# EMS SYSTEM APPROVAL APPLICATION

Effective: 8/1/2014

## SECTION .0200 – EMS SYSTEMS

### 10A NCAC 13P .0201 EMS SYSTEM REQUIREMENTS

**ENTER SYSTEM NAME:** Rutherford

### BRIEF DESCRIPTION OF SYSTEM DELIVERY

*Include primary and secondary provider roles:

**VERIFY THE INFORMATION LISTED IN THE CREDENTIALING INFORMATION SYSTEM (CIS) IS CORRECT:**

### BRIEFLY DESCRIBE HOW EMS SYSTEM MEETS THIS REQUIREMENT:

Rutherford County EMS serves as the primary provider of ambulance services and is a provider of paramedic level services within the EMS system. There are two agencies that serve as secondary ambulance providers and provide backup services to Rutherford County EMS. In addition to the ambulance providers, there are presently 14 fire departments that operate as first responders within the EMS system.

The EMS System has adopted protocols, policies and procedures to ensure efficient delivery of care within the system. In addition to the NCCEP protocols, policies and procedures that have been adopted, the system has Standard Operating Procedures that determine local day-to-day operations. Local procedure documents are available for review.

### BRIEFLY DESCRIBE THE WRITTEN PLAN FOR THE USE OF CREDENTIALED EMS PERSONNEL FOR ALL PRACTICE SETTINGS USED WITHIN THE SYSTEM:

All providers within the system are required to maintain up-to-date records of personnel within CIS.

### BRIEFLY DESCRIBE HOW EMS SYSTEM MEETS THIS REQUIREMENT:

The system has an established PRQM/PI Committee. This committee, in addition to the medical director provides oversight of medical care within the EMS system (Outlined within the SOP). Data is obtained from EMSPIC and ESO Suite/emscharts.com for review.

### ENTER NAME OF FACILITY/FACILITIES THAT WILL PROFILE ONLINE MEDICAL DIRECTION WITHIN THE EMS SYSTEM:

Rutherford Regional Medical Center

### ARE THERE any INFECTION CONTROLS IN PLACE:

**VERIFY THAT EMS SYSTEM HAS AN INFECTIOUS DISEASE CONTROL POLICY:**

**YES**

**NO**

### ARE THERE any List of Facilities that will provide online medical direction for all EMS Providers operating within the EMS System:

**YES**

**NO**

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10A NCAC 13P .0201 (a)(10) an EMS communication system that provides for:

10A NCAC 13P .0201 (a)(10)(A) public access using the emergency telephone number 9-1-1 within the public dial telephone network as the primary method for the public to request emergency assistance. This number shall be connected to the emergency communications center or PSAP with immediate assistance available such that no caller will be instructed to hang up the telephone and dial another telephone number. A person calling for emergency assistance shall not be required to speak with more than two persons to request emergency medical assistance;

BRIEFLY DESCRIBE HOW EMS SYSTEM MEETS THIS REQUIREMENT: Public access is done through one emergency number 9-1-1. Consumers may access the PSAP by voice or by text within the Rutherford County EMS System. Callers are provided within immediate assistance with no need to hang up and dial another emergency number. All Emergency Communicators are cross-trained therefore persons seeking assistance should ever have to speak to more than two persons when requesting assistance.

10A NCAC 13P .0201 (a)(10)(B) an emergency communications system operated by public safety telecommunicators with training in the management of calls for medical assistance available 24 hours per day;

DOES EMS SYSTEM PROVIDE EMD SERVICES? ☐ YES ☐ NO

10A NCAC 13P .0201 (a)(10)(C) dispatch of the most appropriate emergency medical response unit to the emergency response units:

BRIEFLY DESCRIBE HOW EMS SYSTEM DISPATCHES EMERGENCY RESPONSE UNITS: Day to day response is dictated by the EMS Systems’ Standard Operational Procedures. Rutherford County currently has 4 EMS response districts each being assigned at least 1 paramedic ambulance. In addition, rescue squad response is divided into two response districts and there are 17 fire response districts with 14 of those departments serving as medical first responders. The EMS supervisor monitors/delays resources based on needs.

10A NCAC 13P .0201 (b)(10)(D) two-way radio voice communications from within the defined service area to the emergency communications center or PSAP and to facilities where patients are routinely transported. The emergency communications system shall maintain all required FCC radio licenses or authorizations;

VERIFY THE INFORMATION LISTED IN THE CREDENTIALING INFORMATION SYSTEM (CIS) IS CORRECT? ☐ YES ☐ NO

10A NCAC 13P .0201 (b)(11) written policies and procedures for addressing the use of SCTP and Air Medical Programs within the system;

BRIEFLY DESCRIBE EMS SYSTEM’S POLICY FOR ADDRESSING THE USE OF SCTP AND AIR MEDICAL PROGRAMS: Multiple SCTP/Air Medical Programs are utilized by the System. The system destination plan, NCCEP policy (1), and local standard operating procedures are in place to address utilization of these services. Geography, availability & capabilities of the service determine which service is utilized at the time of need. These services are access via the 911 center who coordinates response with the air medical communications center.

10A NCAC 13P .0201 (a)(12) a written continuing education program for all credentialed EMS personnel, under the direction of a System Continuing Education Coordinator, developed and modified based on feedback from system EMS Care data, review, and evaluation of patient outcomes and quality management peer reviews, that follows the guidelines of the:

* "U.S. DOT NHTSA First Responder Refresher: National Standard Curriculum" for MR personnel;
* "U.S. DOT NHTSA EMT-Basic Refresher: National Standard Curriculum" for EMT personnel;
* "EMT-F and EMT-I Continuing Education National Guidelines" for EMT-I and EMT-F personnel; and

BRIEFLY DESCRIBE HOW SYSTEM COORDINATOR MEETS THIS REQUIREMENT, HOW OFTEN THE PROGRAM IS REVIEWED, AND THE LOCATION OF THE CONTINUING EDUCATION RECORDS: The Rutherford County EMS Training Coordinator serves as the System’s CE Coordinator. Topics are chosen based upon level-specific US DOT NHTSA standard curricula, OEMS guidelines and local identified needs. System specific requirements are listed within appropriate SOP’s. Rutherford County EMS works closely with Isothermal Community College to ensure needs are provided.

