

## ARTICLE 2. ADVANCED LIFE SUPPORT

### Rule 1. Definitions

#### 836 IAC 2-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 1. The definitions in 836 IAC 1-1-1 apply throughout this article. (*Indiana Emergency Medical Services Commission; Advanced Life Support Preliminary; filed Dec 15, 1977; Rules and Regs. 1978, p. 248; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2214; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2433; errata, 5 IR 400; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1061; filed May 15, 1998, 10:25 a.m.: 21 IR 3891; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2732; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2345; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3534; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA*)

### Rule 2. Requirements and Standards for Paramedic Organizations

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

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

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

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

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

emergency medical services as a paramedic provider organization unless the person is certified by the commission as a paramedic provider organization.

(b) If the paramedic provider organization also provides transportation of emergency patients, the paramedic provider organization shall be certified as an ambulance service provider organization in accordance with the requirements specified in 836 IAC 1. The paramedic nontransport provider organizations shall meet the requirements specified in 836 IAC 1-1-5 through 836 IAC 1-1-8.

(c) The paramedic provider organization shall ensure the following:

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

(d) The chief executive officer of each paramedic provider organization shall certify that the provider organization has an agreement, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals that agree [*sic*] agrees to provide the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.

(4) Provision to allow the paramedics affiliated with the supervised paramedic provider organization to function within the appropriate hospital department in order to obtain continuing practice, remediation, and continuing education in their clinical skills.

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

(e) The paramedic provider organization shall have a medical director provided by the paramedic provider organization or jointly with the supervising hospital. The medical director is responsible for providing competent medical direction as established by the medical control committee. Upon establishment of a medical control policy, the paramedic provider organization medical director and the chief executive officer have the duty to enact the policy within the paramedic provider organization and accordingly

enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

(1) Provide liaison with physicians and the medical community.

(2) Assure that the:

- (A) drugs;
- (B) medications;
- (C) supplies; and
- (D) equipment;

are available to the paramedic provider organization.

(3) Monitor and evaluate day-to-day medical operations of paramedic provider organizations.

(4) Assist the supervising hospital in the provision and coordination of continuing education.

(5) Provide individual consultation to paramedics.

(6) Participate in at least quarterly audit and review of cases treated by paramedics of the provider organization.

(7) Attest to the competency of paramedics affiliated with the paramedic provider organization to perform skills required of a paramedic under 836 IAC 4-9-5.

(8) Establish protocols for basic and advanced life support in cooperation with the medical control committee of the supervising hospital.

(9) Establish and publish a list of medications, including minimum quantities and dosages to be carried on the emergency medical services vehicle.

(10) Provide liaison between the:

- (A) emergency medical service provider organization; the *[sic]*
- (B) emergency medical service personnel; and the *[sic]*
- (C) hospital;

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

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

(g) Each paramedic provider organization shall do the following:

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

(2) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of a paramedic. This notification shall be signed by the provider organization and medical director of the provider organization.

(h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "paramedic response" consists of the following:

(1) A paramedic.

(2) An emergency medical technician or higher.

(3) An ambulance in compliance with the requirements of section 3(e) of this rule.

(4) During transport of the patient, the following are the minimum staffing requirements:

(A) If paramedic level advanced life support treatment techniques have been initiated or are needed:

- (i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and
- (ii) a paramedic shall be in the patient compartment.

(B) If an emergency medical technician-intermediate level advanced life support treatment techniques have been initiated or are needed:

- (i) the ambulance must be staffed by at least an emergency medical technician-intermediate and an emergency medical technician; and
- (ii) an emergency medical technician-intermediate shall be in the patient compartment.

(C) If advanced life support treatment techniques have not been initiated and are not needed:

- (i) the ambulance must be staffed by at least an emergency medical technician; and
- (ii) an emergency medical technician shall be in the patient compartment.

(i) For a paramedic provider organization, when an advanced life support nontransport vehicle is dispatched for a paramedic

response, it shall, at a minimum, be staffed by a paramedic.

(j) The paramedic provider organization shall do the following:

(1) Notify the agency in writing within thirty (30) days of any changes in the operation as stated in the application.

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

(3) Show proof of insurance coverage as required by 836 IAC 1-3-6.

*(Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, A; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 200; filed Dec 15, 1977: Rules and Regs. 1978, p. 250; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2216; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2434; errata, 5 IR 400; filed Dec 2, 1983, 2:43 p.m.: 7 IR 364; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1062; filed Aug 18, 1986, 1:00 p.m.: 10 IR 41; filed Oct 11, 1988, 11:05 a.m.: 12 IR 358; filed May 15, 1998, 10:25 a.m.: 21 IR 3892; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2733; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2512; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2348; errata, 26 IR 2624; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3535; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

### **836 IAC 2-2-2 Application for certification; renewal**

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

Affected: IC 16-31-3

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

(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 application shall include a narrative summary of plans for providing advanced life support services, including the following:

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

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

(C) The staffing pattern of personnel.

