

Dear Senators VANORDEN, Zuiderveld, Wintrow, and
Representatives VANDER WOUDE, Erickson, Chew:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of
the Department of Health and Welfare:

IDAPA 16.01.02 - Emergency Medical Services (EMS) - Rule Definitions - Proposed Rule (Docket
No. 16-0102-2301);

IDAPA 16.01.03 - Emergency Medical Services (EMS) - Agency Licensing Requirements (ZBR
Chapter Rewrite) - Proposed Rule (Docket No. 16-0103-2301).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the
cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research
and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative
Services. The final date to call a meeting on the enclosed rules is no later than 09/28/2023. If a meeting is
called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis
from Legislative Services. The final date to hold a meeting on the enclosed rules is 10/26/2023.

The germane joint subcommittee may request a statement of economic impact with respect to a
proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement,
and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has
been held.

To notify Research and Legislation, call 334-4854, or send a written request to the address on the
memorandum attached below.



Terri Kondeff
Director

Legislative Services Office

Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Principal Legislative Drafting Attorney - Elizabeth Bowen

DATE: August 4, 2023

SUBJECT: Department of Health and Welfare

IDAPA 16.01.02 - Emergency Medical Services (EMS) - Rule Definitions - Proposed Rule (Docket No. 16-0102-2301)

IDAPA 16.01.03 - Emergency Medical Services (EMS) - Agency Licensing Requirements (ZBR Chapter Rewrite) - Proposed Rule (Docket No. 16-0103-2301)

Summary and Stated Reasons for the Rule

Docket No. 16-0102-2301: This proposed rule revises definitions relating to emergency medical services (EMS) in order to align the definitions with revisions to the EMS agency licensing requirements chapter of rules.

Docket No. 16-0103-2301: This proposed rule revises the chapter of rules relating to EMS agency licensing requirements in order to simplify the language pursuant to Executive Order 2020-01.

Negotiated Rulemaking / Fiscal Impact

Negotiated rulemaking was conducted for Docket No. 16-0103-2301 (agency licensing requirements), but not for Docket No. 16-0102-2301, as the changes to that rule are being made to conform to the changes in Docket No. 16-0103-2301. Neither rule is anticipated to have a negative fiscal impact on the state general fund.

Statutory Authority

This rulemaking appears to be authorized pursuant to Sections 56-1003 and 56-1023, Idaho Code.

cc: Department of Health and Welfare
Frank Powell and Trinette Middlebrook

*** PLEASE NOTE ***

Per the Idaho Constitution, all administrative rules may be reviewed by the Legislature during the next legislative session. The Legislature has 3 options with this rulemaking docket: **1)** Approve the docket in its entirety; **2)** Reject the docket in its entirety; or **3)** Reject the docket in part.

Paul Headlee, Deputy Director Kristin Ford, Manager Keith Bybee, Manager April Renfro, Manager Norma Clark, Manager
Legislative Services Office Research & Legislation Budget & Policy Analysis Legislative Audits Information Technology

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IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE
16.01.02 – EMERGENCY MEDICAL SERVICES (EMS) – RULE DEFINITIONS
DOCKET NO. 16-0102-2301
NOTICE OF RULEMAKING – PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 56-1003 and 56-1023, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearings concerning this rulemaking will be held as follows:

VIRTUAL TELECONFERENCES Via WebEx
Tuesday, August 8, 2023 2:00 p.m. - 3:00 p.m. (MT)
Join from the meeting link https://idhw.webex.com/idhw/j.php?MTID=m337cb21b92992e632f54cf068d12512d Join by meeting number Meeting number (access code): 2761 903 8177 Meeting password: 3NWm7vJmNW4 (36967856 from phones and video systems) Join by phone +1-415-527-5035 United States Toll +1-303-498-7536 United States Toll (Denver)
Wednesday, August 9, 2023 6:30 p.m. - 7:30 p.m. (MT)
Join from the meeting link https://idhw.webex.com/idhw/j.php?MTID=m8c663b33f510ba8ee6ee35fdcbaebb41 Join by meeting number Meeting number (access code): 2763 503 1838 Meeting password: vkFk8pFDC33 (85358733 from phones and video systems) Join by phone +1-415-527-5035 United States Toll +1-303-498-7536 United States Toll (Denver)

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below. Each meeting will conclude after 30 minutes if no participants sign in or wish to comment in the meeting.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Under [Executive Order 2020-01](#): Zero-Based Regulation, IDAPA 16.01.03, “Emergency Medical Services (EMS) - Agency Licensing Requirements,” is being rewritten under companion Docket No. 16-0103-2301 publishing concurrently in this Bulletin. The changes being made in this definitions chapter align with the changes being made in the rewrite of the Agency Licensing chapter.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: There are no fees in this chapter of rules.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the State General Fund greater than ten thousand dollars (\$10,000) during the fiscal year as a result of this rulemaking:

This rulemaking is not anticipated to have any fiscal impact on the State General Fund, or any other known funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted under this docket number. However, negotiated rulemaking was conducted for the companion docket (16-0103-2301) and input was received regarding the definitions contained herein. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking for IDAPA 16.01.03 was published in the April 5, 2023, Idaho Administrative Bulletin, [Vol. 23-4, pages 25-26](#).

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: There are no incorporations by reference in this chapter of rules.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Jathan Nalls at 208-334-4007.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before August 23, 2023.

DATED this 6th day of July, 2023.

Trinette Middlebrook and Frank Powell
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Boise, ID 83720-0036
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THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 16-0102-2301
(Only Those Sections With Amendments Are Shown.)

000. LEGAL AUTHORITY.

~~The Idaho Board of Health and Welfare is authorized under~~ Section 56-1023, Idaho Code, ~~and standards concerning the~~ **authorizes the Board** to adopt rules ~~for~~ administration of the Idaho Emergency Medical Services Act, ~~Sections 56-1011 through 56-1023, Idaho Code. The Director is authorized under~~ **Sections 56-1003, Idaho Code, authorizes the** ~~Director~~ **Director** to supervise and administer an emergency medical services program. ~~(3-17-22)()~~

001. ~~TITLE AND SCOPE.~~

~~01. Title. These rules are titled IDAPA 16.01.02, “Emergency Medical Services (EMS) – Rule Definitions.” (3-17-22)~~

~~02. Scope. These rules contain the definitions used throughout the Emergency Medical Services chapters of rules adopted by the Department. Those chapters include: (3-17-22)()~~

~~a. IDAPA 16.01.01, “Emergency Medical Services (EMS) – Advisory Committee (EMSAC);” (3-17-22)~~

~~b. IDAPA 16.01.03, “Emergency Medical Services (EMS) – Agency Licensing Requirements;” (3-17-22)~~

~~c. IDAPA 16.01.05, “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements;” (3-17-22)~~

~~d. IDAPA 16.01.06, “Emergency Medical Services (EMS) – Data Collection and Submission Requirements;” (3-17-22)~~

~~e. IDAPA 16.01.07, “Emergency Medical Services (EMS) – Personnel Licensing Requirements;” and (3-17-22)~~

~~f. IDAPA 16.01.12, “Emergency Medical Services (EMS) – Complaints, Investigations and Disciplinary Actions.” (3-17-22)~~

002. -- 009. (RESERVED)

010. DEFINITIONS AND ABBREVIATIONS A THROUGH B.

~~For the purposes of the Emergency Medical Services (EMS) chapters of rules 56-1012, Idaho Code, the following definitions apply: (3-17-22)()~~

~~01. **911 Call.** Any request for emergency services that is received or dispatched by a CECS or PSAP, regardless of the method the request was received. ()~~

~~02. **911 Response Transport Service.** An ambulance service type that licenses an agency to provide emergency medical care at emergency scenes, during transports or transfers, and has the primary responsibility of responding to 911 calls dispatched by a CECS or PSAP within a specified geographical area. ()~~

~~03. **911 Response Non-Transport Service.** A non-transport service type that licenses an agency to provide emergency medical care at emergency scenes but does not transport patients and has the primary responsibility of responding to 911 calls dispatched by a CECS or PSAP within a specified geographical area. ()~~

~~04. **Advanced Emergency Medical Technician (AEMT).** An AEMT is a person who: (3-17-22)()~~

~~a. Has met the qualifications for licensure under Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.07, “Emergency Medical Services (EMS) - Personnel Licensing Requirements;” (3-17-22)~~

~~b. Is licensed by the Department EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (3-17-22)()~~

~~c. Carries out the practice of emergency medical care within the scope of practice for AEMT determined by the Idaho Emergency Medical Services Physician Commission (EMSPC), under IDAPA 16.02.02, “Idaho Emergency Medical Services (EMS) Physician Commission”; and (3-17-22)()~~

- d. Practices under the supervision of a physician licensed in Idaho. (3-17-22)
- 025. Advanced Life Support (ALS).** The provision of medical care, medication administration and treatment with medical devices that correspond to the knowledge and skill objectives in the Paramedic curriculum currently approved by the State Health Officer and within the scope of practice ~~defined in under~~ IDAPA 16.02.02, “Idaho Emergency Medical Services (EMS) Physician Commission,” by persons licensed as Paramedics by the ~~Department EMS Bureau~~. (3-17-22)()
- 036. Advanced Practice Registered Nurse.** A person who meets ~~all the applicable~~ requirements and is licensed ~~to practice~~ as an Advanced Practice Registered Nurse under Sections 54-1401 through 54-1418, Idaho Code. (3-17-22)()
- 047. Advertise.** Communication of information to the public, institutions, or to any person concerned, by any oral, written, graphic means including handbills, newspapers, television, radio, telephone directories, billboards, or electronic communication methods. (3-17-22)
- 058. Affiliation.** The formal association that exists between an agency and ~~those~~ licensed personnel who appear on the agency’s roster, which includes active participation, collaboration, and involvement. Affiliation can be demonstrated by the credentialing of licensed personnel by the agency medical director. (3-17-22)()
- 069. Affiliating EMS Agency.** The licensed EMS agency ~~(s), or agencies,~~ under which licensed personnel are authorized to provide patient care. (3-17-22)()
- 0710. Air Ambulance.** Any privately or publicly owned fixed wing ~~aircraft~~ or rotary wing aircraft used for, or intended to be used for, the transportation of persons experiencing physiological or psychological illness or injury who may need medical attention during transport. This may include dual or multipurpose vehicles that ~~otherwise~~ comply with Sections 56-1011 through 56-1023, Idaho Code, and specifications ~~established in under~~ IDAPA 16.01.03, “Emergency Medical Services (EMS) - Agency Licensing Requirements.” (3-17-22)()
- 0811. Air Medical ~~Agency Service~~.** An agency licensed by the ~~Department EMS Bureau~~ that responds to requests for patient care and transportation from hospitals and EMS agencies using a fixed wing ~~aircraft~~ or rotary wing aircraft. (3-17-22)()
- 0912. Air Medical ~~Transport Service~~.** ~~A service type available to a licensed air medical EMS agency that meets the requirements in IDAPA 16.01.03, “Emergency Medical Services (EMS) – Agency Licensing Requirements.”~~ An air medical service type that licenses an agency to provide air medical response and transport of patients from an emergency scene, and hospital-to-hospital transfers of patients utilizing an air ambulance. (3-17-22)()
- 113. Air Medical ~~Support Rescue Service~~.** ~~An air medical service type available to a that licensed s-air medical EMS an agency that meets the requirements in IDAPA 16.01.03, “Emergency Medical Services (EMS) – Agency Licensing Requirements.”~~ to provide air medical response and transport of patients from an emergency scene to a rendezvous with air medical transport or ground transport ambulance services. (3-17-22)()
- 104. Air Medical Response.** The deployment of an aircraft ~~licensed as an air ambulance to respond~~ to an emergency scene ~~intended~~ for the purpose of patient treatment and transportation. (3-17-22)()
- 125. Ambulance.** Any privately or publicly owned motor vehicle, or nautical vessel, used for, or intended to be used for, the transportation of sick or injured persons who may need medical attention during transport. This may include dual or multipurpose vehicles that ~~otherwise~~ comply with Sections 56-1011 through 56-1023, Idaho Code, and specifications ~~established in under~~ IDAPA 16.01.03, “Emergency Medical Services (EMS) - Agency Licensing Requirements.” (3-17-22)()
- 136. Ambulance-Based Clinicians.** ~~Licensed~~ Registered Nurses and Advanced Practice Registered Nurses who are ~~currently~~ licensed under Sections 54-1401 through 54-1418, Idaho Code, and Physician Assistants who are ~~currently~~ licensed under Sections 54-1801 through 54-1841, Idaho Code. (3-17-22)()

~~147.~~ **Ambulance Agency Service.** An agency licensed by the ~~Department under Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.03, “Emergency Medical Services (EMS) – Agency Licensing Requirements,”~~ EMS Bureau and operated with the intent to provide personnel and equipment for medical treatment at an emergency scene, during transportation or during transfer of persons experiencing physiological or psychological illness or injury who may need medical attention during transport. (3-17-22)()

~~158.~~ **Ambulance Certification.** Designation issued by the EMS Bureau to a licensed EMR indicating that the EMR has ~~successfully~~ completed ambulance certification training, examination, and credentialing as required by the EMS Bureau. The ambulance certification allows a licensed EMR to serve as the sole patient care provider in an ambulance during transport or transfer. (3-17-22)()

~~1619.~~ **Applicant.** Any organization that is requesting an agency license under Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.03, “Emergency Medical Services (EMS) - Agency Licensing Requirements,” including the following: (3-17-22)

- a. An organization seeking a new license; (3-17-22)
- b. An existing agency that intends to: (3-17-22)
 - i. Change the level of licensed personnel it utilizes; (3-17-22)
 - ii. Change its geographic coverage area (except by agency annexation); or (3-17-22)
 - iii. Begin or discontinue providing patient transport services. (3-17-22)

