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**TITLE 836 INDIANA EMERGENCY MEDICAL
SERVICES COMMISSION**

Proposed Rule
LSA Document #02-91

DIGEST

Amends 836 IAC 1, 836 IAC 2, 836 IAC 3, and 836 IAC 4 to revise, clarify, and correct the certification and training requirements and the definitions applicable to emergency medical service personnel, providers, and air ambulances (rotocraft and fixed wing) and vehicles (transport and nontransport). Also adds 836 IAC 1-1-2, 836 IAC 1-1-3, 836 IAC 1-3-6, 836 IAC 2-7.2, 836 IAC 4-6.1, and 836 IAC 4-7.1 to combine enforcement, waiver, and insurance and establish new certification and training requirements for advanced emergency medical technician intermediate personnel and providers. Repeals 836 IAC 1-2-4, 836 IAC 1-8-1, 836 IAC 1-11-5, 836 IAC 2-12-1, 836 IAC 2-13-1, 836 IAC 3-2-8, 836 IAC 3-3-8, 836 IAC 3-4-1, 836 IAC 4-2-5, and 836 IAC 4-10-1. Effective 30 days after filing with the secretary of state.

836 IAC 1-1-2	836 IAC 3-2-4
836 IAC 1-1-3	836 IAC 3-2-5
836 IAC 1-2-1	836 IAC 3-2-8
836 IAC 1-2-2	836 IAC 3-3-4
836 IAC 1-2-3	836 IAC 3-3-5
836 IAC 1-2-4	836 IAC 3-3-8
836 IAC 1-3-5	836 IAC 3-4-1
836 IAC 1-3-6	836 IAC 4-1-1
836 IAC 1-8-1	836 IAC 4-2-1
836 IAC 1-11-1	836 IAC 4-2-2
836 IAC 1-11-2	836 IAC 4-2-5
836 IAC 1-11-4	836 IAC 4-3-2
836 IAC 1-11-5	836 IAC 4-4-1
836 IAC 2-1-1	836 IAC 4-5-2
836 IAC 2-2-1	836 IAC 4-6.1
836 IAC 2-7.1-1	836 IAC 4-7-2
836 IAC 2-7.2	836 IAC 4-7.1
836 IAC 2-12-1	836 IAC 4-9-3
836 IAC 2-13-1	836 IAC 4-10-1
836 IAC 2-14-5	

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

836 IAC 1-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 16-18; IC 16-31-2-9; IC 16-31-3-1; IC 16-31-3

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

- (1) "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.
- (2) "Ambulance service provider" 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.

(3) "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.

(4) "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 of epinephrine through an auto-injector.
- (K) Other procedures authorized by the commission, including procedures contained in the revised national emergency medical technician-basic training curriculum guide.

The term does not include invasive medical care techniques, except for clause (J) and the training and certification standards established under IC 16-31-2-9(4) and the training and certification standards established under IC 16-31-2-9(5).

(5) "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.

(+) (6) "Commission" means the Indiana emergency medical services commission.

(2) (7) "Director" means the director of the state emergency management agency. ~~or the director's designee of the commission.~~

(8) "Emergency ambulance services" means the transportation of emergency patients by ambulance and the administration of emergency care procedures to emergency patients before or during such transportation.

(9) "Emergency medical service nontransport provider" 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.

(10) "Emergency medical services" means the provision of emergency ambulance services or other 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.

(11) "Emergency medical services driver" means an individual who has a certificate of completion of a commission-approved driver training course.

(12) "Emergency medical services provider" 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.

(13) "Emergency medical services vehicle" means:

- (A) an ambulance;
- (B) an emergency medical service nontransport vehicle;
- (C) a rescue squad; or
- (D) an advanced life support nontransport vehicle.

(14) "Emergency medical technician" means an individual who is certified by the commission to provide basic life support at the scene of an accident, illness, or during transport.

(15) "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.

(16) "F.A.A." means the Federal Aviation Administration.

(17) "F.A.R." means the federal aviation regulations, including, but not limited to, 14 CFR.

(18) “Nontransporting emergency medical services 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.

(3) (19) “Person” means any:

(A) natural person or persons;

(B) firm;

(C) partnership;

(D) corporation;

(E) company;

(F) association; or

(G) joint stock association; or

and the legal successors thereof, including any

(F) governmental agency or instrumentality, entity other than an agency or instrumentality of the United States, except that “an agency or instrumentality of the United States”, as that phrase is used in IC 16-31-3-3(b), means to exclude all nongovernmental entities that have a contract with the government of the United States or any bureau, board, commission, or statutorily created entity thereof.

(4) “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.

(5) “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.

(6) “Ambulance service provider” means any person who is certified by the commission and 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.

(7) “Emergency medical technician” means an individual certified by the commission who is:

(A) responsible for the administration of emergency care procedures to emergency patients and for the handling and transportation of such patients; and

(B) certified under this article.

(8) “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.

(9) “Emergency ambulance services” means the transportation of emergency patients by ambulance and the administration of emergency care procedures to emergency patients before, or during, such transportation.

(10) “Emergency medical services” means the provision of emergency ambulance services or other 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.

(11) “ATCO” means air taxi and commercial operators, with reference to air taxi and commercial operators, operations certificate outlined in Federal Aviation Regulations, Part 135.

(12) “F.A.A.” means the Federal Aviation Administration.

(13) “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.

(14) “A.G.L.” means above ground level.

(15) “Emergency medical services provider” 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.

(16) “Rescue squad organization” means an organization that holds a voluntary certification to provide extrication, rescue, or emergency medical services.

(17) “Emergency medical services driver” means an individual who has a certificate of completion of a commission approved driver training course.

(18) “Emergency medical service nontransport provider” 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.

(19) "Emergency medical service nontransport vehicle" means a motor vehicle other than an ambulance, owned or leased by a certified emergency medical service provider, which provides first response patient care at an emergency that includes defibrillation 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.

(20) "Emergency medical services vehicle" means:

- (A) an ambulance;
- (B) an emergency medical service nontransport vehicle;
- (C) a rescue squad; or
- (D) an advanced life support nontransport vehicle.

(21) "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) Other procedures authorized by the commission, including procedures contained in the revised national emergency medical technician-basic training curriculum guide.

(20) "Rescue squad organization" means an organization that holds a voluntary certification to provide extrication, rescue, or emergency medical services.

(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)

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

836 IAC 1-1-2 Enforcement

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-15

Affected: IC 4-21.5-3; IC 4-21.5-4; IC 4-22; IC 16-31-2-7; IC 16-31-2-9; IC 16-31-3-17; IC 16-31-10-1

Sec. 2. (a) After notice and hearing, the commission may suspend, revoke, or refuse to issue or reissue any certificate issued under IC 16-31-3 and this title for any of the following reasons:

- (1) Demonstrated incompetence or inability to provide adequate services as defined in any Indiana commission approved training curricula for which a person has completed to acquire certification.**
- (2) Deceptive or fraudulent procurement of certification or recertification credentials and/or documentation.**
- (3) Willful or negligent practice beyond the scope of practice as defined by any Indiana commission- approved training curricula and this title.**
- (4) Delegating a skill to a person not qualified.**
- (5) Abuse or abandonment of a patient.**
- (6) Rendering of services under the influence of alcohol or drugs.**
- (7) Operation of an emergency medical services vehicle in a reckless or grossly negligent manner or while under the influence of alcohol or drugs.**
- (8) Unauthorized disclosure of medical records or other confidential patient information.**
- (9) Willful preparation or filing of false medical reports, or the inducement of others to do so.**
- (10) Unauthorized destruction of medical records.**
- (11) Refusal to respond to a call or to render emergency medical care when operating in an official capacity**

because of a patient's race, sex, creed, national origin, sexual preference, age, disability, or medical condition.

(12) Failure to comply with any part of IC 16-31-3 or this title.

(13) Conviction of a crime listed under IC 16-31-3-14.5 or IC 16-31-3-15. As used in this section, "conviction" means a finding of guilt by a judge or jury, a guilty plea, a plea of nolo contendere or non-vult, or accepting entry into a pretrial intervention program.

(14) Willful or wanton misuse or theft of any drug, medication, or medical equipment.

(15) Willful obstruction of any official of the commission or other agency empowered to enforce the provisions of this title or Indiana law.

(16) Revocation or suspension of certification or license as a first responder, emergency medical technician, advanced emergency medical technician, advanced emergency medical technician intermediate, paramedic, instructor, or other medical professional by any other state or federal jurisdiction.

(17) Any conduct that poses a threat to public health, safety, or welfare.

(b) After notice and hearing, the director may penalize an ambulance service provider, or a person certified under this title up to five hundred dollars (\$500) per occurrence for a violation of a patient care standard, protocol, operating procedure, or rule established by the commission.

(c) The commission or the director may, on finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for not more than ninety (90) days on a notice to the certificate holder pursuant to IC 16-31-3-14(d) and IC 4-21.5-4. (*Indiana Emergency Medical Services Commission; 836 IAC 1-1-2*)

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

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) A provider or person certified or contemplating certification under this title may submit to the commission a written request that certain provisions of this title be waived. Such a request shall show that a proposed waiver, if approved, would not jeopardize the quality of patient care.

(b) The commission may approve a request based on one (1) or more of the following:

(1) Circumstances where public health and safety is a factor.

(2) Extenuating or mitigating circumstances that warrant consideration to assure the delivery of emergency medical services.

(3) Substitution of equipment authorized by this article.

(4) Testing of new procedures, techniques, and equipment in a pilot study authorized by the commission and supervised by the commission's designee.

(5) Special staffing and/or equipment requirements for a land ambulance providing interhospital emergency transportation of critical care patients.

(c) Out-of-state provider waiver requirements are as follows:

(1) Pursuant to IC 16-31-3-5, the commission shall waive any rule for:

(A) a person who provides emergency ambulance service;

(B) an emergency medical technician; or

(C) 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 patient who are picked up or treated in Indiana.

(2) To receive such a waiver, an applicant shall submit the following:

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

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

(ii) A description of the service area.

(iii) Hours of operation.

(iv) Proof of insurance coverage in amounts as specified in section 6 of this rule and shall be submitted with the application.

(v) Other information as required by the commission.

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

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

(d) The commission may establish time limits and conditions on an approved waiver, an approved waiver will be effective for no more than two (2) years after the date of commission approval.

(e) A person or provider with an approved waiver may request that the commission renew this waiver. Such a request is subject to the requirements of this section. If the commission approves the request for renewal, the renewed waiver will expire two (2) years after the date of commission approval. (*Indiana Emergency Medical Services Commission; 836 IAC 1-1-3*)

SECTION 4. 836 IAC 1-2-1, AS AMENDED AT 25 IR 2506, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

836 IAC 1-2-1 General certification provisions

Authority: IC 16-31-2-7

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

Sec. 1. (a) A person shall not engage in the business or service of providing emergency ambulance services upon any public way of the state unless they hold a valid certificate issued by the commission for engaging in such a business or service as an ambulance service provider.

(b) A certificate is not required for a person who provides emergency ambulance service, an emergency medical technician, or an ambulance when:

- (1) rendering 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 **and returned to original state of origin;**
- (3) providing emergency medical services during a major catastrophe or disaster with which persons or ambulance services are insufficient or unable to cope;
- (4) an agency or instrumentality of the United States and any emergency medical technicians or ambulances of such agency or instrumentality are not required to be certified or to conform to the standards prescribed under 836 IAC 1-1-1(3); or
- (5) transportation of a patient from another state into Indiana and returned.

(c) Each ambulance, while transporting a patient, shall be staffed by not less than two (2) persons, one (1) of whom shall be a certified emergency medical technician and who shall be in the patient compartment unless an exemption is approved by the commission through subsection (g).

~~(d) After notice and hearing, the commission may and is authorized to suspend or revoke a certificate issued under IC 16-31 or impose a fine of up to five hundred dollars (\$500) in accordance with section 4 of this rule; or both; for:~~

~~(1) fraud or misrepresentation in procuring certification; or~~

~~(2) failure to comply and maintain compliance with; or for violation of; any applicable provisions; standards; or other requirement of IC 16-31 or this title:~~

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 shall be held and conducted in accordance with IC 4-21.5.

(e) Notwithstanding the provision of subsection (d), the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.

(f) Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.

(g) An ambulance service provider seeking certification of a land ambulance specially staffed, equipped, or uniquely designed to provide interhospital emergency transportation of critical care patients, for example:

- (1) coronary care;
- (2) high risk infant;
- (3) poisoning;
- (4) psychiatric; and
- (5) alcohol and drug overdose;

may petition the commission for exemption from one (1) or more of the specifications or requirements listed in this article. The ambulance service provider shall submit with the application a description of the medical capability of each person who usually staffs the patient compartment when transporting an emergency patient and a description of radio communications capabilities. 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 article. Exemption(s) requested shall not be approved if, in the opinion of the commission, the exemption(s) would impair the capabilities of the ambulance service provider to provide proper emergency patient care.

(h) (d) An ambulance service provider seeking certification for other than a land or air ambulance may petition the commission for any exemptions from one (1) or more of the requirements set forth in this article and 836 IAC 2.

(i) (e) Each emergency patient shall be transported in a certified ambulance.

(j) (f) **Each ambulance service provider shall do the following:**

(1) Notify the ~~commission~~ **director** in writing within thirty (30) days of any changes in **and** items ~~listed in the application required~~ in section 2(a) of this rule.

(~~k~~) (2) Notify the ~~commission~~ **director** in writing immediately of change in medical director, including medical director approval form and protocols.

