

IDAPA 15 – OFFICE OF THE GOVERNOR
Military Division – Bureau of Emergency Medical Services
15.06.07 – Emergency Medical Services

Who does this rule apply to?

Any person or agency involved in the Emergency Medical Services (EMS) industry, health care organizations and facilities, Regional Time Sensitive Emergency (TSE) Committees, TSE designated Centers, TSE Council.

What is the purpose of this rule?

These rules include the requirements and standards for Idaho EMS agencies, EMS personnel, EMS educators and EMS educational institutions. These rules also provide the requirements and standards for the Idaho TSE system of care.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statute passed by the Idaho Legislature:

- [Chapter 9, Title 46, Idaho Code](#) – Emergency Medical Services Act

Where can I find information on Administrative Appeals?

Administrative appeals and contested cases are governed by the provisions of IDAPA 62.01.01, “Idaho Rules of Administrative Procedure.”

How do I request public records?

Unless exempted, all public records are subject to disclosure by the Division that will comply with Title 74, Chapter 1, Idaho Code, upon requests.

Who do I contact for more information on this rule?

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Idaho Military Division
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Boise, ID 83705-5004
Phone: (208) 334-4000
Fax: (208) 334-4015
Contact: <https://www.imd.idaho.gov/contact-us/>
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15.06.07 – EMERGENCY MEDICAL SERVICES

000. LEGAL AUTHORITY.

The EMS Bureau is authorized under Section 56-1023, Idaho Code, to adopt rules and standards concerning the administration of the Idaho Emergency Medical Services Act, Sections 56-1011 through 56-1030, Idaho Code. The Director is authorized under Section 56-1003, Idaho Code, to supervise and administer an emergency medical services program. (7-1-25)

001. INCORPORATION BY REFERENCE.

The following documents are incorporated by reference: (7-1-25)

01. EMS Agency Standards Manual, Edition 2024-1, hereafter referred to as the EMS Agency Standards Manual, is incorporated by reference in this chapter of rules. Copies of the manual may be obtained online at: [EMS Agency Standards Manual 2024-1 \(idaho.gov\)](#). (7-1-25)

02. EMS Data Collection Standards Manual, Edition 2023-1, hereafter referred to as the EMS Data Collection Standards, is incorporated by reference in this chapter of rules. Copies of the manual may be obtained online at: [EMS Data Collection Standards Manual 2023 \(idaho.gov\)](#). (7-1-25)

03. Idaho EMS Education Equipment Standards, Edition 2016-1, hereafter referred to as the EMS Education Equipment Standards, is incorporated by reference in this chapter of rules. Copies of the manual may be obtained online at: [EducationEquipmentStandards2016 \(idaho.gov\)](#). (7-1-25)

04. Idaho EMS Education Standards Manual, Edition 2022-1, hereafter referred to as the EMS Education Standards Manual, is incorporated by reference in this chapter of rules. Copies of the manual may be obtained online at: [IdahoEMSEducationStandards](#). (7-1-25)

05. Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual, Edition 2020-1, hereafter referred to as the EMSPC Standards Manual, is incorporated by reference in this chapter of rules. Copies of the manual may be obtained online at: [EMSPC_StandardsManual2020-1 \(idaho.gov\)](#). (7-1-25)

06. Minimum Equipment Standards for Licensed EMS Services, Edition 2016-1, hereafter referred to as the EMS Agency Equipment Standards Manual, is incorporated by reference in this chapter of rules. Copies of the manual may be obtained online at: [EMS_Minimum_Equipment_Standards_for_Licensed_EMS_Service \(idaho.gov\)](#). (7-1-25)

07. Time Sensitive Emergency Standards Manual, Edition 2023-1, hereafter referred to as the TSE Standards Manual, is incorporated by reference in this chapter of rules. Copies of the manual may be obtained online at <https://tse.idaho.gov/>. (7-1-25)

002. ADMINISTRATIVE LICENSE OR CERTIFICATION ACTION.

Any license, designation or certification may be suspended, revoked, denied, or retained with conditions for noncompliance with any standard or rule. Administrative license, designation or certification actions, including fines, imposed by the EMS Bureau for any action, conduct, or failure to act that is inconsistent with the professionalism, or standards, or both, are provided under Sections 56-1011 through 56-1030, Idaho Code, and these rules. (7-1-25)

003. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

Individuals applying for any of the following must successfully pass a criminal history background check: (7-1-25)

01. Initial Instructor Certification. (7-1-25)

02. Initial Personnel Licensure. (7-1-25)

03. Reinstatement of Personnel Licensure. (7-1-25)

04. Certificate of Eligibility. (7-1-25)

004. ADDITIONAL CRIMINAL BACKGROUND CHECK.

The EMS Bureau may require an updated or additional criminal background check at any time, without expense to the candidate, if there is cause to believe new or additional information will be disclosed. (7-1-25)

SUBPART A – DEFINITIONS
(Sections 005 - 099)

005. DEFINITIONS AND ABBREVIATIONS A THROUGH B.

For the purposes of this chapter, the following definitions apply: (7-1-25)

01. 911 Call. Any request for emergency services that is received or dispatched by a CECS or PSAP, regardless of the method the request was received. (7-1-25)

02. Advanced Emergency Medical Technician (AEMT). An AEMT is a person who: (7-1-25)

a. Has met the qualifications for licensure under Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-25)

b. Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-25)

c. Carries out the practice of emergency medical care within the scope of practice for AEMT determined by the Idaho Emergency Medical Services Physician Commission (EMSPC), and (7-1-25)

d. Practices under the supervision of a physician licensed in Idaho. (7-1-25)

03. 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 and within the scope of practice authorized by the EMSPC, by persons licensed as Paramedics by the EMS Bureau. (7-1-25)

04. Advanced Practice Registered Nurse. A person who meets the requirements and is licensed as an Advanced Practice Registered Nurse under Sections 54-1401 through 54-1418, Idaho Code. (7-1-25)

05. Advertise. Communication of information to the public, institutions, or to any person concerned, by any oral, written, graphic means including handbills, newspapers, television, radio, telephone directories, billboards, or electronic communication methods. (7-1-25)

06. Affiliation. The formal association that exists between an agency and licensed personnel who appear on the agency's roster, which includes active participation, collaboration, and involvement. Affiliation can be demonstrated by the credentialing of licensed personnel by the agency medical director. (7-1-25)

07. Affiliating EMS Agency. The licensed EMS agency(s) under which licensed personnel are authorized to provide patient care. (7-1-25)

08. Air Ambulance. Any privately or publicly owned fixed wing 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, and these rules. (7-1-25)

09. Air Medical Service. An agency licensed by the EMS Bureau that responds to requests for patient care and transportation from hospitals and EMS agencies using a fixed wing or rotary wing aircraft. (7-1-25)

10. Air Medical Transport Service. An air medical service type that licenses an agency to provide air medical response and transport of patients from an emergency scene, and hospital-to-hospital transfers of patients utilizing an air ambulance. (7-1-25)

11. Air Medical Rescue Service. An air medical service type that licenses an agency to provide air medical response and transport of patients from an emergency scene to a rendezvous with air medical transport or ground transport ambulance services. (7-1-25)

12. Air Medical Response. The deployment of an aircraft to respond to an emergency scene for the

purpose of patient treatment and transportation. (7-1-25)

13. 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, and specifications under these rules. (7-1-25)

14. Ambulance-Based Clinicians. Registered Nurses and Advanced Practice Registered Nurses who are licensed under Sections 54-1401 through 54-1418, Idaho Code, and Physician Assistants who are licensed under Sections 54-1801 through 54-1841, Idaho Code. (7-1-25)

15. Ambulance Certification. Designation issued by the EMS Bureau to a licensed EMR indicating that the EMR has completed ambulance certification training, examination, and credentialing as required by the EMS Bureau. The ambulance certification allows a licensed EMR to serve as the sole patient care provider in an ambulance during transport or transfer. (7-1-25)

16. Ambulance Service. An agency licensed by the EMS Bureau and 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. (7-1-25)

17. Ambulance Service Type. An agency that is licensed as an ambulance service is intended for patient transport or transfer. (7-1-25)

18. Applicant. Any organization that is requesting an agency license under Sections 56-1011 through 56-1023, Idaho Code, and these rules including the following: (7-1-25)

- a.** An organization seeking a new license; (7-1-25)
- b.** An existing agency that intends to: (7-1-25)
 - i.** Change the level of licensed personnel it utilizes; (7-1-25)
 - ii.** Change its geographic coverage area (except by agency annexation); or (7-1-25)
 - iii.** Begin or discontinue providing patient transport services. (7-1-25)

19. Basic Life Support (BLS). The provision of medical care, medication administration, and treatment with medical devices that correspond to the knowledge and skill objectives in the EMR or EMT curriculum currently approved by the State Health Officer and within scope of practice established by the EMSPC, by persons licensed as EMRs or EMTs by the EMS Bureau. (7-1-25)

20. Board. The Idaho Board of Health and Welfare. (7-1-25)

006. DEFINITIONS AND ABBREVIATIONS C THROUGH E.

For the purposes of the Emergency Medical Services (EMS) chapters of rules, the following definitions apply: (7-1-25)

01. Call Volume. The number of requests for service that an agency either anticipated or responded to during a designated period. (7-1-25)

02. Candidate. Any individual who is requesting an EMS personnel license under Sections 56-1011 through 56-1023, Idaho Code, and these rules. (7-1-25)

03. Certificate of Eligibility. Documentation that an individual is eligible for affiliation with an EMS agency, having satisfied all requirements for an EMS Personnel Licensure except for affiliation, but is not licensed to practice. (7-1-25)

- 04. Certification.** A credential issued by a designated certification body for a specified period indicating that minimum standards have been met. (7-1-25)
- 05. Certified EMS Instructor.** An individual approved by the EMS Bureau, who has met the requirements in these rules to provide EMS education and training. (7-1-25)
- 06. CoAEMSP.** Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. (7-1-25)
- 07. Cognitive Exam.** Computer-based exam to demonstrate knowledge learned during an EMS education program. (7-1-25)
- 08. Community Health EMS (CHEMS).** The practice of deploying EMS personnel to provide evaluation, advice, or treatment of eligible recipients outside of a hospital setting as part of a community-based team of health and social services providers as authorized by local medical control. (7-1-25)
- 09. Conflict of Interest.** A situation in which a decision by personnel acting in their official capacity is influenced by or may be a benefit to their personal interests. (7-1-25)
- 10. Consolidated Emergency Communications System (CECS).** An emergency communication system operated or coordinated by a government entity that is composed of facilities, equipment, and dispatching services directly related to establishing, maintaining, or enhancing a 911 emergency communications service defined in Section 31-4802, Idaho Code. (7-1-25)
- 11. Core Content.** Set of educational goals, explicitly taught (and not taught), focused on making sure that all students involved learn certain material tied to a specific educational topic and defines the entire domain of out-of-hospital practice and identifies the universal body of knowledge and skills for emergency medical services providers who do not function as independent practitioners. (7-1-25)
- 12. Course.** The specific portions of an education program that delineate the beginning and end of an individual's EMS education. A course is also referred to as a "section" on the NREMT website. (7-1-25)
- 13. Course Physician.** A physician charged with reviewing and approving both the clinical and didactic content of a course. (7-1-25)
- 14. Credentialed EMS Personnel.** Individuals who are authorized to provide medical care by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. (7-1-25)
- 15. Credentialing.** The local process by which licensed EMS personnel are authorized to provide medical care in the out-of-hospital, hospital, and medical clinic setting, including the determination of a local scope of practice. (7-1-25)
- 16. Critical Care.** The treatment 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 authorized by the EMSPC. (7-1-25)
- 17. Critical Care Agency.** An ambulance or air medical EMS agency that advertises and provides all of the skills and interventions defined as critical care per the incorporated EMSPC Standards Manual. (7-1-25)
- 18. Department.** The Idaho Department of Health and Welfare. (7-1-25)
- 19. Designated Clinician.** A licensed Physician Assistant (PA) or Nurse Practitioner designated by the EMS medical director, hospital supervising physician, or medical clinic supervising physician who is responsible for direct (on-line) medical supervision of licensed EMS personnel in the temporary absence of the EMS medical director. (7-1-25)

- 20. Direct (On-Line) Supervision.** Contemporaneous instructions and directives about a specific patient encounter provided by a physician or designated clinician to licensed EMS personnel who are providing medical care. (7-1-25)
- 21. Director.** The Director of the Department or their designee. (7-1-25)
- 22. Division.** The Department's Division of Public Health. (7-1-25)
- 23. 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. (7-1-25)
- 24. Emergency Driving Procedures.** Any EMS response to an emergency utilizing emergency lights, sirens, and traffic exemptions under Section 49-623, Idaho Code. (7-1-25)
- 25. Emergency Medical Care.** The care provided to a person suffering from 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. (7-1-25)
- 26. Emergency Medical Responder (EMR).** A person who: (7-1-25)
- a.** Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-25)
 - b.** Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-25)
 - c.** Carries out the practice of emergency medical care within the scope of practice for EMR determined by the EMSPC; and (7-1-25)
 - d.** Practices under the supervision of a physician licensed in Idaho. (7-1-25)
- 27. Emergency Medical Services (EMS).** Under Section 56-1012(16), Idaho Code, EMS is aid rendered by an individual or group of individuals who do the following: (7-1-25)
- a.** Respond to a perceived need for medical care to prevent loss of life, aggravation of physiological or psychological illness, or injury; (7-1-25)
 - b.** Are prepared to provide interventions that are within the scope of practice as defined by the EMSPC. (7-1-25)
 - c.** Use an alerting mechanism to initiate a response to requests for medical care; and (7-1-25)
 - d.** Offer, advertise, or attempt to respond as described in these rules. (7-1-25)
- 28. Emergency Medical Technician (EMT).** A person who: (7-1-25)
- a.** Has met the qualifications under Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-25)
 - b.** Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-25)
 - c.** Carries out the practice of emergency medical care within the scope of practice for EMT

determined by the EMSPC; and (7-1-25)

d. Practices under the supervision of a physician licensed in Idaho. (7-1-25)

29. Emergency Response. Any EMS response to an emergency utilizing emergency lights, sirens, and traffic exemptions under Section 49-623, Idaho Code. (7-1-25)

30. Emergency Scene. Any setting outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. (7-1-25)

31. EMS Agency. Any organization licensed under Sections 56-1011 through 56-1023, Idaho Code, and these rules that operates an air medical service, ambulance service, or non-transport service. (7-1-25)

32. EMS Bureau. The Bureau of Emergency Medical Services (EMS) and Preparedness. (7-1-25)

33. EMS Education Program. The institution or agency holding an EMS education course. (7-1-25)

34. EMS Education Program Director. The individual responsible for an EMS education program(s). (7-1-25)

35. EMS Education Program Objectives. The measurable outcome used by the program to determine student competencies. (7-1-25)

36. EMS Medical Director. A physician who supervises the medical activities of licensed personnel affiliated with an EMS agency. (7-1-25)

37. EMS Physician Commission (EMSPC). The Idaho Emergency Medical Services Physician Commission created under Section 56-1013A, Idaho Code, also referred to as “EMSPC” or “the Commission.” (7-1-25)

38. EMS Response. A response to a request for assistance that would involve the medical evaluation or treatment of a patient, or both. (7-1-25)

007. DEFINITIONS AND ABBREVIATIONS F THROUGH N.

For the purposes of the Emergency Medical Services (EMS) chapters of rules, the following definitions apply: (7-1-25)

01. Facility. A health care organization that is voluntarily seeking designation from the Idaho TSE Council. A facility may be any of the following: (7-1-25)

a. Center as designated by the Idaho TSE Council. (7-1-25)

b. Freestanding emergency department: (7-1-25)

i. Owned by a hospital with a dedicated emergency department; (7-1-25)

ii. Located within thirty-five (35) miles of the hospital that owns or controls it; (7-1-25)

iii. Provides emergency services twenty-four (24) hours per day, seven (7) days per week on an outpatient basis; (7-1-25)

iv. Physically separate from a hospital; and (7-1-25)

v. Meets the staffing and service requirements in IDAPA 16.03.14, “Hospitals.” (7-1-25)

c. Hospital as defined in Section 39-1301, Idaho Code. (7-1-25)

- d.** A health care clinic in a rural area that is located more than thirty-five (35) miles from a hospital via maintained roads and can provide emergency care to patients. (7-1-25)
- 02. Formative Evaluation.** Assessment, including diagnostic testing, that is a range of formal and informal assessment procedures employed by teachers during the learning process. (7-1-25)
- 03. 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 their eyes, respond verbally, and move normally. The GCS is used primarily during the examination of patients with trauma or stroke. (7-1-25)
- 04. Heart Attack.** STEMI, a common name for ST-elevation myocardial infarction, is a more precise definition for a type of heart attack caused by a prolonged period of blocked blood supply that affects a large area of the heart and has a substantial risk of death or disability calling for a quick response. (7-1-25)
- 05. Hospital.** A facility in Idaho licensed under Sections 39-1301 through 39-1314, Idaho Code, and defined in Section 39-1301(a)(1), Idaho Code. (7-1-25)
- 06. Hospital Supervising Physician.** A physician who supervises the medical activities of licensed EMS personnel while employed or utilized for delivery of services in a hospital. (7-1-25)
- 07. Idaho Time Sensitive Emergency (TSE) System Council.** The Idaho TSE System Council established in Section 56-1027, Idaho Code. (7-1-25)
- 08. Indirect (Off-Line) Supervision.** The medical supervision, provided by a physician, to licensed EMS personnel who are providing medical care including EMS system design, education, quality management, patient care guidelines, medical policies, and compliance. (7-1-25)
- 09. Instructor.** Person who assists a student in the learning process and meets the requirements to obtain instructor certification. (7-1-25)
- 10. Instructor Certification.** A credential issued to an individual by the EMS Bureau for a specified period of time indicating that minimum standards for providing EMS instruction under these rules have been met. (7-1-25)
- 11. Intermediate Life Support (ILS).** The provision of medical care, medication administration, and treatment with medical devices that correspond to the knowledge and skill objectives in the AEMT curriculum currently approved by the State Health Officer and within the scope of practice defined by the EMSPC, by persons licensed as AEMTs by the EMS Bureau. (7-1-25)
- 12. Investigation.** Research of the facts concerning a complaint or issue of non-compliance that may include performing or obtaining interviews, inspections, document review, detailed subject history, phone calls, witness statements, other evidence, and collaboration with other jurisdictions of authority. (7-1-25)
- 13. License.** A document issued by the EMS Bureau to an agency or individual authorizing specified activities and conditions under Sections 56-1011 through 56-1023, Idaho Code. (7-1-25)
- 14. Licensed Personnel.** Those individuals who are licensed by the EMS Bureau as Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and Paramedics. (7-1-25)
- 15. Licensed Professional Nurse.** A person who meets all the applicable requirements and is licensed to practice as a Licensed Professional Nurse under Sections 54-1401 through 54-1418, Idaho Code. (7-1-25)
- 16. 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. (7-1-25)

17. Medical Clinic. A place devoted primarily to the maintenance and operation of facilities for outpatient medical, surgical, and emergency care of acute and chronic conditions or injury. (7-1-25)

18. Medical Clinic Supervising Physician. A physician who supervises the medical activities of licensed EMS personnel while employed or utilized for delivery of services in a medical clinic. (7-1-25)

19. Medical Supervision. The advice and direction provided by a physician, or under the direction of a physician, to licensed EMS personnel who are providing medical care, including direct and indirect supervision. (7-1-25)

20. Medical Supervision Plan. The written document describing the provisions for medical supervision of licensed EMS personnel. (7-1-25)

21. National Accrediting Body. An organization whose standards criteria is recognized by the Idaho TSE System Council and verifies compliance with those standards. (7-1-25)

22. National Emergency Medical Services Information System (NEMSIS). The national repository used to store national EMS data that sets the uniform data conventions and structure for the Data Dictionary and collects and provides aggregate data available for analysis and research through its technical assistance center accessed at <http://www.nemsis.org>. (7-1-25)

