

Table of Contents

16.02.03 - 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. -- 074. (Reserved)	7
075. Investigation Of Complaints For EMS Licensing Violations.	7
076. Administrative License Or Certification Action.	7
077. -- 199. (Reserved)	7
200. EMS Education Programs.	7
201. Standards.	7
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.	8
207. -- 224. (Reserved)	8
225. Qualifications Of Emergency Medical Responder Course Instructors.	8
226. Qualifications Of EMT Course Instructors.	8
227. Primary Or Lead EMT Instructors.	9
228. EMT Skills Instructors.	9
229. Advanced EMT And Paramedic Instructors.	9
230. -- 299. (Reserved)	9
300. Ambulance Service Standards.	9
301. Nontransport Service Standards.	11
302. -- 319. (Reserved)	13
320. Designation Of Clinical Capability.	13
321. -- 324. (Reserved)	13
325. Pre-Hospital Advanced Life Support (ALS) Standards.	13
326. -- 329. (Reserved)	14
330. Advanced Life Support (ALS) Transfer Standards.	14
331. -- 334. (Reserved)	15
335. Critical Care Transfer (CCT) Service Standards.	15
336. -- 339. (Reserved)	16
340. Advanced Life Support (ALS) Designation Categories.	16
341. -- 399. (Reserved)	16

400. Advance Do Not Resuscitate (DNR) Directives. 16
401. -- 404. (Reserved) 17
405. Standards For The Appropriate Use Of Air Medical Agencies By Licensed EMS
Personnel At Emergency Scenes. 17
406. -- 414. (Reserved) 17
415. Air Medical Response Criteria. 17
416. -- 419. (Reserved) 19
420. Communications. 19
421. -- 424. (Reserved) 19
425. Landing Zone And Safety. 19
426. -- 429. (Reserved) 20
430. Patient Destination. 20
431. -- 434. (Reserved) 21
435. Periodic Review Of EMS System Data. 21
436. -- 999. (Reserved) 21

**IDAPA 16
TITLE 02
CHAPTER 03**

16.02.03 - EMERGENCY MEDICAL SERVICES

000. LEGAL AUTHORITY.

The Idaho Board of Health and Welfare is authorized under Section 56-1023, Idaho Code, to adopt rules concerning the administration of the Idaho Emergency Medical Services Act, Sections 56-1011 through 56-1023, Idaho Code. The Director is authorized under Section 56-1003, Idaho Code, to supervise and administer an emergency medical service program. (3-29-12)

001. TITLE AND SCOPE.

01. Title. The title of these rules is IDAPA 16.02.03, "Emergency Medical Services." (3-29-12)

02. Scope. These rules include criteria for education programs, certification of instructors, licensure of ambulance services and nontransport services including required agency personnel, licensure of ambulances and nontransport vehicles, establishment of fees for training, inspections, and certifications. (3-29-12)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this Bureau has an EMS Standards Manual that contains policy and interpretation of these rules and the documentation of compliance with these rules. Copies of the Standards Manual may be obtained from the EMS Bureau, 650 W. State Street, Suite B-17, Boise, Idaho 83702, P.O. Box 83720, Boise, Idaho 83720-0036. (3-29-12)

003. ADMINISTRATIVE APPEALS.

Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (3-29-12)

004. INCORPORATION BY REFERENCE.

The Board of Health and Welfare has adopted the Minimum Equipment Standards for Licensed EMS Services, 2011 edition, Version 1.0, as its standard on required EMS equipment and hereby incorporates the Equipment Standards by reference. Copies of the Equipment Standards may be obtained from the EMS Bureau, 650 W. State Street, Suite B-17, Boise, Idaho 83702, P.O. Box 83720, Boise, Idaho 83720-0036. (3-29-12)

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. (3-29-12)

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

b. The EMS Bureau is located at 650 W. State Street, Suite B-17, Boise, Idaho 83702. (3-29-12)

04. Telephone. (3-29-12)

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

b. The telephone number for the EMS Bureau is (208) 334-4000. The toll-free, phone number is 1-877-554-3367. (3-29-12)

- 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 (AEMT). A person who has met the qualifications for AEMT licensure defined in Section 56-1012, Idaho Code, and in IDAPA 16.01.07, "Emergency Medical Services - Personnel Licensing Requirements." (3-29-12)

