hospital and will be accessible from the upper floor of the Roper St. Francis Hospital. The rehabilitation hospital will be fully sprinklered. Occupancy is anticipated to be I-2 Condition 2 hospital serving more than 16 occupants incapable of self-preservation with 24 hour care per the IBC 2015 Use and Occupancy. The rehabilitation hospital will meet the requirements of SCDHEC Regulation 61-16 – MINIMUM STANDARDS FOR LICENSING HOSPITALS AND INSTITUTIONAL GENERAL INFIRMARIES and other related sections 61-25 Retail Food Establishments. A program and scaled conceptual plan drawings are attached. Mechanical and electrical services will be provided to meet the redundancy requirements listed in NFPA documents for such a healthcare setting.

PROJECT TIMELINE:

The Design Services will be completed within 10 months of receipt of the CON amendment approval. Bidding to general contractors and permitting will take approximately two months with an additional one month to get the selected contractor under contract with the owner. Site and Building Construction are expected to take approximately 12 months following successful execution of the construction contract. With design services beginning in January 2021, anticipated opening date of the rehabilitation hospital after equipment installation and licensure is March 2023.

Activity	Estimated Duration	Planned Month
Receive CON Amendment Approval	2 Months	December 2020
Complete Design Documents	5 Months	May 2021
Complete Construction Documents	5 Months	October 2021
Bidding/Permitting	2 Months	December 2021
Execute Construction Contract	1 Month	January 2022
Construction	12 Months	January 2023
Equipment Installation	1 Month	February 2023
Licensure/Open	1 Month	March 2023

Sincerely,
HDR Architecture, Inc.



J. Richard Alsop, III, AIA, NCARB, LEED AP BD+C
Managing Principal
SC Registration Number: 7579

Roper St. Francis

Rehabilitation Hospital Program
Berkeley Campus

ROPER ST. FRANCIS HDR

Hospital Summary

10/21/2020

Level 1	**18,715 BGSF**	Includes shell and upfit space
Level 2	**36,000 BGSF**	Includes 33 Rehab beds, gym, support and shell space
	54,715 BGSF	**Grand Total, Levels 1 & 2 Proposed Hospital**

Note:	**1,845 NSF**	Represents total NSF on Level 2 allocated to Rehab Patient Living Areas
	55.91 SF	SF allocated per patient for 33 Patient Beds, 55 SF per patient minimum

Level One

Departmental Net Sq. Feet:	**17,135**	
Departmental Grossing Factor:	**1.04**	Includes circulation to extend egress to exterior
Departmental Gross Sq. Feet:	**17,889**	
Building Grossing Factor:	**1.05**	(Includes Vertical Circulation, Exterior Skin)
Level 1 Building Gross Sq. Feet:	**18,715 BGSF**	

		Quantity	NSF/Room	Total NSF	Comments
	Building Support			**385**	**NSF Sub-Total**
2.01	Elevator Lobby	1	170	170	Two new patient/ material elevators
2.02	IDF Room	1	215	215	Intermediate Distribution Frame (Low Voltage)
2.03	Staff Vestibule	1	105	105	
	Shell Space			**16,750**	**NSF Sub-Total**
2.04	Shell Area	1	3,000	3,000	Assumed cold, dark shell
2.05	Shell Area	1	4,200	4,200	Assumed cold, dark shell
2.06	Shell Area	1	9,550	9,550	Assumed cold, dark shell

Roper St. Francis

Rehabilitation Hospital Program
Berkeley Campus

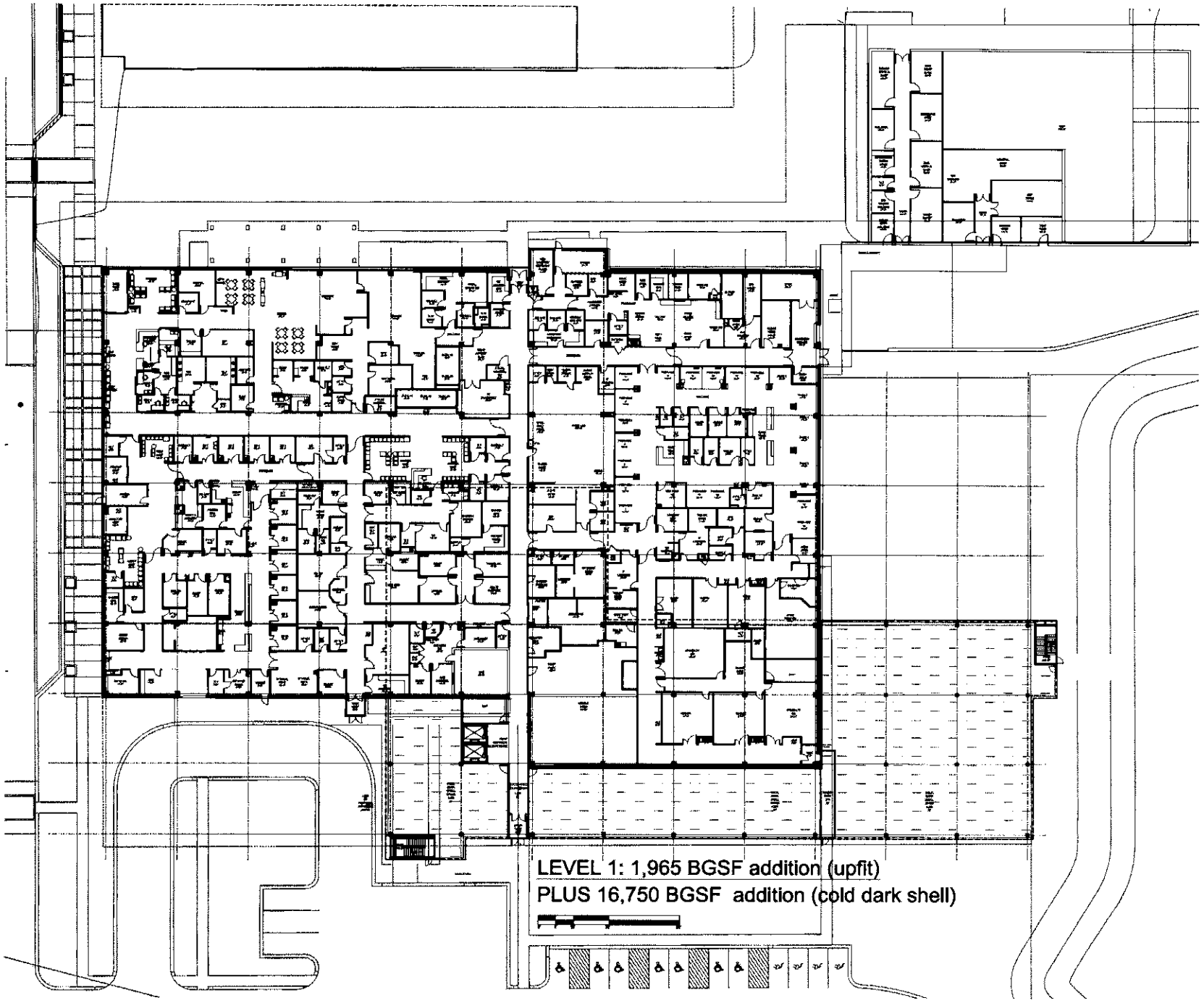
ROPER ST. FRANCIS HDR

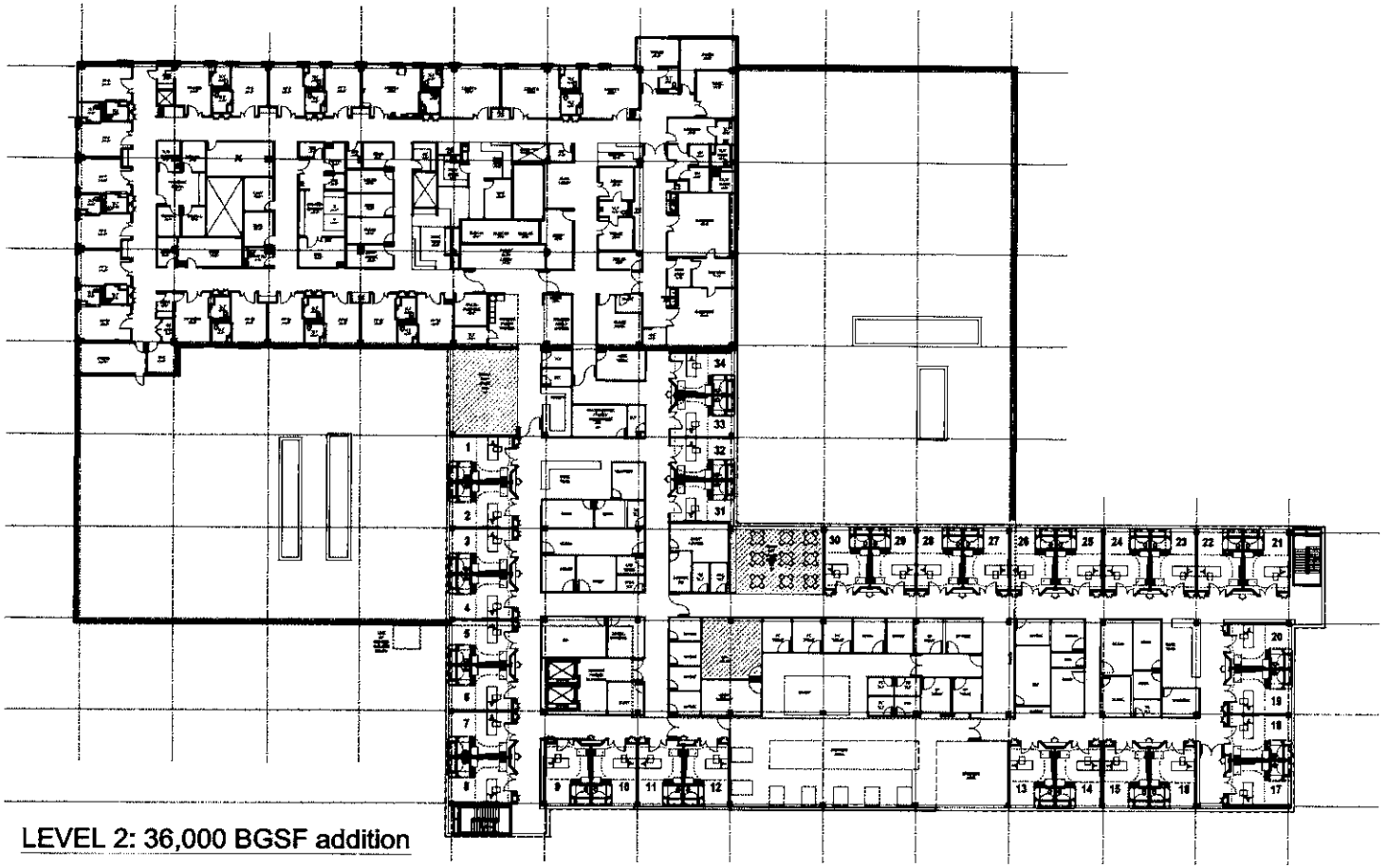
Level Two

10/21/2020

Departmental Net Sq. Feet:	**23,064**	
Departmental Grossing Factor:	**1.46**	Includes intradepartmental Circulation
Departmental Gross Sq. Feet:	**33,604**	
Building Grossing Factor:	**1.07**	Includes Vertical Circulation, Electrical Rooms, and Exterior Skin
Level 2 Building Gross Sq. Feet:	**36,000 BGSF**	

		Quantity	NSF/Room	Total NSF	Comments
	Entry / Public Support			**220**	**NSF Sub-Total**
2.01	Reception / Entry/ Control	1	110	110	
2.02	Public Toilet	2	55	110	
	Inpatient Unit			**15,644**	**NSF Sub-Total**
2.03	Rehab Patient Room	33	275	9,075	4' clear around bed and 5' turning radius
2.04	Rehab Patient Room Toilet	33	50	1,650	100% ADA
2.05	Rehab Nurse Server	33	5	165	Decentralized supplies
2.06	Rehab Patient Living- Day Space	1	679	679	Access to daylight, part of 55 SF/ patient minimum
2.07	Rehab Patient Living- Multipurpose Rm	1	276	276	Access to daylight, part of 55 SF/ patient minimum
2.08	Rehab Patient Living- Dining	1	760	760	Access to daylight, part of 55 SF/ patient minimum
2.09	Rehab Patient Living- Day Space Alcoves	2	65	130	Access to daylight, part of 55 SF/ patient minimum
2.10	Rehab Patient Toilets	2	55	110	
2.11	Care Team/ Nurse Station	2	320	640	
2.12	Charting/ Dictation	2	140	280	
2.13	Meds	2	165	330	
2.14	Nourishment	2	95	190	
2.15	Clean Supplies	2	263	525	
2.16	Soiled Holding	2	130	260	
2.17	Equipment Storage	2	177	354	
2.18	Housekeeping Closet	1	60	60	
2.19	Anes. Workroom	1	160	160	Replaces support for C-Section
	Diagnostic and Treatment Support			**5,365**	**NSF Sub-Total**
2.20	Activities of Daily Living Suite	1	450	450	Includes bedroom, bathroom, kitchen, training
2.21	Rehab Gym- Open Exercise Area	1	2,900	2,900	
2.22	Rehab Gym- Quiet Therapy	1	240	240	
2.23	Rehab Gym- Private Treatment	3	120	360	
2.24	Rehab Gym- Speech Treatment	3	120	360	
2.25	Rehab Gym - Speech Proc. Rm	1	150	150	
2.26	Rehab Gym- Therapist Work/ Chart	1	300	300	
2.27	Rehab Gym- Patient Locker Alc.	1	30	30	
2.28	Rehab Gym- Patient Toilet	2	55	110	
2.29	Rehab Gym- Staff Toilet	1	55	55	
2.30	Rehab Gym - Storage	1	140	140	
2.31	Rehab Gym- Office	1	100	100	
2.32	Rehab Gym- EVS	1	55	55	
2.33	Lab Work	1	60	60	
2.34	Lab Specimen Toilet	1	55	55	
	Staff Support			**1,125**	**NSF Sub-Total**
2.35	Staff Lounge	1	240	240	
2.36	Staff Locker Room	1	105	105	
2.37	Staff Toilet	3	55	165	
2.38	Office	5	90	450	
2.39	Social Services Workroom	1	165	165	
	Building Support			**385**	**NSF Sub-Total**
2.40	Elevator Lobby	1	220	220	Two new patient/ material elevators
2.41	IDF Rooms	1	165	165	Intermediate Distribution Frame (Low Voltage)
	Shell Space			**325**	**NSF Sub-Total**
2.42	Shell, Level 2	1	325	325	


LEVEL 1: 1,965 BGSF addition (upfit)
PLUS 16,750 BGSF addition (cold dark shell)



LEVEL 2: 36,000 BGSF addition

Updated Total Project Cost Estimate
10/23/20

PART A – QUESTIONNAIRE	
10. Construction and Site	
A. Type of Construction New	B. Number of Buildings Pertaining to Project 1
C. Number of Stories Pertaining to Project 2	D. Size of the Site in Acres 109.2 total acreage
E. Size of the Project Site in Acres 0.4 acre expansion	F. Square Footage of the Project 36,000 square feet
G. Anticipated Date of Beginning Construction January 2022	H. Anticipated Date of Licensing or Project Completion March 2023
I. Anticipated Date for Submission of Final Completion Report September 2023	
11. Zoning of Construction Site General Commercial and Institutional (GC)	
12. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Land Cost $65,770 (@ $164,424/acre)	B. Construction Cost $25,968,538 inc. sitework
C. Professional Fees $1,873,923 consisting of: $1,558,112 design fees $ 155,811 contingency $ 160,000 permits/inspections	D. Equipment Costs $6,005,767 consisting of: $1,500,000 FFE/signage inc. sales tax $4,400,000 IT/cabling/infrastructure $ 105,767 procurement consultant
E. Financing Cost During Construction $1,645,308	F. Other Costs (Specify) $2,596,854 construction contingency
G. Total Project Cost $38,156,160	H. Construction and Equipment Cost 1. Per Square Foot $888 2. Per Bed $968,918

125 Doughty St. Suite 720
Charleston, SC 29403

March 5, 2021

Ms. Maggie Murdock, Director
DHEC CON Program
2600 Bull Street
Columbia, SC 29201

SENT VIA ELECTRONIC MAIL: murdocmp@dhec.sc.gov

Re: SC-19-82 issued to Lowcountry Rehabilitation Hospital

Dear Ms. Murdock:

This letter serves to request a nine-month extension of the April 19, 2021, expiration date for the above referenced Certificate of Need issued for the construction of a 33-bed rehabilitation facility with ten additional shelled rooms in Berkeley County. Regulation 61-15 requires the following four issues be addressed: the progress made to date; an explanation of the circumstances that caused the submitted timetable not to be met; a detailed description of any changes in scope, configuration, and/or costs of the project; and a timetable for completion of all remaining project components. Each issue is addressed below in that order.

Progress Made to Date: The progress made to date consists of a feasibility analysis and proposed architectural re-design as a "hospital within a hospital".

Explanation of the Delay: The architectural re-design, subsequent amendment request, and outstanding response have all contributed to the delay in implementation.

Scope and/or Cost Changes: Please refer and respond to the amendment request dated October 23, 2020.

Timeline for completion: Once the necessary approval of the amendment is granted, design development will proceed. Assuming written approval is received in April, below is the timeline for project milestones:

Construction Drawings Completion	10/21
Project Bidding/Permitting	12/21
Execute Construction Contract	1/22
Construction Duration	2/22 – 8/23
Furnish Rooms; DHEC Licensure	10/23

Should you have any questions or need additional information, please feel free to contact me at (843) 789-1754 or shannon.cantwell@rsfh.com.

Sincerely,

Shannon Cantwell

Shannon Cantwell
Regulatory Affairs Specialist

Healthy People. Healthy Communities.

Article #: 9214896900999790141991702 3

July 13, 2021

VIA EMAIL AND CERTIFIED MAIL

Shannon Cantwell
Regulatory Affairs Specialist
Roper St. Francis Healthcare
125 Doughty Street, Suite 720
Charleston, SC 29403

Re: Request for a Second Extension of Certificate of Need No. SC-19-82
Applicant: Lowcountry Rehabilitation Hospital
Project: Construction for the establishment of a 33 bed freestanding rehabilitation hospital in Berkeley County at a total project cost $39,997,285. Berkeley County, South Carolina

Dear Ms. Cantwell:

The South Carolina Department of Health and Environmental Control ("Department") has reviewed your request for an extension of the above referenced Certificate of Need ("Certificate" or "CON"). A Certificate is valid for one year from the date of issuance. SC Code § 44-7-230(D). If a project is not completed before the expiration of that year, or if progress on the project does not comply with the timetable set forth in the CON application, then the Department may revoke the Certificate. The holder of a CON may apply to the Department for an extension of the Certificate's expiration period pursuant to S.C. Code Regs. 61-15 sections 601 through 603. Initially, Department staff may grant up to two extensions of as long as nine months apiece upon a proper showing that substantial progress has been made in implementing the project. Subsequent extensions may only be granted by the Department's Board. SC Code § 44-7-230(D).

Based on the material you have provided in support of your request, it is the decision of the Department to **grant you a second nine (9) month extension** for Certificate No. SC-19-82. The Department's decision is based on the following findings:

- You have demonstrated substantial progress towards completion of the Project, and
- You have demonstrated that certain circumstances beyond the control of the applicant have prevented compliance with the Project's approved timetable.

A copy of the Department's Guide to Board Review is enclosed for your convenience. Should you require further information, please contact me at (803) 545-4492.

Sincerely,

Maggie Parham Murdock, Director
Certificate of Need Program

Enclosures: Guide to Board Review
CON SC-19-82-EXT-2

South Carolina Department of Health and Environmental Control

Certificate of Need

SC-19-82-EXT-2

FACILITY NAME: Lowcountry Rehabilitation Hospital

LOCATION: Berkeley County

LICENSEE: Lowcountry Rehabilitation Hospital

FOR: Construction for the establishment of a 33 bed freestanding rehabilitation hospital in Berkeley County.

TOTAL PROJECT COST: $39,997,285

This Certificate is being issued in accordance with the Code of Laws of South Carolina.

In determining the need for this project, the South Carolina Department of Health and Environmental Control has taken into consideration the "Criteria for Project Review" and the South Carolina Health Plan as established in the *State Certification of Need and Health Facility Licensure Act*, S.C. Code Ann. Section 44-7-110 *et seq*. and Regulation 61-15, "Certification of Need for Health Facilities and Services."

This Certificate of Need is valid until January 19, 2022, which is a period of nine (9) months from the date of issuance, unless the applicant receives an extension from the Department in accordance with applicable regulations.

Witness to this Certificate is confirmed by my signature and the seal of the Department of Health and Environmental Control this 19th day of April, 2021.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Maggie Parham Murdock, Director
Certificate of Need

dhec
Healthy People. Healthy Communities.

South Carolina Board of Health and Environmental Control

Guide to Board Review

Pursuant to S.C. Code Ann. § 44-1-60

The decision of the South Carolina Department of Health and Environmental Control (Department) becomes the final agency decision fifteen (15) calendar days after notice of the decision has been mailed to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of $100 is filed with Department by the applicant, permittee, licensee or affected person.

Applicants, permittees, licensees, and affected parties are encouraged to engage in mediation or settlement discussions during the final review process.

If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed that the Board declined to hold a final review conference. In matters pertaining to decisions under the South Carolina Mining Act, appeals should be made to the South Carolina Mining Council.

I. Filing of Request for Final Review

1. A written Request for Final Review (RFR) and the required filing fee of one hundred dollars ($100) must be received by Clerk of the Board within fifteen (15) calendar days after notice of the staff decision has been mailed to the applicant, permittee, licensee, or affected persons. If the 15th day occurs on a weekend or State holiday, the RFR must be received by the Clerk on the next working day. RFRs will not be accepted after 5:00 p.m.
2. RFRs shall be in writing and should include, at a minimum, the following information:
   - The grounds for amending, modifying, or rescinding the staff decision;
   - a statement of any significant issues or factors the Board should consider in deciding how to handle the matter;
   - the relief requested;
   - a copy of the decision for which review is requested; and
   - mailing address, email address, if applicable, and phone number(s) at which the requestor can be contacted.
3. RFRs should be filed in person or by mail at the following address:

   South Carolina Board of Health and Environmental Control
   Attention: Clerk of the Board
   2600 Bull Street
   Columbia, South Carolina 29201

   Alternatively, RFR's may be filed with the Clerk by facsimile (803-898-3393) or by electronic mail (boardclerk@dhec.sc.gov).
4. The filing fee may be paid by cash, check or credit card and must be received by the 15th day.
5. If there is any perceived discrepancy in compliance with this RFR filing procedure, the Clerk should consult with the Chairman or, if the Chairman is unavailable, the Vice-Chairman. The Chairman or the Vice-Chairman will determine whether the RFR is timely and properly filed and direct the Clerk to (1) process the RFR for consideration by the Board or (2) return the RFR and filing fee to the requestor with a cover letter explaining why the RFR was not timely or properly filed. Processing an RFR for consideration by the Board shall not be interpreted as a waiver of any claim or defense by the agency in subsequent proceedings concerning the RFR.
6. If the RFR will be processed for Board consideration, the Clerk will send an Acknowledgement of RFR to the Requestor and the applicant, permittee, or licensee, if other than the Requestor. All personal and financial identifying information will be redacted from the RFR and accompanying documentation before the RFR is released to the Board, Department staff or the public.
7. If an RFR pertains to an emergency order, the Clerk will, upon receipt, immediately provide a copy of the RFR to all Board members. The Chairman, or in his or her absence, the Vice-Chairman shall based on the circumstances, decide whether to refer the RFR to the RFR Committee for expedited review or to decline in writing to schedule a Final Review Conference. If the Chairman or Vice-Chairman determines review by the RFR Committee is appropriate, the Clerk will forward a copy of the RFR to Department staff and Office of General Counsel. A Department response and RFR Committee review will be provided on an expedited schedule defined by the Chairman or Vice-Chairman.
8. The Clerk will email the RFR to staff and Office of General Counsel and request a Department Response within eight (8) working days. Upon receipt of the Department Response, the Clerk will forward the RFR and Department Response to all Board members for review, and all Board members will confirm receipt of the RFR to the Clerk by email. If a Board member does not confirm receipt of the RFR within a twenty-four (24) hour period, the Clerk will contact the Board member and confirm receipt. If a Board member believes the RFR should be considered by the RFR Committee, he or she will

respond to the Clerk's email within forty-eight (48) hours and will request further review. If no Board member requests further review of the RFR within the forty-eight (48) hour period, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Final Review Conference. Contested case guidance will be included within the letter.
NOTE: If the time periods described above end on a weekend or State holiday, the time is automatically extended to 5:00 p.m. on the next business day.

9. If the RFR is to be considered by the RFR Committee, the Clerk will notify the Presiding Member of the RFR Committee and the Chairman that further review is requested by the Board. RFR Committee meetings are open to the public and will be public noticed at least 24 hours in advance.
10. Following RFR Committee or Board consideration of the RFR, if it is determined no Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Conference. Contested case guidance will be included within the letter.

II. Final Review Conference Scheduling

1. If a Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, informing the Requestor of the determination.
2. The Clerk will request Department staff provide the Administrative Record.
3. The Clerk will send Notice of Final Review Conference to the parties at least ten (10) days before the Conference.. The Conference will be publically noticed and should:
   - include the place, date and time of the Conference;
   - state the presentation times allowed in the Conference;
   - state evidence may be presented at the Conference;
   - if the conference will be held by committee, include a copy of the Chairman's order appointing the committee; and
   - inform the Requestor of his or her right to request a transcript of the proceedings of the Conference prepared at Requestor's expense.
4. If a party requests a transcript of the proceedings of the Conference and agrees to pay all related costs in writing, including costs for the transcript, the Clerk will schedule a court reporter for the Conference.

III. Final Review Conference and Decision

1. The order of presentation in the Conference will, subject to the presiding officer's discretion, be as follows:
   - Department staff will provide an overview of the staff decision and the applicable law to include [10 minutes]:
     - Type of decision (permit, enforcement, etc.) and description of the program.
     - Parties
     - Description of facility/site
     - Applicable statutes and regulations
     - Decision and materials relied upon in the administrative record to support the staff decision.
   - Requestor(s) will state the reasons for protesting the staff decision and may provide evidence to support amending, modifying, or rescinding the staff decision. [15 minutes] *NOTE: The burden of proof is on the Requestor(s)*
   - Rebuttal by Department staff [15 minutes]
   - Rebuttal by Requestor(s) [10 minutes]

   Note: Times noted in brackets are for information only and are superseded by times stated in the Notice of Final Review Conference or by the presiding officer.
2. Parties may present evidence during the conference; however, the rules of evidence do not apply.
3. At any time during the conference, the officers conducting the Conference may request additional information and may question the Requestor, the staff, and anyone else providing information at the Conference.
4. The presiding officer, in his or her sole discretion, may allow additional time for presentations and may impose time limits on the Conference.
5. All Conferences are open to the public.
6. The officers may deliberate in closed session.
7. The officers may announce the decision at the conclusion of the Conference or it may be reserved for consideration.
8. The Clerk will mail the written final agency decision (FAD) to parties within 30 days after the Conference. The written decision must explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court or in matters pertaining to decisions under the South Carolina Mining Act, to request a hearing before the South Carolina Mining Council.. The FAD will be sent by certified mail, return receipt requested.
9. Communications may also be sent by electronic mail, in addition to the forms stated herein, when electronic mail addresses are provided to the Clerk.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

Amendment Request for SC-19-82

Murdock, Margaret P. <murdocmp@dhec.sc.gov>

Tue 7/13/2021 7:56 PM

To: Cantwell Shannon <Shannon.Cantwell@rsfh.com>
Cc: rbarbier@nexsenpruet.com <rbarbier@nexsenpruet.com>

Shannon,

Regarding your request, referenced below, to amend the above-referenced Project, the Department has determined that the amendment proposed in your letter is not a substantial amendment to the Project and does not constitute a new project.

Please let me know if you have any questions.
Thanks,
Maggie

Maggie Parham Murdock
Director
Certificate of Need Program
Healthcare Quality, Bureau of Planning and Construction
S.C. Dept. of Health & Environmental Control
Office: (803) 545-4492
Mobile: (803) 360-5770
Connect: www.scdhec.gov Facebook Twitter

From: Cantwell Shannon <Shannon.Cantwell@rsfh.com>
Sent: Monday, October 26, 2020 8:44 AM
To: Murdock, Margaret P. <murdocmp@dhec.sc.gov>
Subject:

Good morning Maggie,
Please see the attached progress report and amendment request on behalf of Lowcountry Rehabilitation Hospital (SC-19-82).

Shannon Cantwell
Regulatory Affairs Specialist
Roper St. Francis Healthcare

843.789.1754

Our Mission: Healing all people with compassion, faith and excellence.

125 Doughty St. Suite 720
Charleston, SC 29403

October 18, 2021

Ms. Maggie Murdock, Director
DHEC CON Program
2600 Bull Street
Columbia, SC 29201

SENT VIA ELECTRONIC MAIL: murdocmp@dhec.sc.gov

Re: SC-19-82 issued to Lowcountry Rehabilitation Hospital

Dear Ms. Murdock:

This letter serves to request a third nine-month extension of the January 19, 2022, expiration date for the above referenced Certificate of Need issued for the construction of a 33-bed rehabilitation facility with ten additional shelled rooms in Berkeley County. Regulation 61-15 requires the following four issues be addressed: the progress made to date; an explanation of the circumstances that caused the submitted timetable not to be met; a detailed description of any changes in scope, configuration, and/or costs of the project; and a timetable for completion of all remaining project components. Each issue is addressed below in that order.

Progress Made to Date: The progress made to date consists of a feasibility analysis and proposed schematic re-design. Hord Coplan Macht (HCM), a firm in Baltimore, was recently engaged to complete the architectural design process.

Explanation of the Delay: The schematic re-design as a "hospital within a hospital" (versus the approved freestanding rehabilitation hospital on the Roper St. Francis Berkeley Hospital's campus) and subsequent amendment request that was under review by the DHEC staff for approximately nine months prior to approval on July 13, 2021, have all contributed to the delay.

Additional Changes in Scope or Cost: None

Timeline for completion:

Construction Drawings Completion (12 months)	October 2022
Construction of RSF Berkeley Hospital Addition (24 months)	October 2024
Concurrent Project Bidding/Permitting for LRH	
Execute Construction Contract for LRH	
Construction Up-fit Duration (8 months)	June 2025
Furnish Rooms; DHEC Licensure (2 months)	August 2025

Should you have any questions or need additional information, please feel free to contact me at (843) 789-1754 or shannon.cantwell@rsfh.com.

Sincerely,

Shannon Cantwell

Shannon Cantwell
Regulatory Affairs Specialist

Date: January 5, 2022

To: S.C. Board of Health and Environmental Control

From: Bureau of Healthcare Systems and Services

Re: Public Hearing for Notice of Final Regulation Amending R.61-7, *Emergency Medical Services*, Document No. 5055

I. Introduction

The Bureau of Healthcare Systems and Services ("Bureau") proposes the attached Notice of Final Regulation amending R.61-7, *Emergency Medical Services*. Legal authority resides in S.C. Code Sections 44-61-10 *et seq*., which requires the Department of Health and Environmental Control ("Department") to establish and enforce basic standards for the licensure of ambulance services and emergency medical responder agencies, and certification of EMS personnel to ensure the safe and adequate treatment of persons served in this state. Legal authority also resides in S.C. Code Sections 44-78-10 *et seq.* and 44-80-10 *et seq.,* which requires the Department to promulgate regulations necessary to provide direction to emergency personnel in identifying patients who have a Do Not Resuscitate Order ("DNR"), and to oversee the Physician Orders for Scope of Treatment (POST) form and carry out other related responsibilities. The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of these proposed amendments.

II. Facts

1. The Bureau proposes amending R.61-7 to update provisions in accordance with current practices and standards. Proposed amendments incorporate and revise provisions and definitions to conform to statutory mandates and terminology widely used and understood within the provider community. The Department proposes revising requirements for Emergency Medical Technician (EMT) training programs, ambulance design and equipment, incident reporting, sanitation and infection control, monetary penalties, and other requirements for EMS agency licensure, ambulance permitting, and EMT certification. The Department also proposes amending the regulation to provide direction to emergency personnel in identifying patients who have a Do Not Resuscitate Order ("DNR"), and to add oversight of the Physician Orders for Scope of Treatment (POST) form and carry out other related responsibilities to the form.

2. The Department had a Notice of Drafting published in the February 26, 2021, *State Register*.

3. The Bureau held a virtual stakeholder meeting on March 19, 2021.

4. The Bureau received public comments from 25 parties by the March 29, 2021, close of the public comment period.

5. Appropriate Department staff conducted an internal review of the proposed amendments on June 22, 2021.

6. Bureau staff provided members of the Emergency Medical Services ("EMS") Advisory Council a draft copy of the Notice of Proposed Regulation for review and response on June 7, 2021. Department staff received comments on the proposed amendments from the EMS Advisory Council on June 29, 2021.

7. Upon receiving approval during the August 12, 2021, Board meeting, the Bureau had a Notice of Proposed Regulation published in the August 27, 2021, *State Register*. The Department received public comments from 22 people by the September 27, 2021, close of the public comment period. Attachment B presents a summary of these public comments received and Department responses.

8. The Bureau held a virtual stakeholder meeting on September 7, 2021.

9. An EMS Advisory Council meeting took place on September 9, 2021, to discuss the proposed amendments. Department staff received comments on the proposed amendments from the EMS Advisory Council on September 27, 2021. Attachment C presents a summary of these comments received and Department responses.

10. After consideration of all timely received comments, staff has made substantive changes to the regulatory text of the Notice of Proposed Regulation approved by the Board in the August 12, 2021, Board meeting and published in the August 27, 2021, *State Register*. Descriptions of the changes appear in Attachment B, Summary of Public Comments and Department Responses.

III. Request for Approval

The Bureau of Healthcare Systems and Service respectfully requests the Board to find need and reasonableness of the attached proposed amendment of R.61-7, *Emergency Medical Services*, for submission to the General Assembly.

Gwendolyn C. Thompson
Deputy Director
Healthcare Quality

Nigel E. Abner
Director
Bureau of Healthcare Systems and Service
Healthcare Quality

Attachments:
A. Notice of Final Regulation
B. Summary of Public Comments and Department Responses
C. Summary of Advisory Council Comments and Department Responses

ATTACHMENT A

STATE REGISTER NOTICE OF FINAL REGULATION
FOR R.61-7, *Emergency Medical Services*

January 5, 2022

Document No. 5055
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Sections 44-61-10 et seq., 44-78-10 et seq., and 44-80-10 et seq.

61-7. Emergency Medical Services.

Synopsis:

The Department of Health and Environmental Control ("Department") amends R.61-7 to update provisions in accordance with current practices and standards. Amendments incorporate and revise provisions and definitions to conform to statutory mandates and terminology widely used and understood within the provider community. The Department revises requirements for Emergency Medical Technician (EMT) training programs, ambulance design and equipment, incident reporting, sanitation and infection control, monetary penalties, and other requirements for EMS agency licensure, ambulance permitting, and EMT certification. The Department also amends the regulation to provide direction to emergency personnel in identifying patients who have a Do Not Resuscitate Order ("DNR"), and to add oversight of the Physician Orders for Scope of Treatment (POST) form and carry out other related responsibilities to the form.

The Department further revises for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation. R.61-7 was last amended in 2016.

The Department had a Notice of Drafting published in the February 26, 2021, South Carolina *State Register*.

Instructions:

Replace R.61-7 in its entirety with this amendment.

Section-by-Section Discussion of Amendments:

Section	Type of Change	Purpose
Table of Contents	Reorganization and Revision	To reflect proposed section organization and section title amendments in regulation text.
Former 100 – Scope and Purpose Former 101 – Scope of Act 1118 of 1974 as amended	Deletion	To be consistent with other Departmental regulations. This section is no longer necessary.
Former 200 – Definitions **100 – Definitions, Licensure, and Certification**	Reorganization	To be consistent with other Departmental regulations.
101 – Definitions	Reorganization	To be consistent with other Departmental regulations.

Section	Type of Change	Purpose
101.A – Abandoned	Addition	New definition to clarify term used in Section 300.
101.B – Abuse	Addition	New definition to clarify term used in Section 600.
101.C – Advanced Emergency Medical Technician (AEMT)	Reorganization and Revision	Recodified from former 200.N.3 and amended for readability.
101.D – Advanced Life Support (ALS)	Reorganization and Revision	Recodified from former 200.A and amended to align with statutory language.
Former 200.B – Advanced Life Support Service	Deletion	Term no longer used in the regulation.
101.E – Adverse Incident	Addition	New definition to clarify term used in Section 600.
101.F – Air Ambulance	Reorganization	Recodified from former 200.C.
101.G – Ambulance	Reorganization and Revision	Recodified from former 200.R and amended for readability and to align with current statute.
101.H – Attendant	Addition	New definition added to align with current statute and clarify term used in Section 500.
101.I – Attendant-driver	Addition	New definition added to align with current statute and clarify term used in Section 500.
101.J – Basic Life Support Service	Reorganization and Revision	Recodified from former 200.D and amended to clarify term used throughout the regulation.
Former 200.E – Commission on Accreditation of Allied Health Education Programs	Deletion	Term no longer used in the regulation.
Former 200.F – Committee on Accreditation of Educational Program for the Emergency Medical Service Professionals	Deletion	Term no longer used in the regulation.
101.K – Certificate	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.L – Condition Requiring an Emergency Response	Reorganization	Recodified from former 200.G.
101.M – Continuing Education Program	Reorganization and Revision	Recodified from former 200.H and amended to clarify term used in Section 113.
Former 200.I – Credentialing Information System (CIS)	Deletion	Change in software system.
101.N – Department	Reorganization	Recodified from former 200.II.
101.O – Do Not Resuscitate Bracelet (“Bracelet”)	Addition	New definition to align with statutory language and to clarify term used in Section 700.

Section	Type of Change	Purpose
101.P – Do Not Resuscitate Order for Emergency Services ("DNR Order")	Addition	New definition to align with statutory language and to clarify term used in Section 700.
101.Q – Driver	Reorganization and Revision	Recodified from former 200.J and amended to clarify term used in Section 500.
101.R – Electronic Patient Care Reports (ePCR)	Reorganization and Revision	Recodified from former 200.K and amended to remove specifically named software.
101.S – Elopement	Addition	New definition to clarify term used in Section 600.
101.T – Emergency	Reorganization	Recodified from former 200.L.
101.U – Emergency Medical Responder Agency	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.V – Emergency Medical Service Agency (EMS Agency)	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.W – Emergency Medical Service Personnel	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.X – Emergency Medical Technician (EMT)	Reorganization and Revision	Recodified from former 200.N.1 and amended to clarify term used throughout the regulation.
101.Y – Emergency Transport	Reorganization	Recodified from former 200.M.
101.Z – EMT-basic	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
Former 200.N – EMT	Reorganization	Recodified as standalone definitions.
Former 200.O – EMT Rapid Responder Agency	Deletion	Language incorporated into Section 504.
101.AA – Endorsement	Addition	New definition to align with statutory language and to clarify term used in Section 500.
101.BB – Exploitation	Addition	New definition to align with statutory language and to clarify term used in Section 600.
101.CC – Federal Aviation Administration	Reorganization	Recodified from former 200.P.
101.DD – Flight Nurse	Reorganization and Revision	Recodified from former 200.Q and amended to clarify term used throughout the regulation.
Former 200.R – Ground Ambulance	Reorganization	Recodified to 101.G.

Section	Type of Change	Purpose
Former 200.S – HIPAA	Deletion	Term no longer used in the regulation.
Former 200.T – Intermediate Life Support Service	Deletion	Term no longer used in the regulation.
101.EE – Investigative Review Committee	Addition	New definition to align with statutory language and to clarify term used in Section 300.
Former 200.U – Joint Policy Statement on Equipment for Ground Ambulance	Deletion	Term no longer used in the regulation.
101.FF – License	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.GG – Licensee	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.HH – Medical Control	Reorganization and Revision	Recodified from former 200.V and amended to clarify term used throughout the regulation.
101.II – Medical Control Physician	Addition	New definition to clarify term used throughout the regulation.
101.JJ – Moral Turpitude	Reorganization	Recodified from former 200.W.
101.KK – National Emergency Medical Services Information System	Reorganization	Recodified from former 200.X.
101.LL – National Registry of Emergency Medical Technicians	Reorganization	Recodified from former 200.Y.
101.MM – Nonemergency Transport	Reorganization and Revision	Recodified from former 200.Z and amended to clarify term used throughout the regulation.
101.NN – Palliative Treatment	Addition	New definition to align with statutory language and to clarify term used in Section 700.
101.OO– Paramedic	Reorganization and Revision	Recodified from former 200.N.4 and amended to clarify term used throughout the regulation.
101.PP – Patient	Reorganization and Revision	Recodified from former 200.AA and amended to align with statute.
101.QQ – Permit	Addition	New definition to align with statutory language.
101.RR – Physician Orders for Scope of Treatment (POST) Form	Addition	New definition to align with statutory language.
101.SS – Prehospital Care	Reorganization	Recodified from former 200.BB.
Former 200.CC – Prehospital Medical Information System (PreMIS)	Deletion	Term no longer used in the regulation.

Section	Type of Change	Purpose
101.TT – Protocols	Addition	New definition to clarify term used throughout the regulation.
101.UU – Public Safety Answering Point	Addition	New definition to clarify term used in Section 500.
101.VV – Resuscitative Treatment	Addition	New definition to clarify term used in Section 700.
101.WW – Revocation	Reorganization	Recodified from former 200.DD.
101.XX – Special Purpose EMT	Reorganization	Recodified from former 200.EE.
Former 200.FF – Specialty Care	Deletion	Term no longer used in the regulation.
101.YY – Star of Life	Reorganization	Recodified from former 200.GG.
101.ZZ – Suspension	Reorganization	Recodified from former 200.HH.
Former 200.II – The Department	Reorganization	Recodified to 101.N.
101.AAA – Variance	Addition	New definition to clarify term used in Section 117.
Former 200.JJ – Vocational School	Deletion	Term no longer used in the regulation.
101.BBB – Volunteer EMS Provider	Reorganization	Recodified from former 200.KK.
102 – Licensure	Reorganization and Revision	Partly recodified from former Section 401 to be consistent with other Departmental regulations; amended for readability.
103 – EMS Agency License Application	Reorganization and Revision	Recodified from former Section 401 and amended to be consistent with other Departmental regulations.
104 – Emergency Medical Technicians	Reorganization	Recodified from former Section 900.
104.A	Reorganization and Revision	Recodified from former Section 901 and amended for readability.
104.B	Reorganization and Revision	Recodified from former Sections 901 and 902 and amended for readability.
105 – Initial EMT-basic, AEMT, and Paramedic Certification	Reorganization, Revision, and Addition	Recodified from former Section 902; amended and added language for readability.
106 – Issuance and Terms of Certification	Reorganization, Revision, and Addition	Recodified from former Section 902; amended and added language to align with statutory requirements.
107 – EMT-basic, AEMT, or Paramedic Certification Renewal	Reorganization and Revision	Recodified from former Section 903 and amended for readability.
108 – Special Purpose EMT	Reorganization and Revision	Recodified from former Section 904 and amended to clarify grandfathered certification of Special Purpose EMT.

Section	Type of Change	Purpose
109 – Reciprocity	Reorganization and Revision	Recodified from former Section 905 and amended to clarify requirements for Reciprocity.
110 – Certification Examinations	Reorganization and Revision	Recodified from former Section 906 and amended to clarify requirements for Certification Examinations.
111 – Training Programs	Reorganization and Revision	Recodified from former Section 906 and amended for readability and to clarify requirements for Training Programs.
112 – Certified EMT-basic, AEMT, and Paramedic Instructors	Reorganization and Revision	Recodified from former Section 907 and amended for readability and to clarify requirements.
113 – Continuing Education (CE) Program	Reorganization and Revision	Recodified from former Section 907 and amended for readability and to clarify requirements.
114 – Continuing Education Units (CEUs)	Reorganization and Revision	Recodified from former Section 907 and amended for readability and to clarify requirements.
115 – Pilot Programs	Reorganization and Revision	Recodified from former Section 907 and amended for readability and to clarify requirements.
116 – Endorsement of Specialty Credentials	Reorganization and Revision	Recodified from former Section 908 and amended for readability and to clarify requirements.
117 – Variance	Addition	New section to be consistent with other Departmental regulations.
200 – Enforcement of Regulations	Reorganization and Revision	Recodified and title amended to be consistent with other Departmental regulations.
201 – Inspections and Investigations	Reorganization and Revision	Recodified from former Sections 301 and 302 to be consistent with other Departmental regulations; amended for readability and to clarify requirements.
202 – Plan of Correction	Addition	New section to align with other Departmental regulations.
203 – Consultations	Addition	New section to align with other Departmental regulations.
300 – Enforcement Actions	Revision	Title amended to be consistent with other Departmental regulations.
Former 300 – Enforcing Regulations	Reorganization	Sections 301-302 recodified to proposed Section 201. Section 303 recodified to proposed Sections 301 and 302.

Section	Type of Change	Purpose
301 – General	Revision	Title amended to be consistent with other Departmental regulations.
304.G and H	Deletion	Items no longer relevant in the regulation.
302 – Enforcement Actions against Emergency Medical Technicians	Reorganization and Revision	Recodified from former Section 1100 and amended to clarify requirements.
303 – Investigative Review Committee	Addition	New section to reflect statutory language and clarify requirements.
304 – Violation Classifications	Revision	Revised for consistency with other Departmental regulations from former Section 304.
305 – Monetary Penalties	Reorganization, Revision, and Addition	Recodified from former Section 1501 to be consistent with other Departmental regulations; amended and added language to clarify requirements.
400 – Policies and Procedures	Revision	Title amended to be consistent with other Departmental regulations.
400.A – C	Addition	New items to align with statute and to provide clarity for regulatory requirements.
Former 400 – Licensing Procedures	Reorganization and Deletion	Section 401 recodified to proposed Section 103. Sections 402-404, 406, 408, and 410 recodified to proposed Sections 502-506. Sections 405, 407, and 411 deleted as content no longer defined or used in the regulation.
500 – Personnel Requirements	Revision	Title amended to be consistent with other Departmental regulations.
Former 500 – Permits, Ambulance	Reorganization	Sections 501 and 502 recodified to proposed Section 1800.
501 – General	Reorganization and Revision	Recodified from former Section 1000 and amended for readability and to clarify requirements.
502 – Medical Control Physician	Reorganization and Revision	Recodified from former Section 402 and amended for readability and to clarify requirements.
503 – Driver	Reorganization and Revision	Recodified from former Sections 403 and 404.D; amended to align with statutory language and amended for readability and to clarify requirements.

Section	Type of Change	Purpose
504 – Emergency Medical Responder Agency	Addition	New section to reflect statutory language and amended for readability and to clarify requirements.
505 – Ambulance Service Agency	Reorganization and Revision	Recodified from former Sections 404-411 and 501 and amended for readability and to clarify requirements.
506 – Special Response Vehicle	Addition	New section to align with statute and to provide clarity for regulatory requirements.
507 – Tiered Response System	Reorganization and Revision	Recodified from former Section 405.A; amended to align with statutory language.
508 – Volunteer EMS Agencies	Reorganization and Revision	Recodified from former Section 411 and amended for readability and to clarify regulatory requirements.
600 – Reporting	Revision	Title amended to be consistent with other Departmental regulations.
Former 600 – Standards for Ambulance Permit	Reorganization	Section 601 recodified to proposed Sections 1902 and 2100.
601 – Adverse Incident Reporting	Addition	New section to be consistent with other Departmental regulations and to clarify reporting requirements. The requirements of Section 601 will take effect (1) year following the date of publication of this regulation in the State Register.
602 – Collisions	Reorganization and Revision	Recodified from former Section 501.F and amended for readability and to clarify regulatory requirements.
603 – Administration Changes	Reorganization and Revision	Recodified from former Sections 401 and 402 to be consistent with other Departmental regulations and amended for readability.
604 – Accounting of Controlled Substances	Addition	New section to be consistent with other Departmental regulations and to clarify reporting.
605 – Agency Closure	Addition	New section to be consistent with other Departmental regulations and to clarify reporting.

Section	Type of Change	Purpose
700 – Patient Care	Revision	Title amended to be consistent with other Departmental regulations.
Former 700 – Equipment	Reorganization	Sections 701-704 recodified to proposed Section 2100.
701 – General	Reorganization and Revision	Recodified from former Section 1301 and amended for readability.
702 – Data Manager	Reorganization and Revision	Recodified from former Section 1302 and amended for readability.
703 – Content	Reorganization and Revision	Recodified from former Section 1303 and amended for readability.
704 – Report Maintenance	Reorganization and Revision	Recodified from former Section 1304 and amended for readability.
705 – Do Not Resuscitate (DNR) Order	Reorganization and Revision	Recodified from former Section 1400 and amended for readability.
706 – Physician Orders for Scope of Treatment (POST)	Addition	New section to reflect statutory language and for readability.
800-1100 – Reserved	Reorganization	Reserved to be consistent with other Departmental regulations and for future use.
Former 800 – Sanitation Standards for Licensed Providers	Reorganization	Sections 801-815 recodified to proposed Sections 1701-1715 to be consistent with other Departmental regulations.
Former 900 – Emergency Medical Technicians	Reorganization and Deletion	Sections 901-908 recodified to proposed Sections 104-105, 107-111, and 116. Section 909 deleted as no longer relevant to the regulation.
Former 1000 – Personnel Requirements	Reorganization	Recodified to proposed Section 500 to be consistent with other Departmental regulations.
Former 1100 – Revocation or Suspension of Certificates of Emergency Medical Technicians	Reorganization	Recodified to proposed Section 114 to be consistent with other Departmental regulations.
1200 – Medications	Reorganization and Revision	Title amended to be consistent with other Departmental regulations.
Former 1200 – Air Ambulances	Reorganization	Sections 1201-1205 recodified to proposed Sections 2201-2205 to be consistent with other Departmental regulations.
1201 – General	Addition	New section to be consistent with other Departmental

Section	Type of Change	Purpose
		regulations and to clarify regulatory requirements for Medication Management.
1202 – Medication Orders	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements for Medication Management.
1203 – Administering Medication and/or Treatments	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements for Medication Management.
1204 – Medication Storage	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements for Medication Management.
1205 – Disposition of Controlled Substances	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements for Medication Management.
1300-1600 – Reserved	Reorganization	Reserved to be consistent with other Departmental regulations and for future use.
Former 1300 – Patient Care Reports	Reorganization	Recodified Sections 1301-1304 to proposed Sections 701-704 to be consistent with other Departmental regulations.
Former 1400 – Do Not Resuscitate Order	Deletion, Reorganization, and Revision	Removed Sections 1401-1403 and 1408 as no longer necessary in the regulation. Recodified Sections 1404-1407 to proposed Section 705.
Former 1500 – Fines and Monetary Penalties	Reorganization	Recodified Section 1501 to proposed Section 300 to be consistent with other Departmental regulations.
Former 1600 – Severability	Reorganization	Recodified to proposed Section 2700 to be consistent with other Departmental regulations.
1700 – Sanitation and Infection Control	Revision	Amended title to be consistent with other Departmental regulations.
1701 – General	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements.

Section	Type of Change	Purpose
1702 – Exterior Ambulance Surfaces	Reorganization and Revision	Recodified from former Section 801 and amended to clarify requirements.
1703 – Interior Ambulance Surfaces – Patient Compartment	Reorganization and Revision	Recodified from former Section 802 and amended to clarify regulatory requirements.
1704 – Linen	Reorganization and Revision	Recodified from former Section 803 and amended to clarify regulatory requirements.
1705 – Oxygen Administration Apparatus	Reorganization and Revision	Recodified from former Section 804 and amended to clarify regulatory requirements.
1706 – Resuscitation Equipment	Reorganization and Revision	Recodified from former Section 805 and amended to clarify regulatory requirements.
1707 – Suction Unit	Reorganization and Revision	Recodified from former Section 806 and amended to clarify regulatory requirements.
1708 – Splints	Reorganization and Revision	Recodified from former Section 807 and amended to clarify regulatory requirements.
1709 – Spinal Motion Restriction Devices	Reorganization and Revision	Recodified from former Section 808 and amended to clarify regulatory requirements.
1710 – Bandages and Dressings	Reorganization and Revision	Recodified from former Section 809 and amended to clarify regulatory requirements.
1711 – Obstetrical (OB) Kits	Reorganization and Revision	Recodified from former Section 810 and amended to clarify regulatory requirements.
1712 – Oropharyngeal Appliances	Reorganization and Revision	Recodified from former Section 811 and amended to clarify regulatory requirements.
1713 – Communicable Diseases	Reorganization and Revision	Recodified from former Section 812 and amended to clarify regulatory requirements.
1714 – Equipment	Reorganization and Revision	Recodified from former Section 813 and amended to clarify regulatory requirements.
1715 – Equipment and Materials Storage Areas	Reorganization and Revision	Recodified from former Section 814 and amended to clarify regulatory requirements.
1716 – Personnel	Reorganization and Revision	Recodified from former Section 815 and amended to clarify regulatory requirements.
1800 – Ambulance Permits	Addition	New section title and section.
1801 – General	Reorganization and Revision	Recodified from former Section 501 and amended to clarify regulatory requirements.