(D) Base of operations.

(E) Organizational structure, including name, address, and phone numbers for the:

(i) owner;

(ii) chief executive officer;

(iii) chief operations officer;

(iv) training officer; and

(v) medical director.

(F) Location of paramedic provider organizations records.

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

(H) 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 paramedic provider organization medical director with the cooperation of the supervising hospital.

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

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

(K) Letter of approval from the supervising hospital stating:

(i) acceptance of the paramedics;

(ii) compatibility of the UHF communications with the paramedic provider organization's vehicles; and

(iii) agreement to fulfill the responsibilities of the supervising hospital.

(L) Copy of agreement or interdepartmental [*sic, interdepartmental*] memo as required in section 1(d) of this rule.

(M) Other information as required by the agency.

(b) Paramedic provider organizations that do not also provide transportation of emergency patients shall submit and maintain a copy of a current agreement between the nontransporting paramedic provider organization and an ambulance service provider organization certified under IC 16-31. The agreement shall:

(1) ensure that the nontransporting paramedic provider organization can be assured that patients treated shall be transported in a timely and safe manner; and

(2) not preclude another ambulance service provider organization, if available, from transporting the patients.

(c) Upon approval, a paramedic provider organization shall be issued certification for the provision of advanced life support.

(d) The certificate:

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

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

(e) Application for paramedic provider organization certification renewal should be made not less than sixty (60) days prior to the expiration date of the current certification. Application for renewal shall:

(1) be made on forms provided by the agency; and shall *[sic]*

(2) show evidence of compliance with the requirements as set forth for original certification.

*(Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, B; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 202; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2218; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2436; filed Dec 2, 1983, 2:43 p.m.: 7 IR 366; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1064; filed May 15, 1998, 10:25 a.m.: 21 IR 3895; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2735; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3537; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

### **836 IAC 2-2-3 Paramedic provider organization operating procedures**

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

Affected: IC 16-31-3

Sec. 3. (a) Each paramedic ambulance service provider organization shall comply with the ambulance service provider organization operating procedures of 836 IAC 1-2-3. The paramedic nontransport provider organization shall comply with the operating procedures listed in 836 IAC 1-1-8.

(b) Each paramedic provider organization shall establish daily equipment checklist procedures to ensure the following:

(1) Electronic and mechanical equipment are in proper operating condition.

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

(3) All required medications and intravenous fluids approved by the medical director of the paramedic provider organization and the supervising hospital are on board all nontransport emergency medical services vehicles and ambulances when used for the provision of advanced life support and available to the paramedic.

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

(c) A copy of the medication list and protocols signed by the medical director shall be maintained by the paramedic provider organization and the supervising hospital emergency department. Any changes to the medications list shall be forwarded to the agency within thirty (30) days.

(d) All medications and advanced life support supplies are to be supplied by order of the medical director. Accountability for:

(1) distribution;

(2) storage;

(3) ownership; and

(4) security;

of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration.

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

(1) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for both adult and pediatric defibrillation. This may be the defibrillator listed in 836 IAC 1-3-5(1)(L).

- (2) Endotracheal intubation devices, including the following:
  - (A) Laryngoscope with extra batteries and bulbs.
  - (B) Laryngoscope blades (adult and pediatric, curved and straight).
  - (C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.
- (3) Intravenous fluids, medication, and administration supplies approved by the medical director.
- (4) A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all times.
- (5) A copy of the medication list, including quantities and concentrations approved by the medical director.
- (f) The paramedic provider organization shall do the following:
  - (1) Ensure that all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.
  - (2) Follow the rigid sanitation procedures listed in 836 IAC 1-1-8.
  - (g) All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.
  - (h) A paramedic provider organization shall not do the operating [*sic, 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 or patient receiving advanced life support in any vehicle except an ambulance certified under IC 16-31.
    - (i) Provisions for temporary vehicle certification are addressed in 836 IAC 1-2-3 and 836 IAC 2-14-2(e).
    - (j) Paramedics are prohibited from having in their possession, or maintained on board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by the paramedic provider organization medical director.
    - (k) A paramedic provider organization is considered to be providing specialty care transport when the level of service or procedures required:
      - (1) exceed the procedures identified in the Indiana paramedic curriculum;
      - (2) are those in which the paramedic has received additional medical director approved training; and
      - (3) have been approved by the organization medical director.