~~1720.~~ **Assessment.** ~~The Patient~~ evaluation ~~of a patient~~ by EMS licensed personnel intending to provide treatment or transportation to that patient. (3-17-22)()

~~1821.~~ **Basic Life Support (BLS).** The provision of medical care, medication administration, and treatment with medical devices that correspond to the knowledge and skill objectives in the EMR or EMT curriculum currently approved by the State Health Officer and within scope of practice ~~defined in under~~ IDAPA 16.02.02, “Idaho Emergency Medical Services (EMS) Physician Commission,” by persons licensed as EMRs or EMTs by the ~~Department~~ EMS Bureau. (3-17-22)()

~~1922.~~ **Board.** The Idaho Board of Health and Welfare. (3-17-22)

011. DEFINITIONS AND ABBREVIATIONS C THROUGH E.

~~For the purposes of the Emergency Medical Services (EMS) chapters of rules, the following definitions apply:~~ (3-17-22)

01. Call Volume. The number of requests for service that an agency either anticipated or responded to during a designated period ~~of time~~. (3-17-22)()

02. Candidate. Any individual who is requesting an EMS personnel license under Sections 56-1011 through 56-1023, Idaho Code, ~~and~~ IDAPA 16.01.07, “Emergency Medical Services (EMS) - Personnel Licensing Requirements.” (3-17-22)()

03. Certificate of Eligibility. Documentation that an individual is eligible for affiliation with an EMS agency, having satisfied all requirements for an EMS Personnel Licensure except for affiliation, but is not licensed to practice. (3-17-22)

04. Certification. A credential issued by a designated certification body for a specified period ~~of time~~ indicating that minimum standards have been met. (3-17-22)()

05. Certified EMS Instructor. An individual approved by the ~~Department~~ EMS Bureau, who has met the requirements in IDAPA 16.01.05, “Emergency Medical Services (EMS) -- Education, Instructor, and Examination Requirements,” to provide EMS education and training. (3-17-22)()

06. CoAEMSP. Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. (3-17-22)

07. Code 3. The use of emergency lights, sirens, and traffic exemptions under Section 49-623, Idaho Code. ()

078. Cognitive Exam. Computer-based exam to demonstrate knowledge learned during an EMS education program. (3-17-22)

~~**08. Compensated Volunteer.** An individual who performs a service without promise, expectation, or receipt of compensation other than payment of expenses, reasonable benefits or a nominal fee to perform such services. This individual cannot be a part-time or full-time employee of the same organization performing the same services as a volunteer and employee. (3-17-22)~~

09. Community Health EMS (CHEMS). The practice of deploying EMS personnel to provide evaluation, advice, or treatment of eligible recipients outside of a hospital setting as part of a community-based team of health and social services providers as authorized by local medical control. ()

~~**0910. Conflict of Interest.** A situation in which a decision by personnel acting in their official capacity is influenced by or may be a benefit to their personal interests. (3-17-22)~~

~~**1011. Consolidated Emergency Communications System (CECS).** An emergency communication system operated or coordinated by a government entity that is composed of facilities, equipment, and dispatching services directly related to establishing, maintaining, or enhancing a 911 emergency communications service defined in Section 31-4802, Idaho Code. (3-17-22)()~~

~~**1112. Core Content.** Set of educational goals, explicitly taught (and not taught), focused on making sure that all students involved learn certain material tied to a specific educational topic and defines the entire domain of out-of-hospital practice and identifies the universal body of knowledge and skills for emergency medical services providers who do not function as independent practitioners. (3-17-22)~~

~~**1213. Course.** The specific portions of an education program that delineate the beginning and the end of an individual's EMS education. A course is also referred to as a "section" on the NREMT website. (3-17-22)()~~

~~**1314. Course Physician.** A physician charged with reviewing and approving both the clinical and didactic content of a course. (3-17-22)~~

~~**1415. Credentialing.** The local process by which licensed EMS personnel are authorized to provide medical care in the out-of-hospital, hospital, and medical clinic setting, including the determination of a local scope of practice. (3-17-22)~~

~~**1516. Credentialed EMS Personnel.** Individuals who are authorized to provide medical care by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. (3-17-22)~~

~~**1617. Critical Care.** The treatment of a patient with continuous care, monitoring, medication, or procedures requiring knowledge or skills not contained within the Paramedic curriculum approved by the State Health Officer. Interventions provided by Paramedics are governed by the scope of practice defined in IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission." (3-17-22)~~

~~**1718. Critical Care Agency.** An ambulance or air medical EMS agency that advertises and provides all of the skills and interventions defined as critical care in IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission." (3-17-22)~~

~~**1819. Department.** The Idaho Department of Health and Welfare. (3-17-22)~~

~~**1920. Director.** The Director of the Idaho Department of Health and Welfare or their designee.~~

(3-17-22)()

2021. **Division.** The ~~Department's~~ Division of Public Health, ~~Idaho Department of Health and Welfare.~~

(3-17-22)()

2122. **Emergency.** A medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the person's health in serious jeopardy, or in causing serious impairments of bodily function or serious dysfunction of any bodily organ or part. (3-17-22)

223. **Emergency Medical Care.** The care provided to a person suffering from a medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the person's health in serious jeopardy, or in causing serious impairments of bodily function or serious dysfunction of any bodily organ or part. (3-17-22)

234. **Emergency Medical Responder (EMR).** An ~~EMR is a~~ person who: (3-17-22)()

a. Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.07, "Emergency Medical Services - Personnel Licensing Requirements"; (3-17-22)

b. Is licensed by the ~~Department~~ **EMS Bureau** under Sections 56-1011 through 56-1023, Idaho Code; (3-17-22)()

c. Carries out the practice of emergency medical care within the scope of practice for EMR determined by the ~~Idaho Emergency Medical Services Physician Commission (EMSPC);~~ under IDAPA 16.02.02, "Emergency Medical Services (EMS) Physician Commission"; and (3-17-22)()

d. Practices under the supervision of a physician licensed in Idaho. (3-17-22)

2425. **Emergency Medical Services (EMS).** Under Section 56-1012(16), Idaho Code, ~~emergency medical services or~~ EMS is aid rendered by an individual or group of individuals who do the following: (3-17-22)()

a. Respond to a perceived need for medical care ~~in order~~ to prevent loss of life, aggravation of physiological or psychological illness, or injury; (3-17-22)()

b. Are prepared to provide interventions that are within the scope of practice as defined by the ~~Idaho Emergency Medical Services Physician Commission (EMSPC);~~ under IDAPA 16.02.02, "~~Rules of the~~ Idaho Emergency Medical Services (EMS) Physician Commission"; (3-17-22)()

c. Use an alerting mechanism to initiate a response to requests for medical care; and (3-17-22)

d. Offer, advertise, or attempt to respond as described in Subsection 011.245.a. through 011.245.c. of this rule. (3-17-22)()

25. **Emergency Medical Services Advisory Committee (EMSAC).** ~~The statewide advisory board of the Department as described in IDAPA 16.01.01, "Emergency Medical Services (EMS) Advisory Committee (EMSAC)." EMSAC members are appointed by the Director of the Idaho Department of Health and Welfare to provide counsel to the Department on administering the EMS Act.~~ (3-17-22)

26. **Emergency Medical Technician (EMT).** An ~~EMT is a~~ person who: (3-17-22)()

a. Has met the qualifications ~~for licensure in~~ **under** Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.07, "Emergency Medical Services - Personnel Licensing Requirements"; (3-17-22)()

- b. Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (3-17-22)
- c. Carries out the practice of emergency medical care within the scope of practice for EMT determined by the ~~Idaho Emergency Medical Services Physician Commission (EMSPC)~~, under IDAPA 16.02.02, “Idaho Emergency Medical Services (EMS) Physician Commission”; and (3-17-22)()
- d. Practices under the supervision of a physician licensed in Idaho. (3-17-22)

~~27.~~ **Emergency Response.** Any EMS response to an emergency utilizing emergency lights, sirens, and traffic exemptions under Section 49-623, Idaho Code. ()

~~27~~**28.** **Emergency Scene.** Any setting outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. (3-17-22)

~~28~~**29.** **EMS Agency.** Any organization licensed ~~by the Department~~ under Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.03, “Emergency Medical Services (EMS) - Agency Licensing Requirements,” that operates an air medical service, ambulance service, or non-transport service. (3-17-22)()

~~29~~**30.** **EMS Bureau.** The Bureau of Emergency Medical Services (EMS) ~~of the Idaho Department of Health and Welfare~~ & ~~and~~ Preparedness of the Idaho Department of Health and Welfare. (3-17-22)()

~~30~~**31.** **EMS Education Program.** The institution or agency holding an EMS education course. (3-17-22)

~~31~~**32.** **EMS Education Program Director.** The individual responsible for an EMS education ~~at~~ program ~~(s) or programs~~. (3-17-22)()

~~32~~**33.** **EMS Education Program Objectives.** The measurable outcome used by the program to determine student competencies. (3-17-22)

~~33~~**34.** **EMS Medical Director.** A physician who supervises the medical activities of licensed personnel affiliated with an EMS agency. (3-17-22)

~~34~~**35.** **EMS Physician Commission (EMSPC).** The Idaho Emergency Medical Services Physician Commission created under Section 56-1013A, Idaho Code, also referred to as “the Commission.” (3-17-22)

~~35~~**36.** **EMS Response.** A response to a request for assistance that would involve the medical evaluation or treatment of a patient, or both. (3-17-22)

012. DEFINITIONS AND ABBREVIATIONS F THROUGH N.

~~For the purposes of the Emergency Medical Services (EMS) chapters of rules, the following definitions apply:~~ (3-17-22)

~~01.~~ **01.** **Formative Evaluation.** Assessment, including diagnostic testing, ~~that~~ is a range of formal and informal assessment procedures employed by teachers during the learning process. (3-17-22)()

~~02.~~ **02.** ~~**Full-Time Paid Personnel.** Personnel who perform a service with the promise, expectation, or receipt of compensation for performing such services. Full-time personnel differ from part-time personnel in that full-time personnel work a more regular schedule and typically work more than thirty-five (35) hours per week.~~ (3-17-22)

~~03.~~ **03.** **Glasgow Coma Score (GCS).** A scale used to determine a patient's level of consciousness. It is a rating from three (3) to fifteen (15) of the patient's ability to open their eyes, respond verbally, and move normally. The GCS is used primarily during the examination of patients with trauma or stroke. (3-17-22)

~~04.~~ **04.** **Ground Transport Time.** The total elapsed time calculated from departure of the ambulance from the scene to arrival of the ambulance at the patient destination. (3-17-22)

~~05.~~ **05.** **Hospital.** A facility in Idaho licensed under Sections 39-1301 through 39-1314, Idaho Code, and

defined in Section 39-1301(a)(1), Idaho Code. (3-17-22)

065. Instructor. Person who assists a student in the learning process and meets the requirements to obtain instructor certification. (3-17-22)

076. Instructor Certification. A credential issued to an individual by the ~~Department~~ EMS Bureau for a specified period of time indicating that minimum standards for providing EMS instruction under IDAPA 16.01.05, “Emergency Medical Services (EMS) -- Education, Instructor, and Examination Requirements,” have been met. ~~(3-17-22)~~()

087. Intermediate Life Support (ILS). The provision of medical care, medication administration, and treatment with medical devices that correspond to the knowledge and skill objectives in the AEMT curriculum currently approved by the State Health Officer and within the scope of practice defined in IDAPA 16.02.02, “Idaho Emergency Medical Services (EMS) Physician Commission,” by persons licensed as AEMTs by the ~~Department~~ EMS Bureau. ~~(3-17-22)~~()

098. Investigation. Research of the facts concerning a complaint or issue of non-compliance that may include performing or obtaining interviews, inspections, document review, detailed subject history, phone calls, witness statements, other evidence, and collaboration with other jurisdictions of authority. (3-17-22)

109. License. A document issued by the ~~Department~~ EMS Bureau to an agency or individual authorizing specified activities and conditions ~~as described~~ under Sections 56-1011 through 56-1023, Idaho Code. ~~(3-17-22)~~()

110. Licensed Personnel. Those individuals who are licensed by the ~~Department~~ EMS Bureau as Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and Paramedics. ~~(3-17-22)~~()

121. Licensed Professional Nurse. A person who meets all the applicable requirements and is licensed to practice as a Licensed Professional Nurse under Sections 54-1401 through 54-1418, Idaho Code. (3-17-22)

132. Local Incident Management System. The local system of interagency communications, command, and control established to manage emergencies or demonstrate compliance with the National Incident Management System. (3-17-22)

143. Medical Supervision Plan. The written document describing the provisions for medical supervision of licensed EMS personnel. (3-17-22)

154. National Emergency Medical Services Information System (NEMSIS). ~~NEMSIS is~~ The national repository used to store national EMS data. NEMSIS that sets the uniform data conventions and structure for the Data Dictionary. NEMSIS and collects and provides aggregate data available for analysis and research through its technical assistance center accessed at <http://www.nemsis.org>. ~~(3-17-22)~~()

165. National Registry of Emergency Medical Technicians (NREMT). An independent, non-governmental, not-for-profit organization that prepares validated examinations for the state's use in evaluating candidates for licensure. ~~(3-17-22)~~()

176. Non-Transport Agency Service. ~~An agency licensed by the Department, operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended to be the service that will actually transport sick or injured persons. An agency licensed by the EMS Bureau, operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended to be the service that will actually transport sick or injured persons.~~ ~~(3-17-22)~~()

17. Non-Transport Service Type. A non-transport service type that licenses an agency to provide emergency medical care at out-of-hospital locations but does not transport patients or respond Code 3 or respond to 911 calls unless requested by a CECS, PSAP, or a 911 Response agency. ()