Section	Type of Change	Purpose
1802 – Temporary Ambulance Permit	Reorganization and Revision	Recodified from former Section 502 and amended to clarify regulatory requirements.
1900 – Ambulances	Addition	New section title and section.
1901 – Ambulance Design	Reorganization and Revision	Recodified from former Section 601 and amended to clarify current practices.
1902 – Ambulance Re-mount Design and Equipment	Addition	New section to be consistent with national standards.
2000 – Reserved	Addition	Reserved to be consistent with other Departmental regulations and for future use.
2100 – Medical Equipment	Reorganization and Revision	Recodified from former Section 700 to be consistent with other Departmental regulations and amended to clarify regulatory requirements.
2200 – Air Ambulance	Addition	New section title and section to clarify requirements.
2201 – Permitting	Reorganization and Revision	Recodified from former Section 1201.A., B., and C and amended to clarify regulatory requirements.
2202 – Aircraft	Reorganization and Revision	Recodified from former Section 1201.D and amended to clarify current Air Ambulance standards.
2203 – Aircraft Flight Crew	Reorganization and Revision	Recodified from former Section 1201.E-H and amended to clarify current Air Ambulance standards.
2204 – Medical Supplies and Equipment	Reorganization and Revision	Recodified from former Section 1202 and amended to clarify regulatory requirements.
2205 – Medication and Fluids for Advanced Life Support Air Ambulances	Reorganization and Revision	Recodified from former Section 1204 and amended to clarify regulatory requirements.
2206 – Rescue Exception	Reorganization and Revision	Recodified from former Section 1205 and amended to clarify regulatory requirements.
2300-2600 – Reserved	Addition	Reserved to be consistent with other Departmental regulations and for future use.
2700 – Severability	Reorganization	Recodified from former Section 1700.
2800 – General	Addition	New section to be consistent with other Departmental regulations.

~~Indicates Matter Stricken~~
Indicates New Matter

Text:

61-7. Emergency Medical Services.

Statutory Authority: ~~1976~~S.C. Code Sections ~~44-61-30 and 44-78-65~~44-61-10 et seq., 44-78-10 et seq., and 44-80-10 et seq.

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~~SECTION 100. SCOPE AND PURPOSE~~

~~**Section 101. Scope of Act 1118 of 1974 as amended.**~~

~~A. Establishment of EMS program.~~

~~B. General licensing, certification, inspection, and training procedures.~~

~~C. Establishment of an Emergency Medical Service Council and duties of the Council.~~

~~D. Establishment of the Department of Health and Environmental Control authority for enforcement of these rules and regulations.~~

~~SECTION 200. DEFINITIONS~~

SECTION 100 – DEFINITIONS, LICENSURE, AND CERTIFICATION

101. Definitions.

A. Abandoned. For the purpose of Section 302.B.3.h, unilateral termination by the EMS Personnel of the provider-Patient relationship when continuing care was still needed. This includes the termination of care without the Patient's consent or without assurance that a level of care meeting the assessed needs of the Patient's condition is present and available.

B. Abuse. Physical Abuse or Psychological Abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing infliction of physical injury on a Patient by an act or failure to act. Physical Abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical Abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that of a therapeutic procedure prescribed by a licensed physician or other legally authorized healthcare professional. Physical Abuse does not include altercations or acts of assault between Patients.

2. Psychological Abuse. The deliberate use of any oral, written, or gestured language or depiction that includes disparaging or derogatory terms to a Patient or within the Patient's hearing distance, regardless of the Patient's age, ability to comprehend, or disability, including threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

C. Advanced Emergency Medical Technician (AEMT). An advanced level emergency medical services provider certified by the Department to provide basic and limited advanced emergency medical care and transportation for Patients.

~~A~~D. Advanced Life Support (ALS)~~:~~. ~~An advanced level of prehospital, interhospital, and emergency service care which includes but is not limited to the treatment of life threatening medical emergencies through the use of techniques such as endotracheal intubation, administration of medications or intravenous fluids, cardiac monitoring, and electrical therapy by a qualified person pursuant to these regulations.~~An advanced level of prehospital, interhospital, and emergency service care, which includes Basic Life Support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care, and other techniques and procedures authorized by the Department.

~~B. Advanced Life Support Service: A service provider that in addition to basic life support minimum standard, provides at least two (2) EMTs, one of which is a Paramedic and demonstrates the capability to provide IV therapy, advanced airway care, approved medication therapy, cardiac monitoring and defibrillation capability.~~

E. Adverse Incident. An unexpected event, including any accidents, that could potentially cause harm, injury, or death to Patients, EMS Personnel, or third-party individuals.

~~C~~F. Air ~~a~~Ambulance~~:~~. Any aircraft that is intended to be used ~~for~~ and is maintained or operated for transportation of persons who are sick, injured, or otherwise incapacitated.

1. Fixed Wing:. Any aircraft that uses fixed wings to allow it to take off, andfly, and land.

2. Rotorcraft:. A helicopter or other aircraft that uses a rotary blade to allow vertical and horizontal flight without the use of wings.

G. Ambulance. A vehicle maintained or operated by a Licensed Agency that has obtained the necessary permits and licenses for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated.

H. Attendant. A trained and qualified individual responsible for the operation of an Ambulance and the care of Patients, regardless of whether the Attendant also serves as the Driver.

I. Attendant-driver. A person who is qualified as an Attendant and a Driver.

DJ. Basic Life Support Service:(BLS). A service provider that meets all criteria for basic life support minimum standard and is able to provide one EMT to one hundred percent (100%) of all calls and the ability to provide blind insertion airway devices (BIADs) and defibrillation capability.A basic level of prehospital care, which includes Patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization, and other techniques and procedures authorized by the Department pursuant to regulation.

E. Commission on Accreditation of Allied Health Education Programs (CAAHEP): A programmatic accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits educational programs in health science occupations.

F. Committee on Accreditation of Educational Programs for the Emergency Medical Service Professionals (CoAEMSP): The national accreditation organization specific to Paramedic education programs. Paramedic education programs must have CoAEMSP accreditation or a letter of review from CoAEMSP in order for their students to qualify for the National Registry examination.

K. Certificate. An official acknowledgment by the Department that an individual has completed successfully one of the appropriate Emergency Medical Technician training programs, successfully completed the requisite examinations, and which entitles that individual to perform the functions and duties as delineated by the classification for which the Certificate was issued.

GL. Condition Requiring an Emergency Response:. The sudden onset of a medical condition manifested by symptoms of such sufficient severity, including severe pain, which a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect without medical attention, to result in:

1. Serious illness or disability;

2. Impairment of a bodily function;

3. Dysfunction of the body; or

4. Prolonged pain, psychiatric disturbance, or symptoms of withdrawal.

HM. Continuing Education Program:. An educational program designed to update the knowledge and skills of its participants by attending conventions, seminars, workshops, educational classes, labs,

~~symposiums, and the like. Points toward recertification may be awarded for successful completion of approved activities.~~ A Department-approved program offered by an EMS Agency that provides Continuing Education for the recertification of South Carolina certified EMT-basics, AEMTs, and Paramedics.

~~I. Credentialing Information System (CIS): Database managed by EMS Performance Improvement Center (EMSPIC) which tracks EMS information and data such as certifications, licenses, permits, and inspections.~~

N. Department. The South Carolina Department of Health and Environmental Control.

O. Do Not Resuscitate Bracelet ("Bracelet"). A standardized identification bracelet that:

1. Meets the specifications established under S.C. Code Section 44-78-30(B) or that is approved by the Department under S.C. Code Section 44-78-30(B);

2. Bears the inscription "Do Not Resuscitate"; and

3. Signifies that the wearer is a Patient who has obtained a Do Not Resuscitate Order that has not been revoked.

P. Do Not Resuscitate Order for Emergency Services ("DNR Order"). A document made pursuant to the Emergency Medical Services Do Not Resuscitate Order Act, S.C. Code Sections 44-78-10, et seq., to prevent Emergency Medical Services personnel from employing resuscitation measures or any other medical process that would only extend the Patient's suffering with no viable medical reason to perform the procedure.

~~J~~Q. Driver~~:~~. ~~In the EMS context, the vehicle operator of an ambulance. This person may be a certified EMT of any level or an uncertified individual who meets the minimum requirements as a driver by this regulation in Section 403.~~ An individual who drives or otherwise operates an Ambulance.

~~K~~R. Electronic Patient Care Reports (ePCR)~~:~~. Patient care reports authored and submitted electronically into ~~PreMIS which is compliant with the National EMS Information System (NEMSIS)~~the Department's EMS data system.

S. Elopement. An instance when a Patient who wanders, walks, runs away, escapes, or otherwise leaves unsupervised or unnoticed from the scene, transport unit, or prior to care being assumed by the receiving facility.

~~L~~T. Emergency~~:~~. ~~For the purposes of this regulation, an emergency is an~~A situation in which a prudent layperson has identified a potential medical threat to life or limb such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of bodily organs.

U. Emergency Medical Responder Agency. An Agency licensed by the Department to provide medical care at the EMT-basic level or above, as a nontransporting emergency medical responder. May also be referred to as an EMT Rapid Responder Agency.

V. Emergency Medical Service Agency. An Agency licensed by the Department to provide nontransport and/or transport emergency medical services in South Carolina, including public, private, volunteer, fire departments, or other type of Ambulance services and Emergency Medical Responder Agencies. May also be referred to as EMS Agency or Agency.

W. Emergency Medical Services Personnel. Persons trained and certified or licensed to provide emergency medical care, whether on a paid or volunteer basis, as part of a Basic Life Support or Advanced Life Support prehospital Emergency Medical Services, in an emergency department, pediatric critical care, or specialty unit in a licensed hospital. May also be referred to as EMS Personnel.

X. Emergency Medical Technician (EMT). An individual possessing a valid EMT-basic, Advanced EMT (AEMT), or Paramedic Certificate issued by the Department.

~~M~~Y. Emergency Transport~~:~~. Services and transportation provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity, including severe pain, that the absence of medical attention could reasonably be expected to result in the following:

1. Placing the ~~p~~Patient's health in serious jeopardy;

2. Causing serious impairment of bodily functions or serious dysfunction of bodily organ or part; or

3. A situation resulting from an accident, injury, acute illness, unconsciousness, or shock, for example, requiring oxygen or other emergency treatment, or requiring the ~~p~~Patient to remain immobile because of a fracture, stroke, heart attack, or severe hemorrhage.

~~N. EMT: Emergency Medical Technician. When used in general terms for emergency medical personnel, an individual possessing a valid EMT, Advanced EMT (AEMT), or Paramedic certificate issued by the State of South Carolina pursuant to the provisions of this regulation and applicable governing statute.~~

~~1. Emergency Medical Technician (EMT): Formerly called an "EMT-Basic," this nationally credentialed level of prehospital emergency medical providers is a person who is specially trained and certified to administer basic emergency services to victims of trauma or acute illness before and during transportation to a hospital or other healthcare facility.~~

~~2. Emergency Medical Technician – Intermediate (EMT-I): A nationally credentialed mid-level of prehospital emergency medical providers. The EMT-I is intended to deliver augmented prehospital critical care and provide rapid on-scene treatment, working in conjunction with EMTs and Paramedics. The EMT-I is authorized to provide more advanced medical treatment than the EMT. According to the NREMT, after March 31, 2017, EMT-I certifications are being replaced by the Advanced Emergency Medical Technician (AEMT) credential with a greater scope of practice than the EMT-I.~~

~~3. Advanced Emergency Medical Technician (AEMT): A nationally credentialed mid-level of prehospital emergency medical providers. The AEMT is intended to deliver augmented prehospital critical care and provide rapid on-scene treatment, working in conjunction with EMTs and Paramedics. The AEMT is authorized to provide more advanced medical treatment than the EMT.~~

~~4. Paramedic: The highest nationally credentialed level of prehospital emergency medical providers. The Paramedic is intended to provide leadership and to deliver prehospital emergency care and provide rapid on-scene treatment. The Paramedic is authorized to provide the highest level of prehospital care in accordance with standards set by the Department.~~

~~O. EMT Rapid Responder Agency: Formerly known as "EMT First Responder Service," a licensed agency providing medical care at the EMT level or above as a nontransporting rapid responder.~~

Z. EMT-basic. An EMT certified by the Department at the basic level.

AA. Endorsement. A provision added to a Certificate, pursuant to approval by the Department, enhancing the scope of practice or authorization of specific activities within the EMS system.

BB. Exploitation. 1) Causing or requiring a Patient to engage in an activity or labor that is improper, unlawful, or against the reasonable and rational wishes of a Patient; 2) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a Patient by an individual for the profit or advantage of that individual or another individual; or 3) causing a Patient to purchase goods or services for the profit or advantage of the seller or another individual through undue influence, harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the Patient through cunning arts or devices that delude the Patient and cause him or her to lose money or other property.

~~P~~CC. ~~FAA:~~ Federal Aviation Administration (FAA). The agency of the federal government that governs aircraft design, operations, and personnel requirements.

~~Q~~DD. Flight Nurse~~:~~. A licensed registered nurse who is trained in all aspects of Emergency care ~~who has been so designated by the Department~~.

~~R. Ground Ambulance: A vehicle maintained or operated by a licensed provider who has obtained the necessary permits and licenses for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated. Ambulances provide both emergent and non-emergent transport.~~

~~1. Special purpose ambulance: An ambulance equipped and designated to transport by medical necessity only patients in need of specific specialized types of care and staffed by appropriate specialty care attendant(s). Examples may include special purpose ambulances such as neonatal units, and critical care ambulances.~~

~~S. HIPAA: Health Insurance Portability and Accountability Act of 1996.~~

~~T. Intermediate Life Support Service:. A service provider that, in addition to basic life support minimum standard, provides at least two (2) EMTs, one of which is an EMT-I, AEMT or Paramedic and demonstrates the capability to provide IV therapy, blind insertion airway devices (BIADs), and defibrillation capability.~~

EE. Investigative Review Committee. A professional peer review committee that may be convened by the Department, in its discretion, when the findings of an official investigation against an entity or an individual regulated by the Department may warrant suspension or revocation of a License or Certificate.

~~U. Joint Policy Statement on Equipment for Ground Ambulances (JPS): National document drafted and published on January 1, 2014, by the American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, Emergency Medical Services for Children, Emergency Nurses Association, National Association of EMS Physicians, and the National Association of State EMS Officials to serve as a referenced standard for equipment needs of emergency ground ambulance services in the United States.~~

FF. License. An authorization issued by the Department to a person, firm, corporation, or governmental division or agency to provide emergency medical services.

GG. Licensee. Any person, firm, corporation, or governmental division or agency possessing a License to provide emergency medical services in South Carolina.

~~V~~HH. Medical Control~~:~~. Medical Control is ~~usually~~ provided by a licensed ~~a~~Agency's physician who is responsible for the care of the ~~p~~Patient by the ~~provider~~Agency's medical ~~a~~Attendants. Actual ~~m~~Medical ~~c~~Control may be direct by two-way voice communications (on-line) or indirect by ~~standing orders or~~ Protocols (off-line) control.

1. Off-Line Medical Control ~~Physician:~~. An ~~provider~~Agency's Medical Control Physician assists in development and implementation of ~~who actually takes responsibility for treatment of patients in the prehospital setting by standing orders,~~ Protocols~~, or~~and ~~p~~Patient care guidelines.

2. On-Line Medical Control ~~Physician:~~. The physician ~~who~~ directly communicates with ~~EMTs~~EMS Personnel regarding ~~appropriate~~ ~~p~~Patient care ~~procedures~~ en-route or on-scene. ~~An on-line Medical Control Physician must be available for all EMTs performing procedures designated by the Department.~~

II. Medical Control Physician. A physician with a current unrestricted license to practice medicine by the South Carolina Board of Medical Examiners, retained by an EMS Agency to provide Off-line Medical Control, who participates in the review or evaluation of the services provided, and who maintains quality control of the Patient care provided by the EMS Agency. May also be referred to as EMS Medical Director.

~~W~~JJ. Moral Turpitude~~:~~. Behavior that is not in conformity with and is considered deviant by societal standards.

~~X~~KK. National Emergency Medical Services Information System (NEMSIS)~~:~~. ~~NEMSIS is the national repository of EMS data that is collected from across the United States. The data is used to define EMS and prehospital care, improve patient care, determine the national standard of care, and help design EMS curriculum.~~The national database that is used to store EMS data from the U.S. States and Territories. NEMSIS is a collaborative system to improve Patient care through the standardization, aggregation, and utilization of point of care EMS data at a local, state, and national level.

~~Y~~LL. National Registry of Emergency Medical Technicians (NREMT)~~:~~. A national certification agency ~~which~~that ~~establishes uniform standards for training and examination of personnel active in the delivery of prehospital Emergency care. Individuals possessing a valid NREMT certification have successfully demonstrated competencies in their level of prehospital provider~~provides a valid and uniform process to assess the knowledge and skills required for competent practice by EMS professionals throughout their careers and maintains a registry of certification status.

~~Z~~MM. Nonemergency Transport~~:~~. Services and transportation provided to a ~~p~~Patient whose condition is considered stable, including prearranged transports scheduled at the convenience of the service, the Patient, or medical facility. A stable ~~p~~Patient is one whose condition by caregiver consensus can reasonably be expected to remain the same throughout the transport and for whom none of the criteria for Emergency Transport has been met. ~~Prearranged transports scheduled at the convenience of the service, the patient, or medical facility will be classified as a nonemergency transport.~~

NN. Palliative Treatment. The degree of treatment that must be provided to a Patient in the routine delivery of emergency medical services, which assures the comfort and alleviation of pain and suffering to all extents possible, regardless of whether the Patient has executed a document as provided for in Chapter 78, Title 44 of the S.C. Code of Laws. May also be referred to as Palliative Care.

OO. Paramedic. The highest level of EMT certified by the Department.

~~AA~~PP. Patient~~:~~. ~~A patient is defined as any person who meets any of the following criteria:~~ An individual who is sick, injured, wounded, or otherwise incapacitated or helpless.

~~1. Receives basic or advanced medical or trauma treatment;~~

~~2. Is physically examined;~~

~~3. Has visible signs of injury or illness or has a medical complaint;~~

~~4. Requires EMS specific assistance to change locations and/or position;~~

~~5. Identified by any party as a possible patient because of some known, or reasonably suspected illness or injury;~~

~~6. Has a personal medical device evaluated or manipulated by EMS; or~~

~~7. Requests EMS assistance with the administration of personal medications or treatments.~~

QQ. Permit. An authorization issued by the Department for an Ambulance which meets the standards of this regulation.

RR. Physician Orders for Scope of Treatment (POST) Form. A designated document designed for use as part of advance care planning, the use of which must be limited to situations where the Patient has been diagnosed with a serious illness or, based upon medical diagnosis, may be expected to lose capacity within twelve (12) months and consists of a set of medical orders signed by a Patient's Physician or other Authorized Healthcare Provider addressing key medical decisions consistent with Patient goals of care concerning treatment at the end of life that is portable and valid across health care settings.

~~BB~~SS. Prehospital Care: Assessment, stabilization, and care of a ~~p~~Patient, including, but not limited to, the transportation to an appropriate receiving facility.

~~CC. Prehospital Medical Information System (PreMIS): A state mandated internet based EMS information system that collects data on each EMS call report made within South Carolina.~~

TT. Protocols. Written orders signed, dated, and issued by a Medical Control Physician that allow EMT-basics, AEMTs, and Paramedics to administer particular medications and perform treatment modalities in specific situations without On-line Medical Control. May also be referred to as Standing Orders.

UU. Public Safety Answering Point (PSAP). A communications facility operated on a twenty-four (24) hour basis which first receives 911 calls from persons in a 911 service area and which may directly dispatch public safety services or extend, transfer, or relay 911 calls to appropriate public safety agencies.

VV. Resuscitative Treatment. Artificial stimulation of the cardiopulmonary systems of the human body, through either electrical, mechanical, or manual means including, but not limited to, cardiopulmonary resuscitation.

~~DD~~WW. Revocation~~:~~. An action by ~~T~~the Department ~~has permanently voided~~to cancel or annul a ~~l~~License, ~~p~~Permit, or ~~c~~Certificate ~~and the holder no longer may perform the function associated with the license, permit, or certificate~~by recalling, withdrawing, or rescinding the Agency's or individual's authorization to operate or practice. ~~The Department will not reissue the license, permit, or certificate for a period of two (2) years for a lLicense or permit and four (4) years for a certificate. At the end of this period, the holder may petition the Department for reinstatement.~~

~~EE~~XX. Special Purpose EMT~~:~~. A ~~state credentialed prehospital emergency medical provider. This person is a~~ South Carolina licensed registered nurse (RN) or a Nurse Licensure Compact (NLC) State RN who works in a critical care hospital setting ~~such as neonatology, pediatrics, or cardiac care~~, and is an EMT certified by the Department~~. These Special Purpose EMTs~~ to provide a continuance of critical care during transport while aboard ~~special purpose a~~Ambulances ~~permitted by the State and~~ equipped for their specialty area.

~~FF. Specialty Care: Advanced care skills provided by an appropriately credentialed Attendant in their specific specialty area. These may include but are not limited to Paramedics, Special Purpose EMTs in their area of specialty, RNs, and respiratory therapists.~~

~~GG~~YY. "Star of Life"~~:~~. A six (6) barred blue cross outlined with a white border of which all angles are sixty (60) degrees, and upon which is superimposed the staff of Aesculapius in white. This is a registered trademark of the ~~U.S.~~United States Department of Transportation.

~~HH~~ZZ. Suspension~~:~~. An action by ~~T~~the Department ~~has temporarily voided~~requiring a ~~l~~Licensee, ~~p~~Permit~~,~~ or ~~c~~Certificate ~~and the~~ holder ~~may not perform the function associated with the license, permit, or certificate~~ to cease operations or providing Patient care until ~~the holder has complied with the statutory requirements and other conditions imposed by~~such time as the Department rescinds that restriction.

~~II. The Department: The administrative agency known as the South Carolina Department of Health and Environmental Control.~~

AAA. Variance. An alternative method that ensures the equivalent level of compliance with the standards in this regulation.

~~JJ. Vocational School: Also called a trade school, is a higher-level learning institution that specializes in providing students with the vocational education and technical skills they need in order to perform the tasks of a particular job.~~

~~KK~~BBB. Volunteer EMS ~~Provider:~~ Agency. A not-for-profit EMS ~~provider which~~Agency that serves its local community with emergency medical service coverage at any level and is staffed by at least ninety percent (90%) non-paid staff. For the purpose of this regulation, token stipends received by volunteer EMS ~~providers~~ Agencies are not considered paid remuneration or a primary wage.

102. Licensure.

A. No person, firm, corporation, association, county, district, municipality, or metropolitan government or agency, either as owner, agent, or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise engage in or profess to engage in the business or service of providing emergency medical response or Ambulance service, or both, without obtaining a License and Ambulance Permit issued by the Department. When it has been determined by the Department that services are being provided and the owner, agent, or otherwise has not been issued a License from the Department, the owner, agent, or otherwise shall cease operation immediately and ensure the safety, health, and well-being of Patients. Current and/or previous violations of the South Carolina Code and/or Department regulations may jeopardize the issuance of a License or the licensing of any party(ies) to provide emergency medical response or Ambulance service or both that is owned/operated by the applicable party(ies). An EMS Agency shall not operate or advertise that it provides a level of life support above the level for which it is licensed. (I)

B. An EMS Agency that applies to the Department for any additional initial or amended EMS Agency Licenses shall be in substantial compliance with this regulation to obtain any additional initial or amended EMS Agency Licenses.

C. Issuance and Terms of License.

1. The EMS Agency shall ensure the License issued by the Department is posted in a conspicuous place in a public area.

2. The EMS Agency's License is not assignable or transferable and is subject to Revocation at any time by the Department for the EMS Agency's failure to comply with the laws or regulations of this state.

3. A License shall be effective for a specified EMS Agency, at a specific location, and for a period of two (2) years following the date of issue. A License shall remain in effect until the Department notifies the EMS Agency of a change in that status.

D. EMS Agency Name. Proposed and existing EMS Agencies shall not have the same or similar name of any other EMS Agency licensed in South Carolina.

E. Amended License. An EMS Agency shall request issuance of an amended License by application to the Department prior to any of the following circumstances:

1. Change of level of services provided;

2. Change of EMS Agency headquarters location from one geographic site to another; or

3. Changes in EMS Agency's name or address (as notified by the post office).

F. Change of Licensee. An EMS Agency shall request issuance of a new License by application to the Department prior to any of the following circumstances:

1. A change in the controlling interest even if, in the case of a corporation or partnership, the legal entity retains the identity and name; or

2. A change in the legal entity, for example, sole proprietorship to or from a corporation or partnership to or from a corporation, even if the controlling interest does not change.

103. EMS Agency License Application.

A. Application. Applicants for licensure as an EMS Agency shall submit to the Department a complete and accurate application on a form prescribed and furnished by the Department prior to initial licensing. The EMS Agency shall ensure the application is signed by the owner(s) if an individual or partnership; by two (2) officers if a corporation; or by the head of the governmental department having jurisdiction if a governmental unit. Corporations or limited partnerships, limited liability companies, or any other organized business entity shall be registered with the South Carolina Secretary of State's Office if required to do so by state law.

B. The EMS Agency shall include the following with the application:

1. The name and address of the owner of the EMS Agency or proposed EMS Agency;

2. The name under which the EMS Agency applicant is doing business or proposes to do business;

3. A copy of the business license, if applicable, of the EMS Agency or proposed EMS Agency for the location of the service;

4. The number of Ambulances and/or emergency medical responder service vehicles and a description of each vehicle including the make, Vehicle Identification Number (VIN), aircraft tail number, model, year of manufacture, and other distinguishing characteristics to be used to designate the applicant's vehicles;

5. The location and description of the place or places, including substations, from which the EMS Agency is intending to operate;

6. Personnel roster representing all employees, members, volunteers, and affiliates associated with the service including, but not limited to, EMT-basics, AEMTs, Paramedics, Drivers, pilots, registered nurses, certification numbers, and expiration dates of their South Carolina and NREMT credentials, if applicable;

7. EMS Agency type(s) and the levels of capability for each type pursuant to Sections 504 and 505 to be provided at each location;

8. Name, email address, and phone number of the following, if applicable;

a. EMS Director;

b. EMS Assistant Director;

c. Training Officer;

d. Data Manager;

e. Infection Control Officer;

f. Pediatric Emergency Care Coordinator, if applicable; and

g. Medical Control Physician.

9. A copy of current Protocols and an authorized medication list both signed and dated by the Medical Control Physician;

10. Records for each Driver, pursuant to Section 503;

11. Liability insurance information, to include name of insurance company, agent, phone number, and type of coverage. A copy of insurance policies shall be furnished to the Department upon request. The minimum limits of coverage shall be six hundred thousand dollars ($600,000.00) liability and three hundred thousand dollars ($300,000.00) malpractice per occurrence. Applicants that claim "self-insured" status shall provide documentation showing the specific coverages as outlined above;

12. A copy of the EMS Non-Dispensing Drug Outlet Permit from the South Carolina Board of Pharmacy, when applicable;

13. A copy of the EMS Agency's current registration Certificate from the Department's Bureau of Drug Control and registration Certificate from the United States Drug Enforcement Administration, when applicable;

14. A copy of the EMS Agency's Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver from the federal Centers for Medicare and Medicaid Services (CMS), when applicable;

15. A copy of the EMS Agency's Infectious Waste Generator Registration issued by the Department, or if an out of state EMS Agency, the respective home state equivalent; and

16. Additional information if requested by the Department, such as affirmative evidence of the applicant's ability to comply with this regulation.

C. License Renewal. The EMS Agency shall submit a complete and accurate application on a form prescribed and furnished by the Department prior to the License expiration date and shall not have pending enforcement actions by the Department. If the License renewal is delayed due to enforcement actions, the renewal License shall be issued only when the matter has been resolved by the Department, or when the adjudicatory process is completed, whichever is applicable.

104. Emergency Medical Technicians.

A. No person may hold himself or herself out as an EMT-basic, AEMT, or Paramedic, or provide Patient care that is within the scope of an EMT-basic, AEMT, or Paramedic as defined in South Carolina Code Section 44-61-20 and this regulation without obtaining a proper Certificate from the Department. When it has been determined by the Department that an individual is engaged as an EMT-basic, AEMT, or Paramedic, and the individual has not been issued a Certificate from the Department, the individual shall cease engaging as an EMT-basic, AEMT, or Paramedic immediately. Current and/or previous violation(s) of the South Carolina Code of Laws or Department regulations may jeopardize the issuance of an EMT-basic, AEMT, and Paramedic Certificate. (I)

B. No person shall provide Patient care within the scope of an Emergency Medical Technician (EMT-basic, AEMT, or Paramedic) without a current Certificate from the Department. The EMT shall: (I)

1. Engage only in those practices for which he or she has been trained, within the scope of the Department-issued Certificate, and as authorized by the EMS Agency's Medical Control Physician; and

2. Perform procedures only under the direction and oversight of a Medical Control Physician.

105. Initial EMT-basic, AEMT, and Paramedic Certification.

A. Applicants for an initial EMT-basic, AEMT, or Paramedic Certificate shall submit to the Department a completed application on a form prescribed, prepared, and furnished by the Department prior to issuance of an initial Certificate. The applicant shall submit, along with the application, the following:

1. Documentation that he or she has successfully passed the National Registry of Emergency Medical Technicians (NREMT) examination for the level of certification desired and possesses a current NREMT credential. In lieu of the NREMT credential, the Special Purpose EMT applicant shall submit documentation demonstrating that he or she is a licensed registered nurse who works in a critical care hospital setting;

2. A Criminal History Background Check. A person seeking EMT-basic, AEMT, or Paramedic certification shall undergo a state criminal history background check supported by fingerprints by the South Carolina Law Enforcement Division (SLED) and a national criminal history background check supported by fingerprints by the Federal Bureau of Investigation (FBI) and report the results of the criminal history background check to the Department; and (I)

3. The Department may require additional information including affirmative evidence of the applicant's ability to comply with this regulation.

106. Issuance and Terms of Certification.

A. The EMT-basic, AEMT, and Paramedic Certificate is issued pursuant to South Carolina Code Sections 44-61-80 et seq. and this regulation.

B. The EMT-basic, AEMT, and Paramedic Certificate is not assignable or transferable and shall be subject to Denial, Suspension, or Revocation by the Department for failure to comply with the South Carolina Code of Laws and this regulation.

C. The EMT-basic, AEMT, and Paramedic Certificate shall be valid for a period not exceeding four (4) years from the date of issuance. A Certificate shall remain in effect until the Department notifies the EMT-basic, AEMT, or Paramedic of a change in that status.

D. EMS Personnel shall at all times while on duty or otherwise rendering Patient care have the Department-issued identification on their person and available for view upon request. Patches from other certifying or licensing agencies are not an acceptable substitute.

E. The EMT-basic, AEMT, and Paramedic shall maintain current information in the Department's credentialing system.

107. EMT-basic, AEMT, or Paramedic Certification Renewal.

A. To renew his or her EMT-basic, AEMT, or Paramedic Certificate, the EMT-basic, AEMT, or Paramedic shall submit a complete application with the Department, on a form prescribed, prepared, and furnished by the Department, at least thirty (30) calendar days prior to the expiration date of his or her Certificate and shall not have pending enforcement actions by the Department. If the Certificate renewal is delayed due to enforcement actions, the Certificate renewal shall be issued only when the matter has been resolved satisfactorily by the Department or when the adjudicatory process is completed, whichever is applicable. The EMT-basic, AEMT, or Paramedic shall submit, along with the renewal application, the following:

1. Documentation of current NREMT credentials for the appropriate level of certification, EMT-basic, AEMT, or Paramedic, or documentation that the EMT-basic, AEMT, or Paramedic was certified by the Department prior to October 1, 2006, and has continuously maintained Certification. In lieu of the NREMT credential, the Special Purpose EMT shall submit documentation demonstrating he or she is a licensed registered nurse who works in a critical care hospital setting;

2. A state and national criminal history background check pursuant to S.C. Code Section 44-61-80 (D); and

3. Department-approved CPR credential for all EMTs and Department-approved Advanced Cardiac Life Support (ACLS) credential for all Paramedics.

108. Special Purpose EMT.

A. A Special Purpose EMT certified by the Department prior to the effective date of the most recent regulatory amendment shall be considered grandfathered in terms of their Certification and shall be recognized as a Special Purpose EMT so long as he or she possesses a current Certificate issued by the Department, renews his or her Certificate pursuant to Section 107 of this regulation, and maintains employment in an EMS Agency.

B. The Special Purpose EMT shall only engage in those practices for which he or she has been trained.

109. Reciprocity.

A. Candidates seeking reciprocity in South Carolina as an EMT-basic, AEMT, or Paramedic shall:

1. Hold either an NREMT credential or a current certification from another state for the level for which they are applying; and

2. Complete the criminal history background check in accordance with S.C. Code Section 44-61-80(D) and pursuant to Section 105.A.2.

B. Candidates seeking reciprocity who hold a current and valid NREMT certification may apply for direct reciprocity at the level of the NREMT credential they hold by creating an up-to-date profile in the Department's credentialing system and submitting a complete reciprocity application in a format as determined by the Department. The candidate shall submit the following with the application:

1. A properly completed out-of-state certification verification form;

2. A copy of their current NREMT certification for the level of reciprocity for which they are applying; and

3. All other requirements as established by the Department.

C. Candidates not certified in South Carolina who hold a current and valid EMT-basic, AEMT, or Paramedic certification from other states and do not hold a current NREMT certification may apply for a one (1) year provisional certification at the level they hold. Candidates for provisional certification shall create an up-to-date profile in the Department's credentialing information system and submit a complete reciprocity application in a format as determined by the Department. The candidate shall submit the following with the application:

1. A copy of their current state certification identification card for the level for which he or she is applying that includes the certification expiration date. All candidates with provisional Certificates shall have no less than six (6) months remaining on their out-of-state certification by the time the Department receives all required documentation necessary for certification; and

2. All other documentation and requirements as established by the Department.

D. South Carolina provisional Certificates for all levels of certification shall expire one (1) year from the date of issue. Provisional certifications are non-renewable, and extensions are not permitted. An active military service member deployed outside of South Carolina may submit a written request in a format as

determined by the Department for an extension on his or her provisional Certification and submit a copy of the active duty orders with the request.

E. To convert a South Carolina provisional certification to a conventional South Carolina Certification, the provisional Certificate holder shall obtain a NREMT certification and complete the recertification requirements pursuant to Section 107 prior to expiration.

110. Certification Examinations.

Applicants for an EMT-basic, AEMT, and Paramedic Certificate shall successfully complete a Department-approved training program that meets or exceeds the NREMT standards for the desired level of certification. After completion of the training program and prior to certification, the applicant shall successfully pass the NREMT cognitive and the Department-approved psychomotor examinations.

111. Training Programs. (II)

A. No person, technical college, other college and/or university, vocational school, state regional EMS training office, or other entity shall advertise as an EMT-basic, AEMT, or Paramedic training program or conduct EMT-basic, AEMT, or Paramedic training prior to approval as a training program from the Department. The training program applicant shall:

1. Submit a complete application to the Department in a format determined by the Department. Training program applicants shall submit documentation of accreditation as required by the NREMT with their application to the Department;

2. Designate one (1) person as the EMT-basic, AEMT, or Paramedic program coordinator; and

3. Have equipment for training purposes as approved by the Department available and in working condition.

B. Departmental approval of a training program is granted for four (4) years. The training program shall complete a renewal application, in format as determined by the Department, prior to the expiration date to be re-approved. The training program shall not conduct courses with an expired Department approval.

C. The training program shall ensure all courses are taught by Department-certified EMT-basic, AEMT, and Paramedic instructors and shall not conduct class without equipment pursuant to Section 111.A.3. The training program may utilize specialty instructors, such as physicians, nurses, anatomists, and other subject matter experts, for portions of instruction as determined by the training program.

D. The training program shall retain a Medical Control Physician to provide medical oversight for their program.

E. The training program shall maintain a seventy percent (70%) first time pass rate as defined by NREMT, calculated using a three (3) year rolling history, on the cognitive and psychomotor portions of the NREMT Examination.

112. Certified EMT-basic, AEMT, and Paramedic Instructors.

A. All EMT-basic, AEMT, and Paramedic instructors shall be certified by the Department prior to providing any instruction in a training program and meet the following requirements:

1. Submit a complete and signed certified EMT-basic, AEMT, or Paramedic instructor application in a format as determined by the Department;

2. Have three (3) years' experience at the level for which he or she intends to teach;

3. Possess a high school diploma or GED;

4. Possess a current state EMT-basic, AEMT, or Paramedic Certificate. The certified EMT-basic, AEMT, or Paramedic instructor shall only teach at or below the level of his or her Certificate level;

5. Successfully complete a forty (40) hour instructor methodology course offered by the National Association of EMS Educators (NAEMSE), International Fire Service Accreditation Congress (IFSAC), ProBoard or Department of Defense (DOD) fire instructor, South Carolina Criminal Justice Academy, or other Department-approved course; and

6. Possess a current and valid CPR instructor credential.

B. Instructor Candidates. Instructor candidates may provide instruction in a training program under the supervision of a Department-certified instructor.

C. Instructor Certification Renewal. The certified instructor shall submit a complete and signed renewal application certification prior to the last day of the month in which his or her state EMT certification expires. The renewal application shall include:

1. A copy of a current South Carolina and NREMT EMT-basic, AEMT, or Paramedic certification; and

2. A copy of a current and valid CPR instructor credential.

D. The Department may suspend or revoke an EMT-basic, AEMT, or Paramedic instructor certification for any of the following reasons:

1. Any act of misconduct as outlined in Section 303.B.;

2. Suspension or Revocation of the holder's South Carolina or NREMT certification;

3. Failure to maintain required credentials necessary for instructor designation;

4. Any act of sexual or other harassment toward another instructor or candidate;

5. Conducting classes while under the influence of drugs that negatively impair the ability to instruct (prescribed, non-prescribed, or illegal); and

6. Falsification of any documents pertaining to the course (such as attendance logs, equipment checklist).

113. Continuing Education (CE) Program. (II)

A. No EMS Agency shall begin or conduct a CE Program prior to receiving approval by the Department. EMS Agencies seeking approval for a CE program shall file an application with the Department in a format as determined by the Department.

B. The EMS Agency's CE Program approval shall be effective for no more than four (4) years. The CE Program shall submit a renewal application in a format as determined by the Department prior to the expiration date of the Department's approval.

C. The EMS Agency shall ensure all CE Programs meet the requirements established by the NREMT for recertification.

D. CE Programs may verify skills for currently credentialed state and NREMT personnel on their roster. Provisional credentialed EMTs must have their NREMT skills verified at a Department-approved NREMT testing site.

114. Continuing Education Units (CEUs).

A. The Department may approve additional CEUs on a case-by-case basis from medical schools, hospitals, simulation centers, formal conventions, seminars, workshops, educational classes, symposiums, and other Department approved continuing education events.

B. Applicants for CEUs shall submit requests in writing for approval from the Department at least thirty (30) calendar days prior to the scheduled event.

C. The written requests for approval shall include the following:

1. Date, time, and agenda of the event;

2. Topics covered; and

3. List of speakers and their credentials.

115. Pilot Programs.

A. The EMS Agency that wishes to initiate a pilot program shall provide in writing to the Department a detailed proposal of the program and any supporting materials requested by the Department. The South Carolina Medical Control Committee and the South Carolina EMS Advisory Council shall provide a written recommendation to the Department.

B. The EMS Agency shall not initiate a pilot program without prior written approval by the Department. (I)

C. The EMS Agency, approved by the Department to initiate a pilot program, shall ensure participating EMT-basics, AEMTs, and Paramedics perform the pilot procedures under their Medical Control Physician's oversight during the period of the pilot program.

D. The EMS Agency shall present a detailed report to the Medical Control Committee and EMS Advisory Council upon the conclusion of the pilot program which includes all information requested by the approving committees.

116. Endorsement of Specialty Credentials.

A. A Department-endorsed specialty credential may include, but is not limited to, the following areas of specialized training:

1. Community Paramedic;

2. Critical Care Paramedic; and

3. Tactical Paramedic.

B. The applicant for Endorsement shall meet the minimum educational and clinical guidelines as established by the Department and submit a complete application in a format as determined by the Department that includes:

1. Documentation of the Department-required training;

2. Documentation that he or she is currently employed by an EMS Agency in one of the specialized training areas pursuant to Section 116.A; and

3. Documentation that he or she has successfully passed the International Board of Specialty Certification examination or other Department-approved national certifying board requirements.

C. Endorsement Renewal. The Department-endorsed Paramedic shall complete twenty-four (24) hours of Department-approved continuing education above the NREMT certification requirements. The Department-endorsed Paramedic shall submit documentation of the continuing education with each Certificate renewal application.

D. Endorsement Reciprocity. A Paramedic seeking Endorsement through reciprocity shall submit a complete application in a format as determined by the Department that includes:

1. Documentation of training and/or certification in his or her current state. The Department may issue a one (1) year provisional Endorsement provided the Paramedic meets the minimum educational and clinical guidelines as established by the Department prior to expiration of the provisional specialty Endorsement; and

2. Documentation that the applicant is currently employed by or has a conditional employment offer from a Licensed Agency to provide the level of service.

E. The Endorsement shall only be granted by the Department to Paramedics that are currently certified by the Department. If a Paramedic's Certification is expired, suspended, or revoked by the Department, the Endorsement follows the same status as their certification.

F. The specialty endorsed Paramedic shall only practice their skills within the scope of practice of their Department-approved agency, under a South Carolina licensed Medical Control Physician. Specialty endorsed Paramedics are not independent healthcare practitioners.

G. The types of care rendered by specially endorsed Paramedics shall include, but are not limited to, critical care interfacility services, prehospital services, preventative care, social service referrals, chronic care support, follow-up care and maintenance, and tactical medical support of law enforcement.

H. Licensed Agencies providing these specialized services shall:

1. Be licensed at the ALS level and provide Community Paramedic, Critical Care Paramedic, or Tactical Paramedic services;

2. Have specific Protocols approved by the Department;

3. Develop and implement a Department-approved written training plan for training new employees and providing continuing education for each specialty endorsed Paramedic; and

4. Ensure at least one (1) crew member on each ground Ambulance providing Critical Care is a certified EMT and two (2) advanced level personnel (Paramedic, RN, Physician, or Respiratory Therapist) are in the Patient compartment during transport.

117. Variance.

An EMS Agency, EMT-basic, AEMT, Paramedic, training program, or instructor may request a Variance to a provision or provisions of this regulation in a format specified by the Department. Variances shall be considered on a case-by-case basis by the Department. The Department may revoke issued Variances as determined to be appropriate by the Department.

SECTION 200 – ENFORCEMENT OF REGULATIONS

201. Inspections and Investigations. (I)

A. The EMS Agency is subject to Department inspections prior to initial licensing and subsequently as deemed appropriate by the Department.

B. All EMS Agencies, permitted Ambulances, equipment, and vehicles, EMTs, training programs, and instructors are subject to inspection by individuals authorized by the Department at any time without prior notice. The EMS Agency, EMT, training program, and instructor shall provide the Department all requested records and documentation in the manner and within the timeframe specified by the Department.

C. The EMS Agency shall maintain records that include approved Patient care report forms, employee or member rosters, or both, and training records. The EMS Agency shall grant individuals authorized by the Department access to all properties and areas, objects, requested records, and documentation at the time of the inspection or investigation. The EMS Agency shall provide the Department with photocopies of documentation and records required in the course of inspections or investigations for the purpose of enforcement of regulations. The Department shall maintain confidentiality of the documentation in accordance with South Carolina Code Section 44-61-160.

202. Plan of Correction.

When the Department cites a violation of this regulation, the EMS Agency, EMT-basic, AEMT, or Paramedic, Training Program, or EMT-basic, AEMT, or Paramedic Instructor shall submit an acceptable plan of correction in a format determined by the Department. The EMS Agency, EMT-basic, AEMT, or Paramedic, Training Program, or EMT-basic, AEMT, or Paramedic Instructor shall ensure:

A. The plan of correction is signed by the EMS Agency administrator or individual and returned by the date specified on the report of inspection or investigation.

B. The plan of correction describes: (II)

1. The actions taken to correct each cited deficiency;

2. The actions taken to prevent recurrences (actual and similar); and

3. The actual or expected completion dates of those actions.

203. Consultations.

Consultations may be provided by the Department as requested by the Licensee or Certificate holder, or as deemed appropriate by the Department.

~~SECTION 300. ENFORCING REGULATIONS~~
SECTION 300 – ENFORCEMENT ACTIONS

~~**Section** 301. General.~~

~~A. The Department shall utilize inspections, investigations, consultations, and other pertinent documentation regarding an EMT, training facility, instructor, Medical Control Physician, or provider in order to enforce these regulations.~~

~~B. The Department reserves the right to make exceptions to these regulations where it is determined that the health and welfare of those being served would be compromised.~~The Department may suspend a License pending an investigation of an alleged violation or complaint. The Department may impose a civil monetary penalty up to five hundred dollars ($500.00) per offense per day to a maximum of ten thousand dollars ($10,000.00), revoke, or Suspend the License if the Department finds that an EMS Agency has:

1. Allowed uncertified personnel to perform Patient care;

2. Falsified forms or documentation as required by the Department;

3. Failed to maintain required equipment as evidenced by past compliance history;

4. Failed to maintain a Medical Control Physician;

5. Failed to maintain equipment in working order; or

6. Failed to respond to a call within the EMS Agency's service area without providing for response by an alternate service provider.

~~**Section 302. Inspections and Investigations**~~.

~~A. An inspection shall be conducted prior to initial licensing of a provider and subsequent inspections conducted as deemed appropriate by the Department.~~

~~B. All providers, permitted vehicles, equipment used for rapid response by licensed agencies, EMTs, training facilities, and instructors are subject to inspection or investigation at any time without prior notice by individuals authorized by the Department.~~

~~C. Individuals authorized by the Department shall be granted access to all properties and areas, objects, equipment, and records, and have the authority to require that entity to make photo and/or electronic copies of those documents required in the course of inspections or investigations. These copies shall be used for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings.~~

~~Section~~ 3032. Enforcement Actions against EMT-basics, AEMTs, and Paramedics.

~~When the Department determines that an EMT, provider, instructor, or training facility is in violation of any statutory provision, rule, or regulation relating to the duties therein, the Department may, upon proper notice to that entity, impose a monetary penalty and/or deny, suspend, and/or revoke its certification, license, or authorization or take other actions deemed appropriate by the Department. The schedule of fines and monetary penalties is noted in Section 1501.~~

A. General. When the Department determines that a Certificate holder is in violation of any statutory provision, rule, or regulation, the Department, upon proper notice to the Certificate holder, may deny, suspend, or revoke the Certificate or assess a monetary penalty in accordance with Section 305.A or both.

B. The Department may take enforcement action, including suspending or revoking a certification and/or assessing a monetary penalty, against the holder of a Certificate at any time it is determined that the certification holder:

1. No longer meets the prescribed qualifications set forth by the Department;

2. Has failed to provide to Patients emergency medical treatment of a quality deemed acceptable by the Department, including failure to meet generally accepted standards for provision of care; or

3. Is guilty of Misconduct. Misconduct, constituting grounds for an enforcement action by the Department, means that while holding a Certificate, the holder:

a. Used a false, fraudulent, or forged statement or document or practiced a fraudulent, deceitful, or dishonest act in connection with the certification requirements or official documents required by the Department;

b. Was convicted of or currently under indictment for a felony or another crime involving Moral Turpitude, drugs, or gross immorality. The Certificate holder shall report in writing any arrest to the Department as soon as possible but not to exceed five (5) business days following the arrest or release from custody;

c. Is addicted to alcohol or drugs to such a degree as to render him or her unfit to perform as an EMT-basic, AEMT, or Paramedic;

d. Sustained a mental or physical disability that renders further practice by him or her dangerous to the public;

e. Obtained fees or assisted another in obtaining fees under dishonorable, false, or fraudulent circumstances;

f. Disregarded an appropriate order by a physician concerning emergency treatment, including protocol violations without appropriate justification;

g. At the scene of an accident or illness, refused to administer emergency care based on the age, sex, race, religion, creed, or national origin of the Patient;

h. After initiating care of a Patient at the scene of an accident or illness, discontinued care or Abandoned the Patient without the Patient's consent or without providing for the further administration of care by an equal or higher medical authority;

i. Revealed confidences entrusted to him or her in the course of medical attendance, unless this revelation was required by law or is necessary to protect the welfare of the individual or the community;

j. By action or omission and without mitigating circumstance, contributed to or furthered the injury or illness of a Patient under his or her care;

k. Was careless, reckless, or irresponsible in the operation of an emergency vehicle;

l. Performed skills above the level for which he or she was certified or endorsed or performed skills that he or she was not trained to do;

m. Observed the administration of substandard care by another EMT-basic, AEMT, Paramedic, or other medical provider without documenting the event and notifying a supervisor;

n. By his or her actions or inactions, created a substantial possibility that death or serious physical harm could result;

o. Did not take or complete remedial training or other courses of action as directed by the Department as a result of an investigation or inquiry;

p. Was found to be guilty of the falsification of documentation as required by the Department;

q. Breached a section of the Emergency Medical Services Act of South Carolina or a subsequent amendment of the Act or any rules or regulations published pursuant to the Act;

r. Has acted to disrespect, demean, disparage the Patient; has used profane, vulgar, or obscene language to or directed at the Patient; or has derogated from standard professional conduct; or

s. Was found guilty of a violent crime as defined in S.C. Code Section 16-1-60.

C. The Department may suspend a Certificate pending the investigation of any complaint or allegation regarding the commission of an offense including those listed in Section 302.B.

303. Investigative Review Committee.

The Department may convene, at its discretion, the Investigative Review Committee when the findings of an official investigation against an entity or an individual regulated by the Department may warrant Suspension or Revocation of a License or Certificate. This committee shall consist of the State Medical Control Physician, three (3) regional EMS office representatives, at least one (1) Paramedic, and at least one (1) emergency room physician who is also a Medical Control Physician.

~~**Section**~~ **304. Violation Classifications.**

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of the persons being served, other employees, or the general public; or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods, operations, or lack thereof may constitute such a violation. Each day such violation exists may be considered a subsequent violation.

B. Class II violations are those other than Class I violations the Department determines to have a negative impact on the health, safety or well-being of those being served, other employees, or the general public. A physical condition or one or more practices, means, methods, operations, or lack thereof may constitute such a violation. Each day such violation exists may be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. A physical condition or one or more practices, means, methods, operations, or lack thereof may constitute such a violation. Each day such violation exists may be considered a subsequent violation.

D. Class IV violations are those that are specific to vehicle inspections. These violations may escalate based on the frequency and the point value accrued per deficiency identified in the vehicle inspections conducted by the Department.

E. The notations "(I)" or "(II)", placed within sections of this regulation, indicate that those standards are considered Class I or II violations, if they are not met, respectively. Standards not so annotated are considered Class III violations. Class IV violations are specific to vehicle reinspection which may escalate to Class III violations.

F. In arriving at a decision to take enforcement actions, the Department shall consider the following factors: specific conditions and their impact or potential impact on the health, safety, or well-being of those being served, other employees and the general public, efforts by the EMT-basic, AEMT, Paramedic, ~~provider~~ EMS Agency, training ~~facility~~program or EMT-basic, AEMT, or Paramedic instructor to correct cited violations; behavior of the entity in violation that reflects negatively on that entity's character, such as illegal or illicit activities; overall conditions; history of compliance; and any other pertinent factors that may be applicable to current statutes and regulations.