02. Advanced Life Support (ALS). The provision of medical care, medication administration and treatment with medical devices that correspond to the knowledge and skill objectives in the 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 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," by persons licensed as Paramedics by the EMS Bureau. (3-29-12)

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. Any organization required to be licensed by the EMS Bureau that operates an air medical service, ambulance service, or nontransport service. (3-29-12)

05. Air Ambulance. Any privately or publicly owned fixed wing aircraft or rotary wing aircraft used for, or intended to be used for, the transportation of persons experiencing physiological or psychological illness or injury who may need medical attention during transport. This may include dual or multipurpose vehicles that comply with Sections 56-1011 through 56-1023, Idaho Code. (3-29-12)

06. Air Medical Response. The deployment of an aircraft licensed as an air ambulance to an emergency scene intended for the purpose of patient treatment and transportation. (3-29-12)

07. Air Medical Service. An agency required to be licensed by the EMS Bureau that responds to requests for patient care and transportation from hospitals and EMS agencies using a fixed wing aircraft or rotary wing aircraft. (3-29-12)

- 08. Ambulance.** Any privately or publicly owned motor vehicle or nautical vessel, used for, or intended to be used for, the transportation of sick or injured persons who may need medical attention during transport. This may include dual or multipurpose vehicles that comply with Sections 56-1011 through 56-1023, Idaho Code. (3-29-12)
- 09. 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)
- 10. Ambulance Service.** An agency required to be licensed by the EMS Bureau operated with the intent to provide personnel and equipment for medical treatment at an emergency scene, during transportation, or during transfer of persons experiencing physiological or psychological illness or injury who may need medical attention during transport. (3-29-12)
- 11. Applicant.** Any organization that is requesting an agency license under these rules and includes the following: (3-29-12)
- a.** An organization seeking a new license; (3-29-12)
 - b.** An existing agency that intends to change the level of licensed personnel it utilizes; (3-29-12)
 - c.** An existing agency that intends to change its geographic coverage area, except by agency annexation; (3-29-12)
 - d.** An existing nontransport service that intends to provide ambulance service; and (3-29-12)
 - e.** An existing ambulance service that intends to discontinue transport and become a nontransport service. (3-29-12)
- 12. Board.** The Idaho Board of Health and Welfare. (3-29-12)
- 13. Certification.** A credential issued to an individual by the EMS Bureau for a specified period of time indicating that minimum standards have been met. (3-29-12)
- 14. Critical Care Transfer (CCT).** The transportation of a patient with continuous care, monitoring, medication or procedures requiring knowledge or skills not contained within the Paramedic curriculum approved by the State Health Officer. Interventions provided by Paramedics are governed by the scope of practice defined in IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physicians Commission." (3-29-12)
- 15. Commission.** The Idaho Emergency Medical Services Physician Commission (EMSPC). (3-29-12)
- 16. Department.** The Idaho Department of Health and Welfare. (3-29-12)
- 17. Director.** The Director of the Idaho Department of Health and Welfare or his designee. (3-29-12)
- 18. Division.** The Idaho Division of Public Health, Department of Health and Welfare. (3-29-12)
- 19. 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)
- 20. Emergency Medical Responder (EMR).** A person who has met the qualifications for EMR licensure defined in Section 56-1012, Idaho Code, and in IDAPA 16.01.07, "Emergency Medical Services - Personnel Licensing Requirements." (3-29-12)