VERIFY THE EMS SYSTEM CONTINUING EDUCATION COORDINATOR IS DESIGNATED IN THE CREDENTIALING INFORMATION SYSTEM (CIS) (if no, update in CIS): ☐ YES ☐ NO

10A NCAC 13P .0201 (a)(13) written policies and procedures to address management of the EMS System that includes:

10A NCAC 13P .0201 (a)(13)(A) triage and transport of all acutely ill and injured patients with time-dependent or other specialized care issues including trauma, stroke, STEMI, burn, and patients at facilities that may require the rapid transport of licensed healthcare facilities and which are based upon the expanded clinical capabilities of the selected healthcare facilities; (NOTE: This requirement addressed through adoption of current NCCEP plan)

10A NCAC 13P .0201 (a)(13)(B) triage and transport of patients to facilities outside of the system;

BRIEFLY DESCRIBE EMS SYSTEM’S POLICY FOR TRIAGE AND TRANSPORT OF PATIENTS TO FACILITIES OUTSIDE OF THE SYSTEM: The EMS System has adopted triage and destination plans for STEMI, Stroke, Trauma & Pediatric patients who may require by-pass of licensed healthcare facilities that do not have the clinical expertise for specific high-acuity conditions.

10A NCAC 13P .0201 (a)(13)(C) arrangements for transporting patients to appropriate facilities when diversion or bypass plans are activated;

BRIEFLY DESCRIBE EMS SYSTEM’S POLICY FOR TRANSPORTING PATIENTS WHEN DIVERSION OR BYPASS PLANS ARE ACTIVATED: The diverting facility notifies the EMS supervisor and 911 communications center. The EMS supervisor monitors the situation and determines destinations based upon the patients condition. An “all-page” is completed by the 911 center to inform the providers within the system.
10A NCAC 13P .0201 (a)(13)(D) reporting, monitoring, and establishing standards for system response times using data provided by the OEMS;

BRIEFLY DESCRIBE EMS SYSTEM’S POLICY FOR MONITORING SYSTEM RESPONSE TIMES: The system monitors response times obtained from the ePCR database along with the EMS performance improvement toolkits. EMS management along with the Peer Review Quality Management committee review times periodically to ensure timely responses are maintained.

10A NCAC 13P .0201 (a)(13)(E) weekly updating of the SMARTT EMS Provider information;

BRIEFLY DESCRIBE EMS SYSTEM’S POLICY FOR PROVIDING WEEKLY UPDATES OF THE SMARTT EMS PROVIDER INFORMATION: The EMS Operations Manager is responsible for updating and or delegation of this task.

10A NCAC 13P .0201 (a)(13)(F) a disaster plan; and

VERIFY THAT EMS SYSTEM HAS A DISASTER PLAN: □ YES □ NO

10A NCAC 13P .0201 (a)(13)(G) a mass-gathering plan;

VERIFY THAT EMS SYSTEM HAS A MASS-GATHERING PLAN: □ YES □ NO

10A NCAC 13P .0201 (a)(14) affiliation as defined in Rule .0102(4) of this Subchapter with the trauma RAC as required by Rule .1101(b) of this Subchapter; and

SELECT NAME OF RAC AFFILIATION: Mountain Area Trauma RAC

10A NCAC 13P .0201 (a)(15) medical oversight as required by Section .0400 of this Subchapter.

10A NCAC 13P .0201 (b) An application to establish an EMS System shall be submitted by the county to the OEMS for review. When the system is comprised of more than one county, only one application shall be submitted. The proposal shall demonstrate that the system meets the requirements in Paragraph (a) of this Rule. System approval shall be granted for a period of six years. Systems shall apply to OEMS for reapproval.

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

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

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

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

10A NCAC 13P .0401 (1) a medical director for adult and pediatric patients appointed, either directly or by written delegation, by the county responsible for establishing the EMS System. Systems may elect to appoint one or more assistant medical directors. The medical director and assistant medical directors shall meet the criteria defined in the “North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection,” incorporated by reference in accordance with G.S. 150B-216, including subsequent amendments and editions. (NOTE: Medical and Assistant Medical Director, if applicable, must be designated in Credentialed Information System. Any changes to medical direction must be submitted to OEMS (or approval)

10A NCAC 13P .0401 (2) written treatment protocols for adult and pediatric patients for use by EMS personnel;

10A NCAC 13P .0401 (3) for systems providing EMD service, an EMDPRS approved by the medical director. (NOTE: See EMD program approval)

10A NCAC 13P .0401 (4) an EMS Peer Review Committee; and

10A NCAC 13P .0401 (5) written procedures for use by EMS personnel to obtain on-line medical direction. On-line medical direction shall:

(a) be restricted to medical orders that fall within the scope of practice of the EMS personnel and within the scope of approved system treatment protocols;

(b) be provided only by a physician, MICN, EMS-NP, or EMS-PA. Only physicians may deviate from written treatment protocols; and

(c) be provided by a system of two-way voice communication that can be maintained throughout the treatment and disposition of the patient.

BRIEFLY DESCRIBE EMS SYSTEM’S WRITTEN PROCEDURES TO OBTAIN ON-LINE MEDICAL DIRECTION: Personnel within the EMS system contact Rutherford Regional Medical Center for On-Line medical direction. The system does not utilize MICN, EMS-NP or EMS-PA at the time of this application.
10A NCAC 13P .0403 (a) The Medical Director for an EMS System is responsible for the following:

BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR ENSURES THAT MEDICAL CONTROL IS AVAILABLE 24 HOURS A DAY:

Rutherford Regional Medical Center maintains a minimum of (1) Emergency Physician on staff at all times. This physician is accessible via VHF radio or telephone 24/7/365.

10A NCAC 13P .0403 (a)(2) the establishment, approval and annual updating of adult and pediatric treatment protocols;

10A NCAC 13P .0403 (a)(3) EMD programs, the establishment, approval, and annual updating of the EMDPRS;

10A NCAC 13P .0403 (a)(4) medical supervision of the selection, system orientation, continuing education and performance of all EMS personnel;

BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT:

The medical director reviews the protocols for updating annual at minimum. The system utilizes the standard NAEMD card set and protocols are reviewed/updated annually. The medical director regularly consults with the EMS management regarding medical supervision, selection, system orientation, and performance of all EMS personnel.

10A NCAC 13P .0403 (a)(5) medical supervision of a scope of practice performance evaluation for all EMS personnel in the system based on the treatment protocols for the system;

BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT:

The Medical Director and Rutherford County EMS Training Officer work together to create appropriately challenging written and practical examinations for all employees and providers within the system. In addition, routine call review for each provider also identifies performance trends.

10A NCAC 13P .0403 (a)(6) the medical review of the care provided to patients;

BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT:

All patient care provided has 100% QA audit conducted for compliance to policies, procedures and protocols. QA audit data is utilized for performance improvement for the individual technicians. In addition to individual audits, trends are utilized to identify areas for training/remediation needs.

