

Table of Contents

16.02.03 - Rules Governing Emergency Medical Services

000. Legal Authority.	3
001. Title And Scope.	3
002. Written Interpretations.	3
003. Administrative Appeals.	3
004. Incorporation By Reference.	3
005. Office -- Office Hours -- Mailing Address -- Street Address -- Telephone Number -- Internet Website.	3
006. Confidentiality Of Records And Public Records Act Compliance And Requests.	4
007. -- 009. (Reserved).	4
010. Definitions And Abbreviations.	4
011. -- 099. (Reserved).	6
100. Statewide EMS Advisory Committee.	6
101. -- 199. (Reserved).	8
200. EMS Training Programs.	8
201. Standards.	8
202. Certification Examinations.	8
203. Monitoring Of Instructor Performance.	8
204. Inspection.	8
205. Consistency With Scope Of Practice.	8
206. Consistency With National Standards.	9
207. -- 224. (Reserved).	9
225. Qualifications Of First Responder Course Instructors.	9
226. Qualifications Of EMT-Basic Course Instructors.	9
227. Primary Or Lead EMT-Basic Instructors.	9
228. EMT-basic Skills Instructors.	9
229. Advanced EMT And EMT-Paramedic Instructors.	9
230. EMT-Intermediate Instructors.	10
231. -- 299. (Reserved).	10
300. Ambulance Service Standards.	10
301. Non-Transport Service Standards.	12
302. -- 319. (Reserved).	14
320. Designation Of Clinical Capability.	14
321. -- 323. (Reserved).	14
324. Standards For Agencies Utilizing EMT-Intermediate Personnel.	14
325. Pre-Hospital Advanced Life Support (ALS) Standards.	15
326. -- 329. (Reserved).	15
330. Advanced Life Support (ALS) Transfer Standards.	15
331. -- 334. (Reserved).	16
335. Critical Care Transfer Service Standards.	16
336. -- 339. (Reserved).	17
340. Advanced Life Support (ALS) Designation Categories.	17

341. -- 399. (Reserved).	18
400. Advance Do Not Resuscitate Directives.	18
401. -- 404. (Reserved).	18
405. Standards For The Appropriate Use Of Air Medical Agencies By Certified EMS Personnel At Emergency Scenes.	18
406. -- 414. (Reserved).	19
415. Air Medical Response Criteria.	19
416. -- 419. (Reserved).	20
420. Communications.	20
421. -- 424. (Reserved).	21
425. Landing Zone And Safety.	21
426. -- 429. (Reserved).	22
430. Patient Destination.	22
431. -- 434. (Reserved).	22
435. Periodic Review Of EMS System Data.	22
436. -- 499. (Reserved).	23
500. Certification.	23
501. Initial Certification.	23
502. -- 509. (Reserved).	23
510. Certification Duration And Recertification.	23
511. Lapsed Certification.	24
512. Surrender Of Certification.	24
513. Reversion.	24
514. Reciprocity.	24
515. Administrative License Action.	24
516. -- 599. (Reserved).	25
600. Who May Report A Disciplinary Violation.	25
601. Preliminary Investigation.	25
602. Confidentiality Of Investigation.	25
603. Notice Of Certificate Action.	25
604. -- 999. (Reserved).	25

**IDAPA 16
TITLE 02
CHAPTER 03**

16.02.03 - RULES GOVERNING EMERGENCY MEDICAL SERVICES

000. LEGAL AUTHORITY.

The Idaho Board of Health and Welfare is authorized under Section 56-1017, Idaho Code, to adopt rules concerning the administration of the Idaho Emergency Medical Services Act. (4-6-05)

001. TITLE AND SCOPE.

01. Scope. These rules include criteria for training programs, certification of personnel, licensure of ambulance services and non-transport services, licensure of ambulances and non-transport vehicles, establishment of fees for training, inspections, and certifications, and appropriate requirements for recertification of personnel. (7-1-97)

02. Title. These rules shall be cited in full as IDAPA 16.02.03, Idaho Department of Health and Welfare, "Rules Governing Emergency Medical Services." (7-1-97)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this bureau has an EMS Standards Manual, which contains policy and interpretation of the rules of this Chapter, or to the documentation of compliance with the rules of this Chapter. Copies of the Manual may be obtained from the EMS Bureau, 590 W. Washington, Boise, Idaho 83702, P.O. Box 83720, Boise, Idaho 83720-0036. (3-30-01)

003. ADMINISTRATIVE APPEALS.

All contested cases shall be governed by the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (7-1-97)

004. INCORPORATION BY REFERENCE.

The Board of Health and Welfare has adopted the Minimum Equipment Standards for Licensed EMS Services, 2004 edition, Version 4.0, as its standard on required EMS equipment and hereby incorporates the Standards by reference. Copies of the Equipment Standards may be obtained from the EMS Bureau, 590 W. Washington Street, Boise, Idaho 83702, P.O. Box 83720, Boise, Idaho 83720-0036. (4-6-05)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (4-6-05)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-6-05)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-6-05)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (4-6-05)

05. Internet Websites. (4-6-05)

a. The Department's internet website is found at "http://www.healthandwelfare.idaho.gov." (4-6-05)

b. The Emergency Medical Services Bureau's internet website is found at "http://www.idahoems.org." (4-6-05)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS ACT COMPLIANCE AND REQUESTS.

01. Confidentiality of Records. Any disclosure of confidential information used or disclosed in the course of the Department's business is subject to the restrictions in state or federal law, federal regulation and Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Use and Disclosure of Department Records." (4-6-05)

02. Public Records Act. Individuals have a right to review and copy records maintained by the Department, subject to the provisions of the Idaho Public Records Act, Title 9, Chapter 3, Idaho Code, these rules, and state and federal laws that make records confidential. The Department's Administrative Procedures Section (APS) and designated custodians in Department offices receive and respond to public records requests. The APS can be reached at the mailing address for the Department's business office. Non-identifying or non-confidential information provided to the public by the Department in the ordinary course of business are not required to be reviewed by a public records custodian. Original records must not be removed from the Department by individuals who make public records requests. (4-6-05)

007. -- 009. (RESERVED).

010. DEFINITIONS AND ABBREVIATIONS.

For the purposes of these rules, the following terms and abbreviations will be used, as defined below: (7-1-80)

01. Advanced Emergency Medical Technician-Ambulance (AEMT-A). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of an advanced EMT training program, examination, subsequent required continuing training, and recertification. (4-6-05)

02. Advanced Life Support (ALS). The provision of medical care, medication administration and treatment with medical devices which correspond to the knowledge and skill objectives in the EMT-Paramedic curriculum currently approved by the State Health Officer in accordance with Subsection 201.04 of these rules and within the scope of practice defined in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05, by persons certified as EMT-Paramedics in accordance with these rules. (4-5-00)

03. Advertise. Communication of information to the public, institutions, or to any person concerned, by any oral, written, or graphic means including handbills, newspapers, television, radio, telephone directories and billboards. (4-5-00)

04. Agency. An applicant for designation or a licensed EMS service seeking designation. (4-5-00)

05. Air Medical Response. The deployment of an aircraft licensed as an ambulance to an emergency scene intended for the purpose of patient treatment and transportation. (4-11-06)

06. Ambulance. Any privately or publicly owned ground vehicle, nautical vessel, fixed wing aircraft or rotary wing aircraft used for, or intended to be used for, the transportation of sick or injured persons who may need medical attention during transport. (7-1-97)

07. Ambulance-Based Clinicians. Licensed Professional Nurses, Advanced Practice Professional Nurses, and Physician Assistants with current licenses from the Board of Nursing or the Board of Medicine, who are personnel provided by licensed EMS services. (4-5-00)

08. Board. The Idaho State Board of Health and Welfare. (12-31-91)

09. Certification. A credential issued to an individual by the EMS Bureau for a specified period of time indicating that minimum standards corresponding to one (1) or several levels of EMS proficiency have been met. (7-1-97)