- 21. Emergency Medical Services (EMS).** The system 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. (3-29-12)
- 22. Emergency Medical Technician (EMT).** A person who has met the qualifications for EMT licensure defined in Section 56-1012, Idaho Code, and in IDAPA 16.01.07, "Emergency Medical Services - Personnel Licensing Requirements." (3-29-12)
- 23. 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)
- 24. EMS Bureau.** The Emergency Medical Services (EMS) Bureau of the Idaho Department of Health and Welfare. (11-19-76)
- 25. EMS Standards Manual.** A manual published by the EMS Bureau detailing policy information including EMS education, certification, licensure, and data collection. (3-29-12)
- 26. 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)
- 27. 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)
- 28. Licensed EMS Services.** Air medical services, ambulance services, and nontransport services licensed by the EMS Bureau to function in Idaho. (3-29-12)
- 29. Licensed Personnel.** Individuals licensed by the EMS Bureau who are Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and Paramedics. (3-29-12)
- 30. 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)
- 31. National Emergency Medical Services Information System (NEMSIS) Technical Assistance Center.** An organization that validates software for compliance with the EMS data set defined by the United States Department of Transportation National Highway Traffic Safety Administration. (3-29-12)
- 32. 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 licensure. (3-29-12)
- 33. Nontransport Service.** An agency required to be licensed by the EMS Bureau that is operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but that is not intended to be the service that will actually transport sick or injured persons. (3-29-12)
- 34. Nontransport Vehicle.** Any vehicle that is operated by an agency with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but that is not intended as the vehicle that will actually transport sick or injured persons. (3-29-12)
- 35. 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)
- 36. Paramedic.** A person who has met the qualifications for paramedic licensure defined in Section 56-1012, Idaho Code, and in IDAPA 16.01.07, "Emergency Medical Services - Personnel Licensing Requirements." (3-29-12)

37. Patient Assessment. The evaluation of a patient by EMS licensed personnel intending to provide treatment or transportation to that patient. (3-29-12)

38. Patient Care. The performance of acts or procedures under emergency conditions 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. (3-29-12)

39. Physician. In accordance with Section 54-1803, Idaho Code, a person who holds a current active license issued by the State Board of Medicine to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine in Idaho and is in good standing with no restrictions upon, or actions taken against, his license. (3-29-12)

40. 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. (3-29-12)

41. State Health Officer. The Administrator of the Division of Public Health. (3-29-12)

42. Supervision. The medical direction by a licensed physician of activities provided by licensed personnel affiliated with a licensed ambulance, air medical, or nontransport service, including: (3-29-12)

a. Establishing standing orders and protocols; (3-29-12)

b. Reviewing performance of licensed personnel; (3-29-12)

c. Providing instructions for patient care via radio or telephone; and (3-29-12)

d. Other oversight. (3-29-12)

43. Transfer. The transportation of a patient from one (1) medical care facility to another. (3-29-12)

011. -- 074. (RESERVED)

075. INVESTIGATION OF COMPLAINTS FOR EMS LICENSING VIOLATIONS.

Investigation of complaints and disciplinary actions for EMS agency licensing are provided under IDAPA 16.01.12, "Emergency Medical Services (EMS) - Complaints, Investigations, and Disciplinary Actions." (3-29-12)

076. ADMINISTRATIVE LICENSE OR CERTIFICATION ACTION.

Any license or certification may be suspended, revoked, denied, or retained with conditions for noncompliance with any standard or rule. Administrative license or certification actions, including fines, imposed by the EMS Bureau for any action, conduct, or failure to act which is inconsistent with the professionalism, or standards, or both, are provided under Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.12, "Emergency Medical Services (EMS) - Complaints, Investigations, and Disciplinary Actions." (3-29-12)

077. -- 199. (RESERVED)

200. EMS EDUCATION PROGRAMS.

EMS education programs must meet all requirements under 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 Education Program may be approved by the EMS Bureau only if all requirements are met. The EMS education Program must be approved in order for candidates to qualify for access to a certification examination. (3-29-12)

201. STANDARDS.

All initial education programs must be conducted using with the following criteria: (3-29-12)

01. Course Coordinator. Each EMS education program must have a designated course coordinator

who has overall responsibility for management of the course and specific duties, including: (3-29-12)

- 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 using the curriculum of the course; (3-29-12)
- 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 education courses must meet the appropriate qualifications established in Sections 225 through 230 of these rules. (3-29-12)

03. Physician Oversight. AEMT and Paramedic education courses must be conducted under the direction of a physician. (3-29-12)

04. Curriculum and Equipment. Education courses must use course curricula approved by the State Health Officer and have access to equipment related to all skills objectives within the curricula. (3-29-12)

202. CERTIFICATION EXAMINATIONS.
Certification examinations will 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. (3-29-12)

203. MONITORING OF INSTRUCTOR PERFORMANCE.
The EMS Bureau will monitor instructor performance for all EMS education programs, including candidates' performance on National Registry and other standardized examinations, surveys of candidate satisfaction, and results of other evaluation instruments. Summary findings will be made available to licensed EMS services and other organizations sponsoring EMS education programs. (3-29-12)

