

TITLE 836 INDIANA EMERGENCY MEDICAL SERVICES COMMISSION

ARTICLE 1. EMERGENCY MEDICAL SERVICES

Rule 1. Definitions and General Requirements

836 IAC 1-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1; IC 35-41-1-26.5

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

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

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

(A) Care given:

(i) at the scene of an:

(AA) accident;

(BB) act of terrorism (as defined in IC 35-41-1-26.5), if the governor has declared a disaster emergency under IC 10-14-3-12 in response to the act of terrorism; or

(CC) illness;

(ii) during transport; or

(iii) at a hospital;

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

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

(i) Defibrillation.

(ii) Endotracheal intubation.

(iii) Parenteral injection of appropriate medications.

(iv) Electrocardiogram interpretation.

(v) Emergency management of trauma and illness.

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

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

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

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

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

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

(9) “Ambulance” means any conveyance on land, sea, or air that is used, or is intended to be used, for the purpose of responding to emergency life-threatening situations and providing transportation of an emergency patient.

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

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

- (J) volume and mass of gases.
- (35) "Medical director" means a physician with an unlimited license to practice medicine in Indiana and who has an active role in the delivery of emergency care.
- (36) "Nontransporting emergency medical services vehicle" or "emergency medical service nontransport vehicle" means a motor vehicle, other than an ambulance, used for emergency medical services. The term does not include an employer-owned or employer-operated vehicle used for first aid purposes within or upon the employer's premises.
- (37) "Paramedic" means an individual who:
- (A) is:
 - (i) affiliated with a certified paramedic provider organization;
 - (ii) employed by a sponsoring hospital approved by the commission; or
 - (iii) employed by a supervising hospital with a contract for inservice education with a sponsoring hospital approved by the commission;
 - (B) has completed a prescribed course in advanced life support; and
 - (C) has been certified by the commission.
- (38) "Paramedic provider organization" means an ambulance service provider organization or other provider organization certified by the commission to provide advanced life support services administered by paramedics or physicians with an unlimited license to practice medicine in Indiana in conjunction with supervising hospitals.
- (39) "Person" means any:
- (A) natural person or persons;
 - (B) partnership;
 - (C) corporation;
 - (D) association;
 - (E) joint stock association; or
 - (F) governmental entity other than an agency or instrumentality of the United States. "Agency or instrumentality of the United States" does not include a person operating under a contract with the government of the United States.
- (40) "Physician" means an individual who currently holds a valid unlimited license to practice medicine in Indiana under IC 25-22.5-1-1.1.
- (41) "Program director" means a person employed by a certified training institution to coordinate the emergency medical services training programs.
- (42) "Provider organization" means an ambulance service or other emergency care organization certified by the commission to provide emergency medical services.
- (43) "Provider organization operating area" means the geographic area in which an emergency medical technician-basic advanced, affiliated with a specific emergency medical technician-basic advanced provider organization, is able to maintain two-way voice communication with the provider organization's supervising hospitals.
- (44) "Registered nurse" means a person licensed under IC 25-23-1-1.1.
- (45) "Rescue services" means the provision of basic life support except it does not include the following:
- (A) Administration of oxygen.
 - (B) Use of mechanical breathing devices.
 - (C) Application of antishock trousers.
 - (D) Application of splinting devices.
 - (E) Use of an automatic or a semiautomatic defibrillator.
 - (F) Electrocardiogram interpretation.
 - (G) Manual external defibrillation.
 - (H) Intravenous fluid therapy.
 - (I) Invasive medical care techniques.
- (46) "Rescue squad organization" means an organization that holds a voluntary certification to provide extrication, rescue, or emergency medical services.
- (47) "Supervising hospital" means a hospital licensed under IC 16-21-2 or under the licensing laws of another state that has been certified by the commission to supervise paramedics, emergency medical technicians-intermediate, emergency medical technician-basic advanced, and provider organizations in providing emergency medical care.
- (48) "Training institution" means an institution certified by the commission to administer emergency medical services training

programs.

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

836 IAC 1-1-2 Enforcement

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

Affected: IC 16-31

Sec. 2. Enforcement actions will be taken in accordance with IC 16-31. *(Indiana Emergency Medical Services Commission; 836 IAC 1-1-2; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2335; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3510)*

836 IAC 1-1-3 Request for waiver

Authority: IC 16-31-2-7

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

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

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

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

(B) A description of the service area.

(C) Hours of operation.

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

(E) Other information as required by the commission.

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

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

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

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

(2) either:

(A) noncompliance with the rule; or

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

will not jeopardize the quality of patient care.

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

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

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

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

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

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

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

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

(2) An incapacitating illness or injury.

(3) Other circumstances determined by the commission.

(Indiana Emergency Medical Services Commission; 836 IAC 1-1-3; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2336; filed Jun 11, 2004,

1:30 p.m.: 27 IR 3511)

836 IAC 1-1-4 Exemptions

Authority: IC 16-31-2-7

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

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

- (1) Providing assistance to persons certified to provide emergency ambulance service or to emergency medical technicians.
- (2) Operating from a location or headquarters outside Indiana to provide emergency ambulance services to patients who are picked up outside Indiana for transportation to locations within Indiana. This includes the return of that patient to the patient's original state of origin if the return trip occurs within twenty-four (24) hours of the transport to Indiana.
- (3) Providing emergency medical services during a major catastrophe or disaster with which persons or ambulance services are insufficient or unable to cope.

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

836 IAC 1-1-5 Reports and records

Authority: IC 16-31-2-7

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

Sec. 5. (a) All emergency medical service provider organizations shall comply with this section.

