

**Title 15: Mississippi Department of Health**

**Part 12: Bureau of Emergency Medical Services**

**Subpart 31: Emergency Medical Services**

**Chapter 2 TRANSFERS**

**Subchapter 1 General Information**

Rule 2.1.6 Interfacility transport is defined as the movement a patient from one licensed health care facility (hospitals, skilled nursing facilities, long term healthcare facilities) to another in a licensed ground or air ambulance. The transfer of patients between facilities is a fundamental component of the health care system.

*SOURCE: Miss. Code Ann. §41-59-5*

**Subchapter 3 Definitions - Inter-Hospital And Other Medical Facilities**

Rule 2.3.2 Medical Control During Interfacility Transfers

1. Once an emergency patient arrives for initial evaluation at a medical facility the patient becomes the responsibility of that facility, and its medical staff. This responsibility continues until the patient is appropriately discharged, or until the patient is transferred and the responsibility is assumed by personnel and a facility of equal or greater capability for the patient's existing condition.
2. Should questions or problems arise during transfer, or in event of an emergency, one of the following (whichever is most appropriate based on service's approved Medical Control Plan) shall be contacted for medical guidance, as outlined in BEMS approved medical control plan: Online Medical Direction; Transferring Physician; or Receiving Physician.

*SOURCE: Miss. Code Ann. §41-59-5*

**Subchapter 4 Interhospital Transfers**

Rule 2.4.2 Routinely, the transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility. Care provided by the transferring facility may need to be continued during transport. The transferring physician in collaboration with the service's medical control will determine the treatment to be provided during the period of the patient transport.

*SOURCE: Miss. Code Ann. §41-59-5*

**Chapter 3 AERO MEDICAL SERVICES**

**Subchapter 5 Medical Direction**

Rule 3.5.1 The medical director(s) of the program is a physician who is responsible and accountable for supervising and evaluating the quality of medical care provided by the medical personnel. The medical director ensures, by working with the clinical supervisor and by being familiar with the scope of practice of the transport team members and the regulations in which the transport team practices, competency and currency of all medical personnel working with the service.

1. Qualifications: Each air ambulance service shall designate or employ an off-line medical director. The off-line medical director shall meet the following qualifications:
  - a. The off-line medical director shall be a physician (MD or DO) currently licensed and in practice.
  - b. The physician shall be licensed to practice medicine in the state(s) where the service is domiciled.
  - c. Services having multiple bases of operation shall have an off-line medical director for each base. If the off-line medical director for the service's primary location is licensed in the state where the base(s) is/are located, they may function as the off-line medical director for that base in place of a separate individual.
  - d. Must be a Mississippi licensed physician, M.D. or D.O., and show evidence of board certification in emergency medicine or board eligibility in emergency medicine. Air Ambulances which operate from or based in Mississippi, must have a System medical director whose primary practice is in Mississippi or at a Mississippi trauma center. (Air Ambulance provided from and based out-of-state must have a system medical director that is board certified in emergency medicine or board eligible in emergency medicine.) The medical director is ultimately responsible for all aspects of a service's operation which effect patient care. The medical director is responsible for assuring that appropriately trained medical personnel and equipment are provided for each patient transported and that individual aircraft can provide appropriate care environments for patients. The Air Ambulance Service Medical Director must be approved by the State EMS Medical Director.
  - e. The off-line medical director shall have knowledge and experience consistent with the transport of patient's by air.
  - f. Beginning January 2013, all Mississippi Off-Line Medical Directors shall take Medical Director's course as prescribed by the Mississippi State Department of Health, Bureau of Emergency Medical Services and the Medical Direction, Training and Quality Assurance Committee.

*SOURCE: Miss. Code Ann. §41-59-5*

Rule 3.5.2 Responsibilities: The physician shall be knowledgeable in aeromedical physiology, stresses of flight, aircraft safety, patient care, and resource limitations of the aircraft, medical staff and equipment. The medical director shall be actively involved in the care of the critically ill and/or injured patient.