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 licensure by a candidate trained elsewhere must be consistent with the scope of practice established by the Commission for the level of licensure requested by the candidate. (3-29-12)

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 education program content and EMS licensure levels. (3-29-12)

207. -- 224. (RESERVED)

225. QUALIFICATIONS OF EMERGENCY MEDICAL RESPONDER COURSE INSTRUCTORS.
Emergency Medical Responder Course Instructors must be approved by the EMS Bureau, based on being licensed for at least three (3) years at or above the level of the session of the curriculum being taught. (3-29-12)

226. QUALIFICATIONS OF EMT COURSE INSTRUCTORS.
EMT course instructors must be approved by the EMS Bureau, based on the following requirements: (3-29-12)

- 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. Licensure. Licensure 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 licensed at the EMT level. (3-29-12)

227. PRIMARY OR LEAD EMT INSTRUCTORS.

Primary or lead instructors must be approved as EMT Course Instructors, personally instruct at least seventy-five percent (75%) of the didactic instruction of the course, and instruct or oversee the skills training in the curriculum. (3-29-12)

228. EMT SKILLS INSTRUCTORS.

EMT skills instructors must be approved as EMT Course Instructors and shall personally instruct the psychomotor portions of the curriculum. (3-29-12)

229. ADVANCED EMT AND PARAMEDIC INSTRUCTORS.

AEMT and Paramedic 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. (3-29-12)

230. -- 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 and air ambulance vehicles must meet one (1) of the following conditions to be licensed: (3-29-12)

a. The vehicle meets or exceeds any federal, industry, or trade specifications or standards for ambulance and air ambulance vehicles as identified by the applicant. (3-29-12)

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 and Air Ambulance Equipment. Each ambulance must be equipped with

the following: (3-29-12)

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 licensed 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. (3-29-12)

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 and air 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: (3-29-12)

a. Name of ambulance service; (3-29-12)

b. Date of response; (3-29-12)

c. Time call received; (3-29-12)

d. Time en route to scene; (3-29-12)

e. Time arrival at scene; (3-29-12)

f. Time service departed scene; (3-29-12)

g. Time arrival at hospital; (3-29-12)

h. Location of incident; (3-29-12)

i. Description of illness/injury; (3-29-12)

j. Description of patient management; (3-29-12)

k. Patient destination; (3-29-12)

l. Ambulance unit identification; (3-29-12)

m. Identification and licensure level of each ambulance crew member on the response; and (3-29-12)

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 licensed personnel. The annual inspection by the EMS Bureau will include a review of the ambulance service medical control configuration. (3-29-12)

07. Medical Treatment Protocols. The ambulance service must submit a complete copy of the medical treatment protocols and written standing orders under which its licensed personnel will function with the application for licensure. (3-29-12)

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 and air 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. (3-29-12)

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

301. NONTRANSPORT SERVICE STANDARDS.

In order to qualify for licensing as a nontransport 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 Nontransport Services. Licensed personnel must have access to required equipment. The equipment must be stored on a dedicated response vehicle, or in the possession of licensed personnel. The application for licensure as a nontransport service must include a description of the following: (3-29-12)

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 licensed 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 56-1023, Idaho Code. (3-29-12)

03. Nontransport Service Personnel. The nontransport service must demonstrate that a sufficient number of licensed 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. (3-29-12)

04. Records to Be Maintained. The nontransport service must maintain records of each EMS response in a form approved by the EMS Bureau. All applicant nontransport services who submit an application to the EMS Bureau after July 1, 2009, must submit records of each EMS response to the EMS Bureau at least quarterly in a form approved by the EMS Bureau. These records must include at least the following information: (3-29-12)

- a. Identification of nontransport service; (3-29-12)
- b. Date of response; (3-29-12)
- c. Time call received; (3-29-12)
- d. Time en route to scene; (3-29-12)
- e. Time arrival at scene; (3-29-12)
- f. Time service departed scene; (3-29-12)
- g. Location of incident; (3-29-12)
- h. Description of illness/injury; (3-29-12)
- i. Description of patient management; (3-29-12)
- j. Patient destination; (3-29-12)
- k. Identification and licensure level of nontransport service personnel on response; and (3-29-12)
- 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 nontransport service dispatch and communications configuration. (4-6-05)