(b) All emergency medical service provider organizations shall participate in the emergency medical service system review by collecting and reporting data elements. The elements shall be submitted to the agency by the fifteenth of the following month by electronic format or submitted on disk in the format and manner specified by the commission. The data elements prescribed by the commission are as follows:

- (1) Provider organization number.
- (2) Date of incident.
- (3) Time call received.
- (4) Incident number.
- (5) Service type.
- (6) Time of dispatch.
- (7) Location type.
- (8) Patient name.
- (9) Response number.
- (10) Patient car record number.
- (11) Patient zip code.
- (12) Gender.
- (13) Race.
- (14) Time unit responding.
- (15) Time of arrival at scene.
- (16) Time unit left scene.
- (17) Time available for service.
- (18) Lights and siren to scene.
- (19) Lights and siren used from scene.
- (20) Level of care provided.
- (21) Provider impression.

- (22) Mode of injury.
- (23) Incident/patient disposition.
- (24) Vehicle type.
- (25) Destination/transferred to.
- (26) Destination determination.
- (27) Time of arrival at destination.
- (28) Incident location.
- (29) Date of birth.
- (30) Medical history.
- (31) Signs and symptoms.
- (32) Injury description.
- (33) Safety equipment.
- (34) Suspected drug/alcohol use.
- (35) Pulse rate.
- (36) Respiratory rate.
- (37) Respiratory effort.
- (38) Systolic blood pressure.
- (39) Skin perfusion.
- (40) Glasgow eye opening.
- (41) Glasgow verbal component.
- (42) Glasgow motor component.
- (43) Airway treatment.
- (44) Stabilization treatment.
- (45) Miscellaneous treatment.
- (46) Medication name.
- (47) Research code.
- (48) Crew member one number.
- (49) Crew member two number.

Basic life support nontransport provider organizations are required to submit data elements only for runs on which a defibrillator is used. If the defibrillator is not used on any runs during a month, then the basic life support nontransport provider organization shall report "no runs" on its monthly report for that month.

(c) Each emergency medical services provider organization shall retain all records required by this rule 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.

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

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

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

- (A) Name.
- (B) Identification number.
- (C) Age.
- (D) Sex.
- (E) Date of birth.
- (F) Race.
- (G) Address, including zip code.
- (H) Location of incident.

- (I) Chief complaint.
 - (J) History, including the following:
 - (i) Current medical condition and medications.
 - (ii) Past pertinent medical conditions and allergies.
 - (K) Physical examination section.
 - (L) Treatment given section.
 - (M) Vital signs, including the following:
 - (i) Blood pressure.
 - (ii) Pulse.
 - (iii) Respirations.
 - (iv) Level of consciousness.
 - (v) Skin temperature and color.
 - (vi) Pupillary reactions.
 - (vii) Ability to move.
 - (viii) Presence or absence of breath sounds.
 - (ix) The time of observation and a notation of the quality for each vital sign.
 - (N) Responsible guardian.
 - (O) Hospital destination.
 - (P) Radio contact via UHF or VHF.
 - (Q) Name of patient attendants, including emergency medical service certification numbers and signatures.
 - (R) Vehicle certification number.
 - (S) Safety equipment used by patient.
 - (T) Date of service.
 - (U) Service delivery times, including the following:
 - (i) Time of receipt of call.
 - (ii) Time dispatched.
 - (iii) Time arrived 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 run report form shall be designed in a manner to provide space for narrative notation of additional medical information.
- (3) A copy of the completed run report form shall be provided to the receiving facility when the patient is delivered unless it is not feasible; however, the form shall be provided to the receiving facility no later than twenty-four (24) hours after the patient is delivered.
- (4) When a patient has signed a statement for refusal of treatment or transportation services, or both, that signed statement shall be maintained as part of the run documentation.
- (f) Each basic life support nontransport provider organization shall maintain, in a manner prescribed by the commission, accurate records, including a run report form, concerning the assessment and treatment of each emergency patient as follows:
- (1) A run report form shall be required by all basic life support nontransport provider organizations, including, at a minimum, the following:
- (A) Name.
 - (B) Identification number.
 - (C) Age.
 - (E) Sex.
 - (F) Race.
 - (G) Physician of the patient.
 - (H) Date of birth.
 - (I) Address, including zip code.
 - (J) Location of incident.

- (K) Chief complaint.
 - (L) History, including the following:
 - (i) Current medical condition and medications.
 - (ii) Past pertinent medical conditions and allergies.
 - (M) Physical examination section.
 - (N) Treatment given section.
 - (O) Vital signs, including the following:
 - (i) Pulse.
 - (ii) Blood pressure.
 - (iii) Respirations.
 - (iv) Level of consciousness.
 - (v) Skin temperature and color.
 - (vi) Pupillary reactions.
 - (vii) Ability to move.
 - (viii) Presence or absence of breath sounds.
 - (ix) The time of observation and a notation of the quality for each vital sign.
 - (P) Responsible guardian.
 - (Q) Name of patient attendants, including emergency medical services certification numbers and signatures.
 - (R) Vehicle emergency medical services certification number.
 - (S) Responding service delivery times, including the following:
 - (i) Time of receipt of call.
 - (ii) Time dispatched.
 - (iii) Time arrived scene.
 - (iv) Time of patient released to transporting emergency medical services.
 - (v) Time vehicle available for next response.
 - (T) Date of service.
 - (U) Safety equipment used by patient.
- (2) The report form shall provide space for narrative description of the situation and the care rendered by the nontransport unit.
- (3) A signed statement for refusal of treatment or transportation services, or both, shall be maintained as part of the run documentation.