23. National Registry of Emergency Medical Technicians (NREMT). An independent, non-governmental, not-for-profit organization that prepares validated examinations for the state's use in evaluating candidates for licensure. (7-1-25)

24. Non-Transport Service. An EMS agency that provides emergency medical care, but does not transport patients and does not respond to 911 calls or respond to calls using emergency driving procedures unless requested by CECS, PSAP, or a 911 Response agency. (7-1-25)

25. Non-Transport Service Type. An agency that is licensed as a non-transport service type, is not intended for patient transport or transfers, and cannot advertise ambulance services. (7-1-25)

26. Non-Transport Vehicle. Any vehicle operated by an agency with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended as the vehicle that will actually transport sick or injured persons. (7-1-25)

27. Nurse Practitioner. An Advanced Practice Registered Nurse, licensed in the category of Nurse Practitioner, under IDAPA 24.34.01, "Rules of the Idaho Board of Nursing." (7-1-25)

008. DEFINITIONS AND ABBREVIATIONS O THROUGH Z.

For the purposes of the Emergency Medical Services (EMS) chapters of rules, the following definitions apply: (7-1-25)

01. Optional Module (OM). Skills identified by the EMSPC that exceed the floor level Scope of Practice for EMS personnel and may be adopted by the agency medical director. (7-1-25)

02. Out-of-Hospital. Any setting outside of a hospital, including inter-facility transfers, in which the provision of emergency medical services may take place. (7-1-25)

03. Paramedic. A person who: (7-1-25)

a. Has met the qualifications under Sections 56-1011 through 56-1023, Idaho Code, and of these rules; (7-1-25)

b. Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-25)

c. Carries out the practice of emergency medical care within the scope of practice for paramedics

- determined by the EMSPC; and (7-1-25)
- d.** Practices under the supervision of a physician licensed in Idaho. (7-1-25)
- 04. Paramedic.** Providing emergency care to sick and injured patients at the ALS level with defined roles and responsibilities to be credentialed at the Paramedic level. (7-1-25)
- 05. Patient.** A sick, injured, incapacitated, or helpless person who is under medical care or treatment. (7-1-25)
- 06. Patient Assessment.** The evaluation of a patient by EMS licensed personnel intending to provide treatment or transportation to that patient. (7-1-25)
- 07. Patient Care.** The performance of acts or procedures under emergency conditions in responding to a perceived individual need for immediate care to prevent loss of life, aggravation of physiological or psychological illness, or injury. (7-1-25)
- 08. Patient Movement.** The relatively short distance transportation of a patient from an off-highway emergency scene to a rendezvous with an ambulance or air ambulance. (7-1-25)
- 09. Patient Transport.** The transportation of a patient by ambulance or air ambulance from a rendezvous or emergency scene to a medical care facility. (7-1-25)
- 10. Physician.** A person who holds a current active license under Section 54-1803, Idaho Code, issued by the Board of Medicine to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine and is in good standing with no restrictions upon, or actions taken against, their license. (7-1-25)
- 11. Physician Assistant.** A person who meets all the applicable requirements and is licensed to practice as a physician assistant under Title 54, Chapter 18, Idaho Code. (7-1-25)
- 12. Planned Deployment.** The deliberate, planned placement of EMS personnel outside of an affiliating agency's deployment model declared on the application under which the agency is currently licensed. (7-1-25)
- 13. Prehospital.** A setting where emergency medical care is provided prior to or during transport to a hospital. (7-1-25)
- 14. Psychomotor Exam.** Practical demonstration of skills learned during an EMS education course. (7-1-25)
- 15. Public Safety Answering Point (PSAP).** An emergency communication center operated or coordinated by a government entity that is connected to local 911 phone services for the purpose of dispatching emergency services. (7-1-25)
- 16. Regional Time Sensitive Emergency (TSE) Committee.** An Idaho regional TSE committee established under Section 56-1030, Idaho Code. (7-1-25)
- 17. REPLICA.** The Recognition of EMS Personnel Licensure Interstate Compact that allows recognition of EMS personnel licensed in other jurisdictions that have enacted the compact to have personnel licenses reciprocated in the state of Idaho. (7-1-25)
- 18. Response Time.** The total time elapsed from when the agency receives a call for service to when the agency arrives and is available at the scene. (7-1-25)
- 19. Skills Proficiency.** The process overseen by an EMS agency medical director to verify competency in psychomotor skills. (7-1-25)

- 20. Special Pathogens Transport (SPT).** The practice of deploying specially trained EMS personnel and specialized equipment to provide medical care and transport of patients suffering from exposure or disease caused by highly infectious special pathogens. (7-1-25)
- 21. State Health Officer.** The Administrator of the Department's Division of Public Health. (7-1-25)
- 22. STEMI.** STEMI is an ST segment elevation myocardial infarction that is a particular type of heart attack, or MI (myocardial infarction), that is caused by a prolonged period of blocked blood supply. It affects a large area of the heart muscle, and so causes changes on the ECG as well as in blood levels of key chemical markers. This is considered a major heart attack and is referred to in medical shorthand as a STEMI. (7-1-25)
- 23. Stroke.** An interruption of blood flow to the brain causing paralysis, slurred speech, or altered brain function usually caused by a blockage in a blood vessel that carries blood to the brain (ischemic stroke) or by a blood vessel bursting (hemorrhagic stroke). (7-1-25)
- 24. Summative Evaluation.** End of topic or end of course evaluation that covers both didactic and practical skills application. (7-1-25)
- 25. Supervision.** The medical direction by a licensed physician of activities provided by licensed personnel affiliated with a licensed ambulance, air medical, or non-transport service, including: (7-1-25)
- a.** Establishing standing orders and protocols; (7-1-25)
 - b.** Reviewing performance of licensed personnel; (7-1-25)
 - c.** Providing instructions for patient care via radio or telephone; and (7-1-25)
 - d.** Other oversight. (7-1-25)
- 26. Third Service.** A public EMS agency that is neither law-enforcement nor fire-department based. (7-1-25)
- 27. Transfer.** The transportation of a patient from one (1) medical care facility to another. (7-1-25)
- 28. Tactical EMS (TEMS).** The practice of deploying specially trained EMS personnel to provide emergency medical care in support of law enforcement activities. (7-1-25)
- 29. Time Sensitive Emergency (TSE).** Time sensitive emergencies specifically for this chapter of rules are trauma, stroke, and heart attack. (7-1-25)
- 30. Transport Service.** An agency that provides emergency medical care during transports or transfers, but does not respond to 911 calls. Transport services only respond to calls using emergency driving procedures for emergency hospital-to-hospital transfers and when requested by CECS, PSAP, or a 911 Response agency. (7-1-25)
- 31. Trauma.** The result of an act or event that damages, harms, or hurts a human being resulting in intentional or unintentional damage to the body resulting from acute exposure to mechanical, thermal, electrical, or chemical energy, or from the absence of such essentials as heat or oxygen. (7-1-25)
- 32. TSE Designated Center.** A facility that has voluntarily applied for TSE designation, has met designation criteria, remains in compliance with the designation criteria of these rules, and that the TSE Council has designated as one (1) or more of the following: (7-1-25)
- a.** Level I Trauma Center; (7-1-25)
 - b.** Level II Trauma Center; (7-1-25)

- c. Level III Trauma Center; (7-1-25)
- d. Level IV Trauma Center; (7-1-25)
- e. Level V Trauma Center; (7-1-25)
- f. Pediatric Level I Trauma Center; or (7-1-25)
- g. Pediatric Level II Trauma Center; (7-1-25)
- h. Level I Stroke Center (Comprehensive); (7-1-25)
- i. Level II+ Stroke Center (Thrombectomy Capable); (7-1-25)
- j. Level II Stroke Center (Primary); or (7-1-25)
- k. Level III Stroke Center (Acute Stroke Ready); (7-1-25)
- l. Level I+ STEMI Center (Cardiogenic Shock Capable); (7-1-25)
- m. Level I STEMI Center (Heart Attack Receiving); or (7-1-25)
- n. Level II STEMI Center (Heart Attack Referring). (7-1-25)
- 33. **TSE Registry.** The population-based data system defined under Section 57-2003, Idaho Code. (7-1-25)
- 34. **TSE System.** An organized statewide approach to treating trauma, stroke, and heart attack patients that establishes and promotes standards for patient transportation, equipment, and information analysis for effective and coordinated TSE care. (7-1-25)

009. – 099. (RESERVED)

SUBPART B – AGENCY LICENSING REQUIREMENTS
(Sections 100 - 299)

SUBAREA B1: EMS AGENCY GENERAL LICENSURE REQUIREMENT
(Sections 100 - 104)

100. AGENCY LICENSE REQUIRED.

Any organization that advertises or provides ambulance, air medical, or non-transport EMS in Idaho must be licensed as an EMS agency under Sections 56-1011 through 56-1023, Idaho Code, and these rules. (7-1-25)

101. EXEMPTION OF EMS AGENCY LICENSURE.

An organization, licensed without restriction to provide EMS in another state and not restricted from operating in Idaho by the EMS Bureau, may provide EMS in Idaho within the limits of its license without an Idaho EMS license only when the organization meets one (1) of the following: (7-1-25)

01. Interstate Compact with Idaho. The organization holds an EMS license in another state where an interstate compact specific to EMS agency licensure with Idaho is in effect. (7-1-25)

02. Emergency, Natural, or Man-made Disaster. The organization is responding to an emergency, or a natural or man-made disaster, declared by federal, state, or local officials and the services of the organization are requested by an entity of local or state government in Idaho. (7-1-25)

03. Transfer of Patient From Out-of-State Medical Facility. The organization is transferring a

patient from an out-of-state medical facility: (7-1-25)

- a. To a medical facility in Idaho. The organization may return the patient to the point of origin; or (7-1-25)
- b. Through the state of Idaho. (7-1-25)

04. Transport of Patient From Out-of-State Emergency Scene. The organization is transporting a patient: (7-1-25)

- a. From an out-of-state emergency scene to a medical facility in Idaho; or (7-1-25)
- b. To a rendezvous with another ambulance. (7-1-25)

102. SERVICES PROVIDED BY A LICENSED EMS AGENCY.

An EMS agency can provide only those services that are within the agency's service types and clinical levels stated on the most recent license issued by the EMS Bureau, except when the agency has a planned deployment agreement described in these rules. (7-1-25)

103. ELIGIBILITY FOR EMS AGENCY LICENSURE.

An entity is eligible for EMS agency licensure upon demonstrated compliance with Idaho statutes and administrative rules in effect at the time the EMS Bureau receives the application. (7-1-25)

104. (RESERVED)

SUBAREA B2: EMS AGENCY LICENSURE MODEL
(Sections 105 - 119)

105. EMS AGENCY-- LICENSING MODEL.

01. Licensing an EMS Agency. An eligible EMS agency is licensed using a descriptive model that bases the agency licensure on the declarations made in the most recent approved initial or renewal application. An EMS agency must provide only those EMS services described in the most recent application on which the agency was issued a license by the EMS Bureau. (7-1-25)

02. EMS Agency License Models. An EMS agency license is based on the agency's service types and clinical levels. Geographic coverage areas and resources may differ between the service types and clinical levels under which an agency is licensed. (7-1-25)

03. EMS Agency Providing Air Medical and Ground-Based EMS Services. An EMS agency that provides both air medical and ground-based EMS services must be licensed accordingly and meet all the requirements of an air medical and either an ambulance or non-transport agency, depending on the ground EMS services provided. (7-1-25)

04. Multiple Organization EMS Agency. An EMS agency may be comprised of multiple organizations licensed under a single responsible authority to which the governing officials of each organization agree. The authority must establish a deployment strategy that declares in which areas and at what times within their geographical response area will be covered by the declared service types and clinical levels. (7-1-25)

106. EMS AGENCY – SERVICE TYPES.

An EMS agency may be licensed as one (1) or more service types. An agency that provides multiple service types must meet the requirements for each service type provided. The following are the agency services types available for EMS agency licensure. (7-1-25)

01. Ambulance Service Types. An agency that is licensed as an ambulance service is intended for patient transport or transfer. (7-1-25)

a. 911 Response Transport Service. Available to an agency that provides emergency medical care at emergency scenes, during transports or transfers, and has the primary responsibility of responding to 911 calls dispatched by a Public Safety Answering Point (PSAP) or Consolidated Emergency Communication System (CECS) within a specified geographical area. (7-1-25)

b. Transport Service. Available to an agency that provides emergency medical care during transports or transfers but does not respond to 911 calls. Transport services only respond to calls using emergency driving procedures for emergency hospital-to-hospital transfers and when requested by a CECS, PSAP, or a 911 Response agency. (7-1-25)

02. Non-Transport Service Types. An agency that is licensed as a non-transport service is not intended for patient transport or transfers and cannot advertise ambulance services. (7-1-25)

a. 911 Response Non-Transport Service. Available to an agency that provides emergency medical care at an emergency scene and has the primary responsibility of responding to 911 calls dispatched by a CECS or PSAP within a specified geographical area. (7-1-25)

b. Non-Transport Service. Available to an agency that provides emergency medical care but does not respond to 911 calls or respond to calls using emergency driving procedures unless requested by a CECS, PSAP, or a 911 Response agency. (7-1-25)

03. Air Medical Service Types. An agency that is licensed with an air medical service type is intended for patient transport, transfer, or rescue. (7-1-25)

a. Air Medical Transport Service. Available to an agency that provides air medical response and transport of patients from emergency scenes and hospitals utilizing a fixed-wing or rotary-wing air ambulance. (7-1-25)

b. Air Medical Rescue Service. Available to an agency that provides air medical response via fixed-wing or rotary-wing aircraft to emergency scenes for transportation of patients from an emergency scene to a rendezvous with a ground or air medical transport agency. (7-1-25)

107. EMS AGENCY – CLINICAL LEVELS.

An EMS agency is licensed at one (1) or more of the following clinical levels depending on the agency's highest level of licensed personnel and life support services advertised or offered, and provided according to requirements per the incorporated EMSPC Standards Manual. (7-1-25)

01. Basic Life Support (BLS). Deploys licensed EMS personnel trained and equipped to provide all EMR or EMT skills. (7-1-25)

02. Intermediate Life Support (ILS). Deploys licensed EMS personnel trained and equipped to provide Advanced EMT skills. (7-1-25)

03. Advanced Life Support (ALS). Deploys licensed EMS personnel trained and equipped to provide Paramedic skills. (7-1-25)

108. EMS AGENCY – SPECIALTY SERVICES.

Each EMS agency offering the following specialty services must report such services to the EMS Bureau. (7-1-25)

01. Critical Care (CC). The provision of EMS personnel trained, credentialed, and equipped to provide all critical care skills and required staffing per the incorporated EMSPC Standards Manual. (7-1-25)

02. Community Health EMS (CHEMS). The provision of evaluation, advice, or treatment of eligible recipients outside of a hospital setting as part of a community-based team of health and social services providers as authorized by local medical control. (7-1-25)

a. Clinical treatments and patient assessments cannot exceed the agency's licensed clinical level.

(7-1-25)

b. Community Health EMS involving or related to emergency response must be provided by or in coordination with the primary 911 Response Transport agency for that area. (7-1-25)

03. Tactical EMS (TEMS). The provision of emergency medical care in support of law enforcement activities. (7-1-25)

a. The Tactical EMS specialty service must be formally affiliated with one (1) or more local law enforcement agencies. (7-1-25)

b. Clinical treatments of patients cannot exceed the agency's licensed clinical level unless authorized by the EMSPC. (7-1-25)

04. Special Pathogen Transport (SPT). The provision of emergency medical care and transport of patients suffering from exposure or disease caused by highly infectious special pathogens. (7-1-25)

109. (RESERVED)

110. NON-TRANSPORT EMS AGENCY -- PATIENT MOVEMENT.

A non-transport agency can move a patient by vehicle only when: (7-1-25)

01. Accessibility of Emergency Scene. The responding ambulance or air ambulance agency cannot access the emergency scene. (7-1-25)

02. Licensed Personnel Level. Patient care is provided by EMS personnel licensed at: (7-1-25)

a. EMT level or higher; or (7-1-25)

b. EMR level only when the patient care integration agreement under which the non-transport agency operates addresses and enables patient movement. The agency must ensure that its personnel are trained and credentialed in patient packaging and movement. (7-1-25)

03. Rendezvous with Transport EMS Agency. Movement of the patient is to rendezvous with an ambulance or air ambulance agency during which the EMS personnel must be in active communication with the ambulance or air ambulance with which they will rendezvous. (7-1-25)

04. Report Patient Movement. A non-transport agency must report all patient movement events to the EMS Bureau within thirty (30) days of the event. (7-1-25)

111. – 119. (RESERVED)

SUBAREA B3: PERSONNEL REQUIREMENTS FOR EMS AGENCY LICENSURE
(Sections 120 - 129)

120. EMS AGENCY – GENERAL PERSONNEL REQUIREMENTS.

Personnel must be licensed as described in these rules. (7-1-25)

01. Personnel Requirements for EMS Agency Licensure. Each agency must ensure availability of affiliated personnel licensed and credentialed at or above the clinical level for the entire anticipated call volume, except that an agency holding a 911 Response Transport or 911 Response Non-transport license may request a waiver of this requirement from the EMS Bureau. (7-1-25)

02. Personnel Requirements for an Agency Utilizing Emergency Medical Dispatch. An agency dispatched by a CECS that uses an emergency medical dispatch (EMD) process to determine the clinical needs of the patient must ensure availability of personnel licensed and credentialed at clinical levels appropriate to the anticipated call volume for each of the clinical levels the agency provides. (7-1-25)

03. Personnel Requirements for an Agency Utilizing Ambulance-Based Clinicians. An agency may use ambulance-based clinicians to meet the licensed personnel requirements for agency licensure as follows: (7-1-25)

a. 911 Response Transport, or 911 Response Non-transport Service licensed at the BLS or ILS clinical level. (7-1-25)

b. Transport Service licensed at the ALS clinical level. (7-1-25)

121. EMS AGENCY -- SPECIALTY SERVICE PERSONNEL REQUIREMENTS.

Each EMS agency offering specialty services as described in these rules is responsible for reporting personnel trained and credentialed to provide those services to the EMS Bureau. (7-1-25)

01. Critical Care. EMS personnel must have been formally trained, credentialed, and equipped to provide all critical care skills per the incorporated EMSPC Standards Manual. (7-1-25)

02. Community Health EMS. Licensed EMS personnel must have received standardized CHEMS training recognized by the EMS Bureau to participate in patient care related to CHEMS. (7-1-25)

03. Tactical EMS. Licensed EMS personnel must have received specialized training to provide emergency medical care in support of law enforcement activities. (7-1-25)

04. Special Pathogens Transport. Licensed EMS personnel must have received specialized training specific to the transport of patients suffering from exposure or disease caused by highly infectious special pathogens. Such training must include, at a minimum, proper use of appropriate PPE, avoiding disease exposure, use of specialized equipment and containment systems used during transport, crew member and public safety concerns, and proper waste management. (7-1-25)

122. AMBULANCE SERVICE -- PERSONNEL REQUIREMENTS.

Each ambulance service must ensure that there is one (1) EMS provider providing patient care, not including the driver, on each patient transport or transfer. The crew member providing patient care, at a minimum, must be a licensed EMR with an ambulance certification or a licensed EMT. (7-1-25)

01. Emergency Scene ALS. A licensed paramedic must be present whenever ALS services are provided at an emergency scene or during patient transport to a medical facility. (7-1-25)

02. Interfacility Transfers ALS. (7-1-25)

a. A licensed paramedic or ambulance-based clinician must provide ALS services during interfacility transfers. (7-1-25)

b. A BLS or ILS 911 Response Transport Service may conduct ALS interfacility transfers with a licensed paramedic or ambulance-based clinician if equipped with ALS equipment necessary to provide appropriate patient care and ALS interventions. (7-1-25)

03. Critical Care. A minimum of one (1) credentialed critical care provider and one (1) additional paramedic or ambulance-based clinician are required in the patient compartment during patient transport. Special consideration may be given for the second provider based on a specific specialized patient need. (7-1-25)