06. Medical Control Plan. The nontransport service must describe the extent and type of supervision by a licensed physician that is available to licensed personnel. The annual inspection by the EMS Bureau will include a review of the nontransport service medical control configuration. (3-29-12)

07. Medical Treatment Protocols. The nontransport service must submit a complete copy of the medical treatment protocols and written standing orders under which its licensed personnel will function with the initial application for licensure. (3-29-12)

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 nontransport 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 nontransport services' vehicle(s) and equipment, nontransport response records, and other necessary items to determine eligibility for licensing by the state of Idaho. (7-1-97)

12. License. Nontransport 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 nontransport licenses issued by the EMS Bureau must indicate the clinical level of service which can be provided by the ambulance or nontransport service after verification of compliance with Section 300 or Section 301 of these rules. Agencies which provide licensed personnel at the EMR or EMT level will be designated as Basic Life Support services. Agencies which provide licensed personnel at the AEMT level will be designated as Intermediate Life Support services. Agencies which provide licensed personnel at or above the paramedic level will be designated as Advanced Life Support services under 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. (3-29-12)

321. -- 324. (RESERVED)

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 for ALS under IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," 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: (3-29-12)

01. Personnel. The agency must have a sufficient number of 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 licensed as a Paramedic. (3-29-12)

a. Paramedic personnel must hold a current paramedic license issued by the EMS Bureau under IDAPA 16.01.07, "Emergency Medical Services (EMS) -- Personnel Licensing Requirements." (3-29-12)

b. An agency may use Ambulance-Based Clinicians who function with a Paramedic or are cross-trained and licensed as a Paramedic. The agency must verify that all Ambulance-Based Clinicians have successfully completed a formal education 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. (3-29-12)

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 supervision as specified in IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." (3-29-12)

02. Required Documentation. The employment status and ongoing proficiency maintenance of the licensed personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (3-29-12)

a. The agency must submit a roster of all licensed 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. (3-29-12)

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all licensed 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. (3-29-12)

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 revoked under IDAPA 16.01.12, "Emergency Medical Services (EMS) -- Complaints, Investigations, and Disciplinary Actions." The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds a Critical Care Transfer Service designation under Section 335 of these rules. (3-29-12)

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 for ALS under IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," 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: (3-29-12)

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. Paramedic personnel must hold a current paramedic license issued by the EMS Bureau under IDAPA 16.01.07, "Emergency Medical Services (EMS) -- Personnel Licensing Requirements." (3-29-12)

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 must verify that all Ambulance-Based Clinicians have successfully completed a formal education program of out-of-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. (3-29-12)

c. Personnel will initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical supervision as specified in IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." (3-29-12)

02. Required Documentation. The employment status and ongoing proficiency maintenance of the licensed personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (3-29-12)

a. The agency must submit a roster of all licensed 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. (3-29-12)

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all licensed 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. (3-29-12)

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 revoked under IDAPA 16.01.12, "Emergency Medical Services (EMS) -- Complaints, Investigations, and Disciplinary Actions." The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds a 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 a Critical Care Transfer (CCT) Service designation in accordance with Section 335 of these rules. (3-29-12)

331. -- 334. (RESERVED)

335. CRITICAL CARE TRANSFER (CCT) SERVICE STANDARDS.

Critical Care Transfer (CCT) 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 Paramedic curriculum approved by the State Health Officer. Designation will 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 (CCT) Service designation if the following criteria are met: (3-29-12)

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. Paramedic personnel must hold a current paramedic license issued by the EMS Bureau under IDAPA 16.01.07, "Emergency Medical Services (EMS) - Personnel Licensing Requirements." Paramedics who will be the primary or the only care provider during critical care transfers must have successfully completed a formal education program in critical care transport which meets or exceeds the objectives of the curriculum approved by the State Health Officer. (3-29-12)

b. An agency which will advertise or provide CCT transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency must verify that all Ambulance-Based Clinicians have successfully completed a formal education program of out-of-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. (3-29-12)

c. Personnel will initiate critical care as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical supervision as specified in IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." (3-29-12)