10A NCAC 13P .0403 (a)(7) providing guidance regarding decisions about the equipment, medical supplies, and medications that will be carried on all ambulances and EMS nontransporting vehicles operating within the system;

BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT:

The medical director works closely with EMS Administration to determine the appropriate equipment, supplies and medications needed for each level provider. Once determinations are made and approved by the system, the items are mandatory for all providers based upon the level of service they provide within the system.

10A NCAC 13P .0403 (a)(8) Keeping the care provided up to date with current medical practice; and

BRIEFLY DESCRIBE HOW EMS SYSTEM MEDICAL DIRECTOR MEETS THIS REQUIREMENT, IF APPLICABLE:

Not applicable.

10A NCAC 13P .0403 (b) Any tasks related to Paragraph (a) of this Rule may be completed, through written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, EMRs, or EMT-Ps.

DOES EMS SYSTEM HAVE WRITTEN DELEGATION TO PERFORM ANY TASKS RELATED TO PARAGRAPH (a) OF THIS RULE? ☐ YES ☐ NO

IF YES, INDICATE POSITION OF PERSON RESPONSIBLE:

10A NCAC 13P .0403 (c) The Medical Director may suspend temporarily, pending due process review, any EMS personnel from further participation in the EMS System when it is determined the activities or medical care rendered by such personnel are detrimental to the care of the patient, constitute unprofessional conduct, or result in non-compliance with credentialing requirements.

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST
A Individual Standard Operating Procedure is in place to address this topic. (SOP "Suspension of Medical Privileges")

10A NCAC 13P .0405 REQUIREMENTS FOR ADULT AND PEDIATRIC TREATMENT PROTOCOLS FOR EMS SYSTEMS
(For Informational Purposes Only)

10A NCAC 13P .0405 (a) Treatment Protocols used in EMS Systems shall:

10A NCAC 13P .0405 (a)(1) Be adopted in their original form from the standard adult and pediatric treatment protocols as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions.

10A NCAC 13P .0405 (a)(2) Not contain medical procedures, medications, or intravenous fluids that exceed the scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514 for the level of care offered in the EMS System and any other applicable health care licensing board.

10A NCAC 13P .0405 (b) Individual adult and pediatric treatment protocols may be modified locally by EMS Systems if there is a change in a specific protocol which will optimize care within the local community which adds additional medications or medical procedures, or rearranges the order of care provided in the protocol contained within the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection" as described in Paragraph (a) of this Rule. Additional written Treatment Protocols may be developed by any EMS System in addition to the required protocols contained within the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection" as required by the EMS System. All North Carolina College of Emergency Physicians Policies and Procedures must be included and may be modified at the local level. All EMS System Treatment Protocols which have been added or changed by the EMS System shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change.

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

10A NCAC 13P .0407 (a) EMDC used by an EMD within an approved EMD program shall:

10A NCAC 13P .0407 (a)(1) be approved by the OEMS Medical Director and meet or exceed the statewide standard for EMDC as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions.

10A NCAC 13P .0407 (a)(2) not exceed the EMD scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514.

10A NCAC 13P .0407 (b) An EMDC developed locally shall be reviewed and updated annually and submitted to the OEMS Medical Director for approval. Any change in the EMDC shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change.

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

The EMS Peer Review Committee for an EMS System shall:

10A NCAC 13P .0408 (1) be composed of membership as defined in G.S. 131E-155(6b).

LIST OF COMMITTEE MEMBERS BY POSITION:

See attached PRQM SOP.

10A NCAC 13P .0408 (2) appoint a physician as chairperson;

DOES EMS SYSTEM MEDICAL DIRECTOR SERVE AS CHAIRPERSON: ☐ YES ☐ NO

IF NO, PLEASE EXPLAIN:

10A NCAC 13P .0408 (3) meet at least quarterly;

IDENTIFY THE EMS SYSTEM QUARTERLY MEETINGS SCHEDULE:

The system meets on the 2nd Tuesday of March, June, September & December.

10A NCAC 13P .0408 (4) use information gained from the analysis of system data submitted to the OEMS to evaluate the ongoing quality of patient care and medical direction within the system.

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

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The EMS system has a Standard Operating Procedure for EMS Peer Review Quality Management Committee that addresses this section. This document is available for review.

<table>
<thead>
<tr>
<th>BRIEFLY DESCRIBE HOW EMS SYSTEM USES DATA ANALYSIS TO EVALUATE PATIENT CARE AND MEDICAL DIRECTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10A NCAC 13P .0408 (5) use information gained from the analysis of system data submitted to the OEMS to make recommendations regarding the content of continuing education programs for all EMS personnel functioning within the EMS system;</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>BRIEFLY DESCRIBE HOW EMS SYSTEM USES DATA ANALYSIS TO MAKE RECOMMENDATIONS FOR CONTINUING EDUCATION PROGRAMS:</th>
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<tbody>
<tr>
<td>10A NCAC 13P .0408 (5) review adult and pediatric treatment protocols of the EMS System and make recommendations to the medical director for changes;</td>
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</table>

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<table>
<thead>
<tr>
<th>BRIEFLY DESCRIBE HOW EMS SYSTEM METS THIS REQUIREMENT TO INCLUDE HOW OFTEN THE PROTOCOLS ARE REVIEWED:</th>
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<tbody>
<tr>
<td>10A NCAC 13P .0408 (7) establish and implement a written procedure to guarantee due process reviews for EMS personnel temporarily suspended by the medical director;</td>
</tr>
<tr>
<td>10A NCAC 13P .0408 (8) record and maintain minutes of committee meetings throughout the approval period of the EMS System;</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>BRIEFLY DESCRIBE HOW EMS SYSTEM RECORDS AND MAINTAINS MEETING MINUTES:</th>
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</thead>
<tbody>
<tr>
<td>10A NCAC 13P .0408 (9) establish and implement EMS system performance improvement guidelines that meet or exceed the statewide standard as defined by the &quot;North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection,&quot; incorporated by reference in accordance with G.S. 1909.21.8, including subsequent amendments and editions.</td>
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<tr>
<td>10A NCAC 13P .0408 (10) adopt written guidelines that address:</td>
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<td>(a) structure of committee membership;</td>
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<td>(b) appointment of committee officers;</td>
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<td>(c) appointment of committee members;</td>
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<td>(d) length of terms of committee members;</td>
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<td>(e) frequency of attendance of committee members;</td>
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<td>(f) establishment of a quorum for conducting business; and</td>
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<td>(g) confidentiality of medical records and personnel issues.</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>10A NCAC 13P .0506 PRACTICE SETTINGS FOR EMS PERSONNEL</th>
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<tbody>
<tr>
<td>10A NCAC 13P .0506 Credentialled EMS Personnel may function in the following practice settings in accordance with the protocols approved by the medical director of the EMS System or Specialty Care Transport Program with which they are affiliated, and by the OEMS:</td>
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<tr>
<td>(1) the location of a physiological or psychological illness or injury including transportation to an appropriate treatment facility if required;</td>
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<td>(2) public or community health facilities in conjunction with public and community health initiatives;</td>
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<td>(3) institutions and clinics,</td>
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<tr>
<td>(4) residences, facilities, or other locations as part of wellness or injury prevention initiatives within the community and the public health system; and</td>
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<tr>
<td>(5) address gatherings or special events.</td>
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</tbody>
</table>

