

# 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)*

**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(l).

(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)*

## **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*)

**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  
 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 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) Paramedic provider organizations shall have an agreement, or interdepartmental memo if hospital-based, with one (1) or more supervising hospitals that agree 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, an interhospital agreement shall be provided to the agency that 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 drugs, medications, supplies, and 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 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 emergency medical service provider organization, the emergency medical service personnel, and the 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 notify the agency in writing within thirty (30) days of any changes in the operation as stated in the application.
  - (k) The paramedic provider organization shall, 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.
  - (l) Each paramedic provider organization shall 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)*

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

Authority: IC 16-31-2-7

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 listing of all affiliated personnel, including certification numbers by the paramedic provider organization.

(C) The staffing pattern of personnel.

(D) Base of operations.

(E) Organizational structure, including name, address, and phone numbers for the owner, chief executive officer, chief operations officer, training officer, and 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 on-board 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 paramedics, compatibility of the UHF communications with the paramedic provider organization's vehicles, and agreement to fulfill the responsibilities of the supervising hospital.

(L) 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 ensure that the nontransporting paramedic 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.

(c) Upon approval, a paramedic provider organization shall be issued certification for the provision of advanced life support. The certificate is valid for a period of two (2) years and shall be prominently displayed at the place of business.

(d) 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 be made on forms provided by the agency and shall show evidence of compliance with the requirements as set forth for original certification. Upon approval, a paramedic 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. (*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*)

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

Authority: IC 16-31-2-7

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 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 distribution, storage, ownership, and 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) Tracheal suction catheters (adult #14 and #18, child #10).
- (3) Endotracheal intubation devices, including the following:
  - (A) Laryngoscope with extra batteries and bulbs.
  - (B) Laryngoscope blades (adult and pediatric, curved and straight).
  - (C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.
- (4) Intravenous fluids, medication, and administration supplies approved by the medical director.
- (5) A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all times.

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

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

(g) Each paramedic 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 interior and the equipment within the vehicle shall be clean and maintained in good working order at all times.
- (2) Freshly laundered linen or disposable linens shall be used on litters and pillows, and linen changed after each patient is transported.
- (3) Clean linen storage shall be provided.
- (4) Closed compartments shall be provided within the vehicle for medical supplies.
- (5) Closed containers shall be provided for soiled supplies.
- (6) Blankets shall be kept clean and stored in closed compartments.
- (7) Single-service implements inserted into the patient's nose or mouth shall be wrapped and properly stored and handled. Multiuse items are to be kept clean and sterile when indicated and properly stored.
- (8) When a vehicle has been utilized to transport a patient known to have a communicable disease, the vehicle shall be cleansed and all contact surfaces washed with soap and water and disinfected.

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

(i) A paramedic provider organization shall not operate an ambulance or other emergency medical service vehicle unless it is in full compliance with this article.

(j) A paramedic provider organization shall not transport any emergency patient or patient receiving advanced life support in any vehicle except an ambulance certified under IC 16-31.

(k) Provisions for temporary vehicle certification are addressed in 836 IAC 1-2-3 and 836 IAC 2-14-2(d).

(l) 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.

(m) 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)*

#### **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)*

#### **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 General requirements**

Authority: IC 16-31-2-7

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 no less than ninety (90) days prior to the date for which approval is requested. Application for certification shall be made on forms provided by the agency. The application shall include the following:

(1) Description of the communication system, licensed per FCC rules and regulation, which 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) Description of procedures to supervise via voice communication the procedures performed by emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic personnel.

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

(4) Description of the procedures for audit and review of cases transported by emergency medical technician-basic advanced, emergency medical technician-intermediate, or 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 emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic personnel.

(6) A copy of your contractual agreement, or interdepartmental memo 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 medications, fluids, and other medical items.

(E) A description of 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 emergency medical technician-basic advanced, emergency medical technician-intermediate, or 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 shall be valid for two (2) years.

(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*)

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

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 perform 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)*

**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

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 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) An emergency medical technician-intermediate 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-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, an interhospital agreement shall be provided to the agency that 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 drugs, medications, supplies, and 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 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 emergency medical service provider organization, the emergency medical service personnel, and the hospital in regards to communicable disease testing under IC 16-41-10.

(f) The emergency medical technician-intermediate provider organization shall 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.

(g) Each emergency medical technician-intermediate 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 an advanced emergency medical technician-intermediate. This notification shall be signed by the provider organization and medical director of the provider organization.

(h) 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(f) 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.

(i) 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.

(j) The emergency medical technician-intermediate provider organization shall notify the agency in writing within thirty (30) days of any change in the operation as stated in the application.

(k) The emergency medical technician-intermediate provider organization shall, 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.

(l) 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*)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 2. (a) Application for certification as an 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 owner, chief executive officer, chief operations officer, training officer, and 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 on-board 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 emergency medical technician-intermediates, compatibility of the UHF communications with the emergency medical technician-intermediate provider organization's vehicles, and agreement to fulfill the responsibilities of the supervising hospital.

(L) 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 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. The agreement shall 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. The certificate issued is valid for a period of two (2) years and shall be prominently displayed at the place of business.

(d) 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 be made on forms provided by the agency and shall 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*)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 3. (a) Each emergency medical technician-intermediate provider organization shall 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.

(b) Each emergency medical technician-intermediate 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 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.

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

(c) 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.

(d) All medications and advanced life support supplies are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration.

(e) The emergency medical technician-intermediate provider organization shall ensure 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.

(f) The emergency medical technician-intermediate 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) Tracheal suction catheters (adult #14 and #18, child #10).
- (3) Endotracheal intubation devices, including the following:
  - (A) Laryngoscope with extra batteries and bulbs.
  - (B) Laryngoscope blades (adult and pediatric, curved and straight).
  - (C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.
- (4) Crystalloid intravenous fluids and administration supplies approved by the medical director.
- (5) Medications limited to, if approved by the medical director, the following:
  - (A) Acetylsalicylic acid (aspirin).
  - (B) Adenosine.
  - (C) Atropine sulfate.
  - (D) Bronchodilator (beta 2 agonists):
    - (i) suggested commonly administered medications:
      - (AA) albuterol;
      - (BB) ipratropium;
      - (CC) isoetharine;
      - (DD) metaproterenol;
      - (EE) salmeterol;
      - (FF) terbutaline; and
      - (GG) triamcinolone; and
    - (ii) commonly administered adjunctive medications to bronchodilator therapy:
      - (AA) dexamethasone; and
      - (BB) methylprednisolone.
  - (E) Dextrose, fifty percent (50%).
  - (F) Diazepam.
  - (G) Epinephrine (1:1,000).
  - (H) Epinephrine (1:10,000).
  - (I) Vasopressin.
  - (J) Furosemide.
  - (K) Lidocaine hydrochloride, two percent (2%).
  - (L) Amiodarone hydrochloride.
  - (M) Morphine sulfate.
  - (N) Naloxone.
  - (O) Nitroglycerin.
- (6) A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all times.
- (7) A copy of the medication list, including quantities and concentrations approved by the medical director.
- (g) The emergency medical technician-intermediate provider organization shall ensure that all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.
- (h) Each emergency medical technician-intermediate 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 interior and the equipment within the vehicle shall be clean and maintained in good working order at all times.
  - (2) Freshly laundered linen or disposable linens shall be used on litters and pillows, and linen changed after each patient is transported.

- (3) Clean linen storage shall be provided.
- (4) Closed compartments shall be provided within the vehicle for medical supplies.
- (5) Closed containers shall be provided for soiled supplies.
- (6) Blankets shall be kept clean and stored in closed compartments.
- (7) Single-service implements inserted into the patient's nose or mouth shall be wrapped and properly stored and handled. Multiuse items are to be kept clean and sterile when indicated and properly stored.
- (8) When a vehicle has been utilized to transport a patient known to have a communicable disease, the vehicle shall be cleansed and all contact surfaces washed with soap and water and disinfected.
- (i) 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.
- (j) 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.
- (k) 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*)

**836 IAC 2-7.2-4 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 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 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 [*sic., 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*)

**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)*

**836 IAC 2-14-2 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 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 make, model, year, and vehicle identification number.