(Indiana Emergency Medical Services Commission; 836 IAC 1-1-5; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3512)

836 IAC 1-1-6 Audit and review

Authority: IC 16-31-2-7

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

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

- (1) The audit shall evaluate patient care and personnel performance.
- (2) The results of the audit shall be reviewed with the emergency medical service personnel.
- (3) Documentation for the audit and review shall include the following:
 - (A) The criteria used to select audited runs.
 - (B) Problem identification and resolution.
 - (C) Date of review.
 - (D) Attendance at the review.
 - (E) A summary of the discussion at the review.
- (4) The audit and review shall be conducted under the direction of one (1) of the following:
 - (A) The emergency medical services provider organization medical director.
 - (B) An emergency department committee that is supervised by a medical director. An emergency medical service provider organization representative shall serve as a member on the committee.
 - (C) A committee established by the emergency medical service provider organization.

(5) A method of identifying needs to staff development programs, basic training, inservice, and orientation.
(*Indiana Emergency Medical Services Commission; 836 IAC 1-1-6; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3514*)

836 IAC 1-1-7 Training

Authority: IC 16-31-2-7

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

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

- (1) First responder (only for the basic life support nontransport provider organization).
 - (2) An emergency medical technician.
 - (3) An emergency medical technician-basic advanced.
 - (4) An emergency medical technician-intermediate.
 - (5) A paramedic.
 - (6) A registered nurse.
 - (7) A certified physician assistant.
 - (8) A licensed physician who is actively involved in the delivery of emergency medical services with that organization.
- (b) The provider organization and training officer shall be responsible for the following:
- (1) Providing and maintaining records of inservice training offered by the provider organization.
 - (2) Maintaining the following inservice training session information:
 - (A) Summary of the program content.
 - (B) The name of the instructor.
 - (C) The names of those attending.
 - (D) The date, time, and location of the inservice training sessions.

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

(*Indiana Emergency Medical Services Commission; 836 IAC 1-1-7; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3514*)

836 IAC 1-1-8 Operating procedures

Authority: IC 16-31-2-7

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

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

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

(c) Each emergency medical service provider organization shall provide a periodic maintenance program to assure that all emergency medical service vehicles, including equipment, are maintained in good working condition at all times and that equipment, medication, and supplies have not exceeded the manufacturer's specified expiration date.

(d) All emergency medical service provider organization's premises, records, garaging facilities, and emergency medical service vehicles shall be made available for inspection by the agency at any time during operating hours.

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

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

(g) An emergency medical service provider organization shall not engage in the provision of advanced life support unless the emergency medical service provider organization is certified under 836 IAC 2 and the vehicle meets the requirements of 836 IAC 2.

(h) Each emergency medical services provider organization shall conduct audit and review under section 6 of this rule.

(i) An emergency medical service provider organization may operate a nontransport emergency medical services vehicle in

accordance with 836 IAC 1-11-4.

(j) The following reporting requirements are applicable to all emergency medical service provider organizations:

(1) For an individual certified by the commission and employed (either paid or volunteer) by an emergency medical service provider organization, the provider organization shall notify the agency within thirty (30) days of any of the following:

(A) An action taken by the provider organization or the provider organization's medical director to:

(i) restrict, suspend, or revoke the individual's authorization to perform emergency medical services for the provider organization; or

(ii) suspend or terminate the individual's employment or affiliation with the provider organization.

(B) The individual is no longer employed with the provider organization either voluntarily or involuntarily.

(C) The individual is no longer affiliated with the provider organization either voluntarily or involuntarily.

(2) The notification required under this subsection shall include the following:

(A) Name of individual.

(B) Certification number.

(C) Date action was taken.

(D) Description of the action taken, including the length of the action if the action was temporary and any conditions and terms associated with the action.

(E) Reason action was taken.

(Indiana Emergency Medical Services Commission; 836 IAC 1-1-8; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3515)

Rule 2. Certification of Ambulance Service Providers

836 IAC 1-2-1 General certification provisions

Authority: IC 16-31-2-7

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

Sec. 1. (a) A person shall not furnish, operate, maintain, advertise, or otherwise engage in providing emergency ambulance services unless the person is certified by the commission as an ambulance service provider organization.

(b) Each ambulance, while transporting a patient, shall be staffed by no fewer than two (2) persons, one (1) of whom shall be a certified emergency medical technician and who shall be in the patient compartment.

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

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

(1) Within thirty (30) days of any changes in and items in the application required in section 2(a) of this rule.

(2) Immediately of change in medical director, including medical director approval form and protocols.

(e) Each ambulance service provider organization shall have a medical director. The duties and responsibilities of the medical director are as follows:

(1) Provide liaison between the local medical community and the emergency medical service provider organization.

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

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

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

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

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

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

(8) Assure compliance with approved medical standards established by the commission performed by 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.

(10) Provide liaison between the emergency medical service provider organization, the emergency medical service personnel, and the hospital in regards to communicable disease testing under IC 16-41-10.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I, A; filed Jun 5, 1975, 11:57 a.m.: Rules and

Regs. 1976, p. 84; filed Dec 15, 1977: Rules and Regs. 1978, p. 244; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2192; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2419; filed Dec 2, 1983, 2:43 p.m.: 7 IR 352; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1036; filed Aug 18, 1986, 1:00 p.m.: 10 IR 24; filed May 15, 1998, 10:25 a.m.: 21 IR 3866; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2719; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2506; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2337; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3516)

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 organization certification shall be made on forms as provided by the agency, and the applicant shall comply with the following requirements:

- (1) Applicants shall complete the required forms and submit the forms to the agency not less than sixty (60) days prior to the requested effective date of the certificate.
- (2) Each ambulance and its equipment shall be made available for inspection by the agency.
- (3) The premises on which ambulances are parked or garaged and on which ambulance supplies are stored shall be open during business hours to the agency for inspection.
- (4) A complete listing of affiliated personnel to be utilized as emergency medical technicians-basic advanced, emergency medical technicians, first responders, and drivers shall be submitted to the agency. The agency 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 organization's records.
 - (G) Proof of insurance coverage for ambulances and nontransport vehicles as required by 836 IAC 1-3-6.
 - (H) Staffing pattern of personnel.
 - (I) Base of operations.
 - (J) List of all affiliated personnel, including certification numbers.
 - (K) Copy of medical director establish protocols and standing orders.
 - (L) Other information as required by the commission.
- (b) Upon approval, a certificate shall be issued by the commission.
- (c) The certificate shall be:
 - (1) valid for a period of two (2) years; and
 - (2) prominently displayed at the place of business.