~~G. A schedule of all monetary penalties is delineated in Section 1501.~~

~~H. Any enforcement action taken by the Department may be appealed pursuant to the Administrative Procedures Act beginning with S.C. Code Section 1-23-310.~~

305. Monetary Penalties.

A. When imposing a monetary penalty against an EMS Agency, EMT-basic, AEMT, or Paramedic the Department may utilize the following schedule to determine the dollar amount:

FREQUENCY OF VIOLATION	CLASS I	CLASS II	CLASS III
1st	$300 - 500	$100 - 300	$50 – 100
2nd	$500 - 1,500	$300 - 500	$100 – 300
3rd	$1,000 - 3,000	$500 - 1,500	$300 – 800
4th	$2,000 - 5,000	$1,000 - 3,000	$500 -1,500
5th	$5,000 - 7,500	$2,000 - 5,000	$1,000 - 3,000
6th or more	$10,000	$7,500	$2,000 - 5,000

B. When a licensed Agency fails a vehicle reinspection, a Class IV penalty may be levied upon the agency. Pursuant to S.C. Code Section 44-61-70, the following Class IV penalty schedule shall be used when a permitted Ambulance or licensed Emergency Medical Responder Agency loses points upon reinspection:

FREQUENCY OF VIOLATION	CLASS IV Points	Penalty
1st	0-24	$25-50
2nd	25-50	$50-100
3rd	51-100	$100-300
4th	101-500	$300-500
5th	501-1,000	$500-1,500
6th or more	Over 1,000	$1,000-3,000

~~SECTION 400. LICENSING PROCEDURES~~

SECTION 400 – POLICIES AND PROCEDURES (II)

~~Section 401. Application.~~

~~A. Application for license shall be made to the Department by private firms, public entities, volunteer groups or non-federal governmental agencies. The application shall be made upon forms in accordance with procedures established by the Department and shall contain the following:~~

~~1. The name and address of the owner of the licensed provider or proposed licensed provider;~~

~~2. The name under which the applicant is doing business or proposes to do business;~~

~~3. A copy of the licensed provider or proposed licensed provider's business license (if applicable) for the location of the service;~~

~~4. A description of each ambulance, and/or rapid response vehicle, including the make, Vehicle Identification Number (VIN), model, year of manufacture or other distinguishing characteristics to be used to designate applicant's vehicle;~~

~~5. The location and description of the place or places from which the licensed provider is intended to operate. The Department shall be notified within five (5) working days of any expansion or contraction of the service, level of care (upgrade or downgrade), or if the headquarters, director or any substation locations are changed;~~

~~6. Personnel roster representing all employees, volunteers, and affiliates associated with the service including but not limited to EMTs, non-certified drivers (if applicable), pilots, RNs, certification numbers and expiration dates of their South Carolina and NREMT credentials (if applicable);~~

~~7. Type of license applied for;~~

~~8. Name, email address, and phone number of Medical Control Physician;~~

~~9. Name, email address, and phone number of the following, if applicable;~~

~~a. EMS Director;~~

~~b. EMS Assistant Director;~~

~~c. Training Officer;~~

~~d. Data Manager; and~~

e. Infection Control Officer.

10. Number of vehicles and level of service provided from each fixed station location;

11. Insurance information, to include name of insurance company, agent, phone number and type of coverage. A copy of insurance policy(ies) shall be furnished to the Department upon request. The minimum limits of coverage shall be six hundred thousand dollars ($600,000) liability and three hundred thousand dollars ($300,000) malpractice per occurrence.

12. A copy of the EMS Non-dispensing Drug Permit from the South Carolina Board of Pharmacy. If out-of-state provider, the respective home state equivalent;

13. A copy of the agency's current Drug Enforcement Agency license (both South Carolina and federal), when applicable. If out-of-state provider, the respective home state equivalent;

14. A copy of the agency's Clinical Laboratory Improvement Act (CLIA) waiver from the Centers for Medicare & Medicaid Services (CMS) if agency is providing field laboratory testing such as blood glucose readings or cardiac markers; and

15. Such other information as the Department shall deem reasonable and necessary to make a determination of compliance with this regulation.

B. The Department shall issue a license valid for a period of two (2) years when it is determined that all the requirements of this regulation have been met. If disapproved, the applicant may appeal in a manner pursuant to the Administrative Procedures Act beginning with S.C. Code Section 1-23-310.

C. Subsequent to issuance of any license, the Department shall cause to be inspected each licensed provider (vehicles, equipment, personnel, records, premises, and operational procedures) whenever that service is initially licensed. Thereafter, services will be inspected by the Department on a random basis. These random inspections may be conducted dependent upon past compliance history. The schedule of fines and monetary penalties is noted in Section 1501.

D. The Department is herein authorized pursuant to S.C. Code Section 44-61-70, to suspend or revoke a license so issued at any time it determines that the holder no longer meets the requirements prescribed for operating as a licensed provider.

E. Renewal of any license issued under the provision of this Act shall require conformance with all the requirements of this Act as upon original licensing.

F. The Department shall be notified within five (5) working days when changes of ownership of a licensed provider are impending or occur so that a new license may be issued.

G. Conditions which have not been covered in these regulations shall be handled in accordance with the standard practices as interpreted by the Department.

Section 402. Medical Control Physician. (I)

Each licensed provider that provides patient care shall retain a Medical Control Physician to maintain quality control of the care provided, whose functions include the following:

A. Quality assurance (QA) of patient care including development of protocols, standing orders, training, policies, and procedures; and approval of medications and techniques permitted for field use by direct observation, field instruction, in-service training (IST) or other means including, but not limited to:

1. Patient care report review;

2. Review of field communications recordings;

3. Post-run interviews and case conferences; and

4. Investigation of complaints or incident reports.

B. The Medical Control Physician shall serve as medical authority for the licensed provider, to perform in liaison with the medical community, medical facilities, and governmental entities.

C. The Medical Control Physician shall have independent authority sufficient to oversee the quality of patient care for the agency.

D. Providers shall register their Medical Control Physician with the Department and provide a copy of their current standing orders and authorized medication list signed and dated by Medical Control Physician.

E. The Department must be notified of any change in Medical Control Physician, drug list, or standing orders within ten (10) days of the change.

F. The Medical Control Physician may withdraw at his or her discretion, the authorization for personnel to perform any or all patient care procedure(s) or responsibilities.

G. All initial Medical Control Physicians must attend a Medical Control Physician Workshop conducted by the Department within twelve (12) months of being designated Medical Control Physician. Failure to attend the above mentioned workshop will result in immediate dismissal from that position.

H. Medical Control Physicians shall complete Department mandated continuing education updates to maintain their status.

I. Medical Control Physicians may respond to scene calls to render care, function as medical providers, provide medical direction, and/or exercise their medical oversight authority.

J. Providers may have multiple Medical Control Physicians especially if they have multiple regional locations.

Section 403. Non-Credentialed Ambulance Operator or Driver. (II)

A. An ambulance driver shall:

1. Be at least eighteen (18) years old;

2. Be physically able to drive;

3. Possess a valid (non-disqualified) driver's license from South Carolina or home state of provider. In the event of suspension or revocation of the driver's license, the individual shall notify their agency and the agency must notify the Department;

4. Have a criminal background check required on initial hire and thereafter every four (4) years which meets the same requirements as certified EMS personnel as noted in Section 902.B; and

5. Display a picture ID in a manner visible to the public all times while on duty.

B. An ambulance driver shall complete a nationally accredited safety driving course, such as Certified Emergency Vehicle Operator (CEVO), specific to emergency vehicles within the first six (6) months of hire.

C. In emergencies that may require a third crew member, such as multiple casualty incidents (MCIs), disasters, or where immediate local EMS resources are taxed, an ambulance may, out of necessity, be driven to the hospital by a member of a fire department, law enforcement agency, or rescue squad. These out-of-necessity drivers are exempt from Section 403.A and B in this limited context.

D. Each EMS agency shall maintain its EMS drivers' records and submit those credentials upon its initial agency license application and bi-annual agency license renewal.

Section 404. Criteria for License Category Basic Life Support (Ambulance). (II)

(Minimum Standard):

A. Shall have ambulances that are permitted pursuant to these regulations.

B. Shall have no less than five (5) currently credentialed South Carolina EMTs associated with the provider.

C. Shall have staffing patterns, policy and procedure, and if necessary, mutual aid agreements to ensure that an ambulance is en route with at least one (1) EMT and one (1) driver onboard to all emergent responses within five (5) minutes or the next closest staffed ambulance must be dispatched, excluding prearranged transports. Volunteer Services (services not utilizing paid personnel) without onsite personnel must have staffing patterns, policy and procedures, and if necessary, mutual aid agreements to ensure that an ambulance is en route with at least one (1) EMT and one (1) driver onboard to all emergent calls within ten (10) minutes or have the closest staffed ambulance dispatched.

D. Vehicle operators or attendants shall not utilize emergency lights and sirens unless the service is responding to a patient with a condition requiring emergency response, as defined in Section 200.G. Vehicle operators or attendants shall not utilize emergency lights and sirens from a call unless the service is conducting an emergency transport, as defined in Section 200.L.

E. The provider must demonstrate sufficient equipping and staffing capability to ensure that basic life support consisting of at least automatic defibrillation (AED), basic airway management, obstetrical care, and basic trauma care are onboard the ambulance.

F. The Department will, upon request, be furnished with staffing patterns, policy and procedure, and mutual aid agreements that ensures compliance with the en route times noted in Section 404.C.

G. Industries that provide ambulance service or rapid medical response for their employees may exempt the minimum number of EMTs noted in Section 404.B, as long as they meet en route times and staffing requirements of the regulations.

H. The provider maintains accurate records that include, but are not limited to, approved patient care reports, employee / member rosters, time sheets, CIS rosters, call rosters, training records and dispatch logs that show at least the time call was received, the type of call, and the time the unit was en route. Such records shall be available for inspection by the Department with copies furnished upon request.

Section 405. Criteria for License Category – Intermediate Life Support: (Ambulance). (II)

A. To be categorized as an intermediate life support (ILS) provider, the provider must meet all criteria established for basic life support (BLS), minimum standard. Additionally, the provider must demonstrate sufficient equipping to ensure that life support consisting of at least IV therapy, blind insertion airway devices (BIADs), and defibrillation capability (either manual or by AED) are onboard the ambulance. The minimum staffing of an ILS ambulance shall consist of two (2) EMTs, one (1) of which must be an EMT-I, AEMT or Paramedic, at least ninety-five percent (95%) of the time.

B. An ILS licensed provider may elect to participate in a tiered response system. The provider must have a process in place to identify the acuity of the incoming EMS request in order to properly triage the response and dispatch the appropriate level unit(s). Triaging calls may take place with assets such as Emergency Medical Dispatching (EMD) or other means that identifies whether the request is classified as an "ILS" or "BLS" level of response. BLS personnel may operate on an ILS equipped ambulance in the case where an ILS credentialed responder may intercept the unit. In the case where an ILS responder intercepts a BLS unit with a Quick Response Vehicle (QRV), all equipment needed to raise the level of permitting to ILS must be transferred to the BLS unit prior to commencing patient transport.

Section 406. Criteria for License Category – Advanced Life Support: (Ambulance). (II)

A. To be categorized as an advanced life support (ALS) provider, the provider must meet all criteria established for basic life support, minimum standard. Additionally, the provider must demonstrate sufficient equipping to ensure that life support consisting of IV therapy, advanced airway care, cardiac monitoring, defibrillation capability and drug therapy, approved by the Department and the unit Medical Control Physician, are onboard the ambulance. The minimum staffing of an ALS ambulance shall consist of a minimum of two (2) EMTs, one (1) of which must be a Paramedic at least ninety-five percent (95%) of the time.

B. An ALS licensed provider may elect to participate in a tiered response system. The provider must have a process in place to identify the acuity of the incoming EMS request in order to properly triage the response and dispatch the appropriate level unit(s). Triaging calls may take place with assets such as Emergency Medical Dispatching (EMD) or other means that identifies whether the request is classified as an "ALS" or "BLS" level of response. BLS personnel may operate on an ALS equipped ambulance in the case where an ALS credentialed responder may intercept the unit. In the case where an ALS responder intercepts a BLS unit with a QRV, all equipment needed to raise the level of permitting to ALS must be transferred to the BLS unit prior to commencing patient transport.

Section 407. Criteria for License Category – Special Purpose Ambulance Provider: (Ambulance). (II)

A. Have an approved vehicle that is in compliance with Section 200.R.1 and meets minimum equipment requirements, as delineated in Section 704.

B. Have a Medical Control Physician as delineated in Section 402.

C. Provide the Department with copies of policy and procedures for the operation of the special purpose ambulance.

D. Provide a list, approved by the Medical Control Physician, of special purpose equipment carried on the special purpose ambulance for review and approval by the Department.

E. Provide other license information delineated in Section 401.

F. Except during extenuating circumstances, special purpose ambulances shall be used for interfacility transports only.

Section 408. Advanced Life Support Information. (II)

A. Ambulance service providers professing to provide ALS level of care, whether licensed at the ALS level or not, must at all times transport an ALS patient in an ambulance which is fully equipped as an ALS unit, per these regulations, with a Paramedic, physician or RN, as delineated in these regulations, in the patient compartment.

B. The minimum staffing for any transport above the BLS level (for BLS licensed providers), shall be two (2) certified EMTs, one (1) of which must be an EMT-I, an AEMT, or a Paramedic one hundred percent (100%) of the time. A BLS licensed agency may only deviate from this staffing pattern when responding to a mutual aid call for service. At that time, the units must be staffed with two (2) EMTs, one (1) of which must be a Paramedic ninety-five percent (95%) of the time for ALS responses.

Section 409. Advertising Level of Care. (II)

Ambulance service providers may not advertise that they provide a level of life support above the category for which they are licensed.

Section 410. Criteria for License Category – EMT Rapid Responder. (II)

A. Personnel assigned to Rapid Responder duty must be currently certified EMTs with no less than five (5) EMTs associated with the provider. The certification level of the responder must coincide with the agency's level of licensure. If the Rapid Responder agency is requested to respond, an EMT must respond on calls for an EMT licensed agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time.

B. Must have staffing patterns, policy and procedures, to ensure that a Rapid Responder unit is en route with at least one (1) EMT to all emergent calls within five (5) minutes. Volunteer units (services not utilizing paid personnel) without onsite personnel must have staffing patterns, policy and procedures to ensure that a Rapid Responder unit is en route with at least one (1) EMT to all emergent calls within ten (10) minutes.

C. The Department will, upon request, be furnished with staffing patterns, policy and procedures to ensure compliance with the en route times noted in Section 410.B.

D. The provider maintains records that include, but are not limited to, approved patient care report forms, employee/member rosters, time sheets, call rosters, training records and dispatch logs that show at least time call received, type call and time unit is en route. Such records are to be available for inspection by the Department with copies furnished upon request.

Section 411. Special Exemptions for Volunteer EMS Providers Squads.

~~A. A volunteer EMS provider must have an EMT or higher, attending to the patient at the scene and in the ambulance while transporting the patient to the hospital.~~

~~B. If a volunteer EMS provider has a written response policy in place in which an EMT is allowed to respond directly to the scene from home or work, the ambulance may respond to the scene of the emergency even if an EMT is not on board. If the EMT does not arrive at the scene and another service is immediately available with appropriate staffing, the patient shall be transported by that service. If no other service is immediately available, the patient shall not be transported without at least one (1) EMT on board. Continual and repeated failure of a service to ensure an EMT arrives at the scene to provide care and transport may result in the Department taking disciplinary action against the agency.~~

~~C. If only one (1) EMT is available to staff the ambulance crew, that EMT must be the patient care provider and/or supervise the patient care being provided. The EMT may not be the driver of the ambulance when a patient is being transported.~~

~~D. An ambulance shall not respond to the scene of an emergency if it is known in advance that an EMT is not available. All ambulance services shall preplan for the lack of staffing by written mutual aid agreements with neighboring agencies and by alerting the local Public Safety Answering Point (PSAP) as early as possible when you know that EMT level staffing is not available. Careful preplanning, mutual aid agreements, and continual recruitment programs are necessary to ensure sufficient EMT staffing.~~

~~E. In all cases where the level of care is either EMT-I, AEMT, or Paramedic, the transporting unit shall be fully equipped to perform at that level of care.~~

A. The EMS Agency shall implement and be in full compliance with its policies and procedures.

B. The EMS Agency shall maintain written policies and procedures to include at least:

1. Staffing patterns to ensure compliance with en route times pursuant to Sections 504.B.2 and 505.A.2;

2. If electing to participate in a tiered response system, policies and procedures and, if necessary, mutual aid agreements in place to identify the acuity of the incoming EMS requests in order to properly triage the response and dispatch the appropriate level of Ambulance;

3. Continuing Patient transport if a vehicle becomes disabled;

4. Employee records retention and conducting background checks for credentialed and non-credentialed personnel;

5. Governing the identification of EMS Personnel while providing care or while responding that includes level of certification;

6. Reporting and investigating Adverse Incidents pursuant to Section 601;

7. Infection control and prevention;

8. Addressing the clean appearance of the EMT-basics, AEMTs, Paramedics, and Drivers;

9. Ensuring all EMS Personnel receive annual blood-borne pathogen training and maintain documentation of the training;

10. Smoking Policy, including prohibiting the use of tobacco products or tobacco-like products (such as electronic cigarettes) in the Patient compartment, the operator compartment of Ambulances, or within twenty (20) feet of the Ambulance or any other apparatus in which oxygen is carried;

11. Recognizing out-of-service vehicles, which includes a highly visible mechanism at the Driver's position;

12. Defining, implementing, and reviewing Quality Assurance and/or process improvement practices with regard to medical care provided by its EMS Personnel;

13. Medication Management to include written Protocols for storage and maintenance of controlled substances; periodic inspection and inventory of maintained controlled substances by the EMS Agency Director, EMS Agency Assistant Director, Medical Control Physician and/or Assistant Medical Control Physician; and

14. Maintaining service in the event of the sudden or unexpected loss of the primary Medical Control Physician.

C. The EMS Agency shall establish a time period for review, not to exceed two (2) years, of all policies and procedures, and such reviews shall be documented and signed by the EMS Agency director. The EMS Agency shall ensure all policies and procedures are accessible to the EMS Agency personnel, printed or electronically, at all times.

~~SECTION 500. PERMITS, AMBULANCE (I)~~

SECTION 500 – PERSONNEL REQUIREMENTS

~~**Section 501. Vehicle and Equipment.**~~

~~A. Before a permit may be issued for a vehicle to be operated as an ambulance, its registered owner must apply to the Department for an ambulance permit. Prior to issuing an original or renewal permit for an ambulance, the Department shall determine that the vehicle for which the permit is issued meets all requirements as to design, medical equipment, supplies and sanitation as set forth in these regulations of the Department. Prior to issuance of the original permit, if the ambulance does not meet all minimum requirements and loses points during the inspection, no permit will be issued.~~

~~B. Permits will be issued for specific ambulances and will be displayed on the upper left-hand interior corner of the windshield of the ambulance or in the aircraft portfolio, whichever is applicable.~~

~~C. No official entry made upon a permit may be defaced, altered, removed or obliterated.~~

~~D. Permits may be issued or suspended by the Department.~~

~~E. Permits must be returned to the Department within ten (10) business days when the ambulance or chassis is sold, removed from service, or when the windshield is replaced due to damage.~~

~~F. The Department must be notified within seventy-two (72) hours of any collision (including pedestrians) involving any licensed provider's vehicle or aircraft used to provide emergency medical services including rapid response, that results in any degree of injury to personnel, patients, passengers, observers, students, or other persons. The licensed agency must submit to the Department the vehicle's issued permit (if applicable) if the damage renders the permitted vehicle out of service for more than two (2) weeks. The investigating law enforcement agency's accident report shall also be forwarded to the~~

~~Department when received by the agency when the above situations occur and the incident is reportable to the Department.~~

~~G. Licensed transport agencies may utilize Quick Response Vehicles (QRVs) which are non-permitted, first-response type vehicles. A QRV will be staffed with a minimum of one (1) provider that is credentialed at a level determined by the local Medical Control Physician (BLS, ILS, ALS) and equipped with locally adopted and Medical Control Physician authorized equipment, also in accordance with the level of credentialing as determined by the Medical Control Physician. For the purpose of this regulation, associated special event vehicles such as motorcycles, watercraft, all-terrain vehicles (ATVs), and bicycles fall under the QRV umbrella.~~

~~H. The Department shall not issue a vehicle or aircraft permit to an EMS provider that is unlicensed in South Carolina.~~

~~Section 502. Temporary Assets.~~

~~A. In cases where a short-term solution to an ambulance resource is needed (temporary rentals or loaner ground or air transport units), the Department may issue a temporary permit to a short-term asset. These temporary assets shall meet all initial equipment requirements for classification as specified in this regulation for the level of intended service.~~

~~B. Temporary permits shall be issued for a period not to exceed ninety (90) days and may only be renewed for extraordinary circumstances on a case-by-case basis.~~

~~C. Minimum exterior markings.~~

~~1. Illumination devices shall meet Section 601.F.1 and F.2.~~

~~2. Emblems and markings shall meet or exceed Section 601.B.1 and B.2 and may be affixed on vehicle with temporary markings.~~

~~3. The name of the service as stated in the provider's license shall be of lettering not less than three (3) inches in height and may be affixed with temporary markings.~~

~~4. Temporary permitted air transport units are exempt from the minimal exterior markings requirements.~~

501. General. (I)

A. The EMS Agency shall ensure an EMT-basic, AEMT, or Paramedic is in the Patient compartment at all times during Patient transport.

B. The EMS Agency may utilize registered nurses and physicians from a transferring or receiving medical facility as Ambulance Attendants to assist EMTs in the performance of their duties during transport when any of the following requirements are met:

1. The required medical care of the Patient is beyond the scope of practice for the certification level of the EMT; or

2. The responsible physician, transferring or receiving, assumes responsibility of the Patient or provides appropriate written orders to the registered nurse for Patient care.

502. Medical Control Physician. (I)

A. The EMS Agency shall retain a Medical Control Physician, who shall have independent authority to execute his or her duties and responsibilities, to:

1. Provide oversight to ensure that all EMT-basics, AEMTs, and Paramedics for which he or she provides direction are properly educated and certified pursuant to this regulation;

2. Provide oversight to ensure that an effective method of quality assurance and improvement, with assistance of the EMS Agency Director, Data Manager, and other EMS Personnel, is integrated into the emergency medical provider services for which he or she provides Medical Control; and

3. Provide off-line Medical Control by Protocols.

B. The EMS Agency shall ensure that Protocols and authorized medication lists updated by the Medical Control Physician are submitted to the Department within five (5) business days of the updates in a manner prescribed by the Department.

C. The EMS Agency's primary Medical Control Physician may designate medical oversight authority to assistant or associate Medical Control Physicians. The EMS Agency's Medical Control Physician may withdraw, at his or her discretion, the authorization for EMS Personnel to perform any or all Patient care procedure(s) or responsibilities. The EMS Agency shall notify the Department when the Medical Control Physician withdraws the authorization to perform any or all Patient care procedure(s) or responsibilities within three (3) calendar days. The EMS Agency's Medical Control Physician may respond to scene calls to render care, function as medical providers, provide medical direction, and/or exercise their medical oversight authority.

D. The EMS Agency shall ensure all initial Medical Control Physicians attend a Medical Control Physician Workshop conducted by the Department within twelve (12) months of being designated as Medical Control Physician and complete all Department mandated continuing education updates.

E. The EMS Agency shall not engage in EMS response without a Medical Control Physician.

503. Driver. (II)

A. The EMS Agency shall:

1. Ensure each Ambulance Driver is at least eighteen (18) years of age;

2. Ensure each Ambulance Driver has in their possession at the time of vehicle operation a valid driver's license issued by the South Carolina Department of Motor Vehicles or from the state of his or her residence;

3. Conduct a state criminal background check from the South Carolina Law Enforcement Division (SLED) prior to the date of hire on each Ambulance Driver;

4. Secure and review a certified copy of each Ambulance Driver's three (3)-year driving record;

5. Not employ an Ambulance Driver who is registered or required to be registered as a sex offender with the South Carolina Law Enforcement Division (SLED) or any national registry of sex offenders;

6. Ensure each Ambulance Driver has documentation of completion of a nationally accredited driving safety course specific to Ambulances, which includes practical skill evolutions, within six (6) months of hire; and

7. Ensure each Ambulance Driver has a current Department-approved CPR credential and First Aid training.

B. The EMS Agency shall maintain documentation to ensure the EMS Agency meets the requirements pursuant to Section 503.A and submits to the Department upon request.

C. The EMS Agency shall ensure all Patients are transported with certified EMS Personnel in addition to the Driver.

D. In emergencies that may require a third crew member, such as multiple casualty incidents (MCIs), disasters, or where immediate local EMS resources are taxed, an Ambulance may, out of necessity, be driven to the hospital by a member of a fire department, law enforcement agency, or rescue squad. These out-of-necessity Drivers are exempt from Section 503.A, B, and C.

504. Emergency Medical Responder Agency. (II)

A. The Emergency Medical Responder Agency shall ensure the Emergency Medical Responder vehicles are not used for the transportation of Patients.

B. Personnel. The Emergency Medical Responder Agency shall ensure and document in its employee records that each of its EMT-basics, AEMTs, and Paramedics holds a current Certificate from the Department. The Emergency Medical Responder Agency shall:

1. Ensure that vehicles are staffed in accordance with Section 504.B.2 and en route to all emergent calls within five (5) minutes from the time the call is dispatched and en route within ten (10) minutes for non-emergency calls. If the Emergency Medical Responder Agency is requested to respond, an EMT-basic must respond on calls for a BLS Agency and a Paramedic must respond for an ALS Agency eighty percent (80%) of the time.

2. Meet the staffing required for each response level as follows:(I)

a. BLS, at least one (1) EMT-basic or higher; and

b. ALS, at least one (1) Paramedic.

3. Documentation. The Emergency Medical Responder Agency shall maintain the following documentation available as requested by the Department:

a. Staffing patterns to ensure compliance with en route times;

b. Approved Patient care report forms, employee and member rosters, time sheets, call rosters, training records; and

c. Dispatch logs that show at least the time the call was received, the type of call, and en route times.

505. Ambulance Service Agency. (II)

A. Personnel. The EMS Agency shall ensure all Ambulance Attendants have a valid EMT-basic, AEMT, or Paramedic Certificate. The EMS Agency shall maintain documentation that each of its EMT-basics, AEMTs, and Paramedics holds a current certification from the Department. The Ambulance Service Agency shall:

1. Ensure that vehicles are staffed in accordance with Section 505.A.2 and en route to all emergent calls within five (5) minutes from the time the call is dispatched and en route within ten (10) minutes for non-emergency calls.

2. Have equipment and staff on all Ambulances to ensure the level of trained and qualified personnel coincide with the requirements for its vehicle classification:(I)

a. BLS level service shall provide care and transport with at least one (1) EMT and one (1) Driver.

b. ALS level service shall provide care and transport with at least one (1) EMT and one (1) Paramedic. The EMS Agency shall ensure Ambulances transporting Patients requiring ALS level service are fully equipped as an ALS unit with a Paramedic, physician, or RN in the Patient compartment at all times.

3. If the Ambulance Service Agency only has one (1) EMT available to staff the Ambulance, the Ambulance Service Agency shall ensure that the EMT is the Patient care provider and supervise the care being provided.

B. The EMS Agency shall maintain documentation that demonstrates compliance with all en route requirements and make it available to the Department upon request.

506. Special Response Vehicle (SRV).

The EMS Agency may utilize a non-permitted Special Response Vehicle (SRV) as a first response vehicle. The EMS Agency shall ensure each SRV is staffed with a minimum of one (1) EMT that is credentialed at the BLS or ALS level as determined by the Medical Control Physician. The EMS Agency shall ensure the SRV is equipped as authorized by the Medical Control Physician.

507. Tiered Response System. (II)

A. An EMS Agency utilizing a tiered response system shall have a dispatch process in place to specifically and reliably identify the acuity of the incoming EMS request to properly triage the response and dispatch the appropriate level of care.

B. The EMS Agency may operate an ALS level-equipped Ambulance with BLS level personnel provided an ALS credentialed responder intercepts the Ambulance.

C. If an ALS responder intercepts a BLS Ambulance, the EMS Agency shall ensure equipment and personnel needed to provide ALS care is transferred and onboard the Ambulance prior to commencing Patient transport.

508. Volunteer EMS Agencies.

A. A Volunteer EMS Agency shall have an EMT-basic, AEMT, or Paramedic attending to the Patient at the scene and in the Ambulance while transporting the Patient to the hospital.

B. Volunteer Emergency Medical Responder Agencies without onsite EMT-basics, AEMTs, or Paramedics shall be en route with at least one (1) EMT to all emergent calls within ten (10) minutes from the time the call is dispatched.

C. If the Volunteer EMS Agency service has a written response policy in place in which an EMT is allowed to respond directly to the scene from home or work, the EMS Agency may respond to the scene of the Emergency even if an EMT is not on board the Ambulance. The EMS Agency shall make the response policy available for inspection by the Department upon request.

D. If the Volunteer EMS Agency's EMT responding directly to the scene is delayed and another EMS Agency is immediately available with the required EMS Personnel, the Patient shall be transported by that Agency. If no other service is immediately available, the volunteer EMS Agency shall not transport a Patient without at least one (1) EMT on board.

E. If only one (1) EMT is available to staff the Ambulance crew, the Volunteer EMS Agency shall ensure that the EMT is the Patient care provider and/or supervises the Patient care being provided. The volunteer EMS Agency shall ensure a sole EMT is not the Driver of the Ambulance when a Patient is being transported.

F. The Volunteer EMS Agency shall preplan for the lack of staffing by written mutual aid agreements with neighboring agencies and by alerting the local Public Safety Answering Point (PSAP) as early as possible when it is known that EMT level staffing is not available. The Volunteer EMS Agency shall ensure sufficient staffing through preplanning, mutual aid agreements, and continual recruitment programs.

G. The Volunteer EMS Agency shall ensure in all cases where the level of care is either EMT-basic, AEMT, or Paramedic, the transporting unit is fully equipped to perform at that level of care.

~~SECTION 600. STANDARDS FOR AMBULANCE PERMIT~~

SECTION 600 – REPORTING

~~**Section 601. Ambulance Design and Equipment.**~~

~~The following designs are hereby established as the minimum criteria for ambulances utilized in South Carolina and are effective with the publication of these regulations. Any ambulance purchased after publication of these requirements must meet the following minimum criteria.~~

~~A. Based Unit: Chassis shall not be less than three quarter ton. In the case of modular or other type body units, the chassis shall be proportionate to the body unit, weight and size; power train shall be compatible and matched to meet the performance criteria listed in the Federal KKK-A-1822 Specification, NFPA 1917, or similar specification standards accepted by the Department; maximum effective sized tires; power steering; power brakes; heavy duty cooling system; heavy duty brakes; mirrors; heavy duty front and rear shock absorbers; seventy (70) amp battery; one hundred (100) amp alternator; front end stabilizer; driver and passenger seat belts; padded dash; collapsible steering wheel; door locks for all doors; inside mirror; inside control handles on rear and side doors; all applicable safety related upgrades on timetables to be determined by the Department after release by the appropriate federal authority.~~

~~B. Emblems and Markings: All items in this section shall be of reflective quality and in contrasting color to the exterior painted surface of the ambulance.~~

~~1. There shall be a continuous stripe, of not less than three (3) inches on cab and six (6) inches on patient compartment, to encircle the entire ambulance with the exclusion of the hood panel.~~

2. Emblems and markings shall be of the type, size and location as follows:

a. Side: Each side of the patient compartment shall have the "Star of Life" not less than twelve (12) inches in height. The word "AMBULANCE", not less than six (6) inches in height, shall be under or beside each star. The name of the licensee as stated on their provider's license shall be of lettering not less than three (3) inches in height.

b. Rear: The word "AMBULANCE", not less than six (6) inches in height, and two (2) "Star of Life" emblems of not less than twelve (12) inches in height.

c. Out-of-state licensed ground transport units shall meet the same markings and standards as in-state licensed units, unless specifically forbidden by the unit's home state of licensure.

3. Prior to private sale of ambulance vehicles to the public, all emblems and markings in Section 601.B must be removed.

C. Interior Patient Compartment Dimensions:

1. Length: The compartment length shall provide a minimum of twenty-five (25) inches clear space at the head and fifteen (15) inches at the foot of a seventy-six (76) inch cot. Minimum inside length will be one hundred sixteen (116) inches.

2. Width: Minimum inside width is sixty-nine (69) inches.

3. Height: Inside height of patient compartment shall be a minimum dimension of sixty (60) inches from floor to ceiling.

D. Access to Vehicle:

1. Driver Compartment.

a. Driver's seat will have an adjustment to accommodate the 5th percentile to 95th percentile adult male.*

*Note: This means that the driver's area will accommodate the male drivers who are ninety percent (90%) of the smallest and largest in stature, which includes weight and size.

b. There shall be a door on each side of the vehicle in the driver's compartment.

c. Separation from the patient area is essential to afford privacy for radio communication and to protect the driver from an unruly patient. Provision for both verbal and visual communication between driver and attendant will be provided by a sliding shatterproof material partition or door. The bulkhead must be strong enough to support an attendant's seat in the patient area at the top of the patient's head and to withstand deceleration forces of the attendant in case of accident.

2. Patient Compartment:

a. There shall be a door on the right side of the patient compartment near the patient's head area of the compartment. The side door must permit a technician to position himself at the patient's head and quickly remove him from the side of the vehicle should the rear door become jammed.

b. Rear doors shall swing clear of the opening to permit full access to the patient's compartment.

c. All patient compartment doors shall incorporate a holding device to prevent the door closing unintentionally from wind or vibration. When doors are open the holding device shall not protrude into the access area. Special purpose ambulances are exempt as long as access/egress is not obstructed due to wheelchair ramps or other specialized equipment.

d. Spare tire, if carried, shall be positioned such that the tire can be removed without disturbing the patient.

E. Interior Lighting:

1. Driver Compartment: Lighting must be available for both the driver and an attendant, if riding in the driving compartment, to read maps, records, or other. There must be shielding of the driver's area from the lights in the patient compartment.

2. Patient Compartment: Illumination must be adequate throughout the compartment and provide an intensity of forty-foot (40-foot) candles at the level of the patient for adequate observation of vital signs, such as skin color and pupillary reflex, and for care in transit. Lights shall be controllable from the entrance door, the head of the patient, and the driver's compartment. Reduced lighting level may be provided by rheostat control of the compartment lighting or by a second system of low intensity lights.

F. Illumination Devices:

1. Illumination Devices: Flood and load lights. There shall be at least one (1) flood light mounted not less than seventy-five (75) inches above the ground and unobstructed by open doors located on each side of the vehicle. A minimum of one (1) flood light, with a minimum of fifteen (15) foot candles, shall be mounted above the rear doors of the vehicle.

2. Warning lights. At a minimum alternating flashing red lights must be on the corners of the ambulance so as to provide three hundred sixty (360) degrees conspicuity.

G. Seats:

1. A seat for both driver and attendant will be provided in the driver's compartment. Each seat shall have armrests on each side of driver's compartment.

2. Technician (Patient Compartment): Two (2) fixed seats, padded, eighteen (18) inches wide by eighteen (18) inches high; to head of patient behind the driver, the other one may be square bench type located on curb (right) side of the vehicle. Space under the seats may be designed as storage compartments.

H. Safety Factors for Patient Compartment:

1. Cot Fasteners: Crash-stable fasteners must be provided to secure a primary cot and secondary stretcher.

2. Cot Restraint: If the cot is floor supported on its own support wheels, a means shall be provided to secure it in position under all conditions. These restraints shall permit quick attachment and detachment for quick transfer of patient. All newly-manufactured ambulances purchased for use in South Carolina after

July 1, 2017, shall meet all seating and cot restraint mandates outlined in the Federal KKK-A-1822F, all change notices included.

3. Patient Restraint: A restraining device shall be provided to prevent longitudinal or transverse dislodgement of the patient during transit, or to restrain an unruly patient to prevent further injury or aggravation to the existing injury.

4. Safety Belts for Drivers and Attendants:

a. Quick-release safety belts will be provided for the driver, the attendants, and all seated patients (squad bench). These safety belts will be retractable and self-adjustable.

5. Mirrors:

a. There shall be two (2) exterior rear view mirrors, one mounted on the left side of the vehicle and one (1) mounted on the right side. Location of mounting must be such as to provide maximum rear vision from the driver's seated position.

b. There shall be an interior rear view mirror or rear view camera to provide the driver with a view of occurrences in the patient compartment.

6. Windshield Wipers and Washers:

a. Vehicle is to be equipped with two (2) electrical windshield wipers and washers in addition to defrosting and defogging systems.

7. Sun Visors:

a. There shall be a sun visor for both driver and attendant.

I. Environmental Equipment: Driver/Patient Compartment.

1. Heating: Shall be capable of heating the compartment to a temperature of seventy-five (75) degrees Fahrenheit within a reasonable period while driving in an ambient temperature of zero degrees Fahrenheit. It must be designed to recirculate inside air, also be capable of introducing twenty percent (20%) of outside air with minimum effect on inside temperature. Fresh air intake shall be located in the most practical contaminant-free air space on the vehicle.

2. Heating Control: Heating shall be thermostatically or manually controlled. The heater blower motors must be at least a three (3) speed design. Separate switches will be installed in patient compartment.

3. Air Conditioning: Air Conditioning shall have a capacity sufficient to lower the temperature in the driver's and patient's compartment to seventy-five (75) degrees Fahrenheit within a reasonable period and maintain that temperature while operating in an ambient temperature of ninety-five (95) degrees Fahrenheit. The unit must be designed to deliver twenty percent (20%) of fresh outside air of ninety-five (95) degrees Fahrenheit ambient temperature while holding the inside temperature specified. All parts, equipment, workmanship, shall be in keeping with accepted air conditioning practices.

4. Air Conditioning Controls: The unit air delivery control may be manual or thermostatic. The reheat type system is not required in the driver's compartment unit. Switches or other controls must be within easy reach of the driver in his normal driving position. Air delivery fan motor shall be at least a three (3) speed

design. Switches and other control components must exceed in capacity the amperage and resistance requirements of the motors.

5. Environmental Control and Medications: The temperature in the patient compartment or anywhere medications are stored (QRVs, fire apparatus, rapid response vehicles, carry in bags, and other) shall be monitored for temperature extremes to prevent drug adulteration. Medications (excluding oxygen) and IV fluids will be removed and discarded if the temperatures reach or exceed one hundred (100) degrees Fahrenheit (thirty-eight (38) degrees Celsius). Medications and IV fluids shall also be removed and discarded if temperatures in the drug storage area drop below twenty (20) degrees Fahrenheit (negative seven (-7) degrees Celsius).

6. Insulation: The entire body, side, ends, roof, floor, and patient compartment doors shall be insulated to minimize conduction of heat, cold, or external noise entering the vehicle interior. The insulation shall be vermin and mildew-proof, fireproof, non-hygroscopic, non-setting type. Plywood floor when undercoated will be considered sufficient insulation for the floor area.

J. Storage Cabinets: All cabinets must meet the criteria as stated in the most current edition of the Federal KKK-A-1822 Specification, NFPA 1917, or similar specification standards accepted by the Department as to types of surfaces, design and storage. Cabinets must be of sufficient size and configuration to store all necessary equipment. All equipment in interior cabinets must be accessible to attendant at all times.

K. Two-Way Radio Mobile: Two-way radio mobile equipment shall be included which will provide a reliable system operating range of at least a twenty (20) mile radius from the base station antenna. The mobile installation shall provide microphones for transmitting to at least medical control and receiving agencies, at both the driver's position and in the patient's compartment. Selectable speaker outputs, singly and in combination, shall be provided at the driver's position, in the patient's compartment, and through the PA system.

1. All radio frequencies utilized by a licensed service will be provided to the Department.

2. In the event technological advancements render the above components obsolete, the Department shall make determinations as to the efficacy of proposed technology on an individual basis prior to allowing their use.

L. Siren Public Address: Siren and public address systems shall be provided. If a combined electronic siren and public address system is provided, in siren operation, the power output shall be minimum one hundred (100) watts. In voice operation the power output shall be at least forty-five (45) watts through two (2) exterior mounted speakers. The public address amplifier shall be independent of the mobile radio unit.

M. Antenna: Mounted with coaxial or other appropriate cable.

N. Glass Windows: All windows, windshield and door glass must be shatterproof.

O. Smoking Policy: Use of tobacco products or tobacco-like products (such as electronic cigarettes) is prohibited in the patient compartment and in the operator compartment of ambulances by all occupants.

P. The EMS provider shall establish a means to immediately identify that a vehicle is out of service for any operator who might have reason to use the vehicle. Any vehicle that is "out of service" whether for mechanical or staffing issues must be readily identifiable to the public and the Department. Out of service apparatus shall be identified by one (1) of the following means:

~~1. Sign on outside of the driver's door near the door handle, minimum eight and one half inches by eleven inches (8.5" × 11") and red in color;~~

~~2. Special bag that covers the steering wheel, red in color, and labeled "Out of Service;"~~

~~3. Large sign on the driver's window, red in color, reading "Out of Service," laminated, or a permanent, commercially manufactured type, minimum eight and one half inches by eleven inches (8.5" × 11"). If the unit is being driven and is out of service, the sign may be placed in the far right hand corner of the front window so as to not obstruct the driver's vision but so as to be visible from the exterior of the vehicle; or~~

~~4. Highly visible mechanism at the driver's position on the vehicle that all members of the EMS provider recognize as an out of service indicator and is identified by a provider policy or standard operating procedure.~~

601. Adverse Incident Reporting.

A. The requirements of Section 601 will take effect (1) year following the date of publication of this regulation in the *State Register*.

B. The EMS Agency shall maintain a record of each Adverse Incident. The EMS Agency shall retain all documented Adverse Incidents reported pursuant to this section two (2) years after the Patient contact or transport.

C. The EMS Agency shall report Adverse Incidents to the Department via the Department's electronic reporting system or other format as determined by the Department as soon as possible, but not to exceed twenty-four (24) hours from becoming aware of the Adverse Incident. Failure to report the following Adverse Incidents may result in a Class II violation: (II)

1. Confirmed or suspected Abuse, Neglect, or Exploitation against a Patient by EMS Personnel;

2. Crimes committed against Patients by any EMS Personnel;

3. Unexpected or unexplained death of a Patient while under the care of the EMS Agency;

4. Any suspected overdose reversal administered to on duty EMS Personnel;

5. Elopement of Patient;

6. Any injury caused by EMS Personnel, including injuries involving the use of physical and/or chemical restraints;

7. Medication error with adverse effects or that would cause potential harm to the Patient;

8. Suicide and/or attempted suicide while under the EMS Agency's care;

9. Any Patient that is dropped or falls while under the care of an EMS Agency, including where no injury occurs, to include stretcher drops due to malfunction or operator error; and

10. Any suspected or confirmed use of illicit or un-prescribed medications or alcohol by a crew member while on duty, to include providing Patient care and/or the operation of an EMS Agency vehicle.

D. The EMS Agency shall submit a separate written investigation report within five (5) calendar days of every Incident required to be immediately reported to the Department pursuant to Section 601.C via the Department's electronic reporting system or in a format as determined by the Department. The EMS Agency's report of investigation to the Department shall include the following information: (II)

1. EMS Agency name, License number, type of Adverse Incident, the date the accident and/or Adverse Incident occurred;

2. Number of Patients, staff, or by-standers directly injured or affected;

3. ePCR number, if applicable;

4. Patient name, age, and gender;

5. Witness(es) name(s); and

6. Identified cause of the Adverse Incident, internal investigation results if cause unknown, a brief description of the Adverse Incident including location where occurred, treatment of injuries, and cause of errors or omission in Patient care rendered, if applicable.

602. Collisions.

The EMS Agency shall notify the Department within seventy-two (72) hours of any collision involving any EMS Agency's vehicle or aircraft used to provide emergency medical services that results in any degree of injury to personnel, pedestrians, Patients, passengers, observers, students, or other persons. The EMS Agency shall submit the Ambulance Permit, if applicable, to the Department if the damage renders the Ambulance out of service for more than two (2) weeks. The EMS Agency shall submit the investigating law enforcement agency's accident report regarding the collision to the Department upon the EMS Agency's receipt.

603. Administration Changes.

A. The EMS Agency shall notify the Department in writing within seventy-two (72) hours of any expansion or contraction of the service, level of care, upgrade or downgrade, or if the physical locations are changed.

B. The EMS Agency shall notify the Department in writing or a means as otherwise determined by the Department within seventy-two (72) hours of any change in status of the EMS Director or EMS Training Officer. The EMS Agency shall provide the Department in writing within ten (10) calendar days the name of the person(s) appointed or hired into those positions and the effective date of the appointment or hire.

C. The EMS Agency shall within twenty-four (24) hours notify the Department of any change in status to the Medical Control Physician. The EMS Agency shall notify the Department in writing or other means as determined by the Department the name of the newly appointed Medical Control Physician, the effective date, the authorized medication list, Protocols, and standing orders within ten (10) calendar days after the change.

604. Accounting of Controlled Substances. (I)

Any EMS Agency registered with the Department's Bureau of Drug Control and the United States Drug Enforcement Administration shall report any theft or loss of Controlled Substances to local law enforcement

and to the Department's Bureau of Drug Control within seventy-two (72) hours of the discovery of the loss and/or theft. Any Agency permitted by the South Carolina Board of Pharmacy shall report the loss or theft of drugs or devices in accordance with S.C. Code Section 40-43-91.

605. Agency Closure.

A. Prior to the permanent closure of an EMS Agency, the Licensee shall notify the Department in writing of the intent to close and the effective closure date. Within ten (10) calendar days of the closure, the EMS Agency shall notify the Department of the provisions for the maintenance of all records including the custodian of the Patient care reports. On the date of closure, the EMS Agency shall return its License and all Ambulance Permits to the Department.

B. In instances where an EMS Agency temporarily closes, the Licensee shall notify the Department in writing within fifteen (15) calendar days prior to temporary closure. In the event of temporary closure due to an emergency, the EMS Agency shall notify the Department within twenty-four (24) hours of the closure via telephone or email. At a minimum, this notification shall include, but not be limited to, the reason for the temporary closure, the manner in which the records and Patient care reports are being stored, and the anticipated date for reopening.

C. If the EMS Agency is closed for a period longer than six (6) months and there is a desire to reopen, the EMS Agency shall reapply to the Department for licensure and shall be subject to all licensing requirements at the time of that application.

~~SECTION 700. EQUIPMENT (II)~~
SECTION 700 – PATIENT CARE

~~**Section 701. Minimum Ambulance Medical Equipment.**~~

~~The Joint Policy Statement on Equipment for Ground Ambulances (JPS) provides a recommended core list of supplies and equipment that shall be stocked on all ambulances to provide the accepted standards of patient care. For the purposes of this regulation, the following definitions from the JPS have been used:~~

~~Neonate: zero to twenty-eight (0-28) days of age;~~

~~Infant: twenty-nine (29) days to one (1) year; and~~

~~Child one (1) year old to eighteen (18), with delineations as follows:~~

~~Toddlers: one to two (1-2) years old;~~

~~Preschoolers: three to five (3-5) years old;~~

~~Middle childhood: six to eleven (6-11) years old; and~~

~~Adolescents: twelve to eighteen (12-18) years old.~~

~~Starting July 1, 2016, all ambulances shall be equipped with, but not limited to, all of the following:~~

~~A. Minimum of two (2) stretchers;~~

1. One (1) multilevel, elevating, wheeled cot with elevating back. Two (2) patient restraining straps (chest and thigh) minimum, at least two (2) inches wide shall be provided.

2. One (1) secondary patient transport stretcher, with a minimum of two (2) patient restraining straps. Minimum acceptable stretcher is vinyl covered, aluminum frame, folding stretcher.

B. Suction Devices;

1. An engine vacuum operated or electrically powered, complete suction aspiration system, shall be installed permanently on board to provide for the primary patient. It shall have wide bore tubing.

2. Portable suction device with regulator with at least a six (6) ounce reservoir.

3. Wide-bore tubing, rigid pharyngeal curved suction tip; tonsil and flexible suction catheters, 6 Fr-16 Fr, are commercially available must have two (2) between 6F and 10F and two (2) between 12 Fr and 16 Fr.

C. Oxygen Equipment;

1. Portable Oxygen Equipment: Minimum "D" size (360 Liter) cylinder, two (2) required (one (1) in service and one (1) full and sealed). Liter flow gauges shall be non-gravity, dependent type. Additionally, when the vehicle is in motion, all oxygen cylinders shall be readily accessible and securely stored.

2. Permanent On-Board Oxygen Equipment: The ambulance shall have a hospital grade piped oxygen system, capable of storing and supplying a minimum of 2400 liters of humidified medical oxygen.

3. Single-use, individually wrapped, non-rebreather masks and cannulas in adult and pediatric sizes shall be provided (three (3) each).

4. A "No Smoking" sign shall be prominently displayed in the patient compartment.

5. Pulse oximeter with adult and pediatric capabilities. Special Purpose Ambulances shall also maintain infant pulse oximetry capabilities.

D. Bag Mask Ventilation (BVM) Units;

1. One (1) adult, one (1) pediatric, one (1) infant: hand-operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering ninety to one hundred percent (90-100%) oxygen to the patient. BVMs must include safety pop-off mechanism with override capability. Three (3) additional masks sizes small adult, toddler, and neonate shall be carried.

E. Nonmetallic Oropharyngeal (OPA) (Berman type) and Nasopharyngeal Airways (NPA);

1. All airways shall be clean and individually wrapped.

2. "S" tube-type airways may not be substituted for Berman type airways.

3. One each of the following sizes: NPA: 14 Fr-34 Fr and OPA sizes to accommodate neonate through large adult.

F. Bite sticks commercially made (clean and individually wrapped);

G. Eight (8) sterile dressings (minimum size five (5) inches by nine (9) inches);

H. Twenty-four (24) sterile gauze pads four (4) inches by four (4) inches;

I. Ten (10) bandages, self-adhering type, minimum three (3) inches by five (5) yards. Bandages must be individually wrapped or in clean containers;

J. A minimum of two (2) commercial sterile occlusive dressings, four (4) inches by four (4) inches;

K. Adhesive Tape, hypoallergenic, one (1) inch, two (2) inch, and three (3) inches wide;

L. Burn sheets, two (2), sterile;

M. Splints;

1. Traction type, lower extremity, overall length of splint minimum of forty-three (43) inches, with limb support slings, padded ankle hitch, traction device and heel stand. Either the Bi-polar or Uni-polar type is acceptable.

2. Padded type, two (2) each, three (3) feet long, of material comparable to four-ply wood for coadaptation splinting of the lower extremities.

3. Padded wooden type, two (2) each, fifteen (15) inches by three (3) inches, for fractures of the upper extremity. Commercially available arm or leg splints may be substituted for items in Section 701.M.2 above, such as cardboard, metal, pneumatic, vacuum, or plastic.

N. Spinal immobilization devices;

1. Commercially available vest type KED, XP1 or other equivalent is acceptable.

2. Child backboard or pediatric board or any type commercially available spinal immobilization device sized for the pediatric patient.

3. Long spine board, at least sixteen (16) inches by seventy-two (72) inches constructed of three-quarter (3/4) inch impervious material and having at least three-quarter (3/4) inch runners on each side for lifting with appropriate straps. If not equipped with runners, board must be designed so handholds are accessible with work gloves.

4. Cervical collars to accommodate the infant, child, adolescent, and adult sizes. Collars must be manufactured of semi-rigid or rigid material. Commercially available adjustable collars may be substituted, must carry two (2) of each child adjustable and adult adjustable.

5. Six (6) patient restraint straps or commercially available disposable straps to accommodate patients from large adult to child sizes.