18. Non-Transport Vehicle. Any vehicle operated by an agency with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended as the vehicle that will actually transport sick or injured persons. (3-17-22)

19. Nurse Practitioner. An Advanced Practice Registered Nurse, licensed in the category of Nurse Practitioner, ~~as defined in~~ under IDAPA 24.34.01, “Rules of the Idaho Board of Nursing.” (3-17-22)()

013. DEFINITIONS AND ABBREVIATIONS O THROUGH Z.

~~For the purposes of the Emergency Medical Services (EMS) chapters of rules, the following definitions apply:~~ (3-17-22)

01. Optional Module (OM). ~~Optional modules (OMs) are s~~Skills identified by the EMSPC ~~Physician Commission~~ that exceed the floor level Scope of Practice for EMS personnel and may be adopted by the agency medical director. (3-17-22)()

02. Out-of-Hospital. Any setting outside of a hospital, including inter-facility transfers, in which the provision of EMS may take place. (3-17-22)

03. Paid Personnel. Personnel who perform a service with the promise, expectation, or receipt of compensation for performing such services. ()

034. Paramedic. ~~A paramedic is a~~ person who: (3-17-22)()

a. Has met the qualifications ~~for licensure in~~ under Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.07, “Emergency Medical Services - Personnel Licensing Requirements”; (3-17-22)()

b. Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (3-17-22)

c. Carries out the practice of emergency medical care within the scope of practice for paramedics determined by the ~~Idaho Emergency Medical Services Physician Commission (EMSPC);~~ Idaho Emergency Medical Services Physician Commission (EMSPC); under IDAPA 16.02.02, “Idaho Emergency Medical Services (EMS) Physician Commission”; and (3-17-22)()

d. Practices under the supervision of a physician licensed in Idaho. (3-17-22)

045. Paramedicine. Providing emergency care to sick and injured patients at the ~~advanced life support (ALS)~~ advanced life support level with defined roles and responsibilities to be credentialed at the Paramedic level. (3-17-22)()

05. Part Time Paid Personnel. ~~Personnel who perform a service with the promise, expectation, or receipt of compensation for performing such services. Part-time personnel differ from the full-time personnel in that the part-time personnel typically work an irregular schedule and work less than thirty-five (35) hours per week.~~ (3-17-22)

06. Patient. A sick, injured, incapacitated, or helpless person who is under medical care or treatment. (3-17-22)

07. Patient Assessment. The evaluation of a patient by EMS licensed personnel intending to provide treatment or transportation to that patient. (3-17-22)

08. Patient Care. The performance of acts or procedures under emergency conditions in responding to a perceived individual need for immediate care ~~in order~~ to prevent loss of life, aggravation of physiological or psychological illness, or injury. (3-17-22)()

09. Patient Movement. The relatively short distance transportation of a patient from an off-highway emergency scene to a rendezvous with an ambulance or air ambulance. (3-17-22)

10. Patient Transport. The transportation of a patient by ambulance or air ambulance from a rendezvous or emergency scene to a medical care facility. (3-17-22)

11. **Physician.** A person who holds a current active license ~~in accordance with~~ under Section 54-1803, Idaho Code, issued by the ~~State~~ Board of Medicine to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine ~~in Idaho~~ and is in good standing with no restrictions upon, or actions taken against, their license. (3-17-22)()

12. **Physician Assistant.** A person who meets all the applicable requirements and is licensed to practice as a ~~licensed~~ physician assistant under Title 54, Chapter 18, Idaho Code. (3-17-22)()

13. **Planned Deployment.** The deliberate, planned placement of EMS personnel outside of an affiliating agency's deployment model declared on the application under which the agency is currently licensed. (3-17-22)

14. **Prehospital.** A setting where emergency medical care is provided prior to or during transport to a hospital. (3-17-22)

15. **Psychomotor Exam.** Practical demonstration of skills learned during an EMS education course. (3-17-22)

16. **Public Safety Answering Point (PSAP).** An emergency communication center operated or coordinated by a government entity that is connected to local 911 phone services for the purpose of dispatching emergency services. ()

167. **REPLICA.** The Recognition of EMS Personnel Licensure Interstate Compact ~~known as REPLICA~~ that allows recognition of EMS personnel licensed in other jurisdictions that have enacted the compact to have personnel licenses reciprocated in the state of Idaho. (3-17-22)()

178. **Response Time.** The total time elapsed from when the agency receives a call for service to when the agency arrives and is available at the scene. (3-17-22)

~~18. **Seasonal.** An agency that is active and operational only during a period of time each year that corresponds to the seasonal activity that the agency supports.~~ (3-17-22)

19. **Skills Proficiency.** The process overseen by an EMS agency medical director to verify competency in psychomotor skills. (3-17-22)

20. **Special Pathogens Transport (SPT).** The practice of deploying specially trained EMS personnel and specialized equipment to provide medical care and transport of patients suffering from exposure or disease caused by highly infectious special pathogens. ()

201. **State Health Officer.** The Administrator of the Department's Division of Public Health. (3-17-22)()

242. **Summative Evaluation.** End of topic or end of course evaluation that covers both didactic and practical skills application. (3-17-22)

223. **Supervision.** The medical direction by a licensed physician of activities provided by licensed personnel affiliated with a licensed ambulance, air medical, or non-transport service, including: (3-17-22)

a. Establishing standing orders and protocols; (3-17-22)

b. Reviewing performance of ~~licensed~~ personnel; (3-17-22)()

c. Providing instructions for patient care via radio or telephone; and (3-17-22)

d. Other oversight. (3-17-22)

- ~~234.~~ **Third Service.** A public EMS agency that is neither law-enforcement nor fire-department-based. (3-17-22)
- ~~245.~~ **Transfer.** The transportation of a patient from one (1) medical care facility to another. (3-17-22)
- ~~26.~~ **Tactical EMS (TEMS).** The practice of deploying specially trained EMS personnel to provide emergency medical care in support of law enforcement activities. ()
- ~~27.~~ **Transport Service.** An ambulance service type that licenses an agency to provide emergency medical care to out-of-hospital locations and during transports and transfers, but does not respond Code 3 except for emergency hospital-to-hospital transfers and does not respond to 911 calls unless requested by a CECS, PSAP, or a 911 Response agency. ()
- ~~258.~~ **Uncompensated-Volunteer.** An individual who performs a service without promise, expectation, or receipt of any compensation for the services rendered. An uncompensated volunteer, and cannot be a part-time or full-time paid employee of the same organization performing the same services as a volunteer and employee. (3-17-22)()

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE

16.01.03 – EMERGENCY MEDICAL SERVICES (EMS) – AGENCY LICENSING REQUIREMENTS

DOCKET NO. 16-0103-2301 (ZBR CHAPTER REWRITE)

NOTICE OF RULEMAKING – PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 56-1003 and 56-1023, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearings concerning this rulemaking will be held as follows:

VIRTUAL TELECONFERENCES Via WebEx
<p>Tuesday, August 8, 2023 2:00 p.m. - 3:00 p.m. (MT)</p>
<p>Join from the meeting link https://idhw.webex.com/idhw/j.php?MTID=m337cb21b92992e632f54cf068d12512d</p> <p>Join by meeting number Meeting number (access code): 2761 903 8177 Meeting password: 3NWm7vJmNW4 (36967856 from phones and video systems)</p> <p>Join by phone +1-415-527-5035 United States Toll +1-303-498-7536 United States Toll (Denver)</p>
<p>Wednesday, August 9, 2023 6:30 p.m. - 7:30 p.m. (MT)</p>
<p>Join from the meeting link https://idhw.webex.com/idhw/j.php?MTID=m8c663b33f510ba8ee6ee35fdcbaebb41</p> <p>Join by meeting number Meeting number (access code): 2763 503 1838 Meeting password: vkFk8pFDC33 (85358733 from phones and video systems)</p> <p>Join by phone +1-415-527-5035 United States Toll +1-303-498-7536 United States Toll (Denver)</p>

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below. Each meeting will conclude after 30 minutes if no participants sign in or wish to comment in the meeting.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Due to [Executive Order 2020-01](#), Zero-Based Regulation, agencies are required to rewrite IDAPA chapters every 5 years on an approved schedule. This rulemaking is complying to this mandate and is scheduled for presentation to the 2024 Legislature. Under this Executive Order, the Department is striving to prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden to achieve a more efficient operation of government. The rule changes are intended to perform a comprehensive review of this chapter by collaborating with the public to streamline or simplify this rule language. As a result of changes made in this docket, changes have been made in IDAPA 16.01.02, “Emergency Medical Services (EMS) - Rule Definitions” under companion Docket No. 16-0102-2301 publishing concurrently in this Bulletin.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: There are no fees in this chapter of rules.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the State General Fund greater than ten thousand dollars (\$10,000) during the fiscal year as a result of this rulemaking:

This rulemaking is not anticipated to have any fiscal impact on the State General Fund, or any other known funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the April 5, 2023, Idaho Administrative Bulletin, [Vol. 23-4, pages 25-26](#).

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: The following documents incorporated by reference in these rules are being updated: (1) the Minimum Equipment Standards for Licensed EMS Services, and (2) the Time Sensitive Emergency System Standards Manual. The EMS Agency Standards Manual is a new manual that is being added. These documents are incorporated by reference to save space in the chapter and ensure that they continue to have the force and effect of law.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Jathan Nalls at 208-334-4007.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before August 23, 2023.

DATED this 6th day of July, 2023.

Trinette Middlebrook and Frank Powell
DHW – Administrative Rules Unit
450 W. State Street – 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
phone: (208) 334-5500
fax: (208) 334-6558
e-mail:dhwrules@dhw.idaho.gov

**THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 16-0103-2301
(ZBR Chapter Rewrite)**

16.01.03 – EMERGENCY MEDICAL SERVICES (EMS) – AGENCY LICENSING REQUIREMENTS

000. LEGAL AUTHORITY.

~~The Idaho Board of Health and Welfare is authorized under~~ Section 56-1023, Idaho Code, authorizes the Board to adopt rules ~~and standards concerning for~~ the administration of the Idaho Emergency Medical Services Act, ~~Sections 56-1011 through 56-1023, Idaho Code. The Director is authorized under~~ Section 56-1003, Idaho Code, authorizes the Director to supervise and administer an emergency medical service program. (3-17-22)()

001. ~~TITLE AND SCOPE. (RESERVED)~~

~~01. Title. These rules are titled IDAPA 16.01.03, “Emergency Medical Services (EMS) – Agency Licensing Requirements.”~~ (3-17-22)

~~02. Scope. These rules include the categories of EMS agencies, eligibility requirements and standards for the licensing of EMS agencies, utilization of air medical services, and the initial application and renewal process for EMS agencies licensed by the state.~~ (3-17-22)

002. INCORPORATION BY REFERENCE.

~~The Board and the Department of Health and Welfare have~~ The following documents are incorporated by reference the following documents: (4-6-23)()

01. **Minimum Equipment Standards for Licensed EMS Services.** “Minimum Equipment Standards for Licensed EMS Services,” ~~e~~ Edition 2016 24-1, version 1.0, is the standard for minimum equipment requirements for licensed EMS Agencies. Copies ~~of these standards~~ may be obtained from the Department EMS Bureau, see at <http://www.idahoems.org>. (4-6-23)()

02. **Time Sensitive Emergency System Standards Manual.** “Time Sensitive Emergency System Standards Manual,” Edition 2020 23-1, is the standard for certifying EMS Agencies as TSE Designated EMS Agencies. Copies ~~of these standards~~ may be obtained from the Department, see at <https://tse.idaho.gov/>. (4-6-23)()

03. **EMS Data Collection Standards Manual.** EMS Data Collection Standards Manual, Edition 2023-1 is the standard for data collection by licensed EMS agencies. Copies ~~of the manual~~ may be obtained from the Department EMS Bureau at <http://www.idahoems.org/> ~~or from the Bureau of Emergency Medical Services and Preparedness located at 2224 East Old Penitentiary Road, Boise, ID 83712-8249.~~ (4-6-23)()

04. EMS Agency Standards Manual. EMS Agency Standards Manual, Edition 2024-1, is the standard for policies and agreements required for Idaho EMS agency licensure. Copies may be obtained from the EMS Bureau at http://www.idahoems.org/ or from the Bureau of Emergency Medical Services and Preparedness located at 2224 East Old Penitentiary Road, Boise, ID 83712-8249. ()

003. -- 009. (RESERVED)

010. DEFINITIONS.

For the purposes of this chapter, the definitions in IDAPA 16.01.02, “Emergency Medical Services (EMS) - Rule Definitions,” apply. ()

011. -- 074. (RESERVED)

075. INVESTIGATION OF COMPLAINTS FOR EMS LICENSING VIOLATIONS.

Investigation of complaints and disciplinary actions for EMS agency licensing are provided under IDAPA 16.01.12, “Emergency Medical Services (EMS) - Complaints, Investigations, and Disciplinary Actions.” (3-17-22)()

076. ADMINISTRATIVE LICENSE OR CERTIFICATION ACTION.

Any license or certification may be suspended, revoked, denied, or retained with conditions for noncompliance with

any standard or rule. Administrative license or certification actions, including fines, imposed by the EMS Bureau for any action, conduct, or failure to act that is inconsistent with the professionalism, or standards, or both, are provided under Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.12, “Emergency Medical Services (EMS) - Complaints, Investigations, and Disciplinary Actions.” ()

077. -- 099. (RESERVED)