123. AIR MEDICAL TRANSPORT SERVICE -- PERSONNEL REQUIREMENTS.

Each air medical transport service must ensure that the standard medical flight crew consists of, at a minimum, one (1) licensed Paramedic and one (1) licensed Registered Nurse. At least one (1) crew member on each flight must hold critical care credentials per the incorporated EMSPC Standards Manual. Air Medical Transport Services may utilize alternate medical crew configurations for specific situations as stated below: (7-1-25)

01. Emergency Scene Transports. Alternate crew configurations for emergency scene response and

patient transport. (7-1-25)

a. Two (2) Paramedics. (7-1-25)

b. When no other crew with a licensed Paramedic and no other Air Medical Transport Service with a Paramedic crew member is available, an Air Medical Transport Service may deploy a crew of two (2) licensed Registered Nurses. (7-1-25)

02. Interfacility Transfers. Alternate crew configurations for interfacility transfers, based on patient need. (7-1-25)

a. Two (2) Registered Nurses. (7-1-25)

b. One (1) Registered Nurse and One (1) Respiratory Therapist. (7-1-25)

c. Two (2) Paramedics when both possess critical care credentials as described in the incorporated EMSPC Standards Manual. (7-1-25)

124. PERSONNEL FOR AIR MEDICAL RESCUE SERVICE.

An Air Medical Rescue service must ensure that each flight includes a minimum of one (1) patient care provider licensed at or above the agency's clinical level of licensure, not including the pilot. The crew member providing patient care, at a minimum, must be a licensed EMT. (7-1-25)

125. PLANNED DEPLOYMENT -- PERSONNEL REQUIREMENTS.

Planned deployment allows affiliated EMS personnel to act and provide predetermined services outside of their affiliating agency's geographic coverage area. It can allow EMS personnel licensed at a higher clinical level to provide patient care within their credentialed scopes of practice even when the agency into which the planned deployment occurs is licensed at a lower clinical level. A planned deployment agreement must be formally documented and meet the requirements described in the EMS Agency Standards Manual incorporated in these rules. (7-1-25)

126. AMBULANCE-BASED CLINICIANS -- PERSONNEL REQUIREMENTS.

01. Ambulance-Based Clinician Certified by the EMS Bureau. An EMS agency that advertises or provides out-of-hospital patient care by affiliating and utilizing a currently licensed registered nurse, advanced practice registered nurse, or physician assistant, must ensure that those individuals maintain a current ambulance-based clinician certificate issued by the EMS Bureau. See Section 127 of these rules for exceptions to this requirement. (7-1-25)

02. Obtaining an Ambulance-Based Clinician Certificate. An agency, on behalf of an individual who desires an ambulance-based clinician certificate, must provide on the EMS Bureau's application documentation that the individual: (7-1-25)

a. Holds a current, unrestricted license to practice issued by the Board of Medicine or Board of Nursing; and (7-1-25)

b. Has successfully completed an EMS Bureau-approved ambulance-based clinician training; or (7-1-25)

c. Has successfully completed an EMT course. (7-1-25)

03. Maintaining an Ambulance-Based Clinician Certificate. An ambulance-based clinician certificate is valid for as long as the holder of the certificate is continuously licensed by their respective licensing board. (7-1-25)

04. Revocation of an Ambulance-Based Clinician Certificate. The EMS Bureau may revoke an ambulance-based clinician certificate based on the procedures for administrative license actions described in these

rules. (7-1-25)

05. Agency Responsibilities for Ambulance-Based Clinicians. The agency must verify that each ambulance-based clinician possesses a current EMS Bureau-issued ambulance-based clinician certificate. The agency must ensure that any ambulance-based clinician meets additional requirements of the corresponding licensing board. (7-1-25)

127. UTILIZING PHYSICIAN ASSISTANTS, REGISTERED NURSES, OR ADVANCED PRACTICE REGISTERED NURSES.

An AEMT/ILS ambulance agency may use a non-certified physician assistant, licensed registered nurse, or advanced practice registered nurse as the crew member who is providing ILS patient services, only when accompanied by a licensed EMR with an ambulance certification or a licensed EMT in the patient compartment of the transport vehicle. (7-1-25)

128. -- 129. (RESERVED)

SUBAREA B4: EMS AGENCY VEHICLE REQUIREMENTS
(Sections 130 - 139)

130. EMS AGENCY -- VEHICLE REQUIREMENTS.

Not all EMS agencies need to have emergency response vehicles. An agency's need for emergency response vehicles is based on the deployment needs of the agency that is declared on the most recent agency licensure application. An agency with a deployment pattern that requires emergency response vehicles must meet the following: (7-1-25)

01. Condition of Response Vehicles. Each of the agency's EMS response vehicles is in sound, safe, working condition. (7-1-25)

02. Quantity of Response Vehicles. Each EMS agency possesses a sufficient quantity of EMS response vehicles to ensure agency personnel can respond to the anticipated call volume of the agency. (7-1-25)

03. Motor Vehicle Licensing Requirements. Each of the EMS agency's response vehicles meets the Idaho motor vehicle license and insurance requirements. (7-1-25)

04. Configuration and Standards for EMS Response Vehicles. Each of the EMS agency's response vehicles is appropriately configured with the declared capabilities on the most recent agency license. Each EMS response vehicle meets the requirements for applicable federal, state, industry, or trade specifications and standards for ambulance or air ambulance vehicles as appropriate. Uniquely configured EMS response vehicles are approved by the EMS Bureau prior to being put into service. (7-1-25)

05. Location of Emergency Response Vehicles. Each of the agency's EMS response vehicles is stationed or staged within the agency's declared geographic coverage area in a manner that allows agency personnel to effectively respond to the anticipated volume and distribution of requests for service. (7-1-25)

131. NON-TRANSPORT EMS AGENCY -- VEHICLES.

A licensed non-transport EMS agency may use ambulance vehicles to provide non-transport services. (7-1-25)

132. EMS AGENCY -- MINIMUM EQUIPMENT INSPECTION REQUIREMENTS.

Any newly acquired EMS response vehicle must be inspected by the EMS Bureau for medical care supplies and devices as specified in the "Minimum Equipment Standards for Licensed EMS Services" document incorporated in these rules before being put into service, except when the newly acquired vehicle is a replacement vehicle and all equipment and supplies are transferred from the vehicle being taken out of service. (7-1-25)

133. EMS AGENCY -- GROUND VEHICLE SAFETY INSPECTION REQUIREMENTS.

Each EMS agency that deploys emergency vehicles titled and registered for use on roads and highways, except for all-terrain vehicles and utility vehicles, must meet the following. (7-1-25)

01. New Vehicle Inspection. Each newly acquired, used EMS response vehicle has passed a safety

inspection conducted by an inspector authorized to perform Department of Transportation (DOT) vehicle safety inspections prior to the vehicle being put in service. (7-1-25)

02. Response Vehicle Involved in a Crash. Each EMS response vehicle, that is involved in a crash that could result in damage to one (1) or more of the vehicle systems identified in Subsection 133.03 of this rule, has passed a safety inspection conducted by an inspector authorized to perform DOT vehicle safety inspections prior to being put back in service. (7-1-25)

03. Vehicle Inspection Standards. Each vehicle safety inspection has verified conformity to the fuel system, exhaust, wheels and tires, lights, windshield wipers, steering, suspension, brakes, frame, and electrical system elements of a DOT vehicle safety inspection defined in Appendix G to Subchapter B of Chapter III at 49 CFR Section 396.17. (7-1-25)

04. Vehicle Inspection Records. Each EMS agency keeps records of all emergency response vehicle safety inspections and are available to the EMS Bureau upon request. (7-1-25)

134. -- 139. (RESERVED)

SUBAREA B5: EMS AGENCY REQUIREMENTS AND WAIVERS
(Sections 140 - 179)

140. EMS AGENCY -- GENERAL EQUIPMENT REQUIREMENTS AND MODIFICATIONS. Each EMS agency must meet the requirements of the incorporated Minimum Equipment Standards document, in addition to the following: (7-1-25)

01. Equipment and Supplies. Each EMS agency maintains sufficient quantities of medical care supplies and devices specified in the minimum equipment standards to ensure availability for each response. (7-1-25)

02. Safety and Personal Protective Equipment. Each EMS agency maintains safety and personal protective equipment for licensed personnel and other vehicle occupants as specified in the minimum equipment standards. This includes equipment for body substance isolation and protection from exposure to communicable diseases and pathogens. (7-1-25)

03. Modifications to an EMS Agency's Minimum Equipment List. An EMS agency's minimum equipment list may be modified upon approval by the EMS Bureau. Requests for equipment modifications are submitted to the EMS Bureau and include clinical and operational justification for the modification and are signed by the EMS agency's medical director. Approved modifications are granted by the EMS Bureau as either an exception or an exemption. (7-1-25)

a. Exceptions to the agency's minimum equipment list requirements may be granted by the EMS Bureau upon inspection or review of a modification request, when the circumstances and available alternatives assure that appropriate patient care will be provided for all anticipated incidents. (7-1-25)

b. Exemptions that remove minimum equipment and do not provide an alternative may be granted by the EMS Bureau following review of a modification request. The request must describe the agency's deployment model and why there is no anticipated need for the specified equipment to provide appropriate patient care. (7-1-25)

04. Review of an Equipment Modification Request. Each request from an EMS agency for equipment modification will be reviewed by the EMS Bureau and may be reviewed by the EMSPC. The recommendations from EMSPC are submitted to the EMS Bureau which has the final authority to approve or deny the modification request. (7-1-25)

05. Denial of an Equipment Modification Request. An EMS agency may appeal the denial of an equipment modification request under Title 67, Chapter 52, Idaho Code. (7-1-25)

06. Renewal of Equipment Modification. An EMS agency's equipment modification must be

reviewed and reaffirmed as follows: (7-1-25)

- a. Annually, with the agency license renewal application; or (7-1-25)
- b. When the EMS agency changes its medical director. (7-1-25)

141. AIR MEDICAL EMS AGENCY -- EQUIPMENT REQUIREMENTS AND MODIFICATIONS.

Each air medical agency must meet the requirements under Section 140 of these rules, and the following: (7-1-25)

01. FAA 135 Certification. The air medical agency holds a Federal Aviation Administration 135 certification. (7-1-25)

02. Configuration and Equipment Standards. Aircraft and equipment configuration that does not compromise the ability to provide appropriate care or prevent emergency care providers from safely performing emergency procedures, if necessary, while in flight. (7-1-25)

142. -- 149. (RESERVED)

150. EMS AGENCY -- COMMUNICATION REQUIREMENTS.

Each EMS agency must meet the following to obtain or maintain agency licensure. (7-1-25)

01. Air Medical EMS Agency. Each air medical agency has mobile radios of sufficient quantities to ensure that every aircraft and ground crew has the ability to communicate on the frequencies 155.340 MHZ and 155.280 MHZ, with continuous tone-coded squelch system encoding capabilities to allow access to the Idaho EMS radio communications system. (7-1-25)

02. Ambulance EMS Agency. Each ambulance EMS agency has mobile radios of sufficient quantities to ensure that every vehicle crew has the ability to communicate on the frequencies 155.340 MHZ and 155.280 MHZ, with continuous tone-coded squelch system encoding capabilities to allow access to the Idaho EMS radio communications system. (7-1-25)

03. Non-transport EMS Agency. Each non-transport EMS agency has mobile or portable radios of sufficient quantities to ensure that agency personnel at an emergency scene have the ability to communicate on the frequencies 155.340 MHZ and 155.280 MHZ, with continuous tone-coded squelch system encoding capabilities to allow access to the Idaho EMS radio communications system. (7-1-25)

151. EMS AGENCY -- DISPATCH REQUIREMENTS.

01. Twenty-four Hour Dispatch Arrangement. Each EMS agency must have a twenty-four (24) hour dispatch arrangement, except an agency with a twenty-four (24) hour response waiver may have a dispatch arrangement specific to the waiver deployment plan. (7-1-25)

02. Incoming Requests for Out-of-Hospital Response. Each ambulance agency that is not dispatched by a CECS or PSAP must record incoming requests for out-of-hospital transports and retain such recordings for a period of one (1) year. (7-1-25)

152. -- 159. (RESERVED)

160. EMS AGENCY -- RESPONSE REQUIREMENTS AND WAIVERS.

Each EMS agency must respond to calls on a twenty-four (24) hour a day basis within the agency's declared geographic coverage area unless a waiver exists. (7-1-25)

161. NON-TRANSPORT EMS AGENCY -- WAIVER OF RESPONSE REQUIREMENT.

The controlling authority of a non-transport agency may petition the EMS Bureau for a waiver of the twenty-four (24) hour response requirement if one (1) or more of the following exist: (7-1-25)

- 01. Not Populated on 24-Hour Basis.** The community, setting, industrial site, or event being served

by the agency is not populated on a twenty-four (24) hour basis. (7-1-25)

02. Not on Daily Basis Per Year. The community, setting, industrial site, or event being served by the agency does not exist on a three hundred sixty-five (365) day per year basis. (7-1-25)

03. Undue Hardship on Community. The provision of twenty-four (24) hour response would cause an undue hardship on the community being served by the agency. (7-1-25)

04. Abandonment of Service. The provision of twenty-four (24) hour response would cause abandonment of the service provided by the agency. (7-1-25)

162. NON-TRANSPORT EMS AGENCY -- PETITION FOR WAIVER.

01. Petition for Waiver. The controlling authority of an existing non-transport agency desiring a waiver of the twenty-four (24) hour response requirement must submit a petition for waiver to the EMS Bureau and provide the information described under the incorporated EMS Agency Standards Manual document. (7-1-25)

02. Waiver Declared on Initial Application. The controlling authority of an applicant non-transport agency desiring a waiver of the twenty-four (24) hour response requirement must declare the request for waiver on the initial application for agency licensure to the EMS Bureau and provide the information described under the incorporated document in the incorporated EMS Agency Standards Manual document. (7-1-25)

03. Renewal of Waivers. The controlling authority of a non-transport agency desiring to renew a waiver of the twenty-four (24) hour response requirement must declare the request for renewal of the waiver on the annual renewal application for agency licensure to the EMS Bureau. (7-1-25)

163. -- 164. (RESERVED)

165. AMBULANCE OR AIR MEDICAL EMS AGENCY -- WAIVER OF RESPONSE REQUIREMENT.
The controlling authority of an existing ambulance or air medical agency may petition the EMS Bureau for a waiver of the twenty-four (24) hour response requirement if one (1) or more of the following exist as a result of the provision of twenty-four (24) hour response: (7-1-25)

01. Undue Hardship on the Community Being Served by the Agency. (7-1-25)

02. Abandonment of the Service by the Agency. (7-1-25)

166. AMBULANCE OR AIR MEDICAL EMS AGENCY -- PETITION FOR WAIVER.
The controlling authority of an existing ambulance or air medical agency desiring a waiver of the twenty-four (24) hour response requirement must submit a petition for waiver to the EMS Bureau and provide the information described in the incorporated EMS Agency Standards Manual document. (7-1-25)

167. -- 169. (RESERVED)

170. EMS AGENCY -- MEDICAL SUPERVISION REQUIREMENTS.
Each EMS agency must comply with medical supervision plan requirements and designate a physician as the agency medical director who is responsible for the supervision of medical activities per the incorporated EMSPC Standards Manual (7-1-25)

171. -- 174. (RESERVED)

175. RECORDS, DATA COLLECTION, AND SUBMISSION REQUIREMENTS.
Each licensed EMS agency must collect and submit EMS response records to the EMS Bureau as follows: (7-1-25)

01. Records to be Maintained. Include a Patient Care Report completed for each EMS Response. (7-1-25)

02. Records to be Submitted. Ensure that an accurate and complete electronic Patient Care Report (ePCR) is submitted to the EMS Bureau using approved and validated software in a format determined by the EMS Bureau. (7-1-25)

03. Time Frame for Submitting Records. Submit each month's data to the EMS Bureau by the 15th of the following month in a format determined by the EMS Bureau. (7-1-25)

176. -- 179. (RESERVED)

SUBAREA B6: EMS AGENCY AGREEMENTS, PLANS, AND POLICIES
(Sections 180 - 199)

180. EMS AGENCY -- AGREEMENTS, PLANS, AND POLICIES.

When applicable, each EMS agency must make the following agreements, plans, and policies available to the EMS Bureau upon request. (7-1-25)

181. EMS AGENCY -- AMBULANCE SERVICE RESPONSE AGREEMENTS.

Each EMS agency with out-of-hospital customer service agreements to provide ambulance services that are not dispatched by the local CECS or PSAP must provide the customer with written criteria to reasonably identify potential medical emergencies that should be referred to a CECS or PSAP for dispatch of a 911 Response agency unless a staffed ambulance is already on site at the patient's location. (7-1-25)

182. EMS AGENCY -- PATIENT CARE INTEGRATION.

01. Cooperative Agreements for Common Geographic Coverage Area. Each ground EMS agency that shares common geographic coverage areas with other EMS agencies must develop cooperative written agreements that address integration of patient care between the agencies. A ground agency cannot provide a level of care that exceeds the clinical level of a prehospital agency receiving the patient unless the written patient integration plan specifically addresses the continuation of the higher level of care throughout the patient transport. (7-1-25)

02. Cooperative Agreement for Non-Transport Agency. Each 911 Response non-transport EMS agency must have a cooperative written agreement with each of the 911 Response Transport Services that provide response and patient transportation within that geographical area. The agreement must address integration of patient care between the agencies. A non-transport agency may not provide a level of care that exceeds the clinical level of the responding 911 Response Transport Service unless the integration plan specifically addresses the continuation of the higher level of care throughout the patient transport. (7-1-25)

183. AIR MEDICAL EMS AGENCY -- PATIENT CARE INTEGRATION.

Each air medical agency must declare and make available its patient care integration policies to the EMS Bureau upon request. (7-1-25)

184. EMS AGENCY -- PLANNED DEPLOYMENT AGREEMENTS.

Each EMS agency that utilizes a planned deployment must develop a cooperative planned deployment agreement between the EMS agencies under the incorporated EMS Agency Standards Manual document. (7-1-25)

185. -- 189. (RESERVED)

190. AIR MEDICAL EMS AGENCY -- REQUIRED POLICIES.

Each air medical EMS agency must have the following policies on file with the EMS Bureau as described under the incorporated EMS Agency Standards Manual document: (7-1-25)

01. Non-Discrimination Policy. (7-1-25)

02. Weather Turn Down Policy. (7-1-25)

03. Patient Destination Procedure. (7-1-25)

04. **Safety Program Policy.** (7-1-25)
05. **Training Policy.** (7-1-25)
191. -- 199. **(RESERVED)**

SUBAREA B7: EMS AGENCY UTILIZATION OF AIR MEDICAL SERVICES
(Sections 200 - 219)

200. EMS AGENCY -- CRITERIA TO REQUEST AN AIR MEDICAL RESPONSE.

Each ground EMS agency must establish written criteria as described in the incorporated EMS Agency Standards Manual document for the agency's licensed EMS personnel that provides decision-making guidance for requesting an air medical response to an emergency scene. This criteria must be approved by the agency's medical director. (7-1-25)

201. EMS AGENCY -- EMS PERSONNEL REQUEST FOR 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 agency written criteria under the incorporated EMS Agency Standards Manual document. (7-1-25)

202. EMS AGENCY -- CANCELLATION OF AN AIR MEDICAL RESPONSE.

Following dispatch of air medical services, an air medical response may only be canceled upon completion of a patient assessment performed by licensed EMS personnel. (7-1-25)

203. EMS AGENCY -- ESTABLISHED CRITERIA FOR SIMULTANEOUS DISPATCH.

Under the incorporated EMS Agency Standards Manual document, a ground EMS agency may establish criteria for simultaneous dispatch for air and ground medical response. (7-1-25)

204. EMS AGENCY-- SELECTION OF AIR MEDICAL AGENCY.

Each EMS agency has the responsibility to select an appropriate air medical service and have on file selection policies as described in the incorporated EMS Agency Standards Manual document. (7-1-25)