(C) Color scheme of vehicle.

(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. The certificate shall be valid for two (2) years. The certificate shall be prominently displayed within the advanced life support nontransport vehicle driver compartment.

(c) Except as provided in subsection (d), 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.

(d) 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 vehicle identification number of the replacement advanced life support nontransport vehicle.

(D) The 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*)

**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)*

**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)*

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 5. Each advanced life support nontransport vehicle shall wrap, properly store, and handle all the single-service implements 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 wide-bore tubing, both rigid and soft pharyngeal suction tips and tracheal suction catheters in sizes child #10, adult #14 and #18.
  - (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 yoke, medical regulator, pressure gauge, and 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(f)(5).

*(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)*

### **ARTICLE 3. AIR AMBULANCES**

#### **Rule 1. Definitions**

##### **836 IAC 3-1-1 Definitions**

Authority: IC 16-31-2-7

Affected: IC 16-31-3-20

Sec. 1. The definitions in 836 IAC 1-1-1 apply throughout this article. *(Indiana Emergency Medical Services Commission; 836 IAC 3-1-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 366; filed May 15, 1998, 10:25 a.m.: 21 IR 3917; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2490; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3550)*

#### **Rule 2. Advanced Life Support Rotorcraft Ambulance Service Provider**



**836 IAC 3-2-1 Air ambulances; general requirements**

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

Affected: IC 16-31

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

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

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

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

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

(d) The advanced life support rotorcraft ambulance service provider organization will have an air-medical director provided by the advanced life support rotorcraft ambulance service provider organization, or jointly with the supervising hospital, who has knowledge of air transport problems and flight physiology. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support rotorcraft ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

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

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

(f) A rotorcraft ambulance service provider organization shall not engage in conduct or practices detrimental to the health and safety of emergency patients or to members of the general public while in the course of business or service as a rotorcraft ambulance service provider organization.

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

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

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

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

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

(1) Pilot or pilots.

(2) Air-medical personnel.

(3) Aircraft maintenance technician or technicians.

(4) Communications personnel.

The safety committee shall meet at least quarterly and may be concurrent and in conjunction with the audit/review committee. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 367; filed May 15, 1998, 10:25 a.m.: 21 IR 3918; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2491; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3551*)

**836 IAC 3-2-2 Certification; application**

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

Affected: IC 16-31

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

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

(A) The staffing pattern of air-medical personnel and pilots.

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

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

(D) Aircraft types and identification numbers.

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

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

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

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

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

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

(6) Each rotorcraft ambulance service provider organization shall show proof of insurance coverage as required by 836 IAC 1-3-6.

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

(b) Upon approval, an advanced life support rotorcraft ambulance service provider organization will be issued certification

for the provision of advanced life support services as required in 836 IAC 2 and this article.

(c) The certificate issued under this article is valid for a period of two (2) years from the date of issue and shall be prominently displayed at the place of business.

(d) Application for certification renewal shall be made at least sixty (60) days before the expiration date of the current certificate. Application for renewal shall be made on such forms provided by the agency and shall show evidence of compliance with this article as set forth for original certification. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-2; filed Oct 11, 1988, 11:05 a.m.: 12 IR 368; filed May 15, 1998, 10:25 a.m.: 21 IR 3919; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2492; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3552*)

**836 IAC 3-2-3 Minimum specifications**

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

Affected: IC 16-31

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Law enforcement.

(2) Fire/rescue.

(3) Ambulances.

(4) Hospital or hospitals.

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

(o) The aircraft shall have an intercommunications system. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-3; filed Oct 11, 1988, 11:05 a.m.: 12 IR 369; filed May 15, 1998, 10:25 a.m.: 21 IR 3920; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2493; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3553*)

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

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

Affected: IC 4-21.5-1

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

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

(2) All advanced life support rotorcraft ambulance service provider organizations shall maintain accurate records under 836 IAC 1-1-5.

(b) Premises will be maintained, suitable to the conduct of a rotorcraft ambulance service, with provision for adequate storage or maintenance, or both, of rotorcraft ambulances and the on-board equipment.

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

(d) All rotorcraft ambulance service provider organization premises, records, hangars, padding, tie-down facilities, and rotorcraft ambulances will be made available for inspection by the agency at any time during regularly scheduled business hours.

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

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

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

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

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

(2) Rotorcraft ambulances shall be maintained in safe operating conditions at all times.

(3) Emergency patient care equipment required for rotorcraft ambulance certification is maintained in minimum quantities either directly on board the rotorcraft ambulance or available at the time of patient transport.

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

(1) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.

(2) Freshly laundered linens are used on all litters, and pillows and linens shall be changed after each patient is transported.

(3) When the aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft shall be cleansed and all contact surfaces be disinfected.

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

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

(2) The rotorcraft ambulance service provider organization shall notify the agency, in writing, within seventy-two (72) hours of the time the replacement rotorcraft is placed in service. The written notice shall identify the following:

(A) The replacement date.

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

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

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

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified rotorcraft ambulance was replaced. Temporary certification will not exceed one hundred eighty (180) days from the date that the replacement rotorcraft ambulance is placed in service, and, upon return to service of the certified rotorcraft ambulance, the use of the replacement rotorcraft ambulance shall cease. If the replaced rotorcraft ambulance is not returned to service within the one hundred eighty (180) day period, use of the replacement rotorcraft ambulance shall cease unless certification is approved in accordance with this article. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-4; filed Oct 11, 1988, 11:05 a.m.: 12 IR 370; filed May 15, 1998, 10:25 a.m.: 21 IR 3920; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2494; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2358; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3554*)

**836 IAC 3-2-5 Staffing**

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

Affected: IC 4-21.5-1

Sec. 5. (a) Each certified rotorcraft ambulance, while transporting an emergency patient, will be staffed by no fewer than three (3) people that have completed air-medical oriented training as prescribed by the air-medical director. Staffing will include the following requirements:

(1) The first person shall be a properly certified pilot who shall complete an orientation program covering flight and air-medical operations as prescribed by the air-medical director.

(2) The second person shall be currently certified, registered, or licensed in Indiana as:

(A) a paramedic;

(B) a registered nurse; or

(C) a physician;

within the state the air-ambulance is stationed and operating.

(3) The third person shall be any appropriate personnel required to properly care for the medical needs of the patient at the discretion of the air-medical director. The air-medical personnel on board the aircraft shall be trained in air transport problems and flight physiology.

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

(c) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-5; filed Oct 11, 1988, 11:05 a.m.: 12 IR 372; filed May 15, 1998, 10:25 a.m.: 21 IR 3922; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2496; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2360; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3555*)

**836 IAC 3-2-6 Equipment list**

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

Affected: IC 16-31-3-20

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

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

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

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

(4) 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:

(A) Adult.

(B) Child.

(C) Infant (mask only).

(D) Neonatal (mask only).

