

TITLE 836 INDIANA EMERGENCY MEDICAL SERVICES COMMISSION

ARTICLE 1. EMERGENCY MEDICAL SERVICES

Rule 1. Definitions and General Requirements

836 IAC 1-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 1. The following definitions apply throughout this title unless the context clearly denotes otherwise:

(1) "14 CFR 135 and 14 CFR 119" means air carriers with reference to F.A.R. 135 and 119, and holding a current F.A.A. air carrier certificate, with approved air ambulance operations-helicopter or air ambulance operation-airplane operations specifications.

(2) "Advanced life support", for purposes of IC 16-31, means the following:

(A) Care given:

(i) at the scene of an:

(AA) accident;

(BB) act of terrorism (as defined in IC 35-41-1-26.5 [*IC 35-41-1-26.5 was repealed by P.L.114-2012, SECTION 132, effective July 1, 2012.*]), if the governor has declared a disaster emergency under IC 10-14-3-12 in response to the act of terrorism; or

(CC) illness;

(ii) during transport; or

(iii) at a hospital;

by a paramedic, emergency medical technician-intermediate, and that is more advanced than the care usually provided by an emergency medical technician or an emergency medical technician-basic advanced.

(B) The term may include any of the following:

(i) Defibrillation.

(ii) Endotracheal intubation.

(iii) Parenteral injection of appropriate medications.

(iv) Electrocardiogram interpretation.

(v) Emergency management of trauma and illness.

(3) "Advanced life support fixed-wing ambulance service provider organization" means a service provider that utilizes fixed-wing aircraft to provide airport to airport transports where the patients involved require a stretcher or cot and are being transported to or from a definite care medical setting.

(4) "Advanced life support nontransport vehicle" means a motor vehicle other than an ambulance, owned or leased by a certified emergency medical service provider organization, that provides advanced life support but does not supply patient transport from the scene of the emergency. The term does not include an employer-owned or employer-operated vehicle used for first aid purposes within or upon the employer's premises.

(5) "Advanced life support rotorcraft ambulance service provider organization" means a service provider that utilizes rotorcraft aircraft to respond directly to the scene of a medical emergency either as an initial first responder or as a secondary responder and are utilized to airlift critically ill or injured patients directly to or between definitive care facilities or to a point of transfer with another more appropriate form of transportation.

(6) "Agency" means the state emergency management agency emergency medical services division.

(7) "Air-medical director" means a physician with an unlimited license to practice medicine in Indiana and who has an active role in the delivery of emergency care. The licensed physician shall be ultimately responsible for patient care during each transport. The air-medical director is responsible for directly overseeing and assuring that appropriate aircraft, air-medical personnel, and equipment are provided for each patient transported by the air ambulances within the air-medical services as well as the performance of air-medical personnel.

(8) "Air-medical personnel" means a person who is certified by the commission as a paramedic or is a registered nurse or physician.

- (9) "Ambulance" means any conveyance on land, sea, or air that is used, or is intended to be used, for the purpose of responding to emergency life-threatening situations and providing transportation of an emergency patient.
- (10) "Ambulance service provider organization" means any person certified by the commission who engages in or seeks to furnish, operate, conduct, maintain, advertise, or otherwise engage in services for the transportation and care of emergency patients as a part of a regular course of doing business, either paid or voluntary.
- (11) "Auto-injector" means a spring-loaded needle and syringe that:
- (A) contains a single dose of medication; and
 - (B) automatically releases and injects the medication.
- (12) "Basic life support" means the following:
- (A) Assessment of emergency patients.
 - (B) Administration of oxygen.
 - (C) Use of mechanical breathing devices.
 - (D) Application of antishock trousers.
 - (E) Performance of cardiopulmonary resuscitation.
 - (F) Application of dressings and bandage materials.
 - (G) Application of splinting and immobilization devices.
 - (H) Use of lifting and moving devices to ensure safe transport.
 - (I) Use of an automatic or a semiautomatic defibrillator if the defibrillator is used in accordance with training procedures established by the commission.
 - (J) Administration by an emergency medical technician or emergency medical technician-basic advanced of epinephrine through an auto-injector.
 - (K) For an emergency medical technician-basic advanced, the following:
 - (i) Electrocardiogram interpretation.
 - (ii) Manual external defibrillation.
 - (iii) Intravenous fluid therapy.
 - (L) Other procedures authorized by the commission, including procedures contained in the revised national emergency medical technician-basic training curriculum guide.
 - (M) Except as provided by:
 - (i) clause (J) and the training and certifications standards established under IC 16-31-2-9(4);
 - (ii) clause (K)(iii); and
 - (iii) the training standards established under IC 16-31-2-9(5);
 the term does not include invasive medical care techniques or advanced life support.
- (13) "Basic life support nontransport provider organization" means an organization, certified by the commission, that provides first response patient care at an emergency that includes defibrillation but does not supply patient transport from the scene of the emergency.
- (14) "Certificate" or "certification" means authorization in written form issued by the commission to a person to furnish, operate, conduct, maintain, advertise, or otherwise engage in providing emergency medical services as a part of a regular course of doing business, either paid or voluntary.
- (15) "Commission" means the Indiana emergency medical services commission.
- (16) "Director" means the director of the state emergency management agency.
- (17) "Emergency ambulance services" means the transportation of emergency patients by ambulance and the administration of basic life support to emergency patients before or during such transportation.
- (18) "Emergency management of trauma and illness" means the following:
- (A) For a paramedic, those procedures for which the paramedic has been specifically trained and:
 - (i) that are a part of the curriculum prescribed by the commission; or
 - (ii) are a part of the continuing education program and approved by the supervising hospital and the paramedic provider organization's medical director.
 - (B) For an emergency medical technician-intermediate, those procedures for which the emergency medical technician-intermediate has been specifically trained:
 - (i) in the Indiana basic emergency medical technician and Indiana emergency medical technician-intermediate

- curriculum; and
- (ii) that have been approved by the administrative and medical staff of the supervising hospital, the emergency medical technician-intermediate provider organization medical director, and the commission as being within the scope and responsibility of the emergency medical technician-intermediate.
- (19) "Emergency medical services" means the provision of emergency ambulance services or other services, including extrication and rescue services, utilized in serving an individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.
- (20) "Emergency medical services driver" means an individual who has a certificate of completion of a commission-approved driver training course.
- (21) "Emergency medical services provider organization" means any person certified by the commission who engages in or seeks to furnish, operate, conduct, maintain, advertise, or otherwise engage in services for the care of emergency patients as part of a regular course of doing business, either paid or voluntary.
- (22) "Emergency medical services vehicle" means the following:
 - (A) An ambulance.
 - (B) An emergency medical service nontransport vehicle.
- (23) "Emergency medical technician" means an individual who is certified under this article to provide basic life support at the scene of an accident or an illness or during transport.
- (24) "Emergency medical technician-basic advanced" means an individual who is certified under IC 16-31 to provide basic life support at the scene of an accident or an illness or during transport and has been certified to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement.
- (25) "Emergency medical technician-basic advanced provider organization" means an ambulance service provider or other provider organization certified by the commission to provide basic life support services administered by emergency medical technicians-basic advanced and has been certified to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement in conjunction with a supervising hospital.
- (26) "Emergency medical technician-intermediate" means an individual who can perform at least one (1) but not all of the procedures of a paramedic and who:
 - (A) has completed a prescribed course in advanced life support;
 - (B) has been certified by the commission;
 - (C) is associated with a single supervising hospital; and
 - (D) is affiliated with a provider organization.
- (27) "Emergency medical technician-intermediate provider organization" means an ambulance service provider organization or other provider organization certified by the commission to provide advanced life support services administered by emergency medical technician-intermediates in conjunction with a supervising hospital.
- (28) "Emergency patient" means an individual who is acutely ill, injured, or otherwise incapacitated or helpless and who requires emergency care. The term includes an individual who requires transportation on a litter or cot or is transported in a vehicle certified as an ambulance under IC 16-31-3.
- (29) "Extrication service" means any actions that disentangle and frees [*sic., free*] from entrapment.
- (30) "F.A.A." means the Federal Aviation Administration.
- (31) "F.A.R." means the federal aviation regulations, including, but not limited to, 14 CFR.
- (32) "First responder" means an individual who is:
 - (A) certified under IC 16-31 and who meets the commission's standards for first responder certification; and
 - (B) the first individual to respond to an incident requiring emergency medical services.
- (33) "Fixed-wing ambulance" means a propeller or jet airplane.
- (34) "Flight physiology" means the physiological stress of flight encountered during air medical operations to include, but not be limited to:
 - (A) temperature;
 - (B) pressure;
 - (C) stresses of barometric pressure changes;
 - (D) hypoxia;
 - (E) thermal and humidity changes;

- (F) gravitational forces;
 - (G) noise;
 - (H) vibration;
 - (I) fatigue; and
 - (J) volume and mass of gases.
- (35) "Medical director" means a physician with an unlimited license to practice medicine in Indiana and who has an active role in the delivery of emergency care.
- (36) "Nontransporting emergency medical services vehicle" or "emergency medical service nontransport vehicle" means a motor vehicle, other than an ambulance, used for emergency medical services. The term does not include an employer-owned or employer-operated vehicle used for first aid purposes within or upon the employer's premises.
- (37) "Paramedic" means an individual who:
- (A) is:
 - (i) affiliated with a certified paramedic provider organization;
 - (ii) employed by a sponsoring hospital approved by the commission; or
 - (iii) employed by a supervising hospital with a contract for inservice education with a sponsoring hospital approved by the commission;
 - (B) has completed a prescribed course in advanced life support; and
 - (C) has been certified by the commission.
- (38) "Paramedic provider organization" means an ambulance service provider organization or other provider organization certified by the commission to provide advanced life support services administered by paramedics or physicians with an unlimited license to practice medicine in Indiana in conjunction with supervising hospitals.
- (39) "Person" means any:
- (A) natural person or persons;
 - (B) partnership;
 - (C) corporation;
 - (D) association;
 - (E) joint stock association; or
 - (F) governmental entity other than an agency or instrumentality of the United States. "Agency or instrumentality of the United States" does not include a person operating under a contract with the government of the United States.
- (40) "Physician" means an individual who currently holds a valid unlimited license to practice medicine in Indiana under IC 25-22.5-1-1.1.
- (41) "Program director" means a person employed by a certified training institution to coordinate the emergency medical services training programs.
- (42) "Provider organization" means an ambulance service or other emergency care organization certified by the commission to provide emergency medical services.
- (43) "Provider organization operating area" means the geographic area in which an emergency medical technician-basic advanced, affiliated with a specific emergency medical technician-basic advanced provider organization, is able to maintain two-way voice communication with the provider organization's supervising hospitals.
- (44) "Registered nurse" means a person licensed under IC 25-23-1-1.1.
- (45) "Rescue services" means the provision of basic life support except it does not include the following:
- (A) Administration of oxygen.
 - (B) Use of mechanical breathing devices.
 - (C) Application of antishock trousers.
 - (D) Application of splinting devices.
 - (E) Use of an automatic or a semiautomatic defibrillator.
 - (F) Electrocardiogram interpretation.
 - (G) Manual external defibrillation.
 - (H) Intravenous fluid therapy.
 - (I) Invasive medical care techniques.
- (46) "Rescue squad organization" means an organization that holds a voluntary certification to provide extrication, rescue, or

emergency medical services.

(47) "Supervising hospital" means a hospital licensed under IC 16-21-2 or under the licensing laws of another state that has been certified by the commission to supervise paramedics, emergency medical technicians-intermediate, emergency medical technician-basic advanced, and provider organizations in providing emergency medical care.

(48) "Training institution" means an institution certified by the commission to administer emergency medical services training programs.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Preliminary; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 84; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2191; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1035; filed Aug 18, 1986, 1:00 p.m.: 10 IR 23; filed May 15, 1998, 10:25 a.m.: 21 IR 3865; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2718; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2333; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3507; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-1-2 Enforcement

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-16; IC 16-31-3-17

Affected: IC 16-31

Sec. 2. Enforcement actions will be taken in accordance with IC 16-31. *(Indiana Emergency Medical Services Commission; 836 IAC 1-1-2; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2335; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3510; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)*

836 IAC 1-1-3 Request for waiver

Authority: IC 16-31-2-7

Affected: IC 16-31-2-11; IC 16-31-3-5

Sec. 3. (a) The commission shall waive any rule for a person who provides emergency ambulance service, an emergency medical technician, an emergency medical technician-basic advanced, an emergency medical technician-intermediate, a paramedic, or an ambulance when operating from a location in an adjoining state by contract with an Indiana unit of government to provide emergency ambulance or medical services to patients who are picked up or treated in Indiana. To receive such a waiver, an applicant shall submit the following:

(1) An application that shall include the following information:

(A) Organizational structure, including name, address, and phone number for the owner, chief executive officer, chief operations officer, training officer, and medical director.

(B) A description of the service area.

(C) Hours of operation.

(D) Proof of insurance coverage in amounts as specified in 836 IAC 1-3-6.

(E) Other information as required by the commission.