10. Certified Personnel. Individuals who have completed training and successfully passed examinations for training and skills proficiency in one (1) or several levels of emergency medical services. (7-1-97)

- 11. Critical Care Transfer (CCT).** The transportation of a patient with continuous care, monitoring, medication or procedures requiring knowledge or skills not contained within the EMT-Paramedic curriculum approved by the State Health Officer. Interventions provided by EMT-Paramedics are governed by the scope of practice defined in IDAPA 22.01.06, "Rules for EMS Personnel." (4-6-05)
- 12. Director.** The Director of the Department of Health and Welfare or designated individual. (12-31-91)
- 13. Division.** The Idaho Division of Health, Department of Health and Welfare. (11-19-76)
- 14. Emergency.** A medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the person's health in serious jeopardy, or in causing serious impairments of bodily function or serious dysfunction of any bodily organ or part. (4-5-00)
- 15. Emergency Medical Services (EMS).** The services utilized in responding to a perceived individual need for immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. (11-19-76)
- 16. EMS Bureau.** The Emergency Medical Services (EMS) Bureau of the Idaho Department of Health and Welfare. (11-19-76)
- 17. EMS Standards Manual.** A manual published by the EMS Bureau detailing policy information including EMS education, training, certification, licensure, and data collection. (7-1-97)
- 18. Emergency Medical Technician-Ambulance (EMT-A).** A designation issued to an EMT-B by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of supervised in-field experience. (7-1-97)
- 19. Emergency Medical Technician-Basic (EMT-B).** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a basic EMT training program, examination, subsequent required continuing training, and recertification. (7-1-97)
- 20. Emergency Medical Technician-Intermediate (EMT-I).** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of an intermediate training program, examination, subsequent required continuing training, and recertification. (4-6-05)
- 21. Emergency Medical Technician-Paramedic (EMT-P).** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a paramedic training program, examination, subsequent required continuing training, and recertification. (7-1-97)
- 22. Emergency Scene.** Any setting (including standbys) outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. (4-11-06)
- 23. Glasgow Coma Score (GCS).** A scale used to determine a patient's level of consciousness. It is a rating from three (3) to fifteen (15) of the patient's ability to open his eyes, respond verbally, and move normally. The GCS is used primarily during the examination of patients with trauma or stroke. (4-11-06)
- 24. Ground Transport Time.** The total elapsed time calculated from departure of the ambulance from the scene to arrival of the ambulance at the patient destination. (4-11-06)
- 25. First Responder.** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a first responder training program, examination, subsequent required continuing training, and recertification. (7-1-97)
- 26. Licensed EMS Services.** Ambulance services and non-transport services licensed by the EMS

Bureau to function in Idaho. (7-1-97)

27. Local Incident Management System. The local system of interagency communications, command, and control established to manage emergencies or demonstrate compliance with the National Incident Management System. (4-11-06)

28. National Registry of Emergency Medical Technicians (NREMT). An independent, non-governmental, not for profit organization which prepares validated examinations for the state's use in evaluating candidates for certification. (7-1-97)

29. Non-Transport. A vehicle design or organizational configuration which brings EMS personnel or equipment to a location, but does not move any sick or injured person from that location. (7-1-97)

30. Out-of-Hospital. Any setting outside of a hospital, including inter-facility transfers, in which the provision of EMS may take place. (4-5-00)

31. Patient Assessment. The evaluation of a patient by EMS certified personnel intending to provide treatment or transportation to that patient. (4-11-06)

32. Physician. A person licensed by the State Board of Medicine to practice medicine or surgery or osteopathic medicine or surgery in Idaho. (11-17-96)

33. Pre-Hospital. Any setting (including standbys) outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. (4-5-00)

34. State Health Officer. The Administrator of the Division of Health. (11-19-76)

35. Transfer. The transportation of a patient from one (1) medical care facility to another by ambulance. (4-5-00)

011. -- 099. (RESERVED).

100. STATEWIDE EMS ADVISORY COMMITTEE.

The Director will appoint a Statewide EMS Advisory Committee to provide counsel to the Department in administering the EMS Act. The Committee members will have a normal tenure of three (3) years after which time they may be excused or reappointed. However, in order to afford continuity, initial appointments will be made to one-third (1/3) of the membership for two (2) years, one-third (1/3) for three (3) years, and one-third (1/3) of the membership for four (4) years. The Committee chairman will be selected by the State Health Officer. (7-1-97)

01. Committee Membership. The Statewide EMS Advisory Committee will be constituted as follows: (7-1-80)

a. One (1) representative recommended by the State Board of Medicine; and (4-8-94)

b. One (1) representative recommended by the Idaho Chapter of ACEP; and (4-8-94)

c. One (1) representative recommended by the Committee on Trauma of the Idaho Chapter of the American College of Surgeons; and (4-8-94)

d. One (1) representative recommended by the State Board of Nursing; and (4-8-94)

e. One (1) representative recommended by the Idaho Medical Association; and (4-8-94)

f. One (1) representative recommended by the Idaho Hospital Association; and (4-8-94)

g. One (1) representative of local government recommended by the Idaho Association of Counties; and (4-8-94)

and

- h.** One (1) representative of a career third service EMS/Ambulance organization; and (4-8-94)
 - i.** One (1) representative of a volunteer third service EMS/Ambulance organization; and (4-8-94)
 - j.** One (1) representative of a third service non-transport EMS organization; and (4-8-94)
 - k.** One (1) representative of a fire department based EMS/Ambulance recommended by the Idaho Fire Chiefs Association; and (4-8-94)
 - l.** One (1) representative of a fire department based non-transport EMS organization; and (4-8-94)
 - m.** One (1) representative of an air medical EMS organization; and (7-1-97)
 - n.** One (1) Emergency Medical Technician-Basic who represents the interests of Idaho providers certified at that level; and (4-8-94)
 - o.** One (1) Advanced Emergency Medical Technician-Ambulance who represents the interests of Idaho providers certified at that level; and (7-1-97)
 - p.** One (1) Emergency Medical Technician-Intermediate who represents the interests of Idaho providers certified at that level; and (4-6-05)
 - q.** One (1) Emergency Medical Technician-Paramedic who represents the interests of Idaho providers certified at that level; and (4-8-94)
 - r.** One (1) representative who is an administrative county EMS director; and (4-8-94)
 - s.** One (1) EMS instructor who represents the interests of Idaho EMS educators and evaluators; and (4-8-94)
 - t.** One (1) consumer; and (4-5-00)
 - u.** One (1) representative of a private EMS transport organization; and (4-5-00)
 - v.** One (1) pediatrician who represents the interests of children in the EMS system recommended by the Idaho Chapter of the American Academy of Pediatrics; and (3-30-01)
 - w.** One (1) board certified or equivalent pediatric emergency medicine physician. (3-30-01)
- 02. Responsibilities of Committee.** The EMS Advisory Committee will meet at least annually or as needed for the purposes of: (7-1-80)
- a.** Reviewing policies and procedures for provision of emergency medical services and recommending same to the Division; (11-19-76)
 - b.** Reviewing EMS training curricula, training standards, and examination processes and recommending same to the Division; (4-8-94)
 - c.** Reviewing EMS candidate selection policy and candidate performance requirements and recommending to the Division certification of standards for EMS personnel; (7-1-97)
 - d.** Reviewing and making recommendations for disciplinary action regarding EMS personnel who have not complied with EMS policies; (11-19-76)
 - e.** Reviewing and making recommendations on the licensing of ambulance services in Idaho. (11-19-76)

- f. Reviewing and making recommendations on the licensing of non-transport services in Idaho. (7-1-97)

101. -- 199. (RESERVED).