1. The off-line medical director shall have access to consult with medical specialists for patient(s) whose illness and care needs are outside his/her area of practice. The medical director must have education experience in those areas of medicine that are commensurate with the mission statement of the medical transport service or utilize specialty physicians as consultants when appropriate.
2. The off-line medical director shall ensure that there is a comprehensive plan/policy to address selection of appropriate aircraft, staffing and equipment.
3. The off-line medical director shall be involved in the selection, hiring, training and continuing education of all medical personnel. The medical director is actively involved in the hiring process, training and continuing education of all medical personnel for the service that includes involvement in skills labs, medical protocol or guideline changes or additions.
4. The off-line medical director shall be responsible for overseeing the development and maintenance of a quality assurance or a continuous quality improvement program. The medical director is actively involved in the quality management program for the service.
5. The off-line medical director shall ensure that there is a plan to provide direction of patient care to the air medical personnel during transport. The system shall include on-line (radio/telephone) medical control, and/or an appropriate system for off-line medical control such as written guidelines, protocols, procedures patient specific written orders or standing orders. The medical director should maintain an open communication system with referring and accepting physicians and be accessible for concerns expressed by referring and accepting physicians regarding controversial issues and patient management.
6. The off-line medical director shall participate in any administrative decision making processes that affects patient care. The medical director is actively involved in administrative decisions affecting medical care or the service.
7. The off-line medical director will ensure that there is an adequate method for on-line medical control, and that there is a well defined plan or procedure and resources in place to allow off-line medical control. The medical director is actively involved in orienting physicians providing online medical direction according to the policies, procedures and patient care protocols of the medical transport service.
8. In the case where written policies are instituted for medical control, the off-line medical director will oversee the review, revision and validation of them

annually. The medical director sets and annually reviews medical guidelines for current accepted medical practice, and medical guidelines are in a written format.

9. The plan for medical control must be submitted to BEMS at least 30 days prior to the service start date for approval by BEMS and the State EMS Medical Director.
10. Revisions in the medical control plan must be submitted prior to implementation. At a minimum, medical control plans shall be resubmitted to BEMS every three (3) years.
11. The transport service will know the capabilities and resources of receiving facilities and will transport patients to appropriate facilities within the service region based on direct referral, approved EMS plan, or services available when no direction is provided. Whenever possible, services that respond directly to the scene will transport patients to the nearest appropriate hospital.

*SOURCE: Miss. Code Ann. §41-59-5*

**Rule 3.5.3 On-line Medical Control:**

1. The licensee's off-line medical director shall ensure that there is a capability and method to provide on-line medical control to air medical personnel on board any of its air ambulance aircraft at all times. If patient specific orders are written, there shall be a formal procedure to use them. In addition to on-line medical control capabilities, the licensee shall have a written plan, procedure and resources in place for off-line medical control. This may be accomplished by use of comprehensive written, guidelines, procedures or protocols.
2. All Mississippi On-Line Medical Directors are recommended and encouraged to take Medical Director's course as prescribed by the Mississippi State Department of Health, Bureau of Emergency Medical Services and the Medical Direction, Training and Quality Assurance Committee.

*SOURCE: Miss. Code Ann. §41-59-5*

**Rule 3.5.4 Quality Management process**

1. The licensee shall have an ongoing collaborative process within the organization that identifies issues affecting patient care.
2. These issues should address the effectiveness and efficiency of the organization, its support systems, as well as that of individuals within the organization.
3. When an issue is identified, a method of information gathering shall be developed. This shall include outcome studies, chart review, case discussion, or other methodology.

4. Findings, conclusions, recommendations and actions shall be made and recorded. Follow-up, if necessary, shall be determined, recorded, and performed.
5. Training and education needs, individual performance evaluations, equipment or resource acquisition, safety and risk management issues all shall be integrated with the Performance Improvement process.
6. The QM program has written objective evidence of actions taken in problem areas and the evaluation of the effectiveness of that action.
7. The QM program must be integrated and include activities related to patient care, communications and all aspects of transport operations and equipment maintenance pertinent to the service's mission statement.
8. QM plan should include the following components:
  - a. Responsibility/assignment of accountability;
  - b. Scope of care;
  - c. Quality metrics that are identified, measured and compared to metrics/outcomes of evidence based standards;
  - d. Indicators;
  - e. Thresholds for evaluation, which are appropriate to the individual service;
  - f. Methodology – the QI process and QI tools utilized; and
  - g. Evaluation of the improvement process.