(2) A copy of the contract with the Indiana unit of government. This contract shall describe the emergency medical services that are to be provided.

(3) A list of the rule or rules for which the applicant is requesting a waiver.

(b) The commission may waive any rule, including a rule establishing a fee, for a person who submits facts demonstrating that:

(1) compliance with the rule will impose an undue hardship on the person; and

(2) either:

(A) noncompliance with the rule; or

(B) compliance with an alternative requirement approved by the commission;

will not jeopardize the quality of patient care.

However, the commission may not waive a rule that sets forth educational requirements for a person regulated under this article.

(c) A waiver granted under subsection (b)(2)(B) is conditioned upon compliance with the alternative requirement approved under subsection (b).

(d) A waiver granted under subsection (a) or subsection (b) expires on the earlier of the following:

(1) The date established by the commission when the waiver is granted.

(2) Two (2) years after the date the commission grants the waiver.

(e) The commission may renew a waiver if the person makes the same demonstration required for the original waiver.

(f) The commission may grant an applicant a waiver from all or part of the continuing education requirement for a renewal period if the applicant was not able to fulfill the requirement due to a hardship that resulted from any of the following:

(1) Service in the armed forces of the United States during a substantial part of the renewal period.

(2) An incapacitating illness or injury.

(3) Other circumstances determined by the commission.

(Indiana Emergency Medical Services Commission; 836 IAC 1-1-3; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2336; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3511; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-1-4 Exemptions

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 16-31-3-3

Sec. 4. (a) Under IC 16-31-3-3, a certificate is not required for a person who provides emergency ambulance service, advanced life support, an emergency medical technician, an ambulance, or a nontransporting emergency medical services vehicle when doing any of the following:

(1) Providing assistance to persons certified to provide emergency ambulance service or to emergency medical technicians.

(2) Operating from a location or headquarters outside Indiana to provide emergency ambulance services to patients who are picked up outside Indiana for transportation to locations within Indiana. This includes the return of that patient to the patient's original state of origin if the return trip occurs within twenty-four (24) hours of the transport to Indiana.

(3) Providing emergency medical services during a major catastrophe or disaster with which persons or ambulance services are insufficient or unable to cope.

(b) An agency or instrumentality of the United States and any paramedic, emergency medical technician, emergency medical technician-basic advanced, or ambulances of the agency or instrumentality are not required to be certified or to conform to the standards prescribed under IC 16-31-3. An agency or instrumentality of the United States does not include a person operating under a contract with the government of the United States. *(Indiana Emergency Medical Services Commission; 836 IAC 1-1-4; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3512; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)*

836 IAC 1-1-5 Reports and records

Authority: IC 16-31-2-7; IC 16-31-3

Affected: IC 4-21.5; IC 16-31-3

Sec. 5. (a) All emergency medical service provider organizations shall participate in the emergency medical service system review by collecting and reporting data elements for all emergency medical service provider organization runs. The elements shall be submitted to the agency by 11:59 p.m. of the day following the completion of the run by electronic format in the manner specified by the commission. The data elements prescribed by the commission are the following National Emergency Medical Service Information System (NEMSIS) Version 3 data elements:

(1) Emergency medical services (EMS) agency unique state identification (ID) (dAgency.01).

(2) EMS agency number (dAgency.02).

(3) EMS agency name (dAgency.03).

(4) EMS agency state (dAgency.04).

(5) EMS agency service area states (dAgency.05).

(6) EMS agency service area counties (dAgency.06).

(7) EMS agency census tracts (dAgency.07).

(8) EMS agency service area ZIP codes (dAgency.08).

(9) Primary type of service (dAgency.09).

(10) Other types of service (dAgency.10).

- (11) Level of service (dAgency.11).
- (12) Organization status (dAgency.12).
- (13) Organizational type (dAgency.13).
- (14) EMS agency organizational tax status (dAgency.14).
- (15) Statistical calendar year (dAgency.15).
- (16) Total primary service area size (dAgency.16).
- (17) Total service area population (dAgency.17).
- (18) 911 EMS call center volume per year (dAgency.18).
- (19) EMS dispatch volume per year (dAgency.19).
- (20) EMS patient transport volume per year (dAgency.20).
- (21) EMS patient contact volume per year (dAgency.21).
- (22) National provider identifier (dAgency.25).
- (23) Fire department ID number (dAgency.26).
- (24) State associated with the certification/licensure levels (dConfiguration.01).
- (25) State certification/licensure levels (dConfiguration.02).
- (26) Procedures permitted by the state (dConfiguration.03).
- (27) Medications permitted by the state (dConfiguration.04).
- (28) Protocols permitted by the state (dConfiguration.05).
- (29) EMS certification levels permitted to perform each procedure (dConfiguration.06).
- (30) EMS agency procedures (dConfiguration.07).
- (31) EMS certification levels permitted to administer each medication (dConfiguration.08).
- (32) EMS agency medications (dConfiguration.09).
- (33) EMS agency protocols (dConfiguration.10).
- (34) EMS agency specialty service capability (dConfiguration.11).
- (35) Emergency medical dispatch (EMD) provided to EMS agency service area (dConfiguration.13).
- (36) Patient monitoring capabilities (dConfiguration.15).
- (37) Crew call sign (dConfiguration.16).
- (38) EMS personnel's state's licensure ID number (dPersonnel.23).
- (39) EMS personnel's state EMS certification licensure level (dPersonnel.24).
- (40) Indications for invasive airway (eAirway.01).
- (41) Date and time airway device placement confirmation (eAirway.02).
- (42) Airway device being confirmed (eAirway.03).
- (43) Airway device placement confirmed method (eAirway.04).
- (44) Type of individual confirming airway device placement (eAirway.06).
- (45) Crew member ID (eAirway.07).
- (46) Airway complications encountered (eAirway.08).
- (47) Suspected reasons for failed airway procedure (eAirway.09).
- (48) Cardiac arrest (eArrest.01).
- (49) Cardiac arrest etiology (eArrest.02).
- (50) Resuscitation attempted by EMS (eArrest.03).
- (51) Arrest witnessed by (eArrest.04).
- (52) Cardiopulmonary resuscitation (CPR) care provided prior to EMS arrival (eArrest.05).
- (53) Who provided CPR prior to EMS arrival (eArrest.06).
- (54) Automated external defibrillator (AED) use prior to EMS arrival (eArrest.07).
- (55) Who used AED prior to EMS arrival (eArrest.08).
- (56) Type of CPR provided (eArrest.09).
- (57) First monitored arrest rhythm of the patient (eArrest.11).
- (58) Any return of spontaneous circulation (eArrest.12).
- (59) Date/time of cardiac arrest (eArrest.14).
- (60) Date/time resuscitation discontinued (eArrest.15).

- (61) Reason CPR/resuscitation discontinued (eArrest.16).
- (62) Cardiac rhythm on arrival at destination (eArrest.17).
- (63) End of EMS cardiac arrest event (eArrest.18).
- (64) Crew member ID (eCrew.01).
- (65) Crew member level (eCrew.02).
- (66) Crew member response role (eCrew.03).
- (67) Complaint reported by dispatch (eDispatch.01).
- (68) EMD performed (eDispatch.02).
- (69) Destination transferred to, name (eDisposition.01).
- (70) Destination transferred to, code (eDisposition.02).
- (71) Destination state (eDisposition.05).
- (72) Destination county (eDisposition.06).
- (73) Destination ZIP code (eDisposition.07).
- (74) Number of patients transported in this EMS unit (eDisposition.11).
- (75) Incident/patient disposition (eDisposition.12).
- (76) EMS transport method (eDisposition.16).
- (77) Transport mode from scene (eDisposition.17).
- (78) Additional transport mode descriptors (eDisposition.18).
- (79) Final patient acuity (eDisposition.19).
- (80) Reason for choosing destination (eDisposition.20).
- (81) Type of destination (eDisposition.21).
- (82) Hospital inpatient destination (eDisposition.22).
- (83) Hospital capability (eDisposition.23).
- (84) Destination team prearrival alert or activation (eDisposition.24).
- (85) Date/time of destination prearrival alert or activation (eDisposition.25).
- (86) Estimated body weight in kilograms (eExam.01).
- (87) Barriers to patient care (eHistory.01).
- (88) Advance directives (eHistory.05).
- (89) Medication allergies (eHistory.06).
- (90) Alcohol/drug use indicators (eHistory.17).
- (91) Cause of injury (eInjury.01).
- (92) Mechanism of injury (eInjury.02).
- (93) Trauma center criteria (eInjury.03).
- (94) Vehicular, pedestrian, or other injury risk factor (eInjury.04).
- (95) Main area of the vehicle impacted by the collision (eInjury.05).
- (96) Location of patient in vehicle (eInjury.06).
- (97) Use of occupant safety equipment (eInjury.07).
- (98) Airbag deployment (eInjury.08).
- (99) Height of fall (feet) (eInjury.09).
- (100) Date/time medication administered (eMedications.01).
- (101) Medication administered prior to this unit's EMS care (eMedications.02).
- (102) Medication given (eMedications.03).
- (103) Medication administered route (eMedications.04).
- (104) Medication dosage (eMedications.05).
- (105) Medication dosage units (eMedications.06).
- (106) Response to medication (eMedications.07).
- (107) Medication complication (eMedications.08).
- (108) Medication crew (healthcare professionals) ID (eMedications.09).
- (109) Role/type of person administering medication (eMedications.10).
- (110) Patient care report narrative (eNarrative.01).

- (111) Personal protective equipment used (eOther.03).
- (112) Suspected EMS work related exposure, injury, or death (eOther.05).
- (113) Crew member completing this report (eOther.08).
- (114) Emergency department disposition (eOutcome.01).
- (115) Hospital disposition (eOutcome.02).
- (116) Last name (ePatient.02).
- (117) First name (ePatient.03).
- (118) Middle initial/name (ePatient.04).
- (119) Patient's home address (ePatient.05).
- (120) Patient's home city (ePatient.06).
- (121) Patient's home county (ePatient.07).
- (122) Patient's home state (ePatient.08).
- (123) Patient's home ZIP code (ePatient.09).
- (124) Gender (ePatient.13).
- (125) Race (ePatient.14).
- (126) Age (ePatient.15).
- (127) Age units (ePatient.16).
- (128) Date of birth (ePatient.17).
- (129) Primary method of payment (ePayment.01).
- (130) Closest relative/guardian last name (ePayment.23).
- (131) Closest relative/guardian first name (ePayment.24).
- (132) Centers for Medicare and Medicaid Services (CMS) service level (ePayment.50).
- (133) Date/time procedure performed (eProcedures.01).
- (134) Procedure performed prior to this unit's EMS care (eProcedures.02).
- (135) Procedure (eProcedures.03).
- (136) Number of procedure attempts (eProcedures.05).
- (137) Procedure successful (eProcedures.06).
- (138) Procedure complication (eProcedures.07).
- (139) Response to procedure (eProcedures.08).
- (140) Procedure crew members ID (eProcedures.09).
- (141) Role/type of person performing the procedure (eProcedures.10).
- (142) Protocols used (eProtocols.01).
- (143) Protocol age category (eProtocols.02).
- (144) Patient care report number (eRecord.01).
- (145) Software creator (eRecord.02).
- (146) Software name (eRecord.03).
- (147) Software version (eRecord.04).
- (148) EMS agency number (eResponse.01).
- (149) Incident number (eResponse.03).
- (150) EMS response number (eResponse.04).
- (151) Type of service requested (eResponse.05).
- (152) Primary role of the unit (eResponse.07).
- (153) Type of dispatch delay (eResponse.08).
- (154) Type of response delay (eResponse.09).
- (155) Type of scene delay (eResponse.10).
- (156) Type of transport delay (eResponse.11).
- (157) Type of turnaround delay (eResponse.12).
- (158) EMS vehicle (unit) number (eResponse.13).
- (159) EMS unit call sign (eResponse.14).
- (160) Level of care of this unit (eResponse.15).