**INDICATE SETTINGS WITHIN YOUR EMS SYSTEM (check all that apply):**

- [ ] Mobile Integrated Healthcare
- [ ] Urban Search and Rescue
- [ ] High Angle Rescue
- [ ] NTIPS
- [ ] Wilderness Rescue
- [ ] Swift Water Rescue
- [ ] Tactical Team
- [ ] Air Medical
- [ ] Medical Evacuation Bus
- [ ] Bomb Squad
- [ ] Ambulance Strike Team
- [ ] Specialty Care

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

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EMS SYSTEM APPROVAL APPLICATION

Effective: 8/1/2014

EMS SYSTEM NAME: Rutherford

ENDORSEMENTS

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

SYSTEM MEDICAL DIRECTOR
Guyton J. Winker, MD

EMS SYSTEM ADMINISTRATOR
Terry L. Baynard, EMT-P

COUNTY MANAGER
Steve Garrison

PROVIDER ADMINISTRATOR / AGENCY NAME: Rutherford County EMS
Terry L. Baynard, EMT-P

PROVIDER ADMINISTRATOR / AGENCY NAME: Hickory Nut Gorge Rescue
Chief Amy Dalton

PROVIDER ADMINISTRATOR / AGENCY NAME: Rutherford Co L/S & First A
Chief Michael Souther

PROVIDER ADMINISTRATOR / AGENCY NAME: Bill's Creek Fire Dept.
Chief Jamie Howell

PROVIDER ADMINISTRATOR / AGENCY NAME: Bostic Fire Dept.
Chief Randy Jolley

PROVIDER ADMINISTRATOR / AGENCY NAME: Cherry Mtn. Fire Dept.
Chief Roger Hollifield

PROVIDER ADMINISTRATOR / AGENCY NAME: Ellenboro Fire Dept.
Chief Terry Horn

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

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Effective 8/1/2014
**EMS SYSTEM NAME:** Rutherford

**ENDORSEMENTS**

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

<table>
<thead>
<tr>
<th>PROVIDER ADMINISTRATOR / AGENCY NAME:</th>
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<th>Licensed Agency</th>
<th>Non-licensed Agency</th>
<th>Date</th>
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<tbody>
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<td><strong>Forest City Fire Dept.</strong></td>
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<td>7-16-15</td>
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<td>Chief Mark McCurry</td>
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<td><strong>Green Hill Fire Dept.</strong></td>
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<td>7-22-15</td>
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<td>Chief Tony Shuller</td>
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<td><strong>Hudlow Fire Dept.</strong></td>
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<td>7-22-15</td>
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<td>Chief Curtis Hodge</td>
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<td><strong>Lake Lure Fire Dept.</strong></td>
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<td>7-28-15</td>
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<td>Chief Ronald Morgan</td>
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<td><strong>Rutherford Fire &amp; Rescue</strong></td>
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<td>7-22-15</td>
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<td>Chief Thomas Blanton</td>
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<td><strong>Shingle Hollow Fire Dept.</strong></td>
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<td>7-22-15</td>
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<td>Chief Jeff Jackson</td>
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<td><strong>Spindale Fire Dept.</strong></td>
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<td>7-16-15</td>
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<td>Chief James Guillermo</td>
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<tr>
<td>Type/Print Name Signature Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DLP - Rutherford Regional Medical</strong></td>
<td></td>
<td></td>
<td></td>
<td>7-22-15</td>
</tr>
<tr>
<td>Cindy Buck, CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type/Print Name Signature Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cliffsides Arom Fire Dept.</strong></td>
<td></td>
<td></td>
<td></td>
<td>7-16-15</td>
</tr>
<tr>
<td>Chief James Guillermo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type/Print Name Signature Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>GENERAL INFORMATION</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Name:</strong></td>
<td>Rutherford County EMS</td>
</tr>
<tr>
<td><strong>Office Number:</strong></td>
<td>(828) 287-6075</td>
</tr>
<tr>
<td><strong>Physical Address:</strong></td>
<td>339 Callahan Koon Rd.</td>
</tr>
<tr>
<td><strong>Fax Number:</strong></td>
<td>(828) 287-6489</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Spindale</td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td>NC</td>
</tr>
<tr>
<td><strong>County:</strong></td>
<td>Rutherford</td>
</tr>
<tr>
<td><strong>Zip:</strong></td>
<td>28160</td>
</tr>
<tr>
<td><strong>Provider Admin Contact:</strong></td>
<td>Terry Baynard</td>
</tr>
<tr>
<td><strong>Mailing Address:</strong></td>
<td>PO Box 31</td>
</tr>
<tr>
<td><strong>Title:</strong></td>
<td>Operations Manager</td>
</tr>
<tr>
<td><strong>Office Number:</strong></td>
<td>(828) 287-6081</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Rutherfordton</td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td>NC</td>
</tr>
<tr>
<td><strong>Mobile Number:</strong></td>
<td>(828) 288-1336</td>
</tr>
<tr>
<td><strong>County:</strong></td>
<td>Rutherford</td>
</tr>
<tr>
<td><strong>Fax Number:</strong></td>
<td>(828) 287-6489</td>
</tr>
<tr>
<td><strong>Zip:</strong></td>
<td>28139</td>
</tr>
<tr>
<td><strong>E-mail Address:</strong></td>
<td><a href="mailto:terry.baynard@rutherfordcountync.gov">terry.baynard@rutherfordcountync.gov</a></td>
</tr>
<tr>
<td><strong>Service Level:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>System Affiliation:</strong></td>
<td>Rutherford</td>
</tr>
<tr>
<td><strong>Provider Number:</strong></td>
<td>0810296</td>
</tr>
<tr>
<td><strong>Provider Lic No:</strong></td>
<td>1446</td>
</tr>
<tr>
<td><strong>License Exp. Date:</strong></td>
<td>Aug 31, 2015</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>CENTRAL</strong></th>
<th><strong>EASTERN</strong></th>
<th><strong>WESTERN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Regional Office of EMS</td>
<td>Eastern Regional Office of EMS</td>
<td>Western Regional Office of EMS</td>
</tr>
<tr>
<td>801 Biggs Drive</td>
<td>404 St. Andrews Drive, Suite 7</td>
<td>3305 16th Avenue SE, Suite 302</td>
</tr>
<tr>
<td>2717 Mail Service Center</td>
<td>Greenville, NC 27834-6850</td>
<td>Conover, NC 28613-9213</td>
</tr>
<tr>
<td>Raleigh, NC 27699-2717</td>
<td>Office: (252) 355-9026</td>
<td>Office: (828) 466-5548</td>
</tr>
<tr>
<td>Office: (919) 865-4678</td>
<td>Fax: (252) 355-9063</td>
<td>Fax: (828) 466-5548</td>
</tr>
<tr>
<td>Fax: (919) 715-6496</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST**