02. Required Documentation. The employment status and ongoing proficiency maintenance of the licensed personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (3-29-12)

a. The agency must submit a roster of all licensed 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. (3-29-12)

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all licensed 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. (3-29-12)

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 revoked under IDAPA 16.01.12, "Emergency Medical Services (EMS) -- Complaints, Investigations, and Disciplinary Actions." 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 under Section 325 of these rules. (3-29-12)

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 (DNR) 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 personnel of DNR protocols and any subsequent changes. (3-29-12)

02. Do Not Resuscitate (DNR) Order. (3-29-12)

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 (DNR) Identification. (3-29-12)

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 LICENSED EMS PERSONNEL AT EMERGENCY SCENES.

01. Who Establishes Education 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 these rules into initial training curricula and required continuing education of licensed EMS personnel. (3-29-12)

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 licensed 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. (3-29-12)

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? Licensed EMS personnel en route to or at the emergency scene have the primary responsibility and authority to request the response of air medical services using the local incident management system and licensed EMS service written criteria. (3-29-12)

05. When Can Licensed EMS Personnel Cancel an Air Medical Response? Licensed EMS personnel must complete a patient assessment prior to their cancellation of an air medical response. (3-29-12)

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 licensed 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: (3-29-12)

01. What Clinical Conditions Require Written Criteria? The licensed EMS service written criteria will provide guidance to the licensed EMS personnel for the following clinical conditions: (3-29-12)

- 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 licensed EMS personnel for the following operational conditions: (3-29-12)

- 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 licensed personnel, designated as Landing Zone Officers, have completed training in establishing an air medical landing zone based on the following elements: (3-29-12)

- 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 licensed personnel, designated as Landing Zone Officers, must complete the required training described in Subsection 425.03 of this rule by June 30, 2007. (3-29-12)

05. What Is the Deadline for Training as a Landing Zone Officer for EMS License Renewal? All EMS certified personnel will complete training described in Subsection 425.03 of this rule as a component of required continuing education for license renewal not later than September 30, 2010. (3-29-12)

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 Supervision. The air medical service written procedure will consider the licensed EMS service destination protocol and medical supervision received. (3-29-12)

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. -- 999. (RESERVED)