- (161) Response mode to scene (eResponse.23).
- (162) Additional response mode descriptors (eResponse.24).
- (163) First EMS unit on scene (eScene.01).
- (164) Other EMS or public safety agencies at scene (eScene.02).
- (165) Type of other service at scene (eScene.04).
- (166) Date/time initial responder arrived on scene (eScene.05).
- (167) Number of patients at scene (eScene.06).
- (168) Mass casualty incident (eScene.07).
- (169) Triage classification for mild cognitive impairment (MCI) patient (eScene.08).
- (170) Incident location type (eScene.09).
- (171) Incident city (eScene.17).
- (172) Incident state (eScene.18).
- (173) Incident ZIP code (eScene.19).
- (174) Incident county (eScene.21).
- (175) Date/time of symptom onset (eSituation.01).
- (176) Possible injury (eSituation.02).
- (177) Complaint type (eSituation.03).
- (178) Complaint (eSituation.04).
- (179) Duration of complaint (eSituation.05).
- (180) Time units of duration of complaint (eSituation.06).
- (181) Chief complaint anatomic location (eSituation.07).
- (182) Chief complaint organ system (eSituation.08).
- (183) Primary symptom (eSituation.09).
- (184) Other associated symptoms (eSituation.10).
- (185) Provider's primary impression (eSituation.11).
- (186) Provider's secondary impressions (eSituation.12).
- (187) Initial patient acuity (eSituation.13).
- (188) Public safety answering point (PSAP) call date/time (eTimes.01).
- (189) Dispatch notified date/time (eTimes.02).
- (190) Unit notified by dispatch date/time (eTimes.03).
- (191) Unit en route date/time (eTimes.05).
- (192) Unit arrived on scene date/time (eTimes.06).
- (193) Arrived at patient date/time (eTimes.07).
- (194) Transfer of EMS patient care date/time (eTimes.08).
- (195) Unit left scene date/time (eTimes.09).
- (196) Patient arrived at destination date/time (eTimes.11).
- (197) Destination patient transfer of care date/time (eTimes.12).
- (198) Unit back in service date/time (eTimes.13).
- (199) Unit canceled date/time (eTimes.14).
- (200) Date/time vital signs taken (eVitals.01).
- (201) Obtained prior to this unit's EMS care (eVitals.02).
- (202) Cardiac rhythm/electrocardiography (ECG) (eVitals.03).
- (203) ECG type (eVitals.04).
- (204) Method of ECG interpretation (eVitals.05).
- (205) Systolic blood pressure (eVitals.06).
- (206) Diastolic blood pressure (eVitals.07).
- (207) Method of blood pressure measurement (eVitals.08).
- (208) Heart rate (eVitals.10).
- (209) Pulse oximetry (eVitals.12).
- (210) Respiratory rate (eVitals.14).

- (211) End tidal carbon dioxide (ETCO₂) (eVitals.16).
- (212) Blood glucose level (eVitals.18).
- (213) Glasgow coma score-eye (eVitals.19).
- (214) Glasgow coma score-verbal (eVitals.20).
- (215) Glasgow coma score-motor (eVitals.21).
- (216) Glasgow coma score-qualifier (eVitals.22).
- (217) Total Glasgow coma score (eVitals.23).
- (218) Temperature (eVitals.24).
- (219) Level of responsiveness (AVPU) (eVitals.26).
- (220) Pain scale score (eVitals.27).
- (221) Stroke scale score (eVitals.29).
- (222) Stroke scale type (eVitals.30).
- (223) Reperfusion checklist (eVitals.31).

Basic life support nontransport provider organizations that are paid or volunteer fire departments that render fire prevention or fire protection services to a political subdivision are not required to submit data under this rule.

(b) Each emergency medical services provider organization shall retain all records required by this title for a minimum of three (3) years, except for the following records that shall be retained for a minimum of seven (7) years:

- (1) Audit and review records.
- (2) Patient care reports.
- (3) Training records.
- (4) Maintenance records.

(c) An emergency medical service provider organization that has any certified vehicles involved in any traffic accident investigated by a law enforcement agency shall report that accident to the agency within ten (10) working days on a form provided by the agency.

(d) Each provider organization, except basic life support nontransport provider organization, shall maintain accurate records concerning the assessment, treatment, or transportation of each emergency patient, including a patient care report form in an electronic or written format as prescribed by the commission as follows:

(1) A patient care report form shall include, at a minimum, the following:

- (A) Name.
- (B) Identification number.
- (C) Age.
- (D) Sex.
- (E) Date of birth.
- (F) Race.
- (G) Address, including ZIP code.
- (H) Location of incident.
- (I) Chief complaint.
- (J) History, including the following:
 - (i) Current medical condition and medications.
 - (ii) Past pertinent medical conditions and allergies.
- (K) Physical examination section.
- (L) Treatment given section.
- (M) Vital signs, including the following:
 - (i) Blood pressure.
 - (ii) Pulse.
 - (iii) Respirations.
 - (iv) Level of consciousness.
 - (v) Skin temperature and color.
 - (vi) Pupillary reactions.
 - (vii) Ability to move.

- (viii) Presence or absence of breath sounds.
 - (ix) The time of observation and a notation of the quality for each vital sign.
- (N) Responsible guardian.
- (O) Hospital destination.
- (P) Radio contact via UHF or VHF.
- (Q) Name of patient attendants, including emergency medical service certification numbers and signatures.
- (R) Vehicle certification number.
- (S) Safety equipment used by patient.
- (T) Date of service.
- (U) Service delivery times, including the following:
 - (i) Time of receipt of call.
 - (ii) Time dispatched.
 - (iii) Time arrived on scene.
 - (iv) Time of departure from scene.
 - (v) Time arrived at hospital.
 - (vi) Time departed from hospital.
 - (vii) Time vehicle available for next response.
 - (viii) Time vehicle returned to station.
- (2) The patient care report form shall be designed in a manner to provide space for narrative notation of additional medical information.
- (3) A copy of the completed patient care report form shall be provided to the receiving facility when the patient is delivered unless it is not feasible; however, the form shall be provided to the receiving facility not later than twenty-four (24) hours after the patient is delivered.
- (4) When a patient has signed a statement for refusal of treatment or transportation services, or both, that signed statement shall be maintained as part of the patient care documentation.
- (e) Each basic life support nontransport provider organization shall maintain, in a manner prescribed by the commission, accurate records, including a patient care report form, concerning the assessment and treatment of each emergency patient as follows:
 - (1) A patient care report form shall be required by all basic life support nontransport provider organizations, including, at a minimum, the following:
 - (A) Name.
 - (B) Identification number.
 - (C) Age.
 - (D) Sex.
 - (E) Race.
 - (F) Physician of the patient.
 - (G) Date of birth.
 - (H) Address, including ZIP code.
 - (I) Location of incident.
 - (J) Chief complaint.
 - (K) History, including the following:
 - (i) Current medical condition and medications.
 - (ii) Past pertinent medical conditions and allergies.
 - (L) Physical examination section.
 - (M) Treatment given section.
 - (N) Vital signs, including the following:
 - (i) Pulse.
 - (ii) Blood pressure.
 - (iii) Respirations.
 - (iv) Level of consciousness.
 - (v) Skin temperature and color.

- (vi) Pupillary reactions.
- (vii) Ability to move.
- (viii) Presence or absence of breath sounds.
- (ix) The time of observation and a notation of the quality for each vital sign.
- (O) Responsible guardian.
- (P) Name of patient attendants, including emergency medical services certification numbers and signatures.
- (Q) Vehicle emergency medical services certification number.
- (R) Responding service delivery times, including the following:
 - (i) Time of receipt of call.
 - (ii) Time dispatched.
 - (iii) Time arrived on scene.
 - (iv) Time of patient released to transporting emergency medical services.
 - (v) Time vehicle available for next response.
- (S) Date of service.
- (T) Safety equipment used by patient.
- (2) The report form shall provide space for narrative description of the situation and the care rendered by the nontransport unit.
- (3) A signed statement for refusal of treatment or transportation services, or both, shall be maintained as part of the patient care documentation.

(Indiana Emergency Medical Services Commission; 836 IAC 1-1-5; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3512; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; filed Oct 6, 2009, 4:19 p.m.: 20091104-IR-836080879FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA; filed Feb 13, 2019, 10:10 a.m.: 20190313-IR-836180201FRA)

836 IAC 1-1-6 Audit and review

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20
 Affected: IC 4-21.5; IC 16-31-3

Sec. 6. Each emergency medical service provider organization shall conduct audit and review at least quarterly to assess, monitor, and evaluate the quality of patient care as follows:

- (1) The audit shall evaluate patient care and personnel performance.
- (2) The results of the audit shall be reviewed with the emergency medical service personnel.
- (3) Documentation for the audit and review shall include the following:
 - (A) The criteria used to select audited runs.
 - (B) Problem identification and resolution.
 - (C) Date of review.
 - (D) Attendance at the review.
 - (E) A summary of the discussion at the review.
- (4) The audit and review shall be conducted under the direction of one (1) of the following:
 - (A) The emergency medical services provider organization medical director.
 - (B) An emergency department committee that is supervised by a medical director. An emergency medical service provider organization representative shall serve as a member on the committee.
 - (C) A committee established by the emergency medical service provider organization and under the direction of the medical director or medical director designee. The medical director designee must:
 - (i) be a physician with an unlimited license to practice medicine in Indiana;
 - (ii) have an active role in the delivery of emergency care; and
 - (iii) have been designated in writing by the medical director as the medical director designee.
- (5) A method of identifying needs to staff development programs, basic training, in-service, and orientation.
- (6) The audit shall include all levels of care by emergency medical service personnel.

(Indiana Emergency Medical Services Commission; 836 IAC 1-1-6; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3514; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed

Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-1-7 Training

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 16-31-3

Sec. 7. (a) Each emergency medical service provider organization shall designate one (1) person as the organization's training officer to assume responsibility for inservice training. This person shall be certified as one (1) of the following:

- (1) First responder (only for the basic life support nontransport provider organization).
- (2) An emergency medical technician.
- (3) An emergency medical technician-basic advanced.
- (4) An emergency medical technician-intermediate.
- (5) A paramedic.
- (6) A registered nurse.
- (7) A certified physician assistant.
- (8) A licensed physician who is actively involved in the delivery of emergency medical services with that organization.

(b) The provider organization and training officer shall be responsible for the following:

- (1) Providing and maintaining records of inservice training offered by the provider organization.
- (2) Maintaining the following inservice training session information:
 - (A) Summary of the program content.
 - (B) The name of the instructor.
 - (C) The names of those attending.
 - (D) The date, time, and location of the inservice training sessions.

(3) Signing individual training records or reports to verify actual time in attendance at training sessions.

(Indiana Emergency Medical Services Commission; 836 IAC 1-1-7; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3514; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-1-8 Operating procedures

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 4-21.5; IC 16-31-3

Sec. 8. (a) All emergency medical service provider organizations shall comply with this section.

(b) Emergency medical service provider organization's premises shall be maintained, suitable to the conduct of the provider organizations service, with provision for adequate storage of emergency medical service vehicles and equipment.

(c) Each emergency medical service provider organization shall provide a written periodic maintenance program to assure that:

- (1) all emergency medical service vehicles, including equipment, are maintained in good working condition at all times; and
- (2) equipment, medication, and supplies have not exceeded the manufacturer's specified expiration date.

(d) All emergency medical service provider organization's:

- (1) premises;
- (2) records;
- (3) garaging facilities; and
- (4) emergency medical service vehicles;

shall be made available for inspection by the agency at any time during operating hours.

(e) An emergency medical service provider organization shall not act in a reckless or negligent manner so as to endanger the health or safety of emergency patients or members of the general public while in the course of business as an emergency medical service provider organization.

(f) Each emergency medical service provider organizations shall notify the agency within thirty (30) days of the present and past specific location of any emergency medical service vehicles if the location of the emergency medical service vehicles is changed from that specified in the provider organization's application for emergency medical service provider organizations certification or certification renewal.

- (g) An emergency medical service provider organization shall not engage in the provision of advanced life support unless the:
 - (1) emergency medical service provider organization is certified under 836 IAC 2; and
 - (2) vehicle meets the requirements of 836 IAC 2.
- (h) Each emergency medical services provider organization shall conduct audit and review under section 6 of this rule.
- (i) An emergency medical service provider organization may operate a nontransport emergency medical services vehicle in accordance with 836 IAC 1-11-4.
- (j) The following reporting requirements are applicable to all emergency medical service provider organizations:
 - (1) For an individual certified by the commission and employed (either paid or volunteer) by an emergency medical service provider organization, the provider organization shall notify the agency within thirty (30) days of any of the following:
 - (A) An action taken by the provider organization or the provider organization's medical director to:
 - (i) restrict, suspend, or revoke the individual's authorization to perform emergency medical services for the provider organization; or
 - (ii) suspend or terminate the individual's employment or affiliation with the provider organization.
 - (B) The individual is no longer:
 - (i) employed;
 - (ii) affiliated;with the provider organization either voluntarily or involuntarily.
 - (2) The notification required under this subsection shall include the following:
 - (A) Name of individual.
 - (B) Certification number.
 - (C) Date action was taken.
 - (D) Description of the action taken, including:
 - (i) the length of the action if the action was temporary; and
 - (ii) any conditions and terms associated with the action.
 - (E) Reason action was taken.
- (k) Each emergency medical service provider organization shall ensure that sanitation procedures are in effect at all times. The following sanitation standards apply to all emergency medical services vehicles:
 - (1) The interior of ambulances and the equipment within the vehicle shall be clean and maintained in good working order at all times. Smoking shall be prohibited anywhere in the interior of the vehicle.
 - (2) Freshly laundered linen or disposable linens shall be used on litters and pillows, and linen shall be changed after each patient is transported.
 - (3) Clean linen storage shall be provided.
 - (4) Closed compartments shall be provided within the vehicle for medical supplies.
 - (5) Closed containers shall be provided for soiled supplies.
 - (6) Blankets shall be kept clean and stored in closed compartments.
 - (7) Implements inserted into the patient's nose or mouth shall be single-service, wrapped, and properly stored and handled. Multiuse items shall be kept clean and sterile when indicated and properly stored.
 - (8) When a vehicle has been utilized to transport a patient known to have a communicable disease or suffered exposure to hazardous material or biohazard material, the vehicle and equipment shall be properly cleansed and all contact surfaces washed properly. All hazardous and biohazard materials shall be disposed of properly.