Effective 8/1/2014
10A NCAC 13P .0204 EMS PROVIDER LICENSE REQUIREMENTS

Any firm, corporation, agency, organization or association that provides emergency medical services shall be licensed as an EMS Provider by meeting and continuously maintaining the following criteria:

10A NCAC 13P .0204 (a)(1) Be affiliated as defined in Rule .0102(4) of this Subchapter with each EMS System where there is to be a physical base of operation or where the EMS Provider will provide point-to-point patient transport within the system;

10A NCAC 13P .0204 (a)(2) Present an application for a permit for any ambulance that will be in service as required by G.S. 131E-156;

10A NCAC 13P .0204 (a)(3) Submit a written plan detailing how the EMS Provider will furnish credentialed personnel;

10A NCAC 13P .0204 (a)(4) Where there are franchise ordinances pursuant to G.S 153A-250 in effect that cover the proposed service areas of each EMS system of operation, show the affiliation as defined in Rule .0102(4) of this Subchapter with each EMS System, as required by Subparagraph (a)(1) of this Rule, by being granted a current franchise to operate, or present written documentation of impending receipt of a franchise, from each county. In counties where there is no franchise ordinance in effect, present a signature from each EMS System representative authorizing the EMS Provider to affiliate as defined in Rule .0102(4) of this Subchapter and as required by Paragraph (a)(1) of this Rule;

10A NCAC 13P .0204 (a)(5) Provide systematic, periodic inspection, repair, cleaning, and routine maintenance of all EMS responding ground vehicles and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph;

10A NCAC 13P .0204 (a)(6) Collected and within 24 hours electronically submit to the OEMS EMS Care data that uses the EMS data set and data dictionary as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions.

10A NCAC 13P .0204 (a)(7) Develop and implement written operational protocols for the management of equipment, supplies and medications and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph. These protocols shall include a methodology;

10A NCAC 13P .0204 (a)(7)(A) To assure that each vehicle contains the required equipment and supplies on each response;

10A NCAC 13P .0204 (a)(7)(B) For cleaning and maintaining the equipment and vehicles; and

10A NCAC 13P .0204 (a)(7)(C) To assure that supplies and medications are not used beyond the expiration date and stored in a temperature controlled atmosphere according to manufacturer's specifications.

Rutherford County EMS, a department of Rutherford County Government operates with paid staff, both full and part time. Personnel are required to maintain credentials for employment.

10A NCAC 13P .0204 (a)(8) Provide systematic, periodic inspection, repair, cleaning, and routine maintenance of all EMS responding ground vehicles and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph;

Daily inspection records are completed by the EMS personnel assigned to the unit. Vehicle maintenance records are maintained by the County Garage. All documents are available for review.

Rutherford County EMS utilizes ESO Suite EMR software which is generates an export of data each day. Personnel are required to complete documentation within 24 hours as per adopted NCCEP policies and local SOP's.

Rutherford County EMS personnel are required to conduct daily checks of the units. Check sheets are available for review.

BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST
EMS PROVIDER LICENSE RENEWAL
Effective: 8/1/2014

PROVIDER NAME: Rutherford County EMS
PROVIDER NUMBER: 0810296

ENDORSEMENTS

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

PROVIDER ADMINISTRATOR
Terry L. Baynard, EMT-P
Signature
Date

SYSTEM MEDICAL DIRECTOR
Guyton J. Winker, MD
Signature
Date

EMS SYSTEM ADMINISTRATOR
Terry L. Baynard, EMT-P
Signature
Date

*HOSPITAL ADMINISTRATOR
Signature
Date

**COUNTY MANAGER
Steve Garrison
Signature
Date

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

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

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

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Hickory Nut Gorge EMS &amp; Rescue INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Number:</td>
<td>(828) 625-1595</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>140 Bills Creek Road</td>
</tr>
<tr>
<td>City:</td>
<td>Lake Lure</td>
</tr>
<tr>
<td>State:</td>
<td>NC</td>
</tr>
<tr>
<td>County:</td>
<td>Rutherford</td>
</tr>
<tr>
<td>Zip:</td>
<td>28746</td>
</tr>
<tr>
<td>Provider Admin Contact:</td>
<td>Amy Dalton</td>
</tr>
<tr>
<td>Title:</td>
<td>Chief</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>140 Bills Creek Road</td>
</tr>
<tr>
<td>City:</td>
<td>Lake Lure</td>
</tr>
<tr>
<td>State:</td>
<td>NC</td>
</tr>
<tr>
<td>County:</td>
<td>Rutherford</td>
</tr>
<tr>
<td>Zip:</td>
<td>28746</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>(828) 625-0347</td>
</tr>
<tr>
<td>Mobile Number:</td>
<td>(828) 748-7308</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:daltonamy4@yahoo.com">daltonamy4@yahoo.com</a></td>
</tr>
<tr>
<td>System Affiliation:</td>
<td>Rutherford County EMS System</td>
</tr>
</tbody>
</table>

| Provider Number: | 0810712 |
| Provider Lic No: | 1199 |
| License Exp. Date: | Aug 31, 2015 |