200. EMS TRAINING PROGRAMS.

EMS training programs must meet all requirements in accordance with the standards listed in Section 201 of these rules. In order for the EMS Bureau to verify compliance, the course coordinator must submit an application to the EMS Bureau before the course begins. The EMS Training Program may be approved by the EMS Bureau only if all requirements are met. The EMS Training Program must be approved in order for candidates to qualify for access to a certification examination. (7-1-97)

201. STANDARDS.

All initial training programs must be conducted in accordance with the following criteria: (4-6-05)

01. Course Coordinator. Each EMS training program must have a designated course coordinator who has overall responsibility for management of the course and specific duties, including: (4-6-05)

a. Documentation of candidate qualifications, attendance, skill proficiency, and clinical sessions; (7-1-97)

b. Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught; (7-1-97)

c. Coordination of access for candidates into health care facilities and licensed EMS services in accordance with the curriculum of the course; (7-1-97)

d. Acquisition of equipment for all skills objectives within the curriculum being taught. (7-1-97)

02. Instructor Qualifications. The course instructor(s) conducting EMS training courses must meet the appropriate qualifications established in Sections 225 through 230 of these rules. (4-6-05)

03. Physician Oversight. AEMT-A, EMT-I, and EMT-P training courses must be conducted under the direction of a physician. (4-6-05)

04. Curriculum and Equipment. Training courses must use course curricula approved by the State Health Officer and have access to equipment related to all skills objectives within the curricula. (7-1-97)

202. CERTIFICATION EXAMINATIONS.

Certification examinations shall be approved by the State Health Officer and conducted by individuals who are certified or licensed at or above the skill level being examined, or by registered nurses, or by licensed physicians. (7-1-97)

203. MONITORING OF INSTRUCTOR PERFORMANCE.

The EMS Bureau shall monitor instructor performance for all EMS training programs, including candidates' performance on National Registry and other standardized examinations, surveys of candidate satisfaction, and results of other evaluation instruments. Summary findings shall be made available to licensed EMS services and other organizations sponsoring EMS training programs. (7-1-97)

204. INSPECTION.

Representatives of the EMS Bureau are authorized to enter the training facility at reasonable times, for the purpose of assuring that the training program meets or exceeds the provisions of these rules and the EMS Standards Manual. (7-1-97)

205. CONSISTENCY WITH SCOPE OF PRACTICE.

All curricula approved for use in Idaho or used as the basis for certification by a candidate trained elsewhere must be

consistent with the scope of practice established by the Board of Medicine for the level of certification requested by the candidate. (7-1-97)

206. CONSISTENCY WITH NATIONAL STANDARDS.

The EMS Bureau considers the National Standard Curriculum and the National EMS Scope of Practice Model as models for design or adaptation of EMS training program content and EMS certification levels. (4-6-05)

207. -- 224. (RESERVED).

225. QUALIFICATIONS OF FIRST RESPONDER COURSE INSTRUCTORS.

First Responder Course Instructors must be approved by the EMS Bureau, based on being certified for at least three (3) years at or above the level of the session of the curriculum being taught. (7-1-97)

226. QUALIFICATIONS OF EMT-BASIC COURSE INSTRUCTORS.

EMT-Basic course instructors must be approved by the EMS Bureau, based on the following requirements: (7-1-97)

01. Application. Submission of an application to the EMS Bureau; (7-1-97)

02. Adult Instructional Methodology. Completion of one (1) or more courses approved by the EMS Bureau based on content that includes the following instructional methodologies: (4-6-05)

a. The adult learner; (4-6-05)

b. Learning objectives; (4-6-05)

c. Learning process; (4-6-05)

d. Lesson plans; (4-6-05)

e. Course materials; (4-6-05)

f. Preparation; (4-6-05)

g. Teaching aids; (4-6-05)

h. Teaching methods; and (4-6-05)

i. Evaluations. (4-6-05)

03. EMS Instructor Orientation. Completion of the EMS Bureau orientation program for EMS instructors or equivalent; and (4-6-05)

04. Certification. Certification at or above the level of curriculum being taught, for at least three (3) years. Licensed individuals and other health care providers must also be certified at the EMT level. (7-1-97)

227. PRIMARY OR LEAD EMT-BASIC INSTRUCTORS.

Primary or lead instructors must be approved as EMT-Basic Course Instructors, personally instruct at least seventy-five percent (75%) of the didactic training of the course, and instruct or oversee the skills training in the curriculum. (4-6-05)

228. EMT-BASIC SKILLS INSTRUCTORS.

EMT-Basic skills instructors shall be approved as EMT-Basic Course Instructors and shall personally instruct the psychomotor portions of the curriculum. (7-1-97)

229. ADVANCED EMT AND EMT-PARAMEDIC INSTRUCTORS.

AEMT-A and EMT-P Instructors must be approved by the EMS Bureau based on having credentials, education or experience that correspond to the knowledge and skills objectives being taught. (7-1-97)

230. EMT-INTERMEDIATE INSTRUCTORS.

All EMT-I primary or lead instructors must meet the following criteria: (4-6-05)

- 01. Certification.** One (1) of the following must be documented: (4-6-05)
 - a.** Three (3) or more years of certification at or above the EMT-I level; (4-6-05)
 - b.** Idaho licensure as a physician, licensed professional nurse or other mid-level health care provider, and current certification at any EMS provider level; (4-6-05)
 - c.** Employment as an instructor by a college or university and teaching an accredited paramedic program. (4-6-05)
- 02. Adult Instructional Methodology.** Completion of one (1) or more courses approved by the EMS Bureau based on content as listed in Subsection 226.02 of these rules. (4-6-05)
- 03. EMS Instructor Orientation.** Completion of an EMS Bureau orientation program for EMS instructors, or equivalent, within eighteen (18) months of the proposed course start date or instructor application submission. (4-6-05)
- 04. Application.** Submission of an application to the EMS Bureau documenting credentials, education or experience that correspond to the knowledge and skills objectives being taught. (4-6-05)
- 05. Bureau Approval.** Approval will be verified for every primary or lead EMT-Intermediate instructor listed on each EMT-Intermediate course application. (4-6-05)
- 06. Primary or Lead Instructors.** Primary or lead instructors must personally instruct or monitor at least ninety percent (90%) of the didactic training of the course, and must instruct or oversee the skills training in the curriculum. (4-6-05)

231. -- 299. (RESERVED).

300. AMBULANCE SERVICE STANDARDS.

To qualify for licensing as an ambulance service under Section 56-1016, Idaho Code, the applicant must demonstrate compliance with the following: (4-6-05)

- 01. Ambulance Vehicles.** All ambulance vehicles must meet one (1) of the following conditions to be licensed: (4-6-05)
 - a.** The vehicle meets or exceeds any federal, industry, or trade specifications or standards for ambulance vehicles as identified by the applicant. (7-1-97)
 - b.** The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-97)
- 02. Required Ambulance Equipment.** Each ambulance must be equipped with the following: (7-1-97)
 - a.** Medical care supplies and devices as specified in the Minimum Equipment Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents. (7-1-97)
 - b.** Mobile radio on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (11-19-76)

c. Safety equipment and personal protective supplies for certified personnel and other vehicle occupants as specified in the Minimum Equipment Standards, including materials to provide for body substance isolation and protection from exposure to communicable diseases and pathogens under Section 56-1017, Idaho Code. (4-6-05)

03. Ambulance Personnel. The ambulance service must demonstrate that a sufficient number of personnel are affiliated with the service to accomplish a twenty-four (24) hour a day, seven (7) day a week response capability in accordance with Section 56-1016, Idaho Code. The service must describe its anticipated staffing patterns per vehicle and shift on the application supplied by the EMS Bureau. The annual inspection by the EMS Bureau must include a review of the ambulance service personnel staffing configuration. (4-6-05)

04. Records to be Maintained. The ambulance service must maintain records of each ambulance response and submit them to the EMS Bureau at least quarterly in a form approved by the EMS Bureau. These records must include at least the following information: (7-1-97)