**EMS AGENCY GENERAL LICENSURE REQUIREMENT
(Sections 100 - 199)**

100. AGENCY LICENSE REQUIRED.

Any organization that advertises or provides ambulance, air medical, or non-transport ~~emergency medical services~~ **EMS** in Idaho must be licensed as an EMS agency under ~~the requirements in~~ Sections 56-1011 through 56-1023, Idaho Code, and ~~this chapter of these~~ rules. (3-17-22)()

101. EXEMPTION OF EMS AGENCY LICENSURE.

An organization, licensed without restriction to provide ~~emergency medical services~~ **EMS** in another state and not restricted from operating in Idaho by the ~~Department~~ **EMS Bureau**, may provide ~~emergency medical services~~ **EMS** in Idaho within the limits of its license without an Idaho EMS license only when the organization meets one (1) of the following: (3-17-22)()

01. Interstate Compact with Idaho. The organization holds an EMS license in another state where an interstate compact specific to EMS agency licensure with Idaho is in effect. ()

02. Emergency, Natural, or Man-made Disaster. The organization is responding to an emergency, or a natural or man-made disaster, declared by federal, state, or local officials and the services of the organization are requested by an entity of local or state government in Idaho. ()

03. Transfer of Patient From Out-of-State Medical Facility. The organization is ~~transferring a patient from an out-of-state medical facility:~~ (3-17-22)()

a. ~~Transferring a patient from an out-of-state medical facility~~ **†**To a medical facility in Idaho. The organization may return the patient to the point of origin; or (3-17-22)()

b. ~~Transferring a patient from an out-of-state medical facility~~ **†**Through the state of Idaho. (3-17-22)()

04. Transport of Patient From Out-of-State Emergency Scene. The organization is ~~transporting a patient:~~ (3-17-22)()

a. ~~Transporting a patient~~ **†**From an out-of-state emergency scene to a medical facility in Idaho; or (3-17-22)()

b. ~~Transporting a patient~~ **†**To a rendezvous with another ambulance. (3-17-22)()

102. SERVICES PROVIDED BY A LICENSED EMS AGENCY.

An EMS agency can provide only those services that are within the agency’s service types, ~~and~~ **and** clinical levels, ~~and~~ **and** ~~operational declarations~~ stated on the most recent license issued by the ~~Department~~ **EMS Bureau**, except when the agency has a planned deployment agreement described in Section 603~~4~~ of these rules. (3-17-22)()

103. ELIGIBILITY FOR EMS AGENCY LICENSURE.

An entity is eligible for EMS agency licensure upon demonstrated compliance with ~~the requirements in~~ Idaho statutes and administrative rules in effect at the time the ~~Department~~ **EMS Bureau** receives the application. (3-17-22)()

104. -- 199. (RESERVED)

EMS AGENCY LICENSURE MODEL
(Sections 200 - 299)

200. EMS AGENCY-- LICENSING MODEL.

01. **Licensing an EMS Agency.** An eligible EMS agency ~~in Idaho~~ is licensed using a descriptive model that bases the agency licensure on the declarations made in the most recent approved initial or renewal application. An EMS agency must provide only those EMS services described in the most recent application on which the agency was issued a license by the ~~Department~~ **EMS Bureau**. (3-17-22)()

02. **EMS Agency License Models.** An EMS agency license is based on the agency's service types, ~~and~~ **and** clinical levels, ~~license duration, and operational declarations.~~ Geographic coverage areas and resources may differ between the service types, ~~and~~ **and** clinical levels, ~~and operational declarations~~ under which an agency is licensed. (3-17-22)()

03. **EMS Agency Providing ~~Both~~ Air Medical and Ground-Based EMS Services.** An EMS agency that provides both air medical and ground-based EMS services must be licensed accordingly and meet all the requirements of an air medical and either an ambulance or non-transport agency, depending on the ground EMS services provided. (3-17-22)()

04. **Multiple Organization EMS Agency.** An EMS agency may be comprised of multiple organizations licensed under a single responsible authority to which the governing officials of each organization agree. The authority must establish a deployment strategy that declares in which areas and at what times within their geographical response area will be covered by ~~each the~~ **the** declared service types, ~~and~~ **and** clinical levels, ~~and operational declaration.~~ (3-17-22)()

201. EMS AGENCY -- SERVICE TYPES.

An EMS agency may be licensed as one (1) or more service types. An agency that provides multiple service types must meet the ~~minimum~~ requirements for each service type provided. The following are the agency services types available for EMS agency licensure. (3-17-22)()

01. **~~Ground Agency~~ Ambulance Service Types.** An agency that is licensed as an ambulance service is intended for patient transport or transfer. (3-17-22)()

a. ~~Non-transport.~~ 911 Response Transport Service. Available to an agency that provides emergency medical care at emergency scenes, during transports or transfers, and has the primary responsibility of responding to 911 calls dispatched by a Public Safety Answering Point (PSAP) or Consolidated Emergency Communication System (CECS) within a specified geographical area. (3-17-22)()

b. ~~Ambulance.~~ Transport Service. Available to an agency that provides emergency medical care during transports or transfers but does not respond Code 3 except for emergency hospital-to-hospital transfers and does not respond to 911 calls unless requested by a CECS, PSAP, or a 911 Response agency. (3-17-22)()

02. **~~Air Medical Agency~~ Non-Transport Service Types.** An agency that is licensed as a non-transport service is not intended for patient transport or transfers and cannot advertise ambulance services. (3-17-22)()

a. ~~Air Medical.~~ 911 Response Non-Transport Service. Available to an agency that provides emergency medical care at an emergency scene and has the primary responsibility of responding to 911 calls dispatched by a CECS or PSAP within a specified geographical area. (3-17-22)()

b. ~~Air Medical Support.~~ Non-Transport Service. Available to an agency that provides emergency medical care but does not respond Code 3 and does not respond to 911 calls unless requested by a CECS, PSAP, or a 911 Response agency. (3-17-22)()

03. **Air Medical Service Types.** An agency that is licensed with an air medical service type is intended for patient transport, transfer, or rescue. ()

a. Air Medical Transport Service. Available to an agency that provides air medical response and transport of patients from emergency scenes and hospitals utilizing a fixed-wing or rotary-wing air ambulance. ()

b. Air Medical Rescue Service. Available to an agency that provides air medical response via fixed-wing or rotary-wing aircraft to emergency scenes for transportation of patients from an emergency scene to a rendezvous with a ground or air medical transport agency. ()

202. EMS AGENCY -- CLINICAL LEVELS.

An EMS agency is licensed at one (1) or more of the following clinical levels depending on the agency’s highest level of licensed personnel and life support services advertised or offered, and provided according to skill requirements under IDAPA 16.02.02, “Idaho Emergency Medical Services Physician Commission.” (3-17-22)()

01. ~~Non-transport~~ Basic Life Support (BLS). Deploys licensed EMS personnel trained and equipped to provide all EMR or EMT skills. (3-17-22)()

~~a. EMR/BLS; (3-17-22)~~

~~b. EMT/BLS; (3-17-22)~~

~~c. AEMT/ILS; or (3-17-22)~~

~~d. Paramedic/ALS. (3-17-22)~~

02. ~~Ambulance~~ Intermediate Life Support (ILS). Deploys licensed EMS personnel trained and equipped to provide Advanced EMT skills. (3-17-22)()

~~a. EMR (with Ambulance Certification)/BLS; (3-17-22)~~

~~b. EMT/BLS; (3-17-22)~~

~~c. AEMT/ILS; (3-17-22)~~

~~d. Paramedic/ALS; or (3-17-22)~~

~~e. Paramedic/ALS Critical Care. (3-17-22)~~

03. ~~Air Medical~~ Advanced Life Support (ALS). Deploys licensed EMS personnel trained and equipped to provide Paramedic skills. (3-17-22)()

~~a. Paramedic/ALS; or (3-17-22)~~

~~b. Paramedic/ALS Critical Care. (3-17-22)~~

04. Air Medical Support; (3-17-22)

~~a. EMT/BLS; (3-17-22)~~

~~b. AEMT/ILS; or (3-17-22)~~

~~c. Paramedic/ALS. (3-17-22)~~

203. EMS AGENCY -- ~~LICENSE DURATION~~ SPECIALTY SERVICES.

Each EMS agency ~~must identify the license duration for each license type. License durations are:~~ offering the following specialty services must report such services to the EMS Bureau. (3-17-22)()

01. ~~Ongoing.~~ The agency is licensed to provide EMS personnel and equipment for an ongoing period of time and plans to renew its license on an annual basis. **Critical Care (CC).** The provision of EMS personnel

trained, credentialed, and equipped to provide all critical care skills and required staffing under IDAPA 16.02.02, “Idaho Emergency Medical Services Physician Commission.” (3-17-22)()

02. Limited. ~~The agency is licensed to provide EMS personnel and equipment for the duration of a specific event or a specified period of time with no expectation of renewing the agency license.~~ **Community Health EMS (CHEMS).** The provision of evaluation, advice, or treatment of eligible recipients outside of a hospital setting as part of a community-based team of health and social services providers as authorized by local medical control. (3-17-22)()

a. Clinical treatments and assessments of CHEMS patients cannot exceed the agency’s licensed clinical level. ()

b. Community Health EMS involving or related to emergency response must be provided by or in coordination with the primary 911 Response Transport agency for that area. ()

03. Seasonal. ~~The agency is licensed to provide EMS personnel and equipment for the duration of time each year that corresponds to the seasonal activity that the agency supports.~~ **Tactical EMS (TEMS).** The provision of emergency medical care in support of law enforcement activities. (3-17-22)()

204. GROUND EMS AGENCY—OPERATIONAL DECLARATIONS.

~~An agency providing ground services is licensed with one (1) or more of the following operational declarations depending on the services that the agency advertises or offers.~~ (3-17-22)

01. Prehospital. ~~The prehospital operational declaration is available to an agency that:~~ (3-17-22)

a. ~~Has primary responsibility for responding to calls for EMS within their designated geographic coverage area; and~~ (3-17-22)

b. ~~Is dispatched to prehospital emergency medical calls by a consolidated emergency communications system.~~ (3-17-22)

02. Prehospital Support. ~~The prehospital support operational declaration is available to an agency that:~~ (3-17-22)

a. ~~Provides support under agreement to a prehospital agency having primary responsibility for responding to calls for EMS within a designated geographic coverage area; and~~ (3-17-22)

b. ~~Is dispatched to prehospital emergency medical calls by a consolidated emergency communications system.~~ (3-17-22)

03. Community Health EMS. ~~The community health EMS operational declaration is available to an agency with a prehospital operational declaration or prehospital support operational declaration that provides personnel and equipment for medical assessment and treatment at a non-emergency scene or at the direction of a physician or independent practitioner.~~ (3-17-22)

04. Transfer. ~~The transfer operational declaration is available to an ambulance agency that provides EMS personnel and equipment for the transportation of patients from one (1) medical care facility in their designated geographic coverage area to another. An agency with this operational declaration must declare which sending facilities it routinely responds to if requested.~~ (3-17-22)

05. Standby. ~~The standby operational declaration is available to an agency that provides EMS personnel and equipment to be staged at prearranged events within their designated geographic coverage area.~~ (3-17-22)

06. Non-Public. ~~The non-public operational declaration is available to an agency that provides EMS personnel and equipment intended to treat patients who are employed or contracted by the license holder. An agency with a non-public operational declaration is not intended to treat members of the general public. A non-public agency~~

~~must maintain written plans for patient treatment and transportation. (3-17-22)~~

~~**07. Hospital.** The hospital operational declaration is available to an agency whose primary responsibility is hospital or clinic activity and utilizes licensed EMS personnel in its facility to assist with patient care and movement. (3-17-22)~~

~~**205. AIR MEDICAL AGENCY – OPERATIONAL DECLARATIONS.**~~

~~An agency providing air medical services is licensed with one (1) or more of the following operational declarations depending on the services that the agency advertises or offers. Service levels, geographic coverage areas, and resources may differ between the operational declarations under which an agency is licensed. (3-17-22)~~

~~**01. Air Medical Transport.** The air medical transport operational declaration is available to an air medical agency that provides transportation of patients by air ambulance from a rendezvous or emergency scene to a medical care facility within its designated geographic coverage area. (3-17-22)~~

~~**02. Air Medical Transfer.** The air medical transfer operational declaration is available to an Air Medical I agency that provides transportation of patients by air ambulance from one (1) medical care facility in its designated geographic coverage area to another. An agency with this operational declaration must declare which sending facilities it routinely responds to if requested. (3-17-22)~~

~~**03. Air Medical Support.** The air medical support operational declaration is available to an air medical agency that provides transportation of patients from an emergency scene to a rendezvous with a ground or air medical transport agency within its designated response area. (3-17-22)~~

~~**206.—209. (RESERVED)**~~

~~**210. AMBULANCE EMS AGENCY – PATIENT TRANSPORT OR TRANSFER.**~~

~~An agency that is licensed as an ambulance service is intended for patient transport or transfer. (3-17-22)~~

~~**01. Transport.** An ambulance agency may provide transportation of patients from a rendezvous or emergency scene to a rendezvous or medical care facility when that agency is licensed with one (1) of the following operational declarations: (3-17-22)~~

~~**a.** Prehospital; (3-17-22)~~

~~**b.** Prehospital Support; or (3-17-22)~~

~~**e.** Standby. (3-17-22)~~

~~**02. Transfer.** An ambulance agency that provides the operational declaration of transfer can provide transportation of patients from one (1) medical care facility within their designated geographic coverage area to another. (3-17-22)~~

~~**211. AIR MEDICAL EMS AGENCY – PATIENT TRANSPORT, TRANSFER, OR SUPPORT.**~~

~~An agency that is licensed with an air medical service type is intended for patient transport, transfer, or support. (3-17-22)~~