*(Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, C; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 204; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2219; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2437; errata, 5 IR 400; filed Dec 2, 1983, 2:43 p.m.: 7 IR 367; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1065; filed Aug 18, 1986, 1:00 p.m.: 10 IR 43; filed Oct 11, 1988, 11:05 a.m.: 12 IR 360; filed May 15, 1998, 10:25 a.m.: 21 IR 3896; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2736; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3538; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

#### **836 IAC 2-2-4 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. 4. (a) An applicant may apply for and obtain provisional certification as a paramedic provider organization for the purpose of prehospital training of paramedic 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 may only be issued if the ambulance service provider organization has and shall maintain an adequate number of paramedic students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service.
- (f) The provisional certification expires no later than the earlier of the following dates:
  - (1) Sixty (60) days after the completion date of the paramedic course completion as identified on the approved course application.

(2) Twenty-four (24) months from the starting date of the course contained on the approved course application.

(g) The issuance of a paramedic provider organization certification invalidates any provisional certification. (*Indiana Emergency Medical Services Commission; 836 IAC 2-2-4; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3540; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA*)

**Rule 3. Requirements and Standards for Emergency Paramedic Training (Repealed)**

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

**Rule 3.1. Paramedic Training (Repealed)**

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

**Rule 4. Requirements and Standards for Supervising Hospitals (Repealed)**

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

**Rule 4.1. Supervising Hospitals**

**836 IAC 2-4.1-1 Certification as a supervising hospital; renewal**

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

Affected: IC 16-31-3-14

Sec. 1. (a) All hospitals supervising, or seeking to supervise, an emergency medical services provider organization at the following levels shall be certified by the commission:

- (1) Paramedic.
- (2) Emergency medical technician-intermediate.
- (3) Emergency medical technician-basic advanced.

(b) Application for certification shall be submitted to the commission not less than sixty (60) days prior to the date for which approval is requested and made on forms provided by the agency. The application shall include the following:

- (1) A description of the communication system, licensed per FCC rules and regulation, that is available twenty-four (24) hours a day, and any other means of communications with emergency medical service provider organizations certified emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic vehicles with a copy of the current FCC license attached.

- (2) A description of procedures to supervise via voice communication the procedures performed by:

- (A) emergency medical technician-basic advanced;
- (B) emergency medical technician-intermediate; or
- (C) paramedic;

personnel.

- (3) A list of hospital staff positions approved to give orders for on-line medical control.

- (4) A description of the procedures for audit and review of cases transported by:

- (A) emergency medical technician-basic advanced;
- (B) emergency medical technician-intermediate; or
- (C) paramedic;

provider organizations, including the membership of the medical control committee.

- (5) A written approval from the administrative and medical staff to supervise the procedures performed by the:

- (A) emergency medical technician-basic advanced;
- (B) emergency medical technician-intermediate; or
- (C) paramedic;

personnel.

- (6) Certification by the chief executive officer that the hospital has contractual agreements, or interdepartmental memos if hospital based, with emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic provider organizations whereby the administrative and medical staff have agreed to provide the following:

- (A) Continuing education.

- (B) Audit and review.
- (C) Medical control and direction.
- (D) Liaison and direction for supply of:
  - (i) medications;
  - (ii) fluids; and
  - (iii) other medical items.
- (E) Procedures to allow emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic personnel to function within the appropriate hospital department to maintain continuing education for the:
  - (i) emergency medical technician-basic advanced;
  - (ii) emergency medical technician-intermediate; or
  - (iii) paramedic;

personnel skills as defined in 836 IAC 4, including a list of hospital departments involved and supervisory personnel.

(c) Commission certification as a supervising hospital *[sic]* the date appearing in the expiration date section of the certificate.

(d) Application for the renewal shall be made on forms provided by the agency. The application shall document compliance with this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 2-4.1-1; filed May 15, 1998, 10:25 a.m.: 21 IR 3898; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3540; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA*)

### **836 IAC 2-4.1-2 General requirements**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 2. Hospitals seeking commission certification shall meet the following minimum requirements:

(1) Have an emergency department open and staffed by a physician twenty-four (24) hours a day.

