

Document: Proposed Rule

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**TITLE 836 INDIANA EMERGENCY MEDICAL
SERVICES COMMISSION**

Proposed Rule
LSA Document #00-247

DIGEST

Amends 836 IAC 3 concerning the certification and standards of air ambulance providers. Repeals 836 IAC 3-6-1. Effective 30 days after filing with the secretary of state.

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SECTION 1. 836 IAC 3-1-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 16-31-3-20

Sec. 1. The following definitions apply throughout this article:

(1) "Air-medical crew member" means a person who is certified by the commission as a paramedic or is a registered nurse or physician with an unlimited license to practice medicine.

(1) "14 CFR 135 and 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 fixed-wing ambulance service provider" 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.

(3) "Advanced life support rotorcraft ambulance service provider" 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.

(2) (4) "Air-medical director" means a licensed physician within an air ambulance service who is ultimately responsible for patient care during each transport. The air-medical director is responsible for directly overseeing and assuring that appropriate aircraft, air-medical crew member, 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 crew members: personnel.

(5) "Air-medical personnel" means a person who is certified by the commission as a paramedic or is a registered nurse or physician with an unlimited license to practice medicine.

(6) "Certificate" or "certification" means authorization in written form issued by the commission to a person to furnish, operate, conduct, maintain, advertise, promote, or otherwise engage in providing emergency medical services as a rotorcraft or fixed-wing ambulance service provider as part of a regular course of doing business, either paid or voluntary.

- (7) "F.A.A." means the Federal Aviation Administration.
- (8) "F.A.R." means the federal aviation regulations, including, but not limited to, 14 CFR.
- (9) "Fixed-wing ambulance" means a propeller or jet airplane.
- (10) "Flight physiology" means the physiological stress of flight encountered during air medical operations to include, but not be limited to, temperature, pressure, stresses of barometric pressure changes, hypoxia, thermal and humidity changes, gravitational forces, noise, vibration, fatigue, and volume and mass of gases.
- (11) "Principal operations base" means the operator's principal base of operations where required management personnel and records are maintained.
- (3) (12) "Rotorcraft ambulance" means an aircraft capable of vertical takeoffs and landings with the capability of hovering.
- (4) "Rotorcraft ambulance service provider" 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 additional 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.
- (5) "Fixed-wing ambulance" means a propeller or jet aircraft.
- (6) "Fixed-wing ambulance service provider" means a service provider, that utilizes fixed-wing aircraft to provide airport to airport transports where the patients involved are being transported to or from a definite care medical setting.
- (7) "Certified" 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 rotorcraft or fixed-wing ambulance service provider as part of a regular course of doing business, either paid or voluntary.
- (8) "ATCO" means air taxi and commercial operators; with reference to air taxi and commercial operators; operations certificate outlined in Federal Aviation Regulations, Part 135.
- (9) "F.A.A." means the Federal Aviation Administration.
- (10) "F.A.R." means the federal aviation regulations; including, but not limited to, the following parts:
- (A) F.A.R. relative to the certification of pilots and instructors.
 - (B) F.A.R. relative to medical standards and certification of pilots and other F.A.A. related personnel.
 - (C) F.A.R. relative to general operating and flight rules.
 - (D) F.A.R. relative to air taxi and commercial operators of small aircraft.
- (11) "A.G.L." means above ground level.
- (12) "Local flying area" means an area to be determined by the emergency medical services operators in statute miles not to exceed a twenty-five (25) mile radius from the dispatch point.
- (13) "Cross-country" means any area outside the local flying area previously determined by the operator.
- (14) "Principal operations base" means the operator's principal base of operations where required management personnel and records are maintained.
- (15) "EMS landing site" means a suitable area free of obstruction, allowing for safe operation to land and takeoff a helicopter for the purpose of EMS operation.
- (16) "Flight time" means the period of time from the moment the aircraft first moves under its own power for the purpose of flight until the moment it comes to rest at the next point of landing.
- (17) "Pilot rest time" means the period of time that a pilot completes the required continual uninterrupted rest in any twenty-four (24) consecutive hour period of an assignment.
- (18) "Pilot assignment" means the period of time that a pilot is assigned to perform duty at the designated location.
- (19) "Pilot duty time" means the period of time that the operator assigns the pilot either flight time duty or other duties.
- (20) "Pilot-in-command" means a qualified pilot who is responsible for the operation of the aircraft.

(Indiana Emergency Medical Services Commission; 836 IAC 3-1-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 366; filed May 15, 1998, 10:25 a.m.: 21 IR 3917)

SECTION 2. 836 IAC 3-2-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-2-1 General requirements for air ambulances

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

Affected: IC 16-31

Sec. 1. (a) Any organization providing, or seeking to provide, rotorcraft ambulance services utilizing rotorcraft aircraft is required to be certified as an advanced life support rotorcraft ambulance service provider organization by the commission. The advanced life support rotorcraft ambulance service provider organization shall be certified in accordance with this article pursuant to IC 16-31 as appropriate.

(b) Certification by the commission as an advanced life support rotorcraft ambulance service provider is not required for the following:

- (1) A person who provides advanced life support while assisting the case of major catastrophe, disaster, whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.
- (2) An agency or instrumentality of the United States as defined in 836 IAC 2-1-1(4).

(c) The provider of rotorcraft ambulance services shall ensure that the aircraft used in conjunction with the provision of advanced life support services meets the guidelines as specified in this article pursuant to IC 16-31, and is certified by the commission. Each rotorcraft ambulance service provider shall meet all applicable parts of F.A.A. regulation and shall hold a valid ~~ATCO operations~~ **14 CFR 135 air carrier certificate or shall have a contract with the holder of a 14 CFR 135 air carrier certificate to provide aviation services under their certificate. Either must also have current F.A.A. approved air ambulance operations specifications.**

(d) Advanced life support rotorcraft ambulance service provider organizations will have a contract with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provide liaison and direction for supply of medications, fluids, and other items utilized by the organization.
- (5) Safety and survival programs and education.

The contract shall include a detailed description of how such services will be provided to the advanced life support rotorcraft ambulance service provider organization. In those cases where more than one (1) hospital contracts, or seeks to contract, with an advanced life support rotorcraft ambulance service provider organization as a supervising hospital, an interhospital agreement will be provided to the commission that clearly defines the specific duties and responsibilities of each hospital to ensure medical, safety, and administrative accountability of system operation. A contract is not required when the hospital and the provider are the same organization.

(e) The advanced life support rotorcraft ambulance service provider organization will have an air-medical director provided by the advanced life support rotorcraft ambulance service provider organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine and has an active role in the delivery of emergency care, and has knowledge of air transport problems and ~~principles of pressure phenomena:~~ **flight physiology**. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support rotorcraft ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

- (1) Assuming all medical control and authority over any and all patients treated and transported by the rotorcraft ambulance service.
- (2) Providing liaison with physicians.
- (3) Assuring that the drugs, medications, supplies, and equipment are available to the advanced life support rotorcraft ambulance service provider organization.
- (4) Monitoring and evaluating overall **medical** operations.
- (5) Assisting in the coordination and provision of continuing education.
- (6) Providing information concerning the operation of the advanced life support rotorcraft ambulance service provider organization to the commission.
- (7) Providing individual consultation to the air-medical personnel.
- (8) Participating on the ~~assessment~~ **medical control** committee of the supervising hospital in ~~the monthly~~ **at least quarterly** audit and review of cases treated by air-medical personnel.
- (9) Attesting to the competency of ~~air crewmember(s)~~ **air-medical personnel** affiliated with the advanced life support rotorcraft ambulance service provider organization.
- (10) Designating an individual(s) to assist in the performance of these duties.