- a.** Name of ambulance service; and (11-19-76)
- b.** Date of response; and (7-1-97)
- c.** Time call received; and (11-19-76)
- d.** Time en route to scene; and (7-1-97)
- e.** Time arrival at scene; and (11-19-76)
- f.** Time service departed scene; and (7-1-97)
- g.** Time arrival at hospital; and (11-19-76)
- h.** Location of incident; and (11-19-76)
- i.** Description of illness/injury; and (11-19-76)
- j.** Description of patient management; and (11-19-76)
- k.** Patient destination; and (11-19-76)
- l.** Ambulance unit identification; and (11-19-76)
- m.** Identification and certification level of each ambulance crew member on the response; and (7-1-97)
- n.** Response outcome. (7-1-97)

05. Communications. Ambulance service dispatch must be in accordance with Section 56-1016, Idaho Code. The application for licensure must describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau will include a review of the ambulance service dispatch and communications configuration. (4-6-05)

06. Medical Control Plan. The ambulance service must describe the extent and type of supervision by a licensed physician that is available to certified personnel. The annual inspection by the EMS Bureau will include a review of the ambulance service medical control configuration. (4-6-05)

07. Medical Treatment Protocols. The ambulance service must submit a complete copy of the medical treatment protocols and written standing orders under which its certified personnel will function with the application for licensure. (4-6-05)

08. Training Facility Access. The applicant must describe the arrangements which will provide access to clinical and didactic training locations, in the initial application for service licensure. (4-6-05)

09. Geographic Coverage Description. Each application for initial licensure must contain a specific description of the Idaho jurisdiction(s) that the ambulance service will serve using known geopolitical boundaries or geographic coordinates. (4-6-05)

10. Required Application. The applicant must submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form will be available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. (4-6-05)

11. Inspection. Representatives of the EMS Bureau are authorized to enter the applicant's facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the ambulance services' vehicle(s) and equipment, ambulance response records, and other necessary items to determine eligibility for licensing by the state of Idaho in relation to the minimum standards in Section 56-1016, Idaho Code. (4-6-05)

12. License. Ambulance services must be licensed on an annual basis by the EMS Bureau. (7-1-97)

301. NON-TRANSPORT SERVICE STANDARDS.

In order to qualify for licensing as a non-transport service under Section 56-1016, Idaho Code, the applicant must demonstrate compliance with the following: (4-6-05)

01. Vehicles. All vehicles must meet one (1) of the following conditions to be licensed: (7-1-97)

a. The vehicle meets or exceeds standards for that type vehicle, including federal, industry, or trade specifications, as identified by the applicant and recognized and approved by the EMS Bureau. (7-1-97)

b. The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-97)

02. Required Equipment for Non-Transport Services. Certified personnel must have access to required equipment. The equipment must be stored on a dedicated response vehicle, or in the possession of certified personnel. The application for licensure as a non-transport service must include a description of the following: (4-6-05)

a. Medical care supplies and devices as specified in the Minimum Equipment Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents. (7-1-97)

b. Mobile or portable radio(s) on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (7-1-97)

c. Safety equipment and personal protective supplies for certified personnel and other vehicle occupants as specified in the Minimum Equipment Standards for Licensed EMS Services, including materials to provide for body substance isolation and protection from exposure to communicable diseases under Section 56-1017, Idaho Code. (4-6-05)

03. Non-Transport Service Personnel. The non-transport service must demonstrate that a sufficient number of certified personnel are affiliated with the service to accomplish a twenty-four (24) hour a day, seven (7) day a week response capability. Exceptions to this requirement may be granted by the EMS Bureau when strict compliance with the requirement would cause undue hardship on the community being served, or would result in abandonment of the service. The annual inspection by the EMS Bureau will include a review of the personnel staffing configuration. (4-6-05)

04. Records to Be Maintained. The non-transport service must maintain records of each EMS response in a form approved by the EMS Bureau that include at least the following information: (7-1-97)

- a. Identification of non-transport service; and (7-1-97)
- b. Date of response; and (7-1-97)
- c. Time call received; and (7-1-97)
- d. Time en route to scene; and (7-1-97)
- e. Time arrival at scene; and (7-1-97)
- f. Time service departed scene; and (7-1-97)
- g. Location of incident; and (7-1-97)
- h. Description of illness/injury; and (7-1-97)
- i. Description of patient management; and (7-1-97)
- j. Patient destination; and (7-1-97)
- k. Identification of non-transport service personnel on response and certification; and (7-1-97)
- l. Response outcome. (7-1-97)

05. Communications. The application for licensure must describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau will include a review of the non-transport service dispatch and communications configuration. (4-6-05)

06. Medical Control Plan. The non-transport service must describe the extent and type of supervision by a licensed physician that is available to certified personnel. The annual inspection by the EMS Bureau will include a review of the non-transport service medical control configuration. (4-6-05)

07. Medical Treatment Protocols. The non-transport service must submit a complete copy of the medical treatment protocols and written standing orders under which its certified personnel will function with the initial application for licensure. (4-6-05)

08. Training Facility Access. The applicant must describe the arrangements which will provide access to clinical and didactic training locations in the initial application for service licensure. (4-6-05)

09. Geographic Coverage Description. Each application for initial licensure must contain a specific description of the Idaho jurisdiction(s) that the non-transport service will serve using known geopolitical boundaries or geographic coordinates. (4-6-05)

10. Required Application. The applicant must submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form is available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. (4-6-05)

11. Inspection. Representatives of the Department are authorized to enter the applicant's facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the non-transport services' vehicle(s) and equipment, non-transport response records, and other necessary items to determine eligibility for licensing by the state of Idaho. (7-1-97)

12. Non-Transport Service Minimum Standards Waiver. The controlling authority providing non-transport services may petition the EMS Bureau for waiver of the non-transport service standards of these rules, if compliance with the service standards would cause undue hardship on the community being served. (7-1-97)

13. License. Non-transport services must be licensed on an annual basis by the EMS Bureau. (7-1-97)

302. -- 319. (RESERVED).

320. DESIGNATION OF CLINICAL CAPABILITY.

All ambulance and non-transport licenses issued by the EMS Bureau must indicate the clinical level of service which can be provided by the ambulance or non-transport service after verification of compliance with Section 300 or Section 301 of these rules. Agencies which provide certified personnel at the First Responder, EMT-B, or EMT-A level will be designated as Basic Life Support services. Agencies which provide certified personnel at the AEMT-A or EMT-Intermediate level will be designated as Intermediate Life Support services. Designation of services which function at or above the ALS level will be issued in accordance with Section 340 of these rules. Licensed EMS Services may function at one (1) or more ALS levels corresponding to the designation issued by the EMS Bureau as a result of the application and inspection process required in Sections 300 and 301 of these rules. (4-6-05)

321. -- 323. (RESERVED).