(2) The hospital's administration shall have approved a written agreement, or interdepartmental memo if provider organization is hospital-based, with one (1) or more emergency medical services provider organizations that furnish advanced life support or emergency medical technician-basic advanced services. The agreement or interdepartmental memo shall include a detailed description whereby the hospital agrees to provide the following services to the certified emergency medical service provider organization:

- (A) Continuing education to include the following:
    - (i) Frequency of training.
    - (ii) Length of training.
    - (iii) Attendance policies.
    - (iv) Policy on acceptance of training obtained outside of supervising hospital.
  - (B) Audit and review to include items listed in subdivision (5).
  - (C) Medical control and direction to include the following:
    - (i) Procedure to assure medical control available at all times.
    - (ii) How hospital personnel are trained on provider organization protocols.
  - (D) Provision and supervision of arrangements that allow the emergency medical services clinical personnel affiliated with the supervised emergency medical service provider organization to function within appropriate hospital departments in order to obtain continuing education and remediation in their clinical skills.
- (3) Provide and maintain a voice communication system between the emergency medical service provider organization response personnel and the hospital's emergency department. The communication system shall include the following:
- (A) A system capable to provide UHF (ultrahigh frequency) communications.
  - (B) A system capable to communicate on the frequency of 155.340 MHz to operate on the Indiana Hospital Emergency Radio Network.

The communications system shall be licensed by the Federal Communications Commission. If the method of UHF communication is wireless, the hospital shall maintain a dedicated telephone number with answering points in the emergency department directly accessible to emergency department personnel.

(4) The hospital shall provide a physician or physician designate who is at all times immediately available to supervise the medical procedures performed by the emergency medical service provider organization's clinical personnel via the voice

communication system.

(5) The hospital shall establish a process for the audit and review of medical procedure performed by the clinical personnel of the emergency medical service provider organization. Audit and review shall be conducted at least quarterly. Requirements for audit and review are as follows:

(A) The audit shall ensure an appropriate level of compliance with medical protocols and appropriate level of skill in the performance of medical techniques by those personnel.

(B) The results of the audit shall be reviewed with the emergency medical service personnel.

(C) Documentation for the audit shall include the following:

(i) The criteria used to select audited runs.

(ii) Problem identification and resolution.

(iii) Date of review.

(iv) Attendance at the review.

(v) A summary of the discussion at the review.

(D) The audit and review shall be conducted by the medical control committee as defined in subdivision (9).

(6) The supervising hospital shall review and approve the inservice of the certified paramedics affiliated with the emergency medical services provider organization.

(7) Send annually during the last quarter of each calendar year a roster of clinical personnel whose sole advanced life support affiliation is with the supervising hospital and personnel affiliated with the emergency medical service provider organizations supervised by the hospital.

(8) The supervising hospital shall report in writing any changes, including affiliated clinical personnel, within thirty (30) days.

(9) The supervising hospital shall establish a medical control committee for audit and review of medical procedures performed by the advanced life support personnel and establish policies for medical direction and control. The membership of the medical control committee shall include the following:

(A) Medical director of provider organization.

(B) One (1) or more emergency department supervisory personnel.

(C) One (1) or more provider organization supervisory personnel.

(D) EMS educator.

(E) One (1) or more advanced life support personnel of appropriate level from provider organization.

*(Indiana Emergency Medical Services Commission; 836 IAC 2-4.1-2; filed May 15, 1998, 10:25 a.m.: 21 IR 3899; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2737; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2514; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3541; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

## **Rule 5. Requirements and Standards for Sponsoring Hospitals (Repealed)**

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

## **Rule 6. Certification of Emergency Paramedics**

### **836 IAC 2-6-1 General certification (Repealed)**

*Sec. 1. (Repealed by Indiana Emergency Medical Services Commission; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759)*

### **836 IAC 2-6-2 Application for certification; renewal (Repealed)**

*Sec. 2. (Repealed by Indiana Emergency Medical Services Commission; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759)*

### **836 IAC 2-6-3 Continuing education requirements (Repealed)**

*Sec. 3. (Repealed by Indiana Emergency Medical Services Commission; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759)*

### **836 IAC 2-6-4 Continuing education reporting requirements (Repealed)**

Sec. 4. *(Repealed by Indiana Emergency Medical Services Commission; filed May 15, 1998, 10:25 a.m.: 21 IR 3930)*

**836 IAC 2-6-5 Paramedic certification based upon reciprocity (Repealed)**

Sec. 5. *(Repealed by Indiana Emergency Medical Services Commission; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759)*

**Rule 7. Requirements and Standards for Provider Organizations (Repealed)**

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

**Rule 7.1. Advanced EMT Provider Organizations; Requirements; Standards (Repealed)**

*(Repealed by Indiana Emergency Medical Services Commission; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3579)*

**Rule 7.2. Requirements and Standards for Emergency Medical Technician-Intermediate Provider Organizations**

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

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

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

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

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

emergency medical services as an emergency medical technician-intermediate provider organization unless the person is certified as an emergency medical technician-intermediate provider organization.