- (5) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.
- (6) Oxygen delivery devices shall include the following:
  - (A) High concentration devices, two (2) each, in adult, child, and infant sizes.
  - (B) Low concentration devices, two (2) in adult size.
- (7) Blood pressure manometer, one (1) each in the following cuff sizes:
  - (A) Large adult.
  - (B) Adult.
  - (C) Child.
- (8) Stethoscope in adult size.
- (9) Wound care supplies to include the following:
  - (A) Sterile gauze pads four (4) inches by four (4) inches.
  - (B) Airtight dressing.
  - (C) Adhesive tape, two (2) rolls.
  - (D) Bandage shears.
- (10) Rigid extrication collars, two (2) each capable of the following sizes:
  - (A) Pediatric.
  - (B) Small.
  - (C) Medium.
  - (D) Large.
- (11) 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, that will not interfere with the aircraft's electrical and radio system.
- (12) Endotracheal intubation devices, including the following equipment:
  - (A) Laryngoscopes with spare 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.
- (13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities.
  - (b) Additional equipment and supplies approved by the supervising hospital shall be identified by the rotorcraft ambulance service provider organization's air-medical director and reported in writing to the agency for initial certification and recertification.
  - (c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support rotorcraft ambulance service provider organization air-medical director. All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-6; filed Oct 11, 1988, 11:05 a.m.: 12 IR 373; filed May 15, 1998, 10:25 a.m.: 21 IR 3923; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2497; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3555*)

**836 IAC 3-2-7    Communications systems requirements**

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

Sec. 7. (a) Each rotorcraft ambulance shall have all communications equipment required under 14 CFR 135 for the type of aircraft and service provided. In addition, the rotorcraft ambulance shall have radio communications equipment that allows it to communicate directly with Indiana hospitals utilizing either the Indiana Hospital Emergency Radio Network (IHERN) system or the ultrahigh frequency medical communications channels used for advanced life support.

- (b) Transmitters are to operate with an output power not to exceed ten (10) watts as applicable to FCC rules and regulations.
- (c) The rotorcraft ambulance service provider organization shall maintain a dispatch and tactical communications system with

the capability to provide a coordinated voice communications linkage within the flying area of the rotorcraft ambulance service provider organization. This channel or these channels will be used exclusively for dispatch and tactical communications and shall be apart from any involved in the IHERN.

(d) Authorization or authorizations for the use of any frequencies necessary for the required communications linkages with ground personnel identified in section 3(m) of this rule shall be part of the areawide coordinated plan identified in section 2(a)(1)(B) of this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-7; filed Oct 11, 1988, 11:05 a.m.: 12 IR 373; filed May 15, 1998, 10:25 a.m.: 21 IR 3923; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2498; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3556*)

### **836 IAC 3-2-8 Penalties (Repealed)**

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

## **Rule 3. Fixed-Wing Air Ambulance Service Provider Organization**

### **836 IAC 3-3-1 Air ambulances; general requirements**

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

Affected: IC 16-31-3-20

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

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

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

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

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

(d) The advanced life support fixed-wing air ambulance service provider organization will have an air-medical director provided by the advanced life support fixed-wing air ambulance service provider organization, or jointly with the supervising hospital, who has knowledge of air transport problems and flight physiology. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support fixed-wing air ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

- (1) Assume all medical control and authority over any and all patients treated and transported by the fixed-wing air ambulance service.
- (2) Providing liaison with physicians.
- (3) Assuring that the drugs, medications, supplies, and equipment are available to the advanced life support fixed-wing air

ambulance service provider organization.

- (4) Monitoring and evaluating overall operations.
- (5) Assisting in the coordination and provision of continuing education.
- (6) Providing information concerning the operation of the advanced life support fixed-wing air ambulance service provider organization to the agency.
- (7) Providing individual consultation to the air-medical personnel.
- (8) Participating on the assessment committee of the supervising hospital in at least quarterly audit and review of cases treated by air-medical personnel.
- (9) Attesting to the competency of air crewmembers affiliated with the advanced life support fixed-wing air ambulance service provider organization.
- (10) Designating an individual or individuals to assist in the performance of these duties.

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

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

(g) Each advanced life support fixed-wing air ambulance service provider organization shall maintain an adequate number of trained personnel and aircraft to provide advanced life support services as advertised and specified in the fixed-wing air ambulance service provider organization's application for certification or certification renewal.

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

- (1) Pilot or pilots.
- (2) Air-medical personnel.
- (3) Aircraft maintenance technician or technicians.
- (4) Communications personnel.

The safety committee shall meet at least quarterly and may be concurrent and in conjunction with the audit/review committee. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 374; filed May 15, 1998, 10:25 a.m.: 21 IR 3924; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2498; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3556*)

**836 IAC 3-3-2 Certification; application**

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

Affected: IC 16-31

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

- (1) A narrative summary of plans for providing fixed-wing air ambulance services, including the following:
  - (A) The staffing pattern of air-medical personnel and pilots.
  - (B) Base of operations.
  - (C) Aircraft types and identification numbers.
  - (D) A listing of all personnel and their qualifications by category who will regularly serve as pilots and air-medical personnel on the aircraft.
  - (E) A description of the weather minimums for both cross-country and local flights.
  - (F) A copy of the patient care transport record to be utilized on each transport.
- (2) Plans and methodologies to ensure that the trained personnel are provided with continuing education relative to their level of training. Continuing education on air transportation problems and flight physiology shall be provided on an annual basis. Continuing education will be approved by the advanced life support fixed-wing air ambulance service provider organization air-medical director with the cooperation of the supervising hospital.
- (3) A listing of all on-board life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.



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

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

(6) Each fixed-wing ambulance service provider organization shall show proof of insurance coverage as required by 836 IAC 1-3-6.

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

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

(c) The certificate issued under this article is valid for a period of two (2) years from the date of issue and is prominently displayed at the place of business.

(d) Application for certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate. Application for renewal shall be made on such forms provided by the agency and shall show evidence of compliance with this article as set forth for original certification. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-2; filed Oct 11, 1988, 11:05 a.m.: 12 IR 375; filed May 15, 1998, 10:25 a.m.: 21 IR 3925; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2499; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3558*)

### **836 IAC 3-3-3 Minimum specifications**

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

Affected: IC 16-31-3-20

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

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

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

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

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

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

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

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

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

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

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

(l) The aircraft shall be equipped with adequate patient restraints to preclude interference with the crew or aircraft flight controls.

(m) The aircraft shall have an intercommunications system. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-*

3; filed Oct 11, 1988, 11:05 a.m.: 12 IR 376; filed May 15, 1998, 10:25 a.m.: 21 IR 3926; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2500; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3558)

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

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

Affected: IC 4-21.5-1

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

(1) All advanced life support fixed-wing ambulance service provider organizations shall utilize a patient care transport record.

(2) All advanced life support fixed-wing ambulance provider organizations shall maintain accurate records under 836 IAC 1-1-5.

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

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

(d) All fixed-wing air ambulance service provider organization premises, records, and fixed-wing ambulances shall be made available for inspection by the agency at any time during regularly scheduled business hours.

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

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

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

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

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

(2) Fixed-wing ambulances shall be maintained in safe operating conditions at all times.

(3) Emergency patient care equipment required for fixed-wing ambulance certification is maintained in minimum quantities either directly on board the fixed-wing ambulance or available at the time of patient transport.

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

(1) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.

(2) Freshly laundered linens are used on all litters, and pillows and linens shall be changed after each patient is transported.

(3) When an aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft shall be cleansed and all contact surfaces be washed with soap and water and disinfected.

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

(1) The replacement fixed-wing ambulance shall meet all certification requirements of this article.

(2) The fixed-wing air ambulance service provider organization shall notify the agency, in writing, within seventy-two (72) hours of the time the replacement fixed-wing ambulance is placed in service. The written notice shall identify the following:

(A) The replacement date.

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

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

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

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified rotorcraft ambulance was replaced. Temporary certification will not exceed one hundred eighty (180) days from the date that the replacement fixed-wing ambulance is placed in service, and, upon return to service of the certified fixed-wing ambulance, the use of the replacement fixed-wing ambulance shall cease. If the replaced fixed-wing ambulance is not returned to service within the one hundred eighty (180) day period, use of the replacement fixed-wing ambulance shall cease unless certification is approved in accordance with this article. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-4; filed Oct 11, 1988, 11:05 a.m.: 12 IR 376; filed May 15, 1998, 10:25 a.m.: 21 IR 3926; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2501; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2360; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3559*)

**836 IAC 3-3-5 Staffing**

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

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

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

(1) The first person shall be a properly certified pilot who shall complete an orientation program covering flight and air-medical operations as prescribed by the air-medical director.

(2) The second person shall be an Indiana certified paramedic or registered nurse or a physician.

(3) The third person shall be any appropriate personnel to properly care for the medical needs of the patient as required on board the fixed-wing aircraft in the patient compartment.