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

<table>
<thead>
<tr>
<th>CENTRAL</th>
<th>EASTERN</th>
<th>WESTERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Regional Office of EMS</td>
<td>Eastern Regional Office of EMS</td>
<td>Western Regional Office of EMS</td>
</tr>
<tr>
<td>801 Biggs Drive</td>
<td>404 St. Andrews Drive, Suite 7</td>
<td>3305 16th Avenue SE, Suite 302</td>
</tr>
<tr>
<td>2717 Mail Service Center</td>
<td>Greenville, NC 27834-0850</td>
<td>Conover, NC 28613-9213</td>
</tr>
<tr>
<td>Raleigh, NC 27699-2717</td>
<td>Office: (252) 355-9026</td>
<td>Office: (828) 466-6548</td>
</tr>
<tr>
<td>Fax: (919) 655-4678</td>
<td>Fax: (252) 355-9003</td>
<td>Fax: (828) 466-5651</td>
</tr>
</tbody>
</table>

EMs Provider License Renewal
DHI#0000101490004913

Page 1 of 3
<table>
<thead>
<tr>
<th>Rule</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>10A NCAC 13P .0204 (a)(1)</td>
<td>Be affiliated as defined in Rule .0102(4) of this Subchapter with each EMS System where there is to be a physical base of operation or where the EMS Provider will provide point-to-point patient transport within the system;</td>
</tr>
<tr>
<td>10A NCAC 13P .0204 (a)(2)</td>
<td>Present an application for a permit for any ambulance that will be in service as required by G.S. 131E-156;</td>
</tr>
<tr>
<td>10A NCAC 13P .0204 (a)(3)</td>
<td>Submit a written plan detailing how the EMS Provider will furnish credentialed personnel;</td>
</tr>
<tr>
<td><strong>BRIEFLY DESCRIBE HOW EMS PROVIDER WILL FURNISH CREDENTIALED PERSONNEL:</strong></td>
<td>Credentialed Personnel will be furnished through an interview process with individuals being required to maintain OEMS credentials.</td>
</tr>
<tr>
<td>10A NCAC 13P .0204 (a)(4)</td>
<td>Where there are franchise ordinances pursuant to G.S 153A-250 in effect that cover the proposed service areas of each EMS system of operation, show the affiliation as defined in Rule .0102(4) of this Subchapter with each EMS System, as required by Subparagraph (a)(1) of this Rule, by being granted a current franchise to operate, or present written documentation of impending receipt of a franchise, from each county. In counties where there is no franchise ordinance in effect, present a certificate from each EMS System representative authorizing the EMS Provider to affiliate as defined in Rule .0132(4) of this Subchapter and as required by Paragraph (a)(1) of this Rule;</td>
</tr>
<tr>
<td><strong>DOES COUNTY HAVE A FRANCHISE ORDINANCE?</strong></td>
<td>☑ YES ☐ NO</td>
</tr>
<tr>
<td><strong>IF YES, IS FRANCHISE AGREEMENT GRANTED?</strong></td>
<td>☑ YES ☐ NO</td>
</tr>
<tr>
<td>10A NCAC 13P .0204 (a)(5)</td>
<td>Provide systematic, periodic inspection, repair, cleaning, and routine maintenance of all EMS responding ground vehicles and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph;</td>
</tr>
<tr>
<td><strong>BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT TO INCLUDE HOW UNITS ARE CLEANED, MAINTAINED, AND REFRAIRED:</strong></td>
<td>Units are cleaned daily as well as after each transport. Routine maintenance and daily check offs are performed and kept log of also.</td>
</tr>
<tr>
<td>10A NCAC 13P .0204 (a)(6)</td>
<td>Collect and within 24 hours electronically submit to the OEMS EMS Care data that uses the EMS data set and data dictionary as specified in &quot;North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection,&quot; incorporated by reference in accordance with G.S. 150B-216, including subsequent amendments and additions</td>
</tr>
<tr>
<td><strong>BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:</strong></td>
<td>Calls are submitted through emscharts.com. emscharts.com generates a state compliant export of data each day.</td>
</tr>
<tr>
<td>10A NCAC 13P .0204 (a)(7)</td>
<td>Develop and implement written operational protocols for the management of equipment, supplies and medications and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph. These protocols shall include a methodology;</td>
</tr>
<tr>
<td>10A NCAC 13P .0204 (a)(7)(A)</td>
<td>to assure that each vehicle contains the required equipment and supplies on each response;</td>
</tr>
<tr>
<td><strong>BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:</strong></td>
<td>Daily check offs of all equipment are checked off each morning and logged.</td>
</tr>
<tr>
<td>10A NCAC 13P .0204 (a)(7)(B)</td>
<td>for clearing and maintaining the equipment and vehicles; and</td>
</tr>
<tr>
<td><strong>BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:</strong></td>
<td>Truck are cleaned daily and after each transport. Maintenance schedule is maintained by officers.</td>
</tr>
<tr>
<td>10A NCAC 13P .0204 (a)(7)(C)</td>
<td>to assure that supplies and medications are not used beyond the expiration date and stored in a temperature controlled atmosphere according to manufacturer's specifications.</td>
</tr>
<tr>
<td><strong>BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:</strong></td>
<td>Medications and equipment is checked daily.</td>
</tr>
</tbody>
</table>
In addition to the general requirements detailed in Paragraph (a) of this Rule, if providing fixed-wing air medical services, affiliation as defined in Rule .0102(4) of this Subchapter with a hospital as defined in Rule .0102(30) of this Subchapter is required to ensure the provision of peer review, medical director oversight and treatment protocol maintenance.

In addition to the general requirements detailed in Paragraph (a) of this Rule, if providing rotary-wing air medical services, affiliation as defined in Rule .0102(4) of this Subchapter with a Level I or Level II Trauma Center as defined in Rules .0102(35) and (36) of this Subchapter designated by the OEMS is required to ensure the provision of peer review, medical director oversight and treatment protocol maintenance. Due to the geographical barriers unique to the County of Dare, the Medical Care Commission exempts the Dare County EMS System from this Paragraph.

An EMS Provider may renew its license by presenting documentation to the OEMS that the Provider meets the criteria found in Paragraphs (a) through (c) of this Rule.