324. STANDARDS FOR AGENCIES UTILIZING EMT-INTERMEDIATE PERSONNEL.

An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify to utilize EMT-Intermediate personnel if the following criteria are met: (4-6-05)

01. Personnel. The agency must have one (1) or more EMT-Intermediates listed on the agency personnel roster. The agency is specifically prohibited from utilizing other licensed health care providers unless they are accompanied by or are cross-trained and certified as an EMS provider. (4-6-05)

a. EMT-Intermediate personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. (4-6-05)

b. An agency may use Ambulance-Based Clinicians who function with an EMT-I or are cross-trained and certified as an EMT-I. The agency must verify that all Ambulance-Based Clinicians have successfully completed a formal training program of pre-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency must assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. (4-6-05)

c. Personnel must initiate intermediate life support as authorized by the physician designated as the medical director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel." (4-6-05)

d. Personnel must initiate requests for on-line medical direction as dictated by the EMS agency's protocols. (4-6-05)

02. Required Documentation. The affiliation status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-6-05)

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the initial and renewal application for licensure. (4-6-05)

b. The agency must maintain documentation of proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of certification. (4-6-05)

03. Required Equipment. The agency vehicle(s) must be equipped with the minimum required equipment listed in the EMT-Intermediate Services section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

325. PRE-HOSPITAL ADVANCED LIFE SUPPORT (ALS) STANDARDS.

Pre-hospital ALS designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05, for the purposes of responding to emergencies in any 911 service area, standby, or other area on an emergency basis. Designation is for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for Pre-hospital ALS designation if the following criteria are met: (4-6-05)

01. Personnel. The agency must have a sufficient number of EMT-Paramedics to assure availability of such personnel corresponding to the anticipated call volume of the agency. The agency is specifically prohibited from utilizing other licensed health care providers for pre-hospital and emergency responses to requests for EMS unless they are accompanied by or cross-trained and certified as an EMT-Paramedic. (4-5-00)

a. EMT-Paramedic personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. (4-5-00)

b. An agency may use Ambulance-Based Clinicians who function with an EMT-P or are cross-trained and certified as an EMT-P. The agency must verify that all Ambulance-Based Clinicians have successfully completed a formal training program of pre-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency shall assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. (4-6-05)

c. Personnel must initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05. (4-6-05)

02. Required Documentation. The employment status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-5-00)

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. (4-5-00)

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. (4-5-00)

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

04. Administrative License Action. A pre-hospital ALS designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds Critical Care Transfer Service designation in accordance with Section 335 of these rules. (4-5-00)

326. -- 329. (RESERVED).

330. ADVANCED LIFE SUPPORT (ALS) TRANSFER STANDARDS.

ALS Transfer designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05, for the purposes of providing medical care and transportation between medical care facilities. Designation is for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for ALS Transfer designation if the following criteria are met: (4-6-05)

01. Personnel. The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. (4-5-00)

a. EMT-Paramedic personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. (4-5-00)

b. An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency shall verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency shall assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. (4-5-00)

c. Personnel shall initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05. (4-5-00)

02. Required Documentation. The employment status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-5-00)

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. (4-5-00)

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. (4-5-00)

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

04. Administrative License Action. An ALS Transfer designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds Critical Care Transfer Service designation in accordance with Section 335 of these rules. (4-5-00)

331. -- 334. (RESERVED).

335. CRITICAL CARE TRANSFER SERVICE STANDARDS.

Critical Care Transfer Service designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities requiring knowledge or skills not contained within the EMT-Paramedic curriculum approved by the State Health Officer. Designation shall be for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 of these rules may qualify for Critical Care Transfer Service designation if the following criteria are met: (4-5-00)

01. Personnel. The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. (4-5-00)

a. EMT-Paramedic personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. All EMT-Paramedics who will be the primary or the only care provider during critical care transfers must have successfully completed a formal training program in critical care transport

which meets or exceeds the objectives of the curriculum approved by the State Health Officer. (4-5-00)

b. An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency shall verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency shall assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. (4-5-00)

c. Personnel shall initiate critical care as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05. (4-5-00)

02. Required Documentation. The employment status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-5-00)

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. (4-5-00)

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. (4-5-00)

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

04. Administrative License Action. A Critical Care Transfer Service designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. (4-5-00)

336. -- 339. (RESERVED).

340. ADVANCED LIFE SUPPORT (ALS) DESIGNATION CATEGORIES.

Licensed EMS services are permitted to hold any combination of designations achieved by meeting the standards in Sections 325, 330, and 335 of these rules. Licenses or the designations associated with them can not be assigned or transferred. A standard system of designation must be used by the EMS Bureau to define which combination of clinical capabilities has been demonstrated by each ALS licensed EMS service. (4-6-05)

01. An ALS Level I. An ALS Level I license must be issued by the EMS Bureau to any applicant who meets the requirements in Sections 325, 330 and 335 of these rules. (4-6-05)

02. An ALS Level II. An ALS Level II license must be issued by the EMS Bureau to any applicant who meets the requirements in Sections 325 and 330 of these rules. (4-6-05)

03. An ALS Level III. An ALS Level III license must be issued by the EMS Bureau to any applicant who meets the requirements in Sections 330 and 335 of these rules. (4-6-05)

04. An ALS Level IV. An ALS Level IV license must be issued by the EMS Bureau to any applicant who meets the requirements in Section 330 of these rules. (4-6-05)

05. An ALS Level V. An ALS Level V license must be issued by the EMS Bureau to any applicant who meets the requirements in Section 325 of these rules. (4-6-05)

341. -- 399. (RESERVED).

400. ADVANCE DO NOT RESUSCITATE DIRECTIVES.

01. Protocols. (11-10-94)

a. The EMS Advisory Committee will establish standard protocols for EMS personnel to respond to advance DNR directives. (11-10-94)

b. The protocol will be reviewed at least annually by the EMS Advisory Committee to determine if changes in protocol should be made to reflect technological advances. (11-10-94)

c. The Department will notify Idaho EMS providers of DNR protocols and any subsequent changes. (11-10-94)

02. Do Not Resuscitate Order. (11-10-94)

a. A standard DNR form will be made available to physicians by the Department or its designee. (11-10-94)

b. One (1) copy will be maintained in the patient's file and one (1) copy will be kept by the patient. (11-10-94)

03. Do Not Resuscitate Identification. (11-10-94)

a. Only a physician signed DNR order or a Department approved bracelet or necklace will be honored by EMS personnel. (11-10-94)

b. The bracelet or necklace will have an easily identifiable logo that solely represents a DNR code. (11-10-94)

c. The Department will advise EMS personnel of what constitutes an acceptable identification. (11-10-94)

d. No DNR identification may be issued without a valid DNR order in place. (11-10-94)

e. Only vendors authorized by the Department may sell or distribute DNR identifications. (11-10-94)

401. -- 404. (RESERVED).

405. STANDARDS FOR THE APPROPRIATE USE OF AIR MEDICAL AGENCIES BY CERTIFIED EMS PERSONNEL AT EMERGENCY SCENES.

01. Who Establishes Training Curricula and Continuing Education Requirements for Air Medical Criteria? The EMS Bureau will incorporate education and training regarding the air medical criteria established in Section 425 of this rule into initial training curricula and required continuing education of certified EMS personnel. (4-11-06)

02. Who Must Establish Written Criteria Guiding Decisions to Request an Air Medical Response? Each licensed EMS service must establish written criteria, approved by the EMS service medical director, to guide the decisions of the service's certified EMS personnel to request an air medical response to an emergency scene. The criteria will include patient conditions found in Section 415 of these rules. (4-11-06)

03. What Written Criteria is Required for EMS Service Licensure? Written criteria guiding decisions to request an air medical response will be required for all initial and renewal applications for EMS service licensure for licenses effective on November 1, 2006, or later. (4-11-06)

04. Who Is Responsible for Requesting an Air Medical Response? Certified EMS personnel en route to or at the emergency scene have the primary responsibility and authority to request the response of air medical services in accordance with the local incident management system and licensed EMS service written criteria. (4-11-06)

05. When Can Certified EMS Personnel Cancel an Air Medical Response? Certified EMS personnel must complete a patient assessment prior to their cancellation of an air medical response. (4-11-06)

06. Who May Establish Criteria for Simultaneous Dispatch? The licensed EMS service may establish criteria for simultaneous dispatch for air and ground medical response. Air medical services will not respond to an emergency scene unless requested. (4-11-06)

07. Who Is Responsible for Selecting an Appropriate Air Medical Service? Selection of an appropriate air medical service is the responsibility of the licensed EMS service. (4-11-06)

a. The licensed EMS service, through written policy, will establish a process of air medical selection. (4-11-06)

b. The written policy must direct EMS personnel to honor a patient request for a specific air medical service when the circumstances will not jeopardize patient safety or delay patient care. (4-11-06)

406. -- 414. (RESERVED).