6. Head immobilization device, commercially available or towel or blanket rolls.

O. Three (3) each triangular bandages;

P. Two (2) blankets;

Q. Bandage shears, large size or trauma shears;

R. Obstetrical kit, sterile. The kit shall contain gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressings, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant;

S. Blood pressure manometer, cuff and stethoscope;

1. Blood pressure set, portable, both pediatric and adult.

2. Stethoscopes (adult and pediatric capable).

T. Emesis basin or commercially available emesis container;

U. Bedpan and urinal;

V. Two (2) functional battery operated, hand-carried flashlights or electric lanterns, suitable for illuminating both a localized work area or a walkway. Penlights do not meet this requirement;

W. Minimum of one (1) fire extinguisher, CO2 or dry chemical, five (5) pound capacity, type ABC;

X. Working gloves, two (2) pair with leather palms and reflective vests that meet American National Standard (ANSI 201) for High Visibility Public Safety Vests for each crew member;

Y. Minimum of 1000 cc of sterile water or normal saline solution for irrigation;

Z. Protective head gear and eye protection devices (minimum two (2) each) must be carried on each ambulance. Standard fire helmet face shield is not acceptable;

AA. Latex-free personal protective equipment including gloves, masks, gowns and eye shields;

BB. Automated External Defibrillator (AED) unless staffed by ALS personnel who are utilizing a manual monitor or defibrillator. Monitor may be utilized by BLS personnel if "AED Mode" is an available setting. The AED shall have pediatric capabilities, including child sized pads or a dose attenuator with adult pads;

CC. Flameless Flares: Three (3) red reflectorized (such as reflective triangles) or chemically induced illumination devices may be substituted for flares. Combustible type flares are not acceptable;

DD. One (1) set battery jumper cables, minimum 04 gauge copper, 600 amp rating;

EE. Glucometer with a minimum of five (5) test strips (Medical Control Option);

FF. One (1) commercially available arterial tourniquet device; and

GG. Five (5) adhesive bandages.

Section 702. Intermediate and Advanced Equipment.

Ambulances providing intermediate and advanced life support must, in addition to meeting all other requirements of Section 701 must have the following equipment:

A. Butterfly or scalp vein needles between nineteen (19) and twenty-five (25) gauge, a total of four (4) (Medical Control Option);

B. Four (4) each fourteen (14), sixteen (16), eighteen (18), twenty (20), twenty-two (22), and twenty-four (24) gauge IV cannulae;

C. Two (2) macro drip sets;

D. Two (2) micro drip sets;

E. Three (3) twenty-one (21) or twenty-three (23) and three (3) twenty-five (25) gauge needles, total six (6) as an MCO;

F. Three (3) intravenous (IV) tourniquets;

G. Laryngoscope handle with batteries;

H. Laryngoscope blades, adult, child, and infant sizes;

1. 0-4 Miller.

2. 1-4 Macintosh.

I. One (1) each disposable endotracheal tubes sizes as well as intubation stylettes sized for each tube;

1. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm cuffed or uncuffed.

2. 6.0, 6.5, 7.0, 7.5, 8.0 mm.

J. Equipment for drawing blood samples as an MCO;

K. Syringes, two (2) each 1 ml, 3 ml, 10 ml, 20 ml, and one (1) greater than or equal to 50 ml;

L. Twelve (12) alcohol and iodine preps for preparing IV injection sites;

M. A minimum of four (4) liters of normal saline or other appropriate IV solution;

N. Intraosseous devices;

1. Pediatric - minimum of two (2) sizes.

2. Adult - Minimum of one (1) size as an MCO.

O. Ambulances providing advanced cardiac life support must be equipped with a battery powered (DC) portable monitor-defibrillator unit, appropriate for both adult and pediatric patients with ECG printout and capable of transcutaneous pacing. The monitor-defibrillator equipment utilized by the service must have the capability of producing hard copy of patient's ECG, a 12-lead ECG, and performing continuous monitoring of end tidal carbon dioxide (EtCO2) output. Portable EtCO2 devices that meet the same criteria as above may be substituted;

P. Such medications or fluids as may be approved by the Department for possession and administration by EMTs trained and certified in their use and authorized by the provider's Medical Control Physician, as documented to the Department;

Q. Magill Forceps;

1. Adult.

2. Pediatric.

R. Blind Insertion Airway Devices (BIADs) such as dual lumen or LMA airways, age and weight appropriate;

S. Portable sharps container; and

T. Pediatric length-based, weight-based, or age-based medication dose chart or tape.

Section 703. EMT Rapid Responder Equipment.

A. All licensed Rapid Responder agencies operating within the state shall carry equipment required in the following sections. Protocols submitted must indicate areas where Medical Control Option (MCO) equipment is being authorized.

B. The Rapid Responder agency's vehicle must be properly marked as to identify the vehicle as an emergency vehicle.

C. The Rapid Responder agency shall follow the exact equipment cleanliness guidelines as outlined for transporting providers in Section 800.

D. All Rapid Responder vehicles will be equipped with at least the following items from Section 701: B.2, B.3, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X, Y, Z, AA, BB.

E. Age and weight appropriate BIADs (Section 702.R) are an MCO for all Rapid Responder licenses.

F. Equipment in addition to Section 703.E to be carried by EMT-I or AEMT Rapid Responders:

1. Four (4) each, fourteen (14), sixteen (16), eighteen (18), twenty (20), and twenty-two (22) gauge IV cannulae;

2. Two (2) macro drip sets;

3. Two (2) micro drip sets;

4. One (1) sharps container;

5. A minimum of four (4) liters of normal saline or other appropriate IV solution;

6. Three (3) IV tourniquets;

7. Twelve (12) each, alcohol and iodine preps for preparing IV injection sites;

~~8. Five (5) adhesive bandages; and~~

~~9. Such medications or fluids as may be approved by the Department for possession and administration by EMTs trained and certified in their use and authorized by the provider's Medical Control Physician, as documented to the Department.~~

~~G. Equipment in addition to Section 703.F to be carried by Paramedic Rapid Responders:~~

~~1. Rapid Responders providing ALS must be equipped with a battery powered (DC) portable monitor-defibrillator unit, appropriate for both adult and pediatric patients with ECG printout and capable of transcutaneous pacing. The monitor-defibrillator equipment utilized by the service must have the capability of producing a hard copy of the patient's ECG and performing continuous monitoring of end tidal carbon dioxide (EtCO2) output;~~

~~2. Such medications or fluids as may be approved by the Department for possession and administration by EMTs trained and certified in their use and authorized by the provider's Medical Control Physician, as documented to the Department;~~

~~3. As an MCO, ALS Rapid Responders may carry the following equipment from Section 702: G, H, I, P, S; and~~

~~4. ALS Rapid Responder agencies not providing laryngoscopic intubation must carry age and weight appropriate BIADs for airway management.~~

~~H. Any ALS agency not performing laryngoscopic intubations, and only providing BIADs for airway management, is not required to provide continuous monitoring of end tidal carbon dioxide (EtCO2) output.~~

~~**Section 704. Special Purpose Ambulance Equipment.**~~

~~A. All special purpose ambulances shall be equipped with at least the following items from Section 701: A.1, B, C, D (appropriate size), E, F, T, U, V, W, X, AA, BB, CC in addition to the special purpose equipment that is documented to the Department as enumerated in Section 407. Section 407.A.1 can be replaced by a specialized patient transfer device so long as there is a provision to safely secure the device in the special purpose ambulance.~~

~~B. Special purpose equipment as documented to the Department as enumerated in Section 407 must be on the special purpose ambulance when it is in use and is subject to inventory and inspection by the Department as provided for in Section 407.~~

701. General.

A. The EMS Agency shall create and submit an ePCR for each Patient contact regardless of Patient transport decision.

B. The EMS Agency shall ensure the primary Attendant documents all ePCRs within twenty-four (24) hours of the completion of the call.

C. The EMS Agency shall submit all completed ePCRs into the Department's EMS data system within seventy-two (72) hours of the completion of the call.

D. The EMS Agency shall make available each ePCR to the receiving facility within sixty (60) minutes of the completion of the call. The EMS Agency may substitute a paper information sheet, provided the

ePCR is made available to the receiving facility no later than twenty-four (24) hours from completion of the call. The EMS Agency may use a custom Preliminary Patient Transfer Form as long as the following minimum components are documented:

1. Incident type, date, location, and tracking number;

2. EMS Agency name;

3. Ambulance identifier;

4. EMS personnel name(s) and certification number(s);

5. Time of Dispatch, at-patient time, scene departure time, and destination arrival time;

6. Patient information to include Patient name, address, and date of birth;

7. Assessment and/or Treatment information to include the chief complaint; vital signs, including Rapid Artery oCclusion Evaluation (RACE), Glascow Coma Score (GCS), and Revised Trauma Score (RTS) if applicable; signs, symptoms, procedures, and interventions with pertinent times; medications with times; and a brief narrative; and

8. Transfer of care information to include the receiving nurse, physician, or EMS Personnel with signature.

702. Data Manager.

The EMS Agency shall appoint a Data Manager to ensure accuracy, HIPAA compliance, security, and timely submission of ePCRs and to ensure the ePCRs reflect all the Attendants, including Drivers. The EMS Agency shall notify the Department of any change in the Data Manager within ten (10) calendar days.

703. Content.

A. The EMS Agency shall ensure each ePCR reflects services, treatment, and care provided directly to the Patient including information required to properly identify the Patient, a narrative description of the call from time of first Patient contact to final destination, all EMS Personnel and non-EMS responders on the call, and other information as determined by the Department.

B. The EMS Agency shall ensure all ePCRs are coherently written, authenticated by the author, and time stamped.

C. The EMS Agency shall ensure EMS Personnel complete ePCRs involving refusals that include the following: details of any assessment performed; information regarding the Patient's capacity to refuse; information regarding an informed refusal by the Patient; information regarding EMS Personnel's efforts to convince the Patient to accept care; and any efforts by the EMS Personnel to protect the Patient after the refusal if the Patient becomes incapacitated.

D. The EMS Agency shall ensure all data submissions from the ePCR software maintain a minimum quality score as determined by the Department. The EMS Agency shall have ninety (90) calendar days from the Department's notification to successfully correct data quality.

704. Report Maintenance.

A. The EMS Agency shall ensure data submissions from ePCR software into the Department's EMS data system meet the Department's requirements.

B. The EMS Agency shall provide accommodations and equipment for the protection, security, and storage of Patient care reports.

C. The EMS Agency shall maintain a copy of the original data, all attachments, and appended versions of each ePCR for no less than ten (10) years for all adult Patients and thirteen (13) years for minor Patients. The EMS Agency shall ensure attachments to ePCRs include EKGs, waveform capnography records, code summaries, short reports, and other forms of recorded media.

D. In the event of a change of ownership, the EMS Agency shall ensure Patient care reports are transferred to the new Licensee.

E. The EMS Agency shall ensure the ePCRs are made available only to individuals authorized by the Licensee and/or state and federal laws.

705. Do Not Resuscitate (DNR) Order. (II)

A. EMT-basics, AEMTs, and Paramedics shall not use any Resuscitative Treatment when called to render emergency medical services if the Patient has a DNR Order and the document is presented to the EMT, AEMT, or Paramedic upon their arrival or if the Patient is wearing a Bracelet.

B. EMT-basics, AEMTs, and Paramedics shall provide the degree of Palliative Care called for under the circumstances that exist at the time treatment is rendered.

C. EMT-basics, AEMTs, and Paramedics shall give full resuscitative measures as are medically indicated in all cases in the absence of a DNR Order or a Bracelet.

D. EMT-basics, AEMTs, and Paramedics shall follow the request of the Patient and shall not provide resuscitative measures when the Patient has a DNR Order or is wearing a Bracelet, except where the:

1. DNR Order is revoked pursuant to S.C. Code Section 44-78-60; or

2. Bracelet, when applicable, appears to have been tampered with or removed.

E. EMT-basics, AEMTs, and Paramedics who cannot honor the DNR Order or Bracelet shall immediately transfer care of the Patient pursuant to S.C. Code Section 44-78-45.

706. Physician Orders for Scope of Treatment (POST). (II)

A. EMT-basics, AEMTs, and Paramedics shall deem a POST form executed in South Carolina as provided in the POST Act or a similar form executed in another jurisdiction in compliance with the laws of that jurisdiction. EMT-basics, AEMTs, and Paramedics shall accept a completed, executed, and signed POST form deemed as valid expression of a Patient's wishes as to health care.

B. EMT-basics, AEMTs, and Paramedics may accept a properly executed POST form as a valid expression of whether the Patient consents to the provision of health care in accordance with Section 44-66-60 of the Adult Health Care Consent Act.

C. An EMT-basic, AEMT, or Paramedic who is unwilling to comply with an executed POST form based on policy, religious beliefs, or moral convictions shall contact the Patient's health care representative, health care agent, or the person authorized to make health care decisions for the Patient pursuant to Section 44-66-30 of the Adult Health Care Consent Act, and the EMT-basic, AEMT, or Paramedic shall allow the transfer of the Patient pursuant to S.C. Code Section 44-80-40.

~~SECTION 800. SANITATION STANDARDS FOR LICENSED PROVIDERS~~

~~**Section 801. Exterior Surfaces.**~~

~~A. The exterior of the vehicle shall have a reasonably clean appearance.~~

~~B. All exterior lighting shall be kept clear of foreign matter (insects, road grime, or other) to ensure adequate visibility.~~

~~**Section 802. Interior Surfaces Patient Compartment-Ambulance.**~~

~~A. Interior surfaces shall be of a nonporous material to allow ease of cleaning. Carpet type materials shall not be used on any surface of the patient compartment.~~

~~B. Floors shall be free from sand, dirt and other residue that may have been tracked into the compartment.~~

~~C. Wall, cabinet, and bench surfaces shall be kept free of dust, sand, grease, or any other accumulated surface matter.~~

~~D. Interiors of cabinets and compartments shall be kept free from dust, moisture or other accumulated foreign matter.~~

~~E. Bloodstains, vomitus, feces, urine and other similar matter must be cleaned from the unit and all equipment after each call, using an agent or sodium hypochlorite solution described in Section 802.H.~~

~~F. Window glass and cabinet doors shall be clean and free from foreign matter.~~

~~G. A receptacle shall be provided for the deposit of trash, litter, and all used items.~~

~~H. An EPA recommended germicidal/viralcidal agent or a hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach must be used to clean patient contact areas. For surfaces where such an EPA solution is not recommended, alcohol or sodium hypochlorite solution can be used.~~

~~I. A container specifically for the deposit of contaminated needles or syringes and a second container for contaminated or infectious waste shall be provided and will be easily accessible from the patient compartment.~~

~~J. All licensed providers must carry sufficient, appropriate cleaning supplies in their vehicles so that the crews are able to clean their unit between calls and be in compliance with Sections 802.A through G.~~

~~**Section 803. Linen.**~~

~~A. Storage area for clean linens shall be provided in such configuration so that linens remain dry and clean. (Ambulance)~~

B. Freshly laundered or disposable linens (minimum of six (6) sets) shall be used on cots and pillows, and shall be changed after each patient is transported. (Ambulance)

C. Soiled linen is to be transported in a closed plastic bag or container and removed from the ambulance as soon as possible.

D. Blankets and towels shall be clean and stored in such a manner to ensure cleanliness.

1. Towels and sheets shall not be used more than once between laundering.

2. Blankets shall be laundered or cleaned as they become soiled. Blankets shall preferably be of a hypoallergenic material designed for easy maintenance.

Section 804. Oxygen Administration Apparatus. (II)

A. Oxygen administration devices such as masks, cannulas, and delivery tubing shall be disposable and once used shall be disposed of and not reused.

B. All masks and cannulas and tubing shall be individually wrapped and not opened until used on a patient.

C. Oxygen humidifiers shall be filled with distilled or sterile water upon use only. Reusable humidifiers must be cleaned after each use. Disposable, single-use humidifiers are acceptable in lieu of multiuse types.

D. All units that carry portable oxygen must have a non-sparking oxygen wrench for use with the oxygen tanks on that unit.

Section 805. Resuscitation Equipment. (II)

A. Bag mask assemblies and masks shall be free from dust, moisture, and other foreign matter and stored in the original container, jump kit, or a closed compartment to promote sanitation of the unit. Additional equipment needed to facilitate the use of a bag valve mask, such as a syringe, shall be stored with the bag mask assembly. Masks, valves, reservoirs, and other items or attachments for bag mask assemblies shall be clean. Manufacturer's recommendations on single-use equipment shall be followed where indicated.

B. An EPA recommended germicidal/viralcidal agent or a sodium hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach must be used to clean equipment not specifically addressed as single-use. For surfaces where such an EPA solution is not recommended, alcohol or sodium hypochlorite solution shall be used.

Section 806. Suction Unit.

A. Suction hoses shall be clean and free from foreign matter. Manufacturer's recommendations on single-use equipment must be followed where indicated.

B. Suction reservoir shall be clean and dry.

C. Suction units shall be clean and free from dust, dirt or other foreign matter.

D. Tonsil tips and suction catheters shall be of the single-use, disposable type, stored in sealed, sterile packaging until used.

E. Suction units with attachments shall be cleaned and sanitized after each use. (See Section 805.B).

Section 807. Splints.

A. Padded splints shall be neatly covered with a non-permeable material and clean. When the outside cover of the splint becomes soiled, they shall be thoroughly cleaned or replaced.

B. Pneumatic trousers, if used, shall be clean and free from dust, dirt or other foreign matter.

C. Commercial splints shall be free of dust, dirt or other foreign matter.

D. Traction splints with commercial supports shall be clean and free from accumulated material.

E. All splinting materials must be stored in such a manner as to promote and maintain cleanliness.

F. All splints must be in functional working order with the recommended manufacturer's attachments.

G. Manufacturer's recommendations on single-use equipment must be followed where indicated.

Section 808. Stretchers and Spine Boards.

A. Pillows, mattresses and head immobilization devices (HIDs) shall be covered with a non-permeable material and in good repair. (Single-use items are exempt.)

B. Stretchers, cots, pillows, HIDs and spine boards shall be clean and free from foreign material.

C. Canvas or neoprene covers on portable type stretchers shall be in good repair.

D. All restraint straps and/or devices shall be kept clean and shall be washed immediately if soiled.

E. Spinal immobilization boards shall be manufactured from an appropriate material to facilitate cleaning.

F. All spinal immobilization boards shall be free from rough edges or areas that may cause injury.

Section 809. Bandages and Dressings. (II)

A. Bandages need not be sterile, but they must be clean. They shall be individually wrapped or stored in a closed container or cabinet to ensure cleanliness.

B. Dressings must be sterile, individually packaged and sealed, and stored in a closed container or compartment. If the seal is broken or wrap is torn, the dressing is to be discarded.

C. Dressings or burn sheets must be sterile and single-use only.

D. Triangular bandages must be single-use disposable type.

E. All bandages or dressings that have been exposed to moisture or otherwise have become soiled must be replaced.

Section 810. Obstetrical (OB) Kits. (II)

A. All OB kits must be sterile and wrapped with cellophane or plastic. If the wrapper is torn or the kit is opened but not used, the items in the kit that are not individually wrapped must be resterilized or discarded and replaced.

B. OB kits must be single-use only.

C. Items that have an expiration date in OB kits may be replaced individually if other items are individually sealed and sterile.

Section 811. Oropharyngeal Appliances. (II)

Instruments inserted into a patient's mouth or nose that are single-use only shall be individually wrapped and stored properly. All instruments inserted into a patient's mouth (such as laryngoscope blades) that are not intended for single-use only must be cleaned and decontaminated following manufacturer's guidelines.

Section 812. Communicable Diseases. (II)

A. When an ambulance or transport vehicle has been contaminated in the transport of a patient known to have a blood-borne or respiratory droplet-borne pathogen, the vehicle must be taken out of service until cleaning and decontamination is completed.

B. Linen must be removed from the cot and properly disposed of, or immediately placed in a plastic bag or container and sealed until properly cleaned.

C. Patient contact areas, equipment and any surface soiled during the call, must be cleaned in accordance with Section 802.H of these guidelines.

Section 813. Miscellaneous Equipment.

Miscellaneous equipment such as scissors, stethoscopes, blood pressure cuffs and/or other items used for direct patient care shall be cleansed as they become soiled. Items shall be kept clean and free from foreign matter.

Section 814. Equipment and Materials Storage Areas.

Equipment not used in direct patient care shall be in storage spaces that prevent contamination or damage to direct patient care equipment or materials.

Section 815. Personnel.

A. All personnel functioning on the vehicle shall present themselves in a clean appearance at all times. This includes both the certified EMS attendants and the non-certified drivers if applicable.

B. Hands and forearms shall be thoroughly washed according to Standard 1910.1030 set forth by the Occupational Safety and Health Administration (OSHA).

C. Uniforms and clothing shall be clean or changed if they become soiled, contaminated, or exposed to vomitus, blood or other potentially infectious material (OPIM).

SECTION 900. EMERGENCY MEDICAL TECHNICIANS

Section 901. General.

A. All ambulance attendants shall have a valid Emergency Medical Technician (EMT, EMT-I, AEMT, or Paramedic) certificate. No person shall provide patient care within the scope of an Emergency Medical Technician (EMT, EMT-I, AEMT, or Paramedic) without having proper South Carolina certification from the Department. (I)

B. EMTs (EMT, EMT-I, AEMT, or Paramedic) shall only engage in those practices for which they have been trained and are within the scope of their Department-issued certification. Students currently enrolled in a Department-approved EMT, AEMT, or Paramedic program under the supervision of an appropriately credentialed preceptor may practice advanced skills for which they have been authorized in their respective training program. (I)

C. EMTs (EMT, EMT-I, AEMT, or Paramedic) shall perform procedures under the supervision of a physician licensed in South Carolina. The means of supervision shall be direct, by standing orders or by electronic or voice communications. (I)

D. All Department-certified EMTs (EMT, EMT-I, Special Purpose EMT, AEMT, or Paramedic) shall maintain an up-to-date profile in the South Carolina Credentialing Information System (CIS). (III)

E. A pocket ID card shall be issued along with the South Carolina certificate. The original pocket card must be in the possession of the EMT (EMT, EMT-I, Special Purpose EMT, AEMT, or Paramedic) at all times that the EMT is on-duty or patient care is being rendered. (III)

F. Except in cases of a disaster or catastrophe, when licensed services in the locality are insufficient to render the required services and/or mutual aid is requested, a South Carolina EMT certification (all levels) is limited in its scope of practice to South Carolina. (III)

Section 902. Initial EMT, AEMT, and Paramedic Certification. (I)

A. Any person seeking certification as an EMT, AEMT, or Paramedic shall complete the appropriate Department-approved training program, pass the National Registry of Emergency Medical Technicians (NREMT) examination for the level of certification desired, possess a current NREMT credential, and meet the requirements established by the Department as provided by S.C. Code Section 44-61-80(C).

B. A person seeking certification as an EMT, AEMT, or Paramedic must undergo a state criminal history background check, supported by fingerprints by the South Carolina Law Enforcement Division (SLED), and a national criminal history background check, supported by fingerprints by the Federal Bureau of Investigation (FBI).

1. The results of these criminal history background checks are reported to the Department. SLED is authorized to retain the fingerprints for certification purposes and for notification to the Department regarding criminal charges.

2. The cost of the state criminal history background check is delineated in S.C. Code Section 44-61-80(D).

3. The state and national criminal history background checks are required for all EMTs when the EMT applies for certification or recertification. The results of these criminal history background checks are only

valid for forty-five (45) days from the date the results are received by the Department from SLED and the FBI.

4. Applications for certification of individuals convicted of or under indictment for the following crimes shall be denied in all cases:

a. Felonies involving criminal sexual conduct;

b. Felonies involving the physical or sexual abuse of children, the elderly, or the infirm including, but not limited to, criminal sexual conduct with a minor, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on a vulnerable adult; or

c. Crimes against vulnerable populations (such as, but not limited to, children, patients, or residents of a healthcare facility) including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

C. Applications from individuals convicted of, or under indictment for, other offenses not listed above will be reviewed by the Department on a case by case basis.

D. All Certifications are valid for a period not exceeding four (4) years from the date of issuance as provided in S.C. Code Section 44-61-80(E).

Section 903. Recertification of EMT, AEMT, and Paramedic Certification.

A. EMTs, AEMTs, and Paramedics shall recertify their Department issued certification by submitting the following to the Department a minimum of thirty (30) days prior to expiration of their certificate:

1. A properly completed and signed application for recertification;

2. Documentation of current NREMT credentials for the appropriate level of certification; and

3. Other credential(s) as required by the Department (state-approved CPR credential and/or Advanced Cardiac Life Support (ACLS) credential).

4. An individual who was certified in this state before October 1, 2006, and has continuously maintained a South Carolina state EMT certification at any level without lapse, may continue to renew that certification without a NREMT credential.

5. An individual who has gained a NREMT credential on or after October 1, 2006, must maintain their NREMT credential to be certified, recertified, and maintain their South Carolina certification.

B. EMTs, AEMTs, and Paramedics seeking recertification shall undergo a state and national criminal history background check as provided for in S.C. Code Section 44-61-80(D).

Section 904. Special Purpose EMT.

A. A person seeking a South Carolina Special Purpose EMT credential shall meet all requirements established by the Department.

B. All South Carolina certified individuals shall maintain an up-to-date profile in the South Carolina Credentialing Information System (CIS).

C. A person seeking a certification or recertification as a Special Purpose EMT must undergo a state criminal history background check as provided in S.C. Code Section 44-61-80(D).

D. In order to be issued a valid Special Purpose EMT certificate, an individual must meet all of the following criteria:

1. The Special Purpose EMT must be a South Carolina licensed registered nurse (RN) or a Nurse Licensure Compact (NLC) State RN who works in a critical care hospital setting such as neonatology, pediatrics, or cardiac care;

2. The Special Purpose EMT must have completed an acceptable training program for delivery of the special area or possess experience in that special care area satisfactory to the Department;

3. The Special Purpose EMT must be employed by the medical service which utilizes the special purpose ambulance and recommended by the director of the medical service which utilizes the special purpose ambulance;

4. The medical service by which the Special Purpose EMT is employed must have operational procedures and medical protocols directing the daily operations of the Special Purpose EMT and special purpose ambulance. These medical protocols must be in written or electronic form, approved, and signed by the Medical Control Physician of the licensed EMS agency which operates the special purpose ambulance in order for the Special Purpose EMT to administer the special medical treatment required by these protocols;

5. A South Carolina Special Purpose EMT certificate shall be in force no more than four (4) years;

6. A pocket ID card shall be issued along with the South Carolina certificate. The original pocket card must be in the possession of that Special Purpose EMT individual all times that the person is on duty or patient care is being rendered; and

7. Special Purpose EMTs shall only engage in those practices for which they have been trained and have been approved by the Department.

E. Special purpose EMTs may be assisted by other healthcare professionals who are determined qualified and approved by the Department to assist in attendance of the patient during transportation in a special purpose ambulance.

Section 905. Reciprocity.

A. Candidates seeking reciprocity in South Carolina must hold either a NREMT credential or a current certification from another state for the level for which they are applying.

B. Candidates seeking reciprocity as an EMT, AEMT, or Paramedic must undergo the required criminal history background check in accordance with S.C. Code Section 44-61-80(D). The results of these criminal history background checks are only valid for forty-five (45) days from the date the results are received by the Department from SLED and FBI.

C. Candidates not certified in South Carolina who hold a current and valid NREMT certification may apply for direct reciprocity at the level of the NREMT credential they hold by creating (and maintaining)

an up-to-date profile in the South Carolina Credentialing Information System (CIS) and submitting the following:

1. A properly completed and signed reciprocity application;

2. A copy of their current NREMT certification for the level of reciprocity for which they are making application; and

3. All other requirements as established by the Department.

D. South Carolina EMT certificates for all levels of direct reciprocity shall expire four (4) years from the date the Department approves the candidate's application.

E. A pocket ID card shall be issued along with the South Carolina certificate. The original pocket card must be in the possession of that individual at all times that the EMT is on-duty or patient care is being rendered.

F. EMT certifications (EMT, AEMT, and Paramedic) must maintain a NREMT credential to be certified, recertified, and maintain their current South Carolina certification.

G. Candidates not certified in South Carolina who hold a current and valid EMT certification from other states may apply for a one (1) year provisional reciprocity at the level of the certification they hold by creating (and maintaining) an up-to-date profile in the South Carolina Credentialing Information System (CIS) and submitting the following:

1. A properly completed and signed reciprocity application;

2. A properly completed out-of-state certification verification form;

3. A copy of their current state certification pocket card for the level of provisional reciprocity for which they are making application. The pocket card must show their out-of-state certification expiration date. All provisional reciprocity candidates must have a minimum of six (6) months remaining on their out-of-state certification by the time the Department receives all required documentation necessary for certification. Exceptions will be granted on a case-by-case basis; and

4. All other requirements as established by the Department.

H. South Carolina EMT certificates for all levels of provisional reciprocity will expire on the fifteenth (15th) of the month one (1) year from the date of issue. Provisional certifications are non-renewable and extensions are not permitted.

I. A pocket ID card will be issued along with the South Carolina certificate. The original pocket card must be in the possession of that individual all times that patient care is being rendered.

J. To convert a provisional certification to a regular South Carolina certification a reciprocity candidate must complete all requirements necessary to obtain a NREMT certification. All recertification requirements must meet all conditions stated in Section 903.

K. EMT certifications (EMT, AEMT, and Paramedic) must maintain a current NREMT credential to be certified, recertified, and maintain their current South Carolina certification.

Section 906. Certification Examinations.

A. Any candidate desiring EMT certification in South Carolina must successfully pass the NREMT examinations and obtain a NREMT certification.

B. The Department is responsible for the approval and location of all EMT psychomotor examination sites in South Carolina.

C. In accordance with NREMT guidelines, the psychomotor portion of the NREMT examinations for the EMT may be delegated to the approved training institutions to be conducted as part of the EMT course or may be conducted as a separate psychomotor examination approved by the Department. This psychomotor examination must be monitored by either a NREMT testing representative or a Department representative. The ability of a training institution to conduct an NREMT psychomotor examination may be revoked at any time should the Department discover such examinations are not being held in accordance with NREMT guidelines.

D. The AEMT and Paramedic psychomotor portion of the NREMT examination shall be conducted in accordance to the NREMT guidelines.

Section 907. Emergency Medical Technician Training Programs. (II)

A. These programs, which include initial and refresher EMT, AEMT, and Paramedic, are established by the Department and offered in approved technical colleges, other colleges and universities, vocational schools, and State Regional EMS training offices. The curricula for these training programs are the most current National EMS Education Standards ("Standards") or any other curricula approved by the Department. Paramedic programs must be CAAHEP accredited or hold a CoAEMSP Letter of Review.

1. An application must be filed with the Department for a training institution to receive approval. No EMT, AEMT, or Paramedic training program may be conducted without approval by the Department.

2. All approved training institutions must designate one (1) person as the EMT program coordinator. This person shall be responsible to the Department for compliance with all applicable requirements pertaining to the training program.

3. Upon recommendation of the South Carolina EMS Training Committee and approval of the South Carolina EMS Advisory Council, a list of required equipment for the training programs will be maintained by the Department and updated as necessary.

4. Training institutions will be granted approval for no more than four (4) years at which time a re-approval may be granted to training institutions which have been compliant with all requirements and have actively conducted initial EMT training programs. An institution shall not conduct courses with expired institution credentials.

5. Department approved Training Centers in existence prior to the effective date of these regulations shall continue to provide EMT training in accordance with the provisions of this article.

6. All EMS training institutions must be granted approval by the Department prior to advertising or beginning any EMT course.

7. Any EMT course offered through an approved institution shall be an open course, with the exception of classes which are closed due to associated security concerns and/or requirements. Regardless of the

~~location of the course, any candidate who satisfies the eligibility requirements shall be granted a seat in the course on a first-come, first-served basis until all seats have been filled.~~

~~8. EMT teaching institutions that instruct ALS shall retain a Medical Control Physician to provide medical oversight over their program.~~

~~B. Continuing Education Program or CE (formerly In-Service Training (IST) Program) - This program is established by the Department and is granted to approved South Carolina licensed EMS agencies for the sole purpose of recertification of South Carolina credentialed EMTs on their roster.~~

~~1. EMS agencies seeking approval for a CE program must file an application with the Department.~~

~~2. Upon recommendation of the South Carolina EMS Training Committee and approval of the South Carolina EMS Advisory Council, a list of required equipment for the CE programs will be maintained by the Department and updated as necessary.~~

~~3. CE programs will be granted approval for no more than four (4) years at which time reapproval may be granted to IST programs which have been compliant with all requirements.~~

~~4. All CE programs must meet or exceed all requirements established by the NREMT for recertification.~~

~~5. No South Carolina licensed EMS provider may begin a CE program prior to receiving approval by the Department.~~

~~6. CE programs may verify skills for currently credentialed state and NREMT personnel on their CIS roster. Provisional credentialed EMTs must have their NREMT skills verified at a Department approved NREMT testing site.~~

~~C. Continuing Education Units (CEUs) - The Department may approve additional CEUs on a case by case basis from medical schools, hospitals, simulation centers, Department credentialed teaching institutions, formal conventions, seminars, workshops, educational classes, and symposiums. All Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) approved courses are accepted by the Department for CE credit in accordance with NREMT standards.~~

~~1. Requests for state approved CEUs are made through the Department and must be received by the Department in writing at least thirty (30) days prior to the scheduled event.~~

~~2. Requests for state approved CEUs must include the following:~~

~~a. Date, times, and agenda of the event;~~

~~b. Topics covered;~~

~~c. List of speakers and their credentials; and~~

~~d. Any additional information which may be requested by the Department.~~

~~D. Pilot Programs - The Department may authorize providers to initiate pilot programs which provide training in new and innovative procedures that have potential for lifesaving care.~~

1. Under no circumstances shall pilot programs be initiated without prior approval by the Department.

2. Those who wish to initiate a pilot program must provide in writing to the Department a detailed proposal of the program and any supporting materials. Upon recommendation by the South Carolina Medical Control Committee and with approval by the South Carolina EMS Advisory Council, the Department may authorize the program.

3. The EMTs who participate in these programs are allowed to perform the pilot procedures, under Medical Control Physician oversight, during the period of the pilot program.

4. At the conclusion of the pilot program, a study must be submitted to the Department describing the outcome or results of the program. Research gained from the pilot programs may be used to revise and upgrade existing EMT programs and scope of practice.

E. All training programs shall be taught by Department certified instructors. Instructors that meet all requirements and satisfactorily complete the Department's instructor orientation of the EMT Course Administration and Policy Guidelines shall be certified by the Department. Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.

F. To be certified as an EMT instructor, all new candidates must meet the following requirements:

1. Be twenty-one (21) years of age or older;

2. Possess high school diploma or GED;

3. Possess a current State and NREMT Paramedic credential;

4. Successfully completed a forty (40) hour state, National Association of EMS Educators (NAEMSE), International Fire Service Accreditation Congress (IFSAC), ProBoard or Department of Defense (DOD) fire instructor, or South Carolina Criminal Justice Academy instructor methodology course;

5. Possess a current and valid CPR instructor credential;

6. Must submit a properly completed and signed instructor application; and

7. Meet all other requirements for their level of instructor certification as required by the Department.

G. Instructor certificates may be renewed by submission of the following:

1. A properly completed and signed instructor recertification application;

2. A copy of a current South Carolina and NREMT Paramedic certification;

3. A copy of a current and valid CPR instructor credential;

4. Satisfaction of all teaching requirements as determined by the Department; and

5. Satisfaction of all other requirements as determined by the Department.

H. An EMT Instructor authorization may be suspended or revoked for any of the following reasons:

1. Any act of misconduct as outlined in Section 1100;

2. Suspension or revocation of the holder's South Carolina or NREMT certification;

3. Failure to maintain required credentials necessary for instructor designation;

4. Any act of proven sexual harassment toward another instructor or candidate;

5. Use of profane, obscene or vulgar language while in the presence of candidates or the EMT program coordinator during the context of class or related functions;

6. Conducting class without the minimum required equipment available and in working condition;

7. The use of any curricula not approved by the Department;

8. Gross or repeated violations of policy pertaining to the EMT training program;

9. Multiple instructor reprimands within a given period of time as established by the Department; or

10. Any other actions determined by the Department that compromises the integrity of the program. Those actions may include, but are not limited to the following:

a. Unprofessional behavior in the classroom;

b. Failure to notify the EMT program coordinator when classes must be cancelled or rescheduled;

c. Consistently starting class late or dismissing class early;

d. Conducting classes while under the influence of alcohol;

e. Conducting classes while under the influence of drugs that negatively impair the ability to instruct (prescribed, non-prescribed, or illegal);

f. Falsification of any documents pertaining to the course (such as attendance logs, equipment checklist); or

g. Repeated class results on the written and/or practical portion(s) of candidate examinations reflecting a class pass rate on the NREMT cognitive or psychomotor examinations of less than fifty percent (50%) (first-time pass rate) for two (2) consecutive same level classes or two (2) classes of the same level in three (3) years.

Section 908. Endorsement of Credentials.

A. The Department is tasked by S.C. Code Section 44-61-30(A) with developing standards and promulgating regulations for the improvement of emergency medical services.

B. There are areas of specialized practice in EMS which require further education, training, and clinical experience to receive credentials in those specialized areas of care and practice. The Department has an obligation to the public to recognize, endorse, and regulate these specialized practices to ensure a uniform scope of practice across the state.

C. The Department shall establish minimum educational and clinical guidelines for these endorsed credentials beyond a Paramedic certification.

D. The Department endorsed credential shall include, but is not limited to, the following areas of specialized training:

1. Community Paramedic;

2. Critical Care Paramedic; and

3. Tactical Paramedic.

E. Endorsement of South Carolina credentials shall only be granted by the Department to Paramedics that are currently certified by the Department and hold an unencumbered current South Carolina certification. If a Paramedic's South Carolina certification is expired, suspended, or revoked by the Department, the endorsement follows the same status as their certification.

F. The specially endorsed South Carolina Paramedics shall only practice their skills within the scope of practice of their Department approved agency, under a South Carolina licensed Medical Control Physician. Specially endorsed Paramedics are not independent healthcare practitioners.

G. The specially endorsed South Carolina Paramedics shall require additional specialty continuing education as determined by the Department.

H. The types of care rendered by the specially endorsed Paramedics shall include, but are not limited to, critical care interfacility services, prehospital services, preventative care, social service referrals, chronic care support, follow-up care and maintenance, and tactical medical support of law enforcement.

I. Licensed agencies using these specialized services shall have specific protocols by their Medical Control Physician and approved by the Department.

Section 909. Certification Patches.

A. An individual initially certified in South Carolina at any level shall receive a complimentary patch for the level which he or she received his or her certification.

B. Additional patches may be purchased for individuals for services which meet the following criteria:

1. The individual holds a current South Carolina certification; or

2. The individual is an EMS agency director, logistics officer, or training officer and is purchasing patches in bulk for his or her service.

SECTION 1000. PERSONNEL REQUIREMENTS (I)

A. During the transportation of patients, there shall be an EMT, EMT-I, AEMT or Paramedic in the patient compartment at all times. The crew member with the highest level of certification shall determine which crew member will attend the patient during transport. If advanced life support procedures are in use, the responsible EMT-I, AEMT or Paramedic shall attend the patient in the patient compartment during transport.

B. Exception: Transferring or receiving medical facilities' registered nurses and physicians are authorized as ground ambulance attendants when assisting EMTs in the performance of their duties when all of the following requirements are met:

1. The required medical care of the patient is beyond the scope of practice for the certification level of the EMT.

2. When the ambulance transport is between medical facilities or from medical facility to the patient's residence.

3. When the responsible physician, transferring or receiving, assumes responsibility of the patient and provides appropriate orders, written preferred, to the registered nurse for patient care.

4. The registered nurse is on duty with the appropriate medical facility during the ambulance transport.

C. No person under the age of eighteen (18) shall operate any emergency vehicle owned or operated by the licensed provider.

D. No person shall act or serve in the capacity of attending a patient while under felony indictment or with certain past felony convictions as listed in Section 902.B.4.

E. All licensed providers must notify the Department immediately should they become aware of a felony indictment or conviction of any person on their roster.

SECTION 1100. REVOCATION OR SUSPENSION OF CERTIFICATES OF EMERGENCY MEDICAL TECHNICIANS (I)

A. The Department shall, upon receiving a complaint of misconduct as herein defined, initiate an investigation to determine whether or not suitable cause exists to take action against the holder of an emergency medical technician certificate.

1. The initial complaint shall be in the form of a brief statement, dated and signed by the person making the complaint, which shall identify the person or service that is the subject of the complaint and contain a summary as to the nature of the complaint. The Department is also authorized to initiate an investigation based upon information acquired from other sources.

2. Information received by the Department through inspection, complaint or otherwise authorized under S.C. Code Sections 44-61-10 et seq. shall not be disclosed publicly except in a proceeding involving the question of licensing, certification or revocation of a license or certificate.

B. "Misconduct" constituting grounds for a revocation or suspension or other restriction of a certificate means while holding a certificate, the holder:

1. Used a false, fraudulent, or forged statement or document or practiced a fraudulent, deceitful, or dishonest act in connection with any of the certification requirements or official documents required by the Department;

2. Was convicted of a felony or another crime involving moral turpitude, drugs, or gross immorality;

3. Was addicted to alcohol or drugs to such a degree as to render the holder unfit to perform as an EMT;

4. Sustained a physical or mental disability that renders further practice by him dangerous to the public;

5. Obtained fees or assisted in the obtaining of such fees under dishonorable, false or fraudulent circumstances;

6. Disregarded an appropriate order by a physician concerning emergency treatment and transportation;

7. At the scene of an accidnt or illness, refused to administer emergency care on the grounds of age, sex, race, religion, creed or national origin of the patient;

8. After initiating care of a patient at the scene of an accident or illness, discontinued such care or abandoned the patient without the patient's consent or without providing for the further administration of care by an equal or higher medical authority;

9. Revealed confidences entrusted to him in the course of medical attendance, unless such revelation is required by law or is necessary in order to protect the welfare of the individual or the community;

10. By action or omission and without mitigating circumstance, contributed to or furthered the injury or illness of a patient under his care;

11. Was careless, or reckless, or irresponsible in the operation of an emergency vehicle;

12. Performed skills above the level for which he was certified or performed skills that he was not trained to do;

13. Observed the administration of sub-standard care by another EMT or other medical provider without documenting the event and notifying a supervisor;

14. By his actions, or inactions created a substantial possibility that death or serious physical harm could result;

15. Did not take or complete remedial training or other courses of action as directed by the Department;

16. Was found guilty of the falsification of any documentation as required by the Department;

17. Breached a section of the Emergency Medical Services Act of South Carolina or a subsequent amendment of the Act or any rules or regulations published pursuant to the Act.

18. Failed to provide a patient emergency medical treatment of a quality deemed acceptable by the Department.

C. The Department may take enforcement action, including suspending or revoking certifications or assessing a monetary penalty against the holder of a certificate at any time it is determined that the holder no longer meets the prescribed qualifications for being a certified EMT as provided in this regulation and the EMS Act.

D. The suspension or revocation of the emergency medical technician certificate shall include all levels of certification.

~~E. Any adverse action or event related to credentialed personnel shall be reported as required to the National Practitioner Data Bank, in accordance with federal law.~~ **SECTION 800 – [RESERVED]**

SECTION 900 – [RESERVED]

SECTION 1000 – [RESERVED]

SECTION 1100 – [RESERVED]

~~SECTION 1200. AIR AMBULANCES~~
SECTION 1200 – MEDICATIONS

~~**Section 1201. Licensing. (I)**~~

~~It shall be unlawful for any ambulance service provider, agent or broker to secure or arrange for air ambulance service originating in the State of South Carolina unless such ambulance service meets the provisions of South Carolina Emergency Medical Services Act and regulations.~~

~~A. Air Ambulance Licensing and Insurance Requirements:~~

~~1. Air ambulance licensing procedures must meet the requirements in Section 400. Air ambulance permit procedures are contained in Section 500. A Department issued permit is required for each aircraft;~~

~~2. As part of the licensing procedure, every air ambulance operator shall carry an air ambulance insurance policy. The coverage amounts shall ensure that;~~

~~a. Each aircraft shall be insured for the minimum amount of one million dollars ($1,000,000) for injuries to, or death of, any one (1) person arising out of any one (1) incident or accident;~~

~~b. The minimum amount of three million dollars ($3,000,000) for injuries to, or death of, more than one (1) person in any one (1) accident;~~

~~c. The minimum amount of five hundred thousand dollars ($500,000) for damage to property from any one (1) accident;~~

~~d. Submit proof that the provider carries professional liability coverage in the minimum amount of five hundred thousand dollars ($500,000) per occurrence, with a company license to do business in the aircraft's home assigned state; and~~

~~e. All listed insurance shall provide a thirty (30) day cancellation notice to the Department. In accordance with Section 303, an agency is subject to enforcement action including but not limited to revocation or fines for laps of coverage for any period of time. A schedule of fines is listed in Section 1501.~~

~~3. Submit a copy of current FAA operational certificate and include designation for air ambulance operations, Administration Air Taxi and Commercial Operator Certification, ACTO;~~

~~4. Submit a letter of agreement that all aircraft shall meet the specifications of all applicable subsections of Section 501, if the aircraft is leased from a pool;~~

~~5. Proof that the Medical Control Physician meets the qualifications of Section 402;~~

6. The operator or firm must conform to all Federal Aviation Regulations (FARs), which are rules prescribed by the Federal Aviation Administration (FAA) Part 135; and

7. Each aircraft must be inspected and issued a permit by the Department prior to use.

B. Out-of-State Air Ambulances.

1. Out-of-state air ambulances transporting patients from locations originating in South Carolina must obtain a license in South Carolina prior to engaging in operations and must have a current and valid license in their home state, if applicable, except where exempt pursuant S.C. Code Section 44-61-100(D).

2. Out-of-state air ambulances operating in a state where no license is available must obtain a license in South Carolina and meet all requirements in Section 1200.

3. Out-of-state air ambulances transporting patients initiating in South Carolina must have the patient care report submitted into the South Carolina PreMIS system within seventy-two (72) hours of completing the transport.

C. Air Ambulance Categories:

1. Prehospital Transport Air Ambulance. Air ambulance services that transport patients in the prehospital setting will be permitted as either an advanced or basic life support service. In addition each prehospital service shall be required to meet the requirements and be licensed accordingly. Each such service shall contract with a Medical Control Physician.

2. Special Purpose Air Ambulance. The interfacility transportation of a critically injured or ill patient by an air ambulance (fixed-wing or rotary-wing aircraft) that includes the provision of medically necessary supplies and services, at a level of service beyond the normal scope of practice of a Paramedic. The Special Purpose air unit is necessary when a patient's condition requires ongoing care that must be furnished by one (1) or more healthcare professionals in an appropriate specialty area (such as neonate, critical care nursing, respiratory care, cardiovascular care), or a Paramedic with additional training approved by the Department. It is the responsibility of the provider's Medical Control Physician to ensure that the level of patient care required in any given transport is adequate for that patient's medical needs.

D. Air Ambulance Aircraft Requirements. The aircraft operator shall, in all operations, comply with all federal aviation regulations which are adopted by reference, FAA Part 135. The aircraft shall meet the following specifications:

1. Be configured in such a way that the medical attendants have adequate access for the provision of patient care within the cabin to give cardiopulmonary resuscitation and maintain patient's life support;

a. The aircraft or ambulance must have an entry that allows loading and unloading without excessive maneuvering (no more than forty-five (45) degrees about the lateral axis and thirty (30) degrees about the longitudinal axis) of the patient.

b. The configuration does not compromise functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation.

2. A minimum of one (1) stretcher or cot must be provided that can be carried to the patient and allow loading of a supine patient by two (2) attendants;

a. The maximum gross weight allowed on the stretcher or cot (inclusive of patient and equipment) as consistent with manufacturer's guidelines.

b. Aircraft stretchers, cots, and the means of securing it in flight must be consistent with national aviation regulations.

c. The stretcher or cot must be sturdy and rigid enough that it can support cardiopulmonary resuscitation.

d. The head of the cot is capable of being elevated at least thirty (30) degrees for patient care and comfort.

e. The patient placement must allow for safe medical personnel egress.

3. Have appropriate communication equipment to ensure both internal crew and air to ground exchange of information between individuals and agencies appropriate to the mission, including at least medical control, air traffic control, emergency services (EMS, law enforcement agencies, and fire), and navigational aids;

4. Be equipped with radio headsets that ensure internal crew communications and transmission to appropriate agencies;

5. Pilot is able to control and override radio transmissions from the cockpit in the event of an emergency situation;

6. Lighting. Supplemental lighting system shall be installed in the aircraft or ambulance in which standard lighting is insufficient for patient care;

a. A self-contained lighting system powered by a battery pack or a portable light with a battery source must be available.

b. There must be adequate lighting for patient care. Use of red lighting or low intensity lighting in the patient care area is acceptable if not able to isolate the patient care area from effects on the cockpit or on a pilot.

c. For those flights meeting the definition of "long range," additional policies must be in place to address how adequate cabin lighting will be provided during fueling and or technical stops to ensure proper patient assessment can be performed and adequate patient care provided.

7. Have hooks and/or appropriate devices for hanging intravenous fluid bags;

8. Helicopters must have an external landing light and tail rotor position light;

9. Design must not compromise patient stability in loading, unloading, or in-flight operations;

10. Temperature; and

a. The interior of the aircraft must be climate controlled to avoid adverse effects on patients and personnel on board.

b. Thermometer is to be mounted inside the cabin.

c. Cabin temperatures must be measured and documented every fifteen (15) minutes during a patient transport until temperatures are maintained within the range of fifty to ninety five (50 to 95) degrees Fahrenheit (ten to thirty five (10 to 35) degrees Celsius) for aircraft.

11. Electric power outlet. Must be provided with an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft or ambulance equipment. Extra batteries are required for critical patient care equipment.

E. Aircraft Flight Crew Manning Requirements. The aircraft operator shall, in all operations, comply with all federal aviation regulations which are adopted by reference, FAA Part 135.

1. Rotorcraft Pilot:

a. The pilot must possess at least a commercial rotorcraft helicopter and instrument helicopter rating 05.07.02.

b. The pilot in command must possess two thousand (2000) total flight hours (or total flight hours of at least fifteen hundred (1500) hours and recent experience that exceeds the operator's pre-hire qualifications such as current air medical and/or search and rescue experience or Airline Transport Pilot, ATP, rated) prior to an assignment with a medical service with the following stipulations:

i. A minimum of twelve hundred (1200) helicopter flight hours;

ii. At least one thousand (1000) of those hours must be as Pilot-in-Charge (PIC) in rotorcraft;

iii. One hundred (100) hours unaided (if pilot is not assigned to a Night Vision Goggles (NVG) base or aircraft);

iv. One hundred (100) hours unaided or fifty (50) hours unaided as long as the pilot has one hundred (100) hours aided (if assigned to an NVG base or aircraft); and

v. A minimum of five hundred (500) hours of turbine time.

c. The pilot must be readily available within a defined call-up time to ensure an expeditious and timely response.

2. Rotorcraft mechanic:

a. The helicopter mechanic is vital to mission readiness and, as such, shall possess at least two (2) years of experience and must be a certified air frame and power plant mechanic.

b. The mechanic must be properly trained and FAA certified to maintain the aircraft designed by the flight service for its aeromedical program.

3. Fixed-Wing Pilot:

a. A fixed-wing pilot must possess two thousand (2000) airplane flight hours prior to assignment with a medical service with the following stipulations:

i. At least one thousand (1000) of those hours must be as Pilot-in-Charge (PIC) in an airplane;

ii. At least five hundred (500) of those hours must be multi-engine airplane time as PIC. (Not required of single-engine turbine aircraft);

iii. At least one hundred (100) of those hours must be night flight time as PIC; and

iv. Both pilots in a two-pilot aircraft must be ATP rated.

b. In aircraft that require two (2) pilots, both pilots must be type rated for that make and model, and both pilots must hold first-class medical certificates if the certificate holder operates internationally. Both pilots must have training on Crew Resource Management (CRM), or Multi-pilot Crew Coordination (MCC).

4. Fixed-Wing Mechanic:

a. The mechanic is vital to mission readiness and must be a certified air frame and power plant mechanic.

b. The mechanic must be properly trained and FAA certified to maintain the aircraft designated by the flight service for its aeromedical program.

c. The mechanic must obtain and maintain a current Airframe and Powerplant (A&P) certificate.

F. Off-Line Medical Control Physician (Medical Director). The off-line Medical Control Physician of air ambulance services shall be responsible for:

1. Being knowledgeable of the capabilities and limitations of the aircraft used by his service;

2. Being knowledgeable of the medical staff's capability relative to the patient's needs;

3. Being knowledgeable of the routine and special medical equipment available to the service;

4. Ensuring that each patient is evaluated prior to a flight for the purpose of determining that appropriate aircraft, flight and medical crew and equipment are provided to meet the patient's needs;

5. Ensuring that all medical crew members are adequately trained to perform in-flight duties prior to functioning in an in-flight capacity; and

6. Must meet all requirements, duties and responsibilities listed in Section 402.

G. Aircraft Medical Crew Requirements:

1. Each basic life support air ambulance must be staffed with at least one (1) currently certified South Carolina EMT.

2. Each advanced life support air ambulance must be staffed with at least one (1) currently certified South Carolina Paramedic or South Carolina flight nurse as may be required by the patient's condition.