EMS PROVIDER LICENSE RENEWAL
Effective 8/1/2014

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

ENDORSEMENTS

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

PROVIDER ADMINISTRATOR
Amy Dalton, Chief
Signature
Date

SYSTEM MEDICAL DIRECTOR
Guyton J. Winker, MD
Signature
8/5/15

EMS SYSTEM ADMINISTRATOR
Terry L. Baynard, EMT-P
Signature
8-5-15

HOSPITAL ADMINISTRATOR

COUNTY MANAGER
Steve Garrison
Signature
8/7/2015

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

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

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

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

**GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Rutherford County Life Saving &amp; First Aid</th>
<th>Office Number:</th>
<th>(828) 245-5016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>378 US HWY</td>
<td>Fax Number:</td>
<td>(828) 245-6957</td>
</tr>
<tr>
<td>City:</td>
<td>Bostic</td>
<td>Provider Admin Contact:</td>
<td>Michael Souther</td>
</tr>
<tr>
<td>County:</td>
<td>Rutherford</td>
<td>Title:</td>
<td>Chief</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>P.O. Box 670</td>
<td>Office Number:</td>
<td>(828) 245-5016</td>
</tr>
<tr>
<td>City:</td>
<td>Forest City</td>
<td>Mobile Number:</td>
<td>(828) 305-2064</td>
</tr>
<tr>
<td>County:</td>
<td>Rutherford</td>
<td>Fax Number:</td>
<td>(828) 245-6957</td>
</tr>
</tbody>
</table>

**PROPERTIES**

<table>
<thead>
<tr>
<th>Service Level:</th>
<th>EMT-Basic</th>
<th>System Affiliation:</th>
<th>Rutherford County EMS System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Number:</td>
<td>0810297</td>
<td>Provider Lic No:</td>
<td>1394</td>
</tr>
<tr>
<td></td>
<td></td>
<td>License Exp. Date:</td>
<td>Aug 31, 2015</td>
</tr>
</tbody>
</table>

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

**CENTRAL**

Central Regional Office of EMS
801 Biggs Drive
2717 Mail Service Center
Raleigh, NC 27689-2717
Office: (919) 866-4678
Fax: (919) 715-0496

**EASTERN**

Eastern Regional Office of EMS
404 St. Andrews Drive, Suite 7
Greenville, NC 27834-6850
Office: (252) 355-9026
Fax: (252) 355-9033

**WESTERN**

Western Regional Office of EMS
3305 16th Avenue SE, Suite 302
Conover, NC 28613-9213
Office: (828) 466-5548
Fax: (828) 466-5551
**10A NCAC 13P .0204 EMS PROVIDER LICENSE REQUIREMENTS**

**10A NCAC 13P .0204 (a)**

Any firm, corporation, agency, organization or association that provides emergency medical services shall be licensed as an EMS Provider by meeting and continuously maintaining the following criteria:

**ENTER SYSTEM NAME:**

Rutherford County EMS System

**10A NCAC 13P .0204 (a)(2)**

Present an application for a permit for any ambulance that will be in service as required by G.S. 131E-156;

**10A NCAC 13P .0204 (a)(3)**

Submit a written plan detailing how the EMS Provider will furnish credentialed personnel;

**BRIEFLY DESCRIBE HOW EMS PROVIDER WILL FURNISH CREDENTIALED PERSONNEL:**

We employee both full-time & part-time personnel that must maintain state certification as a condition of employment. Also, our Assistant Chief checks certifications per CIS quarterly.

**10A NCAC 13P .0204 (a)(4)**

Where there are franchise ordinances pursuant to G.S 153A-250 in effect that cover the proposed service areas of each EMS system of operation, show the affiliation as defined in Rule .0102(4) of this Subchapter with each EMS System, as required by Subparagraph (a)(1) of this Rule, by being granted a current franchise to operate, or present written documentation of impeding receipt of a franchise, from each county. In counties where there is no franchise ordinance in effect, present a signature from each EMS System representative authorizing the EMS Provider to affiliate as defined in Rule .0102(4) of this Subchapter and as required by Paragraph (a)(1) of this Rule;

**DOES COUNTY HAVE A FRANCHISE ORDINANCE?**

| YES | NO |

**IF YES, IS FRANCHISE AGREEMENT GRANTED?**

| YES | NO |

**10A NCAC 13P .0204 (a)(5)**

Provide systematic, periodic inspection, repair, cleaning, and routine maintenance of all EMS responding ground vehicles and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph;

**BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT TO INCLUDE HCW UNITS ARE CLEANED, MAINTAINED, AND REPAIRED:**

Per our policy trucks are cleaned & disinfected at the start of each shift and after each transport.

**10A NCAC 13P .0204 (a)(6)**

Collect and within 24 hours electronically submit to the OEMS EMS Care data that uses the EMS data set and data dictionary as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150A-216, including subsequent amendments and additions.

**BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:**

Per our policy, every call involving patient contact must be entered in EMS Charts within 24 hours and is then electronically uploaded to the state.

**10A NCAC 13P .0204 (a)(7)**

Develop and implement written operational protocols for the management of equipment, supplies and medications and maintain records available for inspection by the OEMS which verify compliance with this Subparagraph. These protocols shall include a methodology:

**10A NCAC 13P .0204 (a)(7)(A)**

to assure that each vehicle contains the required equipment and supplies on each response;

**BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:**

Crews check their trucks at the start of each shift. At the first of each month, our supply officers check every truck to ensure it is properly stocked, equipped & in-date.

**10A NCAC 13P .0204 (a)(7)(B)**

for cleaning and maintaining the equipment and vehicles; and

**BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:**

Trucks are cleaned inside & out on each shift & the patient compartment is disinfected. Any issues that our crews note with the vehicles are reported to our Lt. over maintenance. The Lt. then will repair the truck, make a appointment to repair or take the truck out-of-service.

**10A NCAC 13P .0204 (a)(7)(C)**

to assure that supplies and medications are not used beyond the expiration date and stored in a temperature controlled atmosphere according to manufacturer's specifications.

**BRIEFLY DESCRIBE HOW EMS PROVIDER MEETS THIS REQUIREMENT:**

In additional to our crews checking their truck on each shift, our supply officers check every truck monthly & remove any out-of-date supplies.

BE PREPARED TO PROVIDE SUPPORTING DOCUMENTATION UPON REQUEST

EMS Provider/License Renewal
DHHS/DHS/EMS 4913

Effective 8/1/2014
**EMS PROVIDER LICENSE RENEWAL**

**Effective: 8/1/2014**

**PROVIDER NAME:** Rutherford County Life Saving & First Aid  
**PROVIDER NUMBER:** 0810297

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**ENDORSEMENTS**

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

---

**PROVIDER ADMINISTRATOR**

Michael Souther  
Signature:  
Date: 7/30/15

**SYSTEM MEDICAL DIRECTOR**

Guyton Winker, M.D.  
Signature:  
Date: 8/5/15

**EMS SYSTEM ADMINISTRATOR**

Signature:  
Date: 8-5-15

**HOSPITAL ADMINISTRATOR**

Signature:  
Date:  

**COUNTY MANAGER**

Signature:  
Date: 8/5/2015

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

** The County Manager’s signature is required when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county. If the county manager or system administrator has changed since last submission, a new letter from the county is required.