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

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

Authority: IC 16-31-2-7

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

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

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

- (1) The replacement ambulance shall meet all certification requirements.
- (2) The ambulance service provider organization shall notify the agency in writing within seventy-two (72) hours of the time the replacement ambulance is placed in service. The written notice shall identify the following:
 - (A) The replacement date.
 - (B) The certification number of the replaced ambulance.
 - (C) The 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 from the date that the replacement ambulance is placed in service and, upon return to service of the certified ambulance, the use of the replacement vehicle shall cease.

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

(d) Each ambulance service provider organization shall, within seven (7) calendar days of the date a certified ambulance is permanently withdrawn from service, return to the agency the certificate and window sticker issued for the ambulance.

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

(f) Each ambulance service provider organization shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all ambulances and nontransport vehicles:

- (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. Multiuse items shall be kept clean and sterile when indicated and properly stored.
- (8) When a vehicle has been utilized to transport a patient known to have a communicable disease or suffered exposure to hazardous material or biohazard material, the vehicle and equipment shall be 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.
- (g) Each emergency medical services provider organization shall conduct audit and review under 836 IAC 1-1-6.
- (h) An ambulance service provider organization with approval from the provider organization's medical director may transport

a patient with the following:

- (1) PCA pump with any medication or fluid infusing through a peripheral IV.
- (2) Medication infusing through a peripheral IV or continuous subcutaneous catheter via a closed, locked system.
- (3) A central catheter that is clamped off.
- (4) A patient with a 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 (nine-tenths percent (0.9%) or less), potassium chloride (twenty (20) milliequivalent per liter or less for emergency medical technicians, forty (40) milliequivalent per liter or less for emergency medical technicians-basic advanced). At no time will piggy-back or secondary intravenous line or blood products be transported.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I, C; filed Jun 5, 1975, 11:57 a.m.: Rules and

Regs. 1976, p. 86; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2194; errata, 4 IR 531; filed Dec 2, 1983, 2:43 p.m.: 7 IR 353; errata, 7 IR 1254; errata, 7 IR 1551; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1038; filed Aug 18, 1986, 1:00 p.m.: 10 IR 26; filed Oct 11, 1988, 11:05 a.m.: 12 IR 354; filed May 15, 1998, 10:25 a.m.: 21 IR 3868; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2721; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2339; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3517)

836 IAC 1-2-4 Penalties (Repealed)

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

836 IAC 1-2-5 Interfacility transfers and response

Authority: IC 16-31-2-7

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

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

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

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

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

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

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

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

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

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

(c) The vehicle staffing required in subsection (a) is in addition to the staffing required as determined by the level of certification by the commission for the ambulance service provider organization that transports the patients. *(Indiana Emergency Medical Services Commission; 836 IAC 1-2-5; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3520)*

Rule 3. Standards and Certification Requirements for Ambulances

836 IAC 1-3-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

(b) All emergency medical service vehicles shall be in full compliance and meet minimum specifications and certification requirements set forth in this rule to be certified. *(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, A; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 87; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2196; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2421; filed Dec 2, 1983, 2:43 p.m.: 7 IR 354; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1041; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2724; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3520)*

836 IAC 1-3-2 Application for certification

Authority: IC 16-31-2-7

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

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

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

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

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

(C) Color scheme of emergency medical service vehicle.

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

(b) If the emergency medical service vehicle is found to comply with all applicable requirements in this article, a certificate shall be issued to the emergency medical service provider organization for the vehicle. The certificate shall be valid for two (2) years unless earlier revoked or suspended. The certificate shall be prominently displayed within the patient compartment of the ambulance or driver compartment of the emergency medical service nontransport vehicle. (*Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, B; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 88; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2196; filed Dec 2, 1983, 2:43 p.m.: 7 IR 354; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1042; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2725; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3520*)

836 IAC 1-3-3 Land ambulance specifications

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

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

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

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

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

(5) The steering system shall be the manufacturer's recommended design and be power assisted.

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

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

(A) display exposed tire cord; or

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

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

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

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

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

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

(1) Wiring shall be made up into harnesses, properly sized, and coded. These shall be reasonably accessible for checking and maintenance. In any area where wiring would be exposed to the elements, it shall be protected by a weatherproof harness or loom. This loom shall be installed so as to eliminate the possible entrance of water that could cause damage through freeze-

bursting. Wiring, in loom or otherwise, shall not be accepted if in the area of wheel wash abrasion. Wiring shall be protected by a rubber grommet or plastic bezel at any point where it may pass through, or over, the edge of any metal panel unless the hole or edge of the metal is hemmed or flanged. Wiring connectors and terminals shall be the manufacturer's recommended standard. Horizontal wiring shall be supported by insulated clips located and spaced to minimize sag. Complete wiring diagrams for standard and for optional equipment shall be supplied for each vehicle. Ambulance body and accessory electrical equipment shall be served by circuits separate and distinct from vehicle chassis circuits.