(h) (g) Each ambulance service provider shall secure a medical director who shall be a physician with an unlimited license to practice medicine in Indiana and who has an active role in the delivery of emergency care. 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.
- (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 ~~emergency medical~~ **ambulance service provider** organization.
- (4) Assist in the continuing education programs of the ~~emergency medical~~ **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 ~~emergency medical~~ **ambulance service provider** organization.
- (7) Participate in the audit and review of cases treated by the emergency medical personnel of the ~~emergency medical~~ **ambulance service provider** organization.
- (8) Assure compliance with approved medical standards established by the commission performed by **ambulance service provider** organization.
- (9) Establish protocols for automatic defibrillation, airway management, patient-assisted medications, and emergency medical technician-administered medications as approved by the commission.

(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

SECTION 5. 836 IAC 1-2-2 IS AMENDED TO READ AS FOLLOWS:

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-8

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

- (1) Applicants shall complete the required forms and submit the forms to the director not less than sixty (60) days prior to the requested effective date of the certificate.
- (2) Each ambulance, with its equipment as required in this article, shall be made available for inspection by the director or the director's ~~duly~~ authorized representative.
- (3) The premises on which ambulances are parked or garaged and on which ambulance supplies are stored shall be open during business hours to the director, or the director's ~~duly~~ authorized representative, for inspection.
- (4) A complete listing of affiliated personnel to be utilized as emergency medical technicians, first responders, and drivers shall be submitted to the director. The director shall be notified in writing within thirty (30) days of any change in personnel.
- (5) 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 owner, chief executive officer, chief operations officer, training officer, and medical director.
 - (E) Current Federal Communications Commission license or letter of authorization.
 - (F) Location of ambulance service provider's records.
 - (G) Proof of insurance coverage in amounts as specified in section 3(g) of this rule shall be submitted with the application and shall be renewed thirty (30) days prior to the expiration of the current insurance.
 - (H) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the director. The certificate shall be:

- (1) valid for a period of two (2) years; ~~unless earlier revoked or suspended by the commission and shall be~~
- (2) prominently displayed at the place of business.

(c) Application for ambulance service provider 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 prescribed by the commission. ~~and shall indicate compliance with the requirements set forth for original certification:~~

(d) Ambulance service providers in states immediately adjacent to Indiana who provide ambulance service within Indiana under a contract with an Indiana local unit of government shall be certified by the commission in accordance with this article or apply for waiver of this article so long as the following requirements are met:

(1) The Indiana local unit of government shall do the following:

- (A) Notify the commission of the intent to provide emergency medical services to residents of their area of responsibility when such services will be provided by an ambulance service in an adjacent state not certified by the commission and said ambulance service is unable to comply with this article for certification.
- (B) Provide a copy of a legally binding contract for services describing the conditions under which emergency medical services will be provided.
- (C) Show proof of the issuance of public notice describing any and all differences between the state standards in existence for the contracted provider of ambulance service and the standards adopted by the commission.
- (D) The commission may issue certification under this provision for a period of two (2) years.

(2) The commission may revoke certification of the contracted ambulance service provider immediately upon determining that the contracted ambulance service provider is in violation of existing adjacent state rules and

regulations regarding the provision of emergency medical services:

(3) Violations of Indiana patient care standards or standards existing under the contracted ambulance service providers state rules and regulations are subject to the provision and levying of fines as described in section 4 of this rule at the discretion of the director and shall be the responsibility of the Indiana local unit of government as the contractee.

(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)

SECTION 6. 836 IAC 1-2-3 IS AMENDED TO READ AS FOLLOWS:

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

Authority: IC 16-31-2-7

Affected: IC 16-18; IC 16-31-3-2; IC 34-6-2-49

Sec. 3. (a) Each ambulance service provider shall maintain accurate records concerning the transportation of each emergency patient within Indiana, including an ambulance run report form in an electronic or written format as prescribed by the commission as follows:

(1) An ambulance run report form shall be required by all ambulance providers including, at a minimum, the following information about the patient:

- (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 should also be included.
- (N) Responsible guardian.
- (O) Hospital destination.
- (P) Radio contact via UHF or VHF.
- (Q) Name of patient attendants, including emergency medical service certification numbers.
- (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 scene.
- (iv) Time of departure from scene.
- (v) Time arrived hospital.
- (vi) Time departed hospital.
- (vii) Time vehicle available for next response.
- (viii) Time vehicle returned to station.

(2) The report form shall be designed in a manner to provide space for narrative notation of additional medical information. A copy of the form shall be provided to the receiving facility for the purpose of patient information and record.

(3) 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 run documentation.

(b) All ambulance service providers shall participate in the emergency medical service system review by:

- (1) collecting all data elements prescribed by the commission; and
- (2) reporting that information according to procedures and schedules prescribed by the commission.

(c) An ambulance service provider shall not operate a land ambulance on any public way in Indiana ~~if unless~~ the ambulance is ~~not~~ in full compliance with the ambulance certification requirements established and set forth in this article, ~~or exemptions approved by the commission, and which does not have a certificate issued pursuant to IC 16-31,~~ except an ambulance service provider 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 shall notify the commission 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 vehicle identification number of the replacement ambulance.
 - (D) The 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 and, upon return to service, the use of the replacement vehicle shall cease and the temporary certificate shall be returned to the commission. ~~If the replaced ambulance is not returned to service within the sixty (60) day period, use of the replacement ambulance shall cease unless certification is approved in accordance with 836 IAC 1-3.~~

(d) The ambulance service provider's premises shall be maintained, suitable to the conduct of the ambulance service, with provision for adequate storage of ambulances and equipment.

(e) Each ambulance service provider shall provide for a periodic maintenance program to assure that all ambulances, including equipment, are maintained in good working condition ~~and that rigid sanitation procedures are in effect~~ at all times.

(f) All ambulance service provider premises, records, garaging facilities, and ambulances shall be made available for inspection by the commission, director, or a duly authorized representative at any time during operating hours.

~~(g) The insurance requirement of IC 16-31-3-2(2) is satisfied if the ambulance service provider:~~

- ~~(1) has in force and effect public liability insurance in the sum of not less than three hundred thousand dollars (\$300,000) combined single limit, issued by an insurance company licensed to do business in Indiana; or~~
- ~~(2) is a government entity within the meaning of IC 34-6-2-49. Coverage shall be for every ambulance owned or operated by or for the ambulance service provider.~~

~~(h)~~ (g) Each ambulance service provider shall provide and maintain a communication system that meets or exceeds the requirements set forth in 836 IAC 1-4.

~~(h)~~ **(h)** Each ambulance service provider shall designate one (1) person as the organization's training officer to assume responsibility for in-service training. This person shall be certified as an emergency medical technician, an advanced emergency medical technician, a paramedic, a registered nurse, a certified physician assistant, or a licensed physician who is actively involved in the delivery of emergency medical services with that organization. The training officer shall be responsible for the following:

- (1) Providing and maintaining records of in-service training offered by the provider organization.
- (2) Maintaining the following in-service 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 in-service training sessions.
- (3) Signing individual emergency medical technician training records or reports to verify actual time in attendance at a training sessions.

~~(i)~~ **(i)** An ambulance service provider 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 ambulance service provider.

~~(j)~~ **(j)** Each ambulance service provider shall notify the director within thirty (30) days of the present and past specific location of any ambulance if the location of the ambulance is changed from that specified in the provider's application for ambulance service provider certification or certification renewal.

~~(k)~~ **(k)** Each ambulance service provider shall, within seven (7) consecutive days of the date a certified ambulance is permanently withdrawn from service, return to the director the certificate and window sticker issued by the commission for the ambulance.

~~(l)~~ **(l)** No certified ambulance service provider 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 as defined in IC 16-18 unless the vehicle is used solely in another state for patient care.

~~(m)~~ **(m)** Each ambulance service provider shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all ambulances:

- (1) The interior and the equipment within the vehicle shall be clean and maintained in good working order at all times.
- (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. Multi-use 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 cleansed and all contact surfaces washed in accordance with current decontamination and disinfecting standards. All hazardous and biohazard materials shall be disposed of in accordance with current hazardous and biohazard disposition standards.

~~(n)~~ **(n)** An ambulance service provider shall not engage in the provision of advanced life support as defined in IC 16-18 unless:

- (1) the ambulance service provider is certified pursuant to 836 IAC 2 and the vehicle meets the requirements of 836 IAC 2; or
- (2) an exemption has been granted or authorized for the ambulance service provider and vehicle(s) pursuant to this article or 836 IAC 2.

~~(o)~~ **(o)** Each emergency medical services provider, under the responsibility of its chief executive officer and medical

director, 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 against established standards of care.
- (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 medical director.
 - (B) An emergency department committee that is supervised by a medical director. An emergency medical services provider representative shall serve as a member on the committee.
 - (C) A committee established by the emergency medical services provider.

~~(p)~~ **(p)** An ambulance service provider may operate ~~an~~ **a nontransport** emergency medical services vehicle ~~as a an emergency medical service nontransport vehicle~~ in accordance with 836 IAC 1-11-4.

~~(q)~~ **(q)** All records shall be retained 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) Run reports.
- (3) Training records.

~~(r)~~ **(r)** An ambulance service provider ~~and any affiliated emergency medical technician possessing~~ **with approval for intravenous line maintenance training from the provider organization's medical director may transport a patient from a medical care facility if the only advanced life support procedure that has been previously initiated for the patient is an intravenous line administering prepackaged solutions that may contain** ~~with~~ the following: additives and no others:

- (1) **Vitamins: PCA Pump with any medication or fluid infusing through a peripheral IV.**
- (2) **Sodium chloride, excluding saline solutions in excess of nine-tenths percent (0.9%) concentration: Medication infusing through a peripheral IV or continuous subcutaneous catheter via a closed, locked system.**
- (3) **Potassium chloride (twenty (20) milliequivalent per liter maximum): A central catheter that is clamped off.**
- (4) **Crystalloid solution: A patient with a feeding tube that is clamped off.**
- (5) **A patient with a Holter monitor.**
- (6) **A patient with a peripheral IV infusing vitamins.**
- (7) **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 (0.9% or less), Potassium Chloride (20mEq or less for emergency medical technicians, 40mEq or less for advanced emergency medical technicians).**

This requirement applies so long as the ambulance meets all certification requirements under IC 16-31 and all staffing and equipment requirements of this article. At no time will piggy-back or secondary intravenous line or blood products be transported.

(s) An ambulance service provider who has any certified vehicles involved in any traffic accident investigated by a law enforcement agency must report that accident to the commission within ten (10) working days on a form prescribed by the commission. (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)

SECTION 7. 836 IAC 1-3-5, AS AMENDED AT 25 IR 2507, SECTION 2, IS AMENDED TO READ AS

FOLLOWS:

836 IAC 1-3-5 Emergency care equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 5. Each and every 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 wide-bore tubing and both rigid and soft pharyngeal suction tips.
 - (B) On-board 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 yoke, medical regulator, pressure gauge, and nondependent flowmeter.
 - (G) On-board oxygen equipment of at least three thousand (3,000) liters capacity (M size cylinder) with yoke, medical regulator, pressure gauge, and 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 back board 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 ~~limited to, if approved by medical director, the following:~~ **as follows:**
 - (A) Beginning July 1, 2003, every ambulance shall be required to have epinephrine auto-injectors limited to the following:**
 - (i) Two (2) adult.**
 - (ii) One (1) pediatric.**
 - (B) If approved by medical director, limited to the following:**
 - ~~(A)~~ **(i) Baby aspirin, eighty-one (81) milligrams each.**
 - ~~(B)~~ **(ii) Activated charcoal.**
 - ~~(C)~~ **(iii) Instant glucose.**
- (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)

SECTION 8. 836 IAC 1-3-6 IS ADDED TO READ AS FOLLOWS:

836 IAC 1-3-6 Insurance

Authority: IC 16-31-2-7

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

Sec. 6. (a) This section does not apply to ambulances owned by a governmental entity covered under IC 34-13-3.

(b) The commission may not issue a certification for an ambulance until the applicant has filed with the commission a certificate of insurance indicating that the applicant has liability insurance:

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

(2) that provides general liability coverage to a limit of at least:

(A) one million dollars (\$1,000,000) for the injury or death of any number of persons in any one (1)

occurrence; and

(B) five hundred thousand dollars (\$500,000) for property damage in any one (1) occurrence.

(c) An insurance policy required under this section may include a deductible clause if the clause provides that any settlement made by the insurance company with an injured person or a personal representative must be paid as though the deductible clause did not apply.

(d) An insurance policy required under this section must provide, by the policy's original terms or an endorsement, that the insurer may not cancel the policy without:

(1) thirty (30) days written notice; and

(2) a complete report of the reasons for the cancellation to the office.

(e) An insurance policy required under this section must provide, by the policy's original terms or an endorsement, that the insurer shall report to the department within twenty-four (24) hours after the insurers pay a claim or reserves any amount to pay an anticipated claim that reduces the liability coverage below the amounts established in this section.

(f) 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 owner of the ambulance shall replace the policy with another policy that complies with this section.

(g) If the owner of the ambulance fails to file a certificate of insurance for new or replacement insurance, the owner of the ambulance:

(1) must cease all operations under the certification immediately; and

(2) may not conduct further operations until the owner of the ambulance receives the approval of the commission to resume operations after the owner of the ambulance complies with the requirements of this section.

(Indiana Emergency Medical Services Commission; 836 IAC 1-3-6)

SECTION 9. 836 IAC 1-11-1, AS AMENDED AT 25 IR 2508, SECTION 3, IS AMENDED TO READ AS FOLLOWS:

836 IAC 1-11-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 4-33; IC 5-2-5-1; IC 16-21; IC 16-31; IC 22-12-1-12

Sec. 1. (a) An organization eligible to be a certified emergency medical services nontransport provider shall be an established emergency services organization and shall be one (1) of the following:

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

(2) Law enforcement agency as defined in IC 5-2-5-1.

(3) Hospital as licensed under IC 16-21.

(4) Any provider organization certified under IC 16-31.

(5) Indiana gaming organizations as defined in IC 4-33.