(f) Each rotorcraft ambulance service provider will designate one (1) person to assume responsibility for in-service training. This person shall be certified as a paramedic, a registered nurse, or a licensed physician, and actively ~~provides~~ **provide** patient care during air ambulance transport.

(g) A rotorcraft ambulance service provider shall not engage in conduct or practices detrimental to the health and safety of

emergency patients or to members of the general public while in the course of business or service as a rotorcraft ambulance service provider.

(h) The advanced life support rotorcraft ambulance service provider organization shall have an areawide plan to provide safety education and coordinate rotorcraft ambulance service with emergency medical services rescue, law enforcement, mutual aid back-up systems, and central dispatch when available.

(i) Each advanced life support rotorcraft ambulance service provider organization shall do the following:

(1) Maintain an adequate number of trained personnel and aircraft to provide continuous twenty-four (24) hour advanced life support services.

(2) Notify the commission in writing within thirty (30) days of a paramedic's affiliation or termination of employment, or for any reason that has prohibited a certified individual from performing the procedures required of a paramedic pursuant to 836 IAC 2.

(j) Each rotorcraft ambulance service provider shall designate one (1) person to assume the responsibilities for establishment of a safety committee consisting of the following:

(1) Pilot(s).

~~(2) Aircrewmember(s):~~

~~(3) Hospital administrator(s):~~

~~(4) Air-medical director(s):~~

(2) Air-medical personnel.

(3) Aircraft maintenance technician(s).

(4) Communications personnel.

The safety committee shall meet at least ~~monthly~~ **quarterly** and may be concurrent and in conjunction with the audit/review committee. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 367; filed May 15, 1998, 10:25 a.m.: 21 IR 3918*)

SECTION 3. 836 IAC 3-2-2 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-2-2 Certification; application

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

Affected: IC 16-31

Sec. 2. (a) Application for certification as an advanced life support rotorcraft ambulance service provider will be made on forms prescribed by the commission and include, but not be limited to, the following:

(1) A narrative summary of plans for providing rotorcraft ambulance services, including the following:

(A) The staffing pattern of air-medical ~~crew member~~ **personnel** and pilots.

(B) Defined area of primary and secondary response and an areawide coordination plan.

(C) Base of operations, **a description of the visual flight rules weather minimums for both cross-county and local flight, and the definition of the "local flying area" quoted from the approved F.A.A. Part 135 operations specifications.**

(D) Aircraft types and identification numbers.

(E) A listing of all personnel and their qualifications by category who will regularly serve as pilots ~~air-crewmembers~~, and ~~other medical crewmembers~~ **air-medical personnel** on the aircraft.

(F) A copy of the patient care transport record to be utilized on each transport.

(2) Plans and methodologies to ensure that the trained personnel are provided with continuing education relative to their level of training. Continuing education on air transportation problems and ~~pressure phenomena~~ **flight physiology** shall be provided on an annual basis. Continuing education will be ~~under the direct supervision of~~ **approved by** the advanced life support rotorcraft ambulance service provider organization air-medical director with the cooperation of the supervising hospital.

(3) A listing of all on-board life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.

(4) When appropriate, a copy of the contract between the advanced life support rotorcraft ambulance service provider organization and the supervising hospital(s).

(5) A copy of all treatment protocols and standing orders (if applicable) under which all nonphysician personnel operate.

(6) The insurance requirement of IC 16-31 is satisfied if the rotorcraft ambulance service provider:

(A) has in force and effect public liability insurance according to:

Type of Liability	Minimum Limits	
	Each Person	Each Occurrence
Bodily Injury Liability Excluding Passengers	\$75,000	\$300,000
Passenger Bodily Injury Liability	\$75,000	\$75,000 times 75% of total number of passenger seats installed in the aircraft
Property Damage		\$100,000

(B) combined coverage of a single limit of liability for each occurrence at least equal to the required minimums stated in clause (A) for bodily injury excluding passengers, passenger bodily injury, and property damage; or (C) is a governmental entity within the meaning of ~~IC 34-4-16.5-1~~ **IC 34-6-2-49**.

(7) The insurance coverage specified in subdivision (6) shall be for each and every aircraft owned and/or operated by or for the rotorcraft ambulance service provider.

(b) Upon approval, an advanced life support rotorcraft ambulance service provider organization will be issued certification for the provision of advanced life support services as required in 836 IAC 2 and this article.

(c) The certificate issued pursuant to this article is valid for a period of ~~one (1) year~~ **two (2) years** from the date of issue and ~~is~~ **shall be** prominently displayed at the place of business.

(d) Application for certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate. Application for renewal shall be made on such forms prescribed by the commission and shall show evidence of compliance with this article as set forth for original certification. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-2; filed Oct 11, 1988, 11:05 a.m.: 12 IR 368; filed May 15, 1998, 10:25 a.m.: 21 IR 3919*)

SECTION 4. 836 IAC 3-2-3 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-2-3 Minimum specifications

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

Affected: IC 16-31

Sec. 3. (a) The rotorcraft ambulance performance characteristics are inherent in the type of aircraft selected by the rotorcraft ambulance service provider. The aircraft and its equipment and operations shall be in compliance with prevailing F.A.R. for the type of aircraft in question and flying conditions under which the aircraft will be operated as specified in the ~~ATCO operating~~ **14 CFR 135 air carrier** certificate of the air ambulance service provider.

(b) The aircraft shall be capable of carrying a minimum of one (1) patient on a litter in a horizontal position located so as not to obstruct the pilot's vision or interfere with the performance of any member of the flight crew or required ~~medical crew(s)~~ **air-medical personnel**.

(c) There shall exist a means of securing each litter and attached patient securely to either the floor (deck), walls (bulkhead), seats, or specific litter rack or any combination thereof which shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a **field approval or**, supplemental type certificate (STC) ~~should~~ **shall** be obtained.

(d) There shall be demonstrable unobstructed vertical space at the head and thorax areas of the upper surface of a litter(s) to allow for performance of advanced life support cardiac care.

(e) Both the head and thorax of a secured patient shall be accessible by a minimum of two (2) ~~aircrewmembers~~ **air-medical personnel** at one (1) time.

(f) The patient compartment shall have lighting available for patient observation (a minimum of forty (40) foot-candles at the level

of the patient is recommended). Lighting shall be such as to not interfere with the pilots vision and will be focused, shielded, diffused, or colored illumination.

(g) The patient compartment shall have fresh air ventilation for ~~patient and crew~~ **the comfort of all persons on board.**

(h) The patient compartment shall have temperature regulation to assure ~~patient and crew~~ **the comfort of all persons on board.**

(i) The aircraft shall have one (1) door demonstrably large enough for ease of patient litter loading and unloading in the supine position.

(j) The electrical system of the aircraft shall be capable of supporting all of the ancillary equipment without the threat of overload or systems failure.

(k) Other specialized equipment may be required to conduct certain operations. The installation of this equipment shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a **field approval or** supplemental type certificate (STC) ~~should~~ **shall** be obtained.

(l) The aircraft shall have a searchlight rated as a minimum of four hundred thousand (400,000) candlepower or greater, manipulated by the pilot with a minimum movement of ninety (90) degrees vertical and one hundred eighty (180) degrees horizontal with the capability of illuminating the proposed landing site.

(m) The aircraft shall have air to ground communication capability to allow the pilot to communicate with all of the following ground personnel:

- (1) Law enforcement.
- (2) Fire/rescue.
- (3) Ambulances.
- (4) Hospital(s).

(n) The aircraft shall be equipped with adequate patient restraint(s) to preclude interference with the crew or aircraft flight controls.