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

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

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

(5) Illumination shall be adequate throughout the compartment and provide an intensity of light at the level of the patient for adequate observation of vital signs, such as skin color and pupillary reflex, and for care in transit, and such illumination shall be automatically activated when opening the patient compartment doors in addition to being controlled by a switch panel in the patient compartment located at the head of the patient. Reduced light level may be provided by rheostat control of the compartment lighting or by a second system of low intensity lights.

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

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

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

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

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

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

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

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

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

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

(1) The length of the patient compartment shall be a minimum of one hundred eleven (111) inches and provide a minimum of twenty-five (25) inches clear space at the head of the litter, and a minimum of ten (10) inches shall be provided from the end of the litter's mattress to the rear loading doors.

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

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

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

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

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

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

doors, strainers, stringers, floor, inner linings, outer panels, rub rails, and other reinforcements.

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

(3) The floor shall be at the lowest level permitted by clearances. It shall be flat and unencumbered in the access and work area. The floor may be metal properly reinforced to eliminate oil canning and insulated against outside heat and cold. The floor may also be marine plywood provided the plywood is sufficient in thickness to rigidly take the loads imposed upon it. A combination of plywood over metal shall be acceptable provided the surfaces between are coated with waterproof adhesive. There shall be no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting or unsanitary conditions.

(4) The floor covering shall be seamless, one (1) piece, skid-resistant, and extend the full length and width of the compartment. Linoleum vinyl or urethane quartz poured not less than one-sixteenth ($\frac{1}{16}$) of an inch in thickness permanently applied is required. Covering joints at the side walls, where side panels and covering meet, shall be sealed.

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

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

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

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

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

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

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

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

(2) Type and number of sirens shall be at the discretion of the ambulance service provider organization and shall conform to Indiana law.

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

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

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

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

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II,C; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 88; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 219; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2197; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2421; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1042; filed Aug 18, 1986, 1:00 p.m.: 10 IR 29; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2725; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3521)

836 IAC 1-3-4 Land ambulance rescue equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

(1) Equipment for safeguarding personnel includes:

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

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

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

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

(A) One (1) hammer, four (4) pound, fifteen (15) inch handle (hammer weight and length are minimums).

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

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

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, D; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 93; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2200; filed Dec 2, 1983, 2:43 p.m.: 7 IR 355; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1045; filed May 15, 1998, 10:25 a.m.: 21 IR 3875; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2727; readopted filed Nov 30, 2006, 9:17 a.m.: 20061213-IR-836060486RFA)

836 IAC 1-3-5 Emergency care equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

(1) Respiratory and resuscitation equipment as follows:

(A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with 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 if approved by medical director, and solely for use by individuals with a certification as an emergency medical technician or higher, are as follows:
 - (A) Baby aspirin, eighty-one (81) milligrams each.
 - (B) Activated charcoal.
 - (C) Instant glucose.
 - (D) Epinephrine auto-injector or auto-injectors.
- (5) Personal protection/universal precautions equipment, minimum of two (2) each, including the following:
 - (A) Gowns.
 - (B) Face masks and shields.
 - (C) Gloves.
 - (D) Biohazard bags.
 - (E) Antimicrobial hand cleaner.
- (6) Miscellaneous items as follows:
 - (A) Obstetrical kit, sterile, one (1).
 - (B) Clean linens consisting of the following:
 - (i) Pillow.
 - (ii) Pillow case.
 - (iii) Sheets and blankets.
 - (C) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (i) Large adult.
 - (ii) Adult.
 - (iii) Pediatric.
 - (D) Stethoscopes, one (1) each in the following sizes:
 - (i) Adult.
 - (ii) Pediatric.
 - (E) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (F) A current copy of the basic life support protocols.

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

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 is applicable to the following emergency medical service vehicles:

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

- (3) Advanced life support nontransport vehicles.
 - (b) All emergency medical service vehicles to which this section is applicable must be:
 - (1) insured in accordance with the requirements contained in this section; or
 - (2) owned by a governmental entity covered under IC 34-13-3.
 - (c) If insurance is required for an emergency medical services vehicle under subsection (b), a certification for a vehicle will not be issued until the applicant has submitted a certificate of insurance demonstrating that the applicant has liability insurance:
 - (1) in effect with an insurer that is authorized to write insurance in Indiana; and
 - (2) that provides 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.
 - (d) 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.
 - (e) An insurance policy required under this section must provide, by the policy's original terms or an endorsement, that the insurer cannot cancel the policy without thirty (30) days' written notice to both the agency and the insured. This written notice must include a complete report of the reasons for the cancellation to the agency. This condition must be contained on the certificate of insurance submitted under subsection (c).
 - (f) 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.
 - (g) If an insurance policy required under this section:
 - (1) is canceled during the policy's term;
 - (2) lapses for any reason; or
 - (3) has the policy's coverage fall below the required amount;the person to whom the certification for the emergency medical services vehicle was issued shall immediately notify the agency and must also immediately replace the policy with another policy that complies with this section so that the vehicle is never operated without the insurance required under this section.
 - (h) If the insurance policy for an emergency medical services vehicle that is required to be insured under this section is canceled, lapses for any reason, or has the policy coverage fall below the required amount the:
 - (1) use of the emergency medical services vehicle must immediately cease; and
 - (2) use of the vehicle shall not resume until approval to resume its use has been obtained in writing from the agency.
- (Indiana Emergency Medical Services Commission; 836 IAC 1-3-6; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2343; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3524)*