(6) Other organizations approved by the commission.

~~(b) Notwithstanding subsection (a), the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.~~

~~(c) Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.~~

~~(d) After notice and hearing, the commission may, and is authorized to, suspend or revoke a certificate issued under IC 16-31 or impose a fine of up to five hundred dollars (\$500) in accordance with section 5 of this rule, or both, for:~~

- (1) fraud or misrepresentation in procuring certification; or
- (2) failure to comply and maintain compliance with, or for violation of, any applicable provision, standard, or other requirement of IC 16-31 or this title.

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 shall be held and conducted in accordance with IC 4-21.5: (*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*)

SECTION 10. 836 IAC 1-11-2, AS AMENDED AT 25 IR 2509, SECTION 4, IS AMENDED TO READ AS FOLLOWS:

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

Authority: IC 16-31-2-7

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

Sec. 2. (a) Application for emergency medical services nontransport provider certification shall be made on forms as prescribed by the commission, and the applicant shall comply with the following requirements:

- (1) Applicants shall complete the required forms and submit the forms to the director not less than sixty (60) days prior to the requested effective date of the certificate.
- (2) Each emergency medical services vehicle, with its equipment as required by this article, shall be made available for inspection by the director or the director's duly authorized representative.
- (3) The premises on which emergency medical services vehicle supplies are stored shall be open during operating hours to the director or the director's duly authorized representative, for inspection.
- (4) A complete listing of affiliated personnel to be utilized as emergency medical technicians, first responders, and emergency medical services vehicle drivers shall be submitted to the director. The director shall be notified in writing within thirty (30) days of any change in personnel.
- (5) 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 owner, chief executive officer, chief operations officer, training officer, and medical director.
 - (E) Current Federal Communications Commission license or letter of authorization.
 - (F) Location of emergency medical services nontransport provider's records.
 - (G) Proof of insurance coverage in adequate amounts as specified in subsection (d) shall be submitted with the application and shall be renewed thirty (30) days prior to the expiration of the current insurance.
 - (H) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the director. The certificate shall be valid for a period of two (2) years unless earlier revoked or suspended by the commission and shall be prominently displayed at the place of business.

(c) Application for emergency medical services nontransport provider 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 prescribed by the commission and shall indicate compliance with the requirements set forth for original certification.

(d) Emergency medical services nontransport providers in states immediately adjacent to Indiana who will be providing emergency medical services vehicle service within Indiana under a contract with an Indiana local unit of government shall be certified by the Indiana emergency medical services commission in accordance with this article or apply for waiver of this article so long as the following requirements are met:

- (1) The Indiana local unit of government shall meet the following requirements:

- (A) Notify the Indiana emergency medical services commission of the intent to provide emergency medical services to residents of their area of responsibility when such services will be provided by an emergency medical services vehicle service in an adjacent state not certified by the Indiana emergency medical services commission and said

emergency medical services vehicle service is unable to comply with this article for certification:

(B) Provide a copy of a legally binding contract for services that outlines the conditions under which emergency medical services will be provided:

(C) Show proof of the issuance of public notice that describes any and all differences between the state standards in existence for the contracted provider of emergency medical service and the standards adopted by the commission:

(D) The commission may issue certification under this provision for a period of two (2) years:

(2) The commission may revoke certification of the contracted emergency medical services nontransport provider immediately upon determining that the contracted emergency medical services nontransport provider is in violation of existing adjacent state rules and regulations regarding the provision of emergency medical services:

(3) Violations of Indiana patient care standards or standards existing under the contracted emergency medical services nontransport providers state rules and regulations are subject to the provision and levying of fines as described in 836 IAC 1-2-4 at the discretion of the director and shall be the responsibility of the Indiana local unit of government as the contractee:

(e) (d) Emergency medical services nontransport providers shall submit a copy of an agreement between the nontransporting organization and an ambulance service provider certified pursuant to IC 16-31. The agreement shall ensure that the nontransporting organization can be assured that patients treated shall be transported in a timely and safe manner. The agreement shall not preclude another ambulance service provider, if available, from transporting the patients. (*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*)

SECTION 11. 836 IAC 1-11-4 IS AMENDED TO READ AS FOLLOWS:

836 IAC 1-11-4 Emergency medical services nontransport provider emergency care equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

Sec. 4. Every emergency medical services nontransport provider 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 organizations medical director for use by emergency medical technicians only are epinephrine auto-injectors, limited to the following:**
 - (A) Two (2) adult.**
 - (B) One (1) pediatric.**

(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)

SECTION 12. 836 IAC 2-1-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 2-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 10-4-1-7; IC 10-8-2-1; IC 16-18-2-6; IC 16-21-2; IC 16-31-3-3; IC 25-22.5; IC 35-41-1-26.5

Sec. 1. The following definitions apply throughout this article unless the context clearly denotes otherwise and pertain to all advanced life support requirements and standards promulgated by the commission:

- (1) “Advanced emergency medical technician” means an individual who can perform one (1) or more, 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.**
 - (2) “Advanced emergency medical technician intermediate” means an individual who can perform one (1) or more, 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.**
 - (3) “Advanced emergency medical technician intermediate organization” means an ambulance service provider or other emergency care organization certified by the commission to provide advanced life support services administered by advanced emergency medical technician intermediates in conjunction with a supervising hospital.**
 - (4) “Advanced emergency medical technician organization” means an ambulance service provider or other emergency care organization certified by the commission to provide advanced life support services administered by advanced emergency medical technicians in conjunction with a supervising hospital.**
 - (5) “Advanced life support”, for purposes of IC 16-31, means:**
 - (A) care given:**
 - (i) at the scene of an:**
 - (AA) accident;**
 - (BB) act of terrorism (as defined in IC 35-41-1-26.5), if the governor has declared a disaster emergency under IC 10-4-1-7 in response to the act of terrorism; or**
 - (CC) illness; or**
 - (ii) during transport at a hospital;**
- by a paramedic, advanced emergency medical technician intermediate, or advanced emergency medical technician and that is more advanced than the care usually provided by an emergency medical technician; and**

- (B) may include:
- (i) defibrillation;
 - (ii) endotracheal intubation;
 - (iii) parenteral injection of appropriate medications, including administration of epinephrine through an auto-injector;
 - (iv) electrocardiogram interpretation; and
 - (v) emergency management of trauma and illness.
- (6) “Advanced life support nontransport vehicle” means a motor vehicle other than an ambulance, owned or leased by a certified emergency medical service provider, 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.
- (7) “An agency or instrumentality of the United States”, as that phrase is used in IC 16-31-3-3, means to exclude all nongovernmental entities that have a contract with the government of the United States or any bureau, board, commission, or statutorily created entity thereof.
- (8) “Anniversary date” means the date on which certification as a paramedic, advanced emergency medical technician intermediate or an advanced emergency medical technician was issued by the commission.
- (9) “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.
- (10) “Certificate” or “certification”, for the purposes of IC 16-31, means authorization in written form issued by the Indiana emergency medical services commission to a person to furnish, operate, conduct, maintain, advertise, or otherwise engage in providing emergency medical services as part of a regular course of doing business, either paid or voluntary.
- (11) “Commission” means the Indiana emergency medical services commission.
- (12) “Director” means the director of the ~~commission~~ state emergency management agency established under IC 10-8-2-1.
- (13) “Emergency management of trauma and illness” means the following:
- (A) Those procedures for which the paramedic has been specifically trained that are a part of the curriculum prescribed by the commission.
 - (B) Those procedures for which the paramedic has been specifically trained as a part of the continuing education program and approved by the supervising hospital and the paramedic organization’s medical director.
 - (C) Those procedures for which the advanced emergency medical technician has been specifically trained in the Indiana basic emergency medical technician and Indiana advanced emergency medical technician curriculums and have been approved by the administrative and medical staff of the supervising hospital, the advanced emergency medical technician organization medical director, and the commission as being within the scope and responsibility of the advanced emergency medical technician.
 - (D) Those procedures for which the advanced emergency medical technician intermediate has been specifically trained in the Indiana basic emergency medical technician and Indiana advanced emergency medical technician intermediate curriculums and have been approved by the administrative and medical staff of the supervising hospital, the advanced emergency medical technician intermediate organization medical director, and the commission as being within the scope and responsibility of the advanced emergency medical technician intermediate.
- (14) “Emergency medical services vehicle” means an ambulance, an emergency medical service nontransport vehicle, a rescue squad, or an advanced life support nontransport vehicle.
- (15) “Paramedic” means an individual who:
- (A) is affiliated with a certified paramedic organization or is employed by a supervising hospital;
 - (B) has completed a prescribed course in advanced life support; and
 - (C) has been certified by the commission.
- (16) “Paramedic organization” means an ambulance service provider or other emergency care 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.
- (17) “Person” means any:
- (A) natural person or persons;

- (B) firm;
- (C) (B) partnership;
- (D) (C) corporation;
- (E) company;
- (F) (D) association; or
- (G) (E) joint stock association; or

and the legal successors thereof; including any

(F) governmental agency or instrumentality; **entity** other than an agency or instrumentality of the United States.

(4) "An agency or instrumentality of the United States"; as that phrase is used in IC 16-31-3-3; means to exclude all nongovernmental entities that have a contract with the government of the United States or any bureau, board, commission, or statutorily created entity thereof.

(5) "Certificate" or "certification" means authorization in written form issued by the commission to a person:

- (A) to operate and maintain advanced life support services;
- (B) to act as an advanced emergency medical technician;
- (C) to act as a paramedic; or
- (D) to exercise the privileges as defined in this article.

(6) "Anniversary date" means the date on which certification as a paramedic, or an advanced emergency medical technician was issued by the commission.

(7) "Provider organization operating area" means the geographic area in which an advanced emergency medical technician, affiliated with a specific advanced emergency medical technician organization, is able to maintain two-way voice communication with the provider organization's supervising hospitals.

(8) "Provider organization" means an ambulance service or other emergency care organization certified by the commission to provide advanced life support in connection with a supervising hospital.

(9) "Advanced life support" means care given at the scene of an accident or illness, during transport, or at a hospital by a paramedic, or advanced emergency medical technician that is more advanced than that usually rendered by an emergency medical technician and may include, but is not limited to, the following:

- (A) Manual defibrillation.
- (B) Endotracheal intubation.
- (C) Parenteral injection of appropriate medications.
- (D) Electrocardiogram interpretation.
- (E) Emergency management of trauma and illness.

(10) "Emergency management of trauma and illness" means the following:

- (A) Those procedures for which the paramedic has been specifically trained that are a part of the curriculum prescribed by the commission.
- (B) Those procedures for which the paramedic has been specifically trained as a part of the continuing education program and approved by the supervising hospital and the paramedic organization's medical director.
- (C) Those procedures for which the advanced emergency medical technician has been specifically trained and have been approved by the administrative and medical staff of the supervising hospital; the advanced emergency medical technician organization medical director; and the commission as being within the scope and responsibility of the advanced emergency medical technician.

(11) (18) "Physician" means an individual who currently holds a valid unlimited license to practice medicine issued in Indiana **under IC 25-22.5**.

(12) "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, advanced emergency medical technicians, and provider organizations in providing advanced life support.

(13) "Advanced emergency medical technician" means a person who can perform one (1) or more, 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.

(14) "Advanced emergency medical technician organization" means an ambulance service provider or other emergency care organization certified by the commission to provide advanced life support services administered by

advanced emergency medical technicians in conjunction with a supervising hospital:

(15) "Paramedic" means a person who:

(A) is affiliated with a certified paramedic organization or is employed by a supervising hospital;

(B) has completed a prescribed course in advanced life support; and

(C) has been certified by the commission.

(16) "Paramedic organization" means an ambulance service provider or other emergency care 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:

(17) (19) "Program coordinator" means a person employed by a certified training institution that coordinates the advanced life support courses.

(18) "Advanced life support nontransport vehicle" means a motor vehicle other than an ambulance, owned or leased by a certified emergency medical service provider, 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.

(19) "Emergency medical services vehicle" means an ambulance, an emergency medical service nontransport vehicle, a rescue squad, or an advanced life support nontransport vehicle.

(20) "Provider organization" means an ambulance service or other emergency care organization certified by the commission to provide advanced life support in connection with a supervising hospital.

(21) "Provider organization operating area" means the geographic area in which an advanced emergency medical technician or advanced emergency medical technician intermediate, affiliated with a specific advanced emergency medical technician organization or advanced emergency medical technician intermediate organization, is able to maintain two-way voice communication with the provider organization's supervising hospitals.

(22) "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, advanced emergency medical technician intermediates, advanced emergency medical technicians, and provider organizations in providing advanced life support.

(Indiana Emergency Medical Services Commission; Advanced Life Support Preliminary; filed Dec 15, 1977: Rules and Regs. 1978, p. 248; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2214; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2433; errata, 5 IR 400; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1061; filed May 15, 1998, 10:25 a.m.: 21 IR 3891; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2732)

SECTION 13. 836 IAC 2-2-1, AS AMENDED AT 25 IR 2512, SECTION 6, IS AMENDED TO READ AS FOLLOWS:

836 IAC 2-2-1 General requirements for paramedic organizations

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 1. (a) Certification by the commission is required for any ambulance service provider who seeks to provide advanced life support services as a paramedic organization unless provisional certification is issued pursuant to subsection ~~(p)~~ (l).

(b) If the paramedic organization also provides transportation of emergency patients, the paramedic organization shall be certified as an ambulance service provider in accordance with the requirements specified in 836 IAC 1 pursuant to IC 16-31. The paramedic nontransport organizations shall meet the requirements specified in 836 IAC 1-2-2(a) and 836 IAC 1-11-3(o) through 836 IAC 1-11-3(q).

(c) The paramedic organization shall ensure that:

(1) ambulances used are certified and meet the requirements specified in 836 IAC 1-3; and

(2) all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.