~~**01. Transport.** An air medical agency that provides the operational declaration of air medical transport may provide transportation of patients from a rendezvous or emergency scene to a medical care facility. (3-17-22)~~

~~**02. Transfer.** An air medical agency that provides the operational declaration of air medical transfer can provide transportation of patients from one (1) medical care facility within their designated geographic coverage area to another. (3-17-22)~~

~~**03. Support.** An air medical agency that provides the operational declaration of air medical support can provide patient movement from a remote area or scene to a rendezvous point where care will be transferred to~~

~~another licensed air medical or ground transport service for transport to definitive care. An air medical support agency must report all patient movement events to the Department within thirty (30) days of the event. (3-17-22)~~

204. – 211. (RESERVED)

212. NON-TRANSPORT EMS AGENCY -- PATIENT MOVEMENT.

~~A non-transport agency is an agency that is not intended for patient transport and cannot advertise ambulance services.~~ A non-transport agency can move a patient by vehicle only when: (3-17-22)()

01. Accessibility of Emergency Scene. The responding ambulance or air ambulance agency cannot access the emergency scene. ()

02. Licensed Personnel Level. Patient care is provided by EMS personnel licensed at: ()

a. EMT level or higher; or ()

b. EMR level only when the patient care integration agreement under which the non-transport agency operates addresses and enables patient movement. The agency must ensure that its personnel are trained and credentialed in patient packaging and movement. (3-17-22)()

03. Rendezvous with Transport EMS Agency. Movement of the patient is to rendezvous with an ambulance or air ambulance agency during which the EMS personnel must be in active communication with the ambulance or air ambulance with which they will rendezvous. ()

04. Report Patient Movement. A non-transport agency must report all patient movement events to the Department EMS Bureau within thirty (30) days of the event. (3-17-22)()

213. -- 299. (RESERVED)

**PERSONNEL REQUIREMENTS FOR EMS AGENCY LICENSURE
(Sections 300 - 399)**

300. EMS AGENCY -- GENERAL PERSONNEL REQUIREMENTS.

Personnel must be licensed ~~according to~~ under IDAPA 16.01.07, "Emergency Medical Services (EMS) -- Personnel Licensing Requirements." (3-17-22)()

01. Personnel Requirements for EMS Agency Licensure. Each agency must ensure availability of affiliated personnel licensed and credentialed at or above the clinical level for the entire anticipated call volume ~~for each of the agency's operational declarations~~, except that an agency holding a ~~prehospital or prehospital support operational declaration~~ 911 Response Transport or 911 Response Non-transport license may request a waiver of this requirement from the EMS Bureau. (3-17-22)()

02. Personnel Requirements for an Agency Utilizing Emergency Medical Dispatch. An agency dispatched by a ~~consolidated emergency communications system~~ CECS that uses an emergency medical dispatch (EMD) process to determine the clinical needs of the patient must ensure availability of personnel licensed and credentialed at clinical levels appropriate to the anticipated call volume for each of the clinical levels the agency provides. (3-17-22)()

03. Personnel Requirements for ~~Prehospital ALS~~ an Agency Utilizing Ambulance-Based Clinicians. ~~A licensed Paramedic must be present whenever prehospital, prehospital support, or air medical transport ALS services are provided. An agency may use ambulance-based clinicians to meet the licensed personnel requirements for agency licensure as follows:~~ (3-17-22)()

a. 911 Response Transport, or 911 Response Non-transport Service licensed at the BLS or ILS clinical level. ()

b. Transport Service licensed at the ALS clinical level. ()

301. ~~AMBULANCE~~ EMS AGENCY -- SPECIALTY SERVICE PERSONNEL REQUIREMENTS.

~~Each ambulance EMS agency must ensure that there are two (2) crew members on each patient transport or transfer offering specialty services under Section 203 of these rules is responsible for reporting personnel trained and credentialed to provide those services to the EMS Bureau. The crew member providing patient care, at a minimum, must be a licensed EMR with an ambulance certification or a licensed EMT.~~ (3-17-22)()

01. Critical Care. EMS personnel must have been formally trained, credentialed, and equipped to provide all critical care skills under IDAPA 16.02.02, "Idaho Emergency Medical Services Physician Commission." ()

02. Community Health EMS. Licensed EMS personnel must have received standardized CHEMS training recognized by the EMS Bureau to participate in patient care related to CHEMS. ()

03. Tactical EMS. Licensed EMS personnel must have received specialized training to provide emergency medical care in support of law enforcement activities. ()

04. Special Pathogens Transport. Licensed EMS personnel must have received specialized training specific to the transport of patients suffering from exposure or disease caused by highly infectious special pathogens. Such training must include, at a minimum, proper use of appropriate PPE, avoiding disease exposure, use of specialized equipment and containment systems used during transport, crew member and public safety concerns, and proper waste management. ()

302. ~~AIR MEDICAL~~ EMS AGENCY AMBULANCE SERVICE -- PERSONNEL REQUIREMENTS.

~~Each air medical agency must ensure that there are two (2) crew members, not including the pilot, on each patient transport or transfer. The crew member providing patient care, at a minimum, must be a licensed EMR with an ambulance certification or a licensed EMT. An air medical agency must also demonstrate that the following exists. Each ambulance service must ensure that there is one (1) EMS provider providing patient care, not including the driver, on each patient transport or transfer. The crew member providing patient care, at a minimum, must be a licensed EMR with an ambulance certification or a licensed EMT.~~ (3-17-22)()

01. Personnel for Air Medical Agency. An Air Medical agency must ensure that each flight includes at a minimum, one (1) licensed registered nurse and one (1) Paramedic. Based on the patient's need, an exception for transfer flights may include a minimum of one (1) licensed respiratory therapist and one (1) licensed registered nurse, or two (2) licensed registered nurses. Emergency Scene ALS. A licensed paramedic must be present whenever ALS services are provided at an emergency scene or during patient transport to a medical facility. (3-17-22)()

02. Personnel for Air Medical Support Agency. An Air Medical Support agency must ensure that each flight includes at a minimum, two (2) crew members with one (1) patient care provider licensed at or above the agency's highest clinical level of licensure. Interfacility Transfers ALS. (3-17-22)()

a. A licensed paramedic or ambulance-based clinician must provide ALS services during interfacility transfers. ()

b. A BLS or ILS 911 Response Transport Service may conduct ALS interfacility transfers with a licensed paramedic or ambulance-based clinician if equipped with ALS equipment necessary to provide appropriate patient care and ALS interventions. ()

03. Critical Care. A minimum of one (1) credentialed critical care provider and one (1) additional paramedic or ambulance-based clinician are required in the patient compartment during patient transport. Special consideration may be given for the second provider based on a specific specialized patient need. ()

303. CRITICAL CARE ~~AIR MEDICAL~~ TRANSPORT SERVICE -- PERSONNEL REQUIREMENTS.

~~Each ambulance or air medical agency that advertises the provision of critical care clinical capabilities must affiliate and deploy EMS personnel trained and credentialed to provide all critical care skills described in transport service must ensure that the standard medical flight crew consists of, at a minimum, one (1) licensed Paramedic and one (1) licensed Registered Nurse. At least one (1) crew member on each flight must hold critical care credentials under~~

IDAPA 16.02.02, “Idaho Emergency Medical Services (EMS) Physician Commission.” Air Medical Transport Services may utilize alternate medical crew configurations for specific situations as stated below: (3-17-22)()

01. Emergency Scene Transports. Alternate crew configurations for emergency scene response and patient transport. ()

a. Two (2) Paramedics. ()

b. When no other crew with a licensed Paramedic and no other Air Medical Transport Service with a Paramedic crew member is available, an Air Medical Transport Service may deploy a crew of two (2) licensed Registered Nurses. ()

02. Interfacility Transfers. Alternate crew configurations for interfacility transfers, based on patient need. ()

a. Two (2) Registered Nurses. ()

b. One (1) Registered Nurse and One (1) Respiratory Therapist. ()

c. Two (2) Paramedics when both possess critical care credentials under IDAPA 16.02.02, “Idaho Emergency Medical Services Physician Commission.” ()

304. PERSONNEL FOR AIR MEDICAL RESCUE SERVICE.

An Air Medical Rescue service must ensure that each flight includes a minimum of one (1) patient care provider licensed at or above the agency’s clinical level of licensure, not including the pilot. The crew member providing patient care, at a minimum, must be a licensed EMT. ()

3045. PLANNED DEPLOYMENT -- PERSONNEL REQUIREMENTS.

Planned deployment allows affiliated EMS personnel to act and provide predetermined services outside of their affiliating agency’s geographic coverage area. It can allow EMS personnel licensed at a higher clinical level to provide patient care within their credentialed scopes of practice even when the agency into which the planned deployment occurs is licensed at a lower clinical level. A planned deployment agreement must be formally documented and meet ~~all~~ the requirements ~~listed in~~ under the incorporated document in Subsection 603.002.04 of these rules. (3-17-22)()

3056. AMBULANCE-BASED CLINICIANS -- PERSONNEL REQUIREMENTS.

01. Ambulance-Based Clinician Certified by ~~Department~~ the EMS Bureau. An EMS agency that advertises or provides out-of-hospital patient care by affiliating and utilizing a currently licensed registered nurse, advanced practice registered nurse, or physician assistant, ~~as defined in under~~ IDAPA 16.01.02, “Emergency Medical Services (EMS) - Rule Definitions,” must ensure that those individuals maintain a current ambulance-based clinician certificate issued by the ~~Department~~ EMS Bureau. See Section 3067 of these rules for exceptions to this requirement. (3-17-22)()

02. Obtaining an Ambulance-Based Clinician Certificate. An agency, on behalf of an individual who desires an ambulance-based clinician certificate, must provide ~~the following information~~ on the ~~Department’s~~ EMS Bureau’s application ~~for a certificate~~ documentation that the individual: (3-17-22)()

a. Documentation that the individual ~~h~~ holds a current, unrestricted license to practice issued by the Board of Medicine or Board of Nursing; and (3-17-22)()

b. Documentation that the individual ~~h~~ has successfully completed an EMS Bureau-approved ambulance-based clinician ~~course~~ training; or (3-17-22)()

c. Documentation that the individual ~~h~~ has successfully completed an EMT course. (3-17-22)()

03. Maintaining an Ambulance-Based Clinician Certificate. An ambulance-based clinician

certificate is valid for as long as the holder of the certificate is continuously licensed by their respective licensing board. ()

04. Revocation of an Ambulance-Based Clinician Certificate. The ~~Department EMS Bureau~~ may revoke an ambulance-based clinician certificate based on the procedures for administrative license actions ~~described in under~~ IDAPA 16.01.12, “Emergency Medical Services (EMS) -- Complaints, Investigations, and Disciplinary Actions.” (3-17-22)()

~~**05. Licensed Personnel Requirements and Ambulance-Based Clinicians.** An EMR/BLS, EMT/BLS, or AEMT/ILS agency may use ambulance-based clinicians to meet the licensed personnel requirements for agency licensure. An ALS agency, licensed with an ALS transfer declaration described in Section 204.04 of these rules, may use ambulance-based clinicians to meet the licensed personnel requirements for the transfer declaration.~~ (3-17-22)

065. Agency Responsibilities for Ambulance-Based Clinicians. The agency must verify that each ambulance-based clinician possesses a current ~~Department-issued~~ ambulance-based clinician certificate ~~issued by the Department~~. The agency must ensure that any ambulance-based clinician meets additional requirements of the corresponding licensing board. (3-17-22)()

3067. UTILIZING PHYSICIAN ASSISTANTS, ~~LICENSED~~ REGISTERED NURSES, OR ADVANCED PRACTICE REGISTERED NURSES.

An AEMT/ILS ambulance agency may use a non-certified physician assistant, licensed registered nurse, or advanced practice registered nurse as the crew member who is providing ILS patient services, only when accompanied by a licensed EMR with an ambulance certification or a licensed EMT in the patient compartment of the transport vehicle. ()

~~3078.~~ -- 399. (RESERVED)

**EMS AGENCY VEHICLE REQUIREMENTS
(Sections 400 - 499)**

400. EMS AGENCY -- VEHICLE REQUIREMENTS.

Not all EMS agencies ~~are required~~ need to have emergency response vehicles. An agency’s need for emergency response vehicles is based on the deployment needs of the agency that is declared on the most recent agency licensure application. An agency with a deployment pattern that requires emergency response vehicles must meet the following requirements: (3-17-22)()

01. Condition of Response Vehicles. Each of the agency’s EMS response vehicles ~~must be~~ is in sound, safe, working condition. (3-17-22)()

02. Quantity of Response Vehicles. Each EMS agency ~~must~~ possesses a sufficient quantity of EMS response vehicles to ensure agency personnel can respond to the anticipated call volume of the agency. (3-17-22)()

03. Motor Vehicle Licensing Requirements. Each of the EMS agency’s response vehicles ~~must~~ meets the ~~applicable~~ Idaho motor vehicle license and insurance requirements. (3-17-22)()

04. Configuration and Standards for EMS Response Vehicles. Each of the EMS agency’s response vehicles ~~must be~~ is appropriately configured ~~in accordance~~ with the declared capabilities on the most recent agency license. Each EMS response vehicle ~~must~~ meets the ~~minimum~~ requirements for applicable federal, state, industry, or trade specifications and standards for ambulance or air ambulance vehicles as appropriate. Uniquely configured EMS response vehicles ~~must be~~ are approved by the ~~Department EMS Bureau~~ prior to being put into service. (3-17-22)()

05. Location of Emergency Response Vehicles. Each of the agency’s EMS response vehicles ~~must be~~ is stationed or staged within the agency’s declared geographic coverage area in a manner that allows agency personnel to effectively respond to the anticipated volume and distribution of requests for service. (3-17-22)()

401. NON-TRANSPORT EMS AGENCY -- VEHICLES.

A licensed non-transport EMS agency may use ambulance vehicles to provide non-transport services. ()

402. EMS AGENCY -- MINIMUM EQUIPMENT INSPECTION REQUIREMENTS.

Any newly acquired EMS response vehicle must be inspected by the ~~Department~~ EMS Bureau for medical care supplies and devices as specified ~~in the “Minimum Equipment Standards for Licensed EMS Services,”~~ under Subsection 002.01 of these rules before being put into service, except when the newly acquired vehicle is a replacement vehicle and all equipment and supplies are transferred from the vehicle being taken out of service.