(o) The aircraft shall have an intercommunications system. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-3; filed Oct 11, 1988, 11:05 a.m.: 12 IR 369; filed May 15, 1998, 10:25 a.m.: 21 IR 3920*)

SECTION 5. 836 IAC 3-2-4 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-2-4 Operating procedures; flight and medical

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

Affected: IC 4-21.5-1

Sec. 4. (a) Each organization shall maintain accurate records concerning the emergency care provided to each patient within the state **as well as the following:**

(1) All advanced life support rotorcraft ambulance service providers shall utilize a patient care transport record.

(2) All advanced life support rotorcraft ambulance service providers shall participate in the emergency medical service system review by:

(A) collecting all data elements prescribed by the commission; and

(B) reporting that information according to the procedure and schedules prescribed by the commission.

(b) Data shall be maintained to record the number of runs, including the following:

(1) Cardiac:

(2) Trauma, including the following:

(A) Automobile accidents:

(B) Other:

(3) Overdose:

(4) Medical emergencies, for example, diabetic or respiratory:

(5) Miscellaneous, for example, obstetrical cases:

- ~~(6) Number defibrillated.~~
- ~~(7) Number requiring CPR only.~~
- ~~(8) Number resuscitated from cardiopulmonary arrest improved to having a palpable pulse and hospital admission.~~
- ~~(9) Operational difficulties, for example:
 - ~~(A) safety problems;~~
 - ~~(B) equipment problems;~~
 - ~~(C) communication problems; or~~
 - ~~(D) other persons on the scene.~~~~

~~(e) (b) Premises will be maintained, suitable to the conduct of a rotorcraft ambulance service, with provision for adequate storage hangars, padding, tie-down, and/or maintenance of rotorcraft ambulances and the on-board equipment.~~

~~(d) (c) Each rotorcraft ambulance service provider shall have a periodic maintenance program as outlined for each specific aircraft certified by the commission in compliance with F.A.A. guidelines and manufacturer's service recommendations (MSR) as a minimum to assure that each rotorcraft ambulance, including equipment, is maintained in good, safe working condition and that rigid sanitation conditions and procedures are in effect at all times.~~

~~(e) (d) All rotorcraft ambulance service provider premises, records, hangars, padding, and tie-down facilities, and rotorcraft ambulances will be made available for inspection by the director or the director's authorized representative at any time during regularly scheduled business hours.~~

~~(f) Each rotorcraft ambulance service provider shall establish procedures to ensure that visual flight rules (VFR) flights adhere to the following weather minimums:~~

- ~~(1) Day local flights, five hundred (500) feet and one (1) mile.~~
- ~~(2) Day cross-country flights, eight hundred (800) feet and two (2) miles.~~
- ~~(3) Night local flights, eight hundred (800) feet and two (2) miles.~~
- ~~(4) Night cross-country flights, one thousand (1,000) feet and three (3) miles.~~

~~(g) Rotorcraft ambulance flights conducted under instrument flying rules will be flown with strict adherence to existing F.A.R.s.~~

~~(h) Each rotorcraft ambulance service provider shall establish procedures to insure that continuous flight following is maintained and documented.~~

~~(i) (e) A determination of noncompliance with F.A.R. may result in immediate suspension of commission certification as a rotorcraft ambulance service provider.~~

~~(j) Rotorcraft ambulance service providers shall provide for inspection by the director or the director's authorized representative, proof of compliance with all required F.A.A. inspection programs, at place of operation during regular business hours.~~

~~(k) (f) Each rotorcraft ambulance service provider shall make available to the commission for inspection at place of operation during regular business hours any manual of operations required under F.A.R.~~

~~(l) (g) Commission certification as a rotorcraft ambulance service provider may be terminated upon the date specified in the notice.~~

~~(m) (h) Each rotorcraft ambulance service provider shall establish equipment checklist procedures to ensure the following:~~

- ~~(1) Electronic and mechanical equipment are in proper operating condition.~~
- ~~(2) Rotorcraft ambulances shall be maintained in safe operating conditions at all times.~~
- ~~(3) Emergency patient care equipment required for rotorcraft ambulance certification is maintained in minimum quantities either directly on board the rotorcraft ambulance or available at the time of patient transport.~~

~~(n) (i) Each rotorcraft ambulance service provider shall ensure that rigid sanitation conditions and procedures are in effect at all times. The following sanitation standards apply to all rotorcraft ambulances:~~

- ~~(1) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.~~
- ~~(2) Freshly laundered linens are used on all litters, and pillows and linens shall be changed after each patient is transported.~~
- ~~(3) When the aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft shall be cleansed~~

and all contact surfaces be ~~washed with soap and water~~ and disinfected.

~~(j)~~ **(j)** A rotorcraft ambulance service provider shall not operate a rotorcraft ambulance in Indiana if the aircraft does not meet the certification requirements of this article and does not have a certificate issued pursuant to this article; however, a rotorcraft ambulance service provider may operate, for a period not to exceed ~~thirty (30)~~ **one hundred eighty (180)** consecutive days, a noncertified rotorcraft ambulance if the noncertified rotorcraft ambulance is used to replace a certified rotorcraft ambulance that has been temporarily taken out of service ~~for repair or maintenance provided~~ **providing** the following:

(1) The replacement rotorcraft ambulance meets all certification requirements of this article.

(2) The rotorcraft ambulance service provider ~~notifies~~ **shall notify** the commission, ~~by letter delivered to the commission office, or postmarked in writing,~~ within ~~fifteen (15) days~~ **seventy-two (72) hours** of the ~~date~~ **time** the replacement rotorcraft is placed in service. The ~~letter~~ **written notice** shall identify **the following**:

(A) The replacement date.

(B) The certification number of the replaced rotorcraft ambulance. ~~and~~

(C) The aircraft identification number of the replacement rotorcraft.

(D) The make and type of the replacement rotorcraft ambulance.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified rotorcraft ambulance was replaced. Temporary certification will not exceed ~~thirty (30)~~ **one hundred eighty (180)** days, and, upon return to service, the use of the replacement rotorcraft ambulance shall cease. If the replaced rotorcraft ambulance is not returned to service within the ~~thirty (30)~~ **one hundred eighty (180)** day period, use of the replacement rotorcraft ambulance shall cease **unless certification is approved in accordance with this article.**

~~(k)~~ **(k)** After proper notice and hearing, the commission may suspend or revoke a rotorcraft ambulance service provider certificate issued under this article and/or impose a penalty of up to five hundred dollars (\$500) in accordance with 836 IAC 1 and 836 IAC 2 for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or other requirements of 836 IAC 1, 836 IAC 2, or this article pursuant to IC 4-21.5-1.

~~(l)~~ **(l)** The commission may initiate proceedings to suspend or revoke a rotorcraft ambulance service provider certificate upon its own motion, or on the verified written complaint of any interested person. All such proceedings shall be held and conducted in accordance with the provisions of IC 4-21.5-1.

~~(m)~~ **(m)** Notwithstanding this section, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a rotorcraft ambulance service provider certificate without hearing for a period not to exceed ~~thirty (30)~~ **ninety (90)** days upon notice to the certificate holder. Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.