(d) Paramedic organizations shall have a contract, or interdepartmental memo if hospital based, with one (1) or more

supervising hospitals **for that agree to provide** the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- ~~(4) Provision of arrangements and the supervision of arrangements for the supply of medications and other items utilized by emergency medical service clinical personnel in the provision of advanced life support service.~~
- ~~(5)~~ **(4)** Provision to allow the paramedics affiliated with the supervised paramedic organization to function within the appropriate hospital department in order to obtain continuing practice, **remediation, and continuing education** in their clinical skills.

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

(e) The paramedic organization shall have a medical director provided by the paramedic organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine in Indiana and has an active role in the delivery of emergency care. The medical director is responsible for providing competent medical direction as established by the medical control committee. Upon establishment of a medical control policy, the paramedic organization medical director and the chief executive officer have the duty to enact the policy within the paramedic organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

- (1) Provide liaison with physicians and the medical community.
- (2) Assure that the drugs, medications, supplies, and equipment are available to the paramedic organization.
- (3) Monitor and evaluate day-to-day medical operations of paramedic organizations.
- (4) Assist **the supervising hospital** in the provision and coordination of continuing education.
- (5) Provide information concerning the operation of the paramedic organization.
- (6) Provide individual consultation to paramedics.
- (7) Participate in at least quarterly audit and review of cases treated by paramedics of the provider organization.
- (8) Attest to the competency of paramedics affiliated with the paramedic organization to perform skills required of a paramedic under 836 IAC 4-9-5.
- (9) Establish protocols for advanced life support **in cooperation with the medical control committee of the supervising hospital.**
- (10) Establish and publish a list of medications, including minimum quantities and dosages to be carried on **the emergency medical services** vehicle.

(f) The paramedic organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the paramedic organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultra high frequency) voice communications. The communications system shall be licensed by the Federal Communications Commission.

(g) Each paramedic organization shall do the following:

- (1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services.
- (2) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of a paramedic. This notification shall be signed by the provider organization and medical director of the provider organization.
- (3) Notify the commission in writing within thirty (30) days of a paramedic's termination of employment or for any reason which prohibits a certified individual from performing the procedures required of a paramedic.

(h) Each ambulance used for the purpose of providing advanced life support services, when dispatched on an emergency run, shall be staffed by not less than two (2) persons, one (1) of whom is certified as a paramedic and the other certified as **an emergency medical technician a first responder** pursuant to IC 16-31 **and 836 IAC 4-3**, except, if the ambulance is used in conjunction with a nonambulance vehicle certified by the commission for the provision of

advanced life support, it shall be staffed by at least one (1) emergency medical technician certified pursuant to IC 16-31. However, each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run need only to be staffed, as a minimum, by a certified paramedic.

(i) When advanced life support services administered by paramedics 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 less than one (1) person who is certified as a paramedic.

(j) The paramedic organization shall notify the commission in writing within thirty (30) days of any change in the services provided.

(k) No certification is required for the following:

(1) A person who provides advanced life support while assisting in the case of a 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 and any paramedics of such agency or instrumentality is not required to be certified nor to conform to the standards prescribed in this article.

(l) After proper notice and hearing, the commission may:

(1) levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 and 836 IAC 2-13-1; or

(2) suspend or revoke a certificate issued under this article for:

(A) fraud or misrepresentation in procuring certification;

(B) failure to comply and maintain compliance; or

(C) violation of any applicable provisions, standards, or other requirements of this article.

(m) The commission may initiate proceedings to levy fines up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 and 836 IAC 2-13-1 or suspend or revoke a certificate upon its own motion or on the verified written complaint of any interested person; and all such proceedings shall be held and conducted in accordance with the provisions of IC 4-21-5.

(n) Notwithstanding the provisions of this article, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.

(o) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.

(p) **(1) The director may issue a provisional certification for the provision of advanced life support as a paramedic organization for the purpose of prehospital training of paramedic students when in the presence of a preceptor or preceptors approved by the commission in accordance with the following procedures:**

(1) The provisional certification may be issued to the following:

(A) To an ambulance service provider certified pursuant to IC 16-31 only. or

(B) To an advanced emergency medical technician organization certified pursuant to IC 16-31. for the purpose of prehospital training of paramedic students when in the presence of a preceptor or preceptors approved by the commission;

(2) The provisional certification may be issued when the following are met:

(A) **When**, upon demonstration by the applicant to the satisfaction of the director, ~~that~~ the ambulance to be used for such training is certified pursuant to IC 16-31. ~~and~~

(B) Meets the requirements of subsection (f) and section 3 of this rule. ~~and~~

(C) That the ambulance service provider or advanced emergency medical technician organization has and shall maintain an adequate number of paramedic students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service.

(3) Application for provisional certification shall be made on such forms as prescribed by the commission, which shall be fully completed.

(4) The director may issue a provisional certificate for a period not to exceed sixty (60) days beyond the date of the paramedic course completion as identified on the approved course application. However, the director shall not issue a provisional certificate for a period exceeding twenty-four (24) consecutive months from the starting date of the course as identified on the approved course application.

(5) The issuance of a temporary or full certification invalidates any provisional certification.

~~(q)~~ (m) The paramedic organization shall, with medical director and chief executive officer approval, allow a graduate of an Indiana approved paramedic course to perform advanced life support under the direction of a preceptor. This person shall be actively pursuing certification as an Indiana certified paramedic. This provision shall be limited from one (1) year from date of course completion as indicated on course report.

~~(r)~~ (n) Provide for a periodic maintenance program to assure that emergency response vehicles, including equipment, are maintained in good working condition and that strict sanitation procedures are in effect at all times.

~~(s)~~ (o) Paramedic organization premises, records, parking, or garaging facilities and response vehicles shall be available for inspection by the director, or the director's duly authorized representative, at any time during operating hours.

~~(t)~~ (p) Each paramedic organization shall have in force and effect public liability insurance in the sum as described in 836 IAC 1-2-3(g) pursuant to IC 16-31. Such proof of insurance shall be made on a form prescribed by the commission.

~~(u)~~ Each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run need only to be staffed, as a minimum, by a certified paramedic. (*Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, A; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 200; filed Dec 15, 1977: Rules and Regs. 1978, p. 250; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2216; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2434; errata, 5 IR 400; filed Dec 2, 1983, 2:43 p.m.: 7 IR 364; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1062; filed Aug 18, 1986, 1:00 p.m.: 10 IR 41; filed Oct 11, 1988, 11:05 a.m.: 12 IR 358; filed May 15, 1998, 10:25 a.m.: 21 IR 3892; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2733; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2512*)

SECTION 14. 836 IAC 2-7.1-1, AS AMENDED AT 25 IR 2515, SECTION 8, IS AMENDED TO READ AS FOLLOWS:

836 IAC 2-7.1-1 General requirements for advanced emergency medical technician organizations

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 1. (a) The advanced emergency medical technician 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.

(b) Certification by the commission is required for any ambulance service provider who seeks to provide advanced life support services as an advanced emergency medical technician organization unless provisional certification is issued pursuant to subsection ~~(o)~~ (k).

(c) If the advanced emergency medical technician organization also provides transportation of emergency patients, the advanced emergency medical technician organization shall be certified as an ambulance service provider in accordance with the requirements specified in 836 IAC 1. The advanced emergency medical technician nontransport organization shall meet the requirements specified in 836 IAC 1-2-2(a), and 836 IAC 1-11-3(o) through 836 IAC 1-11-3(q).

(d) The advanced emergency medical technician organization shall ensure that:

(1) the ambulances used are certified and meet the requirements specified in 836 IAC 1-3; and

(2) all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of

the requirements required in 836 IAC 2-14.

(e) The advanced emergency medical technician organization shall have agreed by contract or interdepartmental memo if it is a hospital based organization with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Liaison and direction for supply of intravenous fluids and other items utilized by advanced emergency medical technicians.
- (5) Provision to allow the advanced emergency medical technicians affiliated with the supervised advanced emergency medical technician organization to function within appropriate hospital departments in order to obtain continuing practice in their clinical skills.

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

(f) The advanced emergency medical technician organization shall have a medical director provided by the advanced emergency medical technician organization, or jointly with the supervising hospital, who is a physician who holds a currently valid unlimited license to practice medicine in Indiana and has an active role in the delivery of emergency care. The medical director is responsible for providing competent medical direction as established by the medical control committee and overall supervision of the medical aspect of the advanced emergency medical technician organization. Upon establishment of a medical control policy, the advanced emergency medical technician organization medical director and the chief executive officer have the duty to enact the policy within the advanced emergency medical technician organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

- (1) Providing liaison with physicians.
- (2) Assuring that appropriate intravenous solutions, supplies, and equipment are available to the advanced emergency medical technician organization.
- (3) Monitor and evaluate day-to-day medical operation.
- (4) Assist the supervising hospital in the coordination of in-service training programs.
- (5) Provide information concerning the operation of the advanced emergency medical technician organization.
- (6) Provide individual consultation to advanced emergency medical technicians.
- (7) Assure continued competence of advanced emergency medical technicians affiliated with, or employed by, the advanced emergency medical technician organization.
- (8) Participate in the quarterly audit and review of cases treated by advanced emergency medical technicians of the provider organization.
- (9) Establish protocols for advanced life support.
- (10) Establish and publish a list of intravenous fluids and administration supplies, including minimum quantities to be carried on the vehicle.

(g) Each advanced emergency medical technician organization shall **notify the commission in writing within thirty (30) days:**

- ~~(1) maintain an adequate number of trained personnel and emergency response vehicles to provide continuous twenty-four (24) hour advanced life support services;~~
- ~~(2) notify the commission in writing within thirty (30) days (1) of assigning any individual to perform the duties and responsibilities required of an advanced emergency medical technician, and this notification shall be signed by the provider organization and medical director of the provider organization; and~~
- ~~(3) notify the commission in writing within thirty (30) days (2) if an advanced emergency medical technician:~~
 - (A) terminates employment;
 - (B) terminates affiliation; or
 - (C) for any reason is prohibited from performing the procedures for which certification was granted.

(h) When advanced life support services administered by advanced emergency medical technicians 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 less than one (1) person certified as an advanced emergency medical technician.

(i) The advanced emergency medical technician organization shall notify the commission in writing within thirty (30) days of any change in the advanced life support services provided for which certification was granted.

(j) No certification is required for the following:

(1) A person who provides advanced life support while assisting in the case of a 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 and any advanced emergency medical technicians of such agency or instrumentality are not required to be certified nor to conform to the standards prescribed in this article unless the agency or instrumentality seeks to provide service to citizens of Indiana off of the federal area.

~~(k) After proper notice and hearing, the commission may:~~

~~(1) levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 and 836 IAC 2-13-1; or~~

~~(2) suspend or revoke a certificate issued under this article for:~~

~~(A) fraud or misrepresentation in procuring certification;~~

~~(B) failure to comply and maintain compliance with; or~~

~~(C) violation of any applicable provisions, standards, or other requirements of this article.~~

~~(l) 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 shall be held and conducted in accordance with IC 4-21-5.~~

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

~~(n) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.~~

~~(o)~~ **(k) The director may issue a provisional certification for the provision of advanced life support as an advanced emergency medical technician organization for the purpose of prehospital training of advanced emergency medical technician students when in the presence of a preceptor approved by the commission in accordance with the following procedures:**

(1) The provisional certification may be issued to an ambulance service provider certified pursuant to IC 16-31. ~~for the purpose of prehospital training of advanced emergency medical technician students when in the presence of a preceptor approved by the commission~~

(2) The provisional certification may be issued when the following are met:

~~(A) When, upon demonstration by the applicant to the satisfaction of the director, that:~~ **(1) the ambulance to be used for such training is certified pursuant to IC 16-31 and meets the requirements of this article. and**

~~(2) (B) The ambulance service provider has and will maintain an adequate number of advanced emergency medical technician students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service.~~

(3) Application for provisional certification shall be made on forms as prescribed by the commission, which shall be fully completed.

(4) The director may issue a provisional certificate for a period not to exceed sixty (60) days beyond the date the advanced emergency medical technician course completion as identified on the approved course application. However, the director shall not issue a provisional certificate for a period exceeding six (6) consecutive months from the starting date of the course as identified on the approved course application.

(5) The issuance of certification invalidates any provisional certification.

(p) (l) Provide for a periodic maintenance program to assure that:

- (1) emergency response vehicles, including equipment, are maintained in good working condition; and
- (2) applicable sanitation procedures are in effect at all times.

(q) (m) Advanced emergency medical technician organization premises, records, parking, or garaging facilities and response vehicles shall be available for inspection by the director, or the director's duly authorized representative, at any time during operating hours.

(r) (n) Each advanced emergency medical technician organization shall have in force and effect public liability insurance in the sum as described in 836 IAC 1-2-3(g) pursuant to IC 16-31. Such proof of insurance shall be made on a form prescribed by the commission.

(s) (o) The advanced emergency medical technician organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the advanced emergency medical technician organization and the emergency department, or equivalent, of the supervising hospital using voice communications. The communications system shall be licensed by the Federal Communications Commission.

(t) (p) Each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run need only to be staffed, as a minimum, by a certified advanced emergency medical technician. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.1-1; filed Apr 6, 1988, 9:55 a.m.: 11 IR 2875; filed May 15, 1998, 10:25 a.m.: 21 IR 3904; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2738; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2515*)

SECTION 15. 836 IAC 2-7.2 IS ADDED TO READ AS FOLLOWS:

Rule 7.2. Requirements and Standards for Advanced Emergency Medical Technician Intermediate Organizations

836 IAC 2-7.2-1 General requirements for advanced emergency medical technician intermediate organizations

Authority: IC 16-31-2-7

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

Sec. 1. (a) Certification by the commission is required for any ambulance service provider who seeks to provide advanced life support services as an advanced emergency medical technician intermediate organization unless provisional certification is issued pursuant to subsection (p).