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

(b) The advanced life support fixed-wing air ambulance service provider organization shall notify the agency in writing within thirty (30) days of any change in the advanced life support services provided.

(c) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-5; filed Oct 11, 1988, 11:05 a.m.: 12 IR 378; filed May 15, 1998, 10:25 a.m.: 21 IR 3928; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2503; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2362; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3560*)

**836 IAC 3-3-6 Equipment list**

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

Affected: IC 16-31-3-20

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

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

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

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

(4) 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:

(A) Adult.

(B) Child.

(C) Infant (mask only).

(D) Neonatal (mask only).

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

(6) Oxygen delivery device shall include the following:

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

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

- (7) Blood pressure manometer, one (1) each in the following cuff sizes:
  - (A) Large adult.
  - (B) Adult.
  - (C) Child.
- (8) Stethoscope in adult size.
- (9) Wound care supplies to include the following:
  - (A) Sterile gauze pads four (4) inches by four (4) inches.
  - (B) Airtight dressing.
  - (C) Bandage shears.
  - (D) Adhesive tape, two (2) rolls.
- (10) Rigid extrication collars, two (2) each capable of the following sizes:
  - (A) Pediatric.
  - (B) Small.
  - (C) Medium.
  - (D) Large.
- (11) 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, that will not interfere with the aircraft's electrical and radio system.
- (12) Endotracheal intubation devices, including the following equipment:
  - (A) Laryngoscopes with spare 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.
- (13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities.

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

(c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support fixed-wing air ambulance service provider organization medical director. All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-6; filed Oct 11, 1988, 11:05 a.m.: 12 IR 379; filed May 15, 1998, 10:25 a.m.: 21 IR 3929; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2503; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3561*)

**836 IAC 3-3-7 Communications systems requirements**

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

Affected: IC 16-31-3-20

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

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

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

(d) In addition to subsection (a), each multiengine fixed-wing air ambulance shall be equipped with a minimum of two (2)

VHF aircraft band transceivers and two (2) independently functioning audio panels allowing each required pilot to communicate with ground resources separately. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-7; filed Oct 11, 1988, 11:05 a.m.: 12 IR 380; filed May 15, 1998, 10:25 a.m.: 21 IR 3929; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2504; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3561*)

**836 IAC 3-3-8 Penalties (Repealed)**

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

**Rule 4. Waivers**

**836 IAC 3-4-1 Exception (Repealed)**

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

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

**836 IAC 3-5-1 Certificate of registry**

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

Affected: IC 16-31-3-20

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

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

(b) Upon approval by the commission, the fixed-wing ambulance service provider organization shall be registered by the commission.

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

(d) Certificate of registry is required for all advanced life support fixed-wing ambulance service provider organizations based outside of Indiana and transporting patients originating in Indiana to a location outside of Indiana. (*Indiana Emergency Medical Services Commission; 836 IAC 3-5-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 380; filed May 15, 1998, 10:25 a.m.: 21 IR 3930; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2505; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3562*)

**Rule 6. Medicolegal Responsibilities**

**836 IAC 3-6-1 Medicolegal responsibilities between medical facilities (Repealed)**

Sec. 1. (*Repealed by Indiana Emergency Medical Services Commission; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2505*)

**ARTICLE 4. TRAINING AND CERTIFICATION**

**Rule 1. Definitions**

**836 IAC 4-1-1 Definitions**

Authority: IC 16-31-2-7  
Affected: IC 16-31

Sec. 1. The definitions in 836 IAC 1-1-1 apply throughout this article. (*Indiana Emergency Medical Services Commission; 836 IAC 4-1-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2745; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2362; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3562*)

**Rule 2. Emergency Medical Services Training Institution**

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

Authority: IC 16-31-2-7  
Affected: IC 4-21.5; IC 16-21; IC 16-31-3-2; IC 20-10.1-1-16; IC 20-12-62-3; IC 20-12-71-8

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

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

- (1) a postsecondary institution as defined in IC 20-12-71-8;
- (2) a private technical, vocational, or trade school as defined in IC 20-12-62-3;
- (3) a high school as defined in IC 20-10.1-1-16;
- (4) a provider organization as defined in IC 16-31; or
- (5) an appropriately accredited hospital licensed under IC 16-21;

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

(c) Such an institution shall submit an application to the agency at least ninety (90) days prior to the date for which certification is requested in a manner prescribed by the agency. The application shall include the following:

- (1) Name and address of training institution.
- (2) Name of institution official.
- (3) Agreement or agreements of affiliation with clinical and internship facilities.
- (4) Type of emergency medical service courses conducted.
- (5) Medical director approval form listing affiliated instructor.
- (6) In-course standards and criteria by which the instructor is to determine successful completion of the didactic and clinical portions of the course to include the following:
  - (A) Attendance requirements and absentee policies.
  - (B) Testing procedures.
  - (C) Number and scope of in-course tests.
  - (D) Didactic pass/fail grade average and criteria.
  - (E) Provision for make-up test and classes.
  - (F) Minimal age for enrollment.
  - (G) Policies for provider organization reasonable accommodations under the Americans with Disabilities Act.
  - (H) Description of the screening and evaluation process for acceptance into any certified training program.

(7) Other information as required by the agency.

(d) Certification as an emergency medical services training institution is valid for a period of two (2) years from the date of certification.

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

- (1) A basic life support training institution is defined as an institution that presents one (1) or more of the following training courses:

- (A) Basic emergency medical technician.
  - (B) Emergency medical technician-basic advanced.
  - (C) Emergency medical first responder training courses.
- (2) An advanced life support training institution is defined as an institution that presents one (1) or more of the following training courses and may include one (1) or more of the basic life support training courses listed under subdivision (1):
- (A) Emergency medical technician-intermediate.
  - (B) Paramedic.

(f) A certified training institution shall submit an application for recertification to the agency at least sixty (60) days prior to the date of certification expiration. The application for recertification shall indicate compliance with the requirements currently in effect at the time of the application for renewal. (*Indiana Emergency Medical Services Commission; 836 IAC 4-2-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2747; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2364; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3564*)

### **836 IAC 4-2-2 Institutional responsibilities**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

- (1) Designate one (1) person as a training institution official responsible for administering all of the activities of the emergency medical services training institution and for communicating with the agency.
- (2) Submit to an inspection of training facilities and equipment.
- (3) Provide a list of educational staff to meet staffing-student ratio requirements established in approved curricula.
- (4) Have the necessary clinical facilities, or affiliations with clinical facilities, to conduct the required clinical phases of emergency medical service training programs.
- (5) Under conditions where didactic and clinical training are to be conducted by separate institutions, program responsibility will rest with the institution that is certified by the commission. In cases where two (2) or more certified training institutions are cooperating in the presentation of an emergency medical services training program, both institutions will be held jointly responsible for the training programs.
- (6) Provide evidence that the training institution has liability insurance on the students.
- (7) Provide classroom space to effectively present the various requirements in the curricula.
- (8) The curriculum requirements for all certified training programs shall be approved by the commission. Course applications will be made in a manner prescribed by the agency. The agency or commission may disapprove a course application when it has been determined that the training institution or primary instructor has been found in noncompliance with rules and regulations.
- (9) Have the training equipment and training aids (including the emergency care equipment) required by the curriculum of the courses that the training institution offers. The training institution shall have an adequate amount of the training equipment to be utilized by students to meet any equipment-to-student ratios prescribed by the curriculum being presented.
- (10) Make available a minimum of twelve (12) hours, over a two (2) year period, of continuing education in educational principles and techniques for each of its affiliated primary instructors. A training institution may offer this continuing education or advise its faculty members of such continuing education at other sites. The training institution official may accept educational programs conducted at other facilities.
- (11) Evaluate each course and retain a record of the evaluation in its files.
- (12) Provide educational personnel for each approved training course, consisting of the following:
  - (A) A medical director.
  - (B) A program director for the following levels:
    - (i) For an emergency medical technician-basic advanced course, the program director shall be a physician, a registered nurse, an emergency medical technician-basic advanced, an emergency medical technician-intermediate, or a paramedic.
    - (ii) For an emergency medical technician-intermediate course, the program director shall be an emergency medical technician-intermediate, a paramedic, a physician, or a registered nurse.