*SOURCE: Miss. Code Ann. §41-59-5*

**Rule 3.5.5** Certification of Air Medical Personnel: There shall be at least one certified air medical provider on board an air ambulance to perform patient care duties on that air ambulance as certified by the Bureau of EMS. The requirements for air medical personnel shall consist of not less than the following:

1. A valid license or certificate to practice their level of care (MD, DO, RN, Advanced Practice Provider – Licensed Nurse Practitioner and Physician's Assistant, Critical Care Paramedic, Paramedic, RT) in the state-
2. *Note: The requirements of this section are established in regard to scope of practice for air medical personnel and the mission of the air ambulance service. The medical director of the service will outline requirements in the medical control plan of the service and upon approval of BEMS, verification of these requirements will required.*

3. The licensee shall maintain documentation of each clinician's training and qualifications and shall insure that the attendant meets the continuing education requirements for their licensed specialty.

*SOURCE: Miss. Code Ann. §41-59-5*

## **Subchapter 12 Suspension; Revocation of License**

Rule 3.12.1 May occur as outlined in 41-59-17 and 41-59-45. Appeals from decision of the board can also be referred to in 41-59-49.

*SOURCE: Miss. Code Ann. §41-59-5*

Rule 3.12.2 A Mississippi licensed ambulance service shall comply with the Mississippi State Trauma Plan as approved by the Mississippi State Department of Health, Bureau of Emergency Medical Services. Licensed service must follow the state patient destination criteria and treatment protocols for the patient as delineated by these regulations. All Medical Control Plans shall comply with the Mississippi State Trauma Plan and all other applicable system of care plans as directed by the Mississippi State Department of Health, Bureau of Emergency Medical Services.

*SOURCE: Miss. Code Ann. §41-59-5*

## **Chapter 4 MEDICAL FIRST RESPONDER**

### **Subchapter 17 Grounds for Suspension or Revocation**

Rule 4.17.1 Grounds for Suspension or Revocation include:

1. Fraud or any mis-statement of fact in the procurement of any certifications or in any other statement of representation to the Board or its representatives.
2. Gross negligence.
3. Repeated negligent acts.
4. Incompetence.
5. Disturbing the peace while on duty.
6. Recklessly disregarding the speed regulations prescribed by law while on duty.
7. Failure to maintain current registration by the National Registry of EMTs.
8. Failure to maintain all current training standards as required by the State Department of Health.
9. The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.

10. Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel. The record of conviction or certified copy thereof will be conclusive evidence of such conviction.
11. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the State Department of Health, BEMS, pertaining to pre-hospital personnel.
12. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
13. Unauthorized, misuse or excessive use of narcotics, dangerous drugs, or controlled substances or alcoholic beverages.
14. Functioning outside the Medical First Responder scope of practice.
15. Permitting, aiding, or abetting an unlicensed or uncertified person to perform activities requiring a license or certification.
16. Failure to comply with the requirements of a Mississippi EMS Scholarship program.
17. Failure to comply with an employer's request for drug and alcohol testing.
18. Failure to wear high visibility safety apparel that meets the requirements of the American National Standard for High Visibility Apparel ANSI/ISEA 107-2004 Performance Class 2 or Performance Class 3, or the ANSI/ISEA 207-2006 Standard while functioning within the right-of-way of any road, street, highway, or other area where vehicle or machinery traffic is present. All garments must have labels, affixed by the manufacturer in accordance with the standard, that indicate compliance with the Performance Class 2, Performance Class 3, or 207-2006 standard.
19. Any conduct, regardless of whether convicted, which constitutes a crime of violence, or which constitutes any of the following crimes:
  - a. Assault
  - b. Stalking
  - c. False imprisonment
  - d. Sexual assault or battery
  - e. Crimes against a vulnerable person

*SOURCE: Miss. Code Ann. §41-59-81*

Rule 4.17.2 If the Bureau finds that public health, safety, and welfare requires emergency action and a finding to that effect is incorporated in its order, summary suspension of a certification may be ordered pending proceedings for revocation or other action.