(3-17-22)()

403. EMS AGENCY -- GROUND VEHICLE SAFETY INSPECTION REQUIREMENTS.

Each EMS agency that deploys emergency vehicles titled and registered for use on roads and highways, ~~with the exception of~~ except for all-terrain vehicles and utility vehicles, must meet the following ~~inspection requirements~~.

(3-17-22)()

01. New Vehicle Inspection. Each newly acquired, used EMS response vehicle ~~must successfully~~ has passed a safety inspection conducted by an inspector authorized to perform Department of Transportation (DOT) vehicle safety inspections prior to the vehicle being put in service.

(3-17-22)()

02. Response Vehicle Involved in a Crash. Each EMS response vehicle, that is involved in a crash that could result in damage to one (1) or more of the vehicle systems identified in Subsection 403.03 of this rule, ~~must successfully~~ has passed a safety inspection conducted by an inspector authorized to perform DOT vehicle safety inspections prior to being put back in service.

(3-17-22)()

03. Vehicle Inspection Standards. Each vehicle safety inspection ~~must~~ has ~~verified~~ conformity to the fuel system, exhaust, wheels and tires, lights, windshield wipers, steering, suspension, brakes, frame, and electrical system elements of a DOT vehicle safety inspection defined in Appendix G to Subchapter B of Chapter III at 49 CFR Section 396.17.

(3-17-22)()

04. Vehicle Inspection Records. Each EMS agency ~~must~~ keeps records of all emergency response vehicle safety inspections. ~~These records must be made~~ and are available to the ~~Department~~ EMS Bureau upon request.

(3-17-22)()

404. -- 499. (RESERVED)

**EMS AGENCY REQUIREMENTS AND WAIVERS
(Sections 500 - 599)**

500. EMS AGENCY -- GENERAL EQUIPMENT REQUIREMENTS AND MODIFICATIONS.

Each EMS agency must meet the requirements of ~~the “Minimum Equipment Standards for Licensed EMS Services,”~~ incorporated by reference in Section 004 Subsection 002.01 of these rules, in addition to the following ~~requirements~~:

(3-17-22)()

01. Equipment and Supplies. Each EMS agency ~~must~~ maintains sufficient quantities of medical care supplies and devices specified in the minimum equipment standards to ensure availability for each response.

(3-17-22)()

02. Safety and Personal Protective Equipment. Each EMS agency ~~must~~ maintains safety and personal protective equipment for licensed personnel and other vehicle occupants as specified in the minimum equipment standards. This includes equipment for body substance isolation and protection from exposure to communicable diseases and pathogens.

(3-17-22)()

03. Modifications to an EMS Agency’s Minimum Equipment List. An EMS agency’s minimum equipment list may be modified upon approval by the ~~Department~~ EMS Bureau. Requests for equipment modifications ~~must be~~ are submitted to the ~~Department~~ EMS Bureau and include clinical and operational justification for the modification and ~~be~~ are signed by the EMS agency’s medical director. Approved modifications are granted by

the ~~Department~~ EMS Bureau as either an exception or an exemption. (3-17-22)()

a. Exceptions to the agency’s minimum equipment list requirements may be granted by the ~~Department~~ EMS Bureau upon inspection or review of a modification request, when the circumstances and available alternatives assure that appropriate patient care will be provided for all anticipated incidents. (3-17-22)()

b. Exemptions that remove minimum equipment and do not provide an alternative may be granted by the ~~Department~~ EMS Bureau following review of a modification request. The request must describe the agency’s deployment model and why there is no anticipated need for the specified equipment to provide appropriate patient care. (3-17-22)()

04. Review of an Equipment Modification Request. Each request from an EMS agency for equipment modification ~~may will~~ be reviewed by ~~either the EMS Advisory Committee (EMSAC), or Bureau and may be reviewed by~~ the EMS Physician Commission (EMSPC), ~~or both~~. The recommendations from ~~EMSAC and EMSPC~~ are submitted to the ~~Department~~ EMS Bureau which has the final authority to approve or deny the modification request. (3-17-22)()

~~a. A modification request of an operational nature will be reviewed by EMSAC;~~ (3-17-22)

~~b. A modification request of a clinical nature will be reviewed by the EMSPC; and~~ (3-17-22)

~~c. A modification request that has both operational and clinical considerations will be reviewed by both.~~ (3-17-22)

05. Denial of an Equipment Modification Request. An EMS agency may appeal the denial of an equipment modification request under ~~the provisions in~~ IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.” (3-17-22)()

06. Renewal of Equipment Modification. An EMS agency’s equipment modification must be reviewed and reaffirmed as follows: ()

a. Annually, with the agency license renewal application; or ()

b. When the EMS agency changes its medical director. ()

501. AIR MEDICAL EMS AGENCY -- EQUIPMENT REQUIREMENTS AND MODIFICATIONS. Each air medical agency must meet the requirements ~~outlined in under~~ Section 500 of these rules, ~~as well as and~~ the following: (3-17-22)()

01. FAA 135 Certification. The air medical agency ~~must hold~~ a Federal Aviation Administration 135 certification. (3-17-22)()

02. Configuration and Equipment Standards. Aircraft and equipment configuration that does not compromise the ability to provide appropriate care or prevent emergency care providers from safely performing emergency procedures, if necessary, while in flight. ()

502. -- 509. (RESERVED)

510. EMS AGENCY -- COMMUNICATION REQUIREMENTS. Each EMS agency must meet the following ~~communication requirements~~ to obtain or maintain agency licensure. (3-17-22)()

01. Air Medical EMS Agency. Each air medical agency ~~must have~~ has mobile radios of sufficient quantities to ensure that every aircraft and ground crew has the ability to communicate on the frequencies 155.340 MHZ and 155.280 MHZ, with continuous tone-coded squelch system encoding capabilities to allow access to the Idaho EMS radio communications system. (3-17-22)()

02. Ambulance EMS Agency. Each ambulance EMS agency ~~must have~~ has mobile radios of sufficient quantities to ensure that every vehicle crew has the ability to communicate on the frequencies 155.340 MHZ and 155.280 MHZ, with continuous tone-coded squelch system encoding capabilities to allow access to the Idaho EMS radio communications system. (3-17-22)()

03. Non-transport EMS Agency. Each non-transport EMS agency ~~must have~~ has mobile or portable radios of sufficient quantities to ensure that agency personnel at an emergency scene have the ability to communicate on the frequencies 155.340 MHZ and 155.280 MHZ, with continuous tone-coded squelch system encoding capabilities to allow access to the Idaho EMS radio communications system. (3-17-22)()

511. EMS AGENCY -- DISPATCH REQUIREMENTS.

~~Each EMS agency must have a twenty-four (24) hour dispatch arrangement.~~ (3-17-22)

01. Twenty-four Hour Dispatch Arrangement. ~~Each EMS agency must have a twenty-four (24) hour dispatch arrangement, except an agency with a twenty-four (24) hour response waiver may have a dispatch arrangement specific to the waiver deployment plan.~~ ()

02. Intake Triage Protocols. ~~Each ambulance service that is not dispatched by a CECS or PSAP must utilize intake triage protocols for out-of-hospital transport requests that reasonably identify potential medical emergencies requiring a Code 3 response and direct the caller to contact the local CECS or PSAP when a staffed ambulance is not available on site.~~ ()

03. Incoming Requests for Out-of-Hospital Response. ~~Each ambulance agency that is not dispatched by a CECS or PSAP must record incoming requests for out-of-hospital transports and retain such recordings for a period of one (1) year.~~ ()

512. -- 519. (RESERVED)

520. EMS AGENCY -- RESPONSE REQUIREMENTS AND WAIVERS.

Each EMS agency must respond to calls on a twenty-four (24) hour a day basis within the agency's declared geographic coverage area unless a waiver exists. ()

521. NON-TRANSPORT EMS AGENCY -- WAIVER OF RESPONSE REQUIREMENT.

The controlling authority of a non-transport agency may petition the ~~Department~~ EMS Bureau for a waiver of the twenty-four (24) hour response requirement if one (1) or more of the following ~~conditions~~ exist: (3-17-22)()

01. Not Populated on 24-Hour Basis. The community, setting, industrial site, or event being served by the agency is not populated on a twenty-four (24) hour basis. ()

02. Not on Daily Basis Per Year. The community, setting, industrial site, or event being served by the agency does not exist on a three hundred sixty-five (365) day per year basis. ()

03. Undue Hardship on Community. The provision of twenty-four (24) hour response would cause an undue hardship on the community being served by the agency. ()

04. Abandonment of Service. The provision of twenty-four (24) hour response would cause abandonment of the service provided by the agency. ()

522. NON-TRANSPORT EMS AGENCY -- PETITION FOR WAIVER.

01. ~~Submit~~ Petition for Waiver. The controlling authority of an existing non-transport agency desiring a waiver of the twenty-four (24) hour response requirement must submit a petition for waiver to the ~~Department~~ EMS Bureau and provide the information described under the incorporated document in Subsection 002.04 of these rules. (3-17-22)()

02. Waiver Declared on Initial Application. The controlling authority of an applicant non-transport agency desiring a waiver of the twenty-four (24) hour response requirement must declare the request for waiver on

the initial application for agency licensure to the ~~Department~~ EMS Bureau and provide the information described under the incorporated document in Subsection 002.04 of these rules. (3-17-22)()

~~03. Not Populated on a 24-Hour or Daily Basis—Petition Content.~~ A non-transport agency with a service area with less than twenty-four (24) hours population or less than three hundred sixty-five (365) days per year population must include the following information on the petition for waiver of the twenty-four (24) hour response requirement: (3-17-22)

~~a. A description of the hours or days the geographic area is populated. (3-17-22)~~

~~b. A staffing and deployment plan that ensures EMS response availability for the anticipated call volume during the hours or days of operation. (3-17-22)~~

~~04. Undue Hardship or Abandonment of Service Waiver—Petition Content.~~ A non-transport agency must include the following information on the application for waiver of the twenty-four (24) hour response requirement when that provision would cause an undue hardship on the community being served by the agency or abandonment of service: (3-17-22)

~~a. A description of the applicant's operational limitations to provide twenty-four (24) hour response. (3-17-22)~~

~~b. A description of the initiatives underway or planned to provide twenty-four (24) hour response. (3-17-22)~~

~~c. A staffing and deployment plan identifying the agency's response capabilities and back-up plans for services to the community when the agency is unavailable. (3-17-22)~~

~~d. A description of the collaboration that exists with all other EMS agencies providing services within the applicant's geographic response area. (3-17-22)~~

~~053. Renewal of Waivers.~~ The controlling authority of a non-transport agency desiring to renew a waiver of the twenty-four (24) hour response requirement must declare the request for renewal of the waiver on the annual renewal application for agency licensure to the ~~Department~~ EMS Bureau. (3-17-22)()

523. -- 524. (RESERVED)

525. **AMBULANCE OR AIR MEDICAL EMS AGENCY -- WAIVER OF RESPONSE REQUIREMENT.** The controlling authority of an existing ambulance or air medical agency may petition the Board of Health and for a waiver of the twenty-four (24) hour response requirement if one (1) or more of the following ~~conditions~~ exist as a result of the provision of twenty-four (24) hour response: (3-17-22)()

~~01. Undue Hardship on the Community Being Served by the Agency.~~ The provision of twenty-four (24) hour response would cause an undue hardship on the community being served by the agency. (3-17-22)()

~~02. Abandonment of the Service by the Agency.~~ The provision of twenty-four (24) hour response would cause abandonment of the service provided by the agency. (3-17-22)()

526. **AMBULANCE OR AIR MEDICAL EMS AGENCY -- PETITION FOR WAIVER.**

~~01. Submit Petition for Waiver.~~ The controlling authority of an existing ambulance or air medical agency desiring a waiver of the twenty-four (24) hour response requirement must submit a petition for waiver to the Board and provide the information described in the incorporated document under Subsection 002.04 of these rules. (3-17-22)()

~~02. Undue Hardship or Abandonment of Service Waiver—Petition Content.~~ An ambulance EMS agency must include the following information on the petition for waiver of the twenty-four (24) hour response: (3-17-22)

- ~~a.~~ A description of the petitioner's operational limitations to provide twenty four (24) hour response. (3-17-22)
- ~~b.~~ A description of the initiatives underway or planned to provide twenty four (24) hour response. (3-17-22)
- ~~c.~~ A staffing and deployment plan identifying the agency's response capabilities and back up plans for services to the community when the agency is unavailable. (3-17-22)
- ~~d.~~ A description of the collaboration that exists with all other EMS agencies providing services within the petitioner's geographic response area. (3-17-22)

527. -- 529. (RESERVED)

530. EMS AGENCY -- MEDICAL SUPERVISION REQUIREMENTS.

Each EMS agency must comply with medical supervision plan requirements and designate a physician as the agency medical director who is responsible for the supervision of medical activities ~~defined in~~ under IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission." (3-17-22)()

531. -- 534. (RESERVED)

535. RECORDS, DATA COLLECTION, AND SUBMISSION REQUIREMENTS.

Each licensed EMS agency must collect and submit EMS response records to the EMS Bureau as follows: ()