3. Each special purpose air ambulance must be staffed with at least one (1) Special Purpose EMT, Paramedic or RN with specialty training, as approved by the Department.

4. Each crew member must wear a flame retardant uniform with reflective striping.

5. Each crew member must display a legible photo identification with first name and certification level (for example, pilot, RN, or other) while patient care is anticipated to be rendered.

H. Orientation Program:

1. All medical flight crew members must complete a base level flight orientation program approved by the Department and supervised by the service's Medical Control Physician.

2. The flight orientation program shall be of sufficient duration and substance to cover all patient care procedures, including altitude physiology, and flight crew requirements.

Section 1202. Medical Supplies and Equipment. (II)

A. Local Medical Control Option (MCO) items are required equipment, unless the Medical Control Physician declines to carry suggested equipment. The MCO items must be stated in writing (such as incorporated into SOPs or Standing Orders) and submitted to the Department within ten (10) days of change.

B. Delivering Oxygen. Oxygen shall be installed according to national aviation regulations (FAA Part 135.91). Medical transport personnel can determine how oxygen is functioning by pressure gauges mounted in the patient care area.

1. Each gas outlet shall be clearly identified.

2. "No Smoking" sign shall be included.

3. Oxygen flow must be stoppable at or near the oxygen source from inside the aircraft or ambulance.

4. The following indicators shall be accessible to medical transport personnel while en route:

a. Quantity of oxygen remaining; and

b. Measurement of liter flow.

5. Adequate amounts of oxygen for anticipated liter flow and length of transport with an emergency reserve must be available for every mission.

6. When the vehicle is in motion, all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings.

C. Sanitation. The floor, sides, ceiling and equipment in the patient cabin of the aircraft or ambulance must be a nonporous surface capable of being cleaned and disinfected by the standards listed in Section 800.

D. Basic Life Support (BLS) Equipment. BLS Air Ambulances shall have all the following equipment on board:

1. Automatic External Defibrillator (AED);

a. An AED shall be secured and positioned for easy access to the medical attendant(s).

b. Adult and Pediatric paddles, pads, and cables shall be available.

2. Suction Device. A portable suction device, age and weight appropriate, with wide bore tubing and at least a six (6) ounce reservoir;

a. Wide-bore, rigid pharyngeal curved suction tip: Minimum, two (2) each.

b. Sterile, single-use, flexible suction catheter between 6 Fr – 16 Fr: Minimum, two (2):

i. One (1) must be between 6 Fr – 10 Fr.

ii. One (1) must be between 12 Fr – 16 Fr.

3. Airway Equipment;

a. Nasal Cannulas (NC): Adult and pediatric with adequate length tubing, two (2) each.

b. Non-Rebreather Mask (NRB): Adult and pediatric with adequate length tubing, two (2) each.

c. Nasopharyngeal airways (NPAs): 16 Fr-34 Fr adult and child sizes, one (1) each. All airways shall be stored in a manner to maintain cleanliness.

d. Nonmetallic oropharyngeal airways (OPAs): sizes 0-5, one (1) each. All airways shall be stored in a manner to maintain cleanliness.

e. Bag Valve Ventilation Units (BVMs):

i. One (1) adult, hand operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering ninety to one hundred (90 to 100) percent oxygen to the patient.

ii. One (1) child, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering ninety to one hundred (90 to 100) percent oxygen to the patient. The BVM must include safety pop-off mechanism with override capability.

iii. One (1) infant, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering ninety to one hundred (90 to 100) percent oxygen to the patient. The BVM must include safety pop-off mechanism with override capability.

iv. In conjunction with the ventilation units above, 0, 1, 2, 3, 4, 5 masks will be carried (either the disposable or non-disposable types, local MCO).

f. Adult and Pediatric Magill forceps, one (1) each (local MCO).

g. Blind Insertion Airway Device (BIAD): meet all age and weight size categories as defined by Food and Drug Administration (FDA). Syringe(s) needed to inflate bulbs shall be included in packaging, if not appropriate size(s) must be carried by provider (local MCO).

4. Bandage Material;

a. ABD pad five (5) inches by nine (9) inches, or larger, two (2) minimum.

b. Individually wrapped, sterile four (4) inches by four (4) inches gauze pad, fifteen (15) minimum.

c. Gauze bandage rolls individually wrapped and sterile in three (3) varieties of sizes (for example, 4.5 inches × 4.1 yards, 3.4 inches × 3.6 yards), one (1) each.

d. Commercial sterile occlusive dressing, minimum size four (4) inches by four (4) inches, two (2) each.

e. Adhesive tape, hypoallergenic, one (1), two (2), and three (3) inches wide, one (1) each.

f. Sterile burn sheet, one (1) each (local MCO).

g. Triangular bandages, minimum two (2) each (local MCO).

h. Large trauma bandage shears, one (1) each.

i. Minimum of 250 mL of sterile water or normal saline for irrigation.

5. Splints;

a. Traction-type, lower extremity splint. Uni-polar or bi-polar type is acceptable (local MCO).

b. Padded, wooden-type splints, two (2) each, fifteen (15) inches by three (3) inches and thirty-six (36) inches by three (3) inches, or other approved commercially available splints for arm or leg fractures (local MCO).

6. Spine Boards;

a. One (1) Long Spine Board (at least sixteen (16) inches by seventy-two (72) inches). The use of folding backboards is acceptable as a substitute for the long spine board (local MCO).

b. Cervical collars for adult and pediatric adjustable or available in sizes of short, regular, or tall; minimum one (1) each. Each cervical collar shall be manufactured with rigid or semi-rigid material (local MCO).

c. Adult and Pediatric head immobilization device, commercially or premade: One (1) each (local MCO).

d. Nine (9) foot straps, minimum three (3) each, or one set of 10-point spider straps (local MCO).

7. Obstetrical kit: The kit shall be sterile, latex-free and contain the following: gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant (local MCO);

8. Assessment tools; and

a. Adult and Pediatric blood pressure sphygmomanometer, cuff, bladder, and tubing must be clean and in good repair.

b. Stethoscope with membrane(s) and tubing in good repair.

c. Adult and Pediatric pulse oximeter with numeric reading.

d. Glucometer or blood glucose measuring device (local MCO).

9. Miscellaneous Equipment:

a. Eye protection or face shield, one (1) for each medical crew member (local MCO).

b. Non-sterile, latex-free exam gloves in two (2) variations of size, labeled; minimum of five (5) pairs each.

c. Waterless hand cleanser, commercial antimicrobial.

d. EPA recommended germicidal/viralcidal agent or a sodium hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach used for cleaning equipment.

e. A clearly marked sharps container (may be fixed or portable) with locking mechanism.

f. Emesis basin, one (1) (local MCO).

g. Bedpan and urinal, one (1) each (local MCO).

h. Two (2) dependable flashlights or electric lanterns.

i. One (1) fire extinguisher approved for aircraft use. Each shall be fully charged with valid inspection certification and capable of extinguishing type A, B, or C fires. At least one (1) hand fire extinguisher must be provided and conveniently located on the flight deck for use by the flight crew.

j. Additional equipment. Equipment not found in this regulation is subject to inspection and must be stored and operate to the manufacturer's recommendations. If any fault is found, the equipment must be immediately removed for repair and/or replacement.

E. Advanced Life Support (ALS) Equipment. Air ambulances providing ALS in the Prehospital or Special Purpose category must have all the following equipment and supplies on board in addition to Section 1202.D:

1. Cardiac monitor;

a. Must be secured and positioned so that displays are visible to the medical attendant(s) and;

b. Must have printable four (4) lead waveform, twelve (12) lead/EKG, SpO2 waveform with numeric reading, and invasive pressure monitor port(s) for adult and pediatric (including neonate, if applicable) and;

c. One (1) extra roll of printer paper;

d. Have an internal rechargeable battery pack(s);

e. Extra battery or AC adapter and cord available;

f. Defibrillator, which may be integrated into cardiac monitor modular to include:

i. Adult and Pediatric paddles and pads are available; and

ii. Appropriate size pads and settings must be available for neonatal transports (if neonatal transports are conducted); and

g. Adult and Pediatric capabilities to Transcutaneous Pace. Either stand-alone unit or integrated in to cardiac monitor modular.

2. Advanced airway and ventilatory support equipment;

a. One (1) laryngoscope handle with extra set of batteries and bulbs, if applicable.

b. Laryngoscope blades, adult, child, and infant sizes.

i. 0-4 Miller.

ii. 1-4 Macintosh.

c. One (1) each disposable endotracheal tubes sizes as well as intubation stylettes sized for each tube.

i. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm cuffed or uncuffed.

ii. 6.0, 6.5, 7.0, 7.5, 8.0 mm.

iii. Other sizes (local MCO).

d. Water soluble lubricating jelly, four (4) each.

e. Adult and Pediatric Magill forceps, one (1) each.

f. Blind Insertion Airway Device (BIAD) that meet all age and weight size categories as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not appropriate size(s) must be carried by provider.

g. Age appropriate Positive End Expiratory Pressure (PEEP) valve (may be incorporated into BVMs).

h. A mechanical ventilator and circuit appropriate to age/weight, including neonate (if applicable) which must include measurement of:

i. Fraction of inspired oxygen (FiO2);

ii. Tidal volume (Vt);

iii. Respiratory rate (RR) or frequency; and

iv. Positive End-Expiratory Pressure (PEEP).

i. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator; appropriate settings and attachments (such as face masks) for adults and pediatric patients, and neonate patients (if applicable).

j. Bi-level Positive Airway Pressure (BiPAP), which may be incorporated within the mechanical ventilator; appropriate settings and attachments for adults and pediatric; neonate (if applicable).

k. Printable waveform End-tidal CO2 continuous monitoring capabilities, which may be incorporated within cardiac monitor modular.

3. Venous Access;

a. Intravenous catheters 14g-20g, two (2) of each.

i. 22g-24g, two (2) each required if pediatric or neonate transports are conducted.

b. Intraosseous needles.

i. Adult and Pediatric needles.

ii. Neonate size required if applicable.

c. Minimum of two (2) macro drip sets, 10-20gtts/mL.

d. Minimum of two (2) independent multi-channel infusion pump that allows fluid and medications to be administered at different rates, sequentially. IV pump, at minimum, must:

i. Have an internal rechargeable battery pack;

ii. Have a AC adapter and cord; and

iii. Display the infusion rate, volume infused, and volume remaining.

e. Two (2) sets of IV pump tubing.

f. 18g-25g needles at least one and one-half inch length, minimum of four (4):

i. Two (2) must be 18g-20g.

ii. Two (2) must be 23g-25g.

g. Syringes.

i. 1mL, two (2) each.

ii. 3-5mL, two (2) each.

iii. 10-20mL, four (4) each.

h. Minimum of three (3) IV start kits containing:

i. Latex free tourniquet.

ii. Antiseptic solution.

iii. Latex free IV catheter dressing.

iv. Intravenous arm boards for pediatric patients, two (2) each (local MCO).

4. Intravenous Fluids;

a. A total of 2000mL of intravenous fluids onboard, may be a combination of:

i. Sizes (such as 100mL-1000mL).

ii. Variety (such as Lactated Ringers, Normal Saline, D5W).

iii. Must have the capability to administer warm fluids.

5. Miscellaneous Equipment; and

a. A current color-coded Pediatric weight and length-based drug dose chart.

b. Alcohol or iodine prep pads for preparing IM injections, minimum six (6).

6. Additional equipment: equipment not found in this regulation is subject to inspection and must be stored and operate to the manufacture recommendations. If any fault is found, the equipment must be immediately removed for repair and/or replacement.

Section 1203. Special Purpose Air Ambulances. (II)

All special purpose air ambulances must be equipped with at least the following items from Section 1202: A, B, C, D, and E.

Section 1204. Medication and Fluids for Advanced Life Support Air Ambulances. (II)

Such medications and fluids approved by the Board for possession and administration by EMTs, and specified by the Medical Control Physician, will be carried on the air ambulance. Medications not included on the approved medication list for Paramedics may be carried on board the air ambulance so long as there is a written protocol which is signed and dated by the Medical Control Physician, for the use of the medications, fluid, or blood product and delineates administration only by a registered nurse or physician.

A. Medications must be easily accessible.

B. Controlled substances are in a double locked system and kept in a manner consistent with state and federal Drug Enforcement Agency (DEA) regulations.

C. Storage of medications allows for protection from extreme temperature changes within the U.S. Pharmacopeia guidelines as listed in Section 601.I.5, if environment deems it necessary.

~~D. If there is a refrigerator on the vehicle for medications, a temperature monitoring and tracking policy is required, and the refrigerator is used and labeled "for medication use only."~~

~~**Section 1205. Rescue Exception. (II)**~~

~~An aircraft without a permit may be used for occasional non routine missions, such as the rescue and transportation of victim/patients, who may or may not be ill or injured, from structures, depressions, water, cliffs, swamps or isolated scenes, when in the opinion of the rescuers or EMS provider present at the scene, such is the preferred method of rescue and transportation incident thereto due to the nature of the entrapment, condition of the victim, existence of an immediate life-threatening condition, roughness of terrain, time element and other pertinent factors:~~

~~A. Provided that after the initial rescue, an EMT or higher level EMS technician accompanies the victim patient en route with the necessary and appropriate EMS supplies needed for the en route care of the specific injuries or illness involved.~~

~~B. Provided the aircraft is of adequate size and configuration to effectively make the rescue and to accommodate the victim patient, attendant(s) and equipment.~~

~~C. Provided reasonable space is available inside the aircraft for continued victim patient comfort and care.~~

~~D. Provided a permitted aircraft is not available within a reasonable distance response time; and~~

~~E. Provided the victim patient is transferred to a higher level of EMS ground transportation for stabilization and transport if such ground unit is available at a reasonably safe landing area.~~

1201. General. (I)

The EMS Agency shall manage medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid, in accordance with federal, state, and local laws and regulations. The EMS Agency shall ensure such medication management includes securing, storing, administering, and disposal of discontinued or expired drugs, including controlled substances.

1202. Medication Orders. (I)

A. The EMS Agency shall ensure medications are administered to Patients only upon orders of a physician. All verbal and written orders for controlled substances shall be signed and dated by a physician no later than fourteen (14) days after the order is given. A physician's signature shall be present on all controlled substance administrations or if an electronic record is utilized the controlled medication section must have a separate and distinct approval utilizing electronic digital signatures, separate from the ePCR content.

B. The EMS Agency shall ensure all orders for controlled substances are documented, signed, and dated by the approving physician. EMS Agencies employing electronic signatures or computer-generated signature codes shall ensure orders for controlled substances are authenticated by the prescribing Physician. The EMS Agency shall ensure each ePCR includes either the emergency room physician or local Medical Control Physician approval using electronic digital signatures. The EMS Agency shall not utilize a phrase such as "Per Protocol" in lieu of the approving physician's signature.

1203. Administering Medication and/or Treatments. (I)

The EMS Agency shall ensure doses of medication, including controlled substances, are administered by the same EMS Personnel who prepared them for administration. The EMS Agency shall maintain records of receipt, administration, and disposition of all medications, including controlled substances, to enable an accurate reconciliation including:

A. The first and last name of the EMS personnel who administered the medication using either of the following methods:

1. An electronic signature in a computerized recordkeeping system; or

2. A legible manual signature of a hard copy record.

B. The name of the EMS Agency;

C. The Patient name and run number;

D.The name and strength of the medication administered;

E. The date of administration;

F. The time of administration;

G. The amount of the dose administered in milliliters (ml);

H. The amount of waste; and

I. The name of physician ordering the medication.

1204. Medication Storage.

A. The EMS Agency shall ensure all medications are stored at the temperature range established by the manufacturer.

B. The EMS Agency shall store all medications in accordance with applicable state and federal laws. The EMS Agency shall maintain an inventory of the stock and distribution of all controlled substances in a manner that the disposition of any particular item is readily traced and pursuant to Regulation 61-4, Controlled Substances.

C. The EMS Agency shall ensure controlled substances listed in Schedules II, III, IV, and V shall be stored in a double locked system and kept in a manner consistent with Regulation 61-4 and federal Drug Enforcement Administration (DEA) regulations. The EMS Agency shall ensure medications are monitored and attended to prevent access by unauthorized individuals. The EMS Agency shall ensure expired or discontinued medications are not to be stored with current medications.

1205. Disposition of Controlled Substances.

A. The EMS Agency shall dispose and destroy Controlled Substance in accordance with requirements of the federal Drug Enforcement Administration.

B. The EMS Agency shall upon closure notify the federal Drug Enforcement Administration and the Department's Bureau of Drug Control and surrender controlled substances registrations.

~~SECTION 1300. PATIENT CARE REPORTS (III)~~

~~Section 1301. Patient Care Reports.~~

~~A. Each licensed provider must create and submit an electronic patient care report (ePCR) for each patient contact regardless of patient transport decision.~~

~~B. The primary care attendant is responsible for documenting all patient contact, care, and transport decision within the ePCR. All required documentation must be completed within twenty-four (24) hours of the conclusion of call.~~

~~C. Each licensed provider must submit its ePCRs into PreMIS within seventy-two (72) hours of the conclusion of call.~~

~~D. When transporting to an emergency room (ER), patient ePCR shall be submitted to the ER within thirty (30) minutes of the completion of the call. In lieu of that, a paper pre-run information sheet may be substituted until the ePCR is sent. ePCR information shall be sent no later than twenty-four (24) hours from completion of the call.~~

~~Section 1302. Data Manager.~~

~~A. Each licensed provider that provides patient care shall appoint a Data Manager to ensure accuracy, HIPAA compliance, security, and provide timely submission of ePCRs into PreMIS.~~

~~B. The Department must be notified of any change in the Data Manager within ten (10) days.~~

~~C. The Data Manager shall ensure that each ePCR submitted reflects all the attendants on the incident including non-certified drivers (if applicable).~~

~~Section 1303. Content.~~

~~A. Patient care reports shall reflect services, treatment, and care provided directly to the patient by the provider including, but not limited to, information required to properly identify the patient, a narrative description of the call from time of first patient contact to final destination, all providers on the call, and other information as determined by the Department.~~

~~B. All patient care reports shall be coherently written, authenticated by the author, and time stamped.~~

~~C. Patient care reports involving refusals shall include, but not be limited to the following: details of any assessment performed; information regarding the patient's capacity to refuse; information regarding an informed refusal by the patient; information regarding provider's efforts to convince the patient to accept care; and any efforts by the provider to protect the patient after the refusal if the patient becomes incapacitated.~~

~~D. Data submissions from ePCR software shall maintain a quality score no higher than fifty percent (50%) of the average state data quality score, as provided by the Department's vendor. Licensed providers shall have ninety (90) calendar days from the Department's notification to successfully correct data quality. For example, if the average state data quality score is five (5), then the licensed providers must have a quality score of seven and one half (7.5) or lower to meet this requirement.~~

Section 1304. Report Maintenance.

A. South Carolina utilizes PreMIS, an electronic patient care reporting system that is compliant with the current version of the National EMS Information System (NEMSIS). Data submissions from ePCR software into the state system must meet the Department's requirements as outlined in the South Carolina EMS Data Manager's program manual.

B. The licensed provider shall provide accommodations and equipment adequate for the protection, security, and storage of patient care reports.

C. The Department maintains an electronic data stream of the ePCR with the state-required data elements from the original report. Licensed providers must maintain their copy of the original data, all attachments and appended versions of each ePCR for no less than ten (10) years on all adult patients and thirteen (13) years for minor patients as stated in S.C. Code Section 44-115-120. Attachments to ePCRs include, but are not limited to, EKGs, waveform capnography records, code summaries, short reports, and other forms of recorded media.

D. Prior to closure of business, the licensed provider must arrange for preservation of ePCRs to ensure compliance with these regulations. The provider must notify the Department, in writing, describing these arrangements within ten (10) days of closure.

E. In the event of a change of ownership, all patient care reports shall be transferred to the new owner(s).

F. The patient care report is confidential. Reports containing protected or confidential health information shall be made available only to authorized individuals in accordance with state and federal laws.

G. When patient care is transferred, the receiving agency shall receive the copy of the patient care report within a reasonable amount of time, preferably at the time of transfer, to ensure continuity in quality care.

H. Pursuant to S.C. Code Section 44-61-160, a person who intentionally fails to comply with reporting, confidentiality, or disclosure of requirements in this section is subject to a civil penalty of not more than one hundred dollars ($100) for a violation of the first time a person fails to comply and not more than five thousand dollars ($5000) for a subsequent violation.

SECTION 1400. DO NOT RESUSCITATE ORDER

1401. Purpose and Authority of Emergency Medical Services Do Not Resuscitate Order.

A. Title 44, Chapter 78 of the 1976 S.C. Code directs the Department to promulgate regulations necessary to provide directions to emergency medical personnel in identifying and honoring the wishes of patients who have executed a Do Not Resuscitate Order for Emergency Services. The Do Not Resuscitate Order for Emergency Services is commonly referred to as the EMS DNR law.

B. The EMS DNR law is applicable only to resuscitative attempts by EMS providers in the pre-hospital setting such as the declarant's home, a long-term care facility, during transport to or from a health care facility and in other locations outside of acute care hospitals.

C. Specific statutory authority is found in S.C. Code Section 44-78-65.

Section 1402. Definitions.

A. The definitions contained in S.C. Code Section 44-78-15 are hereby incorporated by reference.

B. Agent or Surrogate means a person appointed by the declarant under a Health Care Power of Attorney, executed or made in accordance with the provisions of S.C. Code Sections 62-5-504 and/or 44-77-10.

C. Cardiac Arrest means the cessation of a functional heartbeat.

D. Cardiopulmonary Resuscitation or CPR means the use of artificial respirations to support restoration of functional breathing combined with closed chest massage to support restoration of a functional heart beat following cardiac arrest.

E. Department means the South Carolina Department of Health and Environmental Control.

F. Respiratory Arrest (Pulmonary Arrest) means cessation of functional breathing.

G. Do Not Resuscitate Order for Emergency Medical Services marker is a bracelet or necklace that is engraved with the patient's name, the health care provider's name and telephone number and the words "Do Not Resuscitate" or the letters DNR.

Section 1403. General Provisions.

A. The EMS DNR Form. The document which is purporting to be a "Do Not Resuscitate Order" for EMS purposes mustshall be in substantially the following form:

A document purporting to be a "do not resuscitate order" for EMS purposes must be in substantially the following form

NOTICE TO EMS PERSONNEL

This notice is to inform all emergency medical personnel who may be called to render assistance to

_____

(Name of patient)

that he/she has a terminal condition which has been diagnosed by me and has specifically requested that no resuscitative efforts including artificial stimulation of the cardiopulmonary system by electrical, mechanical, or manual means be made in the event of cardio-pulmonary arrest.

REVOCATION PROCEDURE

THIS FORM MAY BE REVOKED BY AN ORAL STATEMENT BY THE PATIENT TO EMS PERSONNEL, OR BY MUTILATING, OBLITERATING, OR DESTROYING THE DOCUMENT IN ANY MANNER.

Date: _____

_____

Patient's Signature (or Surrogate or Agent)

_____

Physician's Signature

_____

Physician's Address

_____

Physician's Telephone Number

B. Distribution of the EMS DNR Form. The EMS DNR form, along with instructions for execution and a patient information sheet shall be distributed by the Department to health care providers. Informational pamphlets shall be prepared by the Department and made available to other interested parties upon request.

C. Location of the Executed EMS DNR Form. The executed EMS DNR Form shall be placed in a location where the document is easily observed and recognized by EMS personnel. The form shall be displayed in such a manner that it will be visible and protected at all times.

D. EMS DNR Marker. The DNR marker shall be a bracelet or necklace as approved by the Department. The marker may be worn upon the execution of the EMS DNR Document. Wearing of the marker shall not be mandatory but is encouraged. The marker will alert EMS personnel of the probable existence of the EMS DNR document. The marker shall be of metallic construction and shall be unique and easily recognizable. The marker shall contain the patient's name, the health care provider's name and telephone number and the words "Do Not Resuscitate" or the letters DNR.

E. No person under the age of eighteen (18) may request or receive a "Do Not Resuscitate Order for Emergency Medical Services" as noted in S.C. Code Section 44-78-50(B).

Section 1404. Revocation of EMS DNR Order.

The EMS DNR Order may be revoked at any time by the oral expression of the patient to EMS personnel or by the mutilation, obliteration or destruction of the document in any manner. If the order is revoked, EMS personnel shall perform full resuscitation and treatment of the patient.

Section 1405. Patient's Assessment and Intervention. (II)

When EMS Personnel report to a scene, they shall do a patient assessment. If an EMS DNR bracelet or necklace is found during the assessment, EMS personnel shall make a reasonable effort to determine that an EMS DNR form exists and to ensure that the EMS DNR form applies to the person on which the assessment is being made. If no DNR form is found, resuscitative measure will be initiated. If after starting resuscitative measures an EMS DNR form is later found, resuscitative measure must be stopped.

Section 1406. Resuscitative Measures to be Withheld or Withdrawn. (II)

In the event that the patient has a valid EMS DNR order, the following procedures shall be withheld or withdrawn:

A. CPR;

B. Endotracheal intubation and other advanced airway management;

C. Artificial ventilation;

D. Defibrillation;

E. Cardiac resuscitation medication; and

F. Cardiac diagnostic monitoring (ONLY withheld in the face of cardiac arrest).

Section 1407. Procedures to Provide Palliative Treatment. (II)

The following treatment may be provided as appropriate to patients who have executed a valid EMS DNR order:

A. Suctioning;

B. Oxygen;

C. Pain medication;

D. Non-cardiac resuscitation medications;

E. Assistance in the maintenance of an open airway as long as such assistance does not include intubation or advanced airway management;

F. Control of bleeding;

G. Comfort care; and

H. Support to patient and family.

Section 1408. DNR Information for the Patient, the Patient's Family, the Health Care Provider and EMS Personnel. (II)

A. Responsibilities of the patient or his or her Surrogate or agent.

The patient and his or her surrogate or agent shall:

1. Make all care givers aware of the location of the EMS DNR Form and ensure that the form is displayed in such a manner that it will be visible and available to EMS personnel.

2. Be aware of the consequences of refusing resuscitative measures.

3. Be aware that if the form is altered in any manner resuscitative measures will be initiated.

4. Understand that in all cases, supportive care will be provided to the patient.

B. Responsibilities of the Health Care Provider (Physician) The patient's physician:

1. Has determined that the patient has a terminal condition.

2. Has completed the patient's EMS DNR Form.

3. Has explained to the patient and family the consequences of withholding resuscitative care; the medical procedures that will be withheld and the palliative and supportive care that will be administrated to the patient.

C. Responsibilities of EMS Personnel.

EMS personnel:

1. Will confirm the presence of the EMS DNR Form and the identity of the patient.

2. Upon finding an unaltered EMS DNR Form, will withhold or withdraw resuscitative measures such as CPR, endotracheal intubation or other advanced airway management, artificial ventilation, defibrillation, cardiac resuscitation medication and related procedures.

3. Will provide palliative and supportive treatment such as suctioning the airway, administration of oxygen, control of bleeding, provision of pain and non-cardiac medications, provide comfort care and provide emotional support for the patient and the patient's family.

4. Must have in his possession either the original or a copy of the DNR Order during transport of the patient.

SECTION 1500. FINES AND MONETARY PENALTIES

Section 1501. Fines and Monetary Penalties.

A. When a decision is made to impose monetary penalties, the following schedule shall be used as a guide to determine the dollar amount:

MONETARY PENALTY RANGES

FREQUENCY	CLASS I	CLASS II	CLASS III
1st	$300 - 500	$100 - 300	$50 - 100
2nd	$500 - 1,500	$300 - 500	$100 - 300
3rd	$1,000 - 3,000	$500 - 1,500	$300 - 800
4th	$2,000 - 5,000	$1,000 - 3,000	$500 -1,500
5th	$5,000 - 7,500	$2,000 - 5,000	$1,000 - 3,000
6th or more	$10,000	$7,500	$2,000 - 5,000

B. When a licensed agency fails a vehicle reinspection, a Class IV penalty may be levied upon the agency. Pursuant to S.C. Code Section 44-61-70, the following Class IV fine schedule shall be used when a permitted ambulance or licensed rapid responder service loses points upon reinspection:

Frequency of violation of standard within a thirty-six (36) month period:

MONETARY PENALTY RANGES

FREQUENCY	CLASS IV Points/Penalty	
1st	0-24	$25-50

~~2nd~~	~~25-50~~	~~$50-100~~
~~3rd~~	~~51-100~~	~~$100-300~~
~~4th~~	~~101-500~~	~~$300-500~~
~~5th~~	~~501-1000~~	~~$500-1500~~
~~6th or more~~	~~Over 1000~~	~~$1000-3000~~

~~C. There may be multiple occurrences of a violation (Class I, II, and III) within a one (1) day period that would constitute multiple fineable occurrences. (For example, in allowing uncertified personnel to render patient care, each patient treated is an "occurrence" and thus a separate fineable offense.)~~

~~SECTION 1600. SEVERABILITY~~

~~In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect, as if such invalid portions were not originally a part of these regulations.~~

SECTION 1300 – [RESERVED]

SECTION 1400 – [RESERVED]

SECTION 1500 – [RESERVED]

SECTION 1600 – [RESERVED]

~~SECTION 1700. GENERAL~~
SECTION 1700 – SANITATION AND INFECTION CONTROL

~~Conditions that have not been addressed in these regulations shall be managed in accordance with best practices as interpreted by the Department.~~

1701. General.

A. The EMS Agency shall maintain and implement personnel practices that promote conditions that prevent the spread of infectious, contagious, or communicable diseases, including but not limited to standard precautions, transmission-based precautions, contact precautions, airborne precautions, and isolation techniques. The EMS Agency shall ensure proper disposal of toxic and hazardous substances. The EMS Agency shall ensure the preventive measures and practices are in compliance with applicable guidelines of the Bloodborne Pathogens Standard of the Occupational Safety and Health Act of 1970; the Centers for Disease Control and Prevention; R.61-105, Infectious Waste Management; and other applicable federal, state, and local laws and regulations.

B. The EMS Agency shall ensure the practice of hand hygiene to prevent the hand transfer of pathogens, and the use of barrier precautions such as gloves in accordance with established guidelines.

1702. Exterior Ambulance Surfaces.

A. The EMS Agency shall ensure the exterior of the vehicle has a reasonably clean appearance.

B. The EMS Agency shall ensure exterior lighting is kept clear of foreign matter (insects, road grime, or other) to ensure adequate visibility.

1703. Interior Ambulance Surfaces Patient Compartment.

A. The EMS Agency shall ensure interior surfaces of each Ambulance are of a nonporous material to allow ease of cleaning and that carpet-type materials are not used on any surface of the patient compartment.

B. The EMS Agency shall ensure:

1. The floors of each Ambulance are free from sand, dirt, and other residue that may have been tracked into the compartment;

2. The wall, cabinet, and bench surfaces of each Ambulance are kept free of dust, sand, grease, or any other accumulated surface matter;

3. The interiors of cabinets and compartments of each Ambulance are kept free from dust, moisture, or other accumulated foreign matter;

4. Bloodstains, vomitus, feces, urine, and other similar matter are cleaned from each Ambulance and all equipment after each call, using an agent or sodium hypochlorite solution described in Section 1703.C;

5. Window glass and cabinet doors of each Ambulance are clean and free from foreign matter;

6. Each Ambulance is equipped with a receptacle provided for the deposit of trash, litter, and all used items; and

7. A container specifically designed for the safe deposit and secure retainment of contaminated needles or syringes and a second container for contaminated or infectious waste is provided on each Ambulance that is easily accessible from the Patient compartment.

C. The EMS Agency shall utilize an Environmental Protection Agency-recommended germicidal and viricidal agent or a hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach to clean Patient contact areas. The agency shall utilize alcohol or sodium hypochlorite solution for surfaces where such an EPA solution is recommended; however, alcohol should not be used for disinfection of large surfaces. The EMS Agency shall ensure the contact time for the hypochlorite solution is in accordance with the respective EPA registration for the select pathogen.

D. EMS Agencies shall clean all vehicles after each call.

1704. Linen.

A. The EMS Agency shall ensure that each Ambulance stores and maintains dry, clean linen.

B. The EMS Agency shall ensure each Ambulance is equipped with at least six (6) sets of freshly laundered or disposable linens to be used on cots and pillows and changed after each Patient is transported.

C. The EMS Agency shall ensure soiled linen is transported on the Ambulance in a closed plastic bag or container and removed from the Ambulance as soon as possible.

D. The EMS Agency shall ensure each Ambulance maintains blankets and towels that are intact, in good repair, and cleaned or laundered after each Patient use. The EMS Agency shall ensure that the blankets are a hypoallergenic material designed for easy maintenance.

1705. Oxygen Administration Apparatus. (II)

A. The EMS Agency shall ensure oxygen administration devices such as masks, cannulas, and delivery tubing are disposable and only used once.

B. The EMS Agency shall ensure all masks, cannulas, and delivery tubing are individually wrapped and unopened until used on a Patient.

C. The EMS Agency shall ensure oxygen humidifiers are only filled with distilled or sterile water upon use and cleaned after each use. The EMS Agency may utilize disposable single-use oxygen humidifiers in lieu of multi-use types.

D. The EMS Agency shall ensure each Ambulance that carries portable oxygen tanks maintains a non-sparking oxygen wrench for use with the oxygen tanks.

1706. Resuscitation Equipment. (II)

A. The EMS Agency shall ensure bag mask assemblies and masks are free from dust, moisture, and other foreign matter and stored in the original container, jump kit, or a closed compartment on the Ambulance. The EMS Agency shall ensure each Ambulance maintains additional equipment needed to facilitate the use of a bag valve mask, such as a syringe, stored with the bag mask assembly. The EMS Agency shall ensure all masks, valves, reservoirs, and other items or attachments for bag mask assemblies are clean and manufacturer's recommendations on single-use equipment are followed where indicated.

B. The EMS Agency shall utilize an EPA-recommended germicidal and viricidal agent or a sodium hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach to clean resuscitation equipment not specifically addressed as single-use. The EMS Agency shall utilize alcohol or sodium hypochlorite solution to clean resuscitation equipment surfaces where such an EPA solution is recommended.

1707. Suction Unit. (II)

A. The EMS Agency shall ensure suction hoses are clean and free from foreign matter and manufacturers' recommendations on single-use equipment are followed where indicated.

B. The EMS Agency shall ensure the suction reservoir of each suction unit is clean and dry.

C. The EMS Agency shall ensure suction units are clean and free from dust, dirt, or other foreign matter.

D. The EMS Agency shall ensure tonsil tips and suction catheters are of the single-use disposable type and stored in sealed sterile packaging until used.

E. The EMS Agency shall ensure suction units with attachments are cleaned and sanitized after each use.

1708. Splints. (II)

The EMS Agency shall ensure:

A. Padded splints are neatly covered with a non-permeable material and clean, and when the outside cover of the splint becomes soiled, they are thoroughly cleaned or replaced;

B. Commercial splints are free of dust, dirt, or other foreign matter;

C. Traction splints with commercial supports are clean and free from accumulated material;

D. All splinting materials are stored in such a manner as to promote and maintain cleanliness;

E. Splints are in functional working order with the recommended manufacturer's attachments; and

F. Manufacturer's recommendations on single-use splint equipment are followed where indicated.

1709. Spinal Motion Restriction Device. (II)

A. The EMS Agency shall ensure all pillows, mattresses, and spinal motion restriction devices (SMRDs) that are not single-use items are covered with a non-permeable material and in good repair. The EMS Agency shall remove any compromised stretcher or spine board from service.

B. The EMS Agency shall ensure

1. All stretchers, cots, pillows, SMRDs, and spine boards are clean and free from foreign material;

2. Canvas or neoprene covers on portable-type stretchers are in good repair;

3. All restraint straps and/or devices are kept clean and washed immediately if soiled;

4. Spinal motion restriction devices are manufactured from an appropriate material to facilitate cleaning; and

5. All spinal motion restriction devices are free from rough edges or areas that may cause injury.

1710. Bandages and Dressings. (II)

A. The EMS Agency shall ensure all bandages are clean and individually wrapped or stored in a closed container or cabinet. The EMS Agency shall ensure triangular bandages are single-use disposable type.

B. The EMS Agency shall ensure dressings are sterile, individually packaged and sealed, stored in a closed container or compartment, and if the seal is broken or wrap is torn, the dressing is discarded.

C. The EMS Agency shall ensure burn sheets are sterile and single-use only.

D. The EMS Agency shall ensure all bandages or dressings that have been exposed to moisture or soiled are replaced.

1711. Obstetrical (OB) Kits. (II)

A. The EMS Agency shall ensure all OB kits are sterile and wrapped with cellophane or plastic, and if the wrapper is torn or the kit is opened but not used, the items in the kit that are not individually wrapped are discarded and replaced.

B. The EMS Agency shall ensure all OB kits are single-use only.

C. The EMS Agency shall ensure all items in each OB kit past the expiration date are replaced individually if other items are individually sealed and sterile.

1712. Oropharyngeal Appliances. (II)

The EMS Agency shall ensure single-use instruments inserted into a Patient's mouth or nose are individually wrapped and stored properly. The EMS Agency shall ensure all instruments inserted into a Patient's mouth that are not intended for single-use only are cleaned and decontaminated following manufacturer's guidelines.

1713. Communicable Diseases. (II)

A. The EMS Agency shall ensure that when an Ambulance has been contaminated with blood, body fluids, or other potentially infectious material (OPIM), to include potential contamination from respiratory droplets if transporting a Patient with signs or symptoms consistent with a respiratory illness of an infectious cause, the vehicle is taken out of service until decontamination is completed.

B. The EMS Agency shall ensure all linen used during any transport is removed from the cot and properly disposed of, or immediately placed in a designated, leak-proof bag or container and sealed until cleaned. The EMS agency shall ensure all used linen is treated as contaminated and handled as per standard precautions.

C. The EMS Agency shall ensure all Patient contact areas, equipment, and any surface soiled during the call is cleaned and disinfected pursuant to Section 1703.C.

1714. Equipment.

The EMS Agency shall ensure all reusable equipment used for direct Patient care is in good repair and cleaned as it becomes soiled, and kept free from foreign matter.

1715. Equipment and Materials Storage Areas.

The EMS Agency shall ensure all equipment not used in direct Patient care is in storage spaces or compartments to prevent contamination or damage to direct Patient care equipment or materials.

1716. Personnel.

The EMS Agency shall ensure uniforms and clothing are clean or changed if they become soiled, contaminated, or exposed to vomitus, blood, or other potentially infectious material (OPIM).

SECTION 1800 – AMBULANCE PERMITS. (I)

1801. General.

A. The EMS Agency shall ensure that each Ambulance for which the Permit is issued meets all requirements as to design, medical equipment, supplies, and sanitation as set forth in this regulation. The EMS Agency shall have each Ambulance inspected by the Department prior to issuance of the initial permit.

B. The EMS Agency shall display the Permit decal for each specific Ambulance on the rear door or rear window of the Ambulance or aircraft portfolio, as applicable.

C. The EMS Agency shall not make an entry on, deface, alter, remove, or obliterate an Ambulance Permit.

D. The EMS Agency shall return an Ambulance Permit to the Department within ten (10) business days when the vehicle chassis is sold, removed from service, or when the window is replaced due to damage.

1802. Temporary Ambulance Permit.

A. The EMS Agency may request in writing, and the Department grant at its discretion, a temporary Permit in cases where a temporary asset or short-term solution to an Ambulance is needed. The EMS Agency shall ensure these temporary assets meet all Ambulance permitting and equipment requirements for the level of service of its intended use.

B. The EMS Agency shall be issued a temporary Ambulance Permit for a period not to exceed ninety (90) calendar days and may only be extended in extenuating circumstances at the Department's discretion.

C. The EMS Agency shall ensure each Ambulance with a temporary Permit, twith the exception of Air Ambulances, has the following minimum exterior markings:

1. Illumination devices pursuant to Sections 1901.G;

2. Emblems and markings pursuant to Section 1901.B affixed on vehicles with temporary markings; and

3. The name on the face of the EMS Agency's License affixed with temporary lettering not less than three (3) inches in height.

SECTION 1900 – AMBULANCES. (II)

1901. Ambulance Design.

A. The EMS Agency shall ensure all Ambulances meet the design requirements established by the Department for Ambulances permitted and utilized in South Carolina and are effective with the publication of this regulation. The EMS Agency shall ensure all equipment, lighting, interior and exterior doors, and environmental equipment operates as designediered at all times when the Ambulance is in service.

B. Base Unit. The EMS Agency shall ensure the chassis of each Ambulance is at least three-quarter ton. In the case of modular or other type body units, the EMS Agency shall ensure the Ambulance chassis is proportionate to the body unit, weight, and size; power train is compatible and matched to meet the performance criteria listed in the Federal KKK-A-1822 F Specification, NFPA 1917 or Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances version 2.0. After updates are released to the Federal KKK-A- 1822 F Specification, NFPA 1917 or Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances version 2.0, the EMS Agency shall make applicable safety-related upgrades to each Ambulance on timetables as determined by the Department.

C. Emblems and Markings. The EMS Agency shall ensure all items in this section are of reflective quality and in contrasting color to the background on which it is applied. The EMS Agency shall ensure:

1. There is a continuous stripe, of not less than three (3) inches on cab and six (6) inches on Patient compartment, to encircle the entire Ambulance with the exclusion of the hood panel. The EMS Agency shall ensure reflective chevrons, Battenberg patterns, or other markings are at least six (6) inches in height and meet the requirements of this section; and

2. Emblems and markings are of the type, size and location as follows:

a. Side: Each side of the Patient compartment has the "Star of Life," not less than twelve (12) inches in height, the word "AMBULANCE", not less than six (6) inches in height, under or beside each star, and the name of the EMS Agency as stated on the EMS Agency's License, of lettering not less than three (3) inches in height; and

b. Rear: The word "AMBULANCE", not less than six (6) inches in height, two (2) "Star of Life" emblems of not less than twelve (12) inches in height, and the name of the EMS Agency as stated on the EMS Agency's License, of lettering not less than three (3) inches in height.

D. The EMS Agency shall ensure that prior to private sale of Ambulances to the public, all emblems and markings in Section 1901.C are removed.

E. Interior Patient Compartment Dimensions. The EMS Agency shall ensure the interior Patient compartment has the following dimensions:

1. Length: A minimum of twenty-five (25) inches clear space at the head, ten (10) inches at the foot of a seventy-six (76) inch cot, and a minimum inside length of one hundred twenty-two (122) inches;

2. Width: A minimum inside width of sixty-nine (69) inches;

3. Height: A minimum dimension of sixty (60) inches from floor to ceiling; and

4. A minimum of twelve (12) inches of clear aisle walkway between the edge of the primary Patient cot and base of the nearest vertical feature measured along the floor.

F. Access to Ambulance.

1. Driver Compartment.

a. The EMS Agency shall ensure the Driver's seat has an adjustment to accommodate the fifth (5^{th}) percentile to ninety fifth (95^{th}) percentile adult male.

b. The EMS Agency shall ensure there is a functional door on each side of the Ambulance in the Driver's compartment.

c. The EMS Agency shall ensure each Ambulance provides separation between the Driver compartment and the Patient compartment to provide privacy for radio communication and to protect the Driver from an unruly Patient. The EMS Agency shall ensure provision for both verbal and visual communication between Driver and Attendant by a sliding shatter resistant material partition or door. The EMS Agency shall ensure the bulkhead of each Ambulance is strong enough to support an Attendant's seat in the Patient area at the top of the Patient's head and to withstand deceleration forces of the Attendant in case of accident.

2. Patient Compartment.

a. The EMS Agency shall ensure there is a functional door on the right side of the Patient compartment near the Patient's head area of the compartment. The EMS Agency shall ensure the side door allows EMT-basics, AEMTs, and Paramedics to position themselves at the Patient's head and quickly remove the Patient from the side of the vehicle if the rear door is jammed.

b. The EMS Agency shall ensure the rear doors of the Patient compartment swing clear of the opening to allow full access to the Patient's compartment.

c. The EMS Agency shall ensure the Patient compartment doors incorporate a holding device to prevent the door closing unintentionally from wind or vibration. The EMS Agency shall ensure that when Patient compartment doors are open, the holding device shall not protrude into the access area.

d. The EMS Agency shall ensure that Ambulances carrying spare tires position the spare tire to be removed without disturbing the Patient.

G. Interior Lighting.

1. Driver Compartment: The EMS Agency shall ensure lighting is available for both the Driver and an Attendant, if riding in the Driver compartment, to read maps, records, etc. The EMS Agency shall ensure there is shielding of the Driver's area from the lights in the Patient compartment.

2. Patient Compartment: The EMS Agency shall ensure illumination provides an intensity of forty (40)-foot candles at the level of the Patient. The EMS Agency shall ensure lights are controllable from the entrance door, the head of the Patient, and the Driver's compartment. The EMS Agency may utilize a rheostat control of the compartment lighting or by a second system of low intensity lights to reduced lighting levels.

H. Illumination Devices.

1. Flood and load lights. The EMS Agency shall ensure there is least one (1) flood light mounted not less than seventy-five (75) inches above the ground and unobstructed by open doors located on each side of the vehicle. The EMS Agency shall ensure a minimum of one (1) flood light, with a minimum of fifteen (15) foot candles, is mounted above the rear doors of the vehicle.

2. Warning Lights. The EMS Agency shall ensure the Ambulance emergency warning light system contains a minimum of twelve (12) fixed red lights, one (1) fixed clear light, and one (1) fixed amber light. The EMS Agency shall ensure the upper body warning lights are mounted at the extreme upper corner areas of the Ambulance body, below the horizontal roofline. The EMS Agency shall ensure the single clear light is centered between the two (2) front-facing, red, upper corner lights. The EMS Agency shall ensure doors or other ancillary equipment do not obstruct the standard warning lights. The EMS Agency shall ensure the amber light is symmetrically located between the two (2) rear-facing red lights. The EMS Agency shall ensure there are two (2) red grille lights. The EMS Agency shall ensure the lateral facing intersection lights are mounted as close as possible to the front upper edge of each front fender and may be angled forward a maximum of thirty degrees (30°).

I. Seats:

1. Driver Compartment. The EMS Agency shall ensure a seat for both Driver and Attendant is provided in the Driver's compartment and that each seat shall have armrests on each side of the Driver's compartment.

2. Patient Compartment. The EMS Agency shall ensure two (2) fixed seats that are padded, eighteen (18) inches wide by eighteen (18) inches high to head of Patient behind the Driver; the other seat may be a square-bench type located on the curb (right) side of the vehicle.

J. Safety Factors for Patient Compartment.

1. Cot Fasteners. The EMS Agency shall ensure crash-stable fasteners are provided to secure cot(s).

2. Cot Restraint. If the cot is floor-supported on its own support wheels, the EMS Agency shall provide a means to secure it in position under all conditions. The EMS Agency shall ensure all untitled Ambulances purchased for use in South Carolina after July 1, 2017, meet all seating and cot restraint mandates outlined in the Federal KKK-A-1822F, all change notices included.

3. Patient Restraint. The EMS Agency shall ensure a restraining device is provided to prevent longitudinal or transverse dislodgement of the Patient during transit or to restrain an unruly Patient to prevent further injury or aggravation to the existing injury.

4. Safety Belts for Drivers and Attendants. The EMS Agency shall ensure quick-release, retractable, and self-adjustable safety belts are provided for the Driver, the Attendants, and all seated Patients.

5. Mirrors.

a. The EMS Agency shall ensure there are two (2) exterior rear view mirrors, one (1) mounted on the left side of the vehicle and one (1) mounted on the right side. The EMS Agency shall ensure the location of mounting provides maximum rear vision from the Driver's seated position.

b. The EMS Agency shall ensure there is an interior rear view mirror or rear view camera to provide the Driver with a view of occurrences in the Patient compartment.

6. Windshield Wipers and Washers. The EMS Agency shall ensure each vehicle is equipped with two (2) electrical windshield wipers and washers in addition to defrosting and defogging systems.

7. Sun Visors. The EMS Agency shall ensure there is a sun visor for both Driver and Attendant.

8. Exterior Visual Lighting. The EMS Agency shall ensure there are operational headlights (high and low beam), taillights, brake lights, and turn signals that can be operated by the Driver of the vehicle.

K. Environmental Equipment: Driver/Patient Compartment.

1. Heating. The EMS Agency shall ensure each Ambulance has the capability to heat the Patient and Driver compartments to a temperature of seventy-five degrees Fahrenheit (75°F) within a reasonable period while driving in an ambient temperature of zero degrees Fahrenheit (0°F). The EMS Agency shall ensure the heating system is designed to recirculate inside air and is capable of introducing twenty percent (20%) of outside air with minimum effect on inside temperature. Fresh air intake shall be located in the most practical contaminant-free air space on the vehicle.

2. Heating Control. The EMS Agency shall ensure heating is thermostatically or manually controlled and the heater blower motors are at least a three (3) speed (high, medium, and low) design. The EMS Agency shall ensure separate switches are installed in the Patient compartment.

3. Air Conditioning. The EMS Agency shall ensure the air conditioning in each Ambulance has a sufficient capacity to lower the temperature in the Driver's and Patient's compartment to seventy-five degrees Fahrenheit (75°F) within a reasonable period and maintain that temperature while operating in an ambient temperature of ninety-five degrees Fahrenheit (95°F). The EMS Agency shall ensure each air conditioning unit is designed to deliver twenty percent (20%) of fresh outside air of ninety-five degrees Fahrenheit (95°F) ambient temperature while holding the inside temperature specified. The EMS Agency shall ensure all parts, equipment, and workmanship are in keeping with accepted air conditioning practices.

4. Air Conditioning Controls. The EMS Agency may utilize manual or thermostatic air delivery controls to operate the unit. The EMS Agency is not required to have a reheat type system in the Driver's compartment unit. The EMS Agency shall ensure switches or other controls are within easy reach of the Driver in his normal driving position. The EMS Agency shall ensure air delivery fan motors are at least a three (3) speed design. The EMS Agency shall ensure switches and other control components exceed in capacity the amperage and resistance requirements of the motors.

5. Environmental Control and Medications. The EMS Agency shall ensure the temperature in the Patient compartment or anywhere medications are stored (SRVs, fire apparatus, rapid response vehicles, carry-in bags, and other) is monitored for temperature extremes to prevent drug adulteration. The EMS Agency shall ensure medications (excluding oxygen) and IV fluids are removed and discarded if the temperatures reach or exceed one hundred degrees Fahrenheit (100°F), or thirty-eight degrees Celsius (38°C). The EMS Agency shall ensure medications and IV fluids are removed and discarded if temperatures in the drug storage area drop below twenty degrees Fahrenheit (20°F), or negative seven degrees Celsius (-7°C).

6. Insulation. The EMS Agency shall ensure the entire body, side, ends, roof, floor, and Patient compartment doors are insulated to minimize conduction of heat, cold, or external noise entering the vehicle's interior. The EMS Agency shall ensure the insulation is vermin- and mildew-resistant, fireproof, non-hygroscopic, non-setting type. The EMS Agency may consider plywood floor when undercoated sufficient insulation for the floor area.

L. Storage Cabinets. The EMS Agency shall ensure all cabinets meet the criteria as stated in the most current edition of the Federal KKK-A-1822 Specification, NFPA 1917, or similar specification standards accepted by the Department as to types of surfaces, design, and storage. The EMS Agency shall ensure cabinets are of a size and configuration to store all necessary equipment and all equipment in interior cabinets is accessible to Attendants at all times.

M. Two-Way Radio Mobile. The EMS Agency shall include on each vehicle two-way radio mobile equipment that will provide a reliable system operating range of at least a twenty (20) mile radius from the base station antenna. The EMS Agency shall ensure the mobile installation provides microphones for transmitting to at least Medical Control and receiving agencies, at both the Driver's position and in the Patient compartment. The EMS Agency shall ensure selectable speaker outputs, singly and in combination are provided at the Driver's position, in the Patient's compartment, and through the public address system.

1. The EMS Agency shall provide the Department with all radio frequencies utilized by the EMS Agency as requested by the Department.

2. In the event technological advancements render the above components obsolete, the Department may make determinations as to the efficacy of proposed technology on an individual basis prior to allowing its use. The EMS Agency may utilize cell phones with hand-held radios that are able to reach Medical Control, dispatch center, and receiving facilities as backup.