205. -- 209. (RESERVED)

210. EMS AGENCY -- LANDING ZONE PROCEDURES FOR AIR MEDICAL RESPONSE.

A licensed ambulance or non-transport EMS agency in conjunction with an air medical agency must have written procedures for the establishment of a landing zone. These procedures must be compatible with the local incident management system. (7-1-25)

211. EMS AGENCY -- REVIEW OF AIR MEDICAL RESPONSES.

Each EMS agency must provide incident-specific patient care related data identified and requested by the EMS Bureau in the review of air medical response criteria. (7-1-25)

212. -- 219. (RESERVED)

SUBAREA B8: EMS AGENCY INSPECTIONS
(Sections 220 - 249)

220. EMS AGENCY -- INSPECTIONS BY THE EMS BUREAU.

The EMS Bureau is authorized to enter an agency's facility at reasonable times to inspect an agency's vehicles, equipment, response records, and other necessary items to determine that the EMS agency is in compliance with Idaho statutes and administrative rules. (7-1-25)

221. EMS AGENCY -- INSPECTION REQUESTS AND SCHEDULING.

An applicant eligible for agency inspection must contact the EMS Bureau to schedule an inspection. In the event that the acquisition of capital equipment, hiring, or licensure of personnel is necessary for the inspection process, the

applicant must notify the EMS Bureau when ready for the inspection. (7-1-25)

222. EMS AGENCY -- INSPECTION TIMEFRAME AFTER NOTIFICATION OF ELIGIBILITY.

An applicant must schedule and have an inspection completed within six (6) months of notification of eligibility by the EMS Bureau. An application without an inspection completed within six (6) months is void and must be resubmitted as an initial application. (7-1-25)

223. -- 224. (RESERVED)

225. EMS AGENCY -- INITIAL AGENCY INSPECTION.

The EMS Bureau will perform an initial inspection, which is an integral component of the application process, to ensure the EMS agency applicant is complying with the following: (7-1-25)

01. Validation of Initial Application. Validate the information contained in the application. (7-1-25)

02. Verification of Compliance. Verify the applicant is complying with Idaho statutes and administrative rules. (7-1-25)

226. EMS AGENCY -- DEMONSTRATION OF CAPABILITIES DURING INSPECTION.

The EMS Bureau will review historical and current information during the annual, random, and targeted inspections whereas an applicant must demonstrate the following during the initial inspection process: (7-1-25)

01. Validation of Ability to Submit Data. Each EMS agency applicant must demonstrate the ability to submit data described in these rules. (7-1-25)

02. Validation of Ability to Communicate. Each EMS agency applicant must demonstrate the ability to communicate via radio with the state EMS communications center, local dispatch center, neighboring EMS agencies on which the applicant will rely for support, first response, air and ground patient transport, higher level patient care, or other purposes. (7-1-25)

227. -- 229. (RESERVED)

230. EMS AGENCY -- CONDITION THAT RESULTS IN VEHICLE OR AGENCY OUT OF SERVICE.

Upon discovery of a condition during inspection that could reasonably pose an immediate threat to the safety of the public or agency staff, the EMS Bureau may declare the condition unsafe and remove the vehicle or agency from service until the unsafe condition is corrected. (7-1-25)

231. -- 239. (RESERVED)

240. EMS AGENCY -- EXEMPTIONS FOR AGENCIES CURRENTLY ACCREDITED BY A NATIONALLY RECOGNIZED PROFESSIONAL EMS ACCREDITATION AGENCY.

Upon petition by the accredited agency, the EMS Bureau will review the accreditation standards under which the accredited agency was measured and may waive specific duplicated annual inspection requirements where appropriate. If an external accreditation inspection is found to be more rigorous than that of the EMS Bureau, the EMS Bureau may elect to relax the frequency of annual inspections or waive annual inspections altogether. (7-1-25)

241. -- 249. (RESERVED)

SUBAREA B9: EMS AGENCY LICENSURE PROCESS
(Sections 250 - 299)

250. EMS AGENCY -- APPLICATION FOR INITIAL LICENSURE.

To be considered for initial EMS agency licensure, an organization seeking licensure must request, complete, and submit the standardized EMS agency initial license application form provided by the EMS Bureau. (7-1-25)

251. EMS AGENCY -- LICENSURE EXPIRATION.

Each EMS agency license, unless otherwise declared on the license, is valid for one (1) year from the end of the

month of issuance by the EMS Bureau. (7-1-25)

252. -- 259. (RESERVED)

260. LAPSED LICENSE.

01. Application Not Submitted Prior to Expiration of Current License. An agency that does not submit a complete application as prescribed in these rules will be considered lapsed. The license will no longer be valid. (7-1-25)

02. Grace Period. No grace periods or extensions to an expiration date will be granted when an agency has not submitted a completed renewal application on, or before, the date the current license expires. (7-1-25)

03. Lapsed License. An agency that has a lapsed license cannot provide EMS services. (7-1-25)

04. Regaining Agency Licensure. An agency with a lapsed license will be considered an applicant for initial licensure and is bound by the same requirements and processes as an initial applicant. (7-1-25)

261. -- 269. (RESERVED)

270. EMS AGENCY LICENSE -- NONTRANSFERABLE.

An EMS agency license issued by the EMS Bureau cannot be transferred or sold. (7-1-25)

271. CHANGES TO A CURRENT LICENSE.

An agency's officials must submit an agency update to the EMS Bureau within sixty (60) days of any of the following: (7-1-25)

01. Changes Requiring Update. An agency's officials must submit an agency update to the EMS Bureau within sixty (60) days of any of the following: (7-1-25)

- a.** Changes made to the geographic coverage area by agency annexation; (7-1-25)
- b.** Licensed personnel added or removed from the agency affiliation roster. If licensed personnel are removed for cause, a description of the cause must be included; (7-1-25)
- c.** Vehicles or equipment added or removed from the agency; (7-1-25)
- d.** Changes to the agency communication plan or equipment; (7-1-25)
- e.** Changes to the agency dispatch agreement; or (7-1-25)
- f.** Changes to the agency Medical Supervision Plan. (7-1-25)

02. Changes Requiring Initial Licensure Application. When an agency decides to make any of the following changes, it must submit an initial agency application to the EMS Bureau and follow the initial application process described in these rules: (7-1-25)

- a.** Clinical level of licensed personnel it utilizes; (7-1-25)
- b.** Geographic coverage area changes, except by agency annexation; (7-1-25)
- c.** A non-transport agency that intends to provide patient transport or an ambulance agency that intends to discontinue patient transport and become a non-transport agency; or (7-1-25)
- d.** An agency that intends to add a 911 Response to an Ambulance Service license or Non-Transport Service license. (7-1-25)

272. -- 279. (RESERVED)

280. TIME SENSITIVE EMERGENCY CERTIFICATION.

The EMS Bureau will certify an EMS Agency as a TSE Designated EMS Agency when such agency, upon proper application and verification, is found to meet the applicable designation criteria under the incorporated EMS Agency Standards Manual document. (7-1-25)

281. -- 299. (RESERVED)

SUBPART C – PERSONNEL LICENSING REQUIREMENTS
(Sections 300 - 399)

300. STANDARDS OF PROFESSIONAL CONDUCT FOR EMS PERSONNEL.

01. Method of Treatment. EMS personnel must practice medically acceptable methods of treatment and must not endeavor to extend their practice beyond their competence and the authority vested in them by the medical director. EMS personnel must not perform any medical procedure or provide medication that deviated from or exceeds the scope of practice for the corresponding level of licensure established per these rules and the incorporated EMSPC Standards Manual. (7-1-25)

02. Knowledge and Proficiency. EMS personnel must maintain standards of knowledge and proficiency as required by this chapter of rules and the incorporated EMSPC Standards Manual. (7-1-25)

03. Respect for the Patient. EMS personnel must provide all services with respect for the dignity of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems. (7-1-25)

04. Confidentiality. EMS personnel must hold in strict confidence all privileged information concerning the patient except as disclosure or use of this information is permitted or required by law or EMS Bureau rule. (7-1-25)

05. Conflict of Interest. EMS personnel must not accept gratuities for preferential consideration of the patient and must guard against conflicts of interest. (7-1-25)

06. Professionalism. EMS personnel must uphold the dignity and honor of the profession and abide by its ethical principles and must be familiar with existing laws governing the practice of emergency medical services and comply with those laws. EMS personnel must never perform duties of the profession while under the influence of alcohol, illegal substances, or legal drugs or medication causing impairment of function. (7-1-25)

07. Cooperation and Participation. EMS personnel must cooperate with other health care professionals and participate in activities to promote community and national efforts to meet the health needs of the public. (7-1-25)

08. Ethical Responsibility. EMS personnel must refuse to participate in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner. Misrepresentation in an application or documentation for licensure by means of concealment of a material fact is a violation of ethical responsibility. (7-1-25)

09. Integrity. EMS personnel must act with honesty and integrity and assure that reports, applications and documentation for which they are responsible are free of fraudulent and false information. (7-1-25)

301. -- 304. (RESERVED)

305. ADVANCE DO NOT RESUSCITATE (DNR) DIRECTIVES.

Licensed EMS personnel must follow the DNR protocol established by the EMS Bureau. (7-1-25)

306. -- 309. (RESERVED)

SUBAREA C1: PERSONNEL LICENSURE REQUIREMENTS
(Sections 310 - 374)

310. PERSONNEL LICENSURE REQUIRED.

Any individual who provides emergency medical care must obtain and maintain a current EMS personnel license issued by the EMS Bureau, or recognition by the EMS Bureau as described in these rules. The levels of Idaho personnel licensure are: (7-1-25)

- 01. Emergency Medical Responder (EMR).** (7-1-25)
- 02. Emergency Medical Technician (EMT).** (7-1-25)
- 03. Advanced Emergency Medical Technician (AEMT).** (7-1-25)
- 04. Paramedic.** (7-1-25)

311. AFFILIATION REQUIRED TO PRACTICE.

Licensed EMS personnel must be affiliated with an EMS agency, and only practice under the supervision of the agency medical director as required in these rules and the incorporated EMSPC Standards Manual. (7-1-25)

312 – 314. (RESERVED)

315. RECOGNITION OF EMS PERSONNEL LICENSURE INTERSTATE COMPACT (REPLICA).

01. Licensed EMS Personnel from a REPLICA Member State. Obtaining an Idaho EMS personnel license is not required as long as a REPLICA member state license is maintained. An individual who possesses a current, valid, and unrestricted EMS personnel license from a REPLICA member state, upon request by the individual, will be issued an Idaho EMS personnel license at the same level of licensure as the REPLICA home state license provided the individual is affiliated with an Idaho licensed EMS agency. (7-1-25)

316 – 319. (RESERVED)

320. APPLICATION AND INSTRUCTIONS FOR EMS PERSONNEL LICENSURE.

A personnel license or certificate of eligibility application and instructions may be obtained from the EMS Bureau, see online at: <http://www.idahoems.org>. (7-1-25)

321. TIME FRAME FOR PERSONNEL LICENSURE AFTER SUCCESSFUL COMPLETION OF EDUCATION COURSE.

An individual who has successfully completed an EMS education course is eligible to attempt the standardized examination for the appropriate level of licensure. (7-1-25)

01. Standardized Examination. A candidate must successfully complete all components of the standardized examination within twenty-four (24) months of completing an EMS training course in order to be eligible for an Idaho EMS personnel license. (7-1-25)

02. Examination Not Completed. If all components of the standardized examination are not successfully completed period within twenty-four (24) months of course completion, the candidate must repeat the initial training course and all components of the standardized examination in order to be eligible for an Idaho EMS personnel license. (7-1-25)

322 – 324. (RESERVED)

325. LICENSURE OF MEMBERS OF THE MILITARY, VETERANS, AND SPOUSES.

A member of the military, a former member of the military after discharge under honorable conditions, a veteran, or a spouse of any such person who possesses a current, valid, and unrestricted EMS personnel license in another state, district, or territory of the United States is eligible for EMS personnel licensure in Idaho as follows: (7-1-25)

01. REPLIC State License. Those personnel who have a license from a REPLIC state are licensed under Section 315 of these rules; (7-1-25)

02. Non-REPLIC License. Those personnel who have a license from a non-REPLIC state are licensed under Section 326 of these rules. (7-1-25)

326. QUALIFICATIONS FOR LICENSURE BY ENDORSEMENT -- MEMBERS OF THE MILITARY, VETERANS, AND SPOUSES.

Members of the military, veterans, and their spouses may apply to the EMS Bureau for licensure by endorsement provided they meet the following: (7-1-25)

01. License from Another Jurisdiction. Possess a current, valid, and unrestricted EMS personnel license, at the same or higher level as the Idaho license being requested, from another state, district, or territory of the United States. The license of any individual subject to official investigation or disciplinary proceedings is not considered current, valid, and unrestricted. (7-1-25)

02. Previous Applications and Licensures. Declare each state or jurisdiction in which they have ever applied for, been denied, or held an EMS license or certification. (7-1-25)

03. Release of Information. Provide authorization for the EMS authority in other states or jurisdictions to release the candidate's registration, licensure, and certification information to the Idaho EMS Bureau. (7-1-25)

04. Current Affiliation with EMS Agency. Declare all organizations in which they are allowed to practice as licensed personnel. A candidate must have a current affiliation with a licensed EMS agency that functions at, or above, the level of licensure being sought by the candidate. (7-1-25)

05. Identification. Have a valid state driver's license, an Idaho identification card issued by a county driver's license examining station, or an identification card issued by the armed forces of the United States. (7-1-25)

327 -- 329. (RESERVED)

330. INITIAL PERSONNEL LICENSURE.

Upon successful completion of an approved education course recognized by the EMS Bureau an individual may apply to the EMS Bureau for licensure. The candidate must meet the following: (7-1-25)

01. Age Requirements. An individual applying for licensure must meet the following age requirements: (7-1-25)

a. An EMR and EMT candidate must be either sixteen (16) or seventeen (17) years old with parental or legal guardian consent, or eighteen (18) years old. (7-1-25)

b. An AEMT and Paramedic candidate must be eighteen (18) year old. (7-1-25)

02. Previous Applications and Licensures. A candidate must declare each state or jurisdiction in which they have applied for, been denied, or held an EMS license or certification. (7-1-25)

03. Release of Information. A candidate must provide authorization for the EMS authority in other states or jurisdictions to release the candidate's registration, licensure, and certification information to the Idaho EMS Bureau. (7-1-25)

04. Affiliation with EMS Agency. A candidate must declare all organizations in which they are allowed to practice as licensed personnel. A candidate must have a current affiliation with a licensed EMS agency that functions at, or above, the level of licensure being sought by the candidate. (7-1-25)

05. Identification. A candidate must have a valid state driver's license, an Idaho identification card

issued by a county driver's license examining station, or an identification card issued by the Armed Forces of the United States. (7-1-25)

06. Criminal History and Background Check. A candidate must successfully complete a criminal history and background check. (7-1-25)

07. Standardized Examination. A candidate must successfully complete the standardized examination for the level of licensure on the application required under Section 430 of these rules. Current NREMT registration at the level of licensure requested or higher meets the examination requirement. (7-1-25)

a. A candidate for EMR licensure must have successfully completed the standardized examination at the EMR level or higher within the preceding thirty-six (36) months. (7-1-25)

b. A candidate for EMT licensure must have successfully completed the standardized examination at the EMT level or higher within the preceding thirty-six (36) months. (7-1-25)

c. A candidate for AEMT licensure must have successfully completed the standardized examination at the AEMT level or higher within the preceding twenty-four (24) months. (7-1-25)

d. A candidate for Paramedic licensure must have successfully completed the standardized examination at the Paramedic level within the preceding twenty-four (24) months. (7-1-25)

08. Exam Attempts For Initial Licensure. A candidate for initial licensure is allowed to attempt to successfully pass the standardized exam as follows: (7-1-25)

a. An EMR candidate is allowed three (3) attempts to pass the exam, after which the initial EMR course must be successfully completed again before another three (3) attempts are allowed. (7-1-25)

b. An EMT candidate is allowed three (3) attempts to pass the exam, after which twenty-four (24) hours of remedial education must be successfully completed before another three (3) attempts are allowed. (7-1-25)

c. An AEMT candidate is allowed three (3) attempts to pass the exam, after which thirty-six (36) hours of remedial education must be successfully completed before another three (3) attempts are allowed. (7-1-25)

d. A Paramedic candidate is allowed three (3) attempts to pass the exam, after which forty-eight (48) hours of remedial education must be successfully completed before another three (3) attempts are allowed. (7-1-25)

09. Licensure Fee. A candidate for AEMT or Paramedic licensure must submit the applicable initial licensure fee provided in Section 331 of these rules. (7-1-25)

331. APPLICATION FEES FOR PERSONNEL LICENSURE.

01. Initial. A candidate applying for an initial personnel license must submit the following license fee at time of application: (7-1-25)

a. EMR and EMT have no license fee. (7-1-25)

b. AEMT and Paramedic license fee is thirty-five dollars (\$35). (7-1-25)

c. There is no initial licensure fee for members of the military, former members of the military after discharge under honorable conditions, veterans, and their spouses who are applying under Section 325 of these rules. (7-1-25)

d. There is no initial licensure fee for personnel from a REPLICA member state applying under Section 315 of these rules. (7-1-25)

02. Renewal. A candidate applying for personnel license renewal must submit the following amount at

the time of application: (7-1-25)

a. EMR and EMT have no license renewal fee. (7-1-25)

b. AEMT and Paramedic license renewal fee is twenty-five dollars (\$25). (7-1-25)

03. Reinstatement. A candidate applying for a personnel license reinstatement must pay the following amount at the time of application: (7-1-25)

a. EMR and EMT have no reinstatement fee. (7-1-25)

b. AEMT and Paramedic reinstatement fee is thirty-five dollars (\$35). (7-1-25)

332. -- 334. (RESERVED)

335. EMS PERSONNEL LICENSE DURATION.

Duration of a personnel license is determined using the following specified time intervals. (7-1-25)

01. Initial License Duration for EMR and EMT. EMR and EMT personnel licenses expire on March 31 or September 30. Expiration dates for EMR and EMT initial licenses are set for not less than thirty-six (36) months and not more than forty-two (42) months from the date of issue in order to establish an expiration date of March 31 or September 30. (7-1-25)

02. Initial License Duration for AEMT and Paramedic. AEMT and Paramedic personnel licenses expire on March 31 or September 30. Expiration dates for AEMT and Paramedic initial licenses are set for not less than twenty-four (24) months and not more than thirty (30) months from the date of issue in order to establish an expiration date of March 31 or September 30. (7-1-25)

03. Renewal Duration for EMR and EMT Level Licensure. An EMR and EMT level personnel license is renewed for three (3) years. (7-1-25)

04. Renewal Duration for AEMT and Paramedic Level Licensure. An AEMT and Paramedic level personnel license is renewed for two (2) years. (7-1-25)

05. REPLICIA Licensure Duration. EMS personnel from another REPLICIA state who become licensed in Idaho will have their Idaho EMS license expire March 31 or September 30 following the expiration of their EMS license from the original state. (7-1-25)

336. – 339. (RESERVED)

340. PERSONNEL LICENSE RENEWAL.

Licensed personnel must provide documentation that they meet the following requirements: (7-1-25)

01. Affiliation with EMS Agency. A candidate applying for renewal of licensure must be affiliated with a licensed EMS agency which functions at, or above, the level of licensure being renewed. Documentation that the license holder is currently credentialed or undergoing credentialing by an affiliating EMS agency medical director must be submitted as assurance of affiliation for license renewal. (7-1-25)

02. Continuing Education for Level of Licensure Renewal. A candidate for renewal of licensure must provide documentation of continuing education consistent with the license holder's level of licensure. All continuing education and skill proficiency requirements must be completed under the provisions in Sections 375 through 399 of these rules. The time frame for continuing education courses must meet the following requirements: (7-1-25)

a. All continuing education and skill proficiency requirements for renewal of an initial Idaho personnel license must be completed as follows: (7-1-25)

- i. For EMR or EMT, within the thirty-six (36) months preceding expiration. (7-1-25)
- ii. For AEMT and Paramedic, within the twenty-four (24) months preceding expiration. (7-1-25)
- b. All continuing education and skill proficiency requirements for successive licenses must be completed between the effective and expiration dates of the license being renewed, or according to Section 345.01 of these rules. (7-1-25)
- c. All continuing education and skill proficiency requirements for renewal of licenses obtained through conversion of a Certificate of Eligibility must be completed as follows: (7-1-25)
 - i. For EMR or EMT, within the thirty-six (36) months preceding expiration. (7-1-25)
 - ii. For AEMT and Paramedic, within the twenty-four (24) months preceding expiration. (7-1-25)
- d. A licensee certified by a national EMS certification body may petition the EMS Bureau to review the certification standards under which the licensee was certified. The EMS Bureau may waive specific duplicated continuing educational requirements where appropriate. When an external education requirement is found to be more rigorous than these rules, the EMS Bureau may elect to renew a license based on that education. (7-1-25)

03. Convictions or Adjudications. A candidate for renewal of licensure must provide a declaration of any misdemeanor or felony adjudications. (7-1-25)

04. Time Frame. Documentation of license renewal requirements is due to the EMS Bureau prior to the license expiration date. Failure to submit a complete renewal application by the license expiration date renders the license invalid and the individual must not practice or represent himself as a license holder. (7-1-25)

05. Renewal Fees. A candidate for AEMT or Paramedic license renewal must submit the applicable fee provided in Section 331 of these rules. (7-1-25)

341. -- 344. (RESERVED)

345. SUBMISSION OF EMS PERSONNEL LICENSURE APPLICATION AND DOCUMENTATION.

Each EMS personnel license holder or candidate is responsible for meeting license renewal requirements and submitting completed license renewal documentation to the EMS Bureau by the current license expiration date.