*SOURCE: Miss. Code Ann. §41-59-81*

## **Chapter 5    EMERGENCY MEDICAL SERVICES (EMS) DRIVER**

### **Subchapter 20 EMS Driver, Grounds for Suspension or Revocation.**

Rule 5.20.1    Grounds for suspension or revocation include:

1.    Fraud or any mis-statement of fact in the procurement of any certification or in any other statement of representation to the BEMS or its representatives.
2.    Gross negligence.
3.    Repeated negligent acts.
4.    Incompetence.
5.    Disregarding the speed regulations prescribed by law while on duty.
6.    Revocation or any other loss of Mississippi driver's license.
7.    Failure to maintain all current EMS Driver training standards as required by the BEMS.
8.    The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
9.    Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel, or the conviction of any felony. The record of conviction or a certified copy thereof will be conclusive evidence of such conviction.
10.    Violating or attempting to violate directly or indirectly or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the BEMS, pertaining to pre-hospital personnel.
11.    Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
12.    Unauthorized, misuse or excessive use of narcotics, dangerous drugs, or controlled substances or alcoholic beverages.
13.    Failure to comply with the requirements of a Mississippi EMS Scholarship program.
14.    Failure to comply with an employer's request for drug and alcohol testing.

15. Failure to wear high visibility safety apparel that meets the requirements of the American National Standard for High Visibility Apparel ANSI/ISEA 107-2004 Performance Class 2 or Performance Class 3, or the ANSI/ISEA 207-2006 Standard while functioning within the right-of-way of any road, street, highway, or other area where vehicle or machinery traffic is present. All garments must have labels, affixed by the manufacturer in accordance with the standard, that indicate compliance with the Performance Class 2, Performance Class 3, or 207-2006 standard.
16. Any conduct, regardless of whether convicted, which constitutes a crime of violence, or which constitutes any of the following crimes:
  - a. Assault
  - b. Stalking
  - c. False imprisonment
  - d. Sexual assault or battery
  - e. Crimes against a vulnerable person

*SOURCE: Miss. Code Ann. §41-59-5*

Rule 5.20.2 If the Bureau finds that public health, safety, and welfare requires emergency action and a finding to that effect is incorporated in its order, summary suspension of a certification may be ordered pending proceedings for revocation or other action.

*SOURCE: Miss. Code Ann. §41-59-5*

## **Chapter 6 EMERGENCY MEDICAL TECHNICIAN (EMT)**

### **Subchapter 15 EMT Refresher Training**

Rule 6.15.1 EMT refresher training shall consist of: the current National Registry Standards for EMT, and shall include successful completion of a local written and practical examination. Written permission from BEMS must be obtained prior to the start of EMT refresher training. Instructors should complete the class approval form and submit to BEMS, at minimum, thirty (30) calendar days prior to the first day of class.

*SOURCE: Miss. Code Ann. §41-59-5*

### **Subchapter 20 EMT, Grounds for Suspension or Revocation.**

Rule 6.20.1 Grounds for suspension or revocation include:

1. Fraud or any mis-statement of fact in the procurement of any certifications or in any other statement of representation to the Board or its representatives.