N. Siren-Public Address. The EMS Agency shall ensure all siren and public address systems provide a power output with a minimum one hundred (100) watts, and in voice operation the power output is at least forty-five (45) watts through two (2) exterior mounted speakers. The EMS Agency shall ensure the public address amplifier is independent of the mobile radio unit.

O. Antenna. The EMS Agency shall mount each antenna with coaxial or other cable if a radio system is installed.

P. Glass Windows. The EMS Agency shall ensure all windows, windshield, and door glass are shatter resistant.

Q. The EMS Agency shall establish a means to immediately identify that a vehicle is out of service for any operator who might have reason to use the vehicle. The EMS Agency shall ensure any vehicle that is "out of service", whether for mechanical or staffing issues, is readily identifiable to the public and the Department. The EMS Agency shall identify out of service vehicles by one (1) of the following means:

1. A sign on the outside of the Driver's door near the door handle, minimum eight and one half inches by eleven inches (8.5" × 11") and red in color;

2. A special bag that covers the steering wheel, red in color, and labeled "Out of Service"; or

3. A large sign on the Driver's window, red in color, reading "Out of Service," laminated, or a permanent, commercially manufactured type, minimum eight and one half inches by eleven inches (8.5" × 11"). If the unit is being driven and is out of service, the sign may be placed in the far right hand corner of the front window so as to not obstruct the Driver's vision but so as to be visible from the exterior of the vehicle.

1902. Ambulance Re-mounted Design and Equipment.

After July 1, 2022, EMS Agencies choosing to utilize Ambulance Re-mounts shall ensure these units are compliant with the Commission on Accreditation of Ambulance Services (CAAS) "Ground Vehicle Standards for Ambulances" or other nationally recognized standards as approved by the Department.

SECTION 2000 – [RESERVED]

SECTION 2100 – MEDICAL EQUIPMENT

A. The EMS Agency shall ensure the following equipment is maintained on all in-service vehicles in accordance with the response:

Required (R); Medical Control Option (MCO); Not Applicable (N/A)							
Item, and Quantity		**EMERGENCY RESPONSE**		**AMBULANCE**			
		EMT-Basic	**Paramedic**	**EMT-Basic**	**AEMT**	**Paramedic**	**Air/Critical Care**
Personal Protective Equipment							
1.	Eye protection or face shield for each medical crew member **One (1)**	R	R	R	R	R	R

2.	Labeled Non-sterile, latex-free exam gloves – two (2) sizes **Five (5) pairs each**	R	R	R	R	R	R
3.	Mask/Face shield for each Crew Member **One (1) each**	R	R	R	R	R	R
4.	Protective clothes covering	R	R	R	R	R	R
Automatic External Defibrillator (AED)							
5.	AED: secured and positioned for easy access to Attendants **One (1)**	R	R	R	R	N/A	N/A
6.	Paddles or pads and cables, Adult and Pediatric, compatible with AED	R	R	R	R	R	R
Monitor/Defibrillator							
7.	Four (4) lead wave form, twelve (12) lead/EKG, SpO2 waveform with numeric reading, waveform capnography, and invasive pressure ports for adult and pediatric, and neonate, if applicable. Printable and transmittable and secured and positioned so displays are visible to Attendants. All components are required, but not all on one device. **One (1)**	N/A	R	N/A	N/A	R	R
8.	ECG Electrodes **Twenty (20)**	MCO	MCO	MCO	MCO	R	R
9.	Extra roll of compatible printer paper **One (1)**	N/A	R	N/A	MCO	R	R
10.	Internal rechargeable battery pack **One (1)**	N/A	R	N/A	MCO	R	R
11.	Extra battery or AC adapter and cord **One (1)**	N/A	R	N/A	MCO	R	R

12.	Defibrillator: May be integrated into cardiac monitor module. **One (1)**	N/A	R	N/A	MCO	R	R
13.	Pads – Pediatric and Adult (Neonatal sizes if transports are conducted)	N/A	R	N/A	N/A	R	R
14.	Transcutaneous Pace – Adult and Pediatric capabilities (stand-alone unit or integrated into cardiac monitor modular)	N/A	R	N/A	N/A	R	R
Oxygen Delivery							
15.	Nasal Cannulas – Adult **Two (2)**	R	R	R	R	R	R
16.	Nasal Cannula- Pediatric **Two (2)**	MCO	MCO	R	R	R	R
17.	Non-Rebreather Mask – Adult **Two (2)**	R	R	R	R	R	R
18.	Non-Rebreather Mask – Infant **Two (2)**	N/A	N/A	N/A	N/A	N/A	R
19.	Non-Rebreather Mask – Pediatric **Two (2)**	R	R	R	R	R	R
20.	Disposable Nebulizer **Two (2)**	MCO	R	MCO	R	R	R
21.	NPA 16 French through 34 French (12, 16, 20, 24, 28, 32, 36) **One (1) each**	MCO	R	R	R	R	R
22.	Nonmetallic oropharyngeal airways (OPAs): sizes 0-5. **One (1) each**	R	R	R	R	R	R
23.	Positive Pressure Airway device **One (1)**	MCO	R	MCO	R	R	R
24.	Individual use circuit for Positive pressure device compatible with the device **Two (2)**	MCO	R	MCO	R	R	R
25.	Portable Oxygen Cylinder (min 1000	R	R	R	R	R	R

	PSI) with working regulator **One (1)**						
26.	Spare Portable Oxygen Cylinder **One (1)**	R	R	R	R	R	R
27.	On-Board Oxygen Cylinder (min 2000L) With working regulator **One (1)**	N/A	N/A	R	R	R	R
Bag Valve Mask Ventilation Units (BVM)							
28.	Adult BVM **One (1)**	R	R	R	R	R	R
29.	Pediatric BVM **One (1)**	R	R	R	R	R	R
30.	Neonate BVM **One (1)**	MCO	MCO	R	R	R	R
Bandage Material							
31.	ABD pad at least five by nine inches (5" x 9") **Two (2)**	R	R	R	R	R	R
32.	Adhesive bandages **Five (5)**	R	R	R	R	R	R
33.	Individually wrapped four by four inch (4" x 4") Sterile Gauze Pads **Fifteen (15)**	R	R	R	R	R	R
34.	Individually wrapped Sterile Gauze bandage rolls two (2) different Sizes Required **One (1) each size**	R	R	R	R	R	R
35.	Four by four inch (4" x 4") Commercial Sterile Occlusive Dressing or Chest Seal **Two (2)**	R	R	R	R	R	R
36.	Hypoallergenic Adhesive Tape – One inch (1") **One (1)**	R	R	R	R	R	R
37.	Hypoallergenic Adhesive Tape – Two Inch (2") **One (1)**	MCO	MCO	MCO	MCO	MCO	MCO
38.	Hypoallergenic Adhesive Tape – Three Inch (3") **One (1)**	MCO	MCO	R	R	R	R

39.	Large Trauma Bandage Shears **One (1)**	R	R	R	R	R	R
40.	Sterile Water or Normal Saline for irrigation **Minimum of 250 ml.**	R	R	R	R	R	R
41.	Arterial Tourniquet **Two (2)**	R	R	R	R	R	R
42.	Hemostatic Agent or Bandage (non-granular) **Two (2)**	MCO	MCO	MCO	MCO	MCO	MCO
Assessment Tools							
43.	Thermometer **One (1)**	MCO	MCO	R	R	R	R
44.	Sphygmomanometer, cuff, bladder, and tubing in sizes for each age and size (Minimum of 3 sizes) **One (1) each size**	R	R	R	R	R	R
45.	Adult Stethoscope **One (1)**	R	R	R	R	R	R
46.	Pediatric Capable Stethoscope **One (1)**	R	R	R	R	R	R
47.	Pulse Oximeter with numeric reading with Adult and Pediatric capabilities **One (1)**	R	R	R	R	R	R
48.	Penlight **Two (2)**	R	R	R	R	R	R
Miscellaneous							
49.	Commercial antimicrobial and waterless hand cleanser	R	R	R	R	R	R
50.	EPA recommended Germicidal/viricidal agent or sodium hypochlorite solution - ninety-nine (99) parts water and one (1) part bleach for cleaning equipment.	R	R	R	R	R	R
51.	Portable Suction	R	R	R	R	R	R
52.	Wall Mounted Suction	N/A	N/A	R	R	R	R
53.	Suction Tubing	MCO	MCO	R	R	R	R
54.	Rigid suction Tip	MCO	MCO	R	R	R	R
55.	Flexible Suction Tip	MCO	R	R	R	R	R

	Four (4) sizes						
56.	Naloxone Administration Kit	MCO	MCO	MCO	MCO	MCO	MCO
57.	Epinephrine Administration Kit	MCO	MCO	MCO	MCO	MCO	MCO
58.	Sharps container (fixed with locking mechanism) **One (1)**	N/A	N/A	R	R	R	R
59.	Portable Sharps Container **One (1)**	R	R	R	R	R	R
60.	Current color-coded Pediatric weight and length-based drug dose chart **One (1)**	MCO	R	MCO	R	R	R
61.	Antiseptic pads for injection sites **Twenty-four (24)**	R	R	R	R	R	R
62.	18-20g needles at least one and one-half inch (1 ½") length **Two (2) sets**	N/A	R	N/A	R	R	R
63.	23g-25g needles at least one and one-half inch (1 ½") length **Two (2) sets**	N/A	R	N/A	R	R	R
64.	1 ml Syringes **Two (2)**	N/A	R	N/A	R	R	R
65.	3-5 ml Syringes **Two (2)**	N/A	R	N/A	R	R	R
66.	10-20 ml Syringes **Four (4)**	N/A	R	N/A	N/A	R	R
67.	Sterile burn sheet **One (1)**	R	R	R	R	R	R
68.	Triangular Bandages **Two (2)**	R	R	R	R	R	R
69.	Traction-type, lower extremity splint (Bi-polar or Uni-polar type is acceptable) **One (1)**	MCO	MCO	R	R	R	MCO
70.	Padded splints: 15" x 3" (or other approved commercially available splints for arm or leg fractures) **Two (2)**	R	R	R	R	R	MCO

71.	Padded Splints: 36” x 3” (or other approved commercially available splints for arm or leg fractures) **Two (2)**	MCO	MCO	R	R	R	MCO
72.	Pelvic Splint **One (1)**	MCO	MCO	MCO	MCO	MCO	MCO
73.	Long Spine Board: at least 16” x 72”. (A folding backboard may be used as a substitute.) **One (1)**	MCO	MCO	R	R	R	MCO
74.	Cervical collars: Adjustable or available in sizes of short, regular, or tall. Adult and Pediatric **Minimum of one (1) each**	R	R	R	R	R	MCO
75.	Commercially or Premade Head Immobilization Device – Adult and Pediatric **One (1) each**	MCO	MCO	R	R	R	MCO
76.	Nine (9) foot straps (one (1) set 10-point spider straps may be used) **Minimum of three (3) each**	MCO	MCO	R	R	R	R
77.	Triage Tag (Compatible with the state system)	R	R	R	R	R	MCO
78.	Patient Restraints **one (1) set**	N/A	N/A	R	R	R	R
79.	Obstetrical Kit: Sterile, latex free. (Contains the following: gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, perinatal pad, bulb syringe and a receiving blanket) **One (1)**	R	R	R	R	R	R
80.	Glucometer or Blood Glucose Measuring Device	R	R	R	R	R	R

	One (1)						
81.	Emesis basin or bag **One (1)**	R	R	R	R	R	R
82.	Bedpan and urinal **One (1) each**	MCO	MCO	R	R	R	R
83.	ABC Fire Extinguisher (minimum of 5 LBS, properly mounted) **One (1)**	R	R	R	R	R	R
84.	Battery Operated Flashlight (non-penlight) **Two (2)**	MCO	MCO	R	R	R	MCO
85.	High Visibility vest or reflective clothing **Two (2)**	R	R	R	R	R	R
86.	Protective Work Gloves **2 Pair**	MCO	MCO	MCO	MCO	MCO	MCO
87.	Protective Helmet **Two (2)**	MCO	MCO	MCO	MCO	MCO	R
88.	Flameless Flare, Glow Sticks, Cones, or Reflective Triangles **Three (3)**	R	R	R	R	R	MCO
89.	Blankets/ Linen **Three (3) each**	MCO	MCO	R	R	R	R
Advanced Airway and Ventilatory Support							
90.	Laryngoscope handle with extra set of batteries and bulbs (Compatible with Blades) **One (1)**	N/A	R	N/A	N/A	R	R
91.	Laryngoscope blades – 0-4 Miller, 1-4 Macintosh - Adult/ Pediatric/Neonate sizes (Compatible with handle) **One (1) each**	N/A	R	N/A	N/A	R	R
92.	Video Laryngoscope **One (1)**	N/A	MCO	N/A	N/A	MCO	MCO
93.	Disposable ET tube sizes 2.5 through 8mm with stylets sized for each tube **One (1) each**	N/A	R	N/A	N/A	R	R
94.	Bougie type device **One (1)**	N/A	MCO	N/A	N/A	MCO	MCO

95.	ET Placement Detector **One (1)**	N/A	R	N/A	N/A	R	R
96.	Water soluble lubricating jelly **Four (4) each**	R	R	R	R	R	R
97.	Blind Insertion Airway Device (BIAD) – Age and weight sizes as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not, appropriate size(s) carried by provider.	R	R	R	R	R	R
98.	Mucosal Atomizer Device **One (1)**	N/A	MCO	N/A	N/A	MCO	MCO
99.	Positive End-Expiratory Pressure (PEEP) valve (may be incorporated into BVMs) – age appropriate	R	R	R	R	R	R
100.	Mechanical ventilator and circuit - age/weight appropriate, including neonate, if applicable, includes measurement of: Fraction of inspired oxygen (FiO2); Tidal volume (Vt); Respiratory rate (RR) or frequency; and PEEP.	N/A	N/A	N/A	N/A	MCO	R
101.	Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable	N/A	N/A	N/A	MCO	MCO	R
102.	Bi-level Positive Airway Pressure (BiPap), able to be incorporated within the mechanical ventilator	N/A	N/A	N/A	N/A	MCO	MCO

	mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable						
103.	Chest Decompression Kit **One (1)**	N/A	R	N/A	N/A	R	R
104.	Printable waveform End-tidal CO2 continuous monitoring capabilities. May be incorporated within cardiac monitor modular	N/A	R	N/A	N/A	R	R
Venous Access							
105.	Intravenous catheters 14g-20g **Two (2) each**	N/A	R	N/A	R	R	R
106.	Intravenous catheters 22g-24g for pediatric/neonate transport **Two (2) each**	N/A	R	N/A	R	R	R
107.	Intraosseous needles – 15mm, 25mm, 45mm **One (1) each**	N/A	MCO	N/A	R	R	R
108.	Macro drip sets, 10-20 gtts/ml **Two (2)**	N/A	R	N/A	R	R	R
109.	Micro drip set **One (1)**	N/A	R	N/A	N/A	N/A	N/A
110.	IV start kits containing latex free tourniquet, antiseptic solution, and latex free catheter dressing. **Three (3)**	N/A	R	N/A	R	R	R
111.	Intravenous fluids: may be combination of sizes100mL-1000mL variety such as Lactated Ringers, Normal Saline, D5W. Capability to be administered warm. **4000 ml total**	N/A	R (2000 ml total)	N/A	R	R	R
112.	IV Pressure Infuser **One (1)**	N/A	MCO	N/A	MCO	R	R

B. The EMS Agency shall maintain the equipment used in the provision of Patient care clean, in good repair, and operating condition, within the manufacturer expiration date, and in accordance with Occupational Safety and Health Administration (OSHA) Standard 1910.1030.

C. Local Medical Control Option (MCO). The EMS Agency shall ensure all local MCO medical equipment is incorporated into its Protocols pursuant to Section 502.B.

SECTION 2200 – AIR AMBULANCE

2201. Permitting. (I)

A. No EMS Agency, Ambulance service provider, agent or broker shall secure or arrange for Air Ambulance service originating in South Carolina unless the Air Ambulance service meets the provisions of S. C. Code Sections 44-61-10, et seq. and these regulations. The EMS Agency providing Air Ambulance services that transport Patients in the prehospital setting shall be permitted as Advanced Life Support. The EMS Agency shall have each Air Ambulance inspected prior to issuance of the initial Permit and inspected thereafter at a frequency as determined by the Department.

B. The EMS Agency shall submit an application to the Department, in a format as determined by the Department, prior to being issued an initial Air Ambulance Permit and Air Ambulance Permit renewals. The EMS Agency shall submit the following documentation with the application:

1. A copy of current FAA operational certificate including designation for Air Ambulance operations;

2. Proof of accreditation from the Commission on Accreditation of Medical Transport Systems (CAMTS). After updates are released to the CAMTS Air Ambulance Standards, the EMS Agency shall make applicable safety related upgrades to each Air Ambulance on timetables as determined by the Department; and

3. A letter of agreement verifying each aircraft meets the specifications of this regulation if the aircraft is leased from a pool.

C. The EMS Agency shall ensure that prior to issuance of an initial or renewal Air Ambulance Permit that the Air Ambulance for which the Permit is issued meets all requirements as set forth in this regulation. Each Permit shall be issued for a specific Air Ambulance and is not transferrable to another vehicle.

D. The EMS Agency shall ensure each Air Ambulance conforms to all federal and state laws and regulations, including Title 14 of the Code of Federal Regulations (14 CFR) part 135.

E. Out-of-State Air Ambulances.

1. EMS Agencies from out of state with Air Ambulances transporting Patients from locations originating in South Carolina shall obtain an EMS Agency License from the Department prior to engaging in operations and shall have applicable current and valid licenses and permits in their home state, except where exempt pursuant to S.C. Code Section 44-61-100(D).

2. EMS Agencies from out of state operating Air Ambulances in a state where no license and/or permit is available shall obtain a EMS Agency License in South Carolina and meet all requirements in Section 1200.

3. EMS Agencies from out of state with Air Ambulances transporting Patients from locations originating in South Carolina shall submit ePCRs to the Department within seventy-two (72) hours of completing the transport.

2202. Aircraft.

The EMS Agency shall ensure all operations comply with all federal aviation regulations which are adopted by reference, FAA Part 135. The EMS Agency shall ensure each aircraft meets the following specifications:

A. Configured in such a way that the medical Attendants have adequate access for the provision of Patient care within the cabin to give cardiopulmonary resuscitation and maintain the Patient's life support. The EMS Agency shall ensure:

1. The aircraft has an entry that allows loading and unloading without excessive maneuvering (no more than forty-five (45) degrees about the lateral axis and thirty (30) degrees about the longitudinal axis) of the Patient; and

2. The configuration does not compromise functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation.

B. Has at least one (1) stretcher or cot that can be carried to the Patient and allow loading of a supine Patient by two (2) Attendants. The EMS Agency shall ensure:

1. The maximum gross weight allowed on the stretcher or cot (inclusive of Patient and equipment) as consistent with manufacturer's guidelines;

2. The aircraft stretchers and cots, and the means of securing them in-flight, are consistent with federal aviation regulations;

3. The stretcher or cot is sturdy and rigid enough that it can support cardiopulmonary resuscitation;

4. The head of the cot is capable of being elevated at least thirty (30) degrees for Patient care and comfort; and

5. The Patient placement allows for safe personnel egress.

C. Has appropriate communication equipment to ensure both internal crew and air to ground exchange of information between individuals and agencies appropriate to the mission, including at least Medical Control, air traffic control, emergency services (EMS, law enforcement agencies, and fire), and navigational aids;

D. Is equipped with radio headsets that ensure internal crew communications and transmission to appropriate agencies;

E. The pilot is able to control and override radio transmissions from the cockpit in the event of an Emergency situation;

F. Lighting. The EMS Agency shall ensure each Air Ambulance has a supplemental lighting system installed in the aircraft which includes standard lighting and is sufficient for Patient care; The EMS Agency shall ensure:

1. The lighting system includes a self-contained lighting system powered by a battery pack or a portable light with a battery source is available;

2. That red lighting or low intensity lighting may be used in the Patient care area if not able to isolate the Patient care area from effects on the cockpit or on a pilot; and

3. For those flights meeting the definition of "long range," the EMS Agency shall have additional policies in place to address how cabin lighting will be provided during fueling and/or technical stops to ensure proper Patient assessment can be performed and adequate Patient care provided.

G. Has hooks and/or devices for hanging intravenous fluid bags;

H. Rotor Wing Aircraft must have an external landing light and tail-rotor position light;

I. Design does not compromise Patient stability in loading, unloading, or in-flight operations;

J. Temperature. The EMS Agency shall ensure:

1. The interior of the Air Ambulance is climate controlled to avoid adverse effects on Patients and personnel on board;

2. The thermometer is mounted inside the Air Ambulance cabin; and

3. The Air Ambulance cabin temperatures are measured and documented every fifteen (15) minutes during a Patient transport until temperatures are maintained within the range of fifty degrees Fahrenheit (50°F) to ninety-five degrees Fahrenheit (95°F), or ten degrees Celsius (10° C) to thirty-five degrees Celsius (35° C) for aircraft.

K. Electric power outlet. The EMS Agency shall ensure each Air Ambulance aircraft is equipped with an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft or Ambulance equipment. The EMS Agency shall ensure each Air Ambulance maintains extra batteries onboard for critical Patient care equipment.

2203. Aircraft Flight Crew.

A. Rotorcraft Pilot. The EMS Agency shall ensure:

1. Each Rotorcraft pilot possess at least a commercial Rotorcraft-helicopter and instrument helicopter rating of 05.04.03;

2. Prior to an assignment with a medical service, the Rotorcraft pilot in command possesses two thousand (2,000) total flight hours, or total flight hours of at least fifteen hundred (1,500) hours, and recent experience that exceeds the operator's pre-hire qualifications such as current air medical and/or search and rescue experience or Airline Transport Pilot (ATP) rated that include the following:

a. At least twelve hundred (1,200) helicopter flight hours;

b. At least one thousand (1,000) of those hours must be as Pilot-in-Charge (PIC) in Rotorcraft;

c. One hundred (100) hours unaided, if the pilot is not assigned to a Night Vision Goggles (NVG) base or aircraft;

d. Fifty (50) hours unaided as long as the pilot has one hundred (100) hours aided, if assigned to an NVG base or aircraft; and

e. A minimum of five hundred (500) hours of turbine time.

3. The pilot is readily available within a defined call-up time to ensure an expeditious and timely response; and

4. ATP certificate and instrument currency is strongly encouraged.

B. Rotorcraft Mechanic. The EMS Agency shall ensure:

1. The mechanic primarily assigned to a specific Air Ambulance is factory schooled or equivalent in an FAA approved program on the type of specific airframe, the power plant and all related systems. The EMS Agency shall ensure the primarily assigned mechanic provides direct (on-site during maintenance) supervision to other mechanics assisting with maintenance that may not have this level of experience or training;

2. All mechanics receive formal training on human factors and maintenance error reduction;

3. A policy is written that grants the mechanic permission without fear of reprisal to decline performing any maintenance critical to flight safety that he has not been appropriately trained for, until an appropriately trained mechanic is available to directly supervise or assist;

4. There is a documented annual review of infection control, medical systems, and installations on the aircraft, Patient loading and unloading procedures for all mechanics;

5. At least one (1) technician is available for each service with formal training on the aircraft electrical system and formal training on the autopilot system; and

6. Training related to the interior modification of the aircraft:

a. Prepares the mechanic for inspection of the installation as well as the removal and reinstallation of special medical equipment; and

b. Includes supplemental training on service and maintenance of medical oxygen systems and a policy as to who maintains responsibility for refilling the medical oxygen systems;

C. Fixed Wing Pilot. The EMS Agency shall ensure the pilot-in-command (PIC) possesses the following qualifications:

1.Possesses the following flight hours:

a. Prior to assignment with an EMS Agency and if the aircraft is to be operated using a single PIC, with no Second in Command (SIC):

TYPE OR CLASS OF	TOTAL FLIGHT	MULTI-ENGINE HOURS	PIC HOURS	TYPE RATE HOURS

AIRCRAFT	HOURS			
Single Engine Turbo-Prop	2500	N/A	1000	50
Multi-Engine Piston	2500	500	1000	50
Multi-Engine Turbo Prop	2500	500	1000	100

b. If the aircraft is to be operated with two (2) fully trained and qualified pilots:

TYPE OR CLASS OF AIRCRAFT	PIC TOTAL FLIGHT HOURS	MULTI-ENGINE HOURS	PIC HOURS	SIC TOTAL HOURS
Single Engine Turbo-Prop	2000	N/A	1000	500
Multi-Engine Piston	2000	500	1000	500
Multi-Engine Turbo Prop	2000	500	1000	800
Multi-Engine Turbo Prop	3000	500	1500	1000

2. The PIC is Airline Transport Pilot (ATP) rated within five (5) years of hire;

3. In aircraft that requires two (2) pilots, both pilots shall be type-rated for the make and model, and both pilots shall hold first class medical Certificates if the Certificate holder operates internationally. Both pilots shall have training on Crew Resource Management (CRM) or Multi-pilot Crew Coordination (MCC); and

4. When operating an Air Ambulance with two (2) pilots, the EMS Agency shall maintain policies procedures that address avoidance of a "green on green" situation, where a lower experienced PIC is paired with a lower experienced SIC. The EMS Agency shall ensure the two (2) pilots combined have completed a minimum combined flight experience of two hundred fifty (250) hours in make and model.

D. Fixed-Wing Mechanic. The EMS Agency shall ensure:

1. The mechanic primarily assigned to a specific Air Ambulance possess a minimum of two (2) years of airplane experience as a certified airframe and power plant mechanic prior to assignment, or, in the case of a repair station, the Maintenance Repair Organization (MRO) shall hold a FAA issued Certificate under FAA 14 CFR Part 145, or the national equivalent, and hold the ratings and/or limitations within its Operations Specifications for the make/model upon which it is performing scheduled maintenance;

2. The primary mechanic performing scheduled maintenance to a specific Air Ambulance is factory-schooled or equivalent in an approved program on the type-specific airframe, the power plant, and all related systems within eighteen (18) months of employment by the operator;

3. All mechanics must receive formal training on human factors and maintenance error reduction;

4. If not working for a maintenance organization certified under FAA 14CFR Part 145 or national equivalent, the EMS Agency implements a written policy that grants the mechanic permission, without fear

of reprisal, to decline from performing any maintenance critical to flight safety that he or she has not been appropriately trained for, until an appropriately trained mechanic is available to directly supervise;

5. There is an annual review of infection control, medical systems, and installations on the aircraft, Patient loading and unloading procedures for all mechanics;

6. There will be at least one (1) technician or MRO available for each service with formal training on the aircraft electrical system and formal training on avionics; and

7. Training related to the interior modifications of the aircraft:

a. Training must prepare the mechanic for inspection of the installation as well as the removal and reinstallation of special medical equipment; and

b. There is supplemental training on service and maintenance of medical oxygen systems and a policy as to who maintains responsibility for refilling the medical oxygen system.

E. The EMS Agency shall ensure that each Patient is evaluated prior to a flight for the purpose of determining that appropriate Air Ambulance, flight and medical crew, and equipment are provided to meet the Patient's needs.

F. The EMS Agency shall ensure that all medical crew members are adequately trained to perform in flight duties prior to functioning in an inflight capacity.

G. Aircraft Medical Crew. The EMS Agency shall ensure:

1. Each Advanced Life Support Air Ambulance is staffed with at least one (1) currently certified Paramedic or Flight Nurse as may be required by the Patient's condition;

2. Each crew member wears a flame retardant uniform with reflective striping; and

3. Each crew member displays, upon request, a legible photo identification with first name and certification level (for example, pilot, RN, or other) while Patient care is anticipated to be rendered.

H. Orientation Program. The EMS Agency shall ensure:

1. All medical flight crew members complete a base level flight orientation program supervised by the EMS Agency's Medical Control Physician; and

2. The flight orientation program is documented and of a duration and substance to cover all Patient care procedures, including altitude physiology, and flight crew requirements.

2204. Medical Supplies and Equipment. (II)

A. Delivering Oxygen. The EMS Agency shall ensure that oxygen is installed according to federal aviation regulations (FAA Part 135.91). The EMS Agency shall ensure that medical transport personnel determine how oxygen is functioning by use of pressure gauges mounted in the Patient care area. The EMS Agency shall ensure:

1. Each gas outlet shall be clearly identified;

2. “No Smoking” sign shall be included;

3. Oxygen flow must be stoppable at or near the oxygen source from inside the aircraft or Ambulance;

4. The following indicators shall be accessible to medical transport personnel while en route;

a. Quantity of oxygen remaining; and

b. Measurement of liter flow.

5. Adequate amounts of oxygen for anticipated liter flow and length of transport with an emergency reserve must be available for every mission; and

6. When the Air Ambulance is in motion, all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings.

B. Sanitation. The EMS Agency shall ensure that the floor, sides, ceiling, and equipment in the Patient cabin of the Air Ambulance are a nonporous surface capable of being cleaned and disinfected in accordance with Section 1700.

C. Each EMS Agency shall maintain on each Air Ambulance all medical equipment pursuant to Section 2100.

2205. Medication and Fluids for Advanced Life Support Air Ambulances. (II)

A. The EMS Agency shall ensure medications and fluids approved by the Department for possession and administration by Paramedics and specified by the Medical Control Physician are carried on the Air Ambulance. The EMS Agency shall ensure that medications not included on the approved medication list for Paramedics are only carried on board the Air Ambulance if the EMS Agency has a written Protocol that includes delineation of administration only by a registered nurse or physician.

B. The EMS Agency shall ensure on each Air Ambulance:

1. All Medications are easily accessible;

2. Controlled substances are in a double locked system and kept in a manner consistent with state and federal controlled substances laws and regulations;

3. Storage of medications allows for protection from extreme temperature changes within the U.S. Pharmacopeia guidelines, if environment deems it necessary; and

4. If there is a refrigerator on the Air Ambulance for medications, a temperature monitoring and tracking policy is established and implemented, and the refrigerator is used and labeled “for medication use only.”

2206. Rescue Exception. (II)

The EMS Agency may utilize an aircraft or SRV without a Permit for occasional non-routine missions, such as the rescue and transportation of victims or Patients who may or may not be ill or injured from structures, depressions, water, cliffs, swamps or isolated scenes when the rescuers or EMS Agency present at the scene determines the preferred method of rescue and transportation incident thereto due to the nature

of the entrapment, condition of the victim, existence of an immediate life threatening condition, roughness of terrain, time element and/or other pertinent factors. The EMS Agency shall ensure:

A. After the initial rescue, an EMT-basic, AEMT, or Paramedic accompanies the victim or Patient en route with the necessary and appropriate EMS supplies and equipment needed for the en route care of the specific injuries or illness involved;

B. The aircraft or SRV is of adequate size and configuration to effectively make the rescue and to accommodate the victim or Patient, Attendant(s), and equipment;

C. Reasonable space is available inside the aircraft or SRV for continued victim or Patient comfort and care;

D. A permitted Air Ambulance or Ambulance is not available within a reasonable distance response time; and

E. Provided the Patient is transferred to a higher level of EMS ground transportation for stabilization and transport if such ground unit is available at a reasonably safe landing area.

SECTION 2300 – [RESERVED]

SECTION 2400 – [RESERVED]

SECTION 2500 – [RESERVED]

SECTION 2600 – [RESERVED]

SECTION 2700 – SEVERABILITY

In the event that any portion of this regulation is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of this regulation, and they shall remain in effect as if such invalid portions were not originally a part of this regulation.

SECTION 2800 – GENERAL

Conditions that have not been addressed in this regulation shall be managed in accordance with the best practices as interpreted by the Department.

Fiscal Impact Statement:

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: 61-7, Emergency Medical Services.

Purpose: The Department amends R.61-7 to update provisions in accordance with current practices and standards. Amendments incorporate and revise provisions and definitions to conform to statutory mandates and terminology widely used and understood within the provider community. The Department further revises for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation.

Legal Authority: 1976 S.C. Code Sections 44-61-10 et seq., 44-78-10 et seq., and 44-80-10 et seq.

Plan for Implementation: The amendments will take legal effect upon General Assembly approval and upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The amendments are necessary to update provisions in accordance with current practices and standards. The amendments include updated language for EMS agencies applying for licensure and certification of EMS personnel, and incorporate provisions delineating requirements for protocols, ambulance permitting, Emergency Medical Responder agencies, training programs, ambulance design and equipment, and medical equipment. The amendments revise and incorporate requirements regarding maintenance of policies and procedures, Department inspections and investigations, maintenance of accurate and current patient reports, and other requirements for licensure. The amendments also update the structure of the regulation throughout for consistency with other Department regulations.

DETERMINATION OF COSTS AND BENEFITS:

Implementation of these amendments will not require additional resources. There is no anticipated additional cost to the Department or state government due to any inherent requirements of these amendments. There are no anticipated additional costs to the regulated community.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The amendments to R.61-7 seek to support the Department's goals relating to the protection of public health through implementing updated requirements and current best practices for the emergency medical agencies and personnel. There are no anticipated effects on the environment.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment. If the revision is not implemented, the regulation will be maintained in its current form and the benefits of the amendments herein will not be realized.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(h):

The Department amends R.61-7 to update provisions in accordance with current practices and standards. Amendments incorporate and revise provisions and definitions to conform to statutory mandates and terminology widely used and understood within the provider community. The Department revises requirements for Emergency Medical Technician (EMT) training programs, ambulance design and equipment, incident reporting, sanitation and infection control, monetary penalties, and other requirements for EMS agency licensure, ambulance permitting, and EMT certification.

ATTACHMENT B

SUMMARY OF PUBLIC COMMENTS AND DEPARTMENT RESPONSES

Document No. 5055
R. 61-7, *Emergency Medical Services*

As of the September 27, 2021, close of the Notice of Proposed Regulation comment period:

Name	Section
1. Francis Crosby Greenville County Fire Chief's Association	101
Comment: Does there need be a definition for Volunteer Agencies in Section 508? **Department Response:** This definition is already in the NFR.	
Name	**Section**
2. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101
Comment: Does there need be a definition for Volunteer Agencies in Section 508? **Department Response:** This definition is already in the NFR.	
Name	**Section**
3. Kim Corrigan AEMT	101
Comment: The definition of an AEMT is also missing in the proposal. **Department Response:** This definiton is already in NFR.	
Name	**Section**
4. Francis Crosby Greenville County Fire Chief's Association	101.A
Comment: The wrong Section is referenced. Should read “for the purpose of Section 302.B.3.h” **Department Response:** Adopted.	
Name	**Section**
5. Francis Crosby Greenville County Fire Chief's Association	101.A
Comment:	

Need to add safety as an allowable exception to abandonment. Emergency personnel respond to all hazard environments where immediate evacuation of providers may be necessary for the safety of themselves and their partners. EMS Educational standards teaches that your safety is paramount above all else, then the safety of your partner, and then that of your patient. Safety is continuous not just at the first contact of the patient and situations can change at any moment. Examples include domestic violence, active shooter, collapse, hazardous materials, and more. The definition does not provide exceptions for abandonment that could jeopardize the safety of emergency responders.

Department Response:
Not Adopted. Scene safety is one of the first things to be assessed at a scene, therefore, care shouldn't be stopped once initiated. Statuatory requirement (SC Code 44-61-80(F)(8).

Name	Section
6. Ryon Watkins Florence County EMS	101.A

Comment:
The definition of Abandoned is concerning. No provisions are made in the definition, or elsewhere in the draft, that protect EMTs in dealing with multiple patients at a single incident. Example: MVA with one critical patient and two patients with minor complaints. Based on this definition, the EMT is abandoning two walking wounded if he or she departs for the hospital with a traumatic arrest before another EMT arrives on scene. Please consider a different definition of abandoned that is more practical for a 911 EMS environment where a single incident may involve limited EMS resources and multiple patients whose condition may vary. This definition references Section 303.B.3.h. which does not appear to exist. Should it refer to Section 302.B.3.h.?

Department Response:
Partially Adopted. Reference was changed.

Name	Section
7. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101.A

Comment:
The wrong Section is referenced. Should read “for the purpose of Section 302.B.3.h”

Department Response:
Adopted. The reference was changed.

Name	Section
8. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101.A

Comment:
Need to add safety as an allowable exception to abandonment. Emergency personnel respond to all hazard environments where immediate evacuation of providers may be necessary for the safety of themselves and their partners. EMS Educational standards teaches that your safety is paramount above all else, then the safety of your partner, and then that of your patient. Safety is continuous not just at the first contact of the patient and situations can change at any moment. Examples include domestic violence, active shooter, collapse, hazardous materials, and more. The definition does not provide exceptions for abandonment that could jeopardize the safety of emergency responders.

Department Response:
Not Adopted. Scene safety is one of the first things to be assessed at a scene, therefore, care shouldn't be stopped once initiated. Statuatory requirement (SC Code 44-61-80(F)(8)).

Name	Section
9. Joice Lynn EMS Coordinator Parker Fire Department	101.A

Comment:
Many services have had to shut down or close units, this reduces the level of protection for a given community. Others have had to experiment with BLS units and/or tiered systems to make it through and still provide coverage for our citizens. Many services are looking to hire people from out of state and bring them in to staff units.

Department Response:
Acknowledged.

Name	Section
10. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	101.A

Comment:
The definition of Abandoned is concerning. No provisions are made in the definition, or elsewhere in the draft, that protect EMTs in dealing with multiple patients at a single incident. Example: MVA with one critical patient and two patients with minor complaints. Based on this definition, the EMT is abandoning two walking wounded if he or she departs for the hospital with a traumatic arrest before another EMT arrives on scene. Please consider a different definition of abandoned that is more practical for a 911 EMS environment where a single incident may involve limited EMS resources and multiple patients whose condition may vary. This definition references Section 303.B.3.h. which does not appear to exist. Should it refer to Section 302.B.3.h.?

Department Response:
Partially Adopted. The reference was changed.

Name	Section
11. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	101.A

Comment:
101.Definitions: The wrong Section is referenced. Should read “for the purpose of Section 302”; Need to add safety as an allowable exception to abandonment. Emergency personnel respond to all hazard environments where immediate evacuation of providers may be necessary for the safety of themselves and their partners. EMS Educational standards teaches that your safety is paramount above all else, then the safety of your partner, and then that of your patient. Safety is continuous not just at the first contact of the patient and situations can change at any moment. Examples include domestic violence, active shooter, collapse, hazardous materials, and more. The definition does not provide exceptions for abandonment that could jeopardize the safety of emergency responders. Also, as a Fire Chief, I am responsible for the safety of everyone on an emergency scene. The safety of the first responders is

FIRST and the Patients is second. From a different view, if I lose a first responder with training, the cost and trouble to replace them is much more than losing a patient. It is no different than Triage. Risk and gain principle.

Department Response:
Patrtially Adopted. The reference was changed.

Name	Section
12. Ryan C. Eubanks Fire Chief Croft Fire District	101.A

Comment:
The wrong Section is referenced. Should read "for the purpose of Section 302.B.3.h"; Need to add safety as an allowable exception to abandonment. Emergency personnel respond to all hazard environments where immediate evacuation of providers may be necessary for the safety of themselves and their partners. EMS Educational standards teaches that your safety is paramount above all else, then the safety of your partner, and then that of your patient. Safety is continuous not just at the first contact of the patient and situations can change at any moment. Examples include domestic violence, active shooter, collapse, hazardous materials, and more. The definition does not provide exceptions for abandonment that could jeopardize the safety of emergency responders.

Department Response:
Partially Adopted. The reference was changed.

Name	Section
13. Joice Lynn EMS Coordinator Parker Fire Department	101.B.1

Comment:
B.1: Physical Abuse: Suggest including, "also known as battery"

Department Response:
Not Adopted. Statutory definition (SC Code 43-35-10(8) and (10)).

Name	Section
14. Joice Lynn EMS Coordinator Parker Fire Department	101.B.2

Comment:
Psychological Abuse: Suggest including, "also known as assault"

Department Response:
Not Adopted. Statutory definition (SC Code 43-35-10(8) and (10)).

Name	Section
15. Ryan C. Eubanks Fire Chief Croft Fire District	101.B.1 and 2

Comment:

Believe these definitions to be outside the scope of DHEC. EMS professionals are mandated reporters for abuse and neglect which is reportable and enforced by SC DSS. Section 302 adequately covers the enforcement actions of DHEC.

Department Response:
Acknowledged. The defined terms are applicable to EMS Agencies.

Name	Section
16. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	101.B.2

Comment:
101.B.2 Psychological Abuse - this is codified in law and should not be in this regulation. it is to broad and expansive and this definition can be manipulated to any circumstance or condition. this should be removed

Department Response:
Not Adopted. Statutory definition (SC Code 43-35-10(10)).

Name	Section
17. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	101.C

Comment:
101.C "An advanced level medical emergency medical services.." Remove the first "medical", it is redundant.

Department Response:
Adopted.

Name	Section
18. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	101.E

Comment:
101.E This should be struck, this is to broad and can include anything. if it was to be better defined but this seams like a catchall and would overwhelm the department with notifications.

Department Response:
Not Adopted. Definition provides clarity and context to further sections.

Name	Section
19. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	101.F.1

Comment:
101.F.1 to allow it to take off, fly (add in and land)

Department Response:

Adopted.

Name	Section
20. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	101.J

Comment:
101.J Change verbiage so that it mirrors the ALS definition: "A basic level of prehospital, interhospital, and emergency service care, which includes Patient stabilization, airway clearance, .."

Department Response:
Adopted.

Name	Section
21. Ryon Watkins Florence County EMS	101.S

Comment:
The definition of Elopement is confusing and poorly drafted. As drafted, the definition does not allow for a patient to refuse transport by the EMS agency without "eloping". As written, every patient that refuses transport (either after completing and signing a transport refusal form, or by verbally refusing services offered by EMS and failing to sign a refusal form) is "eloping" because a "receiving facility" never assumes care for the individual. Please consider revising the definition of Elopement. If the definition of Elopement is revised, please consider including language that does not require the EMS agency to notify DHEC of an Elopement any and every time a person refuses transport by EMS.

Department Response:
Acknowledged. Definition provides clarity in Section 600 and does not apply to patient care refusal.

Name	Section
22. Mark Self Executive Director Pee Dee Regional EMS, Inc.	101.S

Comment:
Change to accepted by the receiving facility

Department Response:
Not Adopted. Acceptance doesn't indicate transfer or assuming of care.

Name	Section
23. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	101.S

Comment:
The definition of Elopement is confusing and poorly drafted. As drafted, the definition does not allow for a patient to refuse transport by the EMS agency without "eloping". As written, every patient that refuses transport (either after completing and signing a transport refusal form, or by verbally refusing services offered by EMS and failing to sign a refusal form) is "eloping" because a "receiving facility" never assumes care for the individual. Please consider revising the definition of Elopement. If the

definition of Elopement is revised, please consider including language that does not require the EMS agency to notify DHEC of an Elopement any and every time a person refuses transport by EMS.

Department Response:
Acknowledged. The definition does not apply to patient care refusal.

Name	Section
24. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	101.S

Comment:
Change to accepted by the receiving facility

Department Response:
Not Adopted. Acceptance does not indicate transfer or assuming of care.

Name	Section
25. Francis Crosby Greenville County Fire Chief's Association	101.U

Comment:
recommending leaving this as Rapid Responder Agency instead of changing to Emergency Medical Responder Agency. The Emergency Medical Responder Agency is confusing with NREMT terminology regarding EMR. The names are almost identical which leads to confusion.
Department Response:
Not Adopted. Acceptance does not indicate transfer or assuming of care.

Name	Section
26. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101.U

Comment:
Recommending leaving this as Rapid Responder Agency instead of changing to Emergency Medical Responder Agency. The Emergency Medical Responder Agency is confusing with NREMT terminology regarding EMR. The names are almost identical which leads to confusion.

Department Response:
Not Adopted. Statutory definition (SC Code 44-61-20(10)).

Name	Section
27. Joice Lynn EMS Coordinator Parker Fire Department	101.U

Comment:
Suggest change the name back to Rapid Responder Agency since “Emergency Medical Responder” is a level of certification which DHEC doesn’t regulate and therefore adds confusion.

Department Response:
Not Adopted. Statutory definition (SC Code 44-61-20(10)).

Name	Section
28. Ryan C. Eubanks Fire Chief Croft Fire District	101. U

Comment:
Wording throughout regulation references EMS agencies, does V need to be more specific on fire agencies?

Department Response:
Not applicable. Fire agencies may be licensed as EMS Agencies.

Name	Section
29. Ryan C. Eubanks Fire Chief Croft Fire District	101.V

Comment:
This definition is confusing and contradicts the separate definition for Emergency Medical Responder Agency definition above it. Definitions should be clearly defined as either an Emergency Medical Responder Agency or an Emergency Medical Service Agency, not both. Volunteer Agencies in Section 508 are not defined.

Department Response:
Not Adopted. An EMR agency is non-Transporting, whereas EMS Agencies are either/or.

Name	Section
30. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	101.Y

Comment:
101.Y This is extremely limiting and prescriptive for no purpose - should be struck

Department Response:
Not Adopted. Definition is included to provide clarity to pertinent sections of the regulation.

Name	Section
31. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	101.Z

Comment:
There is no EMT Basic anymore in the national scope of practice. it should only refer to EMT

Department Response:
Acknowledged. This definition is included to provide clarity.

Name	Section
32. Ryon Watkins Florence County EMS	101.EE

Comment:

Please consider replacing the words “may be” with the word “shall”. Additionally, please consider removing the phrase “in its discretion”. Review by the IRC should be a part of the process when investigating matters that “may warrant suspension or revocation of a license or certification.”

Department Response:
Not Adopted. This is a statutory defined term (SC Code 44-61-20(16)).

Name	Section
33. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	101.EE

Comment:
Please consider replacing the words “may be” with the word “shall”. Additionally, please consider removing the phrase “in its discretion”. Review by the IRC should be a part of the process when investigating matters that “may warrant suspension or revocation of a license or certification.”

Department Response:
Not Adopted. This is a statutory defined term (SC Code 44-61-20(16)).

Name	Section
34. Patrick McCaslin	101.MM

Comment:
It seems that under the examples set forth in the description you dramatically expanded the role of EMS with the responsibility of providing food clothing and shelter to our patient contacts. The examples have not traditionally been the base roles of EMS providers nor are these task directed by standards elsewhere in the regulation that I am aware. It would seem that by making these items specific examples of “Neglect “, you may be creating all new roles for EMS.

Department Response:
Adopted.

Name	Section
35. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	101.MM

Comment:
101.MM Second line, it is not the responsibility for a provider or service to provide food.

Department Response:
Adopted.

Name	Section
36. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	101.PP

Comment:
101.PP the definition should read a person how has successfully passed the National Certification exam for a Paramedic and is duly certified by the department at that level.

Department Response:
Not Adopted. The term "duly" is not necessary for certification.

Name	Section
37. Francis Crosby Greenville County Fire Chief's Association	101.QQ

Comment:
Definition is too broad. Recommendation to either leave the current definition in place or change to the below recommendation. A patient is an individual requesting, or potentially needing, medical evaluation or treatment. The patient-provider relationship is established via telephone, radio, or personal contact. It is the provider's responsibility to ensure all potential patients, regardless of the size of the incident, are offered the opportunity for evaluation, treatment, and/or transport. A patient is any human being that: • Has a complaint suggestive of potential illness or injury • Requests evaluation for potential illness or injury • Has obvious evidence of illness or injury • Has experienced an acute event that would lead a reasonable EMS provider to believe there may be illness or injury • Is in a circumstance or situation that a reasonable EMS provider would believe could lead to, or could have resulted in illness or injury

Department Response:
Not Adopted. Statutory definition (SC Code 44-61-20(26)).

Name	Section
38. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101.QQ

Comment:
Definition is too broad. Recommendation to either leave the current definition in place or change to the below recommendation. A patient is an individual requesting, or potentially needing, medical evaluation or treatment. The patient-provider relationship is established via telephone, radio, or personal contact. It is the provider's responsibility to ensure all potential patients, regardless of the size of the incident, are offered the opportunity for evaluation, treatment, and/or transport. A patient is any human being that: • Has a complaint suggestive of potential illness or injury • Requests evaluation for potential illness or injury • Has obvious evidence of illness or injury • Has experienced an acute event that would lead a reasonable EMS provider to believe there may be illness or injury • Is in a circumstance or situation that a reasonable EMS provider would believe could lead to, or could have resulted in illness or injury

Department Response:
Not Adopted. Statutory definition (SC Code 44-61-20(26)).

Name	Section
39. Joice Lynn EMS Coordinator Parker Fire Department	101.QQ

Comment:
Suggest returning to the original definition including QQ 1-7.

Department Response:
Not Adopted. Statutory definition (SC Code 44-61-20(26)).

Name	Section
40. Ryan C. Eubanks Fire Chief Croft Fire District	101.QQ

Comment:
Definition is too broad and should incorporate language that a patient is someone that enters the healthcare system through the public activation of the emergency response system by 911 or direct contact.

Department Response:
Not Adopted. Statutory definition (SC Code 44-61-20(26)).

Name	Section
41. Joice Lynn EMS Coordinator Parker Fire Department	101.RR

Comment:
Suggest changing the verbiage from "EMS responding unit" (which would include a fire engine) to "EMS transporting unit".

Department Response:
Not applicable to proposed amendments.

Name	Section
42. Ryan C. Eubanks Fire Chief Croft Fire District	101.VV

Comment:
DHEC does not regulate PSAP Centers. Not all PSAP facilities may operate as defined. Recommend removing "operated on a twenty-four (24) hour basis" from the definition to keep it broader.

Department Response:
Not Adopted. Statutory definition (SC Code 23-47-10(27)). Definition is included to provide clarity to regulatory requirement.

Name	Section
43. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	101.VV

Comment:
101.VV the Department does not regulate PSAPs and therefore the definition is unnecessary.

Department Response:
Not Adopted. Statutory definition (SC Code 23-47-10(27)). Definition is included to provide clarity to regulatory requirement.

Name	Section
44. Katherine Smith Training Officer/ Chair	101.YY

Florence County EMS/ SC EMS Training Committee	

Comment:
101.YY Asking for clarification purposes..Is an Emergency Room RN considered as part of the criteria for "critical care hospital setting"?

Department Response:
Acknowledged.

Name	Section
45. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	102.A

Comment:
102.A Agency shall not operate or advertise that it provides a level of life support above the level for which it is licensed. Consider adding staffed in this as that still would be false and improper.

Department Response:
Not Adopted. Statutory requirement (SC Code 44-61-40(A)).

Name	Section
46. Ryan C. Eubanks Fire Chief Croft Fire District	103

Comment:
Need a section for EMR Agency and Volunteer Agency applications since each are listed as separate agencies in Section 504, 505, and 508. Also, see comment 3 on adding Volunteer EMS Agency to definitions Section 101.

Department Response:
Not Adopted. Transporting and non-transporting are both covered in the application.

Name	Section
47. Parker Shanks Medical Coordinator Charleston Fire Department	103.B.7

Comment:
103.B.7 Clarify and expand on level qualifications. Does this mean ALS/BLS can be mixed within an agency? Sections 504/505 barely outline personnel & response requirements. In conjunction with sections 504/505 does this allow an emergency response agency to upgrade/downgrade units between BLS & ALS as staffing/equipment/system needs allow as long as "the Department" is notified or aware of the possible level capabilities in the application?
Should have a basic requirement to qualify as a BLS agency. Expansion to ALS (for emergency response agencies) should be based on their specific systems needs, medical control, resources, etc. as long as they can provide BLS reliably. I.e. a large, fully BLS system should be able to upgrade individual units or stand up units as needed without converting their whole system ALS as the resources required to do that are extreme. Their default is BLS but if they have the resources, licensing, protocols, personnel, and need they can upgrade to meet their communities need especially when already imbedded in a transport agencies tiered response.

I don't think we need extremely stringent guidelines but some formalized guidelines in this regulation or the written ability to upgrade individual resources would be nice and remove a lot of the "interpretation" that happens down the line.

Department Response:
Acknowledged. Not applicable to this section

Name	Section
48. Joice Lynn EMS Coordinator Parker Fire Department	103.B.10

Comment:
Suggest adding "If applicable". (Fire doesn't transport and therefore records for each driver should not be required by DHEC but should be up to the individual department to regulate.

Department Response:
Not Adopted. Definition references only ambulance drivers.

Name	Section
49. Ryan C. Eubanks Fire Chief Croft Fire District	103.B.10

Comment:
See comment 6 and 3 about clear definitions. A Driver is listed in 503 as an Ambulance Driver, which means it is a driver of patient transport vehicle. EMR Agencies do not transport. Need to add "if applicable". This line is misleading.