(7-1-25)

01. Early Submission. (7-1-25)

a. Licensed EMS personnel may submit renewal application and documentation to the EMS Bureau up to six (6) months prior to the current license expiration date. (7-1-25)

b. Continuing education (CE) taken after early submission of a renewal application may be counted as CE for the next licensure cycle. Prior to the expiration date of the current license, the licensee must submit written notification to the EMS Bureau of the intention to use those CE hours for the next licensure cycle. (7-1-25)

02. Expiration Date on a Non-Work Day. When a license expiration date falls on a weekend, holiday, or other day the EMS Bureau is closed, the EMS Bureau will accept applications until the close of the next regular business day following the non-work day. (7-1-25)

346. -- 349. (RESERVED)

350. LAPSED LICENSE.

Licensed personnel who fail to submit a complete renewal application prior to the expiration date of their license cannot practice or represent themselves as licensed EMS personnel. (7-1-25)

01. Failure to Submit. No grace periods or extensions to an expiration date may be granted. After the

expiration date the EMS personnel license will no longer be valid. (7-1-25)

02. Application Under Review. Provided the license renewal candidate submitted the renewal application to the EMS Bureau prior to the application deadline, a personnel license does not lapse while under review by the EMS Bureau. (7-1-25)

03. Failure to Provide Application Information. After the expiration date of a license, a candidate for license renewal who does not provide the information requested by the EMS Bureau within twenty-one (21) days from the date of notification to the last known address, will be considered to have a lapsed license. (7-1-25)

04. Reinstatement of Lapsed EMS Personnel License. In order to reinstate a lapsed license, a candidate must submit an application for license reinstatement to the EMS Bureau within twenty-four (24) months of the expiration date of the lapsed license and meet the requirements in Section 351 of these rules. (7-1-25)

05. Reinstatement of an EMS Personnel License Lapsed for More Than Twenty-Four Months. An individual whose license has been lapsed for more than twenty-four (24) months must retake and successfully complete an initial education course for the level of licensure for reinstatement. The individual must then meet all requirements in Section 330 of these rules for an initial personnel license. (7-1-25)

351. REINSTATEMENT OF A LAPSED EMS PERSONNEL LICENSE.

An individual desiring to reinstate a lapsed personnel license must provide documentation that he meets the following requirements: (7-1-25)

01. Previous Applications and Licensures. A reinstatement candidate must declare each state or jurisdiction in which he has applied for, been denied, or held an EMS license or certification. (7-1-25)

02. Release of Information. A reinstatement candidate must provide authorization for the EMS authority in other states or jurisdictions to release the candidate's registration, licensure, and certification information to the Idaho EMS Bureau. (7-1-25)

03. Affiliation with EMS Agency. A reinstatement candidate must declare all organizations in which they are allowed to practice as licensed personnel. The candidate must have a current affiliation with a licensed EMS agency that functions at, or above, the level of licensure being sought by the candidate. (7-1-25)

04. Continuing Education. A candidate for reinstatement of a lapsed license must provide documentation of continuing education consistent with the license holder's lapsed license. Continuing education requirements are provided in Sections 375 through 399 of these rules. The time frame for meeting the continuing education requirements for reinstatement are as follows: (7-1-25)

a. The candidate must meet continuing education requirements under Sections 390 through 395 of these rules for the last valid licensure cycle; and (7-1-25)

b. Additional continuing education hours in any combination of categories and venues, proportionate to the amount of time since the expiration date of the lapsed license, as follows: (7-1-25)

i. EMR -- Three-quarters (3/4) of one (1) hour of continuing education per month of lapsed time. (7-1-25)

ii. EMT -- One and one-half (1 ½) hours of continuing education per month of lapsed time. (7-1-25)

iii. AEMT -- Two and one-quarter (2 ¼) hours of continuing education per month of lapsed time. (7-1-25)

iv. Paramedic -- Three (3) hours of continuing education per month of lapsed time. (7-1-25)

05. Identification. A reinstatement candidate must have a valid 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. (7-1-25)

06. Criminal History and Background Check. A reinstatement candidate must successfully complete a criminal background check. (7-1-25)

07. Competency Certification. The Medical Director of the reinstatement candidate's affiliating EMS agency must certify that he has actively assessed the reinstatement candidate's competency in both the psychomotor and cognitive domains and found that the reinstatement candidate meets the baseline competency requirements for the level of the lapsed license. (7-1-25)

08. Licensure Fee. An AEMT or Paramedic candidate must submit the applicable reinstatement license fee provided in Section 331 of these rules. (7-1-25)

09. Expiration Date. The expiration date for a lapsed license that is reinstated is determined as provided in Section 335 of these rules. (7-1-25)

352. -- 359. (RESERVED)

360. RECOGNITION OF REGISTRATION, CERTIFICATION, OR LICENSURE FROM OTHER JURISDICTIONS.

01. EMS Personnel Licensed or Certified in Other States. An individual possessing an EMS personnel license or certification from a state other than Idaho, must have prior recognition or reciprocity granted by the EMS Bureau prior to providing emergency medical care in Idaho. The following applies: (7-1-25)

a. An individual certified or licensed in a state that has an interstate compact with Idaho that allows reciprocal recognition of EMS personnel may practice as licensed personnel as defined in the interstate compact. (7-1-25)

b. An individual who is currently licensed or certified by another state to provide emergency medical care can apply to the EMS Bureau for limited recognition to practice in Idaho as provided in Subsection 360.02 of this rule. (7-1-25)

02. Limited Recognition. An individual, who is currently licensed or certified by another state to provide emergency medical care and applies to practice EMS within the confines of a specific incident, may be granted limited recognition by the EMS Bureau. Limited recognition allows an individual to practice EMS in Idaho only within the confines of the specific incident for which it was issued and only for a specified period of time not to exceed the duration of the incident for which it was issued. (7-1-25)

03. Personnel with NREMT Registration or Current EMS Certification. An individual, possessing a current NREMT registration or a current EMS certification or license from another state at or above the level of licensure they are seeking in Idaho, is eligible for an Idaho EMS personnel licensure if they satisfy the requirements in Section 330 of these rules. (7-1-25)

04. Personnel Licensure Candidate Trained in Other States. A candidate trained outside of Idaho must apply for and obtain an Idaho EMS license as required in Section 330 of these rules prior to providing emergency medical care in Idaho. A declaration that the candidate is fully eligible for EMS licensure in the state in which they were trained, must be obtained from the EMS licensing authority in that state and submitted to the EMS Bureau. (7-1-25)

361. -- 364. (RESERVED)

365. CHANGES TO AN EXISTING LICENSE.

01. Surrender of a Current EMS Personnel License. An individual who possesses a current EMS personnel license may surrender that license at any time by submitting a letter of intent and their license to the EMS Bureau. (7-1-25)

02. Surrender of License to Prevent Investigation or Disciplinary Action. Surrendering or expiration of a license does not prevent an investigation or disciplinary action against the individual. (7-1-25)

03. Relinquish a Current EMS Personnel License for a Lower Level License. An individual who possesses a current license may relinquish that license and receive a license at a lower level with the same expiration date as the original license. The individual must have current affiliation with a licensed EMS agency which functions at, or higher than, the level of licensure being sought. (7-1-25)

04. Relinquishment of a License to a Lower Level License to Prevent Investigation or Disciplinary Action. Relinquishing a personnel license does not prevent an investigation or disciplinary action against the individual. (7-1-25)

05. Reporting Requirements for Changes in Status. Licensed personnel must notify the EMS Bureau within thirty (30) days of a change in name, mailing address, telephone number or agency affiliation. (7-1-25)

06. Personnel License Duration Shortened. The EMS Bureau will issue a license with a shortened licensure duration upon the request of the license holder. (7-1-25)

366. MULTIPLE LICENSES.

An individual may hold more than one (1) level of personnel licensure in Idaho, but can only renew one (1) personnel license at one (1) level. (7-1-25)

367. -- 369. (RESERVED)

370. CERTIFICATE OF ELIGIBILITY REQUIREMENTS.

01. Personnel Licensure Requirements are Met. An individual, who has successfully completed an approved course, and meets all requirements for EMS personnel licensure required in Section 330 of these rules, except for obtaining an agency affiliation provided in Subsection 330.04 of these rules, may apply to the EMS Bureau for a certificate of eligibility. (7-1-25)

02. Duration. Duration of a certificate of eligibility is determined using the specified time intervals of the personnel licensure level requirements in Section 335 of these rules. (7-1-25)

03. Criminal History and Background Check. An individual applying for a certificate of eligibility must successfully complete a criminal history and background check within the six (6) months prior to the issuance or renewal of a certificate of eligibility. (7-1-25)

04. Renewal. An individual must provide documentation that the following requirements have been met in order to renew a certificate of eligibility: (7-1-25)

a. Continuing education requirements for the level of licensure listed under the license renewal requirements in Section 340 of these rules have been met; and (7-1-25)

b. Successful completion of the standardized examination designated by the EMS Bureau for the certificate of eligibility. (7-1-25)

05. Revocation. The EMS Bureau will revoke a certificate of eligibility if the certificate holder is determined to no longer meet eligibility requirements or has obtained a personnel license. (7-1-25)

371. AMBULANCE CERTIFICATION.

01. Certification Required. In order for a licensed EMR to serve as the sole patient care provider who is delivering patient care, the EMR must possess a current ambulance certification issued by the EMS Bureau. (7-1-25)

02. Certification Requirements. A licensed EMR applying for and meeting the requirements defined in this section of rule will be issued an ambulance certification. The requirements for ambulance certification are: (7-1-25)

- a.** Have a valid, unrestricted EMR license; (7-1-25)
- b.** Have successfully completed an ambulance certification training program, examination, and credentialing; (7-1-25)

03. Duration. Ambulance certifications are valid as long as the license holder is continually licensed. (7-1-25)

04. Disciplinary and Corrective Action. The EMS Bureau may impose disciplinary and corrective actions on an ambulance certification based on the procedures for administrative license actions described in Sections 500 - 579 of these rules. (7-1-25)

372. EMS BUREAU REVIEW OF APPLICATIONS.

01. Review of License Applications. The EMS Bureau reviews each application for completeness and accuracy. Random applications are selected for audit by the EMS Bureau. Applications will also be audited when information declared on the application appears incomplete, inaccurate, or fraudulent. (7-1-25)

02. Expiration While Under Review. A personnel license does not expire while under review by the EMS Bureau, provided the license renewal candidate submitted the renewal application to the EMS Bureau prior to the application deadline. (7-1-25)

373. -- 374. (RESERVED)

SUBAREA C2: CONTINUING EDUCATIONAL AND SKILLS PROFICIENCY REQUIREMENTS FOR PERSONNEL LICENSURE (Sections 375-399)

375. CONTINUING EDUCATION AND SKILLS PROFICIENCY.

01. Continuing Education Must Meet Objectives of Initial Course Curriculum. All continuing education and skills proficiency assurance must be consistent with the objectives of the initial course curriculum or be a logical progression of those objectives. (7-1-25)

02. Documentation. Licensed personnel must maintain documentation of all continuing education as follows: (7-1-25)

- a.** An EMR and EMT must maintain documentation of continuing education for four (4) years. (7-1-25)
- b.** An AEMT and Paramedic must maintain documentation of continuing education for three (3) years. (7-1-25)

03. Transition to New Scope of Practice. Education required to transition to a new scope of practice must meet the following: (7-1-25)

a. Within the same level of licensure, all transition education may count on an hour-for-hour basis in the appropriate categories within a single venue. When transition education hours exceed seventy-five percent (75%) of the total continuing education hours required, all continuing education hours can be in a single venue; and (7-1-25)

- b.** Education must be completed during a single license duration. (7-1-25)

376. CONTINUING EDUCATION RECORDS ARE SUBJECT TO AUDIT.

The EMS Bureau reserves the right to audit continuing education records to verify that renewal requirements have been met. (7-1-25)

- 01. Documentation Record.** All documentation for continuing education hours must include: (7-1-25)
 - a.** Name of attendee; (7-1-25)
 - b.** Date education was completed; and (7-1-25)
 - c.** Education sponsor or instructor. (7-1-25)
- 02. Proof of Completion.** The following are acceptable formats for proof of completion of continuing education: (7-1-25)
 - a.** Signed course roster; (7-1-25)
 - b.** Certificate of completion; (7-1-25)
 - c.** Electronic verification of completion of on-line course; (7-1-25)
 - d.** Verification of attendance from EMS conference; (7-1-25)
 - e.** Verification or proof of providing instruction; or (7-1-25)
 - f.** Agency training record validated by agency administrator. (7-1-25)

377. -- 379. (RESERVED)

380. CONTINUING EDUCATION CATEGORIES FOR PERSONNEL LICENSURE RENEWAL.

- 01. Airway.** (7-1-25)
- 02. Cardiovascular.** (7-1-25)
- 03. Trauma.** (7-1-25)
- 04. Medical.** (7-1-25)
- 05. Operations.** (7-1-25)
- 06. Pediatrics.** (7-1-25)

381. -- 384. (RESERVED)

385. VENUES OF CONTINUING EDUCATION FOR PERSONNEL LICENSURE RENEWAL.

Continuing education for all personnel must be from one or more of the following venues for each licensure period. (7-1-25)

- 01. Structured Classroom Sessions.** (7-1-25)
- 02. Refresher Programs.** Refresher programs that revisit the original curriculum and have an evaluation component. (7-1-25)
- 03. Nationally Recognized Courses.** (7-1-25)

- 04. Regional and National Conferences.** (7-1-25)
- 05. Teaching Continuing Education Topics.** The continuing education topics being taught must fall under the categories in Section 380 of these rules. (7-1-25)
- 06. Agency Medical Director-Approved Self-Study or Directed Study.** This venue is not allowed to be used for a certificate of eligibility continuing education requirement. (7-1-25)
- 07. Case Reviews and Grand Rounds.** (7-1-25)
- 08. Distributed Education.** This venue includes distance and blended education using computer, video, audio, Internet, and CD resources. (7-1-25)
- 09. Journal Article Review with an Evaluation Instrument.** (7-1-25)
- 10. Author or Co-Author an EMS-Related Article in a Nationally Recognized Publication.** (7-1-25)
- 11. Simulation Training.** (7-1-25)
- 12. Evaluator at a State or National Psychomotor Exam.** (7-1-25)

386. -- 389. (RESERVED)

390. LICENSE RENEWAL CONTINUING EDUCATION REQUIREMENTS.

A license renewal candidate must provide documentation of the following continuing education hours provided in the table below during each licensure period.

LICENSE RENEWAL CONTINUING EDUCATION (CE) REQUIREMENTS				
CE CATEGORIES	EMR 15 TOTAL CE Hours	EMT 36 TOTAL CE Hours	AEMT 40 TOTAL CE Hours	PARAMEDIC 60 TOTAL CE Hours
An individual must complete at least 1 hour of continuing education in each category.				
Airway, Respiration, and Ventilation	No more than 5 CE hours in any single category may be counted toward the total number of CE Hours needed for renewal.	No more than 12 CE hours in any single category may be counted toward the total number of CE Hours needed for renewal.	No more than 13 CE hours in any single category may be counted toward the total number of CE Hours needed for renewal.	No more than 20 CE hours in any single category may be counted toward the total number of CE Hours needed for renewal.
Cardiovascular				
Trauma				
Medical				
Operations: Landing Zone & Extrication Awareness				
Pediatrics	2 hours	4 hours	6 hours	8 hours

(7-1-25)

391. -- 394. (RESERVED)

395. LICENSE RENEWAL SKILLS PROFICIENCY REQUIREMENTS.

A license renewal candidate must demonstrate proficiency in the skills necessary to provide safe and effective patient care at the licensure level consistent with the scope of practice provided in the incorporated EMSPC Standards Manual. (7-1-25)

396. -- 399. (RESERVED)

**SUBPART D – EMERGENCY MEDICAL SERVICES:
EDUCATION, INSTRUCTOR, AND EXAMINATION REQUIREMENTS
(Sections 400 - 499)**

400. STANDARDS OF PROFESSIONAL CONDUCT FOR EMS EDUCATION PROGRAM AND EXAM PERSONNEL.

All personnel associated with an EMS education program or exam must adhere to the following standards: (7-1-25)

01. Professional Conduct. EMS education program and exam personnel maintain the knowledge necessary to competently teach curriculum and evaluate students as outlined in the Idaho EMS Education Standards. EMS education program and exam personnel refrain from performing their duties while under the influence of alcohol, any illegal substance, or a legal drug or medication causing impairment of function. (7-1-25)

02. Professional Integrity. EMS education program and exam personnel: (7-1-25)

a. Cannot submit false information in any report, application, or documentation to the EMS Bureau, the National Registry of Emergency Medical Technicians, or any other governing, credentialing, accrediting, or certifying authority. (7-1-25)

b. Comply with state and federal laws relating to the confidentiality of student records; and (7-1-25)

c. Refrain from conduct demonstrating a professional conflict of interest during the performance of their duties as EMS educators or evaluators. (7-1-25)

03. Respectful Behavior. EMS education program and exam personnel ensure just and equitable treatment for all potential and current students and refrain from conduct involving EMS education or evaluation that is in violation of any current Idaho or federal anti-discrimination law or administrative rule. (7-1-25)

401. -- 404. (RESERVED)

**SUBAREA D1: EMS EDUCATION PROGRAMS
(Sections 405-414)**

405. GENERAL REQUIREMENTS FOR EMS EDUCATION PROGRAMS.

EMS education programs must meet all requirements in these rules. A program may be approved by the EMS Bureau if all requirements are met. Each program must be approved and in good standing in order for graduates of courses provided by a program to qualify for access to an Idaho EMS certification examination. (7-1-25)

406. INSPECTION OF EMS EDUCATION PROGRAMS.

Representatives of the EMS Bureau are authorized to enter an EMS education facility at reasonable times for the purpose of assuring that an EMS education program meets the provisions of these rules. (7-1-25)

407. EMS EDUCATION PROGRAM ELIGIBILITY.

The following entities are eligible for approval as an EMS Education Program: (7-1-25)