2. Gross negligence.
3. Repeated negligent acts.
4. Incompetence.
5. Disturbing the peace while on duty
6. Disregarding the speed regulations prescribed by law while on duty.
7. Failure to maintain current registration by the National Registry of EMTs.
8. Failure to maintain all current EMT training standards as required by the BEMS.
9. The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
10. Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel. The record of conviction or certified copy thereof will be conclusive evidence of such conviction.
11. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the BEMS, pertaining to pre-hospital personnel.
12. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
13. Unauthorized, misuse or excessive use of narcotics, dangerous drugs, or controlled substances or alcoholic beverages.
14. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by certification and license issued to the BLS provider.
15. Permitting, aiding, or abetting an unlicensed or uncertified person to perform activities requiring a license or certification.
16. Suspension or revocation of any BEMS issued certification may affect other BEMS issued certifications at all levels.
17. Failure to comply with the requirements of a Mississippi EMS Scholarship program.
18. Failure to comply with an employer's request for drug and alcohol testing.
19. Failure to wear high visibility safety apparel that meets the requirements of the American National Standard for High Visibility Apparel ANSI/ISEA 107-2004 Performance Class 2 or Performance Class 3, or the ANSI/ISEA 207-2006

Standard while functioning within the right-of-way of any road, street, highway, or other area where vehicle or machinery traffic is present. All garments must have labels, affixed by the manufacturer in accordance with the standard, that indicate compliance with the Performance Class 2, Performance Class 3, or 207-2006 standard.

20. Any conduct, regardless of whether convicted, which constitutes a crime of violence, or which constitutes any of the following crimes:
  - a. Assault
  - b. Stalking
  - c. False imprisonment
  - d. Sexual assault or battery
  - e. Crimes against a vulnerable person

*SOURCE: Miss. Code Ann. §41-59-5*

Rule 6.20.2 If the Bureau finds that public health, safety, and welfare requires emergency action and a finding to that effect is incorporated in its order, summary suspension of a certification may be ordered pending proceedings for revocation or other action.

*SOURCE: Miss. Code Ann. §41-59-5*

### **Subchapter 25 Performance Standards for EMT.**

Rule 6.25.2 Skills included in the Scope of Practice for a Mississippi EMT includes the following:

1. Oropharyngeal and Nasopharyngeal Airway
2. Bag-Valve Mask
3. Sellick's Maneuver
4. Demand Valve – manually triggered ventilation
5. Head Tilt Chin Lift
6. Jaw Thrust
7. Modified Jaw Thrust
8. Mouth to Barrier; Mouth to Mask; Mouth to Mouth; Mouth to Nose; Mouth to Stoma
9. Obstruction – Manual

10. Oxygen Therapy – humidifiers; Oxygen Therapy –Nasal Cannula; Oxygen Therapy –Non-rebreather mask; Oxygen Therapy –Partial rebreather mask; Oxygen Therapy –simple face mask; Oxygen Therapy –Venturi mask
11. Pulse oximetry
12. Suctioning – Upper airway;
13. Ventilator – Automated transport (ATV) (*prehospital, nonintubated patient*);
14. Cardiopulmonary Resuscitation (CPR)
15. Defibrillation – automated/semi-automated
16. Hemorrhage control – Direct pressure; Hemorrhage control – tourniquet
17. MAST/PASG
18. Mechanical CPR Device;
19. Spinal immobilization – cervical collar; Spinal immobilization – long board; Spinal immobilization – manual; Spinal immobilization – seated patient; Spinal immobilization – rapid manual extrication;
20. Extremity stabilization – manual;
21. Extremity splinting; Splint – traction
22. Mechanical patient restraint;
23. Emergency moves for endangered patients;
24. Assisting patient with his/her own prescribed medications (aerosolized/nebulized); Oral Glucose; Oral Aspirin; sublingual nitroglycerine; Auto-injector (self or peer care); Auto-injector (patient’s own prescribed medication);
25. Assisted delivery (childbirth); Assisted complicated delivery (childbirth)
26. Blood pressure – automated (beginning April 1, 2014); Blood pressure – manual;
27. Eye irrigation
28. Blood Glucose Level

*SOURCE: Miss. Code Ann. §41-59-5*

**Subchapter 26** Area and Scope of Practice of the EMT-Basic

Rule 6.26.1 The EMT represents the first component of the emergency medical care system. Through proper training the EMT will be able to provide basic life support to victims during emergencies, minimize discomfort and possible further injuries. The EMT may provide non-invasive emergency procedures and services to the level described in the National Registry Standards for EMT. Those procedures include recognition, assessment, management, transportation and liaison.