~~(n)~~ **(n)** A rotorcraft ambulance service provider organization owner or lessee seeking certification of a rotorcraft ambulance may petition the commission for exemption from one (1) or more of the specifications or requirements listed in this article. The commission may approve one (1) or more of the requested exemptions and grant certification. However, the commission may restrict any exemption(s) approved under this ~~this~~ article. Exemption(s) requested will not be approved if, in the opinion of the commission, the exemption(s) would impair the capabilities of the rotorcraft ambulance service provider to provide proper emergency patient care. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-4; filed Oct 11, 1988, 11:05 a.m.: 12 IR 370; filed May 15, 1998, 10:25 a.m.: 21 IR 3920*)

SECTION 6. 836 IAC 3-2-5 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-2-5 Staffing

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

Affected: IC 4-21.5-1

Sec. 5. (a) Each certified rotorcraft ambulance, while transporting an emergency patient, will be staffed by no less than three (3) people and include the following requirements:

(1) The first person shall be a properly certified pilot ~~The pilot of the rotorcraft ambulance shall possess a minimum of a Class H F.A.A. medical certificate; certification appropriate to the class of aircraft to be piloted; a valid commercial operators certificate; and two thousand (2,000) hours of rotorcraft flight experience. The staffing pattern of pilots shall provide for a minimum of ten (10) hours of continuous, uninterrupted rest in any twenty-four (24) hour period. Additionally, the pilot shall meet or exceed the~~

following requirements in addition to those specified by the F.A.A.:

(A) If less than one hundred (100) hours in aircraft type:

(i) factory school or equivalent (ground and flight);

(ii) fifteen (15) hours as pilot-in-command in aircraft type prior to emergency medical services missions; and

(iii) one (1) flight hour of local area orientation; or

(B) If over one hundred (100) hours in aircraft type, then:

(i) current F.A.R. Part 135 check ride; or

(ii) one (1) flight hour of local area orientation.

(C) The pilot shall participate in an orientation program covering flight and medical operations:

who shall complete an orientation program covering flight and air-medical operations as prescribed by the air-medical director.

(2) The second person shall be an Indiana-certified paramedic, a registered nurse, or a physician with a valid unlimited license to practice medicine and completed air-medical oriented training as prescribed by the air-medical director.

(3) The third person shall be any appropriate personnel required to properly care for the medical needs of the patient at the discretion of the air-medical director. ~~If the aircraft routinely provides transport above two thousand (2,000) feet AGL, The air-medical personnel on board the aircraft shall be trained in air transport problems and principles of pressure phenomena: flight physiology.~~

(b) The advanced life support rotorcraft ambulance service provider organization shall notify the commission in writing within thirty (30) days of any change in the advanced life support services provided.

(c) After proper notice and hearing, the commission may levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 or 836 IAC 2-13-1 or suspend or revoke a certificate issued under 836 IAC 1, 836 IAC 2, and this article for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or other requirements of 836 IAC 1, 836 IAC 2, and this article.

(d) The commission may initiate proceedings to suspend or revoke a certificate upon its own motion, or on the verified written complaint of any interested person, and all such proceedings will be held in and conducted in accordance with the provisions of IC 4-21.5-1.

(e) Notwithstanding 836 IAC 1, 836 IAC 2, or this article, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without a hearing for a period not to exceed thirty (30) days upon notice to the certificate holder.

(f) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-5; filed Oct 11, 1988, 11:05 a.m.: 12 IR 372; filed May 15, 1998, 10:25 a.m.: 21 IR 3922*)

SECTION 7. 836 IAC 3-2-6 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-2-6 Equipment list

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

Affected: IC 16-31-3-20

Sec. 6. (a) The advanced life support rotorcraft ambulance service provider organization shall ensure that the following basic life support and advanced life support equipment is carried on-board each rotorcraft ambulance at the time of dispatch:

(1) Portable suction ~~with appropriate catheters and tips apparatus~~, capable of a minimum **vacuum** of three hundred (300) millimeters of mercury, **equipped with wide-bore tubing and other rigid and soft pharyngeal suction tips.**

(2) Oropharyngeal airways (adult, child, and infant sizes).

(3) Nasopharyngeal airways (small, 20-24 french; medium, 26-30 french; large, 30 french or greater).

~~(4) Pocket mask w/O₂ inlet.~~

~~(5) (4) Bag mask with reservoir (adult, child, and infant sizes): 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:~~

~~(A) Adult.~~

~~(B) Child.~~

(C) Infant (mask only).

(D) Neonatal (mask only).

(6) (5) Portable oxygen with appropriate cannulas or mask, etc. equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.

(6) Oxygen delivery devices shall include the following:

(A) High concentration devices, two (2) each, in adult, child, and infant sizes.

(B) Low concentration devices, two (2) in adult size.

(7) Blood pressure cuffs or stethoscope manometer, one (1) each in the following cuff sizes:

(A) Large adult.

(B) Adult.

(C) Child and infant sizes.

(8) Stethoscope in adult size.

(8) Bandages and dressings (9) Wound care supplies to include but not limited to, the following:

(A) Sterile gauze pads (4 × 4).

(B) Nonsterile gauze pads (4 × 4).

(C) Soft roller bandage (2 inches × 4 yards).

(D) Absorbent trauma dressings.

(E) (B) Airtight dressing.

(F) Sterile burn sheets (commercial or hospital prepared are acceptable).

(C) Adhesive tape, two (2) rolls.

(9) (D) Bandage shears, tape, or safety pins.

(10) Adult and pediatric anti-shock trousers.

(11) (10) Rigid extrication collars, small, medium, and large two (2) each capable of the following sizes:

(A) Pediatric.

(B) Small.

(C) Medium.

(D) Large.

(12) Splints, wood, wire, ladder, plastic, or pneumatic in appropriate quantities as required.

(13) (11) Portable defibrillator with self-contained cardiac monitor and E.C.G. strip writer and equipped with adult and pediatric defibrillation pads or paddles, appropriate for both adult and pediatric defibrillation, that will not interfere with the aircraft's electrical and radio system.

(14) Tracheal suction catheters.

(15) (12) Endotracheal intubation devices, including the following equipment: to include

(A) Laryngoscopes with spare batteries and bulbs, for each;

(B) Laryngoscope blades (adult and pediatric, curved and straight).

(C) Disposable endotracheal tubes, in adult, child, and infant sizes a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.

(16) (13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities.

(b) Additional equipment and supplies approved by the supervising hospital shall be identified by the rotorcraft ambulance service provider organization's air-medical director and reported in writing to the commission for initial certification and recertification.

(c) Controlled drugs shall not be left on unattended aircraft unless adequate security precautions have been taken as described in the application for advanced life support rotorcraft ambulance service provider organization and approved by the commission. A closed compartment, substantially constructed and equipped with a secure locking device, may be provided within the aircraft for storage of drugs when the aircraft is not in use or unattended.

(d) (c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support rotorcraft ambulance service provider organization air-medical director. All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the Indiana board of pharmacy and the drug enforcement administration. (Indiana Emergency Medical Services Commission; 836 IAC 3-2-6; filed Oct 11, 1988, 11:05 a.m.; 12 IR 373; filed May 15, 1998, 10:25 a.m.; 21 IR 3923)

SECTION 8. 836 IAC 3-2-7 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-2-7 Communications systems requirements

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

Affected: IC 16-31-3-20

Sec. 7. (a) Each rotorcraft ambulance shall have all communications equipment required under ~~F.A.R. Part 14~~ **CFR 135** for the type of aircraft and service provided. In addition the rotorcraft ambulance shall have radio communications equipment that allows it to communicate directly with Indiana hospitals utilizing either the Indiana hospital emergency radio network (IHERN) system or the ultrahigh frequency medical communications channels used for advanced life support.

(b) Transmitters are to operate with an output power not to exceed ten (10) watts as applicable to FCC rules and regulations.

(c) The rotorcraft ambulance service provider shall maintain a dispatch and tactical communications system with the capability to provide a coordinated voice communications linkage within the ~~defined local~~ flying area of the rotorcraft ambulance service provider. These channel(s) will be used exclusively for dispatch and tactical communications and shall be apart from any involved in the IHERN.