01. EMS Agency. A licensed Idaho EMS agency, or applicant for agency licensure, that has met all of the agency licensure requirements in these rules with the exception of the personnel requirements in the case of an applicant agency. (7-1-25)

- 02. Governmental Entity.** A recognized governmental entity within the State of Idaho; (7-1-25)
- 03. School.** A proprietary, secondary, or post-secondary school as defined in Title 33, Idaho Code, and in accordance with IDAPA 08.01.11, "Registration of Post-Secondary Educational Institutions and Proprietary Schools"; or (7-1-25)
- 04. Hospital.** An Idaho hospital as defined in IDAPA 16.03.14, "Hospitals." (7-1-25)
- 408. EMS EDUCATION PROGRAM APPROVAL REQUIREMENTS.**
The following requirements must be met in order to be approved as an EMS Education Program: (7-1-25)
- 01. All Programs.** All EMS educational programs must: (7-1-25)
- a.** Have the infrastructure elements described in the Idaho EMS Education Standards; (7-1-25)
- b.** Use a curriculum that meets the Idaho EMS Education Standards; (7-1-25)
- c.** Utilize personnel to fill the roles as defined in these rules; (7-1-25)
- d.** Provide sufficient quantities of supplies and equipment in good working order based on the curriculum and the minimum equipment list; and (7-1-25)
- e.** Have successfully completed a program review within the last three (3) years. (7-1-25)
- 02. Paramedicine Programs.** Programs teaching paramedicine must be accredited by, or have a Letter of Review (LoR) from, the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP). A representative of the EMS Bureau may attend the CoAEMSP site visit. Documentation of official correspondence between CoAEMSP and the program must be provided to the EMS Bureau within thirty (30) days. (7-1-25)
- 409. EMS EDUCATION PROGRAM ADMINISTRATION.**
Each EMS Education Program must: (7-1-25)
- 01. Register And Maintain Program Information With The Ems Bureau And The National Certifying Body.** (7-1-25)
- 02. Respond To All Program-specific Ems Bureau Inquiries Within Fifteen (15) Days.** (7-1-25)
- 03. Submit Supporting Documentation Requested During An Audit To The Ems Bureau Within Twenty-one (21) Days Of The Request.** (7-1-25)
- 04. Ensure That All Program Personnel Are Familiar With And Conduct Business According To These Rules.** (7-1-25)
- 05. Notify The Ems Bureau Within Fifteen (15) Days Of Any Sanction Taken Against An Instructor That Affects Their Ability To Teach For The Program.** (7-1-25)
- 410. EMS EDUCATION PROGRAM COURSE ADMINISTRATION.**
- 01. Education.** To prepare students to demonstrate the expected competencies, the EMS Education Program must: (7-1-25)
- a.** Deliver didactic education and psychomotor training that meets the objectives of the approved curriculum; (7-1-25)
- b.** Establish and maintain hospital/clinical and field/internship experience agreements to ensure student access under the Idaho EMS Education Standards; (7-1-25)

- c. Ensure the majority of initial education is taught by certified EMS instructors. (7-1-25)

02. Evaluation. To assure that students can demonstrate the expected competencies, the EMS Education Program must: (7-1-25)

a. Establish and enforce pass/fail criteria that include evaluation of student performance and competency during labs, didactic, clinical, and field internship training; (7-1-25)

- b. Provide formative evaluations during a course to monitor the progress of students; and (7-1-25)

c. Provide a formal summative evaluation that includes a variety of clinical behaviors and judgements at the end of the course to measure the student's mastery of the objectives of the approved curriculum. (7-1-25)

411. EMS EDUCATION PROGRAM COURSE DOCUMENTATION.

Each EMS Education Program must submit the following documentation to the EMS Bureau as described below, in the format provided by the EMS Bureau, and retain it for a minimum of three (3) years: (7-1-25)

- 01. Course Registration Number (CRN) issued by the EMS Bureau.** (7-1-25)

- 02. Course Roster.** (7-1-25)

03. Course Completion Record With Completion Status And Date Of Completion For All Students. (7-1-25)

- 04. EMR and EMT Programs.** Results of formal summative evaluation. (7-1-25)

05. AEMT and Paramedic Programs. Proposed date and location of the psychomotor examination within the timeline required by the national certifying body. (7-1-25)

412. -- 414. (RESERVED)

SUBAREA D2: CRITERIA FOR EMS EDUCATION
(Sections 415-419)

415. INITIAL EMS EDUCATION REQUIREMENTS.

01. Consistency with Scope of Practice. All curricula must be consistent with the Idaho scope of practice for licensed personnel as set forth in the incorporated EMS Physician Commission Standards Manual which aligns with the clinical level of the course. (7-1-25)

02. Consistency with State and National Standards. All curricula must be consistent with Idaho EMS Education Standards incorporated in these rules, and the National EMS Scope of Practice Model. (7-1-25)

416. -- 419. (RESERVED)

SUBAREA D3: EMS EDUCATION PROGRAM PERSONNEL REQUIREMENTS,
QUALIFICATIONS, AND RESPONSIBILITIES
(Sections 420-424)

420. REQUIRED PERSONNEL FOR EMS EDUCATION PROGRAMS.

Each program must: (7-1-25)

01. Program Director. Identify an individual to serve as the program director. The program director may also serve as teaching faculty provided that faculty qualifications are met. (7-1-25)

02. Teaching Faculty. Identify a sufficient number of teaching faculty who meet the qualifications described below. (7-1-25)

03. Course Physician. Identify an individual to serve as the course physician. The course physician may also serve as teaching faculty, provided that faculty qualifications are met. (7-1-25)

421. EMS EDUCATION PROGRAM PERSONNEL QUALIFICATIONS.

01. Program Director. Program directors must: (7-1-25)

a. Complete an Education Program Orientation Course within the previous twenty-four (24) months. (7-1-25)

b. Have knowledge of current Idaho EMS Education Standards and the requirements for state certification and licensure. (7-1-25)

02. Instructor. Instructors must possess a current instructor certification issued by the EMS Bureau. (7-1-25)

03. Adjunct Faculty or Guest Lecturers. Adjunct faculty and guest lecturers must be authorized by the course physician based on credentials, education, or expertise that corresponds to the knowledge and skill objectives they are teaching. (7-1-25)

04. Course Physician. Course physicians must: (7-1-25)

a. Be a Doctor of Osteopathy (DO) or Medical Doctor (MD) currently licensed to practice medicine with experience and current knowledge of emergency care of acutely ill and injured patients; and (7-1-25)

b. Have knowledge or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care. (7-1-25)

422. EMS EDUCATION PROGRAM PERSONNEL RESPONSIBILITIES.

An individual can have multiple personnel responsibilities, but must meet the applicable personnel requirements in these rules and fulfill all the responsibilities of each position they fill. (7-1-25)

01. Program Director. The program director's responsibilities include: (7-1-25)

a. Administrative oversight of the program; (7-1-25)

b. Ensuring that the program remains in compliance with these rules; and (7-1-25)

c. Serving as the program's point of contact for the EMS Bureau, or for a national EMS certification body, or both. (7-1-25)

02. Instructor. The instructor's responsibilities include: (7-1-25)

a. Delivery of didactic and psychomotor education that satisfies the curriculum objectives; (7-1-25)

b. Documentation of student performance and competency under the standards defined by the program; (7-1-25)

c. Following program policies, requirements, and these rules; (7-1-25)

03. Course Physician. The course physician is responsible for oversight of all medical aspects of instruction. (7-1-25)

423. -- 424. (RESERVED)

SUBAREA D4: EMS INSTRUCTOR CERTIFICATION
(SECTIONS 425 - 429)

425. EMS INSTRUCTOR CERTIFICATION REQUIREMENTS.

01. Instructor Certification is Required. To serve as an EMS instructor, an individual must possess a current EMS instructor certificate issued by the EMS Bureau. (7-1-25)

02. Instructor Certification Requirements. An individual applying for and meeting the requirements defined in this rule will be issued an initial EMS instructor certificate. For initial EMS instructor certification, the individual must: (7-1-25)

- a.** Pass an Idaho criminal history and background check; (7-1-25)
- b.** Complete an EMS Bureau-sponsored EMS Education Program Orientation Course within the preceding twenty-four (24) months; (7-1-25)
- c.** Complete a course that meets the requirements of an Adult Methodology Course. See a list of courses and required course content online at <http://www.IdahoEMS.org>; (7-1-25)
- d.** Hold a current EMS license or EMS certificate at or above the instructor level requested; and (7-1-25)
- e.** Have held an EMS license or EMS certificate at or above the level of instruction requested for a minimum of three (3) years. (7-1-25)

03. Duration of Certificate. EMS instructor certificates are good for up to three (3) years and are issued with an expiration date of June 30 no more than three (3) years after the date the application was approved by the EMS Bureau. (7-1-25)

426. EMS INSTRUCTOR CERTIFICATE RENEWAL.

An individual applying for and meeting the EMS instructor certificate requirements defined in this rule will be issued a renewed EMS instructor certificate. An individual seeking to renew an EMS instructor certificate must: (7-1-25)

01. Submit an Application. Submit an application for EMS instructor certification renewal in the format provided by the EMS Bureau prior to the expiration date of the current certificate. Certified EMS instructors may submit the renewal application and documentation to the EMS Bureau up to six (6) months prior to the current expiration date of the instructor certificate. (7-1-25)

02. Teaching Time. Document twenty-four (24) hours of teaching time during the current certification period. (7-1-25)

03. Continuing Education. Complete eight (8) hours of continuing education specific to adult education during the current certification period. (7-1-25)

04. License or Certificate. Possess a current Idaho EMS personnel license, a current Idaho certificate of eligibility, or a current national certification at or above the level of instructor certificate. (7-1-25)

427. LAPSED EMS INSTRUCTOR CERTIFICATE.

01. Timely Submission. An application is considered timely when it is submitted to the EMS Bureau prior to the expiration date of the EMS instructor certificate being renewed. (7-1-25)

02. Failure to Submit. An EMS instructor certificate will expire if an instructor fails to submit a complete and timely renewal application. (7-1-25)

03. No Grace Period. The EMS Bureau will not grant grace periods or extensions to an expiration date. (7-1-25)

04. Application Under Review. Provided the instructor submits a timely renewal application, an EMS instructor certificate will not lapse while under review by the EMS Bureau. (7-1-25)

05. Additional Information. The EMS Bureau may request additional information from the instructor to address an application that was found to be incomplete or otherwise non-compliant with these rules. The EMS Bureau will send the request to the instructor's last known address. The instructor has twenty-one (21) days from the date of notification to respond to the EMS Bureau after which the certificate will be considered lapsed. (7-1-25)

428. -- 429. (RESERVED)

SUBAREA D5: EMS EXAMINATIONS
(Sections 430 - 499)

430. STANDARDIZED EMS EXAMINATIONS.

A graduate of an EMS course must successfully complete psychomotor and cognitive examinations in order to qualify for EMS personnel licensure. (7-1-25)

01. EMR and EMT Psychomotor Examination. The psychomotor examination requirement for EMR and EMT course graduates can be met by any of the following: (7-1-25)

a. Pass the end-of-course examination described in these rules. (7-1-25)

b. Pass a level-appropriate EMS Bureau-approved psychomotor examination. (7-1-25)

02. AEMT and Paramedic Psychomotor Examination. The psychomotor examination requirement for AEMT and Paramedic course graduates can only be met by passing a formal EMS Bureau-approved psychomotor examination. (7-1-25)

03. Cognitive Examination. The cognitive examination requirement for all levels of course graduates can only be met by passing the EMS Bureau-approved cognitive examination. (7-1-25)

431. EMS EXAM APPLICATIONS.

An organization other than the educational program that wishes to host a EMS Bureau-approved examination must notify the EMS Bureau at least sixty (60) days in advance of the proposed exam date. Educational programs must notify the EMS Bureau under Section 411 of these rules. (7-1-25)

432. -- 499. (RESERVED)

SUBPART E – COMPLAINTS, INVESTIGATIONS, AND DISCIPLINARY ACTIONS
(Sections 500 - 599)

500. PEER REVIEW TEAM.

The EMS Bureau may elect to conduct a peer review for an alleged statute or rule violation when it determines that a peer review is an appropriate action. The EMS Bureau will determine who serves on a peer review team. (7-1-25)

501. MEMBERS OF A PEER REVIEW TEAM.

The peer review team will consist of four (4) team members selected by the EMS Bureau as appropriate to the case being considered from the following: (7-1-25)

01. Licensed Personnel. EMS personnel licensed at, or above, the license level of the subject; or (7-1-25)

02. Agency Administrator. EMS agency administrator; or (7-1-25)

- 03. Training Officer.** EMS agency training officer; or (7-1-25)
- 04. Course Coordinator.** Course coordinator of an EMS Bureau-approved education program or course; or (7-1-25)
- 05. Instructor.** EMS Bureau-certified EMS instructor; and (7-1-25)
- 06. Chairman of Peer Review Team.** Each peer review team will be chaired by a licensed Idaho EMS physician as follows: (7-1-25)
- a.** An Idaho EMS Physician Commissioner for cases involving EMS personnel; or (7-1-25)
 - b.** An Idaho EMS agency medical director for cases involving an EMS agency; or (7-1-25)
 - c.** An Idaho EMS Bureau-approved education program or course sponsoring physician for cases involving educators who are not licensed EMS personnel. (7-1-25)

502. QUALIFICATIONS REQUIRED OF A PEER REVIEW TEAM MEMBER.

An individual, serving as a member of an EMS peer review team, must have successfully completed an orientation to EMS-related statute, rules and procedures and have signed confidentiality and conflict of interest agreements provided by the EMS Bureau. (7-1-25)

503. -- 504. (RESERVED)

SUBAREA E1: REPORTING OF COMPLAINTS AND SUSPECTED VIOLATIONS
(Sections 505 - 519)

505. COMPLAINT SUBMITTED WHEN A VIOLATION IS SUSPECTED.

Complaints must be submitted in writing on a complaint intake form found online at: <http://www.idahoems.org>. (7-1-25)

506. -- 509. (RESERVED)

510. REPORTING SUSPECTED VIOLATION.

01. Suspected Violations. Any person may report a suspected violation of any law or rule governing EMS. (7-1-25)

02. Report Violation. To report a suspected violation, contact the EMS Bureau, see online at: <http://www.idahoems.org>. (7-1-25)

511. ANONYMOUS COMPLAINTS.

Anonymous complaints are accepted; however, the inability to collect further information from the complainant may hinder the progress of the investigation. (7-1-25)

512. -- 519. (RESERVED)

SUBAREA E2: INVESTIGATION OF COMPLAINTS AND SUSPECTED VIOLATIONS
(Sections 520 - 529)

520. EMS BUREAU INITIATES OFFICIAL INVESTIGATION.

An official investigation will be initiated when the any of the following occurs: (7-1-25)

01. Complaint with Allegations. A complaint with an allegation that, if substantiated, would be in violation of any law or rule governing EMS. (7-1-25)

02. Discovery of Potential Violation of Statute or Administrative Rule. EMS Bureau staff or other authorities discover a potential violation of any law or rule governing EMS. (7-1-25)

521. VIOLATIONS THAT MAY RESULT IN ADMINISTRATIVE ACTIONS.

The EMS Bureau may impose administrative actions, including denial, revocation, suspension, or retention under conditions specified in these rules. Administrative actions may be imposed on any of the following: the holder of, or an applicant or candidate for, an EMS license, certificate, education program approval, or recognition. Administrative actions may be imposed on any of the previously mentioned for any action, conduct, or failure to act that is inconsistent with the professionalism, standards, or both, established by statute or rule. (7-1-25)

522. -- 524. (RESERVED)

525. REFUSAL TO PARTICIPATE IN AN INVESTIGATION.

The refusal to participate by the subject will not prohibit full investigation or a peer review, nor prevent potential administrative license action. (7-1-25)

526. SURRENDER OR LAPSE OF LICENSE.

Surrender or lapse of a license will not prohibit full investigation with the potential consequence of EMS Bureau imposing a formal administrative license action or fine. (7-1-25)

527. INVESTIGATION CONFIDENTIALITY.

01. Informal Resolution. Informal resolution of complaints or non-compliance by guidance or negotiated resolution is not public information. (7-1-25)

02. Administrative License Action. Preliminary investigations and documents supplied or obtained in connection with them are confidential until a formal notice of administrative license action is issued. (7-1-25)

528. NOTICE OF THE FINAL DISPOSITION OF AN INVESTIGATION.

01. Subject. The EMS Bureau will send notification to the last known address of the subject of the disposition of the investigation, including any pending or current administrative actions. (7-1-25)

02. Other Jurisdiction for EMS Personnel. A copy of administrative action imposed on EMS personnel will be sent to each agency of affiliation, agency medical director, the National Practitioners Data Base, and the National Registry of Emergency Medical Technicians. (7-1-25)

03. Other Jurisdictions for EMS Agencies. A copy of administrative action or nature of fines imposed on EMS agencies will be sent to the agency governing authorities and the agency medical director. (7-1-25)

04. Other Jurisdictions for Educational Programs or Instructors. A copy of any administrative action imposed on an EMS educational program or instructor may be sent to the state Board of Education, the sponsoring physician, the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), and the National Registry of Emergency Medical Technicians (NREMT). (7-1-25)

529. (RESERVED)

SUBAREA E3: DISCIPLINARY AND CORRECTIVE ACTIONS
(Sections 530 - 599)

530. ACTIONS RESULTING FROM INVESTIGATIONS.

The following actions may be imposed upon the subject of an investigation by the EMS Bureau without peer review: (7-1-25)

01. Letter of Guidance. The EMS Bureau may issue a letter of guidance, directing the subject of the investigation to the standards, rules, educational resources, or local jurisdiction for resolution of minor non-

compliance issues where no injury or threat of harm to the public, profession, or EMS system occurred. The subject of the investigation must show a willingness to become compliant and correct the issue within thirty (30) days of receipt of the personnel guidance letter. (7-1-25)

02. Warning Letter. The EMS Bureau may issue a warning letter for a first offense where an unlicensed individual is providing patient care in violation of Section 56-1020, Idaho Code. (7-1-25)

03. Negotiated Resolution. The EMS Bureau may negotiate a resolution with the subject of an investigation where allegations of misconduct or medical scope of practice non-compliance, if found to be true, did not cause, or is not likely to cause, injury or harm to the public, profession, or EMS system. The issue must be resolved and corrected within thirty (30) days of the negotiated resolution or settlement agreed to by both the subject of the investigation and the EMS Bureau. (7-1-25)

a. Negotiated resolution participants will include the subject of the investigation, EMS Bureau staff and other parties deemed appropriate by the EMS Bureau. (7-1-25)

b. During the negotiated resolution process, the subject of the investigation may be offered specific remediation or disciplinary action by consent, which, if agreed to, will resolve the matter with no further right to appeal unless stipulated and agreed to at the time that the remediation or disciplinary action is agreed upon. (7-1-25)

c. When the remediation or disciplinary action is not agreed to by consent of both the subject of the investigation and the EMS Bureau, the matter may then be referred to a peer review. (7-1-25)

531. -- 534. (RESERVED)

535. PEER REVIEW.

The EMS Bureau may elect to conduct a peer review for alleged statute or rule violations when it determines that a peer review is an appropriate action, or a negotiated resolution or settlement agreement described in these rules, is not reached. The peer review is conducted as follows: (7-1-25)

01. Review of Case by Peer Review Team. The peer review team reviews the case details, subject's background, affiliation, licensure history, associated evidence, and documents, and then considers aggravating and mitigating circumstance as follows: (7-1-25)

a. Aggravating circumstances can include prior or multiple offenses, vulnerability of victim, obstruction of the investigation, and dishonesty. (7-1-25)

b. Mitigating circumstances can include absence of prior offenses, absence of dishonest or selfish motive, timely effort to rectify situation, interim successful rehabilitation, misdirection per agency protocol, or medical direction. (7-1-25)

02. Subject Given Opportunity to Respond. The subject of the investigation will be given the opportunity to respond in writing, by teleconference, or at the option of the EMS Bureau, in person to the alleged violation. (7-1-25)