01. Records to be Maintained. ~~Maintain a record that i~~Includes a Patient Care Report completed for each EMS Response. (4-6-23)()

02. Records to be Submitted. Ensure that an accurate and complete electronic Patient Care Report (ePCR) is submitted to the EMS Bureau using approved and validated software in a format determined by the ~~Department~~ EMS Bureau. (4-6-23)()

03. Time Frame for Submitting Records. Submit each month's data to the ~~Department~~ EMS Bureau by the 15th of the following month in a format determined by the ~~Department~~ EMS Bureau. (4-6-23)()

536. -- 599. (RESERVED)

**EMS AGENCY AGREEMENTS, PLANS, AND POLICIES
(Sections 600 - 699)**

600. EMS AGENCY -- AGREEMENTS, PLANS, AND POLICIES.

When applicable, each EMS agency must make the following agreements, plans, and policies, ~~described in~~ under Sections 600 through 699 of these rules, available to the ~~Department~~ EMS Bureau upon request. (3-17-22)()

601. EMS AGENCY – AMBULANCE SERVICE RESPONSE AGREEMENTS.

Each EMS agency with out-of-hospital customer service agreements to provide ambulance services that are not dispatched by the local CECS or PSAP must provide the customer with written criteria to reasonably identify potential medical emergencies requiring a Code 3 response and direct the customer to contact the local CECS or PSAP when a staffed ambulance is not available on site. ()

601.2. EMS AGENCY -- PATIENT CARE INTEGRATION.

01. Cooperative Agreements for Common Geographic Coverage Area. Each ground EMS agency that shares common geographic coverage areas with other EMS agencies must develop cooperative written agreements that address integration of patient care between the agencies. A ground agency can not provide a level of care that exceeds the clinical level of a prehospital agency receiving the patient, unless the written patient integration plan specifically addresses the continuation of the higher level of care throughout the patient transport. ()

02. Cooperative Agreement for Non-Transport Agency. Each 911 Response non-transport EMS agency must have a cooperative written agreement with ~~a prehospital agency that will provide patient transportation each of the 911 Response Transport Services that provide response and patient transportation within that geographical area.~~ The agreement must address integration of patient care between the agencies. A non-transport ~~prehospital~~ agency may not provide a level of care that exceeds the clinical level of the responding ~~transport prehospital agency 911 Response Transport Service~~ unless the integration plan specifically addresses the continuation of the higher level of care throughout the patient transport. (3-17-22)()

6023. AIR MEDICAL EMS AGENCY -- PATIENT CARE INTEGRATION.

Each air medical agency must declare and make available its patient care integration policies to the ~~Department EMS Bureau~~ upon request. (3-17-22)()

6034. EMS AGENCY -- PLANNED DEPLOYMENT AGREEMENTS.

Each EMS agency that utilizes a planned deployment must develop a cooperative planned deployment agreement between the EMS agencies under the incorporated document in Subsection 002.04 of these rules. ~~The agreement must include the following:~~ (3-17-22)()

~~01. Chief Administrative Officials.~~ Approval of the chief administrative officials of each EMS agency entering into the agreement either as the receiver of the planned deployment or the provider of the planned deployment. (3-17-22)

~~02. Medical Directors.~~ Approval of the medical directors of each EMS agency entering into the agreement either as the receiver of the planned deployment or the provider of the planned deployment. (3-17-22)

~~03. Geographic Locations and Services.~~ The agreement must provide the geographic locations and the services to be provided by the planned deployment. (3-17-22)

~~04. Shared Resources.~~ The agreement must provide for any sharing of resources between each EMS agency covered by the planned deployment. (3-17-22)

~~05. Equipment and Medication.~~ The agreement must provide for the availability and responsibility of equipment and medications for each EMS agency covered by the planned deployment. (3-17-22)

~~06. Patient Integration of Care.~~ The agreement must provide patient integration of care by each EMS agency covered by the planned deployment. (3-17-22)

~~07. Patient Transport.~~ The agreement must provide for patient transport considerations by each EMS agency covered by the planned deployment. (3-17-22)

~~08. Medical Supervision.~~ The agreement must have provisions for medical supervision of each EMS agency covered by the planned deployment. (3-17-22)

~~09. Quality Assurance.~~ The agreement must provide for quality assurance and retrospective case reviews by each EMS agency covered by the planned deployment. (3-17-22)

6045. -- 649. (RESERVED)

650. AIR MEDICAL EMS AGENCY -- REQUIRED POLICIES.

Each air medical EMS agency must have the following policies on file with the ~~Department EMS Bureau~~ as described under the incorporated document in Subsection 002.04 of these rules: (3-17-22)()

~~01. Non-Discrimination Policy.~~ Each air medical EMS agency must have written non-discrimination policies to ensure that requests for service are not evaluated based on the patient's ability to pay. (3-17-22)()

~~02. Weather Turn Down Policy.~~ Each air medical EMS agency must immediately notify other air medical agencies in common geographical areas and the Idaho EMS State Communications Center about any

~~requests for services declined or aborted due to weather. Notification to other agencies of flights declined or aborted due to weather must be documented.~~ (3-17-22)()

03. Patient Destination Procedure. ~~Each air medical EMS agency must maintain written procedures for the determination of patient destination. These procedures must:~~ (3-17-22)()

- ~~a. Consider the licensed EMS agency destination protocol and medical supervision received;~~ (3-17-22)
- ~~b. Be made available to licensed EMS agencies that utilize their services;~~ (3-17-22)
- ~~c. Honor patient preference if:~~ (3-17-22)
 - ~~i. The requested facility is capable of providing the necessary medical care; and~~ (3-17-22)
 - ~~ii. The requested facility is located within a reasonable distance not compromising patient care or the EMS system.~~ (3-17-22)

04. Safety Program Policy. ~~Each air medical EMS agency must maintain a safety program policy that includes:~~ (3-17-22)()

- ~~a. Designation of a safety officer;~~ (3-17-22)
- ~~b. Designation of a multi-disciplinary safety committee that includes: pilot, medical personnel, mechanic, communication specialist, and administrative staff;~~ (3-17-22)
- ~~c. Post-Accident Incident Plan;~~ (3-17-22)
- ~~d. Fitness for Duty Requirements;~~ (3-17-22)
- ~~e. Annual Air Medical Resource Management Training;~~ (3-17-22)
- ~~f. Procedures for allowing a crew member to decline or abort a flight;~~ (3-17-22)
- ~~g. Necessary personal equipment, apparel, and survival gear appropriate to the flight environment. Helmets must be required for each EMS crew member and pilot during helicopter operations; and~~ (3-17-22)
- ~~h. A procedure to review each flight for safety concerns and report those concerns to the safety committee.~~ (3-17-22)

05. Training Policy. ~~Each air medical EMS agency must have written documentation of initial and annual air medical specific recurrent training for air ambulance personnel. Education content must include:~~ (3-17-22)()

- ~~a. Altitude physiology;~~ (3-17-22)
- ~~b. Stressors of flight;~~ (3-17-22)
- ~~c. Air medical resource management;~~ (3-17-22)
- ~~d. Survival;~~ (3-17-22)
- ~~e. Navigation; and~~ (3-17-22)
- ~~f. Aviation safety issues including emergency procedures.~~ (3-17-22)

651. -- 699. (RESERVED)

EMS AGENCY UTILIZATION OF AIR MEDICAL SERVICES
(Sections 700 - 799)

700. EMS AGENCY -- CRITERIA TO REQUEST AN AIR MEDICAL RESPONSE.

Each ground EMS agency must establish written criteria as described in the document incorporated under Section 002.04 of these rules for the agency's licensed EMS personnel that provides decision-making guidance for requesting an air medical response to an emergency scene. This criteria must be approved by the agency's medical director. ~~The following conditions must be included in the criteria:~~ (3-17-22)()

~~**01. Clinical Conditions.** Each licensed EMS agency must develop written criteria based on best medical practice principles for requesting an air medical response for the following clinical conditions: (3-17-22)~~

- ~~**a.** The patient has a penetrating or crush injury to head, neck, chest, abdomen, or pelvis; (3-17-22)~~
- ~~**b.** Neurological presentation suggestive of spinal cord injury; (3-17-22)~~
- ~~**c.** Evidence of a skull fracture (depressed, open, or basilar) as detected visually or by palpation; (3-17-22)~~
- ~~**d.** Fracture or dislocation with absent distal pulse; (3-17-22)~~
- ~~**e.** A glasgow coma score of ten (10) or less; (3-17-22)~~
- ~~**f.** Unstable vital signs with evidence of shock; (3-17-22)~~
- ~~**g.** Cardiac arrest; (3-17-22)~~
- ~~**h.** Respiratory arrest; (3-17-22)~~
- ~~**i.** Respiratory distress; (3-17-22)~~
- ~~**j.** Upper airway compromise; (3-17-22)~~
- ~~**k.** Anaphylaxis; (3-17-22)~~
- ~~**l.** Near drowning; (3-17-22)~~
- ~~**m.** Changes in level of consciousness; (3-17-22)~~
- ~~**n.** Amputation of an extremity; and (3-17-22)~~
- ~~**o.** Burns greater than twenty percent (20%) of body surface or with suspected airway compromise. (3-17-22)~~

~~**02. Complications to Clinical Conditions.** Each licensed EMS agency must develop a written policy that provides guidance for requesting an air medical response when there are complicating conditions associated with the clinical conditions listed in Subsection 700.01 of this rule. The complicating conditions must include the following: (3-17-22)~~

- ~~**a.** Extremes of age; (3-17-22)~~
- ~~**b.** Pregnancy; and (3-17-22)~~
- ~~**c.** Patient "do not resuscitate" status. (3-17-22)~~

~~**03. Operational Conditions for Air Medical Response.** Each licensed EMS agency must have~~

~~written criteria to provide guidance to the licensed EMS personnel for the following operational conditions: (3-17-22)~~

- ~~a. Availability of local hospitals and regional medical centers; (3-17-22)~~
- ~~b. Air medical response to the scene and transport to an appropriate hospital will be significantly shorter than ground transport time; (3-17-22)~~
- ~~c. Access to time sensitive medical interventions such as percutaneous coronary intervention, thrombolytic administration for stroke, or cardiac care; (3-17-22)~~
- ~~d. When the patient's clinical condition indicates the need for advanced life support and air medical is the most readily available access to advanced life support capabilities; (3-17-22)~~
- ~~e. As an additional resource for a multiple patient incident; (3-17-22)~~
- ~~f. Remote location of the patient; and (3-17-22)~~
- ~~g. Local destination protocols. (3-17-22)~~

701. EMS AGENCY -- EMS PERSONNEL REQUEST FOR AIR MEDICAL RESPONSE.

Licensed EMS personnel en route to, or at, the emergency scene have the primary responsibility and authority to request the response of air medical services using the local incident management system and licensed EMS agency written criteria ~~described in Section 700 of these rules~~ under the incorporated document in Subsection 002.04 of these rules. (3-17-22)()

702. EMS AGENCY -- CANCELLATION OF AN AIR MEDICAL RESPONSE.

Following dispatch of air medical services, an air medical response may only be canceled upon completion of a patient assessment performed by licensed EMS personnel. ()

703. EMS AGENCY -- ESTABLISHED CRITERIA FOR SIMULTANEOUS DISPATCH.

~~Under the incorporated document in Subsection 002.04 of these rules, A~~ a ground EMS agency may establish criteria for simultaneous dispatch for air and ground medical response. ~~Air medical services will not launch to an emergency scene unless requested in accordance with Subsection 720.01 of these rules.~~ (3-17-22)()

704. EMS AGENCY-- SELECTION OF AIR MEDICAL AGENCY.

Each EMS agency has the responsibility to select an appropriate air medical service ~~EMS agency and have on file selection policies as described in the incorporated document under Subsection 002.04 of these rules.~~ (3-17-22)()

~~01. Written Policy to Select Air Medical Agency. Each EMS agency must have a written policy that establishes a process to select an air medical service. (3-17-22)~~

~~02. Policy for Patient Requests. The written policy must direct EMS personnel to honor a patient request for a specific air medical service when the circumstances will not jeopardize patient safety or delay patient care. (3-17-22)~~

705. -- 719. (RESERVED)

~~720. EMS AGENCY -- COMMUNICATIONS WITH AIR MEDICAL SERVICES.~~

~~01. Responsibility to Request an Air Medical Response. In compliance with the local incident management system, each EMS agency must establish a uniform method of communication to request an air medical response. (3-17-22)~~

~~02. Required Information to Request an Air Medical Response. Requests for an air medical response must include the following information as it becomes available: (3-17-22)~~