- (iii) For a paramedic course, the program director shall be a paramedic, a physician, or a registered nurse.
- (C) A primary instructor.
- (D) Instructional staff.
- (13) Be responsible for in-course standards and criteria by which it determines a student's successful completion of the didactic and clinical portions of the course. The criteria include, but are not limited to, the following:
  - (A) Attendance requirements and absentee policies.
  - (B) In-course testing procedures.
  - (C) Number and scope of in-course tests.
  - (D) Didactic pass/fail grade average and criteria.
  - (E) Provision for make-up classes and tests.
  - (F) Minimum age for enrollment.
  - (G) Policies for providing reasonable accommodation under the Americans with Disabilities Act.
- (14) Be responsible for the screening and evaluation criteria for admission into any certified training program.
- (15) Assure a certified primary instructor, affiliated with the training institution, is present in each class session.
- (16) Have a retention schedule of seven (7) years for all training and course records.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-2-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2748; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2365; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3565)*

### **836 IAC 4-2-3 Educational staff qualifications and responsibilities**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 3. (a) Minimum personnel qualifications for the training institution's education staff shall be as follows:

- (1) A medical director.
- (2) A program director who shall:
  - (A) have appropriate education and experience necessary to teach in the assigned areas at the discretion of the medical director;
  - (B) be thoroughly and appropriately knowledgeable about all subject matter;
  - (C) be able to demonstrate all skills assigned to teach or evaluate;
  - (D) be a certified primary instructor; and
  - (E) hold a clinical certification or license at least equal to that of the curriculum of the course in which the individual acts as the program director.
- (3) The primary instructor shall be certified by the commission.
- (4) Instructional staff members will be selected from various specialties and have appropriate education and experience necessary to teach in the assigned areas at the discretion of the training institution official. The individual must be thoroughly and appropriately knowledgeable about all subject matter and be able to demonstrate all skills that the individual is assigned to teach or evaluate. Instructional staff members involved in the skills testing of students shall be persons who hold a clinical certification or license at least equal to that of the curriculum of the course in which the individual acts as instructional staff.
- (b) Education staff responsibilities are as follows:
  - (1) The medical director is responsible for the following:
    - (A) Providing competent medical direction in the conduct of the training program by providing necessary liaison with physicians to obtain adequate instructor services.
    - (B) Assuring accurate and thorough presentation of the medical content of the course curriculum.
    - (C) Attesting on forms provided by the agency to the competency of the course graduates to perform the medical skills required by the certification for which the student has been trained.
  - (2) The program director for any advanced life support course is responsible for the following:
    - (A) Developing teaching plans.
    - (B) Assuring that the course of instruction meets established standards of the commission and training institution.
    - (C) Providing liaisons with physicians and other specialists to obtain adequate instructor services for the course.
    - (D) Monitoring and evaluating classroom activities, including clinical and practice sessions.



- (E) Assuring that the required equipment and materials necessary for teaching the course being offered are available at each class session.
- (F) Coordinating and evaluating all didactic, clinical, practical, and field/internship activities associated with the course.
- (G) Acting as the liaison between the students and the program staff.
- (H) Maintaining student class records concerning attendance, performance, and grades.
- (I) Fulfilling other course requirements as designated by the medical director and the training institution official.

(3) Instructional staff are responsible to teach and to test students during selected lessons or class sessions as assigned by the program director or medical director. The instructional staff is evaluated and held accountable in the manner seen fit by the medical director and the training institution official.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-2-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2749; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3566)*

#### **836 IAC 4-2-4 Institution reporting requirements**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 4. (a) Each training institution shall submit any changes within thirty (30) days to the agency that includes the following information:

- (1) Name, address, and telephone number of the training institution official.
- (2) List of affiliated educational staff, including name, certification level, and certification number.
- (3) Changes in the training institutions standards and criteria.

(b) Each training institution will provide a final report on each course to the agency within fifteen (15) days following the completion of the course. These reports will be submitted in a manner prescribed by the agency.

(c) Each training institution official will complete other forms as required by the agency for purposes of course, student, or training institution evaluation. The institution will cooperate with and assist the agency in collecting statistics and evaluating performance and costs related to emergency medical services training. *(Indiana Emergency Medical Services Commission; 836 IAC 4-2-4; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2750; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3567)*

#### **836 IAC 4-2-5 Penalties (Repealed)**

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

### **Rule 3. First Responders**

#### **836 IAC 4-3-1 Training standards**

Authority: IC 16-31-2-7

Affected: IC 16-18-2-131; IC 16-31-2-8

Sec. 1. The minimum requirements for first responder training shall be the following:

(1) The curriculum of the first responder training course shall be the Indiana emergency medical first responder training curriculum, which is based on the current national standard curriculum for first responders, as amended and approved by the commission.

(2) Each first responder training course shall be coordinated by a primary instructor, and each class shall be conducted by approved faculty members who shall be certified at a minimum as emergency medical technicians, or appropriate nurses and physicians.

(3) To successfully complete the Indiana emergency medical first responder training course for original certification or for certification renewal, a student shall pass the commission-authorized practical and written examinations.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-3-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2750)*

**836 IAC 4-3-2 Certification standards**

Authority: IC 16-31-2-7

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

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

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

(b) Certification as a first responder shall be valid for a period of two (2) years.

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

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

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

(e) An individual wanting to reacquire a certification shall:

- (1) complete a first responder recertification training course as approved by the commission; and
- (2) successfully complete the state written and practical skills examinations as set forth and approved by the commission.

If the individual fails either certification examination, the person must retake an Indiana first responder training course.

(f) First responders shall comply with the following:

- (1) A first responder shall not perform procedures for which the first responder has not been specifically trained:
  - (A) in the Indiana first responder curriculum; and
  - (B) that have not been approved by the commission as being within the scope and responsibility of the first responder.
- (2) A first responder shall not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public.
- (3) A first responder shall comply with the state and federal laws governing the confidentiality of patient medical information.
- (4) A first responder shall not delegate to a less qualified individual any skill that requires an *[sic., a]* first responder.
- (5) A first responder shall comply with the protocols established by the commission, the provider organization, and the provider organization's medical director.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-3-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2751; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2366; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3567)*

**836 IAC 4-3-3 Certification based upon reciprocity**

Authority: IC 16-31-2-7

Affected: IC 16-31-3-8; IC 16-31-3-10

Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements:

- (1) Be a person who:
  - (A) possesses a valid certificate or license as an *[sic., a]* first responder from another state; and
  - (B) successfully completes the written and practical skills certification examinations as prescribed by the commission.
- (2) Be a person who:
  - (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana first responder training course; and
  - (B) successfully completes the written and practical skills certification examinations prescribed by the commission.
- (3) Be a person who:
  - (A) holds a valid unlimited license to practice medicine in Indiana; and

- (B) successfully completes the written and practical skills certification examinations prescribed by the commission.
- (4) Be a person who:
  - (A) successfully completed a course of training and study equivalent to the material contained in the Indiana first responder training course; and
  - (B) successfully completes the written and practical skills certification examinations prescribed by the commission.
- (5) Be a person who:
  - (A) holds a current first responder registration issued by the National Registry; and
  - (B) has completed a course equivalent to Indiana approved curriculum.