(b) If the emergency medical technician-intermediate provider organization also provides transportation of emergency patients, the emergency medical technician-intermediate provider organization shall be certified as an ambulance service provider organization in accordance with the requirements specified in 836 IAC 1 under IC 16-31. The emergency medical technician-intermediate nontransport provider organizations shall meet the requirements specified in 836 IAC 1-1-4 through 836 IAC 1-1-8.

(c) The emergency medical technician-intermediate provider organization shall ensure the following:

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

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

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.

(4) Provisions to allow the emergency medical technician-intermediates affiliated with the supervised emergency medical technician-intermediate 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-intermediate 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-intermediate provider organization as a supervising hospital, the interhospital agreement shall clearly define the specific duties and responsibilities of each hospital to ensure medical and administrative accountability of system operation.

(e) The emergency medical technician-intermediate provider organization shall have a medical director provided by the emergency medical technician-intermediate provider organization or jointly with the supervising hospital. The medical director is responsible for providing competent medical direction as established by the medical control committee. Upon establishment of a

medical control policy, the medical director and chief executive officer of the emergency medical technician-intermediate provider organization have the duty to enact the policy within the emergency medical technician-intermediate provider organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

(1) Provide liaison with physicians and the medical community.

(2) Assure that the:

- (A) drugs;
- (B) medications;
- (C) supplies; and
- (D) equipment;

are available to the emergency medical technician-intermediate provider organization.

(3) Monitor and evaluate day-to-day medical operations of emergency medical technician-intermediate provider organizations.

(4) Assist in the provision and coordination of continuing education.

(5) Provide individual consultation to emergency medical technician-intermediates.

(6) Participate in at least quarterly audit and review of cases treated by emergency medical technician-intermediates of the supervising hospital.

(7) Attest to the competency of emergency medical technician-intermediates affiliated with the emergency medical technician-intermediate provider organization to perform skills required of an emergency medical technician-intermediate under 836 IAC 4-7.1.

(8) Establish protocols for basic life support and advanced life support.

(9) Establish and publish a list of medications, including minimum quantities and dosages to be carried on the vehicle.

(10) Provide liaison between the:

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

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

(f) The emergency medical technician-intermediate provider organization shall do the following:

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

(2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services.

(3) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of an advanced emergency medical technician-intermediate. This notification shall be signed by the provider organization and medical director of the provider organization.

(g) An emergency medical technician-intermediate ambulance service provider organization must be able to provide an emergency medical technician-intermediate level response. For the purpose of this subsection, "emergency medical technician-intermediate response" consists of the following:

(1) An emergency medical technician-intermediate.

(2) An emergency medical technician or higher.

(3) An ambulance in compliance with the requirements of section 3(d)(2) of this rule.

(4) During transport of the patient, the following are the minimum staffing requirements:

(A) If emergency medical technician-intermediate level advanced life support treatment techniques have been initiated or are needed:

- (i) the ambulance must be staffed by at least an emergency medical technician-intermediate and an emergency medical technician; and
- (ii) an emergency medical technician-intermediate shall be in the patient compartment.

(B) If advanced life support treatment techniques have not been initiated and are not needed:

- (i) the ambulance must be staffed by at least an emergency medical technician; and
- (ii) an emergency medical technician shall be in the patient compartment.

(h) For an emergency medical technician-intermediate provider organization, when an advanced life support nontransport

vehicle is dispatched emergency medical technician-intermediate response, it shall, at a minimum, be staffed by an emergency medical technician-intermediate.

(i) The emergency medical technician-intermediate provider organization shall do the following:

(1) Notify the agency in writing within thirty (30) days of any change in the operation as stated in the application.

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

(j) All ambulances and nontransport vehicles used by the emergency medical technician-intermediate provider organization shall meet the insurance requirements under 836 IAC 1-3-6. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-1; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2353; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3542; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA*)

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

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

Affected: IC 16-31-3

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

(1) An applicant shall complete and submit the required forms to the agency at least sixty (60) days before the requested effective date of the certificate.

(2) Each application shall include a narrative summary of plans for providing advanced life support services, including the following:

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

(B) A listing of all emergency medical technician-intermediates, including certification numbers, to be affiliated by the emergency medical technician-intermediate provider organization.

(C) The staffing pattern of personnel.

(D) Base of operations.

(E) Organizational structure, including name, address, and phone numbers for the:

(i) owner;

(ii) chief executive officer;

(iii) chief operations officer;

(iv) training officer; and

(v) medical director.

(F) Location of emergency medical technician-intermediate provider organizations records.

(G) Proof of insurance coverage for emergency medical service vehicles as required by 836 IAC 1-3-6.