(Indiana Emergency Medical Services Commission; 836 IAC 1-1-8; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3515; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

Rule 2. Certification of Ambulance Service Providers

836 IAC 1-2-1 General certification provisions

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 4-21.5; IC 16-31-3; IC 16-41-10

Sec. 1. (a) A person shall not:

- (1) furnish;
- (2) operate;
- (3) maintain;
- (4) advertise; or
- (5) otherwise engage in providing;

emergency ambulance services unless the person is certified by the commission as an ambulance service provider organization.

(b) Each ambulance, while transporting a patient, shall be staffed by not fewer than two (2) persons, one (1) of whom shall be:

- (1) a certified emergency medical technician; and
- (2) in the patient compartment.

(c) An emergency patient shall only be transported in a certified ambulance.

(d) Each ambulance service provider organization shall notify the agency in writing as follows:

- (1) Within thirty (30) days of any changes in any items in the application required in section 2(a) of this rule.
- (2) Immediately of change in medical director, including medical director approval form and protocols.

(e) Each ambulance service provider organization shall have a medical director or medical director designee as described in 836 IAC 1-1-6(4)(C). The duties and responsibilities of the medical director are as follows:

(1) Provide liaison between the:

- (A) local medical community; and
- (B) emergency medical service provider organization.

(2) Assure compliance with defibrillation training standards and curriculum established by the commission.

(3) Monitor and evaluate the day-to-day medical operations of the ambulance service provider organization.

(4) Assist in the continuing education programs of the ambulance service provider organization.

(5) Provide technical assistance concerning the delivery of automated defibrillation and other medical issues.

(6) Provide individual consultation to the emergency medical personnel affiliated with the ambulance service provider organization.

(7) Participate in the audit and review of cases treated by the emergency medical personnel of the ambulance service provider organization.

(8) Assure compliance with approved medical standards established by the commission performed by the ambulance service provider organization.

(9) Establish protocols for:

- (A) automatic defibrillation;
- (B) airway management;
- (C) patient-assisted medications; and
- (D) emergency medical technician-administered medications;

as approved by the commission.

(10) Provide liaison between the:

- (A) emergency medical service provider organization;
- (B) emergency medical service personnel; and
- (C) hospital;

in regards to communicable disease testing under IC 16-41-10.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I, A; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 84; filed Dec 15, 1977: Rules and Regs. 1978, p. 244; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2192; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2419; filed Dec 2, 1983, 2:43 p.m.: 7 IR 352; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1036; filed Aug 18, 1986, 1:00 p.m.: 10 IR 24; filed May 15, 1998, 10:25 a.m.: 21 IR 3866; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2719; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2506; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2337; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3516; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-2-2 Application for certification; renewal

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3-8

Sec. 2. (a) Application for ambulance service provider organization certification shall be made on forms as provided by the agency, and the applicant shall comply with the following requirements:

(1) Applicants shall complete the required forms and submit the forms to the agency not less than sixty (60) days prior to the requested effective date of the certificate.

(2) Each ambulance and its equipment shall be made available for inspection by the agency.

(3) The premises on which:

(A) ambulances are parked or garaged; and

(B) ambulance supplies are stored;

shall be open during business hours to the agency for inspection.

(4) Each application shall include the following information:

(A) A description of the service area.

(B) Hours of operation.

(C) Number and location of ambulances.

(D) Organizational structure, including name, address, and phone number for the:

(i) owner;

(ii) chief executive officer;

(iii) chief operations officer;

(iv) training officer; and

(v) medical director.

(E) Current Federal Communications Commission license or letter of authorization.

(F) Location of ambulance service provider organization's records.

(G) Proof of insurance coverage for ambulances and nontransport vehicles as required by 836 IAC 1-3-6.

(H) Staffing pattern of personnel.

(I) Base of operations.

(J) Roster of all affiliated personnel, signed by the medical director and chief executive officer, including certification numbers.

(K) Copy of protocols and standing orders established and signed by the medical director.

(L) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the commission.

(c) The certificate:

(1) expires on the date appearing in the expiration date section of the certificate; and

(2) shall be prominently displayed at the place of business.

(d) Application for ambulance service provider organization certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate to assure continuity of certification. Application for renewal shall be made on forms as provided by the agency. (*Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I,B; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 86; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2193; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2420; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1037; filed Aug 18, 1986, 1:00 p.m.: 10 IR 25; filed May 15, 1998, 10:25 a.m.: 21 IR 3867; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2720; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2338; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3517; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA*)

836 IAC 1-2-3 Ambulance service provider organization operating procedures

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3-2; IC 34-6-2-49

Sec. 3. (a) Each ambulance service provider organization shall maintain accurate records under 836 IAC 1-1-5.

(b) An ambulance service provider organization shall not operate a land ambulance on any public way in Indiana unless the ambulance is in full compliance with the ambulance certification requirements established and set forth in this article, except an ambulance service provider organization may operate, for a period not to exceed sixty (60) consecutive days, a noncertified ambulance if the noncertified ambulance is used to replace a certified ambulance that has been taken out of service providing the following:

- (1) The replacement ambulance shall meet all certification requirements.
- (2) The ambulance service provider organization shall notify the agency in writing within seventy-two (72) hours of the time the replacement ambulance is placed in service. The written notice shall identify the following:
 - (A) The replacement date.
 - (B) The certification number of the replaced ambulance.
 - (C) The:
 - (i) vehicle identification number; and
 - (ii) make and type;

of the replacement ambulance.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified ambulance was replaced. Temporary certification shall not exceed sixty (60) days from the date that the replacement ambulance is placed in service, and, upon return to service of the certified ambulance, the use of the replacement vehicle shall cease.

(c) Each ambulance service provider organization shall do the following:

- (1) Provide and maintain a communication system that meets or exceeds the requirements set forth in 836 IAC 1-4.
- (2) Within seven (7) calendar days of the date a certified ambulance is permanently withdrawn from service, return to the agency the certificate and window sticker issued for the ambulance.

(d) No ambulance service provider organization may operate any noncertified vehicle that displays to the public any word, phrase, or marking that implies in any manner that the vehicle is an ambulance.

(e) Each ambulance service provider organization shall ensure that *[sic]* do the following:

- (1) Follow sanitation procedures listed in 836 IAC 1-1-8.
- (2) Conduct audit and review under 836 IAC 1-1-6.

(f) An ambulance service provider organization with approval from the provider organization's medical director may transport a patient with the following:

- (1) PCA pump with any medication or fluid infusing through a peripheral IV.
- (2) Medication infusing through a peripheral IV or continuous subcutaneous catheter via a closed, locked system.
- (3) A central catheter that is clamped off.
- (4) A patient with a:
 - (A) feeding tube that is clamped off;
 - (B) Holter monitor; or
 - (C) peripheral IV infusing vitamins.
- (5) IV fluids infusing through a peripheral IV via gravity or an infusing system that allows the technician to change the rate of infusion are limited to D5W, Lactated Ringers, sodium chloride (nine-tenths percent (0.9%) or less), potassium chloride (twenty (20) milliequivalent per liter or less for emergency medical technicians, forty (40) milliequivalent per liter or less for emergency medical technicians-basic advanced). At no time will piggy-back or secondary intravenous line or blood products be transported.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I, C; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 86; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2194; errata, 4 IR 531; filed Dec 2, 1983, 2:43 p.m.: 7 IR 353; errata, 7 IR 1254; errata, 7 IR 1551; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1038; filed Aug 18, 1986, 1:00 p.m.: 10 IR 26; filed Oct 11, 1988, 11:05 a.m.: 12 IR 354; filed May 15, 1998, 10:25 a.m.: 21 IR 3868; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2721; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2339; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3517; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-2-4 Penalties (*Repealed*)

Sec. 4. (*Repealed by Indiana Emergency Medical Services Commission; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2372*)

836 IAC 1-2-5 Interfacility transfers and response

Authority: IC 16-31-2-7

Affected: IC 16-18-2-7; IC 16-28-2-161; IC 16-31

Sec. 5. (a) A basic life support ambulance service provider organization may transport an emergency patient who would normally require transport by an advanced life support ambulance service provider organization if the following conditions are met:

(1) The emergency patient is being transported from one (1) health care facility to another health care facility. Health care facility has the meaning set forth in IC 16-28-2-161.

(2) The transferring physician has issued written approval of the interfacility transfer by the basic life support ambulance service provider organization.

(3) The ambulance is equipped with the medical supplies and equipment determined by the transferring physician to be necessary to maintain the patient's medical condition and to manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.

(4) The patient compartment of the ambulance is staffed by at least one (1) employee of the transferring health care facility who the transferring physician has determined has the training and skills necessary to maintain the patient's medical condition and to manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.

(b) A basic life support ambulance service provider organization may transport an emergency patient who would normally require transport by an advanced life support ambulance service provider organization if the following conditions are met:

(1) The emergency patient is being transported from the scene of a medical emergency to a health care facility.

(2) An advanced life support provider organizations also responded to the scene, and advanced life support treatment has been initiated by a paramedic or emergency medical technician-intermediate and a paramedic or emergency medical technician-intermediate is present in the patient compartment of the transporting ambulance.

(3) The medical director of the basic life support ambulance service provider organization has established a protocol.

(c) The vehicle staffing required in subsection (a) is in addition to the staffing required as determined by the level of certification by the commission for the ambulance service provider organization that transports the patients. (*Indiana Emergency Medical Services Commission; 836 IAC 1-2-5; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3520; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA*)

Rule 2.1. Certification of Ambulance Service Providers - Trauma Field Triage and Transport Destination Protocol

836 IAC 1-2.1-1 Purpose

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 1. The purpose of this rule is to provide a regulatory plan to ensure that injured patients in the pre-hospital setting are transported to the most appropriate hospital facility within the Indiana state trauma system based on field assessment by emergency medical services personnel of the potential severity of injury, available transportation, and hospital resources. (*Indiana Emergency Medical Services Commission; 836 IAC 1-2.1-1; filed Jul 9, 2012, 2:52 p.m.: 20120808-IR-836100628FRA; errata filed Nov 2, 2012, 10:30 a.m.: 20121128-IR-836120588ACA; readopted filed Jul 23, 2018, 10:42 a.m.: 20180822-IR-836180242RFA*)

836 IAC 1-2.1-2 Exceptions

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 2. This rule does not apply to interfacility transfers. (*Indiana Emergency Medical Services Commission; 836 IAC 1-2.1-2; filed Jul 9, 2012, 2:52 p.m.: 20120808-IR-836100628FRA; errata filed Nov 2, 2012, 10:30 a.m.: 20121128-IR-836120588ACA; readopted filed Jul 23, 2018, 10:42 a.m.: 20180822-IR-836180242RFA*)

836 IAC 1-2.1-3 Definitions

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 3. The following definitions apply throughout this rule:

- (1) "ACS" means the American College of Surgeons, 633 N. Saint Clair Street, Chicago, IL 60611-3211.
- (2) "Hospital" means a hospital that is licensed under IC 16-21-2 or another hospital, located in Illinois, Kentucky, Michigan, that is licensed under a statute in that state that is substantially equivalent to IC 16-21-2, or another hospital, located in Ohio that is legally operating under the laws of the state of Ohio and that provides substantially the same level of care as an Indiana hospital that is licensed under IC 16-21-2.
- (3) "Field triage decision scheme" means the document incorporated by reference in section 6 of this rule.
- (4) "Incident" means the site where the conditions requiring emergency medical services occurred.
- (5) "Protocol" means a written guidance, prepared by the provider's medical director, detailing trauma field triage and transport destination procedures that shall be based on the field triage decision scheme.
- (6) "Transport time" means the time from when the patient has been placed in the ambulance and the ambulance is ready to depart the incident and ends when the patient's care is transferred to the hospital.
- (7) "Trauma center" means a hospital that is verified by the ACS as meeting its requirements to be a trauma center, or is designated a trauma center under a state designation system that is substantially equivalent to the ACS verification process, or is in the ACS verification process.
- (8) "Trauma center care" means care provided to patients at a high risk of dying or serious injury, as determined by reference to the field triage decision scheme and medical judgment.

(Indiana Emergency Medical Services Commission; 836 IAC 1-2.1-3; filed Jul 9, 2012, 2:52 p.m.: 20120808-IR-836100628FRA; errata filed Nov 2, 2012, 10:30 a.m.: 20121128-IR-836120588ACA; readopted filed Jul 23, 2018, 10:42 a.m.: 20180822-IR-836180242RFA)

836 IAC 1-2.1-4 Transportation destination procedures

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 4. (a) Upon arrival at an incident, emergency medical services personnel shall assess the condition of each patient using the field triage decision scheme to determine the appropriate transport destination.

(b) Patients determined to need trauma center care by virtue of their satisfying either step one or step two of the field triage decision scheme shall be transported to a trauma center, unless transport time exceeds 45 minutes or, in the judgment of the emergency medical services certified responder, a patient's life will be endangered if care is delayed by going directly to a trauma center, in which case the patient shall be transported to the nearest appropriate hospital as determined by the provider's protocols.