(b) If the advanced emergency medical technician intermediate organization also provides transportation of emergency patients, the advanced emergency medical technician intermediate organization shall be certified as an ambulance service provider in accordance with the requirements specified in 836 IAC 1 pursuant to IC 16-31. The advanced emergency medical technician intermediate nontransport organizations shall meet the requirements specified in 836 IAC 1-2-2(a) and 836 IAC 1-11-3(o) through 836 IAC 1-11-3(q).

(c) The advanced emergency medical technician intermediate organization shall ensure that:

- (1) ambulances used are certified and meet the requirements specified in 836 IAC 1-3; and**
- (2) all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.**

(d) Advanced emergency medical technician intermediate organizations shall have a contract, 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 of arrangements and the supervision of arrangements for the supply of medications and other items utilized by emergency medical service clinical personnel in the provision of advanced life support service.**

(5) Provision to allow the advanced emergency medical technician intermediates affiliated with the supervised advanced emergency medical technician intermediate organization to function within the appropriate hospital department in order to obtain continuing practice in their clinical skills.

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

(e) The advanced emergency medical technician intermediate organization shall have a medical director provided by the advanced emergency medical technician intermediate organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine in Indiana and has an active role in the delivery of emergency care. The medical director is responsible for providing competent medical direction as established by the medical control committee. Upon establishment of a medical control policy, the advanced emergency medical technician intermediate organization medical director and the chief executive officer have the duty to enact the policy within the advanced emergency medical technician intermediate organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

- (1) Provide liaison with physicians and the medical community.**
- (2) Assure that the drugs, medications, supplies, and equipment are available to the advanced emergency medical technician intermediate organization.**
- (3) Monitor and evaluate day-to-day medical operations of advanced emergency medical technician intermediate organizations.**
- (4) Assist in the provision and coordination of continuing education.**
- (5) Provide information concerning the operation of the advanced emergency medical technician intermediate organization.**
- (6) Provide individual consultation to advanced emergency medical technician intermediates.**
- (7) Participate in at least quarterly audit and review of cases treated by advanced emergency medical technician intermediates of the supervising hospital.**
- (8) Attest to the competency of advanced emergency medical technician intermediates affiliated with the advanced emergency medical technician intermediate organization to perform skills required of an advanced emergency medical technician intermediate under 836 IAC 4-7.1.**
- (9) Establish protocols for advanced life support.**
- (10) Establish and publish a list of medications, including minimum quantities and dosages to be carried on the vehicle.**

(f) The advanced emergency medical technician intermediate organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the advanced emergency medical technician intermediate organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultra high frequency) voice communications. The communications system shall be licensed by the Federal Communications Commission.

(g) Each advanced emergency medical technician intermediate organization shall do the following:

- (1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services.**
- (2) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of an advanced emergency medical technician intermediate. This notification shall be signed by the provider organization and medical director of the provider organization.**
- (3) Notify the commission in writing within thirty (30) days of an advanced emergency medical technician intermediate's termination of employment or for any reason that prohibits a certified individual from performing the procedures required of an advanced emergency medical technician intermediate.**

(h) Each ambulance used for the purpose of providing advanced life support services, when dispatched on an

emergency run, shall be staffed by not less than one (1) person who is certified as a first responder pursuant to 836 IAC 4-3. However, each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run needs to be staffed, as a minimum, by a certified advanced emergency medical technician intermediate.

(i) When advanced life support services administered by advanced emergency medical technician intermediates 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 less than one (1) person who is certified as an advanced emergency medical technician intermediate.

(j) The advanced emergency medical technician intermediate organization shall notify the commission in writing within thirty (30) days of any change in the services provided.

(k) No certification is required for the following:

(1) A person who provides advanced life support while assisting in the case of a 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 and any advanced emergency medical technician intermediate of such agency or instrumentality is not required to be certified nor to conform to the standards prescribed in this article.

(3) Rendering assistance to persons certified to provide emergency ambulance service or to advanced emergency medical technician intermediates.

(4) Operating from a location or headquarters outside Indiana to provide emergency ambulance services to patients who are picked up outside Indiana for transportation to location within Indiana.

(l) The director may issue a provisional certification for the provision of advanced life support as an advanced emergency medical technician intermediate organization for the purpose of prehospital training of advanced emergency medical technician intermediate students when in the presence of a preceptor or preceptors approved by the commission in accordance with the following procedures:

(1) The provisional certification may be issued to either of the following:

(A) An ambulance service provider certified pursuant to IC 16-31 only.

(B) An advanced emergency medical technician organization certified pursuant to IC 16-31.

(2) The provisional certification may be issued when the following are met:

(A) When, upon demonstration by the applicant to the satisfaction of the director, the ambulance to be used for such training is certified pursuant to IC 16-31.

(B) Meets the requirements of subsection (f) and section 3 of this rule.

(C) That the ambulance service provider or advanced emergency medical technician organization has and shall maintain an adequate number of advanced emergency medical technician intermediate students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service.

(3) Application for provisional certification shall be made on such forms as prescribed by the commission, which shall be fully completed.

(4) The director may issue a provisional certificate for a period not to exceed sixty (60) days beyond the date of the advanced emergency medical technician intermediate course completion as identified on the approved course application. However, the director shall not issue a provisional certificate for a period exceeding twenty-four (24) consecutive months from the starting date of the course as identified on the approved course application.

(5) The issuance of a temporary or full certification invalidates any provisional certification.

(m) The advanced emergency medical technician intermediate organization shall, with medical director and chief executive officer approval, allow a graduate of an Indiana approved advanced emergency medical technician intermediate course to perform advanced life support under the direction of a preceptor. This person shall be actively pursuing certification as an Indiana certified advanced emergency medical technician intermediate. This provision shall be limited from one (1) year from date of course completion as indicated on course report.

(n) Provide for a periodic maintenance program to assure that emergency response vehicles, including equipment, are maintained in good working condition and that strict sanitation procedures are in effect at all times.

(o) Advanced emergency medical technician intermediate organization premises, records, parking, or garaging facilities and response vehicles shall be available for inspection by the director, or the director's duly authorized representative, at any time during operating hours.

(p) Each advanced emergency medical technician intermediate organization shall have in force and effect public liability insurance in the sum as described in 836 IAC 1-2-3(g) pursuant to IC 16-31. Such proof of insurance shall be made on a form prescribed by the commission. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-1*)

836 IAC 2-7.2-2 Application for certification; renewal

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 2. (a) Application for certification as an advanced emergency medical technician intermediate organization shall be made on forms prescribed by the commission and shall include, but not be limited to, the following:

(1) A narrative summary of plans for providing advanced life support services, including the following:

(A) Defined primary area of response, including location of advanced life support response vehicles.

(B) A listing of advanced emergency medical technician intermediates to be affiliated by the advanced emergency medical technician intermediate organization.

(C) The staffing pattern of personnel.

(D) Base of operations.

(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 advanced emergency medical technician intermediate organization medical director with the cooperation of the supervising hospital.

(3) A listing of medications and special on-board life support equipment, to be carried on board each vehicle as approved by the medical director.

(4) All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.

(5) Letter of approval from the supervising hospital stating acceptance of the advanced emergency medical technician intermediates, compatibility of the UHF communications with the advanced emergency medical technician intermediate organization's vehicles, and agreement to fulfill the responsibilities of the supervising hospital.

(b) Advanced emergency medical technician intermediate organizations that do not also provide transportation of emergency patients shall submit a copy of a current written agreement between the nontransporting advanced emergency medical technician intermediate organization and an ambulance service provider certified pursuant to IC 16-31. The agreement shall ensure that the nontransporting advanced emergency medical technician intermediate provider can be assured that patients treated shall be transported in a timely and safe manner. The agreement shall not preclude another ambulance service provider, if available, from transporting the patients.

(c) Upon approval, an advanced emergency medical technician intermediate organization shall be issued certification for the provisions of advanced life support certification. The certificate issued is valid for a period of two (2) years and shall be prominently displayed at the place of business.

(d) Application for advanced emergency medical technician intermediate organization certification renewal should be made not less than sixty (60) days prior to the expiration date of the current certification. Application for renewal shall be made on forms prescribed by the commission and shall show evidence of compliance with

the requirements as set forth for original certification.

(e) Upon approval, a certificate shall be issued by the director to the advanced emergency medical technician intermediate organization for each vehicle. The certificate shall be valid for two (2) years unless earlier revoked or suspended by the commission. The vehicle certificate shall be prominently displayed within the vehicle. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-2*)

836 IAC 2-7.2-3 Advanced emergency medical technician intermediate organization operating procedures

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 3. (a) Each advanced emergency medical technician intermediate organization shall comply with the ambulance service provider operating procedures of 836 IAC 1-2-3.

(b) Each advanced emergency medical technician intermediate organization shall establish daily equipment checklist procedures to ensure the following:

- (1) Electronic and mechanical equipment are in proper operating condition.
- (2) Emergency response vehicles are maintained in a safe operating condition at all times.
- (3) All required medications and intravenous fluids approved by the medical director of the advanced emergency medical technician intermediate organization and the supervising hospital are on-board all nontransport emergency medical services vehicles and ambulances when used for the provision of advanced life support and available to the advanced emergency medical technician intermediate.

(c) A copy of the medication list and protocols shall be maintained by the advanced emergency medical technician intermediate organization and the supervising hospital emergency department. Any changes to the medications list shall be forwarded to the commission within thirty (30) days.

(d) All medications and advanced life support supplies 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.

(e) The advanced emergency medical technician intermediate organization shall ensure that stocking and administration of supplies and medications are limited to the Indiana advanced emergency medical technician intermediate curriculum. Procedures performed by the advanced emergency medical technician intermediate are also limited to the Indiana advanced emergency medical technician intermediate curriculum.

(f) The advanced emergency medical technician intermediate organization shall ensure that all ambulances used for the provision of advanced life support contain the emergency care equipment required in 836 IAC 1-3-5, the rescue equipment required in 836 IAC 1-3-4, and communication equipment required in 836 IAC 1-4-2. The advanced life support emergency medical services vehicles shall also carry the following equipment:

- (1) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for both adult and pediatric defibrillation. This may be the defibrillator listed in 836 IAC 1-3-5(1)(L).
- (2) Tracheal suction catheters (adult #14 and #18, child #10).
- (3) Endotracheal intubation devices, including the following:
 - (A) Laryngoscope with extra batteries and bulbs.
 - (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.
- (4) Intravenous fluids and administration supplies approved by the medical director.
- (5) Medications limited to, if approved by the medical director, the following:
 - (A) Acetylsalicylic acid (aspirin).
 - (B) Adenosine.
 - (C) Atropine sulfate.

(D) Bronchodilator (beta 2 agonists):

(i) suggested commonly administered medications:

- (AA) albuterol;**
- (BB) ipratropium;**
- (CC) isoetharine;**
- (DD) metaproterenol;**
- (EE) salmeterol;**
- (FF) terbutaline; and**
- (GG) triamcinolone; and**

(ii) commonly administered adjunctive medications to bronchodilator therapy:

- (AA) dexamethasone; and**
- (BB) methylprednisolone.**

(E) Dextrose, fifty percent (50%).

(F) Diazepam.

(G) Epinephrine (1:1,000).

(H) Epinephrine (1:10,000).

(I) Vasopressin.

(J) Furosemide.

(K) Lidocaine hydrochloride, two percent (2%).

(L) Amiodarone hydrochloride.

(M) Morphine Sulfate

(N) Naloxone.

(O) Nitroglycerin.

(6) A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all times.

(7) A copy of the medication list, including quantities and concentrations approved by the medical director.

(g) The advanced emergency medical technician intermediate organization shall ensure that all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.

(h) Each advanced emergency medical technician intermediate organization shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all vehicles used for the purpose of providing advanced life support services:

(1) The interior and the equipment within the vehicle shall be clean and maintained in good working order at all times.

(2) Freshly laundered linen or disposable linens shall be used on litters and pillows, and linen 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) Single service implements inserted into the patient's nose or mouth shall be wrapped and properly stored and handled. Multi-use items are to 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, the vehicle shall be cleansed and all contact surfaces washed with soap and water and disinfected.

(9) All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.

(i) An advanced emergency medical technician intermediate organization shall not operate an ambulance or other vehicle used for the provision of advanced life support unless the ambulance or vehicle is in full compliance with this article unless the vehicle is a nontransport emergency medical services vehicle returning from the site of the provision of advanced life support by the equipment, supplies, and personnel previously on board the nontransport emergency medical services vehicle, nor shall an advanced emergency medical technician

intermediate organization transport any emergency patient or patient receiving advanced life support in any vehicle except an ambulance certified pursuant to IC 16-31.

(j) Provisions for temporary vehicle certification are addressed in 836 IAC 1-2-3.

(k) Advanced emergency medical technician intermediates are prohibited from having in their possession, or maintained on board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by advanced emergency medical technician intermediate organization medical director. (Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-3)

SECTION 16. 836 IAC 2-14-5 IS AMENDED TO READ AS FOLLOWS:

836 IAC 2-14-5 Advanced life support nontransport vehicle emergency care equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 5. Each advanced life support nontransport vehicle shall wrap, properly store, and handle all the single service implements inserted into the patient's nose or mouth. Multi-use 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:

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

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

(E) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.

(F) 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.

(G) 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).

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

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

(J) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for adult defibrillation.

(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) (A) 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.~~

(B) Assorted bandaging supplies for the care of soft tissue injuries.