(H) 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-intermediate provider organization medical director with the cooperation of the supervising hospital.

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

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

(K) Letter of approval from the supervising hospital stating acceptance of the:

(i) emergency medical technician-intermediates;

(ii) compatibility of the UHF communications with the emergency medical technician-intermediate provider organization's vehicles; and

(iii) agreement to fulfill the responsibilities of the supervising hospital.

(L) Certification required in section 1(d) of this rule.

(M) Other information as required by the agency.

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

patients shall submit and maintain a copy of a current written agreement between the nontransporting emergency medical technician-intermediate provider organization and an ambulance service provider organization certified under IC 16-31. The agreement shall:

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

(c) Upon approval, an emergency medical technician-intermediate provider organization shall be issued certification for the provisions of advanced life support certification.

(d) The certificate:

- (1) expires on the date appearing in the expiration date section of the certificate; and
- (2) shall be prominently displayed at the place of business.

(e) An application for an emergency medical technician-intermediate provider organization certification renewal shall be made at least sixty (60) days before the expiration date of the current certification. Application for renewal shall:

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

*(Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-2; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2355; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3544; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

### **836 IAC 2-7.2-3 Emergency medical technician-intermediate provider organization operating procedures**

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

Affected: IC 16-31-3

Sec. 3. (a) Each emergency medical technician-intermediate provider organization shall do the following:

(1) Comply with the ambulance service provider operating procedures of 836 IAC 1-2-3. The emergency medical technician-intermediate provider organization nontransport provider organization shall comply with the operating procedures listed in 836 IAC 1-1-8.

(2) Establish daily equipment checklist procedures to ensure the following:

- (A) Electronic and mechanical equipment are in proper operating condition.
- (B) Emergency response vehicles are maintained in a safe operating condition at all times.
- (C) All required medications and intravenous fluids approved by the medical director of the emergency medical technician-intermediate provider organization and the supervising hospital are on board all nontransport emergency medical services vehicles and ambulances when used for the provision of advanced life support and available to the emergency medical technician-intermediate.
- (D) Equipment, medication, fluid, and supplies have not exceeded the manufacturer's specified expiration date.

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

(c) All medications and advanced life support supplies are to be supplied by order of the medical director. Accountability for:

- (1) distribution;
- (2) storage;
- (3) ownership; and
- (4) security;

of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration.

(d) The emergency medical technician-intermediate provider organization shall ensure the following:

(1) That stocking and administration of supplies and medications are limited to the Indiana emergency medical technician-intermediate curriculum. Procedures performed by the emergency medical technician-intermediate are also limited to the Indiana emergency medical technician-intermediate curriculum.

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

- (A) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for both adult and pediatric defibrillation. This may be the defibrillator listed in 836 IAC 1-3-5(1)(L).
- (B) Endotracheal intubation devices, including the following:
  - (i) Laryngoscope with extra batteries and bulbs.
  - (ii) Laryngoscope blades (adult and pediatric, curved and straight).
  - (iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.
- (C) Crystallite intravenous fluids and administration supplies approved by the medical director.
- (D) Medications limited to, if approved by the medical director, the following:
  - (i) Acetylsalicylic acid (aspirin).
  - (ii) Adenosine.
  - (iii) Atropine sulfate.
  - (iv) Bronchodilator (beta 2 agonists):
    - (AA) suggested commonly administered medications:
      - (aa) albuterol;
      - (bb) ipratropium;
      - (cc) isoetharine;
      - (dd) metaproterenol;
      - (ee) salmeterol;
      - (ff) terbutaline; and
      - (gg) triamcinolone; and
    - (BB) commonly administered adjunctive medications to bronchodilator therapy:
      - (aa) dexamethasone; and
      - (bb) methylprednisolone.
  - (v) Dextrose.
  - (vi) Diazepam.
  - (vii) Epinephrine (1:1,000).
  - (viii) Epinephrine (1:10,000).
  - (ix) Vasopressin.
  - (x) Furosemide.
  - (xi) Lidocaine hydrochloride, two percent (2%).
  - (xii) Amiodarone hydrochloride.
  - (xiii) Morphine sulfate.
  - (xiv) Naloxone.
  - (xv) Nitroglycerin.
- (E) A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all times.
- (F) A copy of the medication list, including quantities and concentrations approved by the medical director.
- (e) The emergency medical technician-intermediate provider organization shall do the following:
  - (1) Ensure that all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.
  - (2) Follow the rigid sanitation procedures listed in 836 IAC 1-1-8.
- (f) All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.
- (g) An emergency medical technician-intermediate 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 or patient receiving advanced life support in any vehicle except an ambulance certified under IC 16-31.
- (h) Emergency medical technician-intermediates are prohibited from having in their possession, or maintained on board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by the emergency

medical technician-intermediate provider organization medical director. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-3; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2356; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3545; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA*)

**836 IAC 2-7.2-4 Application for provisional certification**

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

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

Sec. 4. (a) An applicant may apply for and obtain provisional certification as an emergency medical technician-intermediate provider organization for the purpose of prehospital training of emergency medical technician-intermediate 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:

(1) 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; and

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

(e) The provisional certification expires not later than the earlier of the following dates:

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

(2) Twenty-four (24) months from the starting date of the course contained on the approved course application.