(c) Patients determined to need trauma center care by virtue of their satisfying either step three or step four of the field triage decision scheme shall be transported to either a trauma center or the nearest appropriate hospital, as determined by the provider's protocols.

(d) Patients who do not meet the field triage decision scheme criteria for trauma center care may nonetheless be transported to a trauma center if permitted under the provider's protocols. *(Indiana Emergency Medical Services Commission; 836 IAC 1-2.1-4; filed Jul 9, 2012, 2:52 p.m.: 20120808-IR-836100628FRA; readopted filed Jul 23, 2018, 10:42 a.m.: 20180822-IR-836180242RFA)*

836 IAC 1-2.1-5 Advance notification

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 5. Emergency medical services personnel shall provide advance notification to the receiving hospital or trauma center whenever possible to allow appropriate activation of resources prior to patient arrival. *(Indiana Emergency Medical Services Commission; 836 IAC 1-2.1-5; filed Jul 9, 2012, 2:52 p.m.: 20120808-IR-836100628FRA; readopted filed Jul 23, 2018, 10:42 a.m.: 20180822-IR-836180242RFA)*

836 IAC 1-2.1-6 Adoption by reference

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 6. "Figure 2, Field triage of injured patients-United States 2011" as contained at pages 6-7 of that certain document being titled the "Guidelines for Field Triage of Injured Patients - Recommendations of the National Expert Panel on Field Triage", as published on January 13, 2012, in the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, MMWR /January 13, 2012/ Vol. 61/ No. 1, is hereby adopted by reference as if fully set out in this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 1-2.1-6; filed Jul 9, 2012, 2:52 p.m.: 20120808-IR-836100628FRA; readopted filed Jul 23, 2018, 10:42 a.m.: 20180822-IR-836180242RFA*)

Rule 2.2. Certification of Ambulance Service Providers - Stroke Field Triage and Transport Destination Protocol

836 IAC 1-2.2-1 Purpose

Authority: IC 16-31-2-9.5

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9.5; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 1. The purpose of this rule is to provide a regulatory plan to ensure that suspected stroke patients in the Indiana prehospital setting are transported to the most appropriate hospital based on field assessment by emergency medical services personnel. (*Indiana Emergency Medical Services Commission; 836 IAC 1-2.2-1; filed Oct 31, 2019, 9:51 a.m.: 20191127-IR-836190172FRA*)

836 IAC 1-2.2-2 Definitions

Authority: IC 16-31-2-9.5

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 2. The following definitions apply throughout this rule:

(1) "Hospital" means a hospital that is licensed under IC 16-21-2 or another hospital, located in Illinois, Kentucky, or Michigan, that is licensed under a statute in that state that is substantially equivalent to IC 16-21-2, or another hospital, located in Ohio that is legally operating under the laws of the state of Ohio and that provides substantially the same level of care as an Indiana hospital that is licensed under IC 16-21-2.

(2) "Protocol" means a written guidance, prepared by the ambulance service provider organization's medical director, defining stroke treatment and destination procedures that shall be based on the findings of the stroke screening tool. Written protocols include protocols required for:

- (A) ambulance service provider organizations in 836 IAC 1-2-1;
- (B) nontransport provider organizations in 836 IAC 1-11-3;
- (C) paramedic provider organizations in 836 IAC 2-2-1; and
- (D) advanced emergency medical technician provider organizations in 836 IAC 2-7.2-1.

(3) "Stroke screening tool" means an evidence-based nationally recognized tool that is used by emergency medical services personnel to identify and evaluate a neurological defect a patient may have as it relates to a stroke. The following are acceptable evidence-based, nationally recognized tools that may be used:

- (A) The Cincinnati Prehospital Stroke Scale (CPSS).
- (B) FAST mnemonic (facial, arms, speech, time assessment).
- (C) L.A. Stroke Severity Scale.
- (D) The National Institutes of Health Stroke Scale (NIHSS).
- (E) The Rapid Arterial Occlusion Evaluation (RACE) Stroke Scale.
- (F) Other evidenced-based nationally recognized tools approved by the ambulance service provider organization's medical director.

(*Indiana Emergency Medical Services Commission; 836 IAC 1-2.2-2; filed Oct 31, 2019, 9:51 a.m.: 20191127-IR-836190172FRA*)

836 IAC 1-2.2-3 Identification, transport, and treatment protocol

Authority: IC 16-31-2-9.5

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-2-9.5; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 3. (a) Ambulance service provider organization and nontransport provider organization medical directors shall develop protocols that address the identification, transport destination determination, and treatment protocols specifically addressing stroke as part of the medical director responsibilities in creating protocols.

(b) After an emergency medical dispatch agency, through the process of emergency medical dispatch, determines the possibility of a stroke and notifies responding emergency medical services units, the emergency medical services crews shall then be dispatched per dispatch protocols.

(c) Upon emergency medical services personnel arrival at the scene of a patient with suspected stroke, an emergency medical services provider must perform and document the following:

(1) An initial stroke assessment utilizing a stroke screening tool, as listed in section 2(3) of this rule and as approved by protocol.

(2) Obtain a blood glucose, if available.

(3) Identify and document time of last known well time and time of symptom discovery.

(d) If the patient screens positive for a stroke during the assessment with the initial stroke screening tool, the provider may then perform, if approved by protocol, an evidence-based nationally recognized Large Vessel Occlusion (LVO) Stroke Scale assessment, such as Rapid Arterial Occlusion Evaluation (RACE), Field Assessment Stroke Triage for Emergency Destination (FAST-ED), and Cincinnati Stroke Triage Assessment Tool (C-STAT).

(e) Patients determined to need stroke center care, by virtue of their stroke screening tool, shall be transported to an appropriate stroke capable hospital as determined by the provider organization's medical protocol, which shall consider the following:

(1) Capability to administer tissue plasminogen activator (such as alteplase) accurately, promptly, and safely.

(2) Nationally recognized evidence-based science.

(3) Nationally recognized guidelines.

(4) The list of available certified stroke centers published by the Indiana state department of health pursuant to IC 16-31-2-9.5(b).

(Indiana Emergency Medical Services Commission; 836 IAC 1-2.2-3; filed Oct 31, 2019, 9:51 a.m.: 20191127-IR-836190172FRA)

836 IAC 1-2.2-4 Advance notification

Authority: IC 16-31-2-9.5

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 4. Emergency medical services personnel shall provide early advance notification to the receiving facility whenever possible to allow appropriate activation of resources prior to patient arrival. *(Indiana Emergency Medical Services Commission; 836 IAC 1-2.2-4; filed Oct 31, 2019, 9:51 a.m.: 20191127-IR-836190172FRA)*

Rule 3. Standards and Certification Requirements for Ambulances

836 IAC 1-3-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 1. (a) This rule is applicable to all emergency medical service vehicles eligible for certification.

(b) All emergency medical service vehicles shall be in full compliance and meet minimum specifications and certification requirements set forth in this rule to be certified. *(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, A; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 87; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2196; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2421; filed Dec 2, 1983, 2:43 p.m.: 7 IR 354; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1041; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2724;*

filed Jun 11, 2004, 1:30 p.m.: 27 IR 3520; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-3-2 Application for certification

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3-2; IC 16-31-3-8

Sec. 2. (a) Application for emergency medical service vehicle certification shall be made by the emergency medical service provider organization on such forms as provided by the agency and shall comply with the following requirements:

(1) Applicants shall complete the required forms and submit the forms to the agency with the following information:

(A) Name and address of the emergency medical service provider organization.

(B) Vehicle information, including make, model, year, and vehicle identification number.

(C) Color scheme of emergency medical service vehicle.

(2) Each emergency medical service vehicle for which certification is requested shall be made available for inspection by the agency with its equipment as required by this article or 836 IAC 2 prior to approval for certification.

(b) If the emergency medical service vehicle is found to comply with all applicable requirements in this article, a certificate shall be issued to the emergency medical service provider organization for the vehicle. The certificate:

(1) expires on the date appearing in the expiration date section of the certificate; and

(2) shall be prominently displayed within the patient compartment of the ambulance or driver compartment of the emergency medical service nontransport vehicle.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, B; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 88; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2196; filed Dec 2, 1983, 2:43 p.m.: 7 IR 354; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1042; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2725; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3520; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-3-3 Land ambulance specifications

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3

Sec. 3. (a) All land ambulances shall meet or exceed the following minimum performance characteristics:

(1) Vehicle brakes shall be of the heavy-duty power assist type.

(2) Parking brake shall hold vehicle when engaged.

(3) The vehicle engine shall be a six (6) or eight (8) cylinder internal combustion, liquid cooled engine that meets ambulance chassis manufacturer's standard horsepower/displacement requirements.

(4) The fully loaded vehicle shall be capable of a sustained speed of at least sixty-five (65) miles per hour over dry, level, or hard-surfaced roads.

(5) The vehicle transmission shall have a minimum of three (3) forward gears and one (1) reverse gear. Automatic transmission is required.

(6) The steering system shall be:

(A) the manufacturer's recommended design; and be *[sic]*

(B) power assisted.

(7) Shock absorbers shall be of the heavy-duty, double action type.

(8) Tires shall meet the manufacturer's standards for the gross vehicle weight of the vehicle. Retread tires shall not be used on ambulances. No tire shall:

(A) display exposed tire cord; or

(B) have tread depth less than two thirty-seconds (2/32) on back tires and four thirty-seconds (4/32) on front tires spaced equally around the tire, with no visible defects.

(b) All land ambulances shall meet or exceed the following minimum physical characteristics:

(1) The overall width of the vehicle shall be a minimum of seventy-five (75) inches and shall not exceed ninety-six (96) inches,

excluding mirrors, lights, and trim.

(2) The overall vehicle exterior height shall be a maximum of one hundred ten (110) inches, measured at curb height from the ground to a point that is level with the top of the vehicle, including emergency warning devices, but excluding two-way radio antenna.

(3) The vehicle shall have a wheelbase of one hundred twenty-three (123) inches, minimum. See subsection (e)(1) for minimum inside length of patient compartment.

(c) All land ambulances shall meet or exceed the following minimum specifications for electrical systems:

(1) Wiring shall be made up into harnesses, properly sized, and coded. These shall be reasonably accessible for checking and maintenance. In any area where wiring would be exposed to the elements, it shall be protected by a weatherproof harness or loom. This loom shall be installed so as to eliminate the possible entrance of water that could cause damage through freeze-bursting. Wiring, in loom or otherwise, shall not be accepted if in the area of wheel wash abrasion. Wiring shall be protected by a rubber grommet or plastic bezel at any point where it may pass through, or over, the edge of any metal panel unless the hole or edge of the metal is hemmed or flanged. Wiring connectors and terminals shall be the manufacturer's recommended standard. Horizontal wiring shall be supported by insulated clips located and spaced to minimize sag. Complete wiring diagrams for standard and for optional equipment shall be supplied for each vehicle. Ambulance body and accessory electrical equipment shall be served by circuits separate and distinct from vehicle chassis circuits.

(2) The electrical generating system shall consist of a one hundred five (105) ampere alternator minimum.

(3) Two (2) batteries shall be provided, each with a seventy (70) amp hour rating.

(4) Lighting shall be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision, from instrument panel, switch panel, or other areas that may require illumination while the vehicle is in motion.

(5) Illumination shall:

(A) be adequate throughout the compartment; and

(B) provide an intensity of light at the level of the patient for:

(i) adequate observation of vital signs, such as skin color and pupillary reflex; and for *[sic]*

(ii) care in transit; and

(C) be automatically activated when opening the patient compartment doors in addition to being controlled by a switch panel in the patient compartment located at the head of the patient.

Reduced light level may be provided by rheostat control of the compartment lighting or by a second system of low intensity lights.

(6) The ignition system shall be suppressed to prevent interference with radio transmission and receiving.

(7) The vehicle shall have floodlights that illuminate a half-circle as wide as the vehicle to a point six (6) feet behind the vehicle on its center line. The floodlight shall be body-mounted and activated when rear doors are opened.

(8) All circuits shall be protected by automatic circuit breakers of proper capacity.

(9) Each ambulance for which certification is requested shall have an audible backup warning device that is activated when the ambulance is shifted into reverse.

(d) All land ambulances shall meet the following requirements for external identification:

(1) Warning lights of red or red and white, at the discretion of the owner, and shall conform with *[sic]* to Indiana state law. Rear facing amber lights may be used. All lights on the vehicle shall be in working condition.

(2) The word "AMBULANCE" shall be displayed on the exterior of the vehicle, on front, back, or at least one (1) side of the vehicle in letters not less than three (3) inches in height and a color contrasting material.

(3) Each fully certified ambulance shall display the four (4) numbers of the commission-assigned ambulance certification number. The four (4) numbers, in sequence, shall be placed on each side of the ambulance on the right and left front fenders and on the rear portion of the vehicle. Each number shall be in block letters not less than three (3) inches in height. This number shall be displayed in color contrasting, reflective material. The numbers shall be placed on the vehicle within seven (7) days of the receipt of the ambulance certificate. The numbers shall be removed or permanently covered by the ambulance service provider organization when the ambulance is permanently removed from service by the ambulance service provider organization.