*SOURCE: Miss. Code Ann. §41-59-5*

Rule 6.26.2 An EMT is a person who has successfully completed an approved training program and is certified. The EMT training program must equal or exceed the educational goals and objectives of the National Registry Standards for EMT.

*SOURCE: Miss. Code Ann. §41-59-5*

## **Chapter 7 EMERGENCY MEDICAL TECHNICIAN ADVANCED LEVEL SUPPORT**

### **Subchapter 13 Paramedic classes, initial roster**

Rule 7.13.1 Initial rosters shall be completed by the credentialed Paramedic instructor immediately following the second meeting of the class. Initial roster forms can be obtained from the BEMS or be completed on the BEMS website. A final roster for full or refresher Paramedic class will not be accepted without an initial roster on file with the BEMS.

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

### **Subchapter 14 Paramedic classes, final roster**

Rule 7.14.1 Final rosters shall be completed by the credentialed Paramedic instructor immediately following the end of a full Paramedic Refresher class. The final roster shall be inclusive of all students on the initial roster. The final roster will note students who withdrew, failed, and completed the Paramedic class. The final roster form can be obtained from the BEMS or be completed on the BEMS website. Students successfully completing the class will not be allowed to test National Registry until a final roster is on file with the BEMS.

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

### **Subchapter 16 Paramedic Refresher Training**

Rule 7.16.1 No Content

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

### **Subchapter 17 No Content**

### **Subchapter 19 No Content**

## **Subchapter 20 Prerequisites to certification Paramedic (training obtained in another state)**

Rule 7.20.6 The Mississippi BEMS maintains the right to refuse reciprocity to any and Paramedic if the submitted curriculum does not meet the guidelines of the national standards for prehospital advanced life support or those required by the state of Mississippi.

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

## **Subchapter 21 No Content**

## **Subchapter 22 No Content**

## **Subchapter 23 Paramedic Level Re-certification**

Rule 7.23.1 Any person desiring re-certification as Paramedic shall apply to BEMS using forms provided (e.g. application for state certification)

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

Rule 7.23.2 All re-certification applications must be accompanied by a fee fixed by the Board, which shall be payable to the Board. Also include copy of current National Registry card equivalent to the level of re-certification requested and a Jurisdictional Medical Control Agreement (JMCA). (Jurisdictional Medical Control Agreements are valid only for the certification period in which they are submitted. Therefore, all Paramedics recertifying must complete and resubmit a JMCA for each licensed provider for which they function.)

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

## **Subchapter 24 EMT Intermediate, Grounds for Suspension or Revocation.**

Rule 7.24.1 Grounds for suspension or revocation include:

1. The BEMS may suspend or revoke a certificate so issued at any time it is determined that the holder no longer meets the prescribed qualifications.
2. Fraud or any mis-statement of fact in the procurement of any certifications or in any other statement of representation to the Board or its representatives.
3. Gross negligence.
4. Repeated negligent acts.
5. Incompetence.
6. Disturbing the peace while on duty
7. Disregarding the speed regulations prescribed by law while on duty.

8. Failure to maintain current registration by the National Registry of EMTs.
9. Failure to maintain all current EMT-Advanced training standards as required by the BEMS.
10. The commission of any fraudulent dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
11. Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel. The record of conviction or certified copy thereof will be conclusive evidence of such conviction.
12. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the BEMS, pertaining to pre-hospital personnel.
13. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
14. Unauthorized, misuse or excessive use of narcotics, dangerous drugs, or controlled substances or alcoholic beverages.
15. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by certification and license issued to the ALS provider.
16. Permitting, aiding or abetting an unlicensed or uncertified person to perform activities requiring a license or certification.
17. Suspension or revocation of any BEMS issued certification may affect other BEMS issued certifications at all levels.
18. Failure to comply with the requirements of a Mississippi EMS scholarship program.
19. Failure to comply with an employer's request for drug and alcohol testing.
20. Failure to wear high visibility safety apparel that meets the requirements of the American National Standard for High Visibility Apparel ANSI/ISEA 107-2004 Performance Class 2 or Performance Class 3, or the ANSI/ISEA 207-2006 Standard while functioning within the right-of-way of any road, street, highway, or other area where vehicle or machinery traffic is present. All garments must have labels, affixed by the manufacturer in accordance with the standard, that indicate compliance with the Performance Class 2, Performance Class 3, or 207-2006 standard.
21. Any conduct, regardless of whether convicted, which constitutes a crime of violence, or which constitutes any of the following crimes:

- a. Assault
- b. Stalking
- c. False imprisonment
- d. Sexual assault or battery
- e. Crimes against a vulnerable person

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

Rule 7.24.2 If the Bureau finds that public health, safety, and welfare requires emergency action and a finding to that effect is incorporated in its order, summary suspension of a certification may be ordered pending proceedings for revocation or other action.

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

### **Subchapter 25 Paramedic, Grounds for Suspension or Revocation.**

Rule 7.25.1 Grounds for suspension or revocation include:

1. The BEMS may suspend or revoke a certificate so issued at any time it is determined that the holder no longer meets the prescribed qualifications.
2. Fraud or any mis-statement of fact in the procurement of any certifications or in any other statement of representation to the Board or its representatives.
3. Gross negligence.
4. Repeated negligent acts.
5. Incompetence.
6. Disturbing the peace while on duty
7. Disregarding the speed regulations prescribed by law while on duty.
8. Failure to maintain current registration by the National Registry of EMTs.
9. Failure to maintain all current EMT-Advanced training standards as required by the BEMS.
10. The commission of any fraudulent dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
11. Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel. The record of conviction or certified copy thereof will be conclusive evidence of such conviction.

12. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the BEMS, pertaining to pre-hospital personnel.
13. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
14. Unauthorized, misuse or excessive use of narcotics, dangerous drugs, or controlled substances or alcoholic beverages.
15. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by certification and license issued to the ALS provider.
16. Permitting, aiding or abetting an unlicensed or uncertified person to perform activities requiring a license or certification.
17. Suspension or revocation of any BEMS issued certification may affect other BEMS issued certifications at all levels.
18. Failure to comply with the requirements of a Mississippi EMS scholarship program.
19. Failure to comply with an employer's request for drug and alcohol testing.
20. Failure to wear high visibility safety apparel that meets the requirements of the American National Standard for High Visibility Apparel ANSI/ISEA 107-2004 Performance Class 2 or Performance Class 3, or the ANSI/ISEA 207-2006 Standard while functioning within the right-of-way of any road, street, highway, or other area where vehicle or machinery traffic is present. All garments must have labels, affixed by the manufacturer in accordance with the standard, that indicate compliance with the Performance Class 2, Performance Class 3, or 207-2006 standard.
21. Any conduct, regardless of whether convicted, which constitutes a crime of violence, or which constitutes any of the following crimes:
  - a. Assault
  - b. Stalking
  - c. False imprisonment
  - d. Sexual assault or battery
  - e. Crimes against a vulnerable person

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

Rule 7.25.2 If the Bureau finds that public health, safety, and welfare requires emergency action and a finding to that effect is incorporated in its order, summary suspension

of a certification may be ordered pending proceedings for revocation or other action.

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

## **Chapter 9 Critical Care Paramedic**

**Subchapter 10** Critical Care Paramedic, Grounds for Suspension or Revocation. The BEMS may suspend or revoke a certificate at any time it is determined that the holder no longer meets the prescribed qualifications.

Rule 9.10.20 Any conduct, regardless of whether convicted, which constitutes a crime of violence, or which constitutes any of the following crimes:

- a. Assault
- b. Stalking
- c. False imprisonment
- d. Sexual assault or battery
- e. Crimes against a vulnerable person

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*

Rule 9.10.21 If the Bureau finds that public health, safety, and welfare requires emergency action and a finding to that effect is incorporated in its order, summary suspension of a certification may be ordered pending proceedings for revocation or other action.

*SOURCE: Miss. Code Ann. §41-59-5; Miss. Code Ann. §41-60-13*