(f) The issuance of an emergency medical technician-intermediate provider organization certification invalidates any provisional certification. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-4; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3547; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA*)

**Rule 8. Requirements and Standards for Supervising Hospitals (Repealed)**

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

**Rule 8.1. Supervising Hospitals; Requirements, Standards (Repealed)**

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

**Rule 8.2. Advanced Emergency Medical Technician Training (Repealed)**

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

**Rule 9. Certification of Advanced Emergency Medical Technicians (Repealed)**

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

**Rule 9.1. Advanced Emergency Medical Technicians; Certification (Repealed)**

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

**Rule 10. Standards and Certification Requirements for Advanced Life Support Air Ambulance Service Providers and Advanced Life Support Air Ambulances (Repealed)**

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

**Rule 11. Inter-Facility Transfers and Response; Exemptions**

**836 IAC 2-11-1 Exemptions from the certification requirements of IC 16-31 when transporting an advanced life support patient (Repealed)**

Sec. 1. *(Repealed by Indiana Emergency Medical Services Commission; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3579)*

**Rule 12. Waiver of Certification**

**836 IAC 2-12-1 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 13. Penalties and Fines**

**836 IAC 2-13-1 Penalties (Repealed)**

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

**Rule 14. Advanced Life Support Nontransport Vehicles; Standards and Certification**

**836 IAC 2-14-1 General certification provisions**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 1. (a) This rule is applicable to all advanced life support nontransport vehicles eligible for certification.

(b) All advanced life support nontransport vehicles shall be in full compliance with the minimum specifications and certification requirements established in this rule. *(Indiana Emergency Medical Services Commission; 836 IAC 2-14-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2742; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3547; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

**836 IAC 2-14-2 Application for certification**

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

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

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

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

(A) Name and address of provider organization.

(B) Vehicle information including:

(i) make;

(ii) model;

(iii) year; and

(iv) vehicle identification number.

(2) Each advanced life support nontransport 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 1 prior to approval for certification.

(b) Upon approval, a certificate shall be issued to the advanced life support nontransport vehicle provider organization for each advanced life support nontransport vehicle.

(c) The certificate:

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

(2) shall be prominently displayed within the advanced life support nontransport vehicle driver compartment.

(d) Except as provided in subsection (e), a provider organization shall not operate an advanced life support nontransport vehicle on any public way in Indiana if the advanced life support nontransport vehicle:

(1) is not in full compliance with the advanced life support nontransport vehicle certification requirements established in this article; and

(2) does not have a certificate issued under IC 16-31.

(e) A provider organization may operate, for a period not to exceed sixty (60) consecutive days, a noncertified advanced life support nontransport vehicle if the noncertified advanced life support nontransport vehicle is used to replace a certified advanced life support nontransport vehicle that has been taken out of service providing the following:

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

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified advanced life support nontransport vehicle 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. *(Indiana Emergency Medical Services Commission; 836 IAC 2-14-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2742; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3547; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-83606001FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

### **836 IAC 2-14-3 Advanced life support nontransport vehicle specifications**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 3. (a) All advanced life support nontransport vehicles shall meet or exceed the following minimum performance characteristics:

- (1) The vehicle engine shall be an internal combustion, liquid-cooled engine that meets advanced life support nontransport vehicle chassis manufacturer's standard horsepower/displacement requirements.
- (2) 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.
- (3) The steering system shall be the manufacturer's recommended design and be power assisted.
- (4) Tires shall meet the manufacturer's standards for the gross vehicle weight of the vehicle. No tire shall display exposed tire cord or 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 and with no visible defects. Retread tires shall not be used on advanced life support nontransport vehicles.