(d) Authorization(s) for the use of any frequencies necessary for the required communications linkages with ground personnel identified in section 3(m) of this rule shall be part of the areawide coordinated plan identified in section 2(a)(1)(B) of this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-7; filed Oct 11, 1988, 11:05 a.m.: 12 IR 373; filed May 15, 1998, 10:25 a.m.: 21 IR 3923*)

SECTION 9. 836 IAC 3-2-8 IS ADDED TO READ AS FOLLOWS:

836 IAC 3-2-8 Penalties

Authority: IC 16-31-3-14

Affected: IC 4-21.5-3; IC 16-31-2-7; IC 16-31-2-9; IC 16-31-3-17; IC 16-31-10-1

Sec. 8. (a) The commission or director may penalize an ambulance service provider, or a person certified under this article, up to five hundred dollars (\$500) per occurrence for a violation of patient care standards, protocols, operating procedures, or rules established by the commission.

(b) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5-3.

(c) As used in this section, "per occurrence" means a violation of patient care standards, protocols, operating procedures, or rules established by the commission that remains uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee.

(d) The director or commission may assess penalties up to five hundred dollars (\$500) per occurrence for the following violations:

- (1) Air ambulance specifications.**
- (2) Emergency care equipment.**
- (3) Operating procedures.**
- (4) Patient care standards or protocols.**
- (5) Training requirements.**
- (6) Individual certification requirements.**
- (7) Failure to comply with this title.**

(Indiana Emergency Medical Services Commission; 836 IAC 3-2-8)

SECTION 10. 836 IAC 3-3-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-3-1 General requirements for air ambulances

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

Affected: IC 16-31-3-20

Sec. 1. (a) Any organization **based in Indiana** providing, or seeking to provide, fixed-wing air ambulance services utilizing fixed-wing aircraft is required to be certified as an advanced life support fixed-wing air ambulance service provider organization by the commission. The advanced life support fixed-wing air ambulance service provider organization shall be certified in accordance with this article pursuant to IC 16-31 as appropriate.

(b) Certification by the commission as an advanced life support fixed-wing air ambulance service provider is not required for the following:

- (1) A person who provides advanced life support while assisting the case of major catastrophe or disaster, whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.
- (2) An agency or instrumentality of the United States as defined in 836 IAC 2-1-1(d).

(c) The provider of fixed-wing air ambulance services shall ensure that the aircraft used in conjunction with the provision of advanced life support services meets the guidelines as specified in this article pursuant to IC 16-31 and is certified by the commission. Each fixed-wing air ambulance service provider shall meet all applicable parts of F.A.A. regulation and shall hold a valid ~~ATCO~~ **operations 14 CFR 135 air carrier certificate or shall have a contract with the holder of a 14 CFR 135 air carrier certificate to provide aviation services under their certificate. Either must also have current F.A.A. approved air ambulance operations specifications.**

(d) Advanced life support fixed-wing air ambulance service provider organizations will have a contract with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provide liaison and direction for supply of medications, fluids, and other items utilized by the organization.
- (5) Safety and survival programs and education.

The contract will include a detailed description of how such services will be provided to the advanced life support fixed-wing air ambulance service provider organization. In those cases where more than one (1) hospital contracts, or seeks to contract, with an advanced life support fixed-wing air ambulance service provider organization as a supervising hospital, an interhospital agreement will be provided to the commission that clearly defines the specific duties and responsibilities of each hospital to ensure medical, safety, and administrative accountability of system operation. A contract is not required when the hospital and the provider are the same organization.

(e) The advanced life support fixed-wing air ambulance service provider organization will have an air-medical director provided by the advanced life support fixed-wing air ambulance service provider organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine and has an active role in the delivery of emergency care, and has knowledge of air transport problems and ~~principles of pressure phenomena:~~ **flight physiology**. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support fixed-wing air ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

- (1) Assume all medical control and authority over any and all patients treated and transported by the fixed-wing air ambulance service.
- (2) Providing liaison with physicians.
- (3) Assuring that the drugs, medications, supplies, and equipment are available to the advanced life support fixed-wing air ambulance service provider organization.
- (4) Monitoring and evaluating overall operations.
- (5) Assisting in the coordination and provision of continuing education.
- (6) Providing information concerning the operation of the advanced life support fixed-wing air ambulance service provider organization to the commission.
- (7) Providing individual consultation to the air-medical personnel.
- (8) Participating on the assessment committee of the supervising hospital in ~~the monthly~~ **at least quarterly** audit and review of cases treated by air-medical personnel.
- (9) Attesting to the competency of air crewmember(s) affiliated with the advanced life support fixed-wing air ambulance service

provider organization.

(10) Designating an individual(s) to assist in the performance of these duties.

(f) Each fixed-wing air ambulance service provider shall designate one (1) person to assume responsibility for in-service training. This person shall be certified as a paramedic, a registered nurse, or a licensed physician, and actively ~~provides~~ **provide** patient care during air transport.

(g) A fixed-wing air ambulance service provider shall not engage in conduct or practices detrimental to the health and safety of emergency patients or to members of the general public while in the course of business or service as a fixed-wing air ambulance service provider.

(h) Each advanced life support fixed-wing air ambulance service provider organization shall do the following:

(1) Maintain an adequate number of trained personnel and aircraft to provide advanced life support services as ~~advertized~~ **advertised** and specified in the fixed-wing air ambulance service provider's application for certification or certification renewal.

(2) Notify the commission in writing within thirty (30) days of a paramedic's affiliation or termination of employment or for any reason that has prohibited a certified individual from performing the procedures required of a paramedic pursuant to 836 IAC 2.

(i) Each fixed-wing air ambulance service provider shall designate one (1) person to assume the responsibilities for establishment of a safety committee consisting of the following:

(1) Pilot(s).

~~(2) Aircrewmember(s):~~

~~(3) Hospital administrator(s):~~

~~(4) Air-medical director(s):~~

(2) Air-medical personnel.

(3) Aircraft maintenance technician(s).

(4) Communications personnel.

The safety committee shall meet at least ~~monthly~~ **quarterly** and may be concurrent and in conjunction with the audit/review committee. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 374; filed May 15, 1998, 10:25 a.m.: 21 IR 3924*)

SECTION 11. 836 IAC 3-3-2 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-3-2 Certification; application

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

Affected: IC 16-31

Sec. 2. (a) Application for certification as an advanced life support fixed-wing air ambulance service provider will be made on forms prescribed by the commission and include, but not be limited to, the following:

(1) A narrative summary of plans for providing fixed-wing air ambulance services, including the following:

(A) The staffing pattern of air-medical ~~crew member~~ **personnel** and pilots.

(B) Base of operations.

(C) Aircraft types and identification numbers.

(D) A listing of all personnel and their qualifications by category who will regularly serve as pilots ~~aircrewmembers~~; and ~~other medical crewmembers~~ **air-medical personnel** on the aircraft.

(E) A description of the weather minimums for both cross-country and local flights.

(F) A copy of the patient care transport record to be utilized on each transport.

(2) Plans and methodologies to ensure that the trained personnel are provided with continuing education relative to their level of training. Continuing education on air transportation problems and ~~pressure phenomena~~ **flight physiology** shall be provided on an annual basis. Continuing education will be ~~under the direct supervision of~~ **approved by** the advanced life support fixed-wing air ambulance service provider organization air-medical director with the cooperation of the supervising hospital.

(3) A listing of all on-board life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.

(4) When appropriate, a copy of the contract between the advanced life support fixed-wing air ambulance service provider organization and the supervising hospital(s).

(5) A copy of all treatment protocols and standing orders (if applicable) under which all nonphysician personnel will operate.