(b) Any nonresident of Indiana who possesses a certificate or license as a first responder that is valid in another state, upon affiliation with an Indiana certified provider organization, may apply to the agency for temporary certification as a first responder. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in subsection (a). (*Indiana Emergency Medical Services Commission; 836 IAC 4-3-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2751; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3568*)

#### **Rule 4. Certification of Emergency Medical Technicians**

##### **836 IAC 4-4-1 General certification provisions**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

- (1) Be a minimum of eighteen (18) years of age.
- (2) Successfully complete the Indiana basic emergency medical technician training course as approved by the commission and administered by a certified training institution.
- (3) Pass the emergency medical technician written and practical skills examinations as set forth and approved by the commission.
- (b) The applicant shall apply for certification on forms provided by the agency postmarked within one (1) year of the date that the course was concluded as shown on the course report.
- (c) The minimum requirement for basic emergency medical technicians training shall be as follows:
  - (1) The current version of the Indiana basic emergency medical technician training course as amended and approved by the commission.
  - (2) Each Indiana basic emergency medical technician course shall be supervised by a program director who is affiliated with the course sponsoring training institution as described in this article.
- (d) No course shall be approved as equivalent to subsection (c) unless the course meets the training standards in effect on the date an equivalency determination is requested.
- (e) Emergency medical technicians shall comply with the following:
  - (1) An emergency medical technician shall not perform procedures for which the emergency medical technician has not been specifically trained:
    - (A) in the Indiana basic emergency medical technician curriculum; and
    - (B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician.
  - (2) An emergency medical technician shall not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public.
  - (3) An emergency medical technician shall comply with the state and federal laws governing the confidentiality of patient medical information.
  - (4) An emergency medical technician shall not delegate to a less qualified individual any skill that requires an emergency medical technician.
  - (5) An emergency medical technician shall comply with the protocols established by the commission, the provider

organization, and the provider organization's medical director.  
(*Indiana Emergency Medical Services Commission; 836 IAC 4-4-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2752; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2366; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3568*)

**836 IAC 4-4-2 Application for original certification or certification renewal**

Authority: IC 16-31-2-7

Affected: IC 16-31

Sec. 2. (a) Application for emergency medical technician certification shall be made on forms provided by the agency. Applicants shall complete the required forms and submit the forms to the agency. The application shall include the following:

- (1) Name and address of applicant.
- (2) Criminal history declarations of applicant.
- (3) Name of training institution where training was completed.
- (4) Other information required by agency.

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

(c) Certification as an emergency medical technician shall be valid for a period of two (2) years.

(d) To renew a certification, a certified emergency medical technician shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report forty (40) hours of continuing education according to the following:

(1) Participate in a minimum of thirty-four (34) hours of any combination of lectures, critiques, skills proficiency examinations, continuing education courses, or teaching sessions that review subject matter presented in the Indiana basic emergency medical technician curriculum.

(2) Participate in a minimum of six (6) hours of audit and review.

(3) Participate in any update course as required by the commission.

(4) Successfully complete proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum.

(e) Notwithstanding any other provisions of this article, a person also certified as an emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic under IC 16-31 may substitute the required continuing education credits for those of subsection (d).

(f) An individual who fails to comply with the continuing education requirements described in this article shall not exercise any of the rights and privileges of an emergency medical technician and shall cease from providing the services authorized by an emergency medical technician certification as of the date of expiration of the current certificate.

(g) An individual wanting to reacquire a certification shall:

(1) complete an emergency medical technician recertification training course as approved by the commission; and

(2) successfully complete the state written and practical skills examinations as set forth and approved by the commission.

If the individual fails either certification examination, the person must retake an Indiana basic emergency medical technician training course. (*Indiana Emergency Medical Services Commission; 836 IAC 4-4-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2752; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3569*)

**836 IAC 4-4-3 Certification based upon reciprocity**

Authority: IC 16-31-2-7

Affected: IC 16-31-3-8; IC 16-31-3-10

Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements:

(1) Be a person who:

(A) possesses a valid certificate or license as an emergency medical technician from another state; and

(B) successfully completes the written and practical skills certification examinations as prescribed by the commission.

(2) Be a person who:

(A) while serving in the military of the United States, successfully completed a course of training and study equivalent

to the material contained in the Indiana basic emergency medical technician training course; and

(B) successfully completes the written and practical skills certification examinations prescribed by the commission.

(3) Be a person who:

(A) holds a valid unlimited license to practice medicine in Indiana; and

(B) successfully completes the written and practical skills certification examinations prescribed by the commission.

(4) Be a person who:

(A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and

(B) successfully completes the written and practical skills certification examinations prescribed by the commission.

(5) Be a person who:

(A) holds a current emergency medical technician registration from the National Registry; and

(B) has completed a course equivalent to the Indiana approved curriculum.

(b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 4-4-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2753; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3570*)

#### **Rule 5. Emergency Medical Services Primary Instructor Certification**

##### **836 IAC 4-5-1 Student qualification to enter training**

Authority: IC 16-31-2-7

Affected: IC 16-31-3-14

Sec. 1. An applicant for Indiana primary instructor training shall meet the following requirements:

(1) Have been certified by the commission as an Indiana emergency medical technician for a period of not less than one (1) year.

(2) Have at least one (1) year of experience in the delivery of emergency medical care in the prehospital setting.

(3) Submit a letter of intent to an affiliate from at least one (1) Indiana certified training institution.

(4) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to the start of the course as prescribed by the commission.

(*Indiana Emergency Medical Services Commission; 836 IAC 4-5-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2754*)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-14

Sec. 2. (a) Application for certification will be made on forms and according to procedures prescribed by the agency. In order to be certified as an emergency medical services primary instructor, the applicant shall meet one (1) of the following requirements:

(1) Successfully complete a commission-approved Indiana emergency medical services primary instructor training course and complete all of the following:

(A) Successfully complete the primary instructor internship.

(B) Successfully complete the primary instructor written examination.

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

(2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical service primary instructor course and complete all of the following:

(A) Meet the requirements under section 1 of this rule.

- (B) Successfully complete the primary instructor internship.
- (C) Successfully complete the primary instructor written examination.
- (D) Be currently certified as an Indiana emergency medical technician.

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

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

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

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

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

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

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

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

(e) A primary instructor shall comply with the following:

(1) All state and federal laws governing the confidentiality of student information.

(2) The material taught by the primary instructor shall not conflict with the curriculum approved by the commission.

(3) Not negligently, recklessly, or willfully endanger the health or safety of emergency patients or students.

(4) All course standards as established by the training institution course policies and procedures.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-5-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2754; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2367; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3570)*

## **Rule 6. Advanced Emergency Medical Technician Training**

### **836 IAC 4-6-1 Advanced emergency medical technician training (Repealed)**

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

### **Rule 6.1. Advanced Emergency Medical Technician Intermediate Training**

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-20

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

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

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

(2) operate according to the procedures described in 836 IAC 4-2.

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

(d) The program director shall be a physician, a registered nurse, a paramedic, or an advanced emergency medical technician intermediate responsible for the duties of 836 IAC 4-2. *(Indiana Emergency Medical Services Commission; 836 IAC 4-6.1-1; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2368)*

**Rule 7. Emergency Medical Technicians-Basic Advanced; Certification**

**836 IAC 4-7-1 Student qualification to enter training**

Authority: IC 16-31-2-7

Affected: IC 16-31-3-14

Sec. 1. (a) An applicant for Indiana emergency medical technician-basic advanced training shall hold a valid certificate as an emergency medical technician.

(b) Individuals who have successfully completed an Indiana basic emergency medical technician course or are accepted for basic reciprocity and have taken the Indiana basic written and practical certification examinations may hold a provisional spot in the emergency medical technician-basic advanced course. (*Indiana Emergency Medical Services Commission; 836 IAC 4-7-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2755; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3571*)

**836 IAC 4-7-2 Certification provisions; general**

Authority: IC 16-31-2-7

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

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

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

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

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

(d) Certification exemptions identified under 836 IAC 1-1-4 shall apply to the certification of emergency medical technician-basic advanced.

(e) Emergency medical technicians-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.

(f) Emergency medical technicians-basic advanced shall comply with the following:

(1) An emergency medical technician-basic advanced shall not perform a procedure for which the emergency medical technician-basic advanced has not been specifically trained:

(A) in the Indiana emergency medical technician basic and the Indiana emergency medical technician-basic advanced curriculums; or

(B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician-basic advanced.