(4) A commission certified vehicle sticker shall be displayed on all certified vehicles.

(e) All land ambulance bodies shall meet or exceed the following minimum specifications:

(1) The length of the patient compartment shall be a minimum of one hundred eleven (111) inches and provide a minimum

of twenty-five (25) inches clear space at the head of the litter, and a minimum of ten (10) inches shall be provided from the end of the litter's mattress to the rear loading doors.

(2) An aisle free of obstruction the full length of the stretcher shall be provided.

(3) The inside height of the patient compartment shall be a minimum of sixty (60) inches measured floor to ceiling in the center of the patient compartment.

(4) One (1) seat shall be provided within the patient compartment for the technician, the dimensions of which shall be at the discretion of the owner.

(5) If a bulkhead or partition is provided between the driver and patient compartments, a means of voice or signal communication between the driver compartment and the patient compartment shall be provided.

(f) All land ambulances shall meet or exceed the following minimum standards of construction:

(1) The body structure shall be of prime commercial quality metal or other material with strength at least equivalent to all-steel. Wood shall not be used for structural framing. The exterior of the body shall be finished smooth with symmetrically rounded corners and edges, except for rub rails, and embody provisions for door and windows specified in this subsection. The ambulance body as a unit shall be of sufficient strength to support the entire weight of the fully loaded vehicle on its top or side if overturned, without:

- (A) crushing;
- (B) separation of joints; or
- (C) permanently deforming:
 - (i) roof bow or reinforcements;
 - (ii) body posts;
 - (iii) doors;
 - (iv) strainers;
 - (v) stringers;
 - (vi) floor;
 - (vii) inner linings;
 - (viii) outer panels;
 - (ix) rub rails; and
 - (x) other reinforcements.

(2) The vehicle shall have a loading door or doors on the right side and at the rear of the vehicle. Rear patient compartment doors shall incorporate a tension, spring, or plunger type holding device to prevent the door from closing unintentionally from wind or vibration.

(3) The floor:

- (A) shall be:
 - (i) at the lowest level permitted by clearances; and
 - (ii) flat and unencumbered in the access and work area; and
- (B) may be:
 - (i) metal properly reinforced to eliminate oil canning and insulated against outside heat and cold; and
 - (ii) marine plywood provided the plywood is sufficient in thickness to rigidly take the loads imposed upon it.

A combination of plywood over metal shall be acceptable provided the surfaces between are coated with waterproof adhesive.

There shall be no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting or unsanitary conditions.

(4) The floor covering shall be:

- (A) seamless;
- (B) one (1) piece;
- (C) skid-resistant; and
- (D) extend the full length and width of the compartment.

Linoleum vinyl or urethane quartz poured not less than one-sixteenth (1/16) of an inch in thickness permanently applied is required. Covering joints at the side walls, where side panels and covering meet, shall be sealed.

(g) All windows shall be intact. The vehicle shall have windshield wipers that are in working condition.

(h) Dual, firmly secured, vibrationless, rear-view mirrors, one (1) mounted on the left side of the vehicle and one (1) mounted on the right side, shall be included.

(i) In addition to any other requirements specified in this section, the patient compartment shall meet the following minimum requirements:

(1) Crash-stable fasteners shall be provided to secure litters to the floor or side walls. Where a single patient may be centered in the area on the wheeled litter, additional attachments shall be provided.

(2) If the litter is floor supported on its own support wheels, a means shall be provided to secure it in position under all conditions. These restraints shall permit quick attachment and detachment for quick transfer of patient.

(3) Appropriate passenger restraints shall be installed in all seating facilities for drivers, passengers, and attendant.

(j) All land ambulances shall meet or exceed the following minimum communication standards:

(1) Two-way radio communication equipment shall conform to the requirements set forth in this article.

(2) Type and number of sirens shall:

(A) be at the discretion of the ambulance service provider organization; and

(B) conform to Indiana law.

(k) All ambulances shall meet or exceed the following minimum requirements for environmental equipment:

(1) Separate heating units shall be provided for the driver and patient compartments. The driver compartment shall provide for window defrosting.

(2) An adequate air-conditioning system shall be provided for cooling both driver and patient compartment.

(3) An adequate heating system shall be provided for heating both driver and patient compartment. The patient compartment shall be heavily insulated to minimize conduction of heat, cold, or external noise entering the vehicle interior.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, C; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 88; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 219; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2197; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2421; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1042; filed Aug 18, 1986, 1:00 p.m.: 10 IR 29; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2725; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3521; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-3-4 Land ambulance rescue equipment

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3

Sec. 4. Land ambulances shall carry the following assembled and readily accessible minimum rescue equipment:

(1) Equipment for safeguarding personnel includes:

(A) one (1) fire extinguisher with an Underwriters Laboratory rating of not less than 4A; 4-B; C; or

(B) two (2) fire extinguishers with individual Underwriters Laboratory ratings of not less than 2A:4-B; C;

that shall have a current inspection date within the last twelve (12) months and be mounted so that they are readily accessible.

(2) Equipment for release from entrapment or confinement, including the following:

(A) One (1) hammer, four (4) pound minimum.

(B) One (1) wrecking bar, twenty-four (24) inch combination tool minimum.

(C) One (1) self-contained portable light source.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, D; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 93; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2200; filed Dec 2, 1983, 2:43 p.m.: 7 IR 355; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1045; filed May 15, 1998, 10:25 a.m.: 21 IR 3875; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2727; readopted filed Nov 30, 2006, 9:17 a.m.: 20061213-IR-836060486RFA; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-3-5 Emergency care equipment

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3

Sec. 5. Each and every land ambulance will have the following minimum emergency care equipment, and this equipment shall be assembled and readily accessible:

(1) Respiratory and resuscitation equipment as follows:

(A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with two (2) each of the following:

- (i) wide-bore tubings;
- (ii) rigid catheters;
- (iii) soft pharyngeal suction tips in child size; and
- (iv) soft pharyngeal suction tips in adult size.

(B) Onboard suction, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with wide-bore tubing and both rigid and soft pharyngeal suction tips.

(C) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:

- (i) Adult.
- (ii) Child.
- (iii) Infant.
- (iv) Neonatal (mask only).

(D) Oropharyngeal airways, two (2) each of adult, child, and infant.

(E) One (1) pocket mask with one-way valve.

(F) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with:

- (i) yoke;
- (ii) medical regulator;
- (iii) pressure gauge; and
- (iv) nondependent flowmeter.

(G) Onboard oxygen equipment of at least three thousand (3,000) liters capacity (M size cylinder) with:

- (i) yoke;
- (ii) medical regulator;
- (iii) pressure gauge; and
- (iv) nondependent flowmeter.

(H) Oxygen delivery devices shall include the following:

- (i) High concentration devices, two (2) each, adult, child, and infant.
- (ii) Low concentration devices, two (2) each, adult.

(I) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:

- (i) Small (20-24 french).
- (ii) Medium (26-30 french).
- (iii) Large (31 french or greater).

(J) Bulb syringe individually packaged in addition to obstetrics kit.

(K) Nonvisualized airway minimum of two (2) with water soluble lubricant.

(L) Semiautomatic or automated external defibrillator and a minimum of two (2) sets of pads.

(2) Wound care supplies as follows:

- (A) Multiple trauma dressings, two (2) approximately ten (10) inches by thirty-six (36) inches.
- (B) Fifty (50) sterile gauze pads, three (3) inches by three (3) inches or larger.
- (C) Bandages, four (4) soft roller self-adhering type, two (2) inches by four (4) yards minimum.
- (D) Airtight dressings, four (4), for open chest wounds.
- (E) Adhesive tape, two (2) rolls.
- (F) Burn sheets, two (2), sterile.

- (G) Triangular bandages, four (4).
- (H) Bandage shears, one (1) pair.
- (3) Patient stabilization equipment as follows:
 - (A) Traction splint, lower extremity, limb-supports, padded ankle hitch, and traction strap, or equivalent, one (1) assembly in adult size.
 - (B) Upper and lower extremity splinting devices, two (2) each.
 - (C) One (1) splint device intended for the unit-immobilization of head-neck and torso. These items shall include the splint itself and all required accessories to provide secure immobilization.
 - (D) One (1) long backboard with accessories to provide secure spinal immobilization.
 - (E) Rigid extrication collar, two (2) each capable of the following sizes:
 - (i) Pediatric.
 - (ii) Small.
 - (iii) Medium.
 - (iv) Large.
 - (F) One (1) ambulance litter with side rails, head-end elevating capacity, mattress pad, and a minimum of three (3) adjustable restraints to secure the chest, hip, and knee areas.
- (4) Medications if approved by medical director, and solely for use by individuals with a certification as an emergency medical technician or higher, are as follows:
 - (A) Baby aspirin, eighty-one (81) milligrams each.
 - (B) Activated charcoal.
 - (C) Instant glucose.
 - (D) Epinephrine auto-injector or auto-injectors.
- (5) Personal protection/universal precautions equipment, minimum of two (2) each, including the following:
 - (A) Gowns.
 - (B) Face masks and shields.
 - (C) Gloves.
 - (D) Biohazard bags.
 - (E) Antimicrobial hand cleaner.
- (6) Miscellaneous items as follows:
 - (A) Obstetrical kit, sterile, one (1).
 - (B) Clean linens consisting of the following:
 - (i) Pillow.
 - (ii) Pillow case.
 - (iii) Sheets and blankets.
 - (C) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (i) Large adult.
 - (ii) Adult.
 - (iii) Pediatric.
 - (D) Stethoscopes, one (1) each in the following sizes:
 - (i) Adult.
 - (ii) Pediatric.
 - (E) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (F) A current copy of the basic life support protocols.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, E; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 93; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 219; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2200; filed Dec 2, 1983, 2:43 p.m.: 7 IR 355; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1045; filed Aug 18, 1986, 1:00 p.m.: 10 IR 31; filed May 15, 1998, 10:25 a.m.: 21 IR 3875; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2727; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2507; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2342; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3523; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-3-6 Insurance

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3; IC 16-31-3-17; IC 34-13-3

Sec. 6. (a) This section is applicable to the following emergency medical service vehicles:

(1) Ambulance.

(2) Emergency medical technician-basic advanced nontransport vehicles.

(3) Advanced life support nontransport vehicles.

(b) All emergency medical service vehicles to which this section is applicable must be:

(1) insured in accordance with the requirements contained in this section; or

(2) owned by a governmental entity covered under IC 34-13-3.

(c) If insurance is required for an emergency medical services vehicle under subsection (b), a certification for a vehicle will not be issued until the applicant has submitted a certificate of insurance demonstrating that the applicant has liability insurance:

(1) in effect with an insurer that is authorized to write insurance in Indiana; and

(2) that provides a combined single limit of at least one million dollars (\$1,000,000) for the injury or death of any number of persons in any one (1) occurrence.

(d) If an insurance policy required under this section:

(1) is canceled during the policy's term;

(2) lapses for any reason; or

(3) has the policy's coverage fall below the required amount;

the person to whom the certification for the emergency medical services vehicle was issued shall immediately notify the agency and must also immediately replace the policy with another policy that complies with this section so that the vehicle is never operated without the insurance required under this section.

(e) If the insurance policy for an emergency medical services vehicle that is required to be insured under this section is canceled, lapses for any reason, or has the policy coverage fall below the required amount, the use of the emergency medical services vehicle:

(1) must immediately cease; and

(2) shall not resume until approval to resume its use has been obtained in writing from the agency.

(Indiana Emergency Medical Services Commission; 836 IAC 1-3-6; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2343; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3524; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

Rule 4. Communications System Requirements

836 IAC 1-4-1 Provider dispatch requirements

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3-2

Sec. 1. All emergency medical service provider organizations dispatch centers shall be:

(1) capable of two-way communications with associated provider vehicles;

(2) used exclusively for dispatch and tactical communications; and

(3) apart from any involved in the Indiana Hospital Emergency Radio Network.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule III, A; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 94; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2201; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2424; filed Dec 2, 1983, 2:43 p.m.: 7 IR 356; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1046; filed May 15, 1998, 10:25 a.m.: 21 IR 3877; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3525; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-4-2 Emergency medical services vehicle radio equipment

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3-2

Sec. 2. (a) All communication used in emergency medical service vehicles for the purpose of dispatch or tactical communications shall demonstrate and maintain the ability to provide a voice communications linkage with the emergency medical service provider organization's dispatch center within the area that the emergency medical service provider organization normally serves or proposes to serve.

(b) Communication equipment used in emergency medical services vehicles shall be appropriately licensed through the Federal Communications Commission, when applicable. The maximum power of the transmitter shall be not more than the minimum required for technical operation, commensurate with the:

(1) size of the area to be served; and

(2) local conditions that affect radio transmission and reception.

(c) All emergency medical services vehicles shall be equipped with two (2) channels or talk-groups as follows:

(1) One (1) channel or talk-group shall be used primarily for dispatch and tactical communications.