(6) The insurance requirement of IC 16-31 is satisfied if the fixed-wing air ambulance service provider:

(A) has in force and effect public liability insurance according to:

Minimum Limits

Type of Liability	Each Person	Each Occurrence
Bodily Injury Liability Excluding Passengers	\$75,000	\$300,000
Passenger Bodily Injury Liability	\$75,000	\$75,000 times 75% of total number of passenger seats in- stalled in the aircraft
Property Damage		\$100,000

(B) combined coverage of a single limit of liability for each occurrence, at least equal to the required minimums stated in clause (A) for bodily injury excluding passengers, passenger bodily injury, and property damage; or

(C) is a governmental entity within the meaning of ~~IC 34-4-16.5-1~~ **IC 34-6-2-49**.

(7) The insurance coverage specified in subdivision (6) shall be for each and every aircraft owned and/or operated by or for the fixed-wing air ambulance service provider.

(b) Upon approval, an advanced life support fixed-wing air ambulance service provider organization will be issued certification for the provision of advanced life support services as required in 836 IAC 2 and this article.

(c) The certificate issued pursuant to these rules and regulations this article is valid for a period of ~~one (1) year~~ **two (2) years** from the date of issue and is prominently displayed at the place of business.

(d) Application for certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate. Application for renewal shall be made on such forms prescribed by the commission and shall show evidence of compliance with these rules and regulations this article as set forth for original certification. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-2; filed Oct 11, 1988, 11:05 a.m.: 12 IR 375; filed May 15, 1998, 10:25 a.m.: 21 IR 3925*)

SECTION 12. 836 IAC 3-3-3 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-3-3 Minimum specifications

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

Affected: IC 16-31-3-20

Sec. 3. (a) The fixed-wing ambulance performance characteristics are inherent in the type of aircraft selected by the fixed-wing air ambulance service provider. The aircraft and its equipment and operations shall be in compliance with prevailing F.A.R. for the type of aircraft in question and flying conditions under which the aircraft will be operated as specified in the ~~ATCO operating 14 CFR 135 air carrier~~ certificate of the fixed-wing air ambulance service provider.

(b) The aircraft shall be capable of carrying a minimum of one (1) patient on a litter in a horizontal position located so as not to obstruct the pilot's vision or interfere with the performance of any member of the flight crew **or required air-medical personnel**.

(c) There shall exist a means of securing each litter and attached patient securely to either the floor (deck), walls (bulkhead), seats, or specific litter rack or any combination thereof which shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a **field approval or supplemental type certificate (STC) should shall** be obtained.

(d) There shall be demonstrable unobstructed vertical space at the head and thorax areas of the upper surface of a litter(s) to allow for performance of advanced life support cardiac care.

(e) Both the head and thorax of the secured patient shall be accessible by a minimum of two (2) ~~aircrewmembers~~ **air-medical personnel** at one (1) time.

(f) The patient compartment shall have lighting available for patient observation (a minimum of forty (40) foot-candles at the level of the patient is recommended). Lighting shall be such as to not interfere with the pilots vision and will be focused, shielded, diffused,

or colored illumination.

- (g) The patient compartment shall have fresh air ventilation for ~~patient and crew~~ **the comfort of all persons on board.**
- (h) The patient compartment shall have temperature regulation to assure ~~patient and crew~~ **the comfort of all persons on board.**
- (i) The aircraft shall have one (1) door demonstrably large enough for ease of litter patient loading and unloading in the supine position.
- (j) The electrical system of the aircraft shall be capable of supporting all of the ancillary equipment without the threat of overload or systems failure.
- (k) Other specialized equipment may be required to conduct certain operations. The installation of this equipment shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a **field approval or** supplemental type certificate (STC) ~~should~~ **shall** be obtained.
- (l) The aircraft shall be equipped with adequate patient restraint(s) to preclude interference with the crew or aircraft flight controls.
- (m) The aircraft shall have an intercommunications system. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-3; filed Oct 11, 1988, 11:05 a.m.: 12 IR 376; filed May 15, 1998, 10:25 a.m.: 21 IR 3926*)

SECTION 13. 836 IAC 3-3-4 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-3-4 Operating procedures; flight and medical

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

Affected: IC 4-21.5-1

Sec. 4. (a) Each organization shall maintain accurate records concerning the emergency care provided to each patient within the state **as well as the following:**

- (1) All advanced life support fixed-wing ambulance service providers shall utilize a patient care transport record.**
- (2) All advanced life support fixed-wing ambulance providers shall participate in the emergency medical service system review by:**
 - (A) collecting all data elements prescribed by the commission; and**
 - (B) reporting that information according to the procedures and schedules prescribed by the commission.**

(b) ~~Data shall be maintained to record the number of runs; including the following:~~

- ~~(1) Cardiac;~~
- ~~(2) Trauma; including the following:~~
 - ~~(A) Automobile accidents;~~
 - ~~(B) Other;~~
- ~~(3) Overdose;~~
- ~~(4) Medical emergencies; for example, diabetic or respiratory;~~
- ~~(5) Miscellaneous; for example, obstetrical cases;~~
- ~~(6) Number defibrillated;~~
- ~~(7) Number requiring CPR only;~~
- ~~(8) Number resuscitated from cardiopulmonary arrest improved to having a palpable pulse and hospital admission;~~
- ~~(9) Operational difficulties; for example:~~
 - ~~(A) safety problems;~~
 - ~~(B) equipment problems;~~
 - ~~(C) communication problems; or~~
 - ~~(D) other persons on the scene;~~

(c) ~~(b) Premises shall be maintained, suitable to the conduct of a fixed-wing air ambulance service, with provision for adequate storage hangars, padding, tie-down, and/or maintenance of fixed-wing ambulances and the on-board equipment.~~

~~(d)~~ (c) Each fixed-wing air ambulance service provider shall have a periodic maintenance program as outlined for each specific aircraft certified by the commission in compliance with F.A.A. and manufacturer's service recommendations (MSR) guidelines as a minimum to assure that each fixed-wing ambulance, including equipment, is maintained in good, safe working condition. ~~and that rigid sanitation conditions and procedures are in effect at all times.~~

~~(e)~~ (d) All fixed-wing air ambulance service provider premises, records, ~~hangars, padding, and tie-down facilities,~~ and fixed-wing ambulances shall be made available for inspection by the director or his authorized representative at any time during regularly scheduled business hours.

~~(f)~~ Each fixed-wing air ambulance service provider shall establish procedures and equipment to ensure that flights adhere to the F.A.A. rules for visual flying rules and instrument flying rules weather minimums.

~~(g)~~ Each fixed-wing air ambulance service provider shall comply with all F.A.R. required.

~~(h)~~ (e) A determination of noncompliance with F.A.R. may result in immediate suspension of commission certification as a fixed-wing air ambulance service provider.

~~(i)~~ Fixed-wing air ambulance service providers shall provide for inspection by the director or the director's authorized representative; proof of compliance with all required F.A.A. inspection programs; at place of operation during regular business hours.

~~(j)~~ (f) Each fixed-wing air ambulance service provider shall make available to the commission for inspection at place of operation during regular business hours any manual of operations required under F.A.R.

~~(k)~~ (g) Commission certification as a fixed-wing air ambulance service provider may be terminated upon the date specified in the notice.

~~(l)~~ (h) Each fixed-wing air ambulance service provider shall establish equipment checklist procedures to ensure the following:

- (1) Electronic and mechanical equipment are in proper operating condition.
- (2) Fixed-wing ambulances shall be maintained in safe operating conditions at all times.
- (3) Emergency patient care equipment required for fixed-wing ambulance certification is maintained in minimum quantities either directly on board the fixed-wing ambulance or available at the time of patient transport.