Rule 4. Communications System Requirements

836 IAC 1-4-1 Provider dispatch requirements

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

Sec. 1. All emergency medical service provider organizations dispatch centers shall be equipped with base stations capable of two-way communications with associated mobile radios on an appropriate frequency-modulated (FM) wavelength. This channel shall be used exclusively for dispatch and tactical communications and shall be apart from any involved in the Indiana Hospital Emergency Radio Network. The base station shall demonstrate and maintain a voice communications linkage during transmission with the radios used in the emergency medical service provider organization's emergency medical services vehicle within the area the emergency medical service provider organization serves or proposes to serve. The maximum power of the transmitter shall be no more than the minimum required for technical operation, commensurate with the size of the area to be served and local conditions that affect radio transmission and reception. *(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule III, A; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 94; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2201; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2424; filed Dec 2, 1983, 2:43 p.m.: 7 IR 356; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1046; filed May 15, 1998, 10:25 a.m.: 21 IR 3877; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3525)*

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

Sec. 2. (a) All radios used in emergency medical services vehicles for the purpose of dispatch or tactical communications shall demonstrate and maintain the ability to provide a voice communications linkage, during transmission, with the emergency medical service provider organization's associated base station or stations within the area the emergency medical service provider organization normally serves or proposes to serve.

(b) Radio equipment used in emergency medical services vehicles shall be appropriately licensed through the Federal Communications Commission. The maximum power of the transmitter shall be no more than the minimum required for technical operation, commensurate with the size of the area to be served and local conditions which affect radio transmission and reception.

(c) All emergency medical services vehicles shall be equipped with two-way radios that shall be licensed for operation on a minimum of two (2) channels or talk-groups as follows:

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

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

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule III, B; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 94; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2201; filed Dec 2, 1983, 2:43 p.m.: 7 IR 356; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1046; filed May 15, 1998, 10:25 a.m.: 21 IR 3877; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3525)

Rule 5. Certification of Emergency Medical Technicians (Repealed)

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

Rule 6. Requirements and Standards for Emergency Medical Technician Training

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

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

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

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

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

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

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

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

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

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

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

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

#87-172(F) was filed Jul 29, 1987.]

Rule 6.1. Emergency Medical Services Training Institution (Repealed)

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

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

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

Rule 8. Waivers; Exceptions

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

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

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

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

Rule 10. First Responders (Repealed)

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

Rule 11. Emergency Medical Services Nontransport Providers

836 IAC 1-11-1 General certification provisions

Authority: IC 16-31-2-7

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

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

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

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

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

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

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

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

(4) Other organizations approved by the commission.

(Indiana Emergency Medical Services Commission; 836 IAC 1-11-1; filed May 15, 1998, 10:25 a.m.: 21 IR 3887; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2728; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2508; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2343; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3526)

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 basic life support nontransport provider organization certification shall be made on forms as provided by the agency, and the applicant shall comply with the following requirements:

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

(2) Each vehicle with emergency medical services equipment required by section 4 of this rule shall be made available for

inspection by the agency.

(3) The premises on which emergency medical service nontransport vehicles are stored shall be open during operating hours to the agency for inspection.

(4) 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 agency. The agency 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 organization's records.

(G) Proof of insurance coverage for vehicles if required by 836 IAC 1-3-6.

(H) Medical director approval form provided by the agency.

(I) Personnel roster form provided by the agency.

(J) A copy of the agreement with an ambulance service provider organization as required by subsection (d).

(K) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the commission. 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 organization certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate to assure continuity of certification. Application for renewal shall be made on forms as provided by the agency and shall indicate compliance with the requirements set forth for original certification.

(d) Basic life support nontransport provider organizations shall have and maintain in place an agreement between the nontransport provider organization and an ambulance service provider organization certified under IC 16-31. The agreement shall ensure that the nontransporting provider 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 organization, if available, from transporting the patients.

(e) Each basic life support nontransport provider organization shall notify the agency within thirty (30) days of any change in the operation as outlined in the application. (*Indiana Emergency Medical Services Commission; 836 IAC 1-11-2; filed May 15, 1998, 10:25 a.m.: 21 IR 3887; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2509; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2344; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3526*)

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

Authority: IC 16-31-2-7

Affected: IC 16-41-10

Sec. 3. (a) The [sic.] each basic life support nontransport provider organization shall provide and maintain a communication system that meets or exceeds the requirements set forth in 836 IAC 1-4. The basic life support nontransporting vehicles are not required to be equipped with the Indiana Hospital Emergency Radio Network frequency (155.340 MHZ) as specified in 836 IAC 1-4-2(c)(2).

(b) Each basic life support nontransport provider organization shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all emergency medical services nontransport vehicles:

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

(2) Closed compartments shall be provided within the vehicle for medical supplies.

(3) Closed containers shall be provided for soiled supplies.

(4) Implements inserted into the patient's nose or mouth shall be single-service, wrapped, and properly stored and handled. Multiuse items are to be kept clean and sterile when indicated and properly stored.

(5) The equipment utilized to treat a patient known to have a communicable disease or suffered exposure to hazardous material

or biohazard material shall be cleansed 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.

(c) Each basic life support nontransport provider organization shall conduct quarterly audit and review under 836 IAC 1-1-6.

(d) Each basic life support nontransport provider organization shall secure a medical director. The duties and responsibilities of the medical director are as follows:

- (1) Provide liaison between the local medical community and the emergency medical services provider organization.
- (2) Assure compliance with defibrillation training standards and curriculum established by the commission.
- (3) Monitor and evaluate the day-to-day medical operations of the emergency medical service provider organization.
- (4) Assist in the continuing education programs of the emergency medical 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 services provider organization.
- (7) Participate in the audit and review of cases treated by the emergency medical defibrillation personnel of the emergency medical service provider organization.
- (8) Assure compliance with approved medical standards established by the commission performed by the provider organization.
- (9) Establish protocols for automatic defibrillation, airway management, and medication administration as approved by the commission.
- (10) Provide liaison between the emergency medical service provider organization, the emergency medical service personnel, and the hospital in regards to communicable disease testing under IC 16-41-10.