(b) All advanced life support nontransport vehicles shall meet or exceed the following minimum specifications for electrical systems:

- (1) The electrical generating system shall consist of a one hundred five (105) ampere alternator minimum.
  - (2) 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.
  - (3) Each advanced life support nontransport vehicle shall have an audible backup warning device that is activated when the advanced life support nontransport vehicle is shifted into reverse.
- (c) All advanced life support nontransport vehicles 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 law. All lights on vehicle shall be in working condition.
  - (2) Each advanced life support nontransport vehicle shall display the four (4) numbers of the commission-assigned advanced life support nontransport vehicle certification number. The four (4) numbers, in sequence, shall be placed on each side of the advanced life support nontransport vehicle 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. These numbers 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 advanced life support nontransport vehicle certificate. The numbers shall be removed or permanently covered by the provider organization when the advanced life support nontransport vehicle is permanently removed from service by the provider organization.

- (3) A commission-certified vehicle sticker shall be displayed on all certified advanced life support nontransport vehicles.
- (d) All windows shall be intact. The vehicle shall have windshield wipers in working condition.
- (e) 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.
- (f) The driver compartment, at a minimum, shall be equipped with appropriate passenger restraints that are installed in all seating facilities for the driver and the passenger.
- (g) All advanced life support nontransport vehicles shall meet or exceed the following minimum communication standards:
  - (1) 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 within the area the emergency medical service provider organization normally serves or proposes to serve.
  - (2) 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 that affect radio transmission and reception.
  - (3) All emergency medical services vehicles shall be equipped with two-way radios that shall have one (1) channel or talk-group used primarily for dispatch and tactical communications.
  - (4) All nontransport vehicles shall maintain a communication system that shall be available twenty-four (24) hours a day between the paramedic provider organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultrahigh frequency) voice communications. The communications system shall be licensed by the Federal Communications Commission.
  - (5) Type and number of sirens shall be at the discretion of the advanced life support nontransport vehicle provider organization and shall conform to Indiana law.
  - (h) All advanced life support nontransport vehicles shall provide an adequate system for heating and window defrosting of the driver compartment.
  - (i) Each provider organization shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all vehicles used for the purpose of providing advanced life support services:
    - (1) The equipment within the vehicle shall be clean and maintained in good working order at all times.
    - (2) Compartments shall be provided within the vehicle for medical supplies and equipment storage.
    - (3) All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.

*(Indiana Emergency Medical Services Commission; 836 IAC 2-14-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2743; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3548; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

#### **836 IAC 2-14-4 Advanced life support nontransport vehicle rescue equipment**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 4. Advanced life support nontransport vehicles shall carry the following assembled and readily accessible minimum rescue equipment:

- (1) 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 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; 836 IAC 2-14-4; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2744; readopted filed Nov 30, 2006, 9:17 a.m.: 20061213-IR-836060486RFA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

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

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

Affected: IC 16-31-3

Sec. 5. Each advanced life support nontransport vehicle shall wrap, properly store, and handle all the single-service implements to be 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:

(1) Respiratory and resuscitation equipment as follows:

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

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

(B) Endotracheal intubation devices, including the following:

- (i) Laryngoscope with extra batteries and bulbs.
- (ii) Laryngoscope blades (adult and pediatric, curved and straight).
- (iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.

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

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

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

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

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

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

(G) 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.

(H) 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).

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

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

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

(2) Wound care supplies as follows:

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

(3) Patient stabilization equipment as follows:

- (A) Upper and lower extremity splinting devices, two (2) each.
- (B) Rigid extrication collar, two (2) each capable of the following sizes:
  - (i) Pediatric.
  - (ii) Small.

- (iii) Medium.
- (iv) Large.
- (4) Personal protection/universal precautions equipment, minimum of one (1) each, including the following:
  - (A) Gowns.
  - (B) Face masks and shields.
  - (C) Gloves.
  - (D) Biohazard bags.
  - (E) Antimicrobial hand cleaner.
- (5) Miscellaneous items as follows:
  - (A) Obstetrical kit, sterile, one (1).
  - (B) Blood pressure manometer, one (1) each in the following cuff sizes:
    - (i) Large adult.
    - (ii) Adult.
    - (iii) Pediatric.
  - (C) Stethoscopes, one (1) each in the following sizes:
    - (i) Adult.
    - (ii) Pediatric.
  - (D) Sharps collector, one (1) being a minimum of seven (7) inches in height.
  - (E) Intravenous fluids and administration supplies approved by the medical director.
- (6) A current copy of advanced life support protocols shall be maintained on board the advanced life support nontransport vehicle at all times.
- (7) A copy of the medication list, including quantities and concentrations approved by the medical director.
- (8) 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.
- (9) Intermediate services shall also carry medications as approved by the medical director not to exceed the items listed in 836 IAC 2-7.2-3(d)(2)(D).

*(Indiana Emergency Medical Services Commission; 836 IAC 2-14-5; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2744; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2357; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3549; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

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