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

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**BE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST**

EMS Provider License Renewal  
DHHSSHR/OEMS 4913  
Effective 8/1/2014  
Page 3 of 3
EMD CENTER RENEWAL APPLICATION

Effective: 8/1/2014

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

**GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>EMD Center Name:</th>
<th>County of Rutherford-Communications</th>
<th>Office Number:</th>
<th>(828) 287-6050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>240 N Washington St</td>
<td>Fax Number:</td>
<td>(828) 287-6157</td>
</tr>
<tr>
<td>City:</td>
<td>Rutherfordton</td>
<td>Provider Admin Contact:</td>
<td>Lt. Tammy Aldridge</td>
</tr>
<tr>
<td>County:</td>
<td>Rutherford County</td>
<td>Title:</td>
<td>Director</td>
</tr>
<tr>
<td>Zip:</td>
<td>28139</td>
<td>Mobile Number:</td>
<td>(828) 287-6639</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>240 N Washington St</td>
<td>Fax Number:</td>
<td>(828) 287-6157</td>
</tr>
<tr>
<td>City:</td>
<td>Rutherfordton</td>
<td>E-mail Address:</td>
<td><a href="mailto:tammy.aldridge@rutherfordcountync.gov">tammy.aldridge@rutherfordcountync.gov</a></td>
</tr>
<tr>
<td>County:</td>
<td>Rutherford County</td>
<td>System Affiliation:</td>
<td>Rutherford County EMS System</td>
</tr>
<tr>
<td>Zip:</td>
<td>NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Number:</td>
<td>0811363</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**CENTRAL**
Central Regional Office of EMS 801 Biggs Drive 2717 Mail Service Center Raleigh, NC 27699-2717 Office: (919) 655-4678 Fax: (919) 715-0498

**EASTERN**
Eastern Regional Office of EMS 404 St. Andrews Drive, Suite 7 Greenville, NC 27834-6850 Office: (252) 355-9028 Fax: (252) 955-9063

**WESTERN**
Western Regional Office of EMS 3305 16th Avenue SE, Suite 302 Conover, NC 28613-9213 Office: (828) 466-5546 Fax: (828) 466-5651

EE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

EMD Center Renewal DIVISION/ROEMS 4917

Page 1 of 3

Effective 8/1/2014
SECTION .0400 - MEDICAL OVERSIGHT

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

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

<table>
<thead>
<tr>
<th>10A NCAC 13P .0401(3)</th>
<th>for systems providing EMD service, an EMDPRS approved by the medical director.</th>
</tr>
</thead>
</table>

NOTE: Medical Director's signature is required on this application.

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

<table>
<thead>
<tr>
<th>10A NCAC 13P .0403(a)</th>
<th>The Medical Director for an EMS System is responsible for the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10A NCAC 13P .0403(a)(3)</td>
<td>EMD programs, the establishment, approval, and annual updating of the EMDPRS.</td>
</tr>
</tbody>
</table>

DATE OF LAST EMDPRS REVIEW: 1/28/2015

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

<table>
<thead>
<tr>
<th>10A NCAC 13P .0407(a)</th>
<th>EMDPRS used by an EMD within an approved EMD program shall:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10A NCAC 13P .0407(a)(1)</td>
<td>be approved by the OEMS Medical Director and meet or exceed the statewide standard for EMDPRS as defined by the &quot;North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection,&quot; incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions.</td>
</tr>
<tr>
<td>10A NCAC 13P .0407(a)(2)</td>
<td>not exceed the EMD scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514.</td>
</tr>
</tbody>
</table>

10A NCAC 13P .0407(b) An EMDPRS developed locally shall be reviewed and updated annually and submitted to the OEMS Medical Director for approval. Any change in the EMDPRS shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change.

(EXAMPLE: EMDPRS will be reviewed every January or as changes occur throughout the year.)

<table>
<thead>
<tr>
<th>EMDPRS CARD</th>
<th>Priority Dispatch</th>
<th>VERSION NO:</th>
<th>EMDPRS LICENSE NO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SET NAME:</td>
<td></td>
<td>12.2</td>
<td>C000000A06E</td>
</tr>
</tbody>
</table>

NOTE: If the EMDPRS is developed locally, please provide a complete copy of card set and assurance that the EMDPRS will be reviewed annually and submit to OEMS Medical Director for approval.

VERIFY THE EMD ROSTER LISTED IN THE CREDENTIALING INFORMATION SYSTEM (CIS) IS CORRECT (if no, update in CIS): O YES O NO

BRIEFLY DESCRIBE THE EMD PROGRAM CONTINUING EDUCATION AND REREDENTIALING REQUIREMENTS TO INCLUDE EDUCATIONAL INSTITUTION AND INSTRUCTOR INFORMATION:

Emergency Medical Dispatchers are required to complete 16 hours of annual classroom continuing education. In addition to the classroom based training, Emergency Medical Dispatchers are required to complete 15 hours of online training every 2 years which is administered through Richmond Community College.

VERIFY THE FCC CALL SIGN AND EXPIRATION DATE OF THE CENTER THAT WILL BE UTILIZING THE EMD PROGRAM IN THE CREDENTIALING INFORMATION SYSTEM (CIS) IS CORRECT (if no, update in CIS): O YES O NO

FCC CALL SIGN: WNUF300 EXPIRATION DATE: 9/5/2025

NOTE: EMD Centers must have representation at Peer Review Committee Meetings.
EMD CENTER RENEWAL APPLICATION  
Effective: 8/1/2014

EMD CENTER NAME: County of Rutherford-Communications  
PROVIDER NUMBER: 0811363

ENDORSEMENTS

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

EMD CENTER DIRECTOR
Lt. Tammy Aldridge  
Type/Print Name  
Signature  
Date  8-5-15

EMS SYSTEM ADMINISTRATOR
Terry L. Baynard, EMT-P  
Type/Print Name  
Signature  
Date  8-5-15

SYSTEM MEDICAL DIRECTOR
Guyton J. Winker, MD  
Type/Print Name  
Signature  
Date  8-5-15

*COUNTY MANAGER
Steve Garrison  
Type/Print Name  
Signature  
Date  8-5-2015

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

EE PREPARED TO PRESENT SUPPORTING DOCUMENTATION UPON REQUEST

EMD Center Renewal  
DHSS/OSR/CEMS 4917

Effective 8/1/2014

Page 3 of 3
Paul Anderson  
NC OEMS-WRO  
3305 16th Ave SE STE 302  
Conover, NC 28613

August 3, 2015

Paul,

Enclosed are the following:

System Renewal: Rutherford  
Agency Renewal: Rutherford County EMS

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

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

Kindest Regards,

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