~~(m)~~ (i) Each fixed-wing air ambulance service provider shall ensure that rigid sanitation conditions and procedures are in effect at all times. The following sanitation standards apply to all fixed-wing ambulances:

- (1) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.
- (2) Freshly laundered linens are used on all litters, and pillows and linens shall be changed after each patient is transported.
- (3) When an aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft shall be cleansed and all contact surfaces be washed with soap and water and disinfected.

~~(n)~~ (j) A fixed-wing air ambulance service provider shall not operate a fixed-wing ambulance in Indiana if the fixed-wing ambulance does not meet the certification requirements of this article and does not have a certificate issued pursuant to this article; however, a fixed-wing air ambulance service provider may operate, for a period not to exceed ~~thirty (30)~~ **one hundred eighty (180)** consecutive days, a ~~noncertified temporary replacement~~ fixed-wing ambulance if the ~~noncertified temporary replacement~~ fixed-wing ambulance is used to replace a certified fixed-wing ambulance that has been temporarily taken out of service ~~for repair or maintenance; provided providing~~ the following:

- (1) The replacement fixed-wing ambulance shall meet all certification requirements of this article.
- (2) The fixed-wing air ambulance service provider ~~notifies shall notify~~ the commission, ~~by letter delivered to the commission office; or postmarked in writing,~~ within ~~fifteen (15) days~~ **seventy-two (72) hours** of the ~~date~~ **time** the replacement fixed-wing ambulance is placed in service. The ~~letter written notice~~ shall identify **the following:**

(A) The replacement date.

(B) The certification number of the replaced fixed-wing ambulance. ~~and~~

(C) The aircraft identification number of the replacement fixed-wing ambulance.

(D) **The make and type of the replacement fixed-wing ambulance.**

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified rotorcraft ambulance was replaced. Temporary certification will not exceed ~~thirty (30)~~ **one hundred eighty (180)** days, and, upon return to service,

the use of the replacement fixed-wing ambulance shall cease. If the replaced fixed-wing ambulance is not returned to service within the ~~thirty (30)~~ **one hundred eighty (180)** day period, use of the replacement fixed-wing ambulance shall cease, **unless certification is approved in accordance with this article.**

~~(k)~~ **(k)** After proper notice and hearing, the commission may suspend or revoke a fixed-wing air ambulance service provider certificate issued under this article and/or impose a penalty of up to five hundred dollars (\$500) in accordance with 836 IAC 1 and 836 IAC 2 for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or other requirements of 836 IAC 1, 836 IAC 2, or this article pursuant to IC 4-21.5-1.

~~(l)~~ **(l)** The commission may initiate proceedings to suspend or revoke a fixed-wing air ambulance service provider certificate upon its own motion or on the verified written complaint of any interested person. All such proceedings shall be held and conducted in accordance with the provisions of IC 4-21.5-1.

~~(m)~~ **(m)** Notwithstanding this section, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a fixed-wing air ambulance service provider certificate without hearing for a period not to exceed ~~thirty (30)~~ **ninety (90)** days upon notice to the certificate holder. Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.

~~(n)~~ **(n)** A fixed-wing air ambulance service provider owner or lessee seeking certification of a fixed-wing ambulance may petition the commission for exemption from one (1) or more of the specifications or requirements listed in this article. The commission may approve one (1) or more of the requested exemptions and grant certification. However, the commission may restrict any exemption(s) approved under ~~this rule~~ this article. Exemption(s) requested will not be approved if, in the opinion of the commission, the exemption(s) would impair the capabilities of the fixed-wing air ambulance service provider to provide proper patient care. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-4; filed Oct 11, 1988, 11:05 a.m.: 12 IR 376; filed May 15, 1998, 10:25 a.m.: 21 IR 3926*)

SECTION 14. 836 IAC 3-3-5 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-3-5 Staffing

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

Affected: IC 4-21.5-1; IC 16-31-3-14

Sec. 5. (a) Each certified fixed-wing ambulance while transporting an emergency patient shall be staffed by no less than ~~two (2)~~ **three (3)** people and include the following requirements:

(1) The first person shall be a properly certified pilot ~~The pilot of the fixed-wing air ambulance shall possess a minimum of a Class H F.A.A. medical certificate; certification appropriate to the class of aircraft to be piloted; and a valid commercial operators certificate. The staffing pattern of pilots shall provide for a minimum of ten (10) hours of continuous uninterrupted rest in any twenty-four (24) hour period. Additionally, the pilot shall meet or exceed the following requirements in addition to those specified by the F.A.A.:~~

~~(A) If less than one hundred (100) hours is aircraft type:~~

~~(i) factory school or equivalent (ground and flight); and~~

~~(ii) fifteen (15) hours as pilot-in-command in aircraft type prior to EMS missions:~~

~~(B) If over one hundred (100) hours in aircraft type; then current F.A.R. Part 135 check ride:~~

who shall complete an orientation program covering flight, and air-medical operations as prescribed by the air-medical director.

(2) The second person shall be an Indiana certified paramedic or registered nurse or a physician with a valid unlimited license to practice medicine.

(3) ~~At The discretion of the air-medical director,~~ a third person **shall be any appropriate personnel** to properly care for the medical needs of the patient ~~may be as required on board the fixed-wing aircraft in the patient compartment. If the aircraft routinely provides transport above two thousand (2,000) feet AGL, the medical personnel on board the aircraft shall be trained in air transport problems and principles of pressure phenomena.~~

(4) All medical personnel on board the aircraft must be trained in air transport problems and principles of flight physiology.

(b) The advanced life support fixed-wing air ambulance service provider organization shall notify the commission in writing within

thirty (30) days of any change in the advanced life support services provided.

(c) After proper notice and hearing, the commission may levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 or 836 IAC 2-13-1 or suspend or revoke a certificate issued under 836 IAC 1, 836 IAC 2, and this article for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or other requirements of 836 IAC 1 and 836 IAC 2.

(d) The commission may initiate proceedings to suspend or revoke a certificate upon its own motion or on the verified written complaint of any interested person, and all such proceedings will be held in and conducted in accordance with the provisions of IC 4-21.5-1.

(e) Notwithstanding 836 IAC 1 and 836 IAC 2, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without a hearing for a period not to exceed thirty (30) days upon notice to the certificate holder.

(f) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-5; filed Oct 11, 1988, 11:05 a.m.: 12 IR 378; filed May 15, 1998, 10:25 a.m.: 21 IR 3928*)

SECTION 15. 836 IAC 3-3-6 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-3-6 Equipment list

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

Affected: IC 16-31-3-20

Sec. 6. (a) The advanced life support fixed-wing air ambulance service provider organization shall ensure that the following basic life support and advanced life support equipment is available on-board each aircraft and is appropriate for the age and medical condition of the patient to be transported, at the time of transport:

(1) Portable **or fixed** suction ~~with appropriate catheters and tips apparatus~~, capable of a minimum **vacuum** of three hundred (300) millimeters of mercury, **equipped with wide-bore tubing and other rigid and soft pharyngeal suction tips.**

(2) Oropharyngeal airways **(adult, child, and infant sizes).**

(3) Nasopharyngeal airways **(small, 20-24 french; medium, 26-30 french; large, 30 french or greater).**

~~(4) Pocket mask w/O₂ inlet.~~

~~(5) (4) Bag mask with reservoir 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:~~

~~(A) Adult.~~

~~(B) Child.~~

~~(C) Infant (mask only).~~

~~(D) Neonatal (mask only).~~

~~(6) (5) Portable oxygen equipment with appropriate cannulas or mask of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.~~

~~(6) Oxygen delivery device shall include the following:~~

~~(A) High concentration devices (two (2) each, in adult, child, and infant sizes):~~