415. AIR MEDICAL RESPONSE CRITERIA.

The need for an air medical request will be determined by the licensed EMS service certified personnel based on their patient assessment and transport time. Each licensed EMS service must develop written criteria based on best medical practice principles. The following conditions must be included in the criteria: (4-11-06)

01. What Clinical Conditions Require Written Criteria? The licensed EMS service written criteria will provide guidance to the certified EMS personnel for the following clinical conditions: (4-11-06)

a. The patient has a penetrating or crush injury to head, neck, chest, abdomen, or pelvis; (4-11-06)

b. Neurological presentation suggestive of spinal cord injury; (4-11-06)

c. Evidence of a skull fracture (depressed, open, or basilar) as detected visually or by palpation; (4-11-06)

d. Fracture or dislocation with absent distal pulse; (4-11-06)

e. A Glasgow Coma Score of ten (10) or less; (4-11-06)

f. Unstable vital signs with evidence of shock; (4-11-06)

g. Cardiac arrest; (4-11-06)

h. Respiratory arrest; (4-11-06)

i. Respiratory distress; (4-11-06)

j. Upper airway compromise; (4-11-06)

k. Anaphylaxis; (4-11-06)

l. Near drowning; (4-11-06)

- m.** Changes in level of consciousness; (4-11-06)
- n.** Amputation of an extremity; and (4-11-06)
- o.** Burns greater than twenty percent (20%) of body surface or with suspected airway compromise. (4-11-06)

02. What Complicating Conditions Require Written Criteria? When associated with clinical conditions in Subsection 415.01 of these rules, the following complicating conditions require written guidance for EMS personnel: (4-11-06)

- a.** Extremes of age; (4-11-06)
- b.** Pregnancy; and (4-11-06)
- c.** Patient “do not resuscitate” status as described in Section 400 of these rules. (4-11-06)

03. What Operational Conditions Require Written Guidance for an Air Medical Response? The licensed EMS service written criteria will provide guidance to the certified EMS personnel for the following operational conditions: (4-11-06)

- a.** Availability of local hospitals and regional medical centers; (4-11-06)
- b.** Air medical response to the scene and transport to an appropriate hospital will be significantly shorter than ground transport time; (4-11-06)
- c.** Access to time sensitive medical interventions such as percutaneous coronary intervention, thrombolytic administration for stroke, or cardiac care; (4-11-06)
- d.** When the patient's clinical condition indicates the need for advanced life support and air medical is the most readily available access to advanced life support capabilities; (4-11-06)
- e.** As an additional resource for a multiple patient incident; (4-11-06)
- f.** Remote location of the patient; and (4-11-06)
- g.** Local destination protocols. (4-11-06)

416. -- 419. (RESERVED).

420. COMMUNICATIONS.

01. Who Is Responsible for Requesting an Air Medical Response? The licensed EMS service will establish a uniform method of communication, in compliance with the local incident management system, to request air medical response. (4-11-06)

02. What Information Must Be Given When Requesting an Air Medical Response? Requests for an air medical response must include the following information as it becomes available: (4-11-06)

- a.** Type of incident; (4-11-06)
- b.** Landing zone location or GPS (latitude/longitude) coordinates, or both; (4-11-06)
- c.** Scene contact unit or scene incident commander, or both; (4-11-06)
- d.** Number of patients if known; (4-11-06)

- e. Need for special equipment; (4-11-06)
- f. How to contact on scene EMS personnel, and (4-11-06)
- g. How to contact the landing zone officer. (4-11-06)

03. Who Is Notified of a Request for an Air Medical Response? The air medical service will notify the State EMS Communication Center within ten (10) minutes of launching an aircraft in response to a request for emergency services. Notification will include: (4-11-06)

- a. The name of the requesting entity; (4-11-06)
- b. Location of the landing zone; and (4-11-06)
- c. Scene contact unit and scene incident commander, if known. (4-11-06)

04. Who Is Provided the Estimated Time of Arrival at the Specified Landing Zone? Upon receipt of a request for emergency services, the air medical service will provide the requesting entity with an estimated time to arrival in hours and minutes at the location of the specified landing zone and any changes to that estimated time. (4-11-06)

05. Who Must Confirm Availability of an Air Medical Response? Upon receipt of a request, the air medical service will inform the requesting entity if the air medical service is not immediately available to respond. (4-11-06)

421. -- 424. (RESERVED).

425. LANDING ZONE AND SAFETY.

01. Who Is Responsible for Setting Up Landing Zone Procedures? The licensed EMS service in conjunction with the air medical service(s) must have written procedures for establishment of landing zones. Such procedures will be compatible with the local incident management system. (4-11-06)

02. What Are the Responsibilities of Landing Zone Officers? The procedures for establishment of landing zones must include identification of Landing Zone Officers with responsibility for the following: (4-11-06)

- a. Landing zone preparation; (4-11-06)
- b. Landing zone safety; and (4-11-06)
- c. Communication between ground and air agencies. (4-11-06)

03. What Training Is Required for Landing Zone Officers? The licensed EMS service will assure that EMS certified personnel, designated as Landing Zone Officers, have completed training in establishing an air medical landing zone based on the following elements: (4-11-06)

- a. The required size of a landing zone; (4-11-06)
- b. The allowable slope of a landing zone; (4-11-06)
- c. The allowable surface conditions; (4-11-06)
- d. Hazards and obstructions; (4-11-06)
- e. Marking and lighting; (4-11-06)
- f. Landing zone communications; and (4-11-06)

g. Landing zone safety. (4-11-06)

04. What Is the Deadline for Obtaining Training as Landing Zone Officers? Current EMS certified personnel, designated as Landing Zone Officers, must complete the required training described in Subsection 425.03 of these rules by June 30, 2007. (4-11-06)

05. What Is the Deadline for Training as a Landing Zone Officer for EMS Recertification? All EMS certified personnel will complete training described in Subsection 425.03 of these rules as a component of required continuing education for recertification not later than June 30, 2010. (4-11-06)

06. Who Has the Final Decision to Use an Established Landing Zone? The air medical pilot may refuse the use of an established landing zone. In the event of pilot refusal, the landing zone officer will initiate communications to identify an alternate landing zone. (4-11-06)

426. -- 429. (RESERVED).

430. PATIENT DESTINATION.

The air medical service must have written procedures for determination of patient destination. (4-11-06)

01. Procedures for Destination Protocol and Medical Direction. The air medical service written procedure will consider the licensed EMS service destination protocol and medical direction received. (4-11-06)

02. Availability of Written Procedures. The air medical service must make the written procedures available to licensed EMS services that utilize their services. (4-11-06)

03. Determination of Destination Will Honor Patient Preference. The air medical procedures for determination of destination will honor patient preference if the requested facility is capable of providing the necessary medical care and if the requested facility is located within a reasonable distance not compromising patient care or the EMS system. (4-11-06)

431. -- 434. (RESERVED).

435. PERIODIC REVIEW OF EMS SYSTEM DATA.

The Department of Health and Welfare, EMS Bureau, will periodically review service response data with other EMS system data such as those found in the Trauma Registry maintained in accordance with Title 57, Chapter 20, Idaho Code. (4-11-06)

01. How Often Will the Department Conduct a Review of Air Medical Criteria? The Idaho EMS Bureau will review the rules, utilization and effectiveness of air medical criteria every three (3) years with the first review being completed no later than June 30, 2009. (4-11-06)

02. What May Be Included During the Review of Air Medical Criteria? The EMS Bureau review of air medical criteria may include the following: (4-11-06)

a. Licensed EMS service response data; (4-11-06)

b. Licensed EMS service guidelines; (4-11-06)

c. Patient treatment and outcome information; and (4-11-06)

d. Trauma Registry data. (4-11-06)

03. What Information Must Be Provided During the Review of Air Medical Response Criteria? Licensed EMS services must provide incident specific patient care related data identified and requested by the EMS Bureau in the review of air medical response criteria. (4-11-06)

04. To Whom Will the EMS Bureau Report the Aggregate Data and Findings? The EMS Bureau will report the aggregate data and findings from the review of air medical criteria to all licensed EMS services, hospitals, county commissioners, and EMS medical directors. (4-11-06)

436. -- 499. (RESERVED).