Archive

Subject Index

- A**
- Administrative License Or Certification Action 7
 - Advance Do Not Resuscitate (DNR) Directives 16
 - Do Not Resuscitate (DNR) Identification 16
 - Do Not Resuscitate (DNR) Order 16
 - Protocols 16
 - Advanced EMT & Paramedic Instructors 9
 - Advanced Life Support (ALS) Designation Categories 16
 - Advanced Life Support (ALS) Transfer Standards 14
 - Administrative License Action 15
 - Personnel 14
 - Required Documentation 14
 - Required Equipment 15
 - Air Medical Response Criteria 17
 - What Clinical Conditions Require Written Criteria 18
 - What Complicating Conditions Require Written Criteria 18
 - What Operational Conditions Require Written Guidance for an Air Medical Response 18
 - Ambulance Service Standards 9
 - Ambulance Personnel 10
 - Ambulance Vehicles 9
 - Communications 10
 - Geographic Coverage Description 11
 - Inspection 11
 - License 11
 - Medical Control Plan 11
 - Medical Treatment Protocols 11
 - Records to be Maintained 10
 - Required Ambulance & Air Ambulance Equipment 9
 - Required Application 11
 - Training Facility Access 11
- C**
- Certification Examinations 8
 - Communications 19
 - What Information Must Be Given When Requesting an Air Medical Response 19
 - Who Is Notified of a Request for an Air Medical Response 19
 - Who Is Provided the Estimated Time of Arrival at the Specified Landing Zone 19
 - Who Is Responsible for Requesting an Air Medical Response 19
 - Who Must Confirm Availability of an Air Medical Response 19
 - Consistency With National Standards 8
 - Consistency With Scope Of Practice 8
 - Critical Care Transfer (CCT) Service Standards 15
 - Administrative License Action 16
 - Personnel 15
 - Required Documentation 15
 - Required Equipment 15
- D**
- Definitions & Abbreviations 4
 - Advanced Emergency Medical Technician (AEMT) 4
 - Advanced Life Support (ALS) 4
 - Advertise 4
 - Agency 4
 - Air Ambulance 4
 - Air Medical Response 4
 - Air Medical Service 4
 - Ambulance 5
 - Ambulance Service 5
 - Ambulance-Based Clinicians 5
 - Applicant 5
 - Board 5
 - Certification 5
 - Commission 5
 - Critical Care Transfer (CCT) 5
 - Department 5
 - Director 5
 - Division 5
 - Emergency 5
 - Emergency Medical Responder (EMR) 5
 - Emergency Medical Services (EMS) 6
 - Emergency Medical Technician (EMT) 6
 - Emergency Scene 6
 - EMS Bureau 6
 - EMS Standards Manual 6
 - Glasgow Coma Score (GCS) 6
 - Ground Transport Time 6
 - Licensed EMS Services 6
 - Licensed Personnel 6
 - Local Incident Management System 6
 - National Emergency Medical Services Information System (NEMSIS) Technical Assistance Center 6
 - National Registry of Emergency Medical Technicians (NREMT) 6
- E**
- EMS Education Programs 7
 - EMT Skills Instructors 9
- I**
- Inspection 8
 - Investigation Of Complaints For EMS Licensing Violations 7
- L**
- Landing Zone & Safety 19
 - What Are the Responsibilities of Landing Zone Officers 20
 - What Is the Deadline for Obtaining Training as Landing Zone Officers 20
 - What Is the Deadline for Training as a Landing Zone Officer for EMS License Renewal 20
 - What Training Is Required for Landing Zone Officers 20
 - Who Has the Final Decision to Use an Established Landing Zone 20
 - Who Is Responsible for Setting Up Landing Zone Procedures 20
- M**
- Monitoring Of Instructor Performance 8
- N**
- NonTransport Service Standards 11
 - Communications 12
 - Geographic Coverage Description 12
 - Inspection 13
 - License 13
 - Medical Control Plan 12
 - Medical Treatment Protocols 12
 - Nontransport Service Personnel 12
 - Records to be Maintained 12
 - Required Application 13
 - Required Equipment for Non-Transport Services 11
 - Nontransport Service 6
 - Nontransport Vehicle 6
 - Out-of-Hospital 6
 - Paramedic 6
 - Patient Assessment 7
 - Patient Care 7
 - Physician 7
 - Pre-Hospital 7
 - State Health Officer 7
 - Supervision 7
 - Transfer 7
 - Designation Of Clinical Capability 13

Training Facility Access 12
Vehicles 11

P

Patient Destination 20
 Availability of Written
 Procedures 20
 Determination of Destination Will
 Honor Patient Preference 20
 Procedures for Destination
 Protocol & Medical
 Supervision 20
Periodic Review Of EMS System
Data 21
 How Often Will the Department
 Conduct a Review of Air
 Medical Criteria 21
 To Whom Will the EMS Bureau
 Report the Aggregate Data and
 Findings 21
 What Information Must Be
 Provided During the Review of
 Air Medical Response
 Criteria 21
 What May Be Included During the
 Review of Air Medical
 Criteria 21
Pre-Hospital Advanced Life Support
(ALS) Standards 13
 Administrative License
 Action 14
 Personnel 13
 Required Documentation 13
 Required Equipment 14
Primary Or Lead EMT Instructors 9

Q

Qualifications Of Emergency Medical
Responder Course Instructors 8
Qualifications Of EMT Course
Instructors 8
 Adult Instructional
 Methodology 9
 Application 8
 EMS Instructor Orientation 9
 Licensure 9

S

Standards 7
 Course Coordinator 7
 Curriculum & Equipment 8
 Instructor Qualifications 8
 Physician Oversight 8
Standards For The Appropriate Use Of
Air Medical Agencies By Licensed
EMS Personnel At Emergency
Scenes 17
 What Written Criteria is Required

for EMS Service Licensure 17
When Can Licensed EMS
Personnel Cancel an Air
Medical Response 17
Who Establishes Education
Curricula & Continuing
Education Requirements for Air
Medical Criteria 17
Who Is Responsible for Requesting
an Air Medical Response 17
Who Is Responsible for Selecting
an Appropriate Air Medical
Service 17
Who May Establish Criteria for
Simultaneous Dispatch 17
Who Must Establish Written
Criteria Guiding Decisions to
Request an Air Medical
Response 17