(e) All basic life support nontransport provider organizations shall maintain accurate records under 836 IAC 1-1-5.

(f) Each basic life support nontransport provider organization shall employ at least one (1) certified individual trained in the use of the automated defibrillator. Only trained personnel shall use an automated defibrillator.

(g) Each basic life support nontransport provider organization shall comply with rule 1 of this chapter *[sic.]*. (*Indiana Emergency Medical Services Commission; 836 IAC 1-11-3; filed May 15, 1998, 10:25 a.m.: 21 IR 3888; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2729; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2510; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3527*)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

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

(1) Respiratory and resuscitation equipment as follows:

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

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

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

(C) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter. Oxygen delivery devices shall include high concentration devices, one (1) each of the following:

- (i) Adult.
- (ii) Child.
- (iii) Infant.

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

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

(F) Nasopharyngeal airways, two (2) each of the following:

- (i) Small (20-24 french).
 - (ii) Medium (26-30 french).
 - (iii) Large (31 french or greater).
- (G) Semiautomatic or automated external defibrillator and a minimum of two (2) sets of pads.
- (2) Wound care supplies as follows:
 - (A) Ten (10) sterile gauze pads, three (3) inches by three (3) inches or larger.
 - (B) Bandages, two (2) soft roller self-adhering type, two (2) inches by four (4) yards minimum.
 - (C) Adhesive tape, two (2) rolls.
 - (D) Bandage shears, one (1) pair.
- (3) Miscellaneous items as follows:
 - (A) Water soluble lubricant for airway insertion.
 - (B) Stethoscope, one (1).
 - (C) Blood pressure manometer, one (1) adult size.
 - (D) Diagnostic penlight or portable flashlight, one (1).
 - (E) Disposable gloves, two (2) pairs.
 - (F) A current copy of the basic life support protocols.
- (4) Medications, if approved by medical director, and solely for use by individuals with a certification as an emergency medical technician or higher, are as follows:
 - (A) Baby aspirin, eighty-one (81) milligrams each.
 - (B) Activated charcoal.
 - (C) Instant glucose.
 - (D) Epinephrine auto-injector or auto-injectors.

(Indiana Emergency Medical Services Commission; 836 IAC 1-11-4; filed May 15, 1998, 10:25 a.m.: 21 IR 3890; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2731; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2345; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3529)

836 IAC 1-11-5 Penalties (Repealed)

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

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

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

Authority: IC 16-31-2-7

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

Sec. 1. (a) A person shall not furnish, operate, maintain, advertise, or otherwise engage in providing emergency medical services as an emergency medical technician-basic advanced provider organization unless the person is certified by the commission as an emergency medical technician-basic advanced provider organization.

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

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

(d) An emergency medical technician-basic advanced provider organization shall have an agreement, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals for the following services:

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

continuing practice in their clinical skills.

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

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

(f) Upon approval, a certificate shall be issued by the commission to the emergency medical technician-basic advanced provider organization for each vehicle. The certificate shall be valid for two (2) years. The vehicle certificate shall be prominently displayed within the vehicle.

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

(1) Each nontransport vehicle shall carry the following assembled and readily accessible minimum rescue equipment:

(A) Equipment for safeguarding personnel, including one (1) fire extinguisher with an Underwriters Laboratory rating of not less than a five (5) pound rating for 2A:4-B; C, that shall have a current inspection date and be mounted so that it is readily accessible.

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

- (i) One (1) hammer, four (4) pound, fifteen (15) inch handle (hammer weight and length are minimums).
- (ii) One (1) wrecking bar, twenty-four (24) inch combination tool minimum.
- (iii) One (1) self-contained portable light source.

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

(A) Respiratory and resuscitation equipment as follows:

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

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

- (AA) Adult.
- (BB) Child.
- (CC) Infant.
- (DD) Neonatal (mask only).

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

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

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

(vi) Oxygen delivery devices shall include the following:

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

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

- (AA) Small (20-24 french).
- (BB) Medium (26-30 french).
- (CC) Large (31 french or greater).

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

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

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

(B) Wound care supplies as follows:

- (i) Airtight dressings, four (4), for open chest wounds.
- (ii) Assorted bandaging supplies for the care of soft tissue injuries.