(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)~~ (A) 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)~~ (B) One (1) long back board with accessories to provide secure spinal immobilization.
 - ~~(E)~~ (C) Rigid extrication collar, two (2) each capable of the following sizes:
 - (i) Pediatric.
 - (ii) Small.
 - (iii) Medium.
 - (iv) Large.
 - (4) Personal protection/universal precautions equipment, minimum of one (1) each, including the following:
 - (A) Gowns.
 - (B) Face masks and shields.
 - (C) Gloves.
 - (D) Biohazard bags.
 - (E) Antimicrobial hand cleaner.
 - (5) Miscellaneous items as follows:
 - (A) Obstetrical kit, sterile, one (1).
 - (B) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (i) Large adult.
 - (ii) Adult.
 - (iii) Pediatric.
 - (C) Stethoscopes, one (1) each in the following sizes:
 - (i) Adult.
 - (ii) Pediatric.
 - (D) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (E) Intravenous fluids, medication, and administration supplies approved by the medical director.
 - (F) A current copy of advanced life support protocols shall be maintained on board the advanced life support nontransport vehicle at all times.
 - (G) A copy of the medication list, including quantities and concentrations approved by the medical director.
 - (6) Medications for advanced emergency medical technician organizations only as epinephrine auto-injectors limited to the following:**
 - (A) Two (2) adult.**
 - (B) One (1) pediatric.**
 - ~~(6)~~ (7) Paramedic services shall also carry the following equipment:
 - (A) Tracheal suction catheters (adult #14 and #18, child #10).
 - (B) Endotracheal intubation devices, including the following:
 - (i) Laryngoscope with extra batteries and bulbs.
 - (ii) Laryngoscope blades (adult and pediatric, curved and straight).
 - (iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.
 - (C) Defibrillation pads or paddles appropriate for pediatric defibrillation.
- (Indiana Emergency Medical Services Commission; 836 IAC 2-14-5; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2744)*

SECTION 17. 836 IAC 3-2-4, AS AMENDED AT 25 IR 2494, SECTION 5, 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) Premises will be maintained, suitable to the conduct of a rotorcraft ambulance service, with provision for adequate storage and/or maintenance of rotorcraft ambulances and the on-board equipment.
- (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.
- (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.
- (e) A determination of noncompliance with F.A.R. may result in immediate suspension of commission certification as a rotorcraft ambulance service provider.
- (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.
- (g) Commission certification as a rotorcraft ambulance service provider may be terminated upon the date specified in the notice.
- (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.
- (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 disinfected.
- (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 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 providing the following:
 - (1) The replacement rotorcraft ambulance meets all certification requirements of this article.
 - (2) The rotorcraft ambulance service provider shall notify the commission, in writing, within seventy-two (72) hours of the time the replacement rotorcraft is placed in service. The written notice shall identify the following:
 - (A) The replacement date.
 - (B) The certification number of the replaced rotorcraft ambulance.
 - (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 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 one hundred eighty (180) day period, use of the replacement rotorcraft ambulance shall cease unless certification is approved in accordance with this article.

(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) 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) 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 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) 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 or exemptions approved under this article. Exemptions requested will not be approved if, in the opinion of the commission, the exemption or exemptions 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; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2494*)

SECTION 18. 836 IAC 3-2-5, AS AMENDED AT 25 IR 2496, SECTION 6, 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 that have completed air-medical oriented training as prescribed by the air-medical director. Staffing will include the following requirements:

(1) The first person shall be a properly certified pilot 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 currently certified, registered, or licensed as one (1) of the following:

(A) a paramedic;

(B) a registered nurse; or

(C) a physician with a valid unlimited license to practice medicine; within the state the air-ambulance is stationed and operating.

(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. The air-medical personnel on board the aircraft shall be trained in air transport problems and 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) (c) 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; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2496*)

SECTION 19. 836 IAC 3-3-4, AS AMENDED AT 25 IR 2506, SECTION 13, 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) Premises shall be maintained, suitable to the conduct of a fixed-wing air ambulance service, with provision for adequate storage and/or maintenance of fixed-wing ambulances and the on-board equipment.

(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.

(d) All fixed-wing air ambulance service provider premises, records, 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.

(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.

(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.

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

(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.

(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.

(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 one hundred eighty (180) consecutive days, a temporary replacement fixed-wing ambulance if the temporary replacement fixed-wing ambulance is used to replace a certified fixed-wing ambulance that has been temporarily taken out of service 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 shall notify the commission, in writing, within seventy-two (72) hours of the time the replacement fixed-wing ambulance is placed in service. The written notice shall identify the following:
 - (A) The replacement date.
 - (B) The certification number of the replaced fixed-wing ambulance.
 - (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 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 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) 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) 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) 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 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) 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 or exemptions approved under this article. Exemptions requested will not be approved if, in the opinion of the commission, the exemption or exemptions 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; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2501*)

SECTION 20. 836 IAC 3-3-5, AS AMENDED AT 25 IR 2503, SECTION 14, 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 three (3) people and include the following requirements:

- (1) The first person shall be a properly certified pilot 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) The third person shall be any appropriate personnel to properly care for the medical needs of the patient as required on board the fixed-wing aircraft in the patient compartment.
- (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)(c) 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; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2503)~~

SECTION 21. 836 IAC 4-1-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 4-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 10-4-1-7; IC 16-18; IC 16-21-2; IC 16-31-3-1; IC 16-31-3-3; IC 25-22.5; IC 35-41-1-26.5

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

(1) "Advanced emergency medical technician" means **a person an individual** who can perform one (1) or more, 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.

(2) "Advanced emergency medical technician intermediate" means **an individual who can perform one (1) or more, 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.

(3) “Advanced emergency medical technician intermediate organization” means an ambulance service provider or other emergency care organization certified by the commission to provide advanced life support services administered by advanced emergency medical technician intermediates in conjunction with a supervising hospital.

~~(2)~~ **(4) “Advanced emergency medical technician organization” means an ambulance service provider or other emergency care organization certified by the commission to provide advanced life support services administered by advanced emergency medical technicians in conjunction with a supervising hospital.**

~~(3)~~ **(5) “Advanced life support”, for purposes of IC 16-31, means:**

(A) care given:

(i) at the scene of an:

(AA) accident; or

(BB) act of terrorism (as defined in IC 35-41-1-26.5), if the governor has declared a disaster emergency under IC 10-4-1-7 in response to the act of terrorism; or

(CC) illness; or

(ii) during transport or at a hospital;

by a paramedic, **advanced emergency medical technician intermediate**, or advanced emergency medical technician **and** that is more advanced than ~~that the care usually rendered~~ **provided** by an emergency medical technician; and

(B) may include: but is not limited to, the following:

~~(A) Manual~~ **(i) defibrillation;**

~~(B)~~ **(ii) endotracheal intubation;**

~~(C)~~ **(iii) parenteral injection of appropriate medications, including administration of epinephrine through an auto-injector;**

~~(D)~~ **(iv) electrocardiogram interpretation; and**

~~(E)~~ **(v) emergency management of trauma and illness.**

~~(4)~~ **(6) “Advanced life support nontransport vehicle” means a motor vehicle other than an ambulance, owned or leased by a certified emergency medical service provider, 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)~~ **(7) “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 for an emergency patient.**

~~(6)~~ **(8) “Ambulance service provider” means any person who is certified by the commission and 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.**

~~(7)~~ **(9) “An agency or instrumentality of the United States”, as that phrase is used in IC 16-31-3-3, means to exclude all nongovernmental entities that have a contract with the government of the United States or any bureau, board, commission, or statutorily created entity thereof.**

~~(8)~~ **(10) “Anniversary date” means the date on which certification as a paramedic or an advanced emergency medical technician was issued by the commission.**

~~(9)~~ **(11) “Basic life support”, for purposes of IC 16-31, means the following:**

(A) Assessment of emergency patients.

(B) Administration of oxygen.

(C) Use of mechanical breathing devices.

(D) Application of anti-shock trousers.

(E) Performance of cardiopulmonary resuscitation.

(F) Application of dressing 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) Other procedures authorized by the commission, including procedures contained in the revised national emergency medical technician-basic training curriculum guide.

- ~~(10)~~ **(12)** “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.
- ~~(11)~~ **(13)** “Commission” means the Indiana emergency medical services commission.
- ~~(12)~~ **(14)** “Director” means the director of the state emergency management agency. ~~or the director’s designee of the commission.~~
- ~~(13)~~ **(15)** “Emergency ambulance services” means the transportation of emergency patients by ambulance and the administration of emergency care procedures to emergency patients before, or during, such transportation.
- ~~(14)~~ **(16)** “Emergency management of trauma and illness” means the following:
- (A) Those procedures for which the paramedic has been specifically trained that are a part of the curriculum prescribed by the commission.
 - (B) Those procedures for which the paramedic has been specifically trained as a part of the continuing education program and approved by the supervising hospital and the paramedic organization’s medical director.
 - (C) Those procedures for which the advanced emergency medical technician has been specifically trained and have been approved by the administrative and medical staff of the supervising hospital, the advanced emergency medical technician organization medical director, and the commission as being within the scope and responsibility of the advanced emergency medical technician.
- ~~(15)~~ **(17)** “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.
- ~~(16)~~ **(18)** “Emergency medical service nontransport provider” 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.
- ~~(17)~~ **(19)** “Emergency medical service nontransport vehicle” means a motor vehicle other than an ambulance, owned or leased by a certified emergency medical service provider, that provides first response patient care at an emergency that includes defibrillation 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.
- ~~(18)~~ **(20)** “Emergency medical services” means the provision of emergency ambulance services or other 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.
- ~~(19)~~ **(21)** “Emergency medical services driver” means an individual who has a certificate of completion of a commission-approved driver training course.
- ~~(20)~~ **(22)** “Emergency medical services provider” 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.
- ~~(21)~~ **(23)** “Emergency medical services vehicle” means any of the following:
- (A) An ambulance.
 - (B) An emergency medical services nontransport vehicle.
 - (C) A rescue squad.
 - (D) An advanced life support nontransport vehicle.
- ~~(22)~~ **(24)** “Emergency medical technician” means an individual certified by the commission who is:
- (A) responsible for:
 - (i) the administration of emergency care procedures to emergency patients; and
 - (ii) the handling and transportation of such patients; and
 - (B) certified under this article.
- ~~(23)~~ **(25)** “First responder”, for purposes of IC 16-31, means an individual who is:
- (A) certified under IC 16-31 and meets the commission’s standards for first responder certification; and
 - (B) the first individual to respond to an incident requiring emergency medical services.
- ~~(24)~~ **(26)** “Paramedic” means ~~a person~~ **an individual** who:
- (A) is affiliated with a certified paramedic organization or is employed by a supervising hospital;
 - (B) has completed a prescribed course in advanced life support; and
 - (C) has been certified by the commission.
- ~~(25)~~ **(27)** “Paramedic organization” means an ambulance service provider or other emergency care 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.

~~(26)~~ **(28)** “Person” means any:

(A) natural person or persons;

~~(B)~~ firm;

~~(C)~~ **(B)** partnership;

~~(D)~~ **(C)** corporation;

~~(E)~~ company;

~~(F)~~ **(D)** association; or

~~(G)~~ **(E)** joint stock association; and or

the legal successors thereof; including any

(F) governmental agency or instrumentality, entity other than an agency or instrumentality of the United States. except an agency or instrumentality of the United States, as that phrase is used in IC 16-31-3-3(b), means to exclude all nongovernmental entities that have a contract with the government of the United States or any bureau, board, commission, or statutorily created entity thereof.

~~(27)~~ **(29)** “Physician” means an individual who currently holds a valid unlimited license to practice medicine issued in Indiana under IC 25-22.5.

~~(28)~~ **(30)** “Program coordinator” means a person employed by a certified training institution that coordinates the advanced life support courses.

~~(29)~~ **(31)** “Provider organization” means an ambulance service or other emergency care organization certified by the commission to provide advanced life support in connection with a supervising hospital.

~~(30)~~ **(32)** “Provider organization operating area” means the geographic area in which an advanced emergency medical technician, affiliated with a specific advanced emergency medical technician organization, is able to maintain two-way voice communication with the provider organization’s supervising hospitals.

~~(31)~~ **(33)** “Rescue squad organization” means an organization that holds a voluntary certification to provide extrication, rescue, or emergency medical services.

~~(32)~~ **(34)** “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, advanced emergency medical technicians, and provider organizations in providing advanced life support.

(Indiana Emergency Medical Services Commission; 836 IAC 4-1-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2745)

SECTION 22. 836 IAC 4-2-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 4-2-1 General requirements for training institutions; staff

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 16-21; IC 16-31-3-2; IC 20-10.1-1-16; IC 20-12-62-3; IC 20-12-71-8

Sec. 1. (a) All institutions administering or seeking to administer emergency medical services training programs shall be certified by the commission. Any multiple campus institution administering or seeking to administer such programs shall have its training institution certified by the commission on a campus-by-campus basis.

(b) Each Indiana emergency medical services training institution of emergency medical technician programs shall be:

(1) a postsecondary institution as defined in ~~20-12-71-8~~; **IC 20-12-71-8**;

(2) a private technical, vocational, or trade school as defined in ~~20-12-62-3~~; **IC 20-12-62-3**;

(3) a high school as defined in ~~20-10.1-1-16~~; **IC 20-10.1-1-16**;

(4) a provider organization as defined in ~~16-31~~; **IC 16-31**; or

(5) an appropriately accredited hospital licensed under IC 16-21;

that has adequate resources and dedication to educational endeavors. Educational institutions shall be appropriately accredited by a regional accrediting association for higher education or have state licensure that assures comparable educational standards.

(c) Such an institution shall submit an application to the commission not less than ninety (90) days prior to the date for which certification is requested in a manner prescribed by the commission. Certification as an emergency medical services training institution is valid for a period of three (3) years from the date of certification.

(d) Certified emergency medical services training institutions shall be certified according to the institution's intent and ability to teach various levels of emergency medical services curricula as follows:

- (1) Basic life support training institution, an institution that presents Indiana basic emergency medical technician or the Indiana emergency medical first responder training courses, or both.
- (2) Advanced life support training institution, an institution that presents the Indiana advanced emergency medical technician, **Indiana advanced emergency medical technician intermediate**, or Indiana paramedic training courses, or ~~both~~: **all levels of courses**.