500. CERTIFICATION.

In order to practice or represent himself as a First Responder, EMT-B, AEMT-A, EMT-I, or EMT-P, an individual must maintain current certification issued by the EMS Bureau. (4-6-05)

501. INITIAL CERTIFICATION.

Upon successful completion of an EMS training program, a candidate may apply for certification to the EMS Bureau. In addition, candidates must satisfy the following requirements: (4-6-05)

01. Affiliation Required. Candidates for certification at the EMT-B, AEMT-A, EMT-I, and EMT-P levels must have current affiliation with a licensed EMS service which functions at, or higher than, the level of certification being sought by the applicant; (4-6-05)

02. Required Identification. Candidates for certification at any level must have a state driver's license, an Idaho identification card which is issued by a county driver's license examining station, or identification card issued by the Armed Forces of the United States; and (7-1-97)

03. Criminal Background Check. A criminal background check must be conducted for all applicants for initial certification in accordance with the standards and procedures established in IDAPA 16.05.06, "Criminal History and Background Checks." The Division or the EMS Bureau may require an updated or additional criminal background check at any time, without expense to the applicant, if there is cause to believe new or additional information will be disclosed. Denial without the grant of an exemption under IDAPA 16.05.06, will result in denial or revocation of certification. (4-6-05)

04. Fee for Initial Certification. The fee for initial certification for AEMT-A, EMT-I, and EMT-P is thirty-five dollars (\$35). (4-6-05)

05. Required Examination. Candidates for certification at any level must obtain a passing score on the standardized examination designated by the EMS Bureau. The examination type must correspond to the level of certification being sought in accordance with the EMS Standards Manual in effect at the time of application. (4-6-05)

502. -- 509. (RESERVED).

510. CERTIFICATION DURATION AND RECERTIFICATION.

All certification is for the following specified intervals of time, during which time required continuing education, refresher courses and other proficiency assurances must be completed in order to renew the certification. (4-6-05)

01. First Responder Certification. A First Responder will be issued certification for three (3) years. The duration of initial certification may be up to forty-two (42) months from the date of examination. Continuing education and refresher course must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. (4-6-05)

02. EMT-B Certification. An EMT-B will be issued certification for three (3) years. The duration of initial certification may be up to forty-two (42) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. (4-6-05)

03. AEMT-A Certification. An AEMT-A will be issued certification for two (2) years. The duration of initial certification may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. The fee for recertification is twenty-five dollars (\$25). (4-6-05)

04. EMT-I Certification. An EMT-I will be issued certification for two (2) years. The duration of initial certification may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. The fee for recertification is twenty-five dollars (\$25). (4-6-05)

05. EMT-P Certification. An EMT-P will be issued certification for two (2) years. The duration of initial certification may be up to thirty (30) months from the date of examination. Continuing education, refresher courses, and proficiency assurance documentation will be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. The fee for recertification is twenty-five dollars (\$25). (4-6-05)

06. Required Documentation. Documentation of recertification requirements is due to the EMS Bureau prior to the certification expiration date. Failure to submit complete documentation of requirements by the certification expiration date renders the certification invalid and the candidate must not practice or represent himself as certified personnel. (4-6-05)

07. Affiliation Required. Candidates for recertification at the EMT-B, AEMT-A, EMT-I, and EMT-P levels must have current affiliation with a licensed EMS service. (4-6-05)

511. LAPSED CERTIFICATION.

After the expiration date of certification issued by the EMS Bureau, the certification will no longer be valid unless required recertification documentation has been submitted. No grace periods or extensions to an expiration date may be granted. (4-6-05)

01. Reinstatement of Certification. An individual may submit recertification documentation up to a maximum of two (2) years following the certification expiration date. In order for certification to be reinstated individuals must meet the requirements for initial certification. Continuing education proportionate to the amount of time since the last recertification must be documented. (7-1-97)

02. Re-Entry. An individual whose certification has been expired for more than two (2) years must attend and successfully complete an initial training program for the level of certification being sought. All other requirements for initial certification must be met. (4-6-05)

512. SURRENDER OF CERTIFICATION.

An individual who possesses current certification may relinquish that certification at any time by submitting a letter of intent to the EMS Bureau. This action may not prevent investigative or disciplinary action against the individual, which may take place thereafter. (7-1-97)

513. REVERSION.

An individual who possesses current certification may relinquish that certification and receive a certification at a lower level with the same expiration date as the original certification. The individual must meet all requirements for initial certification. This action may not prevent investigative or disciplinary action against the individual which may take place thereafter. (7-1-97)

514. RECIPROCITY.

An individual who has successfully completed an EMS training program approved by another state, U.S. Territory, or branch of the U.S. Armed Services may apply for EMS certification if the individual satisfies the criteria for initial certification and has current NREMT registration or state EMS certification at or above the level of certification being sought. (7-1-97)

515. ADMINISTRATIVE LICENSE ACTION.

Any license or certification may be suspended, revoked, denied, or retained only upon compliance with conditions imposed by the Bureau Chief, for any action, conduct, or failure to act which is inconsistent with the professionalism and/or standards established by these rules, including but not limited to the following: (7-1-97)

01. Any Violation. Any violation of these rules. (7-1-97)

02. Failure to Maintain Standards of Knowledge and/or Proficiency. Failure to maintain standards

of knowledge and/or proficiency required under these rules; (7-1-97)

03. A Lawful Finding. A lawful finding of mental incompetency. (7-1-97)

04. Performance of Duties. Performance of duties pursuant to said license or certificate while under the influence of alcohol or any illegal substance. (7-1-97)

05. Any Conduct, Action, or Conviction. Any conduct, action, or conviction which does or would result in denial without exemption of a criminal history clearance under IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-97)

06. Discipline, Restriction, Suspension or Revocation. Discipline, restriction, suspension or revocation in any other jurisdiction. (7-1-97)

07. Any Conduct, Condition, or Circumstance. Any conduct, condition, or circumstance determined by the Bureau Chief which constitutes a danger or threat to the health, safety, or well-being of persons or property. (7-1-97)

08. Performing Any Medical Procedure or Providing Medication. Performing any medical procedure or providing medication which deviates from or exceeds the scope of practice for the corresponding level of certification established under IDAPA 22.01.06, "Rules for EMS Personnel." (7-1-97)

09. Providing Any Service Without Licensure or Designation. Advertising or providing any service which exceeds the level of licensure and ALS designation; responding to any jurisdiction outside of the coverage area declared on the current EMS service application, with the exception of responses to any locally declared disaster when the response is specifically requested by the incident commander or his designee; or responding in a manner which is in violation of the county EMS ordinance in which the call originates. (4-5-00)

10. Falsification of Applications or Reports. The submission of fraudulent or false information in any report, application, or documentation to the EMS Bureau. (4-5-00)

516. -- 599. (RESERVED).

600. WHO MAY REPORT A DISCIPLINARY VIOLATION.

Any person who knows of a violation of any law or rule by the holder of an emergency medical services certificate issued pursuant to these rules may report the violation to the EMS Bureau. (7-1-97)

601. PRELIMINARY INVESTIGATION.

The EMS Bureau shall make a preliminary investigation of all the facts and circumstances surrounding the reported facts and events and shall make a report of such facts to the Emergency Medical Services Advisory Committee Disciplinary Subcommittee for a recommendation of appropriate action. The subject of the investigation shall be given an opportunity to respond in writing, or at the option of the EMS Bureau, in person, to the reported violation. (7-1-97)

602. CONFIDENTIALITY OF INVESTIGATION.

Preliminary investigations and papers in connection with them shall be confidential until a notice of certificate action is issued. (7-1-97)

603. NOTICE OF CERTIFICATE ACTION.

The Bureau Chief shall notify the certificate holder of any intended license action, or shall notify the certificate holder that no action will be taken. If the certificate holder fails to file an administrative appeal, the intended license action shall become effective without further notice. (7-1-97)

604. -- 999. (RESERVED).