(2) One (1) channel or talk-group shall be 155.340 MHz and have the proper tone equipment to operate on the Indiana Hospital Emergency Radio Network (IHERN) unless the provider organization vehicles and all the destination hospitals within the operational area of the provider organization have a system that is interoperable with the Indiana statewide wireless public safety voice and data communications system.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule III, B; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 94; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2201; filed Dec 2, 1983, 2:43 p.m.: 7 IR 356; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1046; filed May 15, 1998, 10:25 a.m.: 21 IR 3877; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3525; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

Rule 5. Certification of Emergency Medical Technicians (Repealed)

(Repealed by Indiana Emergency Medical Services Commission; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759)

Rule 6. Requirements and Standards for Emergency Medical Technician Training

836 IAC 1-6-1 General requirements for training institutions; staff (Repealed)

Sec. 1. *(Repealed by Indiana Emergency Medical Services Commission; filed May 15, 1998, 10:25 a.m.: 21 IR 3930)*

836 IAC 1-6-2 Primary instructor; medical director (Repealed)

Sec. 2. *(Repealed by Indiana Emergency Medical Services Commission; filed May 15, 1998, 10:25 a.m.: 21 IR 3930)*

836 IAC 1-6-3 Training institution report requirements (Repealed)

Sec. 3. *(Repealed by Indiana Emergency Medical Services Commission; filed Nov 3, 1980, 3:55 pm: 3 IR 2250)*

836 IAC 1-6-4 Student qualifications for basic training (Repealed)

Sec. 4. *(Repealed by Indiana Emergency Medical Services Commission; filed Nov 3, 1980, 3:55 pm: 3 IR 2250)*

836 IAC 1-6-5 Requirements for basic emergency medical technician training (Repealed)

Sec. 5. *(Repealed by Indiana Emergency Medical Services Commission; filed Nov 3, 1980, 3:55 pm: 3 IR 2250)*

836 IAC 1-6-6 Basic training standards; in-service training standards *(Repealed)*

Sec. 6. *(Repealed by Indiana Emergency Medical Services Commission; filed Jul 29, 1987, 2:25 pm: 10 IR 2722, eff Jul 1, 1987 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-172(F) was filed Jul 29, 1987.])*

Rule 6.1. Emergency Medical Services Training Institution *(Repealed)*

(Repealed by Indiana Emergency Medical Services Commission; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759)

Rule 7. Standards and Certification Requirements for Air Ambulance Service Providers and Air Ambulances *(Repealed)*

(Repealed by Indiana Emergency Medical Services Commission; filed Oct 11, 1988, 11:05 a.m.: 12 IR 381)

Rule 8. Waivers; Exceptions

836 IAC 1-8-1 Request for waiver *(Repealed)*

Sec. 1. *(Repealed by Indiana Emergency Medical Services Commission; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2372)*

Rule 9. Emergency Medical Services Primary Instructor Certification *(Repealed)*

(Repealed by Indiana Emergency Medical Services Commission; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759)

Rule 10. First Responders *(Repealed)*

(Repealed by Indiana Emergency Medical Services Commission; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759)

Rule 11. Emergency Medical Services Nontransport Providers

836 IAC 1-11-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 4-33; IC 10-11-8-2; IC 16-21; IC 16-31; IC 22-12-1-12

Sec. 1. (a) The following organizations are required to obtain certification as a basic life support nontransport provider organization prior to providing first response emergency patient care that includes defibrillation:

(1) Fire department as defined in IC 22-12-1-12.

(2) Any provider organization required to be certified under IC 16-31.

(b) The following organizations not included under subsection (a) are not required to obtain certification as a basic life support nontransport provider organization prior to providing first response emergency patient care that includes defibrillation; however, the organizations may apply to obtain certification in accordance with the provisions of this rule:

(1) A law enforcement agency as defined in IC 10-11-8-2.

(2) A riverboat on which lawful gambling is authorized under IC 4-33.

(3) A hospital licensed under IC 16-21.

(4) Other organizations approved by the commission.

(Indiana Emergency Medical Services Commission; 836 IAC 1-11-1; filed May 15, 1998, 10:25 a.m.: 21 IR 3887; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2728; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2508; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2343; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3526; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-11-2 Application for certification; renewal

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3-2; IC 16-31-3-8

Sec. 2. (a) Application for basic life support nontransport provider organization certification shall be made on forms as provided by the agency, and the applicant shall comply with the following requirements:

- (1) Applicants shall complete the required forms and submit the forms to the agency not less than sixty (60) days prior to the requested effective date of the certificate.
- (2) Each vehicle with emergency medical services equipment required by section 4 of this rule shall be made available for inspection by the agency.
- (3) The premises on which emergency medical service nontransport vehicles are stored shall be open during operating hours to the agency for inspection.
- (4) Each application shall include the following information:
 - (A) A description of the service area.
 - (B) Hours of operation.
 - (C) Number and location of emergency medical services vehicles.
 - (D) Organizational structure, including names, addresses, and telephone numbers of the:
 - (i) owner;
 - (ii) chief executive officer;
 - (iii) chief operations officer;
 - (iv) training officer; and
 - (v) medical director.
 - (E) Current Federal Communications Commission license or letter of authorization.
 - (F) Location of emergency medical services nontransport provider organization's records.
 - (G) Proof of insurance coverage for vehicles if required by 836 IAC 1-3-6.
 - (H) Medical director approval form provided by the agency.
 - (I) Personnel roster form provided by the agency.
 - (J) A copy of the agreement with an ambulance service provider organization as required by subsection (e).
 - (K) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the commission.

(c) The certificate:

- (1) expires on the date appearing in the expiration date section of the certificate unless earlier revoked or suspended by the commission; and
- (2) shall be prominently displayed at the place of business.

(d) Application for emergency medical services nontransport provider organization certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate to assure continuity of certification. Application for renewal shall:

- (1) be made on forms as provided by the agency; and
- (2) indicate compliance with the requirements set forth for original certification.

(e) Basic life support nontransport provider organizations shall have and maintain in place an agreement between the nontransport provider organization and an ambulance service provider organization certified under IC 16-31. The agreement shall:

- (1) ensure that the nontransporting provider organization can be assured that patients treated shall be transported in a timely and safe manner; and
- (2) not preclude another ambulance service provider organization, if available, from transporting the patients.

(f) Each basic life support nontransport provider organization shall notify the agency within thirty (30) days of any change in the operation as outlined in the application. (*Indiana Emergency Medical Services Commission; 836 IAC 1-11-2; filed May 15, 1998, 10:25 a.m.: 21 IR 3887; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2509; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2344; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3526; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA*)

836 IAC 1-11-3 Emergency medical services nontransport provider organization operating procedures

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-41-10

Sec. 3. Each basic life support nontransport provider organization shall do the following:

- (1) Provide and maintain a communication system that meets or exceeds the requirements set forth in 836 IAC 1-4. The basic life support nontransporting vehicles are not required to be equipped with the Indiana Hospital Emergency Radio Network frequency (155.340 MHZ) as specified in 836 IAC 1-4-2(c)(2).
- (2) Follow the rigid sanitation procedures listed in 836 IAC 1-1-8.
- (3) Conduct quarterly audit and review under 836 IAC 1-1-6.
- (4) Secure a medical director. The duties and responsibilities of the medical director are as follows:
 - (A) Provide liaison between the local medical community and the emergency medical services provider organization.
 - (B) Assure compliance with defibrillation training standards and curriculum established by the commission.
 - (C) Monitor and evaluate the day-to-day medical operations of the emergency medical service provider organization.
 - (D) Assist in the continuing education programs of the emergency medical service provider organization.
 - (E) Provide technical assistance concerning the delivery of automated defibrillation and other medical issues.
 - (F) Provide individual consultation to the emergency medical personnel affiliated with the emergency medical services provider organization.
 - (G) Participate in the audit and review of cases treated by the emergency medical defibrillation personnel of the emergency medical service provider organization.
 - (H) Assure compliance with approved medical standards established by the commission performed by the provider organization.
 - (I) Establish protocols for automatic defibrillation, airway management, and medication administration as approved by the commission.
 - (J) Provide liaison between the:
 - (i) emergency medical service provider organization;
 - (ii) emergency medical service personnel; and
 - (iii) hospital;
 in regards to communicable disease testing under IC 16-41-10.
- (5) Maintain accurate records under 836 IAC 1-1-5.
- (6) Employ at least one (1) certified individual trained in the use of the automated defibrillator. Only trained personnel shall use an automated defibrillator.
- (7) Comply with rule 1 of this chapter *[sic]*.

(Indiana Emergency Medical Services Commission; 836 IAC 1-11-3; filed May 15, 1998, 10:25 a.m.: 21 IR 3888; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2729; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2510; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3527; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-11-4 Basic life support nontransport provider organization emergency care equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

Sec. 4. Every basic life support nontransport provider organization shall have one (1) set of the following assembled and readily accessible emergency care equipment for every vehicle utilized as an emergency medical service nontransport vehicle:

- (1) Respiratory and resuscitation equipment as follows:
 - (A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with wide-bore tubing and both rigid and soft pharyngeal suction tips.
 - (B) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:
 - (i) Adult.

- (ii) Child.
 - (iii) Infant.
 - (iv) Neonatal (mask only).
- (C) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter. Oxygen delivery devices shall include high concentration devices, one (1) each of the following:
 - (i) Adult.
 - (ii) Child.
 - (iii) Infant.
- (D) Oropharyngeal airways, two (2) each of adult, child, and infant.
- (E) One (1) pocket mask with one-way valve.
- (F) Nasopharyngeal airways, two (2) each of the following:
 - (i) Small (20-24 french).
 - (ii) Medium (26-30 french).
 - (iii) Large (31 french or greater).
- (G) Semiautomatic or automated external defibrillator and a minimum of two (2) sets of pads.
- (2) Wound care supplies as follows:
 - (A) Ten (10) sterile gauze pads, three (3) inches by three (3) inches or larger.
 - (B) Bandages, two (2) soft roller self-adhering type, two (2) inches by four (4) yards minimum.
 - (C) Adhesive tape, two (2) rolls.
 - (D) Bandage shears, one (1) pair.
- (3) Miscellaneous items as follows:
 - (A) Water soluble lubricant for airway insertion.
 - (B) Stethoscope, one (1).
 - (C) Blood pressure manometer, one (1) adult size.
 - (D) Diagnostic penlight or portable flashlight, one (1).
 - (E) Disposable gloves, two (2) pairs.
 - (F) A current copy of the basic life support protocols.
- (4) Medications, if approved by medical director, and solely for use by individuals with a certification as an emergency medical technician or higher, are as follows:
 - (A) Baby aspirin, eighty-one (81) milligrams each.
 - (B) Activated charcoal.
 - (C) Instant glucose.
 - (D) Epinephrine auto-injector or auto-injectors.

(Indiana Emergency Medical Services Commission; 836 IAC 1-11-4; filed May 15, 1998, 10:25 a.m.: 21 IR 3890; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2731; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2345; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3529; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-11-5 Penalties (*Repealed*)

Sec. 5. (Repealed by Indiana Emergency Medical Services Commission; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2372)

Rule 12. Emergency Medical Technician-Basic Advanced Provider Organizations; Requirements; Standards

836 IAC 1-12-1 Emergency medical technician-basic advanced provider organizations; general requirements

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3; IC 16-41-10

Sec. 1. (a) A person shall not:

- (1) furnish;
- (2) operate;
- (3) maintain;
- (4) advertise; or
- (5) otherwise engage in providing;

emergency medical services as an emergency medical technician-basic advanced provider organization unless the person is certified by the commission as an emergency medical technician-basic advanced provider organization.

(b) An emergency medical technician-basic advanced provider organization certification provides authority to perform skills set forth and approved by the commission for which certification is granted. The medical director may limit the skills according to local protocols.

(c) If an emergency medical technician-basic advanced provider organization also provides transportation of emergency patients, the emergency medical technician-basic advanced provider organization shall be certified as an ambulance service provider organization under 836 IAC 1-2.

(d) The chief executive officer of an emergency medical technician-basic advanced provider organization shall certify that the provider organization has an agreement, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provision to allow the emergency medical technician-basic advanced affiliated with the supervised emergency medical technician-basic advanced provider organization to function within the appropriate hospital department in order to obtain continuing practice in their clinical skills.

The agreement or interdepartmental memo shall include a detailed description of how such services shall be provided to the emergency medical technician-basic advanced provider organization. In those cases where more than one (1) hospital enters into an agreement, or seeks to enter into an agreement, with an emergency medical technician-basic advanced provider organization as a supervising hospital, the interhospital agreement shall clearly define the specific duties and responsibilities of each hospital to ensure medical and administrative accountability of system operation.

(e) All ambulances used by the emergency medical technician-basic advanced provider organization shall be certified under 836 IAC 1-3.