(e) A certified training institution shall submit an application for recertification to the commission sixty (60) days prior to the date of certification expiration. The application for recertification shall indicate compliance with the requirements currently in effect at the time of the application for renewal.

~~(f) After notice and hearing, the commission may and is authorized to suspend or revoke a certificate issued under IC 16-31 or impose a fine of up to five hundred dollars (\$500) in accordance with section 5 of this rule, or both, for fraud or misrepresentation in procuring certification, failure to comply and maintain compliance with, or for violation of, any applicable provisions, standards, or other requirement of IC 16-31 or this title. 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 shall be held and conducted in accordance with IC 4-21.5.~~

~~(g) Notwithstanding the provision of subsection (f), the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.~~

~~(h) (f) Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease. (Indiana Emergency Medical Services Commission; 836 IAC 4-2-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2747)~~

SECTION 23. 836 IAC 4-2-2 IS AMENDED TO READ AS FOLLOWS:

836 IAC 4-2-2 Institutional responsibilities

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 2. A certified training institution seeking commission approval for administering emergency medical services training courses shall meet the following minimum requirements:

- (1) Designate one (1) person as a training institution official responsible for administering all of the activities of the emergency medical services training institution and for communicating with the commission.
- (2) Submit to an inspection of training facilities and equipment.
- (3) Provide a list of educational staff to meet staffing-student ratio requirements outlined in approved curricula.
- (4) Have the necessary clinical facilities, or affiliations with clinical facilities, to conduct the required clinical phases of emergency medical technician training programs.
- (5) Under conditions where didactic and clinical training are to be conducted by separate institutions, program responsibility will rest with the institution that is certified by the commission. In cases where two (2) or more certified training institutions are cooperating in the presentation of an emergency medical services training program, both institutions will be held jointly responsible for the training programs.
- (6) Provide evidence that the training institution has liability insurance on the students.
- (7) Provide classroom space to effectively present the various requirements in the curricula.
- (8) The curriculum requirements for all certified training programs shall be approved by the commission. Course applications will be made in a manner prescribed by the commission. The commission may disapprove a course application when it has been determined that the training institution or primary instructor has been found in noncompliance with rules and regulations.
- (9) Have the training equipment and training aids (including the emergency care equipment) required by the curriculum of the courses that the training institution offers. The training institution shall have an adequate amount of the training equipment to be utilized by students to meet any equipment-to-student ratios prescribed by the curriculum being presented.

- (10) Make available a minimum of twelve (12) hours, over a two (2) year period, of continuing education in educational principles and techniques for each of its affiliated primary instructors. A training institution may offer this continuing education or advise its faculty members of such continuing education at other sites. The training institution official may accept educational programs conducted at other facilities.
- (11) Evaluate each course and affiliated primary instructor once during every year and retain a record of the evaluation in its files.
- (12) Provide educational personnel for each approved training course, consisting of the following:
- (A) Medical director.
 - (B) Program coordinator (advanced emergency medical technician, **advanced emergency medical technician intermediate**, and paramedic courses only).
 - (C) Primary instructor.
 - (D) Instructional staff.
- (13) Be responsible for in-course standards and criteria by which it determines a student's successful completion of the didactic and clinical portions of the course. The criteria include, but are not limited to, the following:
- (A) Attendance requirements and absentee policies.
 - (B) In-course testing procedures.
 - (C) Number and scope of in-course tests.
 - (D) Didactic pass/fail grade average and criteria.
 - (E) Provision for make-up classes and tests.
 - (F) Minimum age for enrollment.
 - (G) Policies for providing reasonable accommodation pursuant to the Americans with Disabilities Act.
- (14) Be responsible for the screening and evaluation criteria for admission into any certified training program.
- (15) Assure a certified primary instructor, affiliated with the training institution, is present in each Indiana basic emergency medical technician class session.
- (16) Have a retention schedule of seven (7) years for all training and course records.
- (Indiana Emergency Medical Services Commission; 836 IAC 4-2-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2748)*

SECTION 24. 836 IAC 4-3-2 IS AMENDED TO READ AS FOLLOWS:

836 IAC 4-3-2 Certification standards

Authority: IC 16-31-2-7

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

Sec. 2. (a) Applicants for original certification as a first responder shall meet the following requirements:

- (1) Be a minimum of eighteen (18) years of age.
- (2) Have successfully completed a commission-approved first responder course.
- (3) Have successfully completed a state written and practical skills examinations as approved by the commission.

(b) Certification as a first responder shall be valid for a period of two (2) years and shall remain valid as long as compliance with the continuing education requirements of subsection (c) are maintained and reported to the commission prior to the certification expiration date.

(c) To remain certified as a first responder, each certified first responder shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report twenty (20) hours of continuing education according to the following:

- (1) Participate in a minimum of sixteen (16) hours of any combination of lectures, critiques, skills proficiency examination, or audit and review, which reviews subject matter presented in the Indiana first responder curriculum.
- (2) Participate in a minimum of four (4) hours in defibrillation and airway management as presented in the Indianan first responder curriculum.

(d) An individual who fails to comply with the continuing education requirements described in this article forfeits all rights and privileges of a certified first responder and shall cease from providing the services authorized by a first responder certification as of the date of expiration of the current certificate.

(e) The commission shall penalize a first responder or the certificate of any first responder, or both, shall be suspended or revoked by the commission under this article for any of the following:

- (1) Fraud or misrepresentation in procuring certification.
- (2) Failure to perform or failure to perform competently an indicated procedure for which training has been received in the first responder training course as approved by the commission.
- (3) Performing a procedure for which training:
 - (A) has not been received in the first responder training course as approved by the commission; or
 - (B) is not within the scope and responsibility of a first responder as determined by the commission.
- (4) Negligent, reckless, or dangerous conduct that endangers the health or safety of emergency patients or the members of the general public while functioning as a first responder.
- (5) Has been convicted of an offense, if the acts that resulted in the conviction have a direct bearing on whether or not the person should be entrusted to serve the public as a first responder.
- (6) Failure to comply with this title.

(Indiana Emergency Medical Services Commission; 836 IAC 4-3-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2751)

SECTION 25. 836 IAC 4-4-1 IS AMENDED TO READ AS FOLLOWS:

836 IAC 4-4-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 1. (a) Applicants for original certification as an emergency medical technician shall meet the following requirements:

- (1) Be a minimum of eighteen (18) years of age.
- (2) Successfully complete the Indiana basic emergency medical technician training course as approved by the commission and administered by a certified training institution.
- (3) Pass the emergency medical technician written and practical skills examinations as set forth and approved by the commission.

(b) The applicant shall apply for certification on forms prescribed by the commission postmarked within one (1) year of the date that the course was concluded as shown on the course report.

(c) The minimum requirement for basic emergency medical technicians training shall be as follows:

- (1) The current version of the Indiana basic emergency medical technician training course as amended and approved by the commission.
- (2) Each Indiana basic emergency medical technician course shall be supervised by a commission-certified primary instructor who is affiliated with the course sponsoring training institution as described in this article.

(d) No course shall be approved as equivalent to subsection (c) unless the course meets the training standards currently in effect.

(e) Under IC 16-31-3, the commission may penalize an emergency medical technician or the certificate of any emergency medical technician, or both may be suspended or revoked by the commission under the provision of 836 IAC 4-4-1 for any of the following:

- (1) Fraud or misrepresentation in procuring certification.
- (2) Failure to perform or failure to perform competently an indicated procedure for which training has been received in the basic emergency medical technician training course as approved by the commission.
- (3) Performing a procedure for which training has not been received in the basic emergency medical technician training course as approved by the commission or which is not within the scope and responsibility of an emergency medical technician as determined by the commission.
- (4) Negligent, reckless, or dangerous conduct that endangers the health or safety of emergency patients or the members of the general public while functioning as an emergency medical technician.
- (5) Conviction of an offense if the acts that resulted in the conviction have a direct bearing on whether or not the person should be entrusted to serve the public as an emergency medical technician.

(6) Delegating to a person less qualified any skill that requires the professional competence of an emergency medical technician.

(7) Failure to comply with this title.

(f) (e) Emergency medical technicians shall comply with the following standards of professional ethical conduct:

(1) Improve medical knowledge and skills through the completion of at least the prescribed regimen of continuing education described in this article.

(2) Perform quality patient care based on the content of approved training or the orders of the provider medical director.

(3) Uphold and respect the patient's right to privacy, dignity, and safety by keeping confidential patient information.

(4) Abiding by the legal responsibilities and limitations imposed upon the emergency medical technician by training and state law.

(Indiana Emergency Medical Services Commission; 836 IAC 4-4-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2752)

SECTION 26. 836 IAC 4-5-2 IS AMENDED TO READ AS FOLLOWS:

836 IAC 4-5-2 Certification and recertification; general

Authority: IC 16-31-2-7

Affected: IC 16-31-3-14

Sec. 2. (a) Application for certification will be made on forms and according to procedures prescribed by the commission. In order to be certified as an emergency medical services primary instructor, the applicant shall meet the following requirements:

(1) Successfully complete a commission-approved Indiana emergency medical services primary instructor training course.

(2) Successfully complete the primary instructor internship.

(3) Successfully complete the primary instructor written examination.

(4) Be currently certified as an Indiana emergency medical technician.

(b) Certification as an emergency medical services primary instructor is valid for two (2) years.

(c) In order to retain certification as a primary instructor, a person shall meet the following requirements:

(1) Retain affiliation with at least one (1) Indiana certified training institution.

(2) Conduct a minimum of eighty (80) hours of educational sessions based upon the emergency medical service curricula, which in content are either less than or equal to the primary instructor's level of clinical certification.

(3) Complete a minimum of twelve (12) hours of continuing education that specifically addresses the topic of educational philosophy and techniques, offered or approved by the affiliating training institution.

(4) Be evaluated by the training institution in regard to instructional skills and compliance with existing standards of the training institution and the commission at least once per course.

(5) Every two (2) years present, to the commission, evidence of compliance with this subsection during the period of certification as prescribed by the commission.

(d) The minimum requirements for emergency medical services primary instructor training is the current version of the Indiana primary instructor course, based upon the current national standard curriculum as amended and approved by the commission.

(e) Under IC 16-31-3-14, the commission may penalize a primary instructor or the certificate of any primary instructor; or both, may be suspended or revoked by the commission under the provision of 836 IAC 1-2-4 for any of the following:

(1) Fraud or misrepresentation in procuring certification.

(2) Failure to perform or failure to perform competently procedures that are within the patient care standards or the scope and responsibility of the primary instructor.

(3) Failure to perform the responsibilities of a primary instructor as listed in 836 IAC 4-2-3(b)(3).

(4) Negligent, reckless, or dangerous conduct that endangers the health or safety of an emergency medical services

student, a member of the training institution staff, or a member of the general public.

(5) Has been convicted of an offense if the acts that resulted in the conviction have a direct bearing on whether or not the person shall be entrusted to serve the public as a primary instructor.

(6) Failure to comply with this title.

(f) (e) A primary instructor shall comply with the following standards of professional ethical conduct:

(1) Improve medical knowledge and skills through the completion of at least the prescribed regimen of continuing education described in this article.

(2) Uphold and respect the student's right to privacy, dignity, and safety by keeping student information confidential.

(3) Abiding by the legal responsibilities and limitations imposed upon the primary instructor.

(Indiana Emergency Medical Services Commission; 836 IAC 4-5-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2754)

SECTION 27. 836 IAC 4-6.1 IS ADDED TO READ AS FOLLOWS:

Rule 6.1. Advanced Emergency Medical Technician Intermediate Training

836 IAC 4-6.1-1 Advanced emergency medical technician intermediate training

Authority: IC 16-31-2-7

Affected: IC 16-31-3-20

Sec. 1. (a) All institutions administering or seeking to administer training programs for advanced emergency medical technician intermediates who engage in the provision of advanced life support services are required to be certified by the commission.

(b) An institution certified by the commission to conduct training programs for advanced emergency medical technician intermediates must:

(1) be a training institution certified under 836 IAC 4-2; and

(2) operate according to the procedures described therein.

(c) The minimum curriculum requirements for advanced emergency medical technician intermediate training shall be the Indiana advanced emergency medical technician intermediate training curriculum based upon the current national standard curriculum as amended and approved by the commission.

(d) The program coordinator shall be a physician, a registered nurse, a paramedic, or an advanced emergency medical technician intermediate responsible for the duties of 836 IAC 4-2. *(Indiana Emergency Medical Services Commission; 836 IAC 4-6.1-1)*

SECTION 28. 836 IAC 4-7-2 IS AMENDED TO READ AS FOLLOWS:

836 IAC 4-7-2 Certification provisions; general

Authority: IC 16-31-2-7

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

Sec. 2. (a) ~~Applicants~~ **An applicant** for certification as an advanced emergency medical technician shall meet the following requirements:

(1) Be an Indiana certified emergency medical technician.

(2) Be affiliated with a certified advanced emergency medical technician organization or a supervising hospital.

(3) Successfully complete the Indiana advanced emergency medical technician training course as approved by the commission and administered by a certified training institution.

(4) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission.

(b) The applicant shall apply for certification on forms prescribed by the commission postmarked within one (1) year of the date that the course was concluded as shown on the course report.

(c) The applicant shall submit verification of all affiliated providers and supervising hospitals.

(d) Certification exemptions identified under 836 IAC 2-7.1-1(j) shall apply to the certification of advanced emergency medical technicians.

(e) Advanced emergency medical technicians are prohibited from having in their possession, or maintained on-board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by advanced emergency medical technician organization medical director.