(2) An emergency medical technician-basic advanced shall not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public.

(3) An emergency medical technician-basic advanced shall comply with the state and federal laws governing the confidentiality of patient medical information.

(4) An emergency medical technician-basic advanced shall not delegate to a less qualified individual any skill that requires an emergency medical technician-basic advanced.

(5) An emergency medical technician-basic advanced shall comply with the protocols established by the commission, the provider organization, and the provider organization's medical director.

(*Indiana Emergency Medical Services Commission; 836 IAC 4-7-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2755; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2368; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3571*)

**836 IAC 4-7-3 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 shall be made on forms provided by the agency and shall submit the forms to the agency.

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

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

(d) Emergency medical technicians-basic advanced are authorized to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement. These procedures may only be performed when affiliated with a certified emergency medical technician-basic advanced provider organization and while operating under written protocols or the direct supervision of a physician of the supervising hospital or an individual authorized in writing by the medical staff to act in the behalf of a physician of the approved supervising hospital. Emergency medical technicians-basic advanced are prohibited from performing any advanced life support procedure other than manual or automated defibrillation, rhythm interpretation, and intravenous line placement as prescribed in the Indiana emergency medical technician-basic advanced course, with or without physician direction, for which certification by the commission has not been granted.

(e) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges of an emergency medical technician-basic advanced or administer advanced life support to any emergency patient.

(f) An individual wanting to reacquire a certification shall complete an emergency medical technician-basic advanced recertification training course and successfully complete the state written and practical skills examinations as set forth and approved by the commission. If the individual fails the certification examinations, the person shall retake an entire emergency medical technician-basic advanced training course.

(g) Emergency medical technicians-basic advanced failing to satisfy the requirements of subsection (f) shall satisfy the requirements for certification renewal by fulfilling the requirements for original certification as outlined in this article. (*Indiana Emergency Medical Services Commission; 836 IAC 4-7-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2756; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3572*)

**836 IAC 4-7-3.5 Continuing education requirements**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 3.5. To renew a certification, a certified emergency medical technician-basic advanced shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements to take and report fifty-six (56) hours of continuing education according to the following:

(1) Participate in a minimum of thirty-four (34) hours of any combination of lecture, critiques, skills proficiency examination, continuing education course, or teaching sessions that review subject matter presented in the Indiana basic emergency medical technician curriculum.

(2) Participate in a minimum of ten (10) hours of any combination of lecture, critiques, skills proficiency examination, or teaching sessions that review subject matter presented in the Indiana emergency medical technician-basic advanced curriculum.

(3) Participate in a minimum of twelve (12) hours of audit and review.

(4) Participate in any update course as prescribed by the commission.

(5) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum and the Indiana emergency medical technician-basic advanced curriculum.

(*Indiana Emergency Medical Services Commission; 836 IAC 4-7-3.5; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2517; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3573*)



**836 IAC 4-7-4 Emergency medical technician-basic advanced certification based upon reciprocity**

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2; IC 16-31-3-20

Sec. 4. (a) To obtain emergency medical technician-basic advanced certification based upon reciprocity, an individual shall meet the following requirements:

(1) Be affiliated with an Indiana certified emergency medical technician-basic advanced provider organization or supervising hospital.

(2) Possess a valid certificate or license as an emergency medical technician-basic advanced from another state or successfully complete a course of training and study equivalent to the material contained in the Indiana emergency medical technician-basic advanced training course.

(3) Successfully pass the Indiana emergency medical technician-basic advanced written and practical skills examinations as set forth and approved by the commission.

(b) Application for certification shall be postmarked or delivered to the commission office within six (6) months of the request for reciprocity.

(c) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician-basic advanced, or intermediate that is valid in another state, or a valid registration with National Registry, upon affiliation with an Indiana certified emergency medical technician-basic advanced provider organization may apply to the agency for temporary certification as an emergency medical technician-basic advanced. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification that shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the director, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using section 1 of this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 4-7-4; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2756; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3573*)

**Rule 7.1. Emergency Medical Technician-Intermediate; Certification**

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

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

(1) Hold a valid certificate as an emergency medical technician.

(2) Be at a minimum of eighteen (18) years of age.

(3) Have a high school diploma or general education diploma.

(*Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-1; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2369; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3573*)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

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

(1) Be a registered nurse in Indiana.

(2) Be an Indiana certified emergency medical technician.

(3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service.

(4) Hold an advanced cardiac life support certification.

(5) Hold either an American Heart Association or American Red Cross health care provider card or equivalent.

(6) Be able to meet prerequisites required by the commission, the emergency medical technician-intermediate curriculum, and the local training institution course.

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

(1) May earn credit by written examination for individual modules of the emergency medical technician-intermediate course.

(2) Test out of a module to be completed prior to the beginning of that module by completing:

(A) the written examination with a passing score; and

(B) the practical skills examination with a passing score.

Failure of any module exam will require the students to participate in the entire module.

(3) Successfully complete the emergency medical technician-intermediate program comprehensive final examination.

(4) Demonstrate skill proficiency by completing the emergency medical technician-intermediate level skills with course proficiency.

(5) May earn credit of clinical hours by review of the student's past experience in the clinical areas.

(6) Complete all field internship and required hospital clinical hours.

(7) Pass the emergency medical technician-intermediate written and practical skills examinations as approved by the commission.

(8) Meet general certification requirements in section 3 of this rule.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-2; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2369; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3574)*

### **836 IAC 4-7.1-3 General certification**

Authority: IC 16-31-2-7

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

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

(1) Be a certified emergency medical technician.

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

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

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

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

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

(d) Certification exemptions identified under 836 IAC 1-1-4 apply to the certification of emergency medical technician-intermediates.

(e) 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.

(f) Emergency medical technician-intermediates shall:

(1) not perform a procedure for which the emergency medical technician-intermediate has not been specifically trained:

(A) in the Indiana emergency medical technician basic and the Indiana emergency medical technician-intermediate curriculums; or

(B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician-intermediate;

(2) not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public;

(3) comply with the state and federal laws governing the confidentiality of patient medical information;

- (4) not delegate to a less qualified individual any skill that requires an emergency medical technician-intermediate; and
- (5) comply with the protocols established by the commission, the provider organization, and the provider organization's medical director.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-3; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2370; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3574)*

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

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

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

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

(e) An individual wanting to reacquire a certification shall complete an emergency medical technician-intermediate recertification training course and successful completion of state written and practical skills examinations as set forth and approved by the commission. If the individual fails the certification examinations, the person shall retake an entire emergency medical technician-intermediate training course. *(Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-4; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2370; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3575)*

**836 IAC 4-7.1-5 Continuing education requirements**

Authority: IC 16-31-2-7

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

Sec. 5. (a) To renew a certification, a certified emergency medical technician-intermediate shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements in subsection (b).

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

(1) Section Ia, thirty-six (36) hours of continuing education adhering to and including the content of the Indiana emergency medical technician-intermediate course.

(2) Section Ib, attach a current copy of advanced cardiac life support certification.

(3) Section Ic, attach a current copy of cardiopulmonary resuscitation certification.

(4) Section II, thirty-six (36) hours of continuing education with twelve (12) hours audit and review. No more than eighteen (18) hours may be taken in any one (1) topic.

(5) Section III, skill maintenance (with no specified hour requirement), all skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital, either at an inservice or in an actual clinical setting. The observed skills include, but are not limited to, the following:

(A) Patient assessment and management; medical and trauma.

(B) Ventilatory management skills/knowledge.

(C) Cardiac arrest management.

(D) Hemorrhage control and splinting procedures.

(E) IV therapy skills.

(F) Spinal immobilization; seated and lying patients.

(G) Obstetrics and gynecologic skills/knowledge.