03. Evaluation of Evidence. The peer review team will evaluate the evidence and make a majority decision of the finding for each alleged statute, rule, or standards violation, including any additional detected violations. (7-1-25)

04. Recommend Action. The peer review team will recommend actions to the EMS Bureau. If subject is found to have violated statutes, rules, or standards, the recommendations may include the following: (7-1-25)

a. Administrative license action, time frames, conditions, and fines, if imposed, on an EMS agency; (7-1-25)

b. Administrative license action, time frames, and conditions, if imposed, on EMS personnel; or (7-1-25)

c. Administrative action, time frames, conditions, and fines, if imposed, on an EMS approved education program or instructor certificate. (7-1-25)

536. -- 539. (RESERVED)

540. ADMINISTRATIVE ACTIONS.

The EMS Bureau may impose the following administrative actions: (7-1-25)

01. Deny Application. The EMS Bureau may deny an application for an EMS personnel license, EMS certificate of eligibility, EMS personnel limited recognition, EMS agency license, EMS education program approval, or an EMS instructor certification: (7-1-25)

a. When the application is not complete or the applicant does not meet the eligibility requirements provided in Sections 56-1011 through 56-1023, Idaho Code, the incorporated EMSPC Standards Manual, these rules; or (7-1-25)

b. For any reason that would justify an administrative action according to Section 521 of these rules. (7-1-25)

02. Refuse to Renew. The EMS Bureau may refuse to renew an EMS personnel license, EMS personnel certificate of eligibility, EMS agency license, EMS education program approval, or EMS instructor certification: (7-1-25)

a. When the renewal application is not complete or does not meet the eligibility requirements provided in Sections 56-1011 through 56-1023, Idaho Code, the incorporated EMSPC Standards Manual, these rules; or (7-1-25)

b. Pending final outcome of an investigation or criminal proceeding when criminal charges or allegations indicate an imminent danger or threat to the health, safety, or well-being of persons or property; or (7-1-25)

c. For any reason that would justify an administrative action according to Section 521 of these rules. (7-1-25)

03. Retain with Probationary Conditions. The EMS Bureau may allow the holder of an EMS personnel license, EMS certificate of eligibility, EMS personnel limited recognition, EMS agency license, EMS education program approval, or EMS instructor certification to retain a license, approval, or certificate as agreed to in a negotiated resolution, settlement, or with conditions imposed by the EMS Bureau. (7-1-25)

04. Suspend. The EMS Bureau may suspend an EMS personnel license, EMS certificate of eligibility, EMS personnel limited recognition, EMS agency license, EMS education program approval, or EMS instructor certification for: (7-1-25)

a. A period of time up to twelve (12) months, with or without conditions; or (7-1-25)

b. Pending final outcome of an investigation or criminal proceeding when criminal charges or allegations indicate an imminent danger or threat to the health, safety, or well-being of persons or property. (7-1-25)

05. Revoke. The EMS Bureau may revoke an EMS personnel license, EMS certificate of eligibility, EMS personnel limited recognition, EMS agency license, EMS education program approval, or EMS instructor certification when: (7-1-25)

a. A peer review team recommends revocation; or (7-1-25)

b. The license or certificate holder is found to no longer be eligible for criminal history clearance. (7-1-25)

c. The EMS Bureau will notify the city, fire district, hospital district, ambulance district, dispatch center, and county in which an EMS agency provides emergency prehospital response upon revocation of an EMS agency license. (7-1-25)

06. Review of Administrative Actions by the EMS Physician Commission. The EMS Physician Commission must review, at their next available meeting, administrative actions taken by the EMS Bureau. (7-1-25)

541. -- 544. (RESERVED)

545. VIOLATIONS THAT MAY RESULT IN FINES BEING IMPOSED ON EMS AGENCY.

In addition to administrative license actions provided in Section 56-1022, Idaho Code, and these rules, a fine may be imposed by the EMS Bureau upon recommendation of a peer review team on a licensed EMS agency as a consequence of agency violations. Fines may be imposed for the following violations: (7-1-25)

01. Operating An Unlicensed EMS Agency. Operating without a license required in Sections 100 - 299 of these rules including: (7-1-25)

- a. Failure to obtain an initial license; (7-1-25)
- b. Failure to obtain a license upon change in ownership; or (7-1-25)
- c. Failure to renew a license and continues to operate as an EMS agency. (7-1-25)

02. Unlicensed Personnel Providing Patient Care. Allowing an unlicensed individual to provide patient care without first obtaining an EMS personnel license at the appropriate level for the EMS agency. (7-1-25)

03. Failure to Respond. Failure of the EMS agency to respond to a 911 request for service within the agency primary response area in a typical manner of operations when dispatched to a medical illness or injury, except when the responder reasonably determines that: (7-1-25)

- a. There are disaster conditions; (7-1-25)
- b. Scene safety hazards are present or suspected; or (7-1-25)
- c. Law enforcement assistance is necessary to assure scene safety, but has not yet allowed entry to the scene. (7-1-25)

04. Unauthorized Response by EMS Agency. Responding to a request for service which deviates from or exceeds those authorized by the EMS agency license requirements in these rules. (7-1-25)

05. Failure to Allow Inspections. Failure to allow the EMS Bureau or its representative to inspect the agency facility, equipment, records, and other licensure requirements provided in these rules. (7-1-25)

06. Failure To Correct Unacceptable Conditions. Failure of the EMS agency to correct unacceptable conditions within the time frame provided in a negotiated resolution settlement, or a warning letter issued by the EMS Bureau. Including the following: (7-1-25)

- a. Failure to maintain an EMS vehicle in a safe and sanitary condition; (7-1-25)
- b. Failure to have available minimum EMS Equipment; (7-1-25)
- c. Failure to correct patient or personnel safety hazards; or (7-1-25)
- d. Failure to retain an EMS agency medical director: (7-1-25)

07. Failure to Report Patient Care Data. Failure to submit patient care data as required in these rules.

(7-1-25)

546. FINES IMPOSED ON EMS AGENCY.

In addition to administrative license action allowed by statute and rule, a fine may be imposed by the EMS Bureau upon the recommendation of a peer review team. Fines are imposed on licensed EMS agency as a consequence of agency licensure violations. (7-1-25)

01. Maximum Amount of a Fine. A fine may not exceed one thousand dollars (\$1,000) for each specified violation. (7-1-25)

02. Fines Levied After Peer Review. The EMS Bureau may levy a fine against an EMS agency following a peer review that has a majority decision on finding and outcomes, and includes a fine be imposed as part of the recommended action. (7-1-25)

03. Table for Maximum Fine Amount. The maximum amount of a fine that may be imposed on an EMS agency for certain violations listed in Section 545 of these rules are provided in the table below:

EMS AGENCY FINE AMOUNT FOR VIOLATIONS		
Rule Violation Subsection	TYPE OF VIOLATION	Maximum Fine (each violation)
340.01.	Operating an Unlicensed EMS Agency.	
	a. Failure to obtain an initial license:	\$1000
	b. Failure to obtain a license upon change of ownership:	\$500
	c. Failure to successfully renew a license:	\$500
340.02.	Unlicensed EMS Personnel Providing Patient Care.	\$500
340.03.	Failure to Respond.	\$750
340.04.	Unauthorized Response by EMS Agency. Licensed EMS agency responds to a request for service which deviates from or exceeds those authorized by the EMS agency license.	\$500
340.05.	Failure to Allow an Inspection of an EMS Agency.	\$500
340.06.	Failure to Correct Unacceptable Conditions.	
	a. Failure to maintain an EMS vehicle in a safe and sanitary condition:	\$250
	b. Failure to have available minimum EMS equipment:	\$250
	c. Failure to correct patient or personnel safety hazards:	\$250
	d. Failure to retain an EMS agency medical director:	\$500
340.07.	Failure to Report Patient Care Data.	\$500

(7-1-25)

547. COLLECTED FINES.

Money collected from EMS agency fines will be deposited into the Emergency Medical Services Fund III provided for in Section 56-1018B, Idaho Code, a dedicated fund account for the purpose of providing grants to acquire vehicles and equipment for use by emergency medical services personnel in the performance of their duties. (7-1-25)

548. -- 549. (RESERVED)

550. REINSTATEMENT FOLLOWING REVOCATION.

An application for any revoked license, certificate, or educational program approval, may be filed with the EMS Bureau no earlier than one (1) year from the date of the revocation. (7-1-25)

01. Peer Review for Reinstatement. The EMS Bureau will conduct a peer review to consider the reinstatement application. (7-1-25)

02. Recommendation of Peer Review Team. The peer review team will make a recommendation to the EMS Bureau to accept or reject the application for reinstatement. (7-1-25)

03. Reinstatement Determination. The EMS Bureau will accept or reject the reinstatement application based on the peer review team recommendation and other extenuating circumstances. (7-1-25)

a. Reinstatement of a revoked EMS personnel license is subject to the lapsed license reinstatement requirements in these rules. (7-1-25)

b. Reinstatement of a revoked EMS agency license will be subject to an initial agency application requirements in these rules. (7-1-25)

551. -- 599. (RESERVED)

SUBPART F – IDAHO TIME SENSITIVE EMERGENCY SYSTEM COUNCIL
(Sections 600 - 699)

600. TSE COUNCIL.

Under Section 56-1027, Idaho Code, the TSE Council will consist of members appointed by the Governor of Idaho and the chair of each regional TSE committee and is responsible for duties described under Section 56-1028, Idaho Code. (7-1-25)

601. TSE REGIONS.

Under Section 56-1028, Idaho Code, the TSE Council is required to establish TSE regions that provide more effective access to the Idaho TSE system through education, but not for the purpose of promoting competition, restricting, or directing patient referrals within the region. The TSE Council has established six (6) regions in Idaho described in the TSE Standards Manual. (7-1-25)

602. REALIGNMENT OF TSE REGION.

The TSE Council may realign a region by initiation of the TSE Council, or at the request of a regional TSE committee, a county or local government entity within the region, a TSE designated center, or a licensed EMS agency within the region. (7-1-25)

01. Requesting Entity. The requesting entity must forward correspondence to the TSE Council specifying the reason for the realignment request that includes: (7-1-25)

a. Existing patient routing patterns used by both EMS agencies and health care centers; (7-1-25)

b. Distances and transport times involved in patient routing patterns; (7-1-25)

c. A list of all entities affected by the request; (7-1-25)

d. A list of all other licensed health care facilities and licensed EMS agencies in the county; and (7-1-25)

e. Documentation that all affected regional TSE committees are agreeable to the realignment. (7-1-25)

02. Copies of Request. The entity requesting the TSE Council for realignment must provide copies of the correspondence to all affected regional TSE committees, county and local governments, licensed health care facilities, and EMS agencies in the requesting entity's county. (7-1-25)

03. TSE Decision. The TSE Council will evaluate the request for realignment based on the impact to

patient care and will notify all parties of the council's decision. (7-1-25)

603. REGIONAL TSE COMMITTEES.

The regional TSE committees' organization and responsibilities are described under Section 56-1030, Idaho Code. (7-1-25)

604. (RESERVED)

605. DESIGNATION OF TSE CENTERS -- CRITERIA.

Under Section 56-1029, Idaho Code, the TSE Council will designate a hospital as a trauma, stroke, or STEMI center when such hospital, upon proper application and verification, is found by the TSE Council to meet an applicable designation level for trauma, stroke, or STEMI designation criteria established in the TSE Standards Manual. (7-1-25)

606. TRAUMA DESIGNATION CENTERS.

To be a TSE designated Level I, II, III, IV, V, or a Pediatric Level I or Level II Trauma Center, a facility must meet or exceed required standards published for state designation in the TSE Standards Manual. (7-1-25)

607. STROKE DESIGNATION CENTERS.

To be a TSE designated Level I, II+ (Thrombectomy), II, or III Stroke Center, a facility must meet or exceed required standards published for state designation in the TSE Standards Manual. (7-1-25)

608. STEMI DESIGNATION CENTERS.

To be a TSE designated Level I+ (Cardiogenic Shock), I or II STEMI Center, a facility must meet or exceed required standards published for state designation in the TSE Standards Manual. (7-1-25)

609. (RESERVED)

610. DESIGNATION OF CENTERS -- GENERAL REQUIREMENTS.

01. Application. A facility applying for initial TSE designation must apply along with applicable fees for each designation it is requesting. Application process and requirements are provided in the TSE Standards Manual. (7-1-25)

02. Initial Designation. Initial designation requires completion of appropriate application, submission of appropriate fees, and completion of an appropriate site survey based on the TSE Standards Manual. (7-1-25)

611. -- 619. (RESERVED)

620. TSE DESIGNATION -- LENGTH OF DESIGNATION.

A TSE center will be designated for a period of three (3) years unless the designation is rescinded by the TSE Council for noncompliance with the designation standards of these rules or adjusted to coincide with applicable external verification timetables. (7-1-25)

621. RENEWAL OF TSE DESIGNATION.

A TSE center must submit its renewal application and applicable fees no later than three (3) months prior to the center's designation expiration date. Designation will not lapse due to a delay in scheduling the site survey if the delay is through no fault of renewing center. (7-1-25)

622. NOTIFICATION OF LOSS OF CERTIFICATION OR LICENSURE.

Any TSE designated center that has a loss of certification or licensure must immediately notify the TSE Council. (7-1-25)

623. -- 624. (RESERVED)

625. DESIGNATION AND TSE SITE SURVEY FEES.

01. Application With National Verification. An applicant applying for a TSE designation that is verified by a national accrediting body must submit the appropriate designation fees with its application for initial designation and renewal. The designation fees are for a three (3) year designation and are payable on an annual basis. TSE designation fees are not to exceed those listed in Subsections 625.03 through 625.05 of this rule. (7-1-25)

02. Application Without National Verification. An applicant who requires a TSE site survey prior to designation is required to pay the applicable site survey fee at the time of application. TSE designation and site survey fees are not to exceed those listed in Subsections 625.03 through 625.05 of this rule. (7-1-25)

03. Trauma Designation and TSE Site Survey Fees.

TRAUMA DESIGNATIONS 625.03	DESIGNATION FEE 3-year / Annual (Not to exceed)	TSE SITE SURVEY FEE (Not to exceed)
LEVEL I	\$45,000 / \$15,000	\$3,000 / Not applicable with national or acceptable state verification
LEVEL II	\$36,000 / \$12,000	\$3,000 / Not applicable with national or acceptable state verification
LEVEL III	\$24,000 / \$8,000	\$3,000 / Not applicable with national or acceptable state verification
LEVEL IV	\$12,000 / \$4,000	\$1,500 / Not applicable with national or acceptable state verification
LEVEL V	\$3,000 / \$1,000	\$1,500
PEDIATRIC LEVEL I and LEVEL II	\$36,000 / \$12,000	No fee. Must be ACS verified

(7-1-25)

04. Stroke Designation and TSE Site Survey Fees.

STROKE DESIGNATIONS 625.04	DESIGNATION FEE 3-year / Annual (Not to exceed)	TSE SITE SURVEY FEE (Not to exceed)
LEVEL I	\$21,000 / \$7,000	\$3,000 / Not applicable with national or acceptable state verification
LEVEL II+ and LEVEL II	\$12,000 / \$4,000	\$3,000 / Not applicable with national or acceptable state verification
LEVEL III	\$1,500 / \$500	\$1,500 / Not applicable with national or acceptable state verification

(7-1-25)

05. STEMI Designation and TSE Site Survey Fees.

STEMI DESIGNATIONS 625.05	DESIGNATION FEE 3-year / Annual (Not to exceed)	TSE SITE SURVEY FEE (Not to exceed)
LEVEL I+ and LEVEL I	\$21,000 / \$7,000	\$3,000 / Not applicable with national or acceptable state verification
LEVEL II	\$1,500 / \$500	\$1,500 / Not applicable with national or acceptable state verification

(7-1-25)

06. Designation Fee Payment. After completion of the TSE site survey, the TSE Council will notify the applicant facility of the designation determination by letter. The applicant facility must then pay either the annual designation fee or the entire three (3) year designation fee. After designation notification and upon the EMS Bureau's receipt of the designation fee, designation is effective. The TSE Council will send a certificate of designation and confirmation of the designation period. Annual designation fees for those facilities paying yearly are due to the EMS Bureau within thirty (30) days of the date of the invoice to maintain designation. Failure to meet this deadline will result in suspension or revocation of designation.

(7-1-25)

626. -- 629. (RESERVED)

630. TSE SITE SURVEY.

The TSE Council will conduct a site survey of each TSE designated center at least once every three (3) years, unless the center has been verified by a national accrediting body to meet or exceed the standards set in these rules. The TSE Council will schedule the site survey with the designated center in a timely manner.

(7-1-25)

631. TSE SITE SURVEY -- GENERAL REQUIREMENTS.

The TSE site survey will consist of and consider each facility's application and compliance with the TSE Standards Manual for the specific type of designation being requested. The general requirements in Subsections 631.01 through 635.06 of this rule apply:

(7-1-25)

01. Survey Team Member Requirements. Survey team members will meet the following inclusion criteria:

(7-1-25)

- a.** A physician surveyor must:
 - i.** Be certified by the American Board of Medical Specialties or the American Board of Osteopathic Medicine;
 - ii.** Be board-certified in the specialty area being represented on the review team;
 - iii.** Be currently active, or active in the last twelve (12) months, in trauma, stroke, or emergency cardiac care at a center that is at or above the level being reviewed;
 - iv.** Have no conflict of interest with the facility under review; and
 - v.** Be from outside the region of the center being verified.
- b.** A nurse surveyor or program manager must:
 - i.** Be currently active, or active in the last twelve (12) months, in trauma, stroke, or emergency cardiac care at a center that is at or above the level being reviewed;

(7-1-25)

ii. Have no conflict of interest with the facility under review; and (7-1-25)

iii. Be from outside the region of the center being verified. (7-1-25)

02. Communication Between Surveyors and Facilities. To standardize ethical practice, all communication between surveyors and facilities prior to the survey must be facilitated by TSE program staff. (7-1-25)

03. Survey Team Member Notification of Potential Conflict of Interest. Upon being assigned to a site survey team, a potential team member must notify the TSE Council of any potential conflict of interest regarding any financial, professional, or personal bias that may affect the survey of the applicant's facility. (7-1-25)

04. Notification to Applicant of Survey Team Members. The TSE Council will provide the applicant with the names of the site survey team once they have been selected and at least thirty (30) calendar days prior to the scheduled survey. (7-1-25)

05. Facility Notification to TSE Council of Potential Conflict of Interest. If the applicant believes that a potential surveyor has a financial, professional, or personal bias that may affect the survey, the applicant must notify the TSE Council in writing no later than seven (7) calendar days after the applicant receives the TSE Council's notification of the proposed survey team. (7-1-25)

06. Notification of Decision for Conflict of Interest. The TSE Council will consider the conflict of interest notice and make a decision concerning replacement of the survey team member in question. No person who has a substantial conflict of interest in the operation of any facility under review will participate in the site survey of the applicant. (7-1-25)

632. SITE SURVEY -- SURVEY TEAM COMPOSITION.

The TSE Council will select a site survey team based on the applicant's designation application and specifications provided in these rules and the standards published in the TSE Standards Manual. (7-1-25)

633. SITE SURVEY -- ADDITIONAL SURVEYS.

The TSE Council may conduct additional, announced or unannounced, site reviews of TSE designated centers or applicants when there is reason to believe that the center is not in compliance with the designation criteria standards of these rules. (7-1-25)

634. (RESERVED)

635. DESIGNATION DECISION.

01. Summary Report. The survey team will present a verbal summary of the survey results to the applicant. The survey team will submit in writing to the TSE Council its recommendation on the center's designation upon completion of the site survey. (7-1-25)

02. Written Report. The TSE Council will consider all evidence and notify the applicant in writing of its decision within thirty (30) calendar days of receiving the survey team's recommendation. (7-1-25)