(f) Advanced emergency medical technicians shall comply with the following standards of professional ethical conduct:

- (1) Improve medical knowledge and skills through the completion of at least the prescribed regimen of continuing education described in this article.
- (2) Perform quality patient care based on the content of approved training or the orders of the provider medical director.
- (3) Uphold and respect the patient's right to privacy, dignity, and safety by keeping confidential patient information.
- (4) Abide by the legal responsibilities and limitations imposed upon the advanced emergency medical technician by training and applicable laws.

(g) Under IC 16-31-3-14, the commission may penalize an advanced emergency medical technician or the certificate of any advanced emergency medical technician; or both; may be suspended or revoked by the commission under 836 IAC 1-2-4 and 836 IAC 2-13-1 for any of the following:

- (1) Fraud or misrepresentation in procuring certification.
- (2) Failure to perform or failure to perform competently an indicated procedure for which training has been received in the basic emergency medical technician training course as approved by the commission.
- (3) Performing a procedure for which training:
 - (A) has not been received in the basic emergency medical technician training course or advanced emergency medical technician training course as approved by the commission; or
 - (B) is not within the scope and responsibility of an advanced emergency medical technician as determined by the commission.
- (4) Negligent, reckless, or dangerous conduct that endangers the health or safety of emergency patients or the members of the general public while functioning as an advanced emergency medical technician.
- (5) Conviction of an offense if the acts that resulted in the conviction have a direct bearing on whether or not the person should be entrusted to serve the public as an advanced emergency medical technician.
- (6) Delegating to a person less qualified any skill that requires the professional competence of an advanced emergency medical technician.
- (7) Failure to comply with this title.

(h) Procedures for suspension, revocation, or termination of certification pursuant to IC 16-31 apply to advanced emergency medical technician certification. (*Indiana Emergency Medical Services Commission; 836 IAC 4-7-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2755*)

SECTION 29. 836 IAC 4-7.1 IS ADDED TO READ AS FOLLOWS:

Rule 7.1. Advanced Emergency Medical Technician Intermediate; Certification

836 IAC 4-7.1-1 Student qualification to enter training

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

Sec. 1. An applicant for Indiana advanced emergency medical technician intermediate training shall meet the following requirements:

- (1) Hold a valid certificate as an emergency medical technician.**
- (2) Be at a minimum of eighteen (18) years of age.**

(3) Have a high school diploma or general education diploma.
(Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-1)

836 IAC 4-7.1-2 Registered nurses; qualification to enter training

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

Sec. 2. (a) A registered nurse can challenge the advanced emergency medical technician intermediate course if he or she meets the following requirements:

- (1) Be a registered nurse in Indiana.**
- (2) Be an Indiana certified emergency medical technician.**
- (3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service.**
- (4) Hold an advanced cardiac life support certification.**
- (5) Hold either an American Heart Association or American Red Cross health care provider card.**
- (6) Be able to meet prerequisites required by the commission, the advanced emergency medical technician intermediate curriculum, and the local training institution course.**

(b) For successful completion of the advanced emergency medical technician intermediate training course, a registered nurse must meet all of the requirements set forth by the training institution for all students or meet the prerequisites as described in subsection (a) and the following:

- (1) May earn credit by written examination for individual modules of the advanced emergency medical technician intermediate course.**
 - (2) Test out of a module to be completed prior to the beginning of that module by completing:**
 - (A) the written examination with a passing score; and**
 - (B) the practical skills examination with a passing score.**
- Failure of any module exam will require the students to participate in the entire module.**
- (3) Successfully complete the advanced emergency medical technician intermediate program comprehensive final examination.**
 - (4) Demonstrate skill proficiency by completing the advanced emergency medical technician intermediate level skills with course proficiency.**
 - (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas.**
 - (6) Complete all field internship and required hospital clinical hours.**
 - (7) Pass the advanced emergency medical technician intermediate written and practical skills examinations as approved by the commission.**
 - (8) Meet general certification requirements in section 3 of this rule.**

(Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-2)

836 IAC 4-7.1-3 General certification

Authority: IC 16-31-2-7

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

Sec. 3. (a) An applicant for certification as an advanced emergency medical technician intermediate shall meet the following requirements:

- (1) Be a certified emergency medical technician.**
- (2) Be affiliated with a certified advanced emergency medical technician intermediate organization or a supervising hospital.**
- (3) Successfully complete the Indiana advanced emergency medical technician intermediate training course as approved by the commission and administered by an Indiana certified training institution.**
- (4) Pass the advanced emergency medical technician intermediate written and practical skills examinations as approved by the commission.**

(b) The applicant shall apply for certification on forms prescribed by the commission postmarked within one (1) year of the date of successful completion of the required certification examinations.

(c) The applicant shall submit verification of all affiliated providers and supervising hospitals.

(d) Certification exemptions identified under 836 IAC 2-2-1(k) apply to the certification of advanced emergency medical technician intermediates.

(e) Advanced emergency medical technician intermediates are prohibited from having in their possession, or maintained on-board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by the advanced emergency medical technician intermediate organization medical director.

(f) Under IC 16-31-3-14, the commission may penalize a advanced emergency medical technician intermediate or the certificate of any advanced emergency medical technician intermediate, or both, may be suspended or revoked by the commission under 836 IAC 1-2-4 and 836 IAC 2-13-1 for any of the following:

(1) Fraud or misrepresentation in procuring certification.

(2) Failure to perform or failure to perform competently procedures that are within the patient care standards or scope and responsibility of advanced emergency medical technician intermediates for which training has been received in the advanced emergency medical technician intermediate training course as approved by the commission.

(3) Performing a procedure for which training:

(A) has not been received in the basic emergency medical technician course or advanced emergency medical technician intermediate training course as approved by the commission; or

(B) is not within the scope and responsibility of an advanced emergency medical technician intermediate as determined by the commission.

(4) Negligent, reckless, or dangerous conduct that endangers the health or safety of emergency patients or the members of the general public while functioning as a advanced emergency medical technician intermediate.

(5) Conviction of an offense if the acts that resulted in the conviction have a direct bearing on whether or not the person should be entrusted to serve the public as a advanced emergency medical technician intermediate.

(6) Delegating to a person less qualified any skill that requires the professional competence of a advanced emergency medical technician intermediate.

(7) Failure to comply with this title.

(g) Advanced emergency medical technician intermediates shall comply with the following standards of professional ethical conduct:

(1) Improve medical knowledge and skills through the completion of at least the prescribed regimen of continuing education described in this article.

(2) Perform quality patient care based on the content of approved training or the orders of the provider medical director.

(3) Uphold and respect the patient's right to privacy, dignity, and safety by keeping confidential patient information.

(4) Abide by the legal responsibilities and limitations imposed upon the advanced emergency medical technician intermediate by training and applicable laws.

(Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-3)

836 IAC 4-7.1-4 Application for certification; renewal

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 4. (a) Application for certification as an advanced emergency medical technician intermediate shall be made on forms prescribed by the commission. An applicant shall complete the required forms and shall submit the forms to the director.

(b) All applicants for original certification shall provide evidence of compliance with the requirements for certification.

(c) Certification as an advanced emergency medical technician intermediate shall be valid for two (2) years

and remain valid as long as compliance with the continuing education requirements are maintained and reported every two (2) years to the commission prior to the certification expiration date.

(d) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges nor administer advanced life support services to emergency patients.

(e) An individual wanting to reacquire a certification shall complete an advanced emergency medical technician intermediate recertification training course and successful completion of state written and practical skills examinations as set forth and approved by the commission. If the individual fails the certification examinations, the person shall retake an entire advanced emergency medical technician intermediate training course. (*Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-4*)

836 IAC 4-7.1-5 Continuing education requirements

Authority: IC 16-31-2-7

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

Sec. 5. (a) Any applicant making application for certification or certification renewal shall meet the qualifications in this section to maintain their certification. Concurrent emergency medical technician certification shall be maintained if the requirements in this section are fulfilled.

(b) An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following:

- (1) Section Ia, thirty-six (36) hours of continuing education adhering to and including the content of the Indiana emergency medical technician intermediate course.
- (2) Section Ib, attach a current copy of advanced cardiac life support certification.
- (3) Section Ic, attach a current copy of cardiopulmonary resuscitation certification.
- (4) Section II, thirty-six (36) hours of continuing education with twelve (12) hours audit and review. No more than eighteen (18) hours may be taken in any one (1) topic.
- (5) Section III, skill maintenance (with no specified hour requirement), all skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital, either at an inservice or in an actual clinical setting. The observed skills include, but are not limited to, the following:
 - (A) Patient assessment and management; medical and trauma.
 - (B) Ventilatory management skills/knowledge.
 - (C) Cardiac arrest management.
 - (D) Hemorrhage control and splinting procedures.
 - (E) IV therapy skills.
 - (F) Spinal immobilization; seated and lying patients.
 - (G) Obstetrics and gynecologic skills/knowledge.
 - (H) Other related skills/knowledge:
 - (i) radio communications; and
 - (ii) report writing and documentation.

(*Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-5*)

836 IAC 4-7.1-6 Advanced emergency medical technician intermediate certification based upon reciprocity

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 6. (a) An applicant for advanced emergency medical technician intermediate certification based upon reciprocity shall be affiliated with a certified advanced emergency medical technician intermediate provider organization and meet one (1) of the following requirements:

- (1) Be a person who, at the time of applying for reciprocity, possesses a valid certificate or license as an advanced emergency medical technician intermediate from another state and who successfully passes the advanced emergency medical technician intermediate practical and written certification examinations as set forth and approved by the commission. Application for certification shall be postmarked or delivered to the

commission office within six (6) months of the request for reciprocity.

(2) Be a person who, at the time of applying for reciprocity, has successfully completed a course of training and study equivalent to the material contained in the Indiana advanced emergency medical technician intermediate training course and successfully completes the written and practical skills certification examinations prescribed by the commission.

(3) Be a person who, at the time of applying for reciprocity, possesses a valid National Registry intermediate certification based on the advanced emergency medical technician intermediate curriculum approved by the commission.

(b) Notwithstanding subsection (a), any nonresident of Indiana who possesses a certificate or license as an advanced emergency medical technician intermediate that is valid in another state, may apply to the director for temporary certification as an advanced emergency medical technician intermediate. Upon receipt of a valid application and verification of valid status by the director, the director may issue temporary certification that shall be valid for the duration of the applicant's current certificate or license, or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the director, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-6*)

SECTION 30. 836 IAC 4-9-3 IS AMENDED TO READ AS FOLLOWS:

836 IAC 4-9-3 General certification

Authority: IC 16-31-2-7

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

Sec. 3. (a) An applicant for certification as a paramedic shall meet the following requirements:

- (1) Be ~~an~~ a certified emergency medical technician.
- (2) Be affiliated with a certified paramedic organization or a supervising hospital.
- (3) Successfully complete the Indiana paramedic training course as approved by the commission and administered by an Indiana certified training institution.
- (4) Pass the paramedic written and practical skills examinations as approved by the commission.

(b) The applicant shall apply for certification on forms prescribed by the commission postmarked within one (1) year of the date ~~that the course was concluded as shown on the course report.~~ **of successful completion of the required certification examinations.**

(c) The applicant shall submit verification of all affiliated providers and supervising hospitals.

(d) Certification exemptions identified under 836 IAC 2-2-1(k) apply to the certification of paramedics.

(e) Paramedics are prohibited from having in their possession, or maintained on-board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by the paramedic organization medical director.

(f) ~~Under IC 16-31-3-14, the commission may penalize a paramedic or the certificate of any paramedic, or both, may be suspended or revoked by the commission under 836 IAC 1-2-4 and 836 IAC 2-13-1 for any of the following:~~

- (1) ~~Fraud or misrepresentation in procuring certification.~~
- (2) ~~Failure to perform or failure to perform competently procedures that are within the patient care standards or scope and responsibility of paramedics for which training has been received in the paramedic training course as approved by the commission.~~
- (3) ~~Performing a procedure for which training has not been received or has not been approved by the medical director.~~
- (4) ~~Negligent, reckless, or dangerous conduct that endangers the health or safety of emergency patients or the members of the general public while functioning as a paramedic.~~
- (5) ~~Conviction of an offense if the acts that resulted in the conviction have a direct bearing on whether or not the person should be entrusted to serve the public as a paramedic.~~

- ~~(6) Delegating to a person less qualified any skill that requires the professional competence of a paramedic.~~
~~(7) Failure to comply with this title.~~

~~(g)~~ (f) Paramedics shall comply with the following standards of professional ethical conduct:

- (1) Improve medical knowledge and skills through the completion of at least the prescribed regimen of continuing education described in this article.
 - (2) Perform quality patient care based on the content of approved training or the orders of the provider medical director.
 - (3) Uphold and respect the patient's right to privacy, dignity, and safety by keeping confidential patient information.
 - (4) Abide by the legal responsibilities and limitations imposed upon the paramedic by training and applicable laws.
- (Indiana Emergency Medical Services Commission; 836 IAC 4-9-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2757)*

SECTION 31. THE FOLLOWING ARE REPEALED: 836 IAC 1-2-4; 836 IAC 1-8-1; 836 IAC 1-11-5; 836 IAC 2-12-1; 836 IAC 2-13-1; 836 IAC 3-2-8; 836 IAC 3-3-8; 836 IAC 3-4-1; 836 IAC 4-2-5; 836 IAC 4-10-1.

Notice of Public Hearing

Under IC 4-22-2-24, notice is hereby given that on June 26, 2002 at 10:00 a.m., at the Indiana Government Center-South, 402 West Washington Street, Training Room 6, Indianapolis, Indiana the Indiana Emergency Medical Services Commission will hold a public hearing on proposed amendments to 836 IAC 1, 836 IAC 2, 836 IAC 3 and 836 IAC 4. Copies of these rules are now on file at the Indiana Government Center-South, 302 West Washington Street, Room E208 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