(f) All nontransport vehicles used for the provision of emergency medical technician-basic advanced services shall meet all of the following requirements:

- (1) Each nontransport vehicle shall carry the following assembled and readily accessible minimum rescue equipment:
 - (A) Equipment for safeguarding personnel, including one (1) fire extinguisher with an Underwriters Laboratory rating of not less than a five (5) pound rating for 2A:4-B; C, that shall have a current inspection date and be mounted so that it is readily accessible.
 - (B) Equipment for release from entrapment or confinement, including the following:
 - (i) One (1) hammer, four (4) pound, fifteen (15) inch handle (hammer weight and length are minimums).
 - (ii) One (1) wrecking bar, twenty-four (24) inch combination tool minimum.
 - (iii) One (1) self-contained portable light source.

(2) Each nontransport vehicle shall wrap, properly store, and handle all the single-service implements inserted into the patient's nose or mouth. Multiuse items are to be kept clean and sterile when indicated and properly stored. The vehicle shall carry the following assembled and readily accessible minimum equipment:

- (A) Respiratory and resuscitation equipment as follows:
 - (i) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with two (2) each of the following:
 - (AA) wide-bore tubings;
 - (BB) rigid catheters;
 - (CC) soft pharyngeal suction tips in child size; and
 - (DD) soft pharyngeal suction tips in adult size.
 - (ii) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with

- clear face masks and oxygen reservoirs with oxygen tubing:
 - (AA) Adult.
 - (BB) Child.
 - (CC) Infant.
 - (DD) Neonatal (mask only).
- (iii) Oropharyngeal airways, two (2) each of adult, child, and infant.
- (iv) One (1) pocket mask with one-way valve.
- (v) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with:
 - (AA) yoke;
 - (BB) medical regulator;
 - (CC) pressure gauge; and
 - (DD) nondependent flowmeter.
- (vi) Oxygen delivery devices shall include the following:
 - (AA) High concentration devices, two (2) each, adult, child, and infant.
 - (BB) Low concentration devices, two (2) each, adult.
- (vii) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:
 - (AA) Small (20-24 french).
 - (BB) Medium (26-30 french).
 - (CC) Large (31 french or greater).
- (viii) Bulb syringe individually packaged in addition to obstetrics kit.
- (ix) Nonvisualized airway minimum of two (2) with water soluble lubricant.
- (x) Portable defibrillator equipped with defibrillation pads or paddles appropriate for defibrillation.
- (B) Wound care supplies as follows:
 - (i) Airtight dressings, four (4), for open chest wounds.
 - (ii) Assorted bandaging supplies for the care of soft tissue injuries.
- (C) Patient stabilization equipment as follows:
 - (i) Upper and lower extremity splinting devices, two (2) each.
 - (ii) Rigid extrication collar, two (2) each capable of the following sizes:
 - (AA) Pediatric.
 - (BB) Small.
 - (CC) Medium.
 - (DD) Large.
- (D) Personal protection/universal precautions equipment, minimum of one (1) each, including the following:
 - (i) Gowns.
 - (ii) Face masks and shields.
 - (iii) Gloves.
 - (iv) Biohazard bags.
 - (v) Antimicrobial hand cleaner.
- (E) Miscellaneous items as follows:
 - (i) Obstetrical kit, sterile, one (1).
 - (ii) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (AA) Large adult.
 - (BB) Adult.
 - (CC) Pediatric.
 - (iii) Stethoscopes, one (1) each in the following sizes:
 - (AA) Adult.
 - (BB) Pediatric.
 - (iv) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (v) Intravenous fluids and administration supplies approved by the medical director.
 - (vi) Medication as approved by the medical director limited to the following:

- (AA) Baby aspirin, eighty-one (81) milligrams each.
- (BB) Activated charcoal.
- (CC) Instant glucose.
- (DD) Epinephrine auto-injector or auto-injectors.
- (3) A current copy of protocols shall be maintained on board the nontransport vehicle at all times.
- (4) A copy of the medication list, including quantities and concentrations approved by the medical director.
- (g) An emergency medical technician-basic advanced provider organization shall have a medical director. The duties and responsibilities of the medical director are as follows:
 - (1) Provide liaison between the local medical community and the emergency medical service provider organization.
 - (2) Assure that appropriate intravenous solution, supplies, and equipment are available to the emergency medical technician-basic advanced provider organization.
 - (3) Monitor and evaluate the day-to-day medical operations of the provider organization.
 - (4) Assist the supervising hospital in the coordination of in-service training programs.
 - (5) Assure continued competence of emergency medical technician-basic advanced affiliated with, or employed by, the emergency medical technician-basic advanced provider organization.
 - (6) Participate in the quarterly audit and review of cases treated by emergency medical technician-basic advanced of the provider organization.
 - (7) Establish protocols for emergency medical technician-basic advanced.
 - (8) Establish and publish a list of intravenous fluids and administration supplies, including minimum quantities to be carried on the vehicle.
 - (9) Provide liaison between the:
 - (A) emergency medical service provider organization;
 - (B) emergency medical service personnel; and
 - (C) hospital;
 in regards to communicable disease testing under IC 16-41-10.
 - (10) Provide individual consultation to the emergency medical personnel affiliated with the ambulance service provider organization.
 - (h) Each emergency medical technician-basic advanced provider organization shall notify the agency in writing within thirty (30) days of any changes in the operation as outlined in the application for which certification was granted.
 - (i) When services administered by an emergency medical technician-basic advanced at the scene of an accident or illness are continued en route to an emergency facility, as a minimum, the patient compartment of the ambulance shall be staffed by not fewer than one (1) person certified as:
 - (1) an emergency medical technician-basic advanced;
 - (2) an emergency medical technician-intermediate; or
 - (3) a paramedic.
 - (j) Provide for a periodic maintenance program to assure that:
 - (1) all emergency medical service vehicles, including equipment, are maintained in good working condition at all times; and
 - (2) equipment, medication, and supplies have not exceeded the manufacturer's specified expiration date.
 - (k) Each emergency medical technician-basic advanced provider organization shall show proof of insurance coverage as required by 836 IAC 1-3-6.
 - (l) The emergency medical technician-basic advanced provider organization shall maintain a communications system established under 836 IAC 1-4.
 - (m) Each nontransport vehicle used for the purpose of providing emergency medical technician-basic advanced services when dispatched for the purpose of an emergency medical run shall be staffed, as a minimum, by a certified emergency medical technician-basic advanced. (*Indiana Emergency Medical Services Commission; 836 IAC 1-12-1; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3530; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA*)

836 IAC 1-12-2 Application for provisional certification

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 16-31-3-8; IC 16-31-3-20

Sec. 2. (a) An applicant may apply for and obtain provisional certification as an emergency medical technician-basic advanced provider organization for the purpose of prehospital training of emergency medical technician-basic advanced students when in the presence of a preceptor approved by the commission in accordance with this section.

(b) A provisional certification may only be issued to a certified ambulance service provider organization.

(c) The applicant shall submit a fully completed application for provisional certification on forms provided by the agency.

(d) The provisional certification may only be issued after the applicant has demonstrated to the satisfaction of the director that the ambulance to be used for such training is certified and meets the requirements of this article.

(e) The provisional certification expires no later than the earlier of the following dates:

(1) Sixty (60) days after the completion date of the emergency medical technician-basic advanced course completion as identified on the approved course application.

(2) Six (6) months from the starting date of the course contained on the approved course application.

(f) The issuance of an emergency medical technician-basic advanced provider organization certification invalidates any provisional certification. (*Indiana Emergency Medical Services Commission; 836 IAC 1-12-2; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3532; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA*)

836 IAC 1-12-3 Application for certification

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3-8; IC 16-31-3-20

Sec. 3. (a) Application for certification as an emergency medical technician-basic advanced provider organization shall be made on forms provided by the agency and shall include the following:

(1) Each application shall include the following information:

(A) A description of the service area.

(B) Hours of operation.

(C) Number and location of ambulances and nontransport vehicles.

(D) Organizational structure, including name, address, and phone number for the:

(i) owner;

(ii) chief executive officer;

(iii) chief operations officer;

(iv) training officer; and

(v) medical director.

(E) Current Federal Communications Commission license or letter of authorization.

(F) Location of provider organization's records.

(G) Proof of insurance coverage for ambulances and nontransport vehicles as required by 836 IAC 1-3-6.

(H) Staffing pattern of personnel.

(I) Base of operations.

(J) Roster of all affiliated personnel, signed by the medical director and the chief executive officer, including certification numbers.

(K) Other information as required by the commission.

(2) Plans and methodologies to ensure that the trained personnel are provided with supervised continuing education to maintain proficiency. Continuing education is under the direct supervision of the emergency medical technician-basic advanced provider organization medical director or medical director designee as described in 836 IAC 1-1-6(4)(C).

(3) A listing of intravenous fluids and administration sets, including quantities to be carried on board each vehicle as approved by the medical director.

(b) Emergency medical technician-basic advanced provider organizations that do not also provide transportation of emergency

patients shall submit a copy of a current agreement between the nontransporting emergency medical technician-basic advanced provider organization and a certified ambulance service provider organization. The agreement shall:

- (1) provide that the nontransporting emergency medical technician-basic advanced provider organization assures that patients treated shall be transported in a timely and safe manner; The agreement shall *[sic]*
- (2) not preclude another ambulance service provider organization, if available, from transporting the patients.
- (c) Upon approval, an emergency medical technician-basic advanced provider organization shall be issued a certification.
- (d) The certificate:
 - (1) expires on the date appearing in the expiration date section of the certificate; and
 - (2) shall be prominently displayed at the place of business.

(e) Application for emergency medical technician-basic advanced provider organization certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certification. Application for renewal will:

- (1) be made on forms provided by the agency; and
- (2) show evidence of compliance with the requirements as set forth for original certification.

(Indiana Emergency Medical Services Commission; 836 IAC 1-12-3; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3532; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

836 IAC 1-12-4 Emergency medical technician-basic advanced provider organization; operating procedures

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3

Sec. 4. (a) Each emergency medical technician-basic advanced provider organization shall do the following:

- (1) Comply with the emergency medical service provider organization operating procedures of 836 IAC 1-1-8.
- (2) Establish daily equipment checklist procedures to ensure the following:
 - (A) Mechanical and electronic equipment is in proper operating condition.
 - (B) Emergency response vehicles are maintained in a safe operating condition at all times.
 - (C) Intravenous fluids and administration sets are available and functional.
 - (D) Equipment, medication, fluid, and supplies do not exceed the manufacturer's specified expiration date.

(b) A copy of the protocols and list of intravenous fluids and administration supplies shall be maintained by the emergency medical technician-basic advanced provider organization. Any changes to the protocols and *[sic]* or list of intravenous fluids or administration supplies shall be provided in writing to the agency within thirty (30) days.

(c) The following requirements apply to the use of equipment and supplies by emergency medical technician-basic advanced:

- (1) Emergency medical technician-basic advanced are prohibited from having in their possession, or maintained on board emergency response vehicles, any equipment or supplies that have not been approved by the emergency medical technician-basic advanced provider organization medical director.
- (2) Accountability for:
 - (A) distribution;
 - (B) storage;
 - (C) ownership; and
 - (D) security;

of equipment and supplies shall be in accordance with the requirements established by the issuing pharmacy and medical director.

(d) Each emergency medical technician-basic advanced provider organization shall do the following:

- (1) Follow sanitation procedures established in 836 IAC 1-1-8.
- (2) Ensure that all ambulances used for the provision of emergency medical technician-basic advanced contain the rescue equipment required in 836 IAC 1-3-4, the emergency care equipment required in 836 IAC 1-3-5, and the communication equipment required in 836 IAC 1-4-2. In addition, the emergency medical services vehicles used for the provision of emergency medical technician-basic advanced shall also carry the following items:
 - (A) One (1) portable ECG monitor/defibrillator with defibrillation pads or paddles, which may be the defibrillator listed in 836 IAC 1-3-5(1)(L).

(B) Intravenous fluids and administration supplies as approved by the medical director.

(C) A current copy of emergency medical technician-basic advanced protocols shall be maintained on board the emergency medical services vehicle at all times.

(D) A copy of the list of intravenous fluids and administration sets, including quantities as approved by the medical director.

(e) An emergency medical technician-basic advanced provider organization and any affiliated emergency medical technician-basic advanced possessing approval for intravenous line placement from the medical director may transport and treat a patient or patients from a health care facility as follows if:

(1) The only procedure that has been previously initiated for the patient is an intravenous line or lines administering prepackaged solutions of dextrose or electrolytes that contain one (1) or more of the following additives and no others:

(A) Vitamins.

(B) Sodium chloride, excluding saline solutions in excess of nine-tenths percent (0.9%) concentration.

(C) Potassium chloride (forty (40) milliequivalent per liter maximum).

(D) Cortisone.

(E) Antibiotics.

(2) The ambulance contains sufficient quantities of the intravenous supplies and solutions received by the patient in order to:

(A) maintain the patient's established medical intervention; and to *[sic]*

(B) manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.

(f) An emergency medical technician-basic advanced provider organization shall not do the following:

(1) Operate an ambulance or other emergency medical service vehicle unless it is in full compliance with this article.

(2) Transport any emergency patient in any vehicle except a certified ambulance.

(Indiana Emergency Medical Services Commission; 836 IAC 1-12-4; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3533; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA; readopted filed Oct 31, 2016, 1:48 p.m.: 20161130-IR-836160328RFA)

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