Department Response:
Not Adopted. The term driver is defined per statute (SC Code 44-61-20(9)).

Name	Section
50. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	104.A

Comment:
104.A Remove basic from behind EMT in line 1 and all subsequent instances of the words EMT-basic in all sections of the regulation.

Department Response:
Not Adopted. Added to provide clarity.

Name	Section
51. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	104.B

Comment:
104.B No person shall provide Patient care within the scope of an Emergency Medical Technician (EMT-basic, AEMT, or Paramedic) without a current Certificate from the Department. The EMT shall
2. Perform procedures only under the direction and supervision of a Medical Control Physician
104 B. 2: Change supervision to "oversight". Supervision lends itself to mean direct observation

"Oversight" is best word to use because we use so many protocols

Department Response:
Adopted.

Name	Section
52. Francis Crosby Greenville County Fire Chief's Association	104.B.2

Comment:
Change supervision to "oversight". Supervision lends itself to mean direct observation.

Department Response:
Adopted.

Name	Section
53. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	104.B.2

Comment:
Change supervision to "oversight". Supervision lends itself to mean direct observation.

Department Response:
Adopted.

Name	Section
54. Joice Lynn EMS Coordinator Parker Fire Department	104.B.2

Comment:
Suggestion changing the verbiage to "oversight" vs "supervision" as supervision indications in-person direction.

Department Response:
Adopted.

Name	Section
55. Ryan C. Eubanks Fire Chief Croft Fire District	104.B.2

Comment:
Change supervision to "oversight". Supervision lends itself to mean direct observation.

Department Response:
Adopted.

Name	Section
56. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	104.B.2

Comment:

104.B No person shall provide Patient care within the scope of an Emergency Medical Technician (EMT-basic, AEMT, or Paramedic) without a current Certificate from the Department. The EMT shall
2. Perform procedures only under the direction and supervision of a Medical Control Physician
104 B. 2: Change supervision to "oversight". Supervision lends itself to mean direct observation "Oversight" is best word to use because we use so many protocols

Department Response:
Adopted.

Name	Section
57. Ryan C. Eubanks Fire Chief Croft Fire District	105.A.1

Comment:
"In lieu of NREMT credential" contradicts the definition of a Special Purpose EMT 101 YY that requires an RN to be an EMT certified by the Department. Replace "in lieu of" with "in addition".

Department Response:
Not Adopted. An RN does not need an NREMT Certification to be a Special Purpose EMT.

Name	Section
58. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	106.B

Comment:
106.B Capitalize Denial to keep consistent with the rest of the verbiage in the statement

Department Response:
Adopted.

Name	Section
59. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	109.B.1

Comment:
109.B.1 We have never had to provide an out of state verification form for NREMT direct reciprocity. This needs to be removed, as it only delays the process and has no impact. For Non-NREMT providers that form is necessary but not NREMT certified providers.

Department Response:
Not Adopted. Out-of-state verification is still required to ensure that the license/certificate is in good standing.

Name	Section
60. Mark Self Executive Director Pee Dee Regional EMS, Inc.	110

Comment:
NREMT Exam: This may change within the next 24 months where NREMT plans to susset the practical exam for all levels!

Department Response:
Not Adopted. The regulation as written allows for this change should it occur.

Name	Section
61. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	110

Comment:
NREMT Exam: This may change within the next 24 months where NREMT plans to susset the practical exam for all levels!

Department Response:
Not Adopted. The regulation as written allows for this change should it occur.

Name	Section
62. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	110

Comment:
110 As the NREMT has been routinely changing their testing processes, change the verbiage of the second sentence to "After completion of the training program and prior to certification, the applicant shall successfully pass the NREMT and Department examination processes."

Department Response:
Not Adopted. These are the current NREMT requirements.

Name	Section
63. Paul Vecchio Vice President Strategic Initiatives North American Rescue	111

Comment:
Please see attached PDF containing our comments, entitled: Commercial Sector Inclusion in Reg 61-7 as Authorized EMS Education Provider, 20210922.
In summary, our comments appearing in the attachment include the following:
*A synopsis of events relevant to NAR's interests in the Regulation 61-7 proposed change process that have taken place since September 2020 to date.
*The key points made in NAR's 2020 white paper and public comments submitted during the previous Notice of Proposed Regulation changes for Regulation 61-7 process.
*A reaffirmation of NAR's position that the commercial sector be authorized to provide EMS education programs in SC.

Department Response:
Acknowledged.

Name	Section
64. Rob Wronski EMS Director Newberry County EMS	111

Comment:
While I have pondered and tried to see both sides of this issue, I still must disagree with the Departments decision to allow "any" organization that wishes to start an EMT education program without becoming one of the existing training institution types (see current reg). While there are great organizations, some of which have already been "waived" from the current regulation, there are many others out there that will dilute and decrease the level of education of our EMS pool by creating EMT puppy mills. We have empty seats in every class we hold across the state, we have no shortage of quality programs. Lastly, during previous regulation discussions the Division commented "We dont have the staff to monitor the programs we have now". Since that time the Bureau has shrunk to a Division and personnel that were the most familiar with the education programs (both Compliance and Training and Education Managers) have left DHEC> How does the Department plan to manage MORE programs with even LESS people? Please remove this from the new regulation.

Department Response:
Not Adopted. Per statute the Department cannot limit competition (SC Code 44-61-30 (B)(1)). All Training Programs are required to meet the standards set forth by the Department.

Name	Section
65. Mark Self Executive Director Pee Dee Regional EMS, Inc.	111.A

Comment:
Remove "other entity" from this line. Already in the comments and suggestions the Department has indicated that they intend to allow ANY EMS Service or "Joe Blow" off the street to teach EMS education courses. This is rediculous when no one in the DIvision of EMS and Trauma has education experience yet wants to dictate that they will allow unqualified services and organizartions to teach the extremely precise EMS curriculum. While I understand that regulation is not intended to restrain trade the opposite is also true. The organizations who have been teaching EMS courses for well over 40 years now have to compete with every every "Tom Dick and Harry" who wants to teach the curriculum which will further dilute the students and actually bring great harm to the quality of EMS education in this State. In short you are Raping the organizations who teach excellent EMS education now in order to cow tow to private industry and EMS organizations who should NOT be teaching a specialized and highly technical area of medicine such as EMS Education! EMS Education should be kept in the borders of SC because the approved skills for EMTs and other EMS personnel are specific to this State. In the SC EMS Association documentation of the training ability of the current schools teaching EMS education here is the State it was found that these schools have the capacity to take many more students than they already are teaching so the better questions is why not make the education cheaper for the students rather than expanding the numbers of organizations teaching!

Department Response:
Not Adopted. Per statute the Department cannot limit competition (SC Code 44-61-30 (B)(1)). All Training Programs are required to meet the standards set forth by the Department.

Name	Section
66. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	111.A

Comment:
Remove "other entity" from this line. Already in the comments and suggestions the Department has indicated that they intend to allow ANY EMS Service or "Joe Blow" off the street to teach EMS education courses. This is rediculous when no one in the DIvision of EMS and Trauma has education experience yet wants to dictate that they will allow unqualified services and organizartions to teach the extremely precise EMS curriculum. While I understand that regulation is not intended to restrain trade the opposite is also true. The organizations who have been teaching EMS courses for well over 40 years now have to compete with every every "Tom Dick and Harry" who wants to teach the curriculum which will further dilute the students and actually bring great harm to the quality of EMS education in this State. In short you are Raping the organizations who teach excellent EMS education now in order to cow tow to private industry and EMS organizations who should NOT be teaching a specialized and highly technical area of medicine such as EMS Education! EMS Education should be kept in the borders of SC because the approved skills for EMTs and other EMS personnel are specific to this State. In the SC EMS Association documentation of the training ability of the current schools teaching EMS education here is the State it was found that these schools have the capacity to take many more students than they already are teaching so the better questions is why not make the education cheaper for the students rather than expanding the numbers of organizations teaching!

Department Response:
Not Adopted. Per statute the Department cannot limit competition (SC Code 44-61-30 (B)(1)). All Training Programs are required to meet the standards set forth by the Department.

Name	Section
67. Mark Self Executive Director Pee Dee Regional EMS, Inc.	111.C

Comment:
Remove EMT-Basic and AEMT's from the instructors who can teach EMS courses. While there are some EMT-Basics and AEMT's who are very talented and experienced, they lack the needed Anatomy & Physiology as well as the Cardiac pathophysiology and pharmacology to teach levels where this is needed to teach the Airway, 12 lead monitoring, pharmacology and blind insertion airways which EMT's are expected to perform here in the State. Having EMT-Basics and AEMTs who are not current instructors added would have the effect of destabalizing the current instructor corps. The goal of EMS EDucation is to put qualified personnel on the street. This would further endanger the health ond welfare of the citizens of the State. THe Bureasu of EMS and Trauma can barely keep up with the regulations and workload they currently have much less the addition of multiple other EMS Educatin facilities.

Department Response:
Not Adopted. Other public comments requested allowing instructors to teach at their certification level or below.

Name	Section
68. R. J. Cannon	111.C

Comment:
Is the requirements for being a EMT instructor part of the discussion because I believe if you hold the NREMT you should be able to teach the EMT Basic course. If you have been a EMT Basic for a few years you should be able to get certified to teach we Need more EMTs.

Department Response:
Acknowledged.

Name	Section
69. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	111.C

Comment:
Remove EMT-Basic and AEMT's from the instructors who can teach EMS courses. While there are some EMT-Basics and AEMT's who are very talented and experienced, they lack the needed Anatomy & Physiology as well as the Cardiac pathophysiology and pharmacology to teach levels where this is needed to teach the Airway, 12 lead monitoring, pharmacology and blind insertion airways which EMT's are expected to perform here in the State. Having EMT-Basics and AEMTs who are not current instructors added would have the effect of destabalizing the current instructor corps. The goal of EMS EDucation is to put qualified personnel on the street. This would further endanger the health ond welfare of the citizens of the State. THe Bureasu of EMS and Trauma can barely keep up with the regulations and workload they currently have much less the addition of multiple other EMS Educatin facilities.

Department Response:
Not Adopted. Other public comments requested allowing instructors to teach at their certification level or below.

Name	Section
70. Kim Corrigan AEMT	111.E

Comment:
I am very disappointed that the proposed regulations allow for an EMS Program pass rate of 60%. The state has been running at an abysmal 67% average so we want to lower the bar and allow the same or even poorer results to continue? The absolute minimum that should be accepted is 70%.
In Ohio, to become an instructor, I had to pass my course at 80% or fail. In Michigan, to become an EMT, WEMT and subsequent AEMT, I had to pass at 80% or above. Why does SC expect so little of their students? Why not expect more and teach appropriately? I'll be happy to help build a better instructor base that expects more from their students. If you or a loved one were in a car accident and needed to be assessed, treated and transported by an EMT, would you be content knowing that they squeaked by with a 70% in their training?

Department Response:
Adopted.

Name	Section
71. Ryan C. Eubanks Fire Chief Croft Fire District	111.E

Comment:
Remove psychomotor portions from the calculation as this is too difficult to obtain for all levels of certification. EMT psychomotor exams are overseen at the state level, but AEMT and NRP psychomotor exams are overseen by NREMT. The sixty percent should be on cognitive alone.

Department Response:
Not Adopted. The psychomotor exam is a prerequisite for taking the cognitive exam.

Name	Section
72. Francis Crosby Greenville County Fire Chief's Association	112

Comment:
We are in support of the change to allow instructors to teach at their certification level or below.

Department Response:
Acknowledged.

Name	Section
73. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	112

Comment:
We are in support of the change to allow instructors to teach at their certification level or below.

Department Response:
Acknowledged.

Name	Section
74. Ryan C. Eubanks Fire Chief Croft Fire District	112

Comment:
We support the change to allow instructors to teach at their certification level or below.

Department Response:
Acknowledged.

Name	Section
75. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	112

Comment:
112. Remove the "s" from EMT-basics, AEMTs, and Paramedics as you also have instructor plural. It should read "All EMT-basic, AEMT, and Paramedic instructors shall.."

Department Response:
Adopted.

Name	Section
76. Mark Self Executive Director Pee Dee Regional EMS, Inc.	112.A.5

Comment:
Remove the SC Criminal Justice Acsademy from the list of courses which qualify EMS educators to teach. The SCCJA has no revelance to EMS education within the State!

Department Response:
Not Adopted. This refers to basic intructor education. It's not content specific.

Name	Section
77. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	112.A.5

Comment:
Remove the SC Criminal Justice Acsademy from the list of courses which qualify EMS educators to teach. The SCCJA has no revelance to EMS education within the State!

Department Response:
Not Adopted. This refers to basic intructor education. It's not content specific.

Name	Section
78. Mark Self Executive Director Pee Dee Regional EMS, Inc.	112.B

Comment:
Remove the entire sentence as any EMS educational facility will have them teaching prior to them assuming a class of their own. In effect it is already part of the training process.

Department Response:
Not Adopted. This allows candidates to obtain their certification as an intructor.

Name	Section
79. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	112.B

Comment:
Remove the entire sentence as any EMS educational facility will have them teaching prior to them assuming a class of their own. In effect it is already part of the training process.

Department Response:
Not Adopted. This allows candidates to obtain their certifiction as an intructor.

Name	Section
80. Ryan C. Eubanks Fire Chief Croft Fire District	114.B

Comment:
Change “shall” to recommends. This was a comment from previous draft that said it was Adopted.

Department Response:
Not Adopted. “recommend” was changed to “shall.”

Name	Section
81. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	115

Comment:
Consider renaming Pilot Project. There are no study requirements, and this could be confusing to non-ems readers.

Department Response:
Adopted.

Name	Section
82. Rob Wronski Director MedTrust	115

Comment:
115. REquest changing the wording of this section to not be specific to a "study" or "Pilot Study". Many times important pilots have been approved and conducted without a study because IRB approval couldn't be obtained or it was fiscally impossible to do a "study". Please change wording to "Present a detailed report to the Medical Control and EMS Advisory Committees upon the conclusion of the pilot program. This report shall include all information requested by the approving committees."

Department Response:
Adopted.

Name	Section
83. Austin Pace Community Paramedic Lexington County EMS	116.B.2

Comment:
For the application of endorsement as a community paramedic, being employed by an EMS agency is an unnecessary qualification. Given their unique skill set and abilities a community paramedic could easily serve in roles outside of an EMS agency such as part of a hospital or health system as well a home health agency or similar entity and still be working under the orders of a licensed physician. Limiting the potential areas of employment for community paramedics to solely EMS agencies will lead to a stunting of the growth and development of community paramedicine in South Carolina. The suggested language change could read Documentation that he or she is currently employed as a community paramedic by an EMS Agency or other approved healthcare entity

Department Response:
Not Adopted. No regulatory authority.

Name	Section
84. Austin Pace Community Paramedic Lexington County EMS	116.B.3

Comment:
For the application of endorsement as a community paramedic there needs to be consideration of a grandfather clause. Such a clause would allow individuals who have been functioning in the role of a community paramedic, in an established and department approved community paramedic program, to be granted endorsement without IBSC certification. This would ensure a smooth transition into new regulations and reduce the likelihood of lapses in service to those receiving assistance from established community paramedic programs. Such a clause could read Documentation that he or she has successfully passed the International Board of Specialty Certification examination or other Department-approved training and competency requirements.

Department Response:
Not Adopted.
The community paramedic can continue to function in that role as long as local medical control allows. This requirement is for endorcement only.

Name	Section
85. Austin Pace Community Paramedic Lexington County EMS	116.H.1

Comment:
With current staffing challenges faced by EMS agencies both in South Carolina and the nation, requiring licensure at the ALS for a service to implement a community paramedic program is both impractical and a disservice to the care of the rural population in the state. Although an agency seeking implementation of a community paramedic program should ideally strive to attain licensure at the ALS level, this is unnecessary for a program to have a positive impact on health in the population served by the agency. The suggestion is to remove the licensure level requirement.

Department Response:
Not Adopted. Agencies are required to meet all ALS requirements to provide service. Community paramedic is an additional skill to ALS certification.

Name	Section
86. Mark Self Executive Director Pee Dee Regional EMS, Inc.	116.H.2

Comment:
Replace Depart with Service as they are working for a specialty service not the department.

Department Response:
Not Adopted. Department refers to DHEC.

Name	Section
87. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	116.H.2

Comment:
Replace Depart with Service as they are working for a specialty service not the department.

Department Response:
Not Adopted. Department refers to DHEC.

Name	Section
88. Mark Self Executive Director Pee Dee Regional EMS, Inc.	116.H.3

Comment:
Replace Department with Serive as each serivce would have a different training program.

Department Response:
Not Adopted. Department refers to DHEC.

Name	Section
89. Mark Self Executive Director Pee Dee Regional EMS, Inc.	116.H.4

Comment:
Reword to allow for one specialty trained paramedic and one EMT to be on board for each transport. There is no need to further define crew resources.

Department Response:
Not Adopted. Department refers to DHEC.

Name	Section
90. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	116.H.4

Comment:
Reword to allow for one specialty trained paramedic and one EMT to be on board for each transport. There is no need to further define crew resources.

Department Response:
Not Adopted. Department refers to DHEC.

Name	Section
91. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	116.H.3

Comment:
Replace Department with Service as each service would have a different training program.

Department Response:
Not Adopted. Department refers to DHEC.

Name	Section
92. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	300

Comment:
Add language that requires regulated community be providd with DHEc policy and procedure manual(s) that specifiy timelines and expectations for investigations or include language tha tidentifies expectations of DHEc staff while conducting an investigtion.

Department Response:
Not Adopted. The Department does not have timeframes governing investigation process. The public may request documents per the Freedom of Information Act (FOIA).

Name	Section
93. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	301.B

Comment:
301.B So the department can suspend a license based solely on an allegation, without a complete investigation and no discovery? seems this would leave the department liable.

Department Response:
Acknowledged. Statutory (SC Code 44-61-80(F)).

Name	Section
94. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	302.B

Comment:
302.B The Department may take enforcement action, including suspending or revoking a certification and/or assessing a monetary penalty, against the holder of a Certificate at any time it is determined that the certification holder
302.B.3 Is guilty of Misconduct. Misconduct, constituting grounds for an enforcement action by the Department, means that while holding a Certificate, the holder:

302.B.3.h After initiating care of a Patient at the scene of an accident or illness, discontinued care or Abandoned the Patient without the Patient's consent or without providing for the further administration of care by an equal or higher medical authority
302.B.3.h: See comment 1. Need to add safety language to allow for withdrawal of patient care when safety of providers is in jeopardy.
Also, as a Fire Chief I am responsible for the safety of everyone on an emergency scene. The safety of the first responders is FIRST and the Patient's is second. From a different view, if I lose a first responder with training, the cost and trouble to replace them is much more than losing a patient. It is no different than Triage. Risk and gain principle. Also, when you have multiple patients you may need to move between patients especially with MCI

Department Response:
Not Adopted. Statutory (44-61-80(F)).

Name	Section
95. Francis Crosby Greenville County Fire Chief's Association	302.B.3.h

Comment:
Need to add safety language to allow for withdrawal of patient care when safety of providers is in jeopardy.

Department Response:
Not Adopted. Statutory (44-61-80(F)).

Name	Section
96. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	302.B.3.h

Comment:
Need to add safety language to allow for withdrawal of patient care when safety of providers is in jeopardy.

Department Response:
Not Adopted. Statutory (44-61-80(F)).

Name	Section
97. Ryan C. Eubanks Fire Chief Croft Fire District	302.B.3.h

Comment:
See comment 1. Need to add safety language to allow for withdrawal of patient care when safety of providers is in jeopardy.

Department Response:
Not Adopted. Statutory (44-61-80(F)).

Name	Section
98. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	302.H

Comment:
Verbiage should be changed to reflect the definition of abandonment found in 101 A. The level of care should be consistent with the assessed needs of the patient.

Department Response:
Not Adopted. Statutory (44-61-80(F)).

Name	Section
99. Ryon Watkins Chief Florence County EMS	303

Comment:
It is understood that statue dictates certain information about the convening of an Investigative Review Committee. Please consider adding language in this section of the regulation to supplement the information required by statute. Specifically, please add a provision that allows an entity or individual regulated by the Department, and who is subject to an enforcement action, to request that an IRC be convened. In summary, DHEC may convene and IRC at its discretion and the subject of an investigation would have the option to request that an IRC be convened, as well.

Department Response:
Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).

Name	Section
100. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	303

Comment:
It is understood that statue dictates certain information about the convening of an Investigative Review Committee. Please consider adding language in this section of the regulation to supplement the information required by statute. Specifically, please add a provision that allows an entity or individual regulated by the Department, and who is subject to an enforcement action, to request that an IRC be convened. In summary, DHEC may convene and IRC at its discretion and the subject of an investigation would have the option to request that an IRC be convened, as well.

Department Response:
Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).

Name	Section
101. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	303

Comment:
While we understand the language of the Statute in regards to "may convene", add a subsequent paragraph that states that an individual or entitiy may request an IRC be convened at any time.

Department Response:
Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).

Name	Section
102. Ryan C. Eubanks Fire Chief Croft Fire District	303

Comment:
"three regional EMS office representatives" creates bias as these regional offices are not DHEC regional offices. There needs to be equal representation in an Investigative Review Committee. Change to "three regional EMS representatives". Also need to include language for diversity on the committee.

Department Response:
Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).

Name	Section
103. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	303

Comment:
The Department may convene, at its discretion, the Investigative Review Committee when the findings of an official investigation against an entity or an individual regulated by the Department may warrant Suspension or Revocation of a License or Certificate. This committee shall consist of the State Medical Control Physician, three (3) regional EMS office representatives, at least one (1) Paramedic, and at least one (1) emergency room physician who is also a Medical Control Physician.
303: "three regional EMS office representatives" creates bias as these regional offices are not DHEC regional offices. There needs to be equal representation in an Investigative Review Committee. Change to "three regional EMS representatives". Also need to include language for diversity on the committee
There is a clear bias here it goes to the "Para GOD" syndrome, EMS is not just Paramedics and the representation needs to be for all levels. Not all Regional Offices are equal.

Department Response:
Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).

Name	Section
104. Patrick Craig	305

Comment:
Class IV points: on first offense change points from 0 – 24 to 0- 15, with penalty of $50-100. On second offense change from 25 – 50 to 16- 50, with penalty of $100-200. On third change penalty to $200-300. Agencies without proper equipment should be fined with more current amounts, not these dated amounts.

Department Response:
Not Adopted. The Department is not increasing penalty ranges at this time.

Name	Section
105. Ryon Watkins Chief Florence County EMS	400.C

Comment:
Bi-annual review of an agency's internal policies and procedures is something I would expect to see in "model" EMS agencies or those seeking accreditation. Requiring bi-annual review of policies and procedures as the minimum standard for all EMS agencies is unreasonable and overbearing. Regulation 61-7 is reviewed every 5 years. It seems appropriate to require EMS agencies to review its policies and procedures at an interval consistent with the review of the Department's regulation (i.e. every 5 years). If DHEC is compelled to go so far as to mandate when EMS agencies must conduct internal policy review, I suggest that it be on a schedule consistent with the review and revision of Regulation 61-7, i.e. every 5 years.

Department Response:
Not Adopted. The Policy and Procedure review period is consistent with the two (2) year license renewal period.

Name	Section
106. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	400.A

Comment:
The EMS Agency shall implement and be in full compliance with its policies and procedures. This along with the subsequent items(through 14) are redundant and infringe upon an angency. The state does not need to require frequency for policy revision at th elocal lvel or overstep the authority having jurisdiction. In Article C, of this section, we recommend DHEC provide the regulated community with the same frequency of updating and sharing guideline and guidance documents as required by the regulated community. This includes making these documents accessible to the field.

Department Response:
Acknowledged.

Name	Section
107. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	400.C

Comment:
Bi-annual review of an agency's internal policies and procedures is something I would expect to see in "model" EMS agencies or those seeking accreditation. Requiring bi-annual review of policies and procedures as the minimum standard for all EMS agencies is unreasonable and overbearing. Regulation 61-7 is reviewed every 5 years. It seems appropriate to require EMS agencies to review its policies and procedures at an interval consistent with the review of the Department's regulation (i.e. every 5 years). If DHEC is compelled to go so far as to mandate when EMS agencies must conduct internal policy review, I suggest that it be on a schedule consistent with the review and revision of Regulation 61-7, i.e. every 5 years.

Department Response:
Not Adopted. The Policy and Procedure review period is consistent with the two (2) year license renewal period.

Name	Section
108. Patrick Craig	410

Comment:
Current section 410.A should remain 5 providers on roster for EMT rapid responder just as required for transport agencies. They may be full, part-time, or volunteer.

Department Response:
Not applicable to the NPR. This verbiage appears to be based on a rough draft used by a workgroup.

Name	Section
109. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	501.A

Comment:
501.A The EMS Agency shall ensure the crew member with the highest level
of certification determines which crew member attends to the Patient during transport.
Explanation – This should be struck. This needs to be agency specific and providers must agree. If not, medical control should be notified in real-time. We cannot force an EMT to take a patient that they are uncomfortable with and there for the higher medical authority should have to retain patient care. Patient care has to be accepted when given not just commanded.

Department Response:
Adopted.

Name	Section
110. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	502.C

Comment:
Require that a licensed pre-hospital service report to the Department a providers reduction or removal of authorization to treat patients by the services local medical control physician.

Department Response:
Adopted.

Name	Section
111. Patrick Craig	502.C

Comment:
The Medical Control Physician may withdraw at his or her discretion, the authorization for personnel to perform any or all patient care procedure(s) or responsibilities. ADD: and must notify the Department. This would prevent an EMT from going to another service to work without proper follow-up.

Department Response:
Adopted.

Name	Section
112. Patrick Craig	503.A.6

Comment:
Driver: change from 6 to 1 month of hire. This is an important need to properly operate an emergency vehicle. A Driving class should also be added to the initial EMT class.

Department Response:
Not Adopted. This was changed was made from a previous public comment.

Name	Section
113. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	503.A.4

Comment:
4. Secure and review a certified copy of each Ambulance Driver's three (3)-year driving record; Must – be explained
Are we just talking about drivers or anyone driving an ambulance?

Department Response:
The term "Driver" is defined statutorily (SC Code 44-61-10(9)).

Name	Section
114. Ryon Watkins Chief Florence County EMS	503.A.6

Comment:
Why is "a nationally accredited driving safety course specific to ambulances" required for drivers but not EMTs and paramedics? Please consider verbiage across this regulation that ensures consistency among drivers, EMTs, paramedics, etc. with regard to required driver training courses.

Department Response:
Not Adopted. The regulation already addresses this issue.

Name	Section
115. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	503.A.6

Comment:
Why is "a nationally accredited driving safety course specific to ambulances" required for drivers but not EMTs and paramedics? Please consider verbiage across this regulation that ensures consistency among drivers, EMTs, paramedics, etc. with regard to required driver training courses.

Department Response:
Not Adopted. This regulation already addresses this issue.

Name	Section
116. Parker Shanks Medical Coordinator Charleston Fire Department	503.D

Comment:
Clean up wording and be careful with references. Currently reads that an out of necessity driver is exempt from having a driver's license. Also does not allow for more routine use of additional drivers from other agencies when needed for high acuity patients and critical incidents.
Should be written more cleanly i.e. "In emergencies which require additional personnel in the patient compartment the ambulance may be driven by first responders not associated with the EMS agency. The EMS agency is not responsible for ensuring the driver meets the qualifications in Section 503.A.3-7 and the non-associated drivers may be exempted from the requirements of Section 503.A.3-7 in times of need including, but not limited to, natural disasters, multiple casualty incidents (MCI), and extreme call volume taxing the local EMS system."

Department Response:
Not Adopted. Already addressed and allowed in regulation.

Name	Section
117. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	504.A

Comment:
The Emergency Medical Responder Agency shall ensure the Emergency Medical Responder vehicles are not used for the transportation exception – Is in places not accessible for ambulances to go i.e. middle of the woods, beach, or other areas.
This needs to be less limiting

Department Response:
Not Adopted. This is addressed in Section 2207 of the NFR.

Name	Section
118. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	504.B

Comment:
Personnel. The Emergency Medical Responder Agency shall ensure and document in its employee records that each of its EMT-basics, AEMTs, and Paramedics holds a current Certificate from the Department. The Emergency Medical Responder Agency shall: 1. Ensure that vehicles are staffed in accordance with Section 504.B.2 and enroute to all emergent calls within two (2) minutes from the time the call is dispatched and enroute within ten (10) minutes for non-emergency calls. We need the 80% rule added back in. It does not make sense that the flue is going around or something else has happened. You have 1 or 2 certified personal at a station or volunteer and a call in just down the road. Because the personal available are EMT-Basic and the License for the agency is ALS level they cannot respond. Remember the patient comes first and some help is better than none. Add into that we have a shortage of certified personal this compounds the problem The certification level of the responder must coincide with the agency's level of licensure. If the agency is requested to respond, an EMT must respond on calls for an EMT licensed agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time.

Department Response:
Adopted.

Name	Section
119. Francis Crosby Greenville County Fire Chief's Association	504.B.1

Comment:
We are in support of the two minute en route time.

Department Response:
Acknowledged.

Name	Section
120. Francis Crosby Greenville County Fire Chief's Association	504.B.1

Comment:
Request to add 80% back into this section. In past comments it was stated that 80% was for ALS and EMT agencies were required to respond on 100%, current regulation. Current regulation states "If the Rapid Responder agency is requested to respond, an EMT must respond on callsfor an EMT licensed agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time." EMR agencies are all hazards' agencies and not sole EMS agencies like transport agencies. This needs to remain in regulation.

Department Response:
Adopted.

Name	Section
121. Francis Crosby Greenville County Fire Chief's Association	504.B.1

Comment:
wording on mutual aid use to meet requirements needs to be added.

Department Response:
Not Adopted. This is a local agency decision.

Name	Section
122. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	504.B.1

Comment:
We are in support of the two minute en route time.

Department Response:
Acknowledged.

Name	Section
123. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	504.B.1

Comment:
Request to add 80% back into this section. In past comments it was stated that 80% was for ALS and EMT agencies were required to respond on 100%, current regulation. Current regulation states "If the Rapid Responder agency is requested to respond, an EMT must respond on callsfor an EMT licensed

agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time." EMR agencies are all hazards' agencies and not sole EMS agencies like transport agencies. This needs to remain in regulation.

Department Response:
Adopted.

Name	Section
124. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	504.B.1

Comment:
wording on mutual aid use to meet requirements needs to be added.

Department Response:
Not Adopted. This is a local agency decision.

Name	Section
125. Ryan C. Eubanks Fire Chief Croft Fire District	504.B.1

Comment:
We are in support of the change to a two minute en route time. Request to add 80% back into this section. In past comments it was stated that 80% was for ALS and EMT agencies were required to respond on 100%, current regulation. Current regulation states "If the Rapid Responder agency is requested to respond, an EMT must respond on calls for an EMT licensed agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time." EMR agencies are all hazards' agencies and not sole EMS agencies like transport agencies. This needs to remain in regulation. Add language on mutual aid in this section.

Department Response:
Adopted.

Name	Section
126. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	504.B.2

Comment:
Change to :Meet the staffing and equipment required for each response level as follows"

Department Response:
Not Adopted. Equipment is addressed in 2100A for particular levels.

Name	Section
127. Francis Crosby Greenville County Fire Chief's Association	504.B.2

Comment:
Change to :Meet the staffing and equipment required for each response level as follows"

Department Response:
Not Adopted. Equipment is addressed in Section 2100A for particular levels.

Name	Section
128. Joice Lynn EMS Coordinator Parker Fire Department	504.B.2

Comment:
Suggest adding “and equipment” between “staffing and required”.

Department Response:
Not Adopted. Equipment is addressed in Section 2100A for particular levels.

Name	Section
129. Ryan C. Eubanks Fire Chief Croft Fire District	504.B.2

Comment:
should equipment be included?

Department Response:
Not Adopted. Equipment is addressed in Section 2100 for particular levels.

Name	Section
130. Ryan C. Eubanks Fire Chief Croft Fire District	504.B.2.b

Comment:
ALS should include AEMT, not just NRP. AEMT should also be added to ALS level. “with at least one EMT and one AEMT”.

Department Response:
Not Adopted. Allows for BLS and ALS AEMT to support this in this state.

Name	Section
131. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	505

Comment:
This needs to be re-written – it does not address the fact that if no units, mutual aid, reassigning units to higher priority calls (utilizing a national recognized EMD system, which is what it was designed for). Should read something like “Agencies should make every effort to respond to calls for assistance in the least amount of time possible.” The regulation can not be so proscriptive that it does not allow for variation or exceptions.

Department Response:
Not Adopted. These are the minimum requirements. Nothing in these regulations hinders going "above and beyond."

Name	Section
132. Ryon Watkins Chief Florence County EMS	505.A.1

Comment:
Please consider revising to require en route time within 5 minutes from the time the call is dispatched which is the current requirement. As drafted, the 2 minute en route time is oppressive and unreasonable. Those who drafted this section of the regulation have given no consideration to busy 911 agencies whose ambulance crews are responding to multiple calls for service in rapid succession (i.e. immediately responding to another call for service as soon as a patient is delivered to a receiving facility). 120 seconds is not enough time for an ambulance crew to get their cot ready for service, relieve themselves in a restroom, walk to the ambulance, and proceed to a call. Information recently submitted to the DHEC Board by the Department stated that "There are no anticipated additional costs to the regulated community." When referring to the implementation of the proposed amendments to Regulation 61-7. If every EMS agency in the state is required to have a unit en route to every emergent call within 2 minutes from the time the call is dispatched, there will be very substantial additional costs to the regulated community. New stations will have to be built, new personnel will have to be hired and new ambulances and equipment will have to be procured. The costs to the regulated community will be in the millions of dollars and the required personnel will be very difficult to recruit and retain.

Department Response:
Not Adopted. The Department anticipates no additional cost for the regulated community. National standard is 60 seconds.

Name	Section
133. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	505.A.1

Comment:
Please consider revising to require en route time within 5 minutes from the time the call is dispatched which is the current requirement. As drafted, the 2 minute en route time is oppressive and unreasonable. Those who drafted this section of the regulation have given no consideration to busy 911 agencies whose ambulance crews are responding to multiple calls for service in rapid succession (i.e. immediately responding to another call for service as soon as a patient is delivered to a receiving facility). 120 seconds is not enough time for an ambulance crew to get their cot ready for service, relieve themselves in a restroom, walk to the ambulance, and proceed to a call. Information recently submitted to the DHEC Board by the Department stated that "There are no anticipated additional costs to the regulated community." When referring to the implementation of the proposed amendments to Regulation 61-7. If every EMS agency in the state is required to have a unit en route to every emergent call within 2 minutes from the time the call is dispatched, there will be very substantial additional costs to the regulated community. New stations will have to be built, new personnel will have to be hired and new ambulances and equipment will have to be procured. The costs to the regulated community will be in the millions of dollars and the required personnel will be very difficult to recruit and retain.

Department Response:
Not Adopted. The Department anticipates no additional cost for the regulated community. National standard is 60 seconds.

Name	Section
134. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	505.A.2.b

Comment:
505.A.2.b Explanation - There is no clinical benefit to have an EMT driving over a Driver, driving. Agencies unitize firefighter drivers all the time. it has to do with the person attending to the pt in the back.

Department Response:
Not Adopted. Two certified people need to respond and this holds no additional requirement.

Name	Section
135. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	505.B.2

Comment:
ALS units should not always require and EMT AND a Paramedic. The ability to staff an administrative truck with a driver and paramedic chief officer is removed by this regulation. Given the increasing call volume and staffing crisis 911 services should have the ability to flex and meet demand. If I can send and EMT with only a driver it is not logical that a Paramedic is incapable of running a call with only a driver? Suggestion to make this for 911 services only to meet surge capacity and not allowed to be scheduled.

Department Response:
Not Adopted. This is not allowed in current regulation.

Name	Section
136. Ryon Watkins Chief Florence County EMS	506

Comment:
This section references Special Response Vehicle (SRV). As drafted, there is no definition for SRV in Section 101. Please consider adding a definition for Special Response Vehicle (SRV) in section 101 that includes what types of scenarios that an EMS agency may utilize a SRV and what types of vehicles may be used as an SRV (boats, motorcycles, bicycles, utility vehicles, golf carts, SUVs, sedans, pick-up trucks, etc.).

Department Response:
Not Adopted. Too restrictive. Implied definition in the section.

Name	Section
137. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	506

Comment:
This section references Special Response Vehicle (SRV). As drafted, there is no definition for SRV in Section 101. Please consider adding a definition for Special Response Vehicle (SRV) in section 101 that includes what types of scenarios that an EMS agency may utilize a SRV and what types of vehicles

may be used as an SRV (boats, motorcycles, bicycles, utility vehicles, golf carts, SUVs, sedans, pick-up trucks, etc.).

Department Response:
Not Adopted. Too restrictive. Implied definition in the section.

Name	Section
138. Ryon Watkins Chief Florence County EMS	507.A

Comment:
This section references Tiered Response System. As drafted, there is no definition for Tiered Response System in Section 101. Please consider adding a definition for Tiered Response System in section 101 as "Tiered Response System" is a subjective phrase.

Department Response:
Not Adopted.
This would be defined differently for each Agency.

Name	Section
139. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	507.A

Comment:
This section references Tiered Response System. As drafted, there is no definition for Tiered Response System in Section 101. Please consider adding a definition for Tiered Response System in section 101 as "Tiered Response System" is a subjective phrase.

Department Response:
Not Adopted.
This would be defined differently for each Agency.

Name	Section
140. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	508

Comment:
Strike all of 508 – there should be no distinction between volley and carrier. the requirement should be the same when operating, career and volunteer should not have different standards.

Department Response:
Partially Adopted. Added "with an ambulance" for clarity.

Name	Section
141. Ryan C. Eubanks Fire Chief Croft Fire District	508.F

Comment:
The Volunteer EMS Agency may still respond to the scene of an emergency if it is known in advance that an EMT is not available. First responders still provide a more advanced level of care above lay persons that could help with patient outcomes. First sentence should be removed.

Department Response:
Partially Adopted. Added "with an ambulance" for clarity.

Name	Section
142. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	508.F

Comment:
508.F The Volunteer EMS Agency shall not respond to the scene of an emergency if it is known in advance that an EMT is not available. The Volunteer EMS Agency shall preplan for the lack of staffing by written mutual aid agreements with neighboring agencies and by alerting the local Public Safety Answering Point (PSAP) as early as possible when it is known that EMT level staffing is not available. The Volunteer EMS Agency shall ensure sufficient staffing through preplanning, mutual aid agreements, and continual recruitment programs
508.F: The Volunteer EMS Agency may still respond to the scene of an emergency if it is known in advance that an EMT is not available. First responders still provide a more advanced level of care above lay persons that could help with patient outcomes. First sentence should be removed.
Not all volunteers respond from a base, rural volunteer responders respond from home and work and can render aid as needed to help a patient and evaluate the scene. Do we need to ramp up resources or can we cut back some and redirect as needed?

Department Response:
Partially Adopted. Added "with an ambulance" for clarity.

Name	Section
143. Mark Self Executive Director Pee Dee Regional EMS, Inc.	600

Comment:
The proposed regulations will cost services additional personnel in order to report all of the proposed Reporting events

Department Response:
Not Adopted. Outlined in current regulation under medical director responsibilities. There is no cost.

Name	Section
144. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	600

Comment:
The proposed regulations will cost services additional personnel in order to report all of the proposed Reporting events

Department Response:
Not Adopted. Outlined in current regulation under medical director responsibilities. The Department anticipated no additional cost to the regulated community.

Name	Section
145. Rob Wronski EMS Director Newberry County EMS	600

Comment:
Before stating my opinion it should be noted that sentinel event reporting was an idea that was spawned while I was the Bureau Chief of EMS at DHEC. At this time, I do believe that not enough thought has been put into exactly what should be included in sentinel event reporting and I and the regulated community also feel that the current regression within the now Division of EMS indicates a more punitive stance to reporting vice the quality assurance and self-reporting and improvement tool that SE reporting was initially designed to do. It most definitely has an over-reach feel to the events that require reporting. While this is a great idea and its implementation should be considered this revision is not the correct time for it to come to fruition. As a final comment, there is no current mechanism for reporting sentinel events to the Division even as a pilot so I fear that the time it takes to create such a reporting system will mean more burdensome "paperwork" for the regulated community which, again, is not the purpose or goal of SE reporting. It should be fast, streamlined, and allow for instant reporting, access, and quality assurance review.

Department Response:
Acknowledged. This Section was developed by previous stakeholder comments and recommendation from the EMS Advisory Council.

Name	Section
146. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601

Comment:
This is an unfunded mandate with no clear rationale of what the DHEC staff intend to do with the data submitted. Many EMS agencies are placing administrative staff in the field to mitigate call response demands. The reporting period is not feasible in many areas of our state. Furthermore, these items are listed as Class I violation making it a mandatory reportable event that results in enforcement. This should not be the intent. Near miss and adverse reporting has value, however, this language is not realistic in our current EMS climate.

Department Response:
Acknowledged. This Section was developed by previous stakeholder comments and recommendation from the EMS Advisory Council.

Name	Section
147. Ryon Watkins Chief Florence County EMS	601.B

Comment:
Mandatory reporting in 24 hours or less from the time the agency becomes aware of a reportable incident is simply not an adequate amount of time. Please consider revising this section to allow adverse incidents to be reported within 72 hours from the time the agency administration becomes aware of the incident.

Department Response:
Acknowledged. This Section was developed by previous stakeholder comments and recommendation from the EMS Advisory Council.

Name	Section
148. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601.B

Comment:
Mandatory reporting in 24 hours or less from the time the agency becomes aware of a reportable incident is simply not an adequate amount of time. Please consider revising this section to allow adverse incidents to be reported within 72 hours from the time the agency administration becomes aware of the incident.

Department Response:
Not Adopted. This Section was developed by previous stakeholder comments and recommendation from the EMS Advisory Council.

Name	Section
149. Ryon Watkins Chief Florence County EMS	601.B.3

Comment:
"Unexpected or unexplained death of a patient while under the care of the EMS Agency". This is vague, subjective and poorly drafted.

Department Response:
Acknowledged.

Name	Section
150. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601.B.3

Comment:
"Unexpected or unexplained death of a patient while under the care of the EMS Agency". This is vague, subjective and poorly drafted.

Department Response:
Acknowledged.

Name	Section
151. Ryon Watkins Florence County EMS	601.B.7

Comment:
"Medication error with adverse effects . . ." – medication error made by who? This is confusing and poorly drafted. Please include more specific language that better describes what must be reported.

Department Response:
Acknowledged. This regulation does not regulate nursing staff.

Name	Section
152. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601.B.7

Comment:
"Medication error with adverse effects . . ." – medication error made by who? This is confusing and poorly drafted. Please include more specific language that better describes what must be reported.

Department Response:
Acknowledged. This regulation does not regulate nursing staff.

Name	Section
153. Ryon Watkins Chief Florence County EMS	601.C

Comment:
Please consider verbiage that is less confusing. Example: Within 5 days after reporting the incident pursuant to Section 601B, the EMS Agency shall submit an investigative report . . .

Department Response:
Not adopted. This section of the regulation is consistent with other Department regulations.

Name	Section
154. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601.C

Comment:
Please consider verbiage that is less confusing. Example: Within 5 days after reporting the incident pursuant to Section 601B, the EMS Agency shall submit an investigative report . . .

Department Response:
Not adopted. This section of the regulation is consistent with other Department regulations.

Name	Section
155. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee	604

South Carolina EMS Association	

Comment:
This is redundant and captured in regulation 40-43-91. What is the retionale for repetition? THis could create a scenario in which an agency is fined from two seperate enforcement bodies for the same violation as this is also listed as a Class I violation.

Department Response:
Acknowledged.

Name	Section
156. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	702

Comment:
The Department does not have a class. This could be captured in a policy from DHEC and not regulation.

Department Response:
Adopted.

Name	Section
157. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	705.A,C, and D

Comment:
The reference to "Bracelet" does not reflect a specific item or approved article of jewelry. This could be confused for interfacility transports and those patients where the hospital may use DNR bracelets or bands.

Department Response:
Acknowledged. Statutory (SC Code 44-78-15(1)).

Name	Section
158. Ryon Watkins (on behalf of Britton Lineberger, Director Chester County EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	1204.C

Comment:
The term "double locked system" never appears any regulation, 61-4 or in any federal regulation. This exceeds the actual requirements and would nullify existing system such as the Knox Medvault within I know for a fact DEA really like.
The proposed regulation 61-7 should never specify specifics associated with other regulations. They should site them but not record specifics because if something like 61-4 change swe could have conflicting regulations.

Department Response:
Acknowledge. This is in current regulation.

Name	Section
159. Ryon Watkins Chief Florence County EMS	1202.A

Comment:
72 hour requirement for obtaining physician signature is unreasonable especially in cases where the Agency's medical director signs for controlled substances administered pursuant to a standing order. No consideration is being given to holiday weekends or when the Agency's Medical Director may be out of town or on vacation. Please revise to require physician's signature to be obtained within 30 days after the medication is administered.

Department Response:
Adopted.
Section amended to require fourteen (14) days.

Name	Section
160. Joice Lynn EMS Coordinator Parker Fire Department	1202.A

Comment:
All verbal and written orders shall be signed and dated by a physician. Suggest that it read, "All verbal and written controlled medication orders…" since many medication administrations fall under Standing Orders/Clinical Operating Guidelines.

Department Response:
Adopted.
Section amended to require fourteen (14) days.

Name	Section
161. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	1202.A

Comment:
72 hour requirement for obtaining physician signature is unreasonable especially in cases where the Agency's medical director signs for controlled substances administered pursuant to a standing order. No consideration is being given to holiday weekends or when the Agency's Medical Director may be out of town or on vacation. Please revise to require physician's signature to be obtained within 30 days after the medication is administered.

Department Response:
Adopted.
Section amended to require fourteen (14) days.

Name	Section
162. Ryan C. Eubanks Fire Chief Croft Fire District	1202. A

Comment:
Remove “and written orders” from second sentence. Providers should be able to work under their written protocols without having to get a signature for every medication used. Only those meds that are controlled substances or given by verbal orders of an online Medical Control physician should be signed for.

Department Response:
Adopted.
Section amended to require fourteen (14) days.

Name	Section
163. Rob Wronski Director MedTrust	1202.A

Comment:
Would request the department extend the 72 hour rule for signatures to 14 business days. Some departments do not utilize (in fact can not utilise) electronic signatures for the Medical Control to sign off. Other systems are spread statewide and expecting the MCP to sign off on uses within 72 hours when they are located in Charleston and the agency has 10 bases across the state is unachievable. Two weeks is a much more acceptable time frame.

Department Response:
Adopted.
Section amended to require fourteen (14) days.

Name	Section
164. Francis Crosby Greenville County Fire Chief's Association	1203

Comment:
Remove “are administered by the same EMS Personnel who prepared them for administration”. EMS providers and fire-based EMS professionals work in all-hazard and austere environments where this may not be feasible. Hoarding, confined space, hazardous material environments, etc. may require daisy chain access to the patient. This language limits patient care and could have negative impacts on patient outcomes. An example of this is the most recent tragedy in Miami where you may only get one provider to the patient during an extended extrication time. This language only considers blue sky environments and best-case scenarios

Department Response:
Not Adopted. This is a patient safety issue.

Name	Section
165. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	1203

Comment:
Remove “are administered by the same EMS Personnel who prepared them for administration”. EMS providers and fire-based EMS professionals work in all-hazard and austere environments where this may not be feasible. Hoarding, confined space, hazardous material environments, etc. may require daisy chain access to the patient. This language limits patient care and could have negative impacts on patient outcomes. An example of this is the most recent tragedy in Miami where you may only get one

provider to the patient during an extended extrication time. This language only considers blue sky environments and best-case scenarios

Department Response:
Not Adopted. This is a patient safety issue.

Name	Section
166. Joice Lynn EMS Coordinator Parker Fire Department	1203

Comment:
Suggest changing "The EMS Agency shall ensure does of medication…are administered by the same EMS Personnel…" to, "In extenuating circumstances, the preparation of medication will be allowed by an equally trained provider. In this case, names of the provider who drew up the medication needs to be specified in the report as well as the provider who administered the medication."

Department Response:
Not Adopted. This is a patient safety issue.

Name	Section
167. Joice Lynn EMS Coordinator Parker Fire Department	1203

Comment:
Suggest adding "or given under Standing Orders".

Department Response:
Not Adopted. This is a patient safety issue.

Name	Section
168. Ryan C. Eubanks Fire Chief Croft Fire District	1203

Comment:
Remove "are administered by the same EMS Personnel who prepared them for administration". EMS providers and fire-based EMS professionals work in all-hazard and austere environments where this may not be feasible. Hoarding, confined space, hazardous material environments, etc. may require daisy chain access to the patient. This language limits patient care and could have negative impacts on patient outcomes. An example of this is the most recent tragedy in Miami where you may only get one provider to the patient during an extended extrication time. This language only considers blue sky environments and best-case scenarios.

Department Response:
Not Adopted. This is a patient safety issue.

Name	Section
169. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	1203

Comment:
1203 The EMS Agency shall ensure doses of medication, including controlled substances, are administered by the same EMS Personnel who prepared them for administration. The EMS Agency shall maintain records of receipt, administration, and disposition of all medications, including controlled substances, to enable an accurate reconciliation including:
1203: Remove “are administered by the same EMS Personnel who prepared them for administration”. EMS providers and fire-based EMS professionals work in all-hazard and austere environments where this may not be feasible. Hoarding, confined space, hazardous material environments, etc. may require daisy chain access to the patient. This language limits patient care and could have negative impacts on patient outcomes. An example of this is the most recent tragedy in Miami where you may only get one provider to the patient during an extended extrication time. This language only considers blue sky environments and best-case scenarios.
The wording “are administered by the same EMS Personnel who prepared them for administration” makes me feel that the author has never worked in the field of EMS in a Rural area or in an MCI situation.

Department Response:
Not Adopted. This is a patient safety issue.

Name	Section
170. Ryan C. Eubanks Fire Chief Croft Fire District	1204

Comment:
No need for A as it is covered in B for this section. Outside of the scope of DHEC as medication storage is governed by LLR Board of Pharmacy. This sentence is too limiting. In the least, remove “established by the manufacturer” to “to prevent adulteration” which matches language in 1901 K 5.

Department Response:
Not Adopted. Manufacturer instructions prevent adulteration.

Name	Section
171. Britton Lineberger Director Chester County EMS	1204.C

Comment:
The document uses the phrase "double locked system" and also references the Controlled Substances regulation 61-4. The term "double locked" does not appear anywhere in that regulation; however, it does have extensive guidelines on the security requirements. The proposed verbiage would make existing vaults, which meet or exceed 61-4, inadequate. 61-7 should only reference the actual regulation (61-4).

Department Response:
Acknowledged.

Name	Section
172. Ryon Watkins Chief Florence County EMS	1704

Comment:
A minimum of 6 sets of linen (12 individual sheets) is excessive. 12 sheets take up a lot of valuable space, especially in Type II ambulances. Please consider revising this so that the minimum standard is two sets of clean linen (4 individual sheets).

Department Response:
Not Adopted. This requirement is in current regulation Section 801.B.

Name	Section
173. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	1704

Comment:
A minimum of 6 sets of linen (12 individual sheets) is excessive. 12 sheets take up a lot of valuable space, especially in Type II ambulances. Please consider revising this so that the minimum standard is two sets of clean linen (4 individual sheets).

Department Response:
Not Adopted. This requirement is in current regulation Section 801.B.

Name	Section
174. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	1708

Comment:
1708 Pneumatic Trousers are not standard of care anywhere in the US. Pneumatic splints of either inflatable or vacuum type are. this needs to be clarification.

Department Response:
Adopted.

Name	Section
175. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	1712

Comment:
1712 OPAs often do not come form the manufacturer individually wrapped, cold this say sealed in a air tight container until use?

Department Response:
Not Adopted. This requirement is in current regulation Section 811.

Name	Section
176. Patrick Craig	1900

Comment:
Right now ambulance layout design is a mixture of Triple K, NFPA, and CAAS. Why not make agencies adhere to one standard and build units to meet that particular standard

Department Response:
Not Adopted. There's no one set definitive standard. All three standards provide valuable input for the entirety.

Name	Section
177. Patrick Craig	1900

Comment:
Make ambulance builders/dealers provide up to date testing documents before permitting units. Currently this is not being done

Department Response:
Not Adopted. The Department is unable to regulate dealers.