~~(B) Low concentration devices, two (2) in adult size.~~

~~(7) Blood pressure cuffs or stethoscope manometer, one (1) each in the following cuff sizes:~~

~~(A) Large adult.~~

~~(B) Adult.~~

~~(C) Child.~~

~~(8) Stethoscope in adult size.~~

~~(8) Bandages and dressings (9) Wound care supplies to include but not limited to, the following:~~

~~(A) Sterile gauze pads (4 × 4).~~

~~(B) Nonsterile gauze pads (4 × 4).~~

~~(C) Soft roller bandage (2 × 4 yards).~~

~~(D) Absorbent trauma dressings.~~

~~(E) (B) Airtight dressing.~~

- (F) Sterile burn sheets (commercial or hospital prepared are acceptable).
- (9) (C) Bandage shears.
- (D) Adhesive tape, or safety pins: **two (2) rolls.**
- (10) Rigid extrication collars, ~~small, medium, and large~~ (pediatric sizes are recommended) **two (2) each capable of the following sizes:**
 - (A) Pediatric.
 - (B) Small.
 - (C) Medium.
 - (D) Large.
- (11) Splints, wood, wire, ladder, plastic, or pneumatic in appropriate quantities as required.
- (12) Urinal or bedpan.
- (13) **(11) Portable defibrillator with self-contained cardiac monitor and E.C.G. strip writer and equipped with defibrillation pads or paddles, appropriate for both adult and pediatric defibrillation, that will not interfere with the aircraft's electrical and radio system. (Pediatric paddles are recommended.)**
- (14) Tracheal suction catheters.
- (15) **(12) Endotracheal intubation devices, including the following equipment: to include**
 - (A) Laryngoscopes with spare batteries and bulbs. ~~for each,~~
 - (B) Laryngoscope blades **(adult and pediatric, curved and straight).**
 - (C) **Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.**
- (16) **(13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities.**

(b) Additional equipment and supplies approved by the supervising hospital shall be identified by the fixed-wing air ambulance service provider organization air-medical director and reported in writing to the commission for initial certification and recertification.

(c) ~~Controlled drugs will not be left on unattended aircraft unless adequate security precautions have been taken as described in the application for advanced life support fixed-wing air ambulance service provider organization and approved by the commission. A closed compartment, substantially constructed and equipped with a secure locking device, may be provided within the aircraft for storage of drugs when the aircraft is not in use or unattended.~~

~~(d)~~ (c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support fixed-wing air ambulance service provider organization medical director. **All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the Indiana board of pharmacy and the drug enforcement administration. (Indiana Emergency Medical Services Commission; 836 IAC 3-3-6; filed Oct 11, 1988, 11:05 a.m.: 12 IR 379; filed May 15, 1998, 10:25 a.m.: 21 IR 3929)**

SECTION 16. 836 IAC 3-3-7 IS AMENDED TO READ AS FOLLOWS:

836 IAC 3-3-7 Communications systems requirements

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

Affected: IC 16-31-3-20

Sec. 7. (a) Each fixed-wing ambulance shall have all communications equipment required under ~~F.A.R.~~ **Part 14 CFR 135** for the type of aircraft and service provided. In addition, the fixed-wing ambulance shall have radio communications equipment that allows it to communicate directly with Indiana hospitals utilizing either the Indiana hospital emergency radio network (IHERN) system, the ultrahigh frequency medical communications channels used for advanced life support, or air-to-ground radio telephone.

(b) Transmitters are to operate with an output power not to exceed ten (10) watts as applicable to FCC rules and regulations.

(c) The fixed-wing air ambulance service provider shall maintain a dispatch and tactical communications system with the capability to provide a voice communications linkage with the fixed-wing air ambulance service provider's base station. This channel will be used exclusively for dispatch and tactical communications and shall be apart from any involved in the IHERN.

(d) In addition to subsection (a), each multi-engine fixed-wing air ambulance shall be equipped with a minimum of two (2) VHF aircraft band transceivers and two (2) independently functioning audio panels, allowing each required pilot to communicate with ground resources separately. *(Indiana Emergency Medical Services Commission; 836 IAC 3-3-7; filed Oct 11, 1988, 11:05 a.m.: 12 IR 380; filed May 15, 1998, 10:25 a.m.: 21 IR 3929)*

SECTION 17. 836 IAC 3-3-8 IS ADDED TO READ AS FOLLOWS:

836 IAC 3-3-8 Penalties

Authority: IC 16-31-3-14

Affected: IC 4-21.5-3; IC 16-31-2-7; IC 16-31-2-9; IC 16-31-3-17; IC 16-31-10-1

Sec. 8. (a) The commission or director may penalize an ambulance service provider, or a person certified under this article, up to five hundred dollars (\$500) per occurrence for a violation of patient care standards, protocols, operating procedures, or rules established by the commission.

(b) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5-3.

(c) As used in this section, "per occurrence" means a violation of patient care standards, protocols, operating procedures, or rules established by the commission that remains uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee.

(d) The director or commission may assess penalties up to five hundred dollars (\$500) per occurrence for the following violations:

- (1) Air ambulance specifications.**
- (2) Emergency care equipment.**
- (3) Operating procedures.**
- (4) Patient care standards or protocols.**
- (5) Training requirements.**
- (6) Individual certification requirements.**
- (7) Failure to comply with this title.**

(Indiana Emergency Medical Services Commission; 836 IAC 3-3-8)

SECTION 18. 836 IAC 3-5-1 IS AMENDED TO READ AS FOLLOWS:

Rule 5. Registry for Out-of-State Advanced Life Support Fixed-Wing Ambulance Service Provider

836 IAC 3-5-1 Certificate of registry

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

Affected: IC 16-31-3-20

Sec. 1. (a) Application for ~~certification~~ certificate of registry as a fixed-wing ambulance service provider shall be made on forms prescribed by the commission and include, but are not limited to, a narrative summary of plans for providing fixed-wing ambulance services, including the following:

- (1) The staffing pattern of personnel.**
- (2) Base of operations and a level of care to be provided.**
- (3) The training and experience of the applicant in the transportation and care of patients.**
- (4) A description and general location of each aircraft to be used as an air ambulance, including the make, model, year of manufacture, insignia, name or monogram, or other distinguishing characteristics.**
- (5) Types and quantity of medical equipment on board.**
- (6) Proof of current valid certification or license issued by another state.**
- (7) Other information as requested by the commission.**

(b) Upon approval by the commission, the fixed-wing ambulance service provider shall be ~~certified~~ registered by the commission. and a certificate will be issued.

(c) Each fixed-wing ambulance shall comply with all applicable F.A.A. and F.A.R. requirements pertaining to operating as a commercial air transport service.

(d) Certificate of registry is required for all advanced life support fixed-wing ambulance service providers based outside of Indiana and transporting patients originating in Indiana. (*Indiana Emergency Medical Services Commission; 836 IAC 3-5-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 380; filed May 15, 1998, 10:25 a.m.: 21 IR 3930*)

SECTION 19. 836 IAC 3-6-1 IS REPEALED.

Notice of Public Hearing

Under IC 4-22-2-24, notice is hereby given that on March 6, 2001 at 10:30 a.m., at the Indiana Government Center-South, 402 West Washington Street, Conference Center Room 1, Indianapolis, Indiana the Indiana Emergency Medical Services Commission will hold a public hearing on proposed amendments concerning the certification and standards of air ambulance providers. Copies of these rules are now on file at the Indiana Government Center-South, 302 West Washington Street, Rooms E208 and E239 and Legislative Services Agency, One North Capitol, Suite 325, Indianapolis, Indiana and are open for public inspection.

Rodney Coats
Chairman
Indiana Emergency Medical Services Commission