Subject Index

- A**
AEMT-A Certification 23
Administrative License Action 24
Administrative License Action,
Advanced Life Support Transfer 16
Administrative License Action, Critical
Care Transfer Service 17
Administrative License Action, Pre-
hospital Advanced Life Support 15
Adult Instructional Methodology 9,
10
Advance Do Not Resuscitate
Directives 18
Advanced EMT & EMT-Paramedic
Instructors 9
Advanced Emergency Medical
Technician-Ambulance (AEMT-
A) 4
Advanced Life Support (ALS) 4
Advanced Life Support (ALS)
Designation Categories 17
Advanced Life Support Transfer
Standards 15
Affiliation Required 23
Affiliation Required, Licensed EMS
Service 24
Air Medical Response 4
Air Medical Response Criteria 19
Ambulance 4
Ambulance Personnel 11
Ambulance Service Standards 10
Ambulance-Based Clinicians 4
Any Conduct, Action, or Conviction,
Administrative License Action 25
Availability of Written Procedures,
Patient Destination 22
- C**
Certification 4
Certification Duration &
Recertification 23
Certification Examinations 8
Certification, First Responder 23
Certified Personnel 4
Committee Membership 6
Communications 11, 20
Communications, Non-Transport
Standards 13
Consistency With National
Standards 9
Consistency With Scope Of Practice 8
Course Coordinator 8
Criminal Background Check 23
Critical Care Transfer (CCT) 5
Critical Care Transfer Service
Standards 16
- D**
Definitions, IDAPA 16.02.03, Rules
Governing Emergency Medical
Services 4
Designation Of Clinical Capability 14
Determination of Destination Will
Honor Patient Preference, Patient
Destination 22
Discipline, Restriction, Suspension or
Revocation, Administrative License
Action 25
Do Not Resuscitate Identification 18
Do Not Resuscitate Order 18
- E**
EMS Bureau 5
EMS Instructor Orientation 9, 10
EMS Standards Manual 5
EMS Training Programs 8
EMT-B Certification 23
EMT-Basic Skills Instructors 9
EMT-Intermediate Instructors 10
EMT-P Certification 24
Emergency 5
Emergency Medical Services (EMS) 5
Emergency Medical Technician- Basic
(EMT-B) 5
Emergency Medical Technician-
Ambulance (EMT-A) 5
Emergency Medical Technician-
Intermediate (EMT-I) 5
Emergency Medical Technician-
Paramedic (EMT-P) 5
Emergency Scene 5
- F**
Failure to Maintain Standards of
Knowledge, Proficiency,
Administrative License Action 24
Fee for Initial Certification 23
First Responder 5
First Responder Certification 23
- G**
Geographic Coverage Description 12
Geographic Coverage Description,
Non-Transport Standards 13
Glasgow Coma Score (GCS) 5
Ground Transport Time 5
- H**
How Often Will the Department
Conduct a Review of Air Medical
Criteria, Periodic Review of EMS
System Data 22
- I**
Initial Certification 23
Inspection 8, 12
Inspection, Non-Transport
Standards 13
Instructor Qualifications 8
- L**
Landing Zone & Safety 21
Lapsed Certification 24
License 12
Licensed EMS Services 5
Local Incident Management System 6
- M**
Medical Control Plan 11
Medical Control Plan, Non-Transport
Standards 13
Medical Treatment Protocols 11
Medical Treatment Protocols, Non-
Transport Standards 13
Monitoring Of Instructor
Performance 8
- N**
National Registry of Emergency
Medical Technicians (NREMT) 6
Non-Transport 6
Non-Transport Service Minimum
Standards Waiver 13
Non-Transport Service Personnel 12
Non-Transport Service Standards 12
Notice Of Certificate Action 25
- O**
Out-of-Hospital 6
- P**
Patient Assessment 6
Patient Destination 22
Performance of Duties, Administrative
License Action 25
Performing Any Medical Procedure or
Providing Medication,
Administrative License Action 25
Periodic Review Of EMS System
Data 22
Personnel, Advanced Life Support
Transfer 16
Personnel, Critical Care Transfer
Service 16
Personnel, Pre-hospital Advanced Life
Support 15
Pre-Hospital 6
Pre-hospital Advanced Life
Support 15
Preliminary Investigation 25
Primary Or Lead EMT-B Instructors 9
Primary or Lead Instructors 10
Procedures for Destination Protocol &
Medical Direction, Patient
Destination 22

Providing any Service Without
Licensure or Designation,
Administrative License Action 25

Q

Qualifications Of EMT-Basic Course
Instructors 9
Qualifications Of First Responder
Course Instructors 9

R

Re-Entry, After Two Years 24
Records to be Maintained 11
Records to be Maintained, Non-
Transport Standards 12
Reinstatement of Certification 24
Required Ambulance Equipment 10
Required Documentation 24
Required Documentation, Advanced
Life Support Transfer 16
Required Documentation, Critical Care
Transfer Service 17
Required Documentation, Pre-hospital
Advanced Life Support 15
Required Equipment for Non-Transport
Services 12
Required Equipment, Advanced Life
Support Transfer 16
Required Equipment, Critical Care
Transfer Service 17
Required Equipment, Pre-hospital
Advanced Life Support 15

S

Standards 8
Standards For Agencies Utilizing EMT-
Intermediate Personnel 14
Standards For The Appropriate Use Of
Air Medical Agencies By Certified
EMS Personnel At Emergency
Scenes 18
State Health Officer 6
Statewide EMS Advisory
Committee 6
Surrender of Certification 24

T

To Whom Will the EMS Bureau Report
the Aggregate Data & Findings,
Periodic Review of EMS System
Data 23
Training Facility Access 12
Training Facility Access, Non-
Transport Standards 13

W

What Clinical Conditions Require
Written Criteria, Air Medical
Response 19

What Complicating Conditions Require
Written Criteria, Air Medical
Response 20

What Information Must Be Given When
Requesting an Air Medical Response,
Communications 20

What Information Must Be Provided
During the Review of Air Medical
Response Criteria, Periodic Review
of EMS System Data 22

What Is the Deadline for Obtaining
Training as Landing Zone Officers,
Landing Zone & Safety 22

What Is the Deadline for Training as a
Landing Zone Officer for EMS
Recertification, Landing Zone &
Safety 22

What May Be Included During the
Review of Air Medical Criteria,
Periodic Review of EMS System
Data 22

What Operational Conditions Require
Written Guidance for an Air Medical
Response 20

What Training is Required for Landing
Zone Officers, Landing Zone &
Safety 21

What Written Criteria is Required for
EMS Service Licensure 18

What are the Responsibilities of
Landing Zone Officers, Landing
Zone & Safety 21

When Can Certified EMS Personnel
Cancel an Air Medical Response 19

Who Establishes Training Curricula &
Continuing Education Requirements
for Air Medical Criteria 18

Who Has the Final Decision to Use an
Established Landing Zone, Landing
Zone & Safety 22

Who Is Notified of a Request for an Air
Medical Response,
Communications 21

Who Is Provided the Estimated Time of
Arrival at the Specified Landing
Zone, Communications 21

Who Is Responsible for Requesting an
Air Medical Response 19

Who Is Responsible for Requesting an
Air Medical Response,
Communications 20

Who Is Responsible for Selecting an
Appropriate Air Medical Service 19

Who Is Responsible for Setting Up
Landing Zone Procedures, Landing
Zone & Safety 21

Who May Establish Criteria for

Simultaneous Dispatch 19
Who May Report A Disciplinary
Violation 25

Who Must Confirm Availability of an
Air Medical Response,
Communications 21

Who Must Establish Written Criteria
Guiding Decisions to Request an Air
Medical Response 18