- (C) Patient stabilization equipment as follows:
 - (i) Upper and lower extremity splinting devices, two (2) each.
 - (ii) Rigid extrication collar, two (2) each capable of the following sizes:
 - (AA) Pediatric.
 - (BB) Small.
 - (CC) Medium.
 - (DD) Large.
- (D) Personal protection/universal precautions equipment, minimum of one (1) each, including the following:
 - (i) Gowns.
 - (ii) Face masks and shields.
 - (iii) Gloves.
 - (iv) Biohazard bags.
 - (v) Antimicrobial hand cleaner.
- (E) Miscellaneous items as follows:
 - (i) Obstetrical kit, sterile, one (1).
 - (ii) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (AA) Large adult.
 - (BB) Adult.
 - (CC) Pediatric.
 - (iii) Stethoscopes, one (1) each in the following sizes:
 - (AA) Adult.
 - (BB) Pediatric.
 - (iv) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (v) Intravenous fluids and administration supplies approved by the medical director.
 - (vi) Medication as approved by the medical director limited to the following:
 - (AA) Baby aspirin, eighty-one (81) milligrams each.
 - (BB) Activated charcoal.
 - (CC) Instant glucose.
 - (DD) Epinephrine auto-injector or auto-injectors.
- (3) A current copy of protocols shall be maintained on board the nontransport vehicle at all times.
- (4) A copy of the medication list, including quantities and concentrations approved by the medical director.
- (h) An emergency medical technician-basic advanced provider organization shall have a medical director. The duties and responsibilities of the medical director are as follows:
 - (1) Provide liaison between the local medical community and the emergency medical service provider organization.
 - (2) Assuring that appropriate intravenous solution, supplies, and equipment are available to the emergency medical technician-basic advanced provider organization.
 - (3) Monitor and evaluate the day-to-day medical operations of the provider organization.
 - (4) Assist the supervising hospital in the coordination of inservice training programs.
 - (5) Assure continued competence of emergency medical technician-basic advanced affiliated with, or employed by, the emergency medical technician-basic advanced provider organization.
 - (6) Participate in the quarterly audit and review of cases treated by emergency medical technician-basic advanced of the provider organization.
 - (7) Establish protocols for emergency medical technician-basic advanced.
 - (8) Establish and publish a list of intravenous fluids and administration supplies, including minimum quantities to be carried on the vehicle.
 - (9) Provide liaison between the emergency medical service provider organization, the emergency medical service personnel, and the hospital in regards to communicable disease testing under IC 16-41-10.
 - (i) Each emergency medical technician-basic advanced provider organization shall notify the agency in writing within thirty (30) days of any changes in the operation as outlined in the application for which certification was granted.
 - (j) When services administered by an emergency medical technician-basic advanced at the scene of an accident or illness are continued en route to an emergency facility, as a minimum, the patient compartment of the ambulance shall be staffed by not less

than one (1) person certified as an emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic.

(k) Provide for a periodic maintenance program to assure that all emergency medical service vehicles, including equipment, are maintained in good working condition at all times and that equipment, medication, and supplies have not exceeded the manufacturer's specified expiration date.

(l) Each emergency medical technician-basic advanced provider organization shall show proof of insurance coverage as required by 836 IAC 1-3-6.

(m) The emergency medical technician-basic advanced provider organization shall maintain a communications system established under 836 IAC 1-4.

(n) Each nontransport vehicle used for the purpose of providing emergency medical technician-basic advanced services when dispatched for the purpose of an emergency medical run shall be staffed, as a minimum, by a certified emergency medical technician-basic advanced. (*Indiana Emergency Medical Services Commission; 836 IAC 1-12-1; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3530*)

836 IAC 1-12-2 Application for provisional certification

Authority: IC 16-31-2-7

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

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

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

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

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

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

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

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

(f) The issuance of an emergency medical technician-basic advanced provider organization certification invalidates any provisional certification. (*Indiana Emergency Medical Services Commission; 836 IAC 1-12-2; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3532*)

836 IAC 1-12-3 Application for certification

Authority: IC 16-31-2-7

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

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

(1) Each application shall include the following information:

(A) A description of the service area.

(B) Hours of operation.

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

(D) Organizational structure, including name, address, and phone number for the 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 provider organization's records.

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

(H) Staffing pattern of personnel.

(I) Base of operations.

(J) List of all affiliated personnel, including certification numbers.

(K) Other information as required by the commission.

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

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

(b) Emergency medical technician-basic advanced provider organizations that do not also provide transportation of emergency patients shall submit a copy of a current agreement between the nontransporting emergency medical technician-basic advanced provider organization and a certified ambulance service provider organization. The agreement shall provide that the nontransporting emergency medical technician-basic advanced provider organization assures that patients treated shall be transported in a timely and safe manner. The agreement shall not preclude another ambulance service provider organization, if available, from transporting the patients.

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

(d) Application for emergency medical technician-basic advanced provider organization certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certification. Application for renewal will be made on forms provided by the agency and show evidence of compliance with the requirements as set forth for original certification. (*Indiana Emergency Medical Services Commission; 836 IAC 1-12-3; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3532*)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 4. (a) Each emergency medical technician-basic advanced provider organization shall comply with the emergency medical service provider organization operating procedures of 836 IAC 1-1-8.

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

(1) Mechanical and electronic equipment is in proper operating condition.

(2) Emergency response vehicles are maintained in a safe operating condition at all times.

(3) Intravenous fluids and administration sets are available and functional.

(4) Equipment, medication, fluid, and supplies do not exceed the manufacturer's specified expiration date.

(c) A copy of the protocols and list of intravenous fluids and administration supplies shall be maintained by the emergency medical technician-basic advanced provider organization. Any changes to the protocols and list shall be forwarded to the agency within thirty (30) days.

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

(1) Emergency medical technician-basic advanced are prohibited from having in their possession, or maintained on board emergency response vehicles, any equipment or supplies that have not been approved by the emergency medical technician-basic advanced provider organization medical director.

(2) Accountability for distribution, storage, ownership, and security of equipment and supplies shall be in accordance with the requirements established by the issuing pharmacy and medical director.

(e) Each emergency medical technician-basic advanced provider organization shall follow rigid sanitation procedures established in 836 IAC 1-2-3(1).

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

(1) One (1) portable ECG monitor/defibrillator with defibrillation pads or paddles, which may be the defibrillator listed in 836 IAC 1-3-5(1)(L).

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

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

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

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

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

(A) Vitamins.

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

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

(D) Cortisone.

(E) Antibiotics.

(2) The ambulance contains sufficient quantities of the intravenous supplies and solutions received by the patient in order to maintain the patient's established medical intervention and to manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.

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

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

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

(Indiana Emergency Medical Services Commission; 836 IAC 1-12-4; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3533)

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