Name	Section
178. Patrick Craig	1900

Comment:
Bluntly put right now ambulances that do not meet current standards are allowed to be on the road. I understand the need for units but do not permit a unit if not built to standards that are set forth. End the grace period

Department Response:
Acknowledged.

Name	Section
179. Patrick Craig	1900.E.1

Comment:
needs to more clearly define where measurements are being take - ie edge of seat, back of seat, middle of seat? 1900.F.3

Department Response:
Not Adopted. This requirement is based on federal guidelines.

Name	Section
180. Patrick Craig	1900.F.1.c

Comment:
need proof of testing to ensure bulkhead can withstand G force.

Department Response:
Not Adopted. This requirement is addressed in other ambulance standards.

Name	Section
181. Patrick Craig	1900.F.3

Comment:
height needs to be 68".

Department Response:
Not Adopted. This requirement is addressed in other ambulance standards.

Name	Section
182. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	1901.C.1

Comment:
Do away with the continuous stripe or at least give variance that it may be interrupted by wheel wells, emergency lights or Battenberg patters.

Department Response:
Not Adopted. This requirement is addressed in other ambulance standards.

Name	Section
183. Andy Williams D-shift Supervisor Orange County EMS	2100

Comment:
There is no need for three different sizes of roll gauze. That just makes things more of a hassle for logistics to keep on hand when every wound can be used with one size. If the roll is too big they can use the shears to cut it down to size.

Department Response:
Partially Adopted.

Name	Section
184. Andy Williams D-shift Supervisor Orange County EMS	2100

Comment:
Pressure bags are not needed as if you need one just put a BP cuff on it and pump it up.

Department Response:
Not Adopted. Utilizing a blood pressure cuff for this task is not adequate.

Name	Section
185. Ryon Watkins Florence County EMS	2100

Comment:
Please consider removing this section from the regulation and consider creating a policy / equipment list independent of the regulation. Please make provisions that will allow changes to the equipment list independent of the regulation review every 5 years.

Department Response:
Acknowledged. The requirements are placed in the regulation in order for them to meet the force of law.

Name	Section
186. Jim Brogan Operations Manager Family Medical Transport, LLC	2100

Comment:
1. 3” tape is redundant. No one uses it. If 2” tape cannot do it, it doesn’t need tape.
2. Hard Hats, Goggles and Gloves. The fact is, 99% of ambulance services buy the “Minimum” hat, gloves, goggles (ie; least expensive) to suffice for an inspection. They are NEVER used. We do not enter vehicle entrapments and intubate, start lines, etc as in the old days. With RARE Exception, perhaps? NO ONE is going to put on the “Dollar Store Gloves, Goggles and Construction Hard Hat” or whatever hat they find to suffice. They would look ridiculous, most would not fit correctly, and the bottom line is, NO ONE DEVER DOES THIS. They are bought, placed in a truck for inspection and never touched. If you want to require we (EMS) carry the Fire Department Hats, Gloves, Goggle that are ordered to fit staff and actually allow you to be functional, then amend the provision. Of note, it would be very expensive for small private systems to purchase. (The Fire Department does this nowadays. No Fire Department Scene Commander will allow anyone in the vehicle without proper gear if they are cutting the roof.)
3. Pediatric Immobilization for transport. Very inadequate requirements. A “Pedi Board” will not suffice for an infant/Child that is sick and has no trauma. It would be cruel and not a nice thing to do to a child. There are very good items available, from affordable for all sizes to ridiculously expensive.
4. Bite Sticks. This should be off the list, obviously.
5. You may want to address the verbiage in the article that discusses the Drivers Seat. Need to include “Female” drivers or elude to this requirement in a manner that includes all.

Department Response:
Acknowledged.

Name	Section
187. Bob Mixter Deputy Chief Whitesville Fire Department	2100

Comment:
In reading the new draft of the 61-7 regulations, I must say it is good to see some of the not so useful things being removed from the list (wonderful job).
I do have some suggestions and would ask for points of clarification.
Number 23. Positive Pressure Airway Device: Is this a demand valve or is this CPAP / BiPAP?
Number 24. Circuits: Is this a demand valve connector or CPAP?
I think this is CPAP; using the term Continuous Positive Airway Pressure (CPAP) and / or Bilevel Positive Airway Pressure (BiPAP) wording may be helpful.
Number 70 & 71. The wording "wooden-type" should be removed from the these and they should simply read "padded splints".
This simplification would allow for the more modern technologies such as fiberglass, cardboard, etc. to be used.
Number 75. Commercially or Premade Head Immobilization Device: I think we are talking about head blocks, I am looking for clarification for my own edification; wording may help.
Additionally, if it is head blocks, shouldn't these be MCO for Emergency Response types, like the long spine board and the 9' straps.
I appreciate all the work the committee has devoted to this project; it is good to see simplification of the standard.

Department Response:
23. Acknowledged.
70-71: Adopted. Head blocks are only one type of immobilization device.

Name	Section
188. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	2100.A

Comment:
Please consider removing this section from the regulation and consider creating a policy / equipment list independent of the regulation. Please make provisions that will allow changes to the equipment list independent of the regulation review every 5 years.

Department Response:
Not Adopted. The requirements are placed in the regulation in order for them to meet the force of law.

Name	Section
189. Jeffrey Young Battalion Chief Town of Moncks Corner	2100

Comment:
2100.A Medical Equipment for Emergency Response Agencies is categorized under EMT-Basic or Paramedic. According to 101(U), an Emergency Medical Responder Agency is an "Agency licensed by the Department to provide medical care at the EMT-Basic level or above, as a nontransporting emergency medical responder". Will Emergency Medical Responder Agencies be permitted to provide AEMT level service? If so, what equipment will be required?

Department Response:
Acknowledged.

Name	Section
190. Jeffrey Young Battalion Chief Town of Moncks Corner	2100.A

Comment:
2100.A I do not see thermometers in the equipment list. The State Sepsis Protocol and others require temperatures to be measured. Please add thermometers to the list.

Department Response:
Adopted.

Name	Section
191. Jeffrey Young Battalion Chief Town of Moncks Corner	2100.A

Comment:
2100.A Please allow emesis bags to be substituted for emesis basins without the need for a variance.

Department Response:
Adopted.

Name	Section
192. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment:
5- Minimum amount of Saline for irrigation should be increased to 2, or minimum of 500cc.

Department Response:
Not Adopted. This is the minimum required by the Department. This amount can be exceeded by the Agency.

Name	Section
193. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A.8

Comment:
8. ECG Electrodes Twenty (20) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to MCO.

Name	Section
194. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
8. ECG Electrodes Twenty (20) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to Medical Control Option (MCO).

Name	Section
195. Ryon Watkins (on behalf of Glen Adlerfer, Account Manager, Bound Tree Medical) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	2100.A

Comment:
I am confused about the following statement in equipment: 101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable.
Is the above device to be used with the mechanical ventilator?I am confused about the following statement in equipment: 101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable.

Department Response:
Acknowledged.

Name	Section
196. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
10. Internal rechargeable battery pack One (1) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to Medical Control Option (MCO).

Name	Section
197. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
10. Internal rechargeable battery pack One (1) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to Medical Control Option (MCO).

Name	Section
198. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
10. Internal rechargeable battery pack One (1) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to Medical Control Option (MCO).

Name	Section
199. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
11.Extra battery or AC adapter and cord One (1) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to Medical Control Option (MCO).

Name	Section
200. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
11.Extra battery or AC adapter and cord One (1) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to Medical Control Option (MCO).

Name	Section
201. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
11.Extra battery or AC adapter and cord One (1) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to MCO.

Name	Section
202. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
12. Defibrillator: May be integrated into cardiac monitor module. One (1) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to Medical Control Option (MCO).

Name	Section
203. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
12. Defibrillator: May be integrated into cardiac monitor module. One (1) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to Medical Control Option (MCO).

Name	Section
204. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
12. Defibrillator: May be integrated into cardiac monitor module. One (1) change to N/A for ambulance AEMT

Department Response:
Partially Adopted. Changed to Medical Control Option (MCO).

Name	Section
205. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
16. Nasal Cannula- Pediatric Two (2) change to MCO for Emergency Response for EMT-Basic and Paramedic

Department Response:
Adopted.

Name	Section
206. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
16. Nasal Cannula- Pediatric Two (2) change to MCO for Emergency Response for EMT-Basic and Paramedic

Department Response:
Adopted.

Name	Section
207. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
16. Nasal Cannula- Pediatric Two (2) change to MCO for Emergency Response for EMT-Basic and Paramedic

Department Response:
Adopted.

Name	Section
208. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
21. NPA 16 French through 34 French (12, 16, 20, 24, 28, 32, 36) One (1) each change to MCO – sizes determined by MCO for Emergency Response Parmedic

Department Response:
Not Adopted. This change was made based on previous public comments.

Name	Section
209. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
21. NPA 16 French through 34 French (12, 16, 20, 24, 28, 32, 36) One (1) each change to MCO – sizes determined by MCO for Emergency Response Parmedic

Department Response:
Not Adopted. This change was made based on previous public comments.

Name	Section
210. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
21. NPA 16 French through 34 French (12, 16, 20, 24, 28, 32, 36) One (1) each change to MCO – sizes determined by MCO for Emergency Response Paramedic

Department Response:
Not Adopted. This change was made based on previous public comments.

Name	Section
211. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
23-24. (or disposable unit) - what is this?

Department Response:
Acknowledged.

Name	Section
212. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
23-24. (or disposable unit) - what is this?

Department Response:
Not Adopted.

Name	Section
213. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
23-24. (or disposable unit) - what is this?

Department Response:
Not Adopted.

Name	Section
214. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
25. Portable Oxygen Cylinder (min 1000 PSI) (suggestion to remove min. 1,000, reference capacity of the cylinder not PSI), with working regulator One (1)

Department Response:
Not Adopted. This change was made based on previous public comments.

Name	Section
215. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
25. Portable Oxygen Cylinder (min 1000 PSI) (suggestion to remove min. 1,000, reference capacity of the cylinder not PSI), with working regulator One (1)

Department Response:
Not Adopted. This change was made based on previous public comments.

Name	Section
216. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
25. Portable Oxygen Cylinder (min 1000 PSI) (suggestion to remove min. 1,000, reference capacity of the cylinder not PSI), with working regulator One (1)

Department Response:
Not Adopted. This change was made based on previous public comments.

Name	Section
217. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
26. Spare Portable Oxygen Cylinder One (1) – change to required for Emergency Response EMT-basic and Paramedic

Department Response:
Adopted.

Name	Section
218. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
26. Spare Portable Oxygen Cylinder One (1) – change to required for Emergency Response EMT-basic and Paramedic

Department Response:
Adopted.

Name	Section
219. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
26. Spare Portable Oxygen Cylinder One (1) – change to required for Emergency Response EMT-basic and Paramedic

Department Response:
Adopted.

Name	Section
220. Ryon Watkins (on behalf of Glen Adlerfer, Account Manager, Bound Tree Medical) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	2100.A

Comment:
28-30. Currently as you know we carry he adult, child and infant. Are you sure we want to drop the infant and go with neonate? As a distributor I believe you would get much more use out of an infant BVM with a neonate mask. Just as a reference, according to the AHA the term "neonate" is applied to infants in the first 28 days (month) of life. For the purposed of BLAS, the term "infant" is defined by the approximate size of the young child who can receive chest compression given with 2 fingers or 2 thumbs with encircling hands. By consensus, the age cut-off for infants is 1 year. Note, however, that this definition is not based on physiological differences between infants and children. For example, the differences between a 11-mont-old "infant" and a 17-month-old "child" are smaller differences in anatomy and physiology between a 1-week-old and 10-month-old infant. Historically the use of the term "child" in the ECC guidelines has been limited to 8 years to simplify BLS education.

Department Response:
Adopted.

Name	Section
221. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
30. Neonate BVM One (1) – change to MCO for Emergency Response EMT-basic and Paramedic

Department Response:
Adopted.

Name	Section
222. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
30. Neonate BVM One (1) – change to MCO for Emergency Response EMT-basic and Paramedic

Department Response:
Adopted.

Name	Section
223. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
30. Neonate BVM One (1) – change to MCO for Emergency Response EMT-basic and Paramedic

Department Response:
Adopted.

Name	Section
224. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment:
34. Why the need for 3 sizes of roller gauze, would 2 not suffice?

Department Response:
Partially Adopted. These are minimum standards.

Name	Section
225. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.34

Comment:
Remove different sizes Require a total of 3, let agencies decide what size works best for them or if they want to carry specific sizes for their agency. Logistically difficult to add requirements on different size

Department Response:
Partially Adopted. These are minimum standards.

Name	Section
226. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
34. Individually wrapped Sterile Gauze bandage rolls three (3) different (recommend one size, 3") One (1) each size (Change to 3, if one size is allowed)

Department Response:
Partially Adopted. These are minimum standards.

Name	Section
227. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
34. Individually wrapped Sterile Gauze bandage rolls three (3) different (recommend one size, 3") One (1) each size (Change to 3, if one size is allowed)

Department Response:
Partially Adopted. These are minimum standards.

Name	Section
228. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
34. Individually wrapped Sterile Gauze bandage rolls three (3) different (recommend one size, 3") One (1) each size (Change to 3, if one size is allowed)

Department Response:
Partially Adopted. These are minimum standards.

Name	Section
229. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
35. Four by four inch (4" x 4") Commercial Sterile Occlusive Dressing Two (2) (Or Chest Seal)

Department Response:
Adopted.

Name	Section
230. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
35. Four by four inch (4" x 4") Commercial Sterile Occlusive Dressing Two (2) (Or Chest Seal)

Department Response:
Adopted.

Name	Section
231. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
35. Four by four inch (4" x 4") Commercial Sterile Occlusive Dressing Two (2) (Or Chest Seal)

Department Response:
Adopted.

Name	Section
232. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment:
37. With the requirement for 1” and 3”tape, is it truly necessary to carry 2” as well?

Department Response:
Adopted.
1” and 3” were removed and 2” was added as required.

Name	Section
233. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
37. Hypoallergenic Adhesive Tape – Two Inch (2”) One (1) change to MCO for Emergency Response paramedic

Department Response:
Adopted.

Name	Section
234. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
37. Hypoallergenic Adhesive Tape – Two Inch (2”) One (1) change to MCO for Emergency Response paramedic

Department Response:
Adopted.

Name	Section
235. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
37. Hypoallergenic Adhesive Tape – Two Inch (2”) One (1) change to MCO for Emergency Response paramedic

Department Response:
Adopted.

Name	Section
236. Patrick Craig	2100.A.38

Comment:
Equipment list: 38. Remove 3” tape

Department Response:
Not Adopted. This change was made based on previous public comments.

Name	Section
237. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
38. Hypoallergenic Adhesive Tape – Three Inch (3") One (1) change to MCO for Ambulance EMT-Basic, AEMT, and Paramedic.

Department Response:
Adopted.

Name	Section
238. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
38. Hypoallergenic Adhesive Tape – Three Inch (3") One (1) change to MCO for Ambulance EMT-Basic, AEMT, and Paramedic.

Department Response:
Not Adopted.
Requirement based on current industry standards.

Name	Section
239. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
38. Hypoallergenic Adhesive Tape – Three Inch (3") One (1) change to MCO for Ambulance EMT-Basic, AEMT, and Paramedic.

Department Response:
Adopted.

Name	Section
240. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment:
41- With the stop the bleed push, units should carry 4 arterial tourniquets, one for each limb.

Department Response:
Acknowledged. Nothing prevents agencies from carrying more.

Name	Section
241. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
43. Chest Seal Two (2), if combined with occlusive only one is required – Remove, added to occlusive dressing

Department Response:
Adopted.

Name	Section
242. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
43. Chest Seal Two (2), if combined with occlusive only one is required – Remove, added to occlusive dressing

Department Response:
Adopted.

Name	Section
243. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
43. Chest Seal Two (2), if combined with occlusive only one is required – Remove, added to occlusive dressing

Department Response:
Adopted.

Name	Section
244. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.44

Comment:
2100.A.44 Define "each age and size" and reduce to 2
Adult and Child should be required. Any other size should be an MCO for Rapid responder agencies performing manual pressures.

Department Response:
Not Adopted. Too restrictive.

Name	Section
245. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment:
48- I do not see the need to carry 2 penlights, one is more than enough.

Department Response:
Not Adopted. This allows for a backup and unforseen circumstances.

Name	Section
246. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
51. Portable Suction – add Battery Powered

Department Response:
Not Adopted. Removed on previous comments and more restrictive.

Name	Section
247. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
51. Portable Suction – add Battery Powered

Department Response:
Not Adopted. Removed on previous comments and more restrictive.

Name	Section
248. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
51. Portable Suction – add Battery Powered

Department Response:
Not Adopted. Removed on previous comments and more restrictive.

Name	Section
249. Patrick Craig	2100.A.52

Comment:
Change “Wall” mounted system to “permanent or vacuum powered”, because a portable suction unit can be wall mounted.

Department Response:
Not Adopted. This requirement is in current regulation.

Name	Section
250. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.53-54

Comment:
2100.A.53&54 Make MCO for Emergency response
Many non-transport agencies only carry a small portable (non mechanical) suction that is not compatible (or effective) with standard suction tubing or rigid tips. If agency decides on mechanical (powered) suction then their MCO can order they carry appropriate tips/tubing.

Department Response:
Adopted.

Name	Section
251. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
53 . Suction Tubing change to Required for all levels

Department Response:
Partially Adopted. Section was changed to MCO for EMR.

Name	Section
252. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
53 . Suction Tubing change to Required for all levels

Department Response:
Adopted.

Name	Section
253. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
53 . Suction Tubing change to Required for all levels

Department Response:
Adopted.

Name	Section
254. Patrick Craig	2100.A.54

Comment:
Flexible Suction Tip: change tip to “catheters”, minimal of 4 different sizes as listed in current regulation.

Department Response:
Partially Adopted.

Name	Section
255. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 56. Naloxone Administration Kit – allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A **Department Response:** Partially Adopted. Changed to MCO for all.	

Name	Section
256. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 56. Naloxone Administration Kit – allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A **Department Response:** Partially Adopted. Changed to MCO for all.	

Name	Section
257. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 56. Naloxone Administration Kit – allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A **Department Response:** Partially Adopted. Changed to MCO for all.	

Name	Section
258. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 57. Epinephrine Administration Kit - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A **Department Response:** Partially Adopted. Changed to MCO for all.	

Name	Section
259. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
57. Epinephrine Administration Kit - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A

Department Response:
Partially Adopted. Changed to MCO for all.

Name	Section
260. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
57. Epinephrine Administration Kit - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A

Department Response:
Partially Adopted. Changed to MCO for all.

Name	Section
261. Patrick Craig	2100.A.60

Comment:
Pediatric dose chart should be MCO for basic services if they don't carry drugs. 73,74,75 Should be MCO option for flight services. - Current section 410.A should remain 5 providers on roster for EMT rapid responder just as required for transport agencies. They may be full, part-time, or volunteer.

Department Response:
Adopted.

Name	Section
262. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.60

Comment:
2100.A.60 Not applicable for a BLS agency that does not perform weight based drug calculations

Department Response:
Partially Adopted. Changed to MCO for all.

Name	Section
263. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
60. Current color-coded Pediatric weight and length-based drug dose chart One (1) - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others Required

Department Response:
Adopted.

Name	Section
264. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
60. Current color-coded Pediatric weight and length-based drug dose chart One (1) - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others Required

Department Response:
Adopted.

Name	Section
265. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
60. Current color-coded Pediatric weight and length-based drug dose chart One (1) - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others Required

Department Response:
Adopted.

Name	Section
266. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.61

Comment:
2100.A.61 24? Reduce number of pads required. Maybe 5? Especially for BLS agencies who are not routinely performing injections 24 is an oddly specific and high number considering we are only required to carry 5 adhesive bandages that we would be utilizing to cover said injection sites.

Department Response:
Not Adopted.

Name	Section
267. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.69

Comment:
Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.

Department Response:
Adopted.

Name	Section
268. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.70

Comment:
Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.

Department Response:
Adopted.

Name	Section
269. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.71

Comment:
Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.

Department Response:
Adopted.

Name	Section
270. Patrick Craig	2100.A.73-75

Comment:
Should be MCO option for flight services.

Department Response:
Adopted.

Name	Section
271. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.73

Comment:
Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.

Department Response:
Adopted.

Name	Section
272. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.74

Comment:
Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.

Department Response:
Adopted.

Name	Section
273. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.75

Comment:
Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.

Department Response:

Adopted.

Name	Section
274. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
75. Commercially or Premade Head Immobilization Device – Adult and Pediatric One (1) each – change both levels of Emergency Response to MCO

Department Response:
Adopted.

Name	Section
275. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment:
75- With new recommendations for C-spine clearance, the commercial head bed should be MCO.

Department Response:
Adopted.

Name	Section
276. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.77

Comment:
Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.

Department Response:
Adopted.

Name	Section
277. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.75

Comment:
2100.A.75 Make MCO for Emergency response
Long spine board and straps requried for these to be used is already an MCO. We aren't using headblocks or another comercial head restraint without a spine board.

Department Response:
Adopted.

Name	Section
278. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
75. Commercially or Premade Head Immobilization Device – Adult and Pediatric One (1) each – change both levels of Emergency Response to MCO

Department Response:
Adopted.

Name	Section
279. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
75. Commercially or Premade Head Immobilization Device – Adult and Pediatric One (1) each – change both levels of Emergency Response to MCO

Department Response:
Adopted.

Name	Section
280. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	2100.A.95

Comment:
2100.A.95 Do we still use these ET placement detectors or is Capnography the gold standard.

Department Response:
Acknowledged.

Name	Section
281. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
80. Glucometer or Blood Glucose Measuring Device One (1) – change to Required for Emergency Response and Ambulance EMT-basic

Department Response:
Adopted.

Name	Section
282. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
80. Glucometer or Blood Glucose Measuring Device One (1) – change to Required for Emergency Response and Ambulance EMT-basic

Department Response:
Adopted.

Name	Section
283. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
8. ECG Electrodes Twenty (20) change to N/A for ambulance AEMT

Department Response:
Adopted.

Name	Section
284. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
80. Glucometer or Blood Glucose Measuring Device One (1) – change to Required for Emergency Response and Ambulance EMT-basic

Department Response:
Adopted.

Name	Section
285. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.81

Comment:
2100.A.81 Include "bag" for clarity
Allow for use of emisis bags as well as basins for portability

Department Response:
Adopted.

Name	Section
286. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
81. Emesis basin/bag One (1)

Department Response:
Adopted.

Name	Section
287. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
83. ABC Fire Extinguisher (minimum 5 LBS, properly

Department Response:
Adopted.

Name	Section
288. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
83. ABC Fire Extinguisher (minimum 5 LBS, properly

Department Response:
Adopted.

Name	Section
289. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
83. ABC Fire Extinguisher (minimum 5 LBS, properly

Department Response:
Adopted.

Name	Section
290. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
88. Flameless Flare, Glow Sticks, or Reflective Cones / Triangles Three (3)

Department Response:
Adopted.

Name	Section
291. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
88. Flameless Flare, Glow Sticks, or Reflective Cones / Triangles Three (3)

Department Response:
Adopted.

Name	Section
292. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
88. Flameless Flare, Glow Sticks, or Reflective Cones / Triangles Three (3)

Department Response:
Adopted.

Name	Section
293. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
9. Extra roll of compatible printer paper One (1) change to N/A for ambulance AEMT

Department Response:
Not Adopted. This is up to Medical Control.

Name	Section
294. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
9. Extra roll of compatible printer paper One (1) change to N/A for ambulance AEMT

Department Response:
Not Adopted. This a decision to be made by Medical Control.

Name	Section
295. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
9. Extra roll of compatible printer paper One (1) change to N/A for ambulance AEMT

Department Response:
Not Adopted. This a decision to be made by Medical Control.

Name	Section
296. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment:
95- With the requirement of capnography, the ET placement detector is rendered obsolete and should not be required.

Department Response:
Acknowledged.

Name	Section
297. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	2100.A

Comment:
2100.A.103 Chest decompression kit. what constitutes a kit?

Department Response:
Acknowledged.

Name	Section
298. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
97. Blind Insertion Airway Device (BIAD) – Age and weight sizes as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not, appropriate size(s) carried by provider. Emergency Response EMT-basic level: currently MCO in regulation, sizes at a minimum should be MCO; change Ambulance EMT-basic to MCO

Department Response:
Not Adopted. This is a basic standard of care.

Name	Section
299. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
97. Blind Insertion Airway Device (BIAD) – Age and weight sizes as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not, appropriate size(s) carried by provider. Emergency Response EMT-basic level: currently MCO in regulation, sizes at a minimum should be MCO; change Ambulance EMT-basic to MCO

Department Response:
Not Adopted. This is a basic standard of care.

Name	Section
300. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable (Is this the same as line 23/24?)

Department Response:
Acknowledged. Changed to MCO.

Name	Section
301. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
97. Blind Insertion Airway Device (BIAD) – Age and weight sizes as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not, appropriate size(s) carried by provider. Emergency Response EMT-basic level: currently MCO in regulation, sizes at a minimum should be MCO; change Ambulance EMT-basic to MCO

Department Response:
Not Adopted. Regulation doesn't require what sizes. Regulations are minimum standards.

Name	Section
302. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.99

Comment:
2100.A.99 Match CPAP, allow MCO and agencies to decide on PEEP. Many BLS agencies may be without PEEP in their protocols or training

Department Response:
Not Adopted. Standard.

Name	Section
303. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	2100.A.99

Comment:
2100.A.99 Are PEEP valves now required on all units?

Department Response:
Acknowledged. Yes.

Name	Section
304. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable (Is this the same as line 23/24?)

Department Response:
Acknowledged. Changed to MCO.

Name	Section
305. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable (Is this the same as line 23/24?)

Department Response:
Acknowledged. Changed to MCO.

Name	Section
306. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:
104. Printable waveform End-tidal CO2 continuous monitoring capabilities. May be incorporated within cardiac monitor modular – change to required for Emergency Response Paramedic

Department Response:
Adopted.

Name	Section
307. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:
104. Printable waveform End-tidal CO2 continuous monitoring capabilities. May be incorporated within cardiac monitor modular – change to required for Emergency Response Paramedic

Department Response:
Adopted.

Name	Section
308. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
104. Printable waveform End-tidal CO2 continuous monitoring capabilities. May be incorporated within cardiac monitor modular – change to required for Emergency Response Paramedic

Department Response:
Adopted.

Name	Section
309. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment:
107- Easy IO needles 25mm and 45mm cover all of the patients, the 15mm is unnecessary and en expense we shouldn't be required to incur.

Department Response:
Not Adopted. 25 mm is not approriate for some patients.

Name	Section
310. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:
107. Intraosseous needles – 15mm, 25mm, 45mm One (1) each – change to MCO for Emergency Response Paramedic

Department Response:
Adopted.

Name	Section
311. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment:
110- The purchase of IV start kits is redundant when we are required to carry tourniquets, antiseptic wipes and latex free catheter dressings already on the unit is, another expense that we shouldn't have to incur when we already have the materials on the unit.

Department Response:
Acknowledged.

Name	Section
312. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	2100.A.111

Comment:
2100.A.111 Are Fluid Warmers now required on all ALS units?

Department Response:
Acknowledged.

Name	Section
313. Rob Wronski Director MedTrust	2100.A.112

Comment:
Change 112 "Pressure Infuser" to Med Control Option. There is no research I could locate that supports the use of pressure infusers for any administration of crystalloids, only for infusing blood products which is rare, and of course, a med control option.

Department Response:
Adopted.

Name	Section
314. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	2100.A.112

Comment:
2100.A.112 What constitutes an "IV Pressure Infuser" as it is listed as required equipment on all ALS units?

Department Response:
Acknowledged.

Name	Section
315. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2203.G.1

Comment:
This statement allows the aircraft to operate with a flight crew combination of one certified individual and potentially one that is not. It also allows the aircraft to operate with just a flight nurse. This contradicts the previous section that discusses staffing for an ALS unit to included a certified paramedic.

Department Response:
Not Adopted. In regulation.

Name	Section
316. Mark Self Executive Director Pee Dee Regional EMS, Inc.	General

Comment:
Regulation 61-7 is frought with multiple problems and this edition is no exception. This version was designed and composed by the Regulation department and the lawyers neither of whom have any EMS education nor experience. The DHEC Staff has little to no EMS field experience to know what is and is not good for the EMS Community. in order to conform the EMS regulation to fit the nice package of other regulated entities. The difficulty with this is that there is an Extreme dissassociation between what hospitals and clinics work within and the world of EMS operations. In short, we do not fit into the allied helath mold and never will. To expect our regulations to conform to all of the other regulations is fool hearty at best and rediculous at worst. For the past 40 years the EMS community has (and continuies to) be greatly self regulating and we hold ourselves accountable because we have the EMS based Training Committee, Medical Control Committee and EMS Advisory Committee who are all experts in their areas of expertise to guide the EMS community and services in the paths they should follow. We find no reason for a revision of 61-7 without full cooperation of the regulated community without the overbearing desire to conform EMS regulation to all the other DHEC regulations now in place.

Department Response:
Acknowledged.

Name	Section
317. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General

Comment:
I would like to thank DHEC for the opportunity to give suggestions and help shape the future of EMS in the stated. Emergency Medical Services in America and Especially in South Carolina are at a crossroads. We have been dealing with two simultaneous crises for the last year and a half. In addition to a global pandemic, we are experiencing a staffing shortage like never before. The truth is we are losing EMS providers at a faster rate than we can train and/or hire them.

Many services have had to shut down or close units, this reduces the level of protection for a given community. Others have had to experiment with BLS units and/or tiered systems to make it through and still provide coverage for our citizens. Many services are looking to hire people from out of state and bring them in to staff units.
It is increasingly difficult to draw clinicians from other locations when they realize that they are going to suffer a large reduction in their scope of practice, skills and medication list. The time has come for South Carolina to begin to catch up with other states in their advancement of Emergency Medical Services. The almost total dependency on the state medical director board and or physician medical control via radio is and antiquated approach and harkens back to the 1980's. In many states across the country, paramedics are seen as clinical practitioners and trained and authorized to treat patients in a manner their medical director dictates.
I would implore the state to consider changing this approach and look to a wider, more patient focused approach to EMS with adoption of the definitions below:
Delegated Practice- EMS is a medical care system that includes medical practice as delegated by physicians to non-physician providers who manage patient care outside the tradition confines of office or hospital. The Scope of practice, medications and protocols for these providers should be set, inspected, and tested by the local Medical Director (Home rule). Proposal: Eliminate the state-controlled scope of practice and medication list and allow local medical control physicians to set the scope for their respective areas. Scope of practice may vary from service to service.
Medical Oversight - The assistance and management given to health care providers and/or entities involved in state/regional EMS/trauma systems planning by a physician or group of physicians designated to provide technical assistance. State Medical Control physicians board should set the Minimum standard of care. The statewide scope of practice and medication list is antiquated and inhibits improvements and modernization of patient care.
Medical Supervision - Direction given to emergency medical services personnel by a licensed physician, or their designee(s). The requirement of an annual credentialing of employees by the medical director or his designee. This should include a protocol examination with skills proficiency demonstration. Providers may be credentialed to different levels within the service.

Department Response:
Not applicable to proposed amendments.

Name	Section
318. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General

Comment:
EMT Basic Scope of Practice improvement.
The need for EMT level units also comes with the need to widen the scope of practice. Administration of other IM medication injections. With the addition of Epi 1:1000 IM the EMTs have been taught IM medication injection skills, Medication math for proper drawing of mediation and aseptic technique. The following should be made Medical Control Options (MCO).
Benadryl IM - Allergic reaction treatment should include Benadryl IM. The medication administration is already taught, and Benadryl is a safer medication than Epi.
Toradol IM- IM injections make Toradol administration a feasible skill for EMT Basic. The ability to administer pain medication is an essential EMS function.
Albuterol (more than one by standing order) millions of people take albuterol daily and can take more than one dose. A trained EMT should be able to recognize the need for repeat doses without calling a hospital for permission.
Zofran ODT- I can only hypothesize that this was an oversight when the scope of proactive was developed. If an EMT is trained to give ASA, ODT Zofran should be included.

Atrovent- The nebulized medication list should include Atrovent. There is no patient endangerment from a single administration of this nebulized medication.

Department Response:
Not applicable to proposed amendments.

Name	Section
319. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General

Comment:
AEMT- Advanced EMT's may be on a unit. The state does not identify a method to differentiate this level of unit between BLS and Paramedic level units. Proposal: Create an identifier for Advanced EMT staffed units.

Department Response:
Not adopted. Ambulance staffing is up to the agency.

Name	Section
320. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General

Comment:
Paramedic Level Changes-
Inclusion of verbiage to include all regular vaccines and injections and tests (COVID-19, Flu Shot, TB tests)
Addition of IV Tylenol to reduce narcotic administration and treat the febrile, septic patient (make MCO)
Surgical Cricothyrotomy- The needle option is ineffective and should be replaced with a surgical option. Make the MCO.
Reduction of dislocated shoulders, fingers, and toes. The reduction of shoulders in the field reduces the need for surgical intervention and improves patient outcomes. This too could be MCO.
Finger Thoracostomy with ETT placement- This would be utilized for blunt traumatic arrest patients. The procedure has proven to increase survivability of traumatic arrest patients. See Montgomery County Hospital District and Dr. Mark Escott.
All new skills and medications will require detailed education on the medication and/or physical skills. These classes should be approved and overseen by the system medical director.

Department Response:
Not applicable to proposed amendments.

Name	Section
321. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General

Comment:
Immediate Need:
Development of a Statewide Mental Health Resiliency program. Our responders are facing increased call volumes, health concerns, staffing crisis and a pandemic. It has certainly taken a toll on the physical and mental wellbeing of our responders. A state centered, coordinated approach from all

aspects of mental health would be a welcome addition for our responders. We cannot ignore the importance of mental health in the first responder community.

Department Response:
Acknowledged.

Name	Section
322. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	General

Comment:
Regulation 61-7 is frought with multiple problems and this edition is no exception. This version was designed and composed by the Regulation department and the lawyers neither of whom have any EMS education nor experience. The DHEC Staff has little to no EMS field experience to know what is and is not good for the EMS Community. in order to conform the EMS regulation to fit the nice package of other regulated entities. The difficulty with this is that there is an Extreme dissassociation between what hospitals and clinics work within and the world of EMS operations. In short, we do not fit into the allied helath mold and never will. To expect our regulations to conform to all of the other regulations is fool hearty at best and rediculous at worst. For the past 40 years the EMS community has (and continuies to) be greatly self regulating and we hold ourselves accountable because we have the EMS based Training Committee, Medical Control Committee and EMS Advisory Committee who are all experts in their areas of expertise to guide the EMS community and services in the paths they should follow. We find no reason for a revision of 61-7 without full cooperation of the regulated community without the overbearing desire to conform EMS regulation to all the other DHEC regulations now in place.

Department Response:
Acknowledged.

Name	Section
323. Patrick Craig	General

Comment:
This needs to be left at 5 and not downgraded to 3.

Department Response:
Acknowledged.

Name	Section
324. Patrick Craig	General

Comment:
Current section 410.A should remain 5 providers on roster for EMT rapid responder just as required for transport agencies. They may be full, part-time, or volunteer.

Department Response:
Acknowledged.

Name	Section
325. Ryan C. Eubanks Fire Chief Croft Fire District	General

Comment:
Recommendation for DHEC to continue a working group with representation from all stakeholders working in between regulation revisions. This will allow for more organized regulation drafting with feedback from all stakeholders before publishing a NPR.

Department Response:
Acknowledged.

ATTACHMENT C

SUMMARY OF ADVISORY COUNCIL COMMENTS AND DEPARTMENT RESPONSES

Document No. 5055
R. 61-7, *Emergency Medical Services*

As of the September 27, 2021, close of the Notice of Proposed Regulation comment period:

Name	Section
EMS Advisory Council	101.A

Comment:
There needs to be a safety clause in the Abandonment definition that allows for the termination of care when provider safety or scene safety is jeopardized despite the need for continuation of care. Active shooter, bombing events, or other natural disaster incidents are just a few of the types of situations within the all hazards environment where this issue could arise. RECOMMEND: For the purpose of 303.B.3.h, the unilateral termination of the provider-patient relationship at a time when continuing care is still needed. This includes the termination of care without the patient's consent or without assurance that a level of care meeting the assessed needs of the patient's condition is preset and available. This does not include the termination of care due to provider or scene safety issues. Correct SECTION NUMBER - should be 302.B.3.h.

Department Response:
Partially Adopted. The reference number was corrected. The definition's purpose is to provide clarity to 302.B.3.h, which is statutory.

Name	Section
EMS Advisory Council	101.W

Comment:
May cause confusion on employment. Paramedics may NOT be employed in an Emergency Department, Nursing Home, etc as a Paramedic.

Department Response:
Not Adopted. This is a statutory definition.

Name	Section
EMS Advisory Council	101.II

Comment:
RECOMMEND: CHANGE/ADD: A physician, currently licensed to practice medicine by the South Carolina Board of Medical Examiners, with an unencumbered license…..... COMMENT: There are physicians who are licensed by the SC Board of Medical Examiners but have "encumbered" licensure meaning that they may not prescribe or dispense Scheduled Pharmacologics (i.e. Controlled Substances). Such a physician MAY NOT serve as a Medical Control Physician for an EMS Service.

Department Response:
Adopted.
Section amended to require fourteen (14) days.

Name	Section
EMS Advisory Council	101.YY

Comment:
Remove this definition. EMTs and supplemental care givers who provide these services are covered elsewhere.

Department Response:
Not Adopted. The definition provides clarity for the grandfathered certification level.

Name	Section
EMS Advisory Council	103.C

Comment:
As drafted, the requirements for initial licensure and licensure renewal appear identical.
Please consider verbiage in this section that would streamline the license renewal process. When renewing a license it seems redundant and unnecessary for the applicant (the EMS agency seeking license renewal) to have to write out or type: a roster of EMTs; a list of vehicles; a list of stations, etc. that are already in the Image Trend (formerly CIS) database. This is especially time consuming for large agencies that employ hundreds of EMTs, own dozens of ambulances and operate from multiple locations. In the past, the required information (example: the address and telephone numbers for the EMT) was not exportable from CIS and had to be created from scratch.

Department Response:
Acknowledged.

Name	Section
EMS Advisory Council	105.A.3

Comment:
CLARIFICATION/EXPANSION: This statement is unclear. What constitutes "additional information" and what constitutes "affirmative evidence"?

Department Response:
Acknowledged.

Name	Section
EMS Advisory Council	107.A

Comment:
CONCERN: The terminology of "Pending Enforcement Action" needs to be clarified/defined. IF Pending Enforcement Action encompasses "a complaint has been lodged and an investigation is on-going" then this should NOT delay certification. IF Pending Enforcement Action is defined as a completed investigation with an order awaiting approval or dissemination this is reasonable. Under the former scenario - this may delay certification for months (or longer) and in the end be adjudicated in favor of the EMT.

Department Response:
Acknowledged. Investigations and complaints are not enforcement actions. Reference 302.C

Name	Section
EMS Advisory Council	108.A&B

Comment:
Remove this section. EMTs and supplemental caregivers who provide these services to patients are defined and described elsewhere.

Department Response:
Not Adopted. This section reflects the grandfathering of current certified Special Purposes EMTs.

Name	Section
EMS Advisory Council	109.D

Comment:
RECOMMEND: Remove the 15th day of the month and expire the certificate 1 year from date of issue.

Department Response:
Adopted.

Name	Section
EMS Advisory Council	111.A

Comment:
CLARIFICATION / RECOMMEND: Training programs must be Physically Located within the SC Borders. If a student is trained at an Out-Of-State Program then that student must submit documentation for reciprocity. Training Programs must have EITHER CoAEMSP Certification or a Letter of Intent from CoAEMSP - as applicable and/or as available. [SEE COMMENTS 111.A.1]

Department Response:
Not Adopted. Any individual training out of state would be required to meet SC regulatory requirements.

Name	Section
EMS Advisory Council	111.C

Comment:
RECOMMEND: ADD: Training program instructor qualifications shall be determined by the Department with the advice of the EMS Training Committee and the EMS Advisory Council. This allows the Department to determine all qualifications for instructors at various levels of EMS training.

Department Response:
Not Adopted. Statutory authority lies with the Department.

Name	Section
EMS Advisory Council	111.E

Comment:
RECOMMENDATION: ADD DEFINITION of 1st time Pass Rate. Either define 1st Pass Rate directly - or Reference "as defined by the EMS Training Committee". Also the 60% threshold should be changed to allow for revision either up or down based upon review and study of rates. SUGGEST: ALL training programs shall maintain the SC defined/published 1st time pass rate as determined by the Department in Consultation with the EMS Advisory Committee. The criteria and definition of 1st time pass rate shall be determined and published by the Department in Consultation with the EMS Advisory Council. [While the acceptable definition for 1st time pass rate MAY BE in accord with the NREMT definitions - this allows the Department to alter or amend that definition based upon evaluation and/or events.]

Department Response:
Not Adopted. This section was changed in the NFR based on public comment.

Name	Section
EMS Advisory Council	303.B.3.b

Comment:
RECOMMEND: Address "currently under indictment" separately. "under indictment" could violate Due Process. SUGGEST: The Department may suspend or otherwise limit Certification until final adjudication of the indictment.

Department Response:
Not Adopted. This is statutory language.

Name	Section
EMS Advisory Council	303.B.3.h

Comment:
RECOMMEND: Reword to reflect expanded definition of Abandonment as noted previously. ALSO RECOMMEND: Change ending from "administration of care by an equal or higher medical authrority" to "administration of care by an appropriate provider".

Department Response:
Not Adopted. This is statutory language.

Name	Section
EMS Advisory Council	303.B.3.k

Comment:
RECOMMEND: Very vague. Enforcement actions under this section are potentially subjective. Please consider expanding this section and making it more clear and detailed. Alternatively, please eliminate this section. [Consider: Was cited by Law Enforcement for "careles, reckless, or irresponsible operation".]

Department Response:
Not Adopted. This is statutory language (SC Code 44-61-80(11)).

Name	Section
EMS Advisory Council	400.C

Comment:
CONCERN: Biennial review of an agency's internal policies and procedures is something I would expect to see in "model" EMS agencies or those seeking accreditation. Requiring biennial review of policies and procedures as the minimum standard for all EMS agencies is, in my opinion, unreasonable and overbearing.Regulation 61-7 is reviewed every 5 years. CONSIDER: Review of all policies and procedures must be accomplished within a 5 year time frame and more frequently as needed due to changes in regulation, equipment, practice, and policy.

Department Response:
Not Adopted. The biennial review is based on the two year license renewal period.

Name	Section
EMS Advisory Council	504.B.1

Comment:
Language is too vague and does not allow flexibility and scalability for all hazard EMR agencies (EMT level or higher, non-transporting) where EMS is a primary responsibility, but not their only responsibility. This language assumes all vehicles have EMS responsibilities for an EMR agency,

when vehicles could be assigned as EMS vehicles in high call volume and/or remote areas. As long as mutual aid agreements with county or private EMS providers are in place to cover areas when the EMR agency vehicle is otherwise engaged is sufficient. RECOMMEND: Returning previous language to allow EMR agencies to respond to emergent calls with at least one EMT-basic or higher (based on level of DHEC licensing) at least 80% of the time.

Department Response:
Adopted.

Name	Section
EMS Advisory Council	505.A.1

Comment:
RECOMMEND: This is too restrictive. Suggest either returning to the CURRENT 5 minute allowance - OR - allow for such variations as needed to accommodate over utilization, Mass Casualty Incidents, Disaster Events, etc. This could be accomplished by pre-published protocols on how these scenarios will be managed. ALSO: Often services do not have any control/authority of the PSAP. This needs further discussion.

To re-iterate previous comment from 504.B.1, this language is too vague and does not allow flexibility and scalability for all hazard agencies where EMS is a primary responsibility, but not their only responsibility. This language assumes all vehicles have EMS responsibilities for the agency, when vehicles could be assigned as EMS vehicles in high call volume and/or remote areas. As long as mutual aid agreements with county or private EMS providers are in place to cover areas when the ambulance service transporting agency vehicle is otherwise engaged is sufficient. RECOMMEND: Returning previous language to allow EMR agencies to respond to emergent calls with at least one EMT-basic or higher (based on level of DHEC licensing) at least 80% of the time.

Department Response:
First comment – Not adopted. These are national standards for response times.
Second comment – Adopted.

Name	Section
EMS Advisory Council	505.A.2.b

Comment:
RECOMMEND: This should be worded similarly to § 116.H.4. The EMS Agency shall ensure Ambulances transporting patients requiring ALS Level Service are fully equipped as an ALS unit with at least ONE (1) Paramedic in the patient compartment at all times who is knowledgeable of the equipment and storage of equipment and pharmaceuticals on the vehicle to provide care and/or assistance and additional staffing (MD, RN, etc.) as may be indicated and necessary. The INTENT is that there must ALWAYS be a Paramedic in the patient compartment - BUT a Physician, RN, Equipment Technician, etc. may also accompany and provide care - but NOT in lieu of the Paramedic.

Department Response:
Not adopted. This comment appears to be based on a rough draft of the NPR and not the one published in the State Register.

Name	Section
EMS Advisory Council	601.A

Comment:

RECOMMEND: CLARIFY: The LEVEL I Violation is for FAILURE TO REPORT. It is NOT related to the Adverse Event that IS reported.

RECOMMEND: COMMENT: If all Adverse Event encounters are documented within the ePCR Database - maintained by the Department - does this not fulfill the requirement for the Service?

Department Response:
Acknowledged.

Name	Section
EMS Advisory Council	601.B

Comment:
RECOMMEND: COMMENT: If all Adverse Event encounters are documented within the ePCR Database - maintained by the Department - does this not fulfill the requirement for the Service?

Department Response:
Not Adopted. The run report is not the same document.

Name	Section
EMS Advisory Council	601.B.3-9

Comment:
RECOMMEND: These subsections lend themselves to be REPORTED on the EMS Run Report (ePCR). This could/should be designed as a list of questions that generate a HARD STOP until completed when developing the ePCR. Development of these questions in that format will easily allow the DEPARTMENT (and the EMS Agency) to run reports searching for these issues. Instituting a HARD STOP on completion of the ePCR unless ALL of these questions are answered will increase compliance. Each question could be developed logically such that if an AFFRIMATIVE answer is received a SECOND HARD STOP is encountered requiring a detailed explanation of the AFFIRMATIVE Answer that fulfills the reporting reuirement. All other SUBSECTIONS - i.e. 601.B1; 601.B2; 601.B4; 601.B10 - MUST BE reported to the Bureau in a format to be determined by the Department.

Department Response:
Acknowledged.

Name	Section
EMS Advisory Council	601.C

Comment:
RECOMMEND: CHANGE WORDING: The EMS Agency shall submit a separate written investigation report within five (5) BUSINESS days of every Incident required to be immediately reported to the Department pursuant to Section 601.B via the Department's electronic reporting system or as otherwise determined by the Department. The EMS Agency's investigation report to the Department shall include the following information:

Department Response:
Not Adopted. A business that operates twenty-four hours, seven days a week, does not typically have business day or hours.

Name	Section
EMS Advisory Council	602

Comment:
RECOMMEND: CHANGE WORDING: The EMS Agency shall notify the Department within seventy-two (72) hours (3 BUSINESS DAYS - or 5 BUSINESS DAYS to align with previous requirements) of any collision involving any EMS Agency's vehicle or aircraft used to provide emergency medical services that results in any degree of injury to personnel, pedestrians, patients, passengers, observers, students, or other persons. The EMS Agency shall submit the Ambulance permit, if applicable, to the Department if the damage renders the Ambulance out of service for more than two (2) weeks. The EMS Agency shall submit the investigating law enforcement agency's accident report regarding the collision to the Department upon the EMS Agency's receipt.

Department Response:
Not Adopted. This is independent of the run report.

Name	Section
EMS Advisory Council	602

Comment:
RECOMMEND: CHANGE WORDING: The EMS Agency shall notify the Department within ... of any collision involving any EMS Agency's RESPONSE vehicle or aircraft used to provide emergency medical services that results in any degree of injury to personnel, pedestrians, patients, passengers, observers, students, or other persons. The EMS Agency shall submit the Ambulance permit, if applicable, to the Department if the damage renders the Ambulance out of service for more than two (2) weeks. The EMS Agency shall submit the investigating law enforcement agency's accident report regarding the collision to the Department upon the EMS Agency's receipt. Adding RESPONSE Vehicle clarifies that these are units that are used to respond to an active EMS call - e.g. Ambulance, QRV, Boat, Bicycle, Motorcycle, etc. This ELIMINATES Logistic vehicles that do not respond to EMS Calls.

Department Response:
Not Adopted. The Department only permits ambulances per current statute.

Name	Section
EMS Advisory Council	603.C

Comment:
RECOMMEND / ADDITION: The EMS Agency shall have a written policy and plan for maintaing service in the event of the sudden or unexpected loss of the Primary Medical Control Physician.

Department Response:
Adopted. See Section 400.A.14.

Name	Section
EMS Advisory Council	604

Comment:
CLARIFICATION: Does this constitute TWO (2) Violations - one per the Bureau of EMS and Trauma and one per the Bureau of Drug Control?

Department Response:
Acknowledged. There would be a coordinated effort between the two Bureaus.

Name	Section
EMS Advisory Council	702.B

Comment:
CHANGE/REMOVE: At present there is no Department approved/defined Data Management Workshop. Either include statement such as WHEN such Department Defined Data Manger's workshop is available - or delete. OR Make this a Policy.

Department Response:
Adopted.

Name	Section
EMS Advisory Council	704.B

Comment:
CLARIFICATION: Define SECURITY. EMS Agencies are NOT skilled/trained in Electronic Security or IT Security. There is no guidance from the Department as to what constitutes security.

Department Response:
Not Adopted. Securing information is the responsibility of the agency.

Name	Section
EMS Advisory Council	705

Comment:
COMMENT: Under Section 705 it may be advisable to cite the DNR Statute and/or Regulation and do similar with the POST Statute and/or Regulation.

Department Response:
Acknowledged. The Department is fulfilling its statutory responsibility in promulgating regulations.

Name	Section
EMS Advisory Council	706.C

Comment:
CONCERN: This may not be readily achievable.

Department Response:
Acknowledged. This is statutory language.

Name	Section
EMS Advisory Council	706

Comment:
COMMENT: Under Section 705 it may be advisable to cite the DNR Statute and/or Regulation and do similar with the POST Statute and/or Regulation.

Department Response:
Acknowledged. The Department is fulfilling its statutory rsponsibility in promulgating regulations.

Name	Section
EMS Advisory Council	1202.A

Comment:
CLARIFICATION: MEDICATIONS = CONTROLLED SUBSTANCES. RECOMMEND REMOVING THIS SUBSECTION 1202.A

Department Response:

Partially Adopted. Based on public comment.

Name	Section
EMS Advisory Council	1203.A

Comment:
Especially in the all hazards environment, EMS providers are often required to work in austere conditions where space and nature of the emergency presents unique challenges for management of the scene and patient(s). This language also does not consider situations (e.g. confined space rescue) where physical access is limited to the patient and therefore handoffs must be utilized. This language also does not take into account an EMT-Basic's ability to administer medications to include Epinephrine 1:1000 for anaphylaxis. RECOMMEND: Removing language that medication shall be administered by the same Paramedic who prepared them for administration and adding language that identifies the lead patient EMS provicer is responsible for the dosing and administration of medications. FURTHER: No EMT may administer a pharmaceutical agent for which they are not authorized and trained.

Department Response:
Partially Adopted. Changed to "same EMS personnel."

Name	Section
EMS Advisory Council	1902

Comment:
This needs more discussion and review of FEDERAL LAW regarding remounting. We do not want to have situations where the Department has a certified ambulance which undergoes remount - and by the act of remounting - the acceptable unit is no longer acceptable. For example, if standards were to address stretcher mounts and simply by remounting the unit - what was acceptable prior to remount is no longer acceptable - there should be some consideration given to this.

Department Response:
Acknowledged.

Name	Section
EMS Advisory Council	2100

Comment:
RECOMMEND the addition of an appropriate thermometer for acquiring patient temperatures. This recommendation could be defined as a Medical Control Opitional piece of equipment.

Department Response:
Adopted.

Name	Section
EMS Advisory Council	2201

Comment:
RECOMMENDATION: Complete the sentence indicated to include: "into the Bureau's current Patient Care Report Database System" (or similar wording).

Department Response:
Partially Adopted. Added "to the Department."