(H) Other related skills/knowledge:

(i) radio communications; and

(ii) report writing and documentation.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-5; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2371; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3575)*

**836 IAC 4-7.1-6 Emergency medical technician-intermediate certification based upon reciprocity**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 6. (a) To obtain emergency medical technician-intermediate certification based upon reciprocity, an applicant shall be affiliated with a certified emergency medical technician-intermediate provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements:

(1) Possesses a valid certificate or license as an emergency medical technician-intermediate from another state and who successfully passes the emergency medical technician-intermediate practical and written certification examinations as set forth and approved by the commission. Application for certification shall be postmarked or delivered to the commission office within six (6) months of the request for reciprocity.

(2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana emergency medical technician-intermediate training course and successfully completes the written and practical skills certification examinations prescribed by the commission.

(3) Possesses a valid National Registry intermediate certification based on the emergency medical technician-intermediate curriculum approved by the commission.

(b) Notwithstanding subsection (a), any nonresident of Indiana who possesses a certificate or license as an emergency medical technician-intermediate that is valid in another state may apply to the director for temporary certification as an emergency medical technician-intermediate. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification that shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 4-7.1-6; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2371; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3576*)

**Rule 8. Paramedic Training**

**836 IAC 4-8-1 Paramedic training (Repealed)**

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

**Rule 9. Emergency Paramedics; Certification**

**836 IAC 4-9-1 Student qualification to enter training**

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

Sec. 1. An applicant for Indiana paramedic training shall meet the following requirements:

(1) Hold a valid certificate as an emergency medical technician.

(2) Be at a minimum of eighteen (18) years of age.

(3) Have a high school diploma or general education diploma.

(*Indiana Emergency Medical Services Commission; 836 IAC 4-9-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2757; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3576*)

**836 IAC 4-9-2 Registered nurses; qualification to enter training**

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

Sec. 2. (a) A registered nurse can challenge the paramedic course if they meet the following:

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

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

- (1) May earn credit by written examination for individual modules of the paramedic course.
- (2) Test out of a module to be completed prior to the beginning of that module by completing:
  - (A) the written examination with a passing score; and
  - (B) the practical skills examination with a passing score.

Failure of any module exam will require the students to participate in the entire module.

- (3) Successfully complete the paramedic program comprehensive final examination.
- (4) Demonstrate skill proficiency by completing the paramedic level skills with course proficiency.
- (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas.
- (6) Complete all field internship and required hospital clinical hours.
- (7) Pass the paramedic written and practical skills examinations as approved by the commission.
- (8) Meet general certification requirements in section 3 of this rule.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-9-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2757; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3576)*

#### **836 IAC 4-9-2.5 Inactive status for an Indiana certified paramedic**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 2.5. (a) A paramedic requesting inactive paramedic status shall be currently certified in Indiana as a paramedic and be an individual who has previously recertified as a paramedic in Indiana at least one (1) time. The individual's certification must be in good standing with the commission at the time inactive status is granted. Applicants for inactive status do not have to be affiliated with a paramedic provider organization. Applicants wanting inactive status shall submit a request in writing to the commission.

(b) If a paramedic wants to keep an active emergency medical technician certification, the paramedic shall meet the requirements set forth in 836 IAC 4.4 [sic., 836 IAC 4-4].

(c) Paramedics on inactive status must collect the following continuing education hours during the inactive period, and the continuing education hours must be reported to the commission prior to the expiration date of the certificate:

- (1) Collect and report continuing education requirements listed in section 5(b)(1) through (5)(b)(3) of this rule.
- (2) Collect and report twelve (12) additional continuing education hours.

(d) Paramedics with an inactive status wishing to return to active status must meet the following requirements:

- (1) Comply with subsection (b) during inactive status.
- (2) Be affiliated with an Indiana certified paramedic provider organization or an Indiana certified paramedic supervising hospital by submitting a signed application for advanced life support.
- (3) Submit in writing a verified statement attesting to the applicant's competency in skills listed in section 5(b)(5) of this rule signed by the paramedic provider medical director.

Upon completion of these requirements, the emergency medical technician certification will become active. *(Indiana Emergency Medical Services Commission; 836 IAC 4-9-2.5; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2517)*

#### **836 IAC 4-9-3 General certification**

Authority: IC 16-31-2-7

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

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

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

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

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

(d) Certification exemptions identified under 836 IAC 1-1-4 apply to the certification of paramedics.

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

(f) Paramedics shall:

(1) not perform a procedure for which the emergency medical technician paramedic has not been specifically trained:

(A) in the Indiana emergency medical technician basic and the Indiana emergency medical technician paramedic curriculums; or

(B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician paramedic;

(2) not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public;

(3) comply with the state and federal laws governing the confidentiality of patient medical information;

(4) not delegate to a less qualified individual any skill that requires a paramedic; and

(5) comply with the protocols established by the commission, the provider organization, and the provider organization's medical director.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-9-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2757; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2372; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3577)*

#### **836 IAC 4-9-4 Application for certification; renewal**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 4. (a) Application for certification as a paramedic shall be made on forms provided by the commission. An applicant shall complete the required forms and shall submit the forms to the agency.

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

(c) Certification as a paramedic shall be valid for two (2) years.

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

(e) An individual wanting to reacquire a certification shall complete a paramedic recertification training course and successful completion of state written and practical skills examinations as set forth and approved by the commission. If the individual fails the certification examinations, the person shall retake an entire paramedic training course. *(Indiana Emergency Medical Services Commission; 836 IAC 4-9-4; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2758; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3577)*

#### **836 IAC 4-9-5 Continuing education requirements**

Authority: IC 16-31-2-7

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

Sec. 5. (a) To renew a certification, a certified paramedic shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements in subsection (b).

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

(1) Section IA, forty-eight (48) hours of continuing education through a formal paramedic refresher course as approved by

the commission or forty-eight (48) hours of continuing education that includes the following:

- (A) Division I, prehospital environment.
  - (B) Division II, preparatory (minimum of eight (8) hours).
  - (C) Division III, trauma (minimum of ten (10) hours).
  - (D) Division IV, medical emergencies (minimum of twenty-two (22) hours).
  - (E) Division V, obstetrics/neonatal (minimum of four (4) hours).
  - (F) Division VI, behavioral emergencies (minimum of four (4) hours).
- (2) Section IB, attach a current copy of cardiopulmonary resuscitation certification.
- (3) Section IC, attach a current copy of advanced cardiac life support certification.
- (4) Section II, twenty-four (24) additional hours of continuing education; twelve (12) of these hours shall be obtained from audit and review. The participation in a fourteen (14) hour Indiana continuing education course as approved by the commission may be included in this section.
- (5) Section III, skill maintenance (with no specified hour requirement); all skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital either at an inservice or in an actual clinical setting. The observed skills include, but are not limited to, the following:
- (A) Patient assessment and management.
  - (B) Ventilatory management.
  - (C) Cardiac arrest management.
  - (D) Bandaging and splinting.
  - (E) Intravenous therapy and intraosseous therapy.
  - (F) Spinal immobilization.
  - (G) Obstetrics and gynecological scenarios.
  - (H) Other related skills.

*(Indiana Emergency Medical Services Commission; 836 IAC 4-9-5; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2758; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3578)*

**836 IAC 4-9-6 Paramedic certification based upon reciprocity**

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 6. (a) To obtain paramedic certification based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements:

- (1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written certification examinations as set forth and approved by the commission. Application for certification shall be postmarked or delivered to the commission office within six (6) months of the request for reciprocity.
- (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills certification examinations prescribed by the commission.
- (3) Possesses a valid National Registry paramedic certification.

(b) Notwithstanding subsection (a), any nonresident of Indiana who possesses a certificate of license as an paramedic that is valid in another state, upon residing at an Indiana address, may apply to the agency for temporary certification as a paramedic. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification that shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the director, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. *(Indiana Emergency Medical Services Commission; 836 IAC 4-9-6; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3578)*

**Rule 10. Penalties**

**836 IAC 4-10-1 Penalties (Repealed)**

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

\*