03. Final Determination. The TSE Council's final determination regarding each application will be based upon consideration of: (7-1-25)

a. The application; (7-1-25)

b. The evaluation and recommendations of the site survey team; (7-1-25)

c. The best interests of patients; and (7-1-25)

d. Any unique attributes or circumstances that make the facility capable of meeting special

community needs. (7-1-25)

04. Provisional Designation. The TSE Council may grant a provisional designation to a facility with deficiencies it deems correctable. A facility receiving a provisional designation must: (7-1-25)

- a. Resolve the deficiencies within the time specified by the TSE Council; (7-1-25)
- b. Submit documentation that the deficiency has been resolved; and (7-1-25)
- c. If necessary, submit to an additional focused site survey and pay the applicable survey fees. (7-1-25)

05. Denial. If the TSE Council denies an applicant a designation, the provisions of Title 67, Chapter 52, Idaho Code will apply. (7-1-25)

636. -- 639. (RESERVED)

640. WAIVERS.

01. Granting a Waiver. The TSE Council may grant a waiver from one (1) or more designation criteria for a center applying for TSE designation. (7-1-25)

02. Waiver Application. A center requesting a waiver must submit a completed TSE Waiver Application Form. The TSE Council may require the applicant to provide additional information, and the application will not be considered complete until all required information is provided. (7-1-25)

03. Post Notice. A center requesting a waiver must post a notice of the waiver application at all public entrances to the center and in at least one (1) area that is commonly used by the patients. The notice must: (7-1-25)

- a. Include a meaningful description of the reason for the waiver; (7-1-25)
- b. Be posted on the date the waiver application is submitted; (7-1-25)
- c. Remain posted for a minimum of thirty (30) calendar days; and (7-1-25)
- d. Describe where and to whom comments may be submitted during the thirty (30) calendar days. (7-1-25)

04. Notice Distribution. When the notice is posted, the center must distribute copies of the notice to prehospital emergency medical service agencies active in the community served by the center. (7-1-25)

05. Waiver Application Submission. To be placed on the agenda, the completed waiver application must be submitted to the TSE Council at least thirty (30) calendar days before a TSE Council meeting. Applications submitted less than thirty (30) calendar days in advance of a TSE Council meeting will be placed on the next agenda. (7-1-25)

06. Waiver Application Distribution. The TSE Council will make available the public notice of the TSE Council meeting regarding the waiver application to all TSE designated centers. (7-1-25)

07. Waiver Application Review. The regional TSE committee must review the request and make recommendations to the TSE Council. The TSE Council must decide and notify the facility administrator in writing within thirty (30) calendar days of the TSE Council meeting during which the waiver decision is made. (7-1-25)

- 08. Waiver Conditions.** When a waiver is granted, the TSE Council must: (7-1-25)
 - a. Specify the terms and conditions of the waiver; (7-1-25)

b. Specify the duration of the waiver; duration will not exceed the designation period for that center or three (3) years, whichever is shorter; and (7-1-25)

c. Require the submission of progress reports from the center that was granted a waiver. (7-1-25)

09. Waiver Renewal. A center that plans to maintain a waiver beyond its expiration must submit a new waiver application to the TSE Council no less than three (3) months prior to the expiration of the waiver. (7-1-25)

10. Waiver Revocation. The TSE Council may revoke or suspend a waiver when it determines: (7-1-25)

a. That continuation of the waiver jeopardizes the health, safety, or welfare of the patients; (7-1-25)

b. The applicant has provided false or misleading information in the waiver application; (7-1-25)

c. The applicant has failed to comply with conditions of the waiver; or (7-1-25)

d. That a change in federal or state law prohibits continuation of the waiver. (7-1-25)

11. Notification and Appeal. When the TSE Council denies, revokes, or suspends a waiver, the TSE Council must provide the center with a written notification of the action and the basis for the action. The notice will inform the facility of the right to appeal and the appeal procedure under Title 67, Chapter 52, Idaho Code. Notification will be made in writing within thirty (30) calendar days of the TSE Council meeting during which the appeal decision is made. (7-1-25)

641. -- 644. (RESERVED)

645. DENIAL AND MODIFICATION.

01. Denial. The TSE Council may deny an initial or renewal application for a center's designation when a center: (7-1-25)

a. Does not meet the criteria for designation required in these rules; (7-1-25)

b. Application or accompanying documents contain false statements of material facts; (7-1-25)

c. Refuses to allow any part of a site survey; (7-1-25)

d. Fails to comply with or to successfully complete a plan of correction, or (7-1-25)

e. Is substantially noncompliant with any TSE rules. (7-1-25)

02. Modification. When a center fails to meet the criteria at the level of designation for which it applied or opts to surrender its designation, the TSE Council may recommend a designation at a lesser level described in Section 647 of these rules, or a complete revocation of state designation. This action, unless agreed to by the applicant, will represent a denial of the application. (7-1-25)

03. Notification and Appeal. When the TSE Council denies an application for designation, the TSE Council must provide the center with a written notification of the denial and the basis for the denial. The notice will inform the facility of the right to appeal and the appeal procedure under Title 67, Chapter 52, Idaho Code. (7-1-25)

646. REVOCATION AND SUSPENSION.

01. Revocation. The TSE Council may revoke the designation of a center or a waiver when an owner, officer, director, manager, or other employee: (7-1-25)

a. Fails or refuses to comply with the provisions of these rules; (7-1-25)

- b.** Fails to make annual designation fee payment for those facilities paying yearly; (7-1-25)
 - c.** Makes a false statement of material fact about the center's capabilities or other pertinent circumstances under investigation for any purposes connected with these rules; (7-1-25)
 - d.** Prevents, interferes with, or attempts to impede in any way, the work of a TSE Council representative in implementing or enforcing these rules; (7-1-25)
 - e.** Falsely advertises, or in any way misrepresents the facility's ability to care for patients based on its designation status; (7-1-25)
 - f.** Is substantially noncompliant with these rules and has not rectified such noncompliance; (7-1-25)
 - g.** Fails to provide reports required by the Idaho TSE Registry or the EMS Bureau in a timely and complete fashion; or (7-1-25)
 - h.** Fails to comply with or complete a plan of correction in the time or manner specified. (7-1-25)
- 02. Suspension.** The TSE Council may suspend a center's designation or waiver when it finds, after investigation, that the center has engaged in a deliberate and willful violation of these rules, or that the public's health, safety, or welfare is endangered. (7-1-25)

03. Notification and Appeal. When the TSE Council revokes or suspends a center's designation or waiver, it must provide the center with a written notification of the action and the basis for the action. The notice will inform the center of the right to appeal and the appeal procedure under Title 67, Chapter 52, Idaho Code. (7-1-25)

647. DESIGNATION AT A LESSER LEVEL.

01. Inability to Meet Criteria. The TSE Council may opt to redesignate a center at a lesser level due to the center's inability to meet current designation criteria, without regard to any waiver previously granted. (7-1-25)

02. Notification and Appeal. When the TSE Council decides to redesignate a center, it must provide the center with a written notification of the action and the basis for the action. The notice will inform the center of the right to appeal and the appeal procedure under Title 67, Chapter 52, Idaho Code. (7-1-25)

648. -- 699. (RESERVED)

SUBPART G – IDAHO EMERGENCY MEDICAL SERVICES (EMS) PHYSICIAN COMMISSION **(Sections 700 - 999)**

700. GENERAL PROVISIONS.

01. Practice of Medicine. This chapter does not authorize the practice of medicine or any of its branches by a person not licensed to do so by the Board of Medicine. (7-1-25)

02. Patient Consent. The provision or refusal of consent for individuals receiving emergency medical services is governed by Title 39, Chapter 45, Idaho Code. (7-1-25)

03. System Consistency. All EMS medical directors, hospital supervising physicians, and medical clinic supervising physicians must collaborate to ensure EMS agencies and licensed EMS personnel have protocols, policies, standards of care, and procedures that are consistent and compatible with one another. (7-1-25)

701. -- 709. (RESERVED)

710. GENERAL DUTIES OF EMS PERSONNEL.

- 01. General Duties.** General duties of EMS personnel include the following: (7-1-25)
- a.** Licensed EMS personnel must possess a valid license issued by the EMS Bureau equivalent to or higher than the scope of practice authorized by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. (7-1-25)
 - b.** Licensed EMS personnel must only provide patient care for which they have been trained, based on curricula or specialized training approved according to these rules or additional training approved by the hospital or medical clinic supervising physician. (7-1-25)
 - c.** Licensed EMS personnel must not perform a task or tasks within their scope of practice that have been specifically prohibited by their EMS medical director, hospital supervising physician, or medical clinic supervising physician. (7-1-25)
 - d.** Licensed EMS personnel that possess a valid credential issued by the EMS medical director, hospital supervising physician, or medical clinic supervising physician are authorized to provide services when representing an Idaho EMS agency, hospital, or medical clinic and under any one (1) of the following conditions: (7-1-25)
 - i.** When part of a documented, planned deployment of personnel resources approved by the EMS medical director, hospital supervising physician, or medical clinic supervising physician; or (7-1-25)
 - ii.** When, in a manner approved by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, administering first aid or emergency medical attention in accordance with Section 5-330 or 5-331, Idaho Code, without expectation of remuneration; or (7-1-25)
 - iii.** When participating in a training program approved by the EMS Bureau, the EMS medical director, hospital supervising physician, or medical clinic supervising physician. (7-1-25)
- 02. Scope of Practice.** (7-1-25)
- a.** The Commission maintains an “EMS Physician Commission Standards Manual” that: (7-1-25)
 - i.** Establishes the scope of practice of licensed EMS personnel; and (7-1-25)
 - ii.** Specifies the type and degree of medical supervision for specific skills, treatments, and procedures by level of EMS licensure. (7-1-25)
 - b.** The Commission will consider the United States Department of Transportation's National EMS Scope of Practice Model when preparing or revising the EMSPC Standards Manual; (7-1-25)
 - c.** The scope of practice established by the Commission determines the objectives of applicable curricula and specialized education of licensed EMS personnel; (7-1-25)
 - d.** The scope of practice does not define a standard of care, nor does it define what should be done in a given situation; (7-1-25)
 - e.** Licensed EMS personnel must not provide out-of-hospital patient care that exceeds the scope of practice established by the Commission; (7-1-25)
 - f.** Licensed EMS personnel must be credentialed by the EMS medical director, hospital supervising physician, or medical clinic supervising physician to be authorized for their scope of practice; (7-1-25)
 - g.** The credentialing of licensed EMS personnel affiliated with an EMS agency, must not exceed the licensure level of that EMS agency; and (7-1-25)

h. The patient care provided by licensed EMS personnel must conform to the Medical Supervision Plan as authorized by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. (7-1-25)

711. -- 719. (RESERVED)

720. EMS MEDICAL DIRECTOR, HOSPITAL SUPERVISING PHYSICIAN, AND MEDICAL CLINIC SUPERVISING PHYSICIAN QUALIFICATIONS.

The EMS Medical Director, Hospital Supervising Physician, and Medical Clinic Supervising Physician must: (7-1-25)

01. Accept Responsibility. Accept responsibility for the medical direction and medical supervision of the activities provided by licensed EMS personnel. (7-1-25)

02. Maintain Knowledge of EMS Systems. Obtain and maintain knowledge of the contemporary design and operation of EMS systems. (7-1-25)

03. Maintain Knowledge of Idaho EMS. Obtain and maintain knowledge of Idaho EMS laws, regulations, and standards manuals. (7-1-25)

721. EMS MEDICAL DIRECTOR, HOSPITAL SUPERVISING PHYSICIAN, AND MEDICAL CLINIC SUPERVISING PHYSICIAN RESPONSIBILITIES AND AUTHORITY.

01. Documentation of Written Agreement. The EMS medical director must document a written agreement with the EMS agency to supervise licensed EMS personnel and provide such documentation to the EMS Bureau annually and upon request. (7-1-25)

02. Approval for EMS Personnel to Function. (7-1-25)

a. The explicit approval of the EMS medical director, hospital supervising physician, or medical clinic supervising physician is required for licensed EMS personnel under their supervision to provide medical care. (7-1-25)

b. The EMS medical director, hospital supervising physician, or medical clinic supervising physician may credential licensed EMS personnel under their supervision with a limited scope of practice relative to that allowed by the EMS Physician Commission, or with a limited scope of practice corresponding to a lower level of EMS licensure. (7-1-25)

03. Restriction or Withdrawal of Approval for EMS Personnel to Function. (7-1-25)

a. The EMS medical director, hospital supervising physician, or medical clinic supervising physician can restrict the scope of practice of licensed EMS personnel under their supervision when such personnel fail to meet or maintain proficiencies established by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, or the Idaho EMS Bureau. (7-1-25)

b. The EMS medical director, hospital supervising physician, or medical clinic supervising physician can withdraw approval of licensed EMS personnel to provide services, under their supervision, when such personnel fail to meet or maintain proficiencies established by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, or the EMS Bureau. (7-1-25)

c. The EMS medical director, hospital supervising physician, or medical clinic supervising physician must report in writing such restriction or withdrawal of approval within fifteen (15) days of the action to the EMS Bureau in accordance with Section 39-1393, Idaho Code. (7-1-25)

04. Review Qualifications of EMS Personnel. The EMS medical director, hospital supervising physician, or medical clinic supervising physician must document the review of the qualification, proficiencies, and all other EMS agency, hospital, and medical clinic affiliations of EMS personnel prior to credentialing the individual.

(7-1-25)

05. Document EMS Personnel Proficiencies. The EMS medical director, hospital supervising physician, or medical clinic supervising physician must document that the capabilities of licensed EMS personnel are maintained on an ongoing basis through education, skill proficiencies, and competency assessment. (7-1-25)

06. Develop and Implement a Performance Assessment and Improvement Program. The EMS medical director must develop and implement a program for continuous assessment and improvement of services provided by licensed EMS personnel under their supervision. (7-1-25)

07. Review and Update Procedures. The EMS medical director must review and update protocols, policies, and procedures at least every two (2) years. (7-1-25)

08. Develop and Implement Plan for Medical Supervision. The EMS medical director, hospital supervising physician, or medical clinic supervising physician must develop, implement and oversee a plan for supervision of licensed EMS personnel as described in Subsection 722.06 of these rules. (7-1-25)

09. Access to Records. The EMS medical director must have access to all relevant agency, hospital, or medical clinic records as permitted or required by statute to ensure responsible medical supervision of licensed EMS personnel. (7-1-25)

722. PHYSICIAN SUPERVISION IN THE OUT-OF-HOSPITAL SETTING.

01. Medical Supervision Required. In accordance with Section 56-1011, Idaho Code, licensed EMS personnel must provide emergency medical services under the supervision of a designated EMS medical director. (7-1-25)

02. Designation of EMS Medical Director. The EMS agency must designate a physician for the medical supervision of licensed EMS personnel affiliated with the EMS agency. (7-1-25)

03. Delegated Medical Supervision of EMS Personnel. The EMS medical director can designate other physicians to supervise the licensed EMS personnel in the temporary absence of the EMS medical director. (7-1-25)

04. Direct Medical Supervision by Physician Assistants and Nurse Practitioners. The EMS medical director can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct medical supervision of licensed EMS personnel under the following conditions: (7-1-25)

a. A designated physician is not present in the anticipated receiving health care facility; and (7-1-25)

b. The Nurse Practitioner, when designated, must have a preexisting written agreement with the EMS medical director describing the role and responsibilities of the Nurse Practitioner; or (7-1-25)

c. The physician supervising the PA, as defined in IDAPA 24.33.02, "Rules for the Licensure of Physician Assistants," authorizes the PA to provide direct (on-line) supervision; and (7-1-25)

d. The PA, when designated, must have a preexisting written agreement with the EMS medical director describing the role and responsibilities of the PA related to supervision of EMS personnel. (7-1-25)

e. Such designated clinician must possess and be familiar with the medical supervision plan, protocols, standing orders, and standard operating procedures authorized by the EMS medical director. (7-1-25)

05. Indirect Medical Supervision by Non-Physicians. Non-physicians can assist the EMS medical director with indirect medical supervision of licensed EMS personnel. (7-1-25)

06. Medical Supervision Plan. The medical supervision of licensed EMS personnel must be provided in accordance with a documented medical supervision plan that includes direct, indirect, on-scene, educational, and

proficiency standards components. The requirements for the medical supervision plan are found in the EMSPC Standards Manual. (7-1-25)

07. Out-of-Hospital Medical Supervision Plan Filed with EMS Bureau. The agency EMS medical director must submit the medical supervision plan within thirty (30) days of request to the EMS Bureau in a form described in the standards manual. (7-1-25)

a. The agency EMS medical director must identify the designated clinicians to the EMS Bureau annually in a form described in the standards manual. (7-1-25)

b. The agency EMS medical director must inform the EMS Bureau of any changes in designated clinicians or of a change in the agency medical director within thirty (30) days of the change(s). (7-1-25)

c. The EMS Bureau must provide the Commission with the medical supervision plans within thirty (30) days of request. (7-1-25)

d. The EMS Bureau must provide the Commission with the identification of EMS medical directors and designated clinicians annually and upon request. (7-1-25)

723. PHYSICIAN SUPERVISION IN HOSPITALS AND MEDICAL CLINICS.

01. Medical Supervision Required. In accordance with Section 56-1011, Idaho Code, licensed EMS personnel must provide emergency medical services under the supervision of a designated hospital supervising physician or medical clinic supervising physician. (7-1-25)

02. Level of Licensure Identification. The licensed EMS personnel employed or utilized for delivery of services within a hospital or medical clinic, when on duty, must at all times visibly display identification specifying their level of EMS licensure. (7-1-25)

03. Credentialing of Licensed EMS Personnel in a Hospital or Medical Clinic. The hospital or medical clinic must maintain a current written description of acts and duties authorized by the hospital supervising physician or medical clinic supervising physician for credentialed EMS personnel and must submit the descriptions upon request of the Commission or the EMS Bureau. (7-1-25)

04. Notification of Employment or Utilization. The licensed EMS personnel employed or utilized for delivery of services within a hospital or medical clinic must report such employment or utilization to the EMS Bureau within thirty (30) days of engaging such activity. (7-1-25)

05. Designation of Supervising Physician. The hospital or medical clinic administration must designate a physician for the medical supervision of licensed EMS personnel employed or utilized in the hospital or medical clinic. (7-1-25)

06. Delegated Medical Supervision of EMS Personnel. The hospital supervising physician or medical clinic supervising physician can designate other physicians to supervise the licensed EMS personnel during the periodic absence of the hospital supervising physician or medical clinic supervising physician. (7-1-25)

07. Direct Medical Supervision by Physician Assistants and Nurse Practitioners. The hospital supervising physician, or medical clinic supervising physician can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct medical supervision of licensed EMS personnel under the following conditions: (7-1-25)

a. The Nurse Practitioner, when designated, must have a preexisting written agreement with the hospital supervising physician or medical clinic supervising physician describing the role and responsibilities of the Nurse Practitioner; or (7-1-25)

b. The physician supervising the PA, as defined in IDAPA 24.33.02, "Rules for the Licensure of Physician Assistants," authorizes the PA to provide supervision; and (7-1-25)

c. The PA, when designated, must have a preexisting written agreement with the hospital supervising physician or medical clinic supervising physician describing the role and responsibilities of the PA related to supervision of EMS personnel. (7-1-25)

d. Such designated clinician must possess and be familiar with the medical supervision plan, protocols, standing orders, and standard operating procedures authorized by the hospital supervising physician or medical clinic supervising physician. (7-1-25)

08. On-Site Contemporaneous Supervision. Licensed EMS personnel will only provide patient care with on-site contemporaneous supervision by the hospital supervising physician, medical clinic supervising physician, or designated clinicians. (7-1-25)

09. Medical Supervision Plan. The medical supervision of licensed EMS personnel must be provided in accordance with a documented medical supervision plan. The hospital supervising physician or medical clinic supervising physician is responsible for developing, implementing, and overseeing the medical supervision plan, and must submit the plan(s) within thirty (30) days of request by the Commission or the EMS Bureau. (7-1-25)

724. -- 999. (RESERVED)