- ~~a. Type of incident; (3-17-22)~~
 - ~~b. Landing zone location or GPS (latitude/longitude) coordinates, or both; (3-17-22)~~
 - ~~c. Scene contact unit or scene incident commander, or both; (3-17-22)~~
 - ~~d. Number of patients if known; (3-17-22)~~
 - ~~e. Need for special equipment; (3-17-22)~~
 - ~~f. Estimated weight of the patient; (3-17-22)~~
 - ~~g. How to contact on scene EMS personnel; and (3-17-22)~~
 - ~~h. How to contact the landing zone officer. (3-17-22)~~
- ~~03. **Notification of Air Medical Response.** The air medical agency must notify the State EMS Communication Center within ten (10) minutes of launching an aircraft in response to a request for medical transport. Notification must include: (3-17-22)~~
- ~~a. The name of the requesting entity; (3-17-22)~~
 - ~~b. Location of the landing zone; and (3-17-22)~~
 - ~~c. Scene contact unit and scene incident commander, if known. (3-17-22)~~
- ~~04. **Estimated Time of Arrival at the Specified Landing Zone.** Upon receipt of a request for air medical emergency services, the air medical agency must provide the requesting entity with an estimated time of arrival (ETA) at the location of the specified landing zone. All changes to that ETA must immediately be reported to the requesting entity. ETAs are to be reported in clock time, specific to the appropriate time zone. (3-17-22)~~
- ~~05. **Confirmation of Air Medical Response Availability.** Upon receipt of a request for an air medical response, the air medical agency must inform the requesting entity whether the specified air medical unit is immediately available to respond. (3-17-22)~~
- ~~721.—729. (RESERVED)~~
- 730. EMS AGENCY -- LANDING ZONE PROCEDURES FOR AIR MEDICAL RESPONSE.**
- ~~01. **Establish Landing Zone Procedures.** A licensed ambulance or non-transport EMS agency in conjunction with an air medical agency must have written procedures for the establishment of a landing zone. These procedures must be compatible with the local incident management system. (3-17-22)()~~
 - ~~02. **Responsibilities of Landing Zone Officer.** The procedures for establishment of a landing zone must include identification of a Landing Zone Officer who is responsible for the following: (3-17-22)~~
 - ~~a. Landing zone preparation; (3-17-22)~~
 - ~~b. Landing zone safety; and (3-17-22)~~
 - ~~c. Communication between the ground EMS agency and the air medical agency. (3-17-22)~~
 - ~~03. **Final Decision to Use Established Landing Zone.** The air medical pilot may refuse the use of an established landing zone. In the event of a pilot's refusal to land, the landing zone officer must initiate communications to identify an alternate landing zone. (3-17-22)~~
- 731. EMS AGENCY -- REVIEW OF AIR MEDICAL RESPONSES.**

Each EMS agency must provide incident-specific patient care related data identified and requested by the ~~Department~~ EMS Bureau in the review of air medical response criteria. (3-17-22)()

732. -- 799. (RESERVED)

**EMS AGENCY INSPECTIONS
(Sections 800 - 899)**

800. EMS AGENCY -- INSPECTIONS BY THE ~~DEPARTMENT~~ EMS BUREAU.

~~Representatives of the Department are~~ EMS Bureau is authorized to enter an agency's facility at reasonable times to inspect an agency's vehicles, equipment, response records, and other necessary items to determine that the EMS agency is in compliance with ~~governing~~ Idaho statutes and administrative rules. (3-17-22)()

801. EMS AGENCY -- INSPECTION REQUESTS AND SCHEDULING.

An applicant eligible for agency inspection must contact the ~~Department~~ EMS Bureau to schedule an inspection. In the event that the acquisition of capital equipment, hiring, or licensure of personnel is necessary for the inspection process, the applicant must notify the ~~Department~~ EMS Bureau when ready for the inspection. (3-17-22)()

802. EMS AGENCY -- INSPECTION TIMEFRAME AFTER NOTIFICATION OF ELIGIBILITY.

An applicant must schedule and have an inspection completed within six (6) months of notification of eligibility by the ~~Department~~ EMS Bureau. An application without an inspection completed within six (6) months is void and must be resubmitted as an initial application. (3-17-22)()

803. -- 804. (RESERVED)

805. EMS AGENCY -- INITIAL AGENCY INSPECTION.

The ~~Department~~ EMS Bureau will perform an initial inspection, which is an integral component of the application process, to ensure the EMS ~~A~~ agency applicant is ~~in compliance regarding~~ complying with the following: (3-17-22)()

01. Validation of Initial Application. Validate the information contained in the application. ()

02. Verification of Compliance. Verify the applicant is ~~in compliance~~ complying with ~~governing~~ Idaho statutes and administrative rules. (3-17-22)()

806. EMS AGENCY -- DEMONSTRATION OF CAPABILITIES DURING INSPECTION.

The ~~Department~~ EMS Bureau will review historical and current information during the annual, random, and targeted inspections whereas an applicant must demonstrate the following during the initial inspection process: (3-17-22)()

01. Validation of Ability to Submit Data. Each EMS agency applicant must demonstrate the ability to submit data described in Section 535 of these rules. ()

02. Validation of Ability to Communicate. Each EMS agency applicant must demonstrate the ability to communicate via radio with the state EMS communications center, local dispatch center, neighboring EMS agencies on which the applicant will rely for support, first response, air and ground patient transport, higher level patient care, or other purposes. ()

807. -- 829. (RESERVED)

830. EMS AGENCY -- CONDITION THAT RESULTS IN VEHICLE OR AGENCY OUT OF SERVICE.

Upon discovery of a condition during inspection that could reasonably pose an immediate threat to the safety of the public or agency staff, the ~~Department~~ EMS Bureau may declare the condition unsafe and remove the vehicle or agency from service until the unsafe condition is corrected. (3-17-22)()

831. -- 839. (RESERVED)

840. EMS AGENCY -- EXEMPTIONS FOR AGENCIES CURRENTLY ACCREDITED BY A NATIONALLY RECOGNIZED PROFESSIONAL EMS ACCREDITATION AGENCY.

Upon petition by the accredited agency, the ~~Department~~ EMS Bureau will review the accreditation standards under which the accredited agency was measured and may waive specific duplicated annual inspection requirements where appropriate. If an external accreditation inspection is found to be more rigorous than that of the Department, the ~~Department~~ EMS Bureau may elect to relax the frequency of ~~Department~~ annual inspections or waive ~~Department~~ annual inspections altogether. (3-17-22)()

841. -- 899. (RESERVED)

**EMS AGENCY LICENSURE PROCESS
(Sections 900 - 999)**

900. EMS AGENCY -- APPLICATION FOR INITIAL LICENSURE.

To be considered for initial EMS agency licensure, an organization seeking licensure must request, complete, and submit the standardized EMS agency initial license application form provided by the ~~Department~~ EMS Bureau. (3-17-22)()

901. EMS AGENCY -- LICENSURE EXPIRATION.

Each EMS agency license, unless otherwise declared on the license, is valid for one (1) year from the end of the month of issuance by the ~~Department~~ EMS Bureau. (3-17-22)()

902. -- 970. (RESERVED)

971. LAPSED LICENSE.

01. Application Not Submitted Prior to Expiration of Current License. An agency that does not submit a complete application as prescribed in these rules will be considered lapsed. The license will no longer be valid. ()

02. Grace Period. No grace periods or extensions to an expiration date will be granted when an agency has not submitted a completed renewal application ~~within the timeframes described in Section 950 of these rules on, or before, the date the current license expires.~~ (3-17-22)()

03. Lapsed License. An agency that has a lapsed license cannot provide EMS services. ()

04. ~~To-Regaining~~ Agency Licensure. An agency with a lapsed license will be considered an applicant for initial licensure and is bound by the same requirements and processes as an initial applicant. (3-17-22)()

972. -- 979. (RESERVED)

980. EMS AGENCY LICENSE -- NONTRANSFERABLE.

An EMS agency license issued by the ~~Department~~ EMS Bureau cannot be transferred or sold. (3-17-22)()

981. CHANGES TO A CURRENT LICENSE.

An agency's officials must submit an agency update to the ~~Department~~ EMS Bureau within sixty (60) days of any of the following ~~changes~~: (3-17-22)()

01. Changes Requiring Update ~~to Department~~. An agency's officials must submit an agency update to the ~~Department~~ EMS Bureau within sixty (60) days of any of the following ~~changes~~: (3-17-22)()

a. Changes made to the geographic coverage area by agency annexation; ()

b. Licensed personnel added or removed from the agency affiliation roster. If licensed personnel are removed for cause, a description of the cause must be included; ()

c. Vehicles or equipment added or removed from the agency; ()

- d. Changes to the agency communication plan or equipment; ()
- e. Changes to the agency dispatch agreement; or ()
- f. Changes to the agency Medical Supervision Plan. ()

02. Changes Requiring Initial Licensure Application. When an agency decides to make any of the following changes, it must submit an initial agency application to the ~~Department~~ EMS Bureau and follow the initial application process described in Sections ~~900 through 922~~ of these rules: ~~(3-17-22)~~ ()

- a. Clinical level of licensed personnel it utilizes; ()
- b. Geographic coverage area changes, except by agency annexation; ()
- c. A non-transport agency that intends to provide patient transport or an ambulance agency that intends to discontinue patient transport and become a non-transport agency; or ()

d. An agency that intends to add ~~prehospital or transfer operational declarations~~ a 911 Response to an Ambulance Service license or Non-Transport Service license. ~~(3-17-22)~~ ()

982. -- 989. (RESERVED)

990. TIME SENSITIVE EMERGENCY CERTIFICATION.

The ~~Department's~~ EMS Bureau will certify an EMS Agency as a TSE Designated EMS Agency when such agency, upon proper application and verification, is found to meet the applicable designation criteria ~~established in the Time Sensitive Emergency System Standards Manual incorporated by reference under Section 004 of these rules~~ under the incorporated document in Subsection 002.04 of these rules. ~~(3-17-22)~~ ()

991. -- 999. (RESERVED)

INCORPORATION BY REFERENCE SYNOPSIS

In compliance with Section 67-5223(4), Idaho Code, the following is a synopsis of the differences between the materials previously incorporated by reference in this rule that are currently in full force and effect and newly revised or amended versions of these same materials that are being proposed for incorporation by reference under this rulemaking.

The following agency of the State of Idaho has prepared this synopsis as part of the proposed rulemaking for the chapter cited here under the docket number specified:

DEPARTMENT OF HEALTH AND WELFARE
IDAPA 16.01.03 – EMERGENCY MEDICAL SERVICES (EMS) – AGENCY LICENSING
REQUIREMENTS
Proposed Rulemaking -- Docket No. 16-0103-2301

(Include a brief description that explains the differences between the version of the materials or documents that are currently incorporated by reference and the materials or documents that are being proposed for adoption in this rulemaking.)

(You may use the following table or write a summary of the differences)

Incorporated Document Version/URL	IDAPA Section Number	Current Version of Incorporated Document	Substantive Changes in New Incorporation by Reference Version
EMS Minimum Equipment Standards for Licensed EMS Service (idaho.gov)	16.01.03.002.01	Minimum Equipment Standards for Licensed EMS Services, Edition 2016	The <i>Minimum Equipment Standards for Licensed EMS Services</i> is being updated to Edition 2024-1 under this docket (presumably to go into effect <i>Sine Die</i> , 2024). For <i>Edition 2024-1 and the summary changes, please see attached.</i>
Time Sensitive Emergency System Standards Manual, Edition 2020-1	16.01.03.002.02	Time Sensitive Emergency System Standards Manual, Edition 2020-1	The <i>Time Sensitive Emergency System Standards Manual</i> was updated in the TSE chapter under Docket No. 16-0201-2201 to Edition 2023-1, acted on by the 2023 legislature to go into effect as of 3/28/23. The reference is being updated in this chapter to align with the newly updated edition. For <i>Edition 2023-1 and the summary changes, please see attached.</i> It is available online

Incorporated Document Version/URL	IDAPA Section Number	Current Version of Incorporated Document	Substantive Changes in New Incorporation by Reference Version
			at: TSE Standards Manual 2023-1 FINAL (idaho.gov)
Edition 2024-1 – not yet in effect – no URL available	16.01.03.002.03	There is no currently incorporated document	The document to be incorporated is the new EMS Agency Standards Manual , Edition 2024-1 – to be in effect <i>Sine Die</i> , 2024. <i>See attached.</i>
<p>If you have further questions, please contact EMS Program Manager, Jathan Nalls at: Jathan.Nalls@dhw.idaho.gov</p>			

Summary of Changes

EMS Agency Minimum Equipment Standards

- Removed unnecessary language in chapter II-Minimum Equipment Standards. Replaced with basic requirements describing equipment availability, function, and condition standards.
- Added a requirement of confirmation of compatibility of equipment that requires other components to function and the requirement that all such components must be immediately available.
- Added a requirement that patient care equipment no longer supported by the manufacturer or secondary market vendors is not considered operational and must be removed from service.
- Allowed an exception for Air Medical Rescue Services (new service type in 16.01.03) to use discretion with equipment they choose to carry on specific missions due to personnel and aircraft safety and specific mission parameters.
- Ventilators for non-intubated patients and CPAP equipment for BLS agencies are now optional, no longer required.
- Sorted items into one list in categories based on use and service type, eliminated separate lists for each service type. Much more organized and easier to read.
- Added explanation that agencies can carry and use additional items not on the list with Medical Director approval as long as it is within the EMSPC scope of practice for that clinical level.



IDAHO BUREAU of EMERGENCY MEDICAL SERVICES & PREPAREDNESS

Minimum Equipment Standards for Licensed EMS Agencies

Authority:

Idaho Code §56-1011 to §56-1023

Rules Governing Emergency Medical Services: IDAPA 16.01.03 “Agency Licensing Requirements”

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Version 2024-1

Effective July 1, 2024



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II. Minimum Equipment Standards

- A. Items listed in the Minimum Equipment Requirements for the agency's service type and clinical level must be available in dedicated response vehicles with appropriate EMS provider access to the equipment, or available in a location that can be immediately accessed by a licensed EMS provider responding to an emergency.
- B. Each EMS agency must maintain quantities of medical care supplies, medications, and devices specified in the minimum equipment standards that are sufficient for the anticipated call volume.
- C. All required equipment and supplies must be kept clean, disinfected as appropriate, and in fully operable condition at all times.
- D. Any equipment requiring additional components to fully function must have those components available for immediate use, and their compatibility with such equipment must be confirmed.
- E. Equipment that is used for direct patient care but is no longer supported by the manufacturer or secondary-market vendors, and any required components are no longer manufactured, will not be considered operational and must be removed from service.
- F. All dated items, fluids, and medications must be unexpired.
- G. Packaging of sterile items must not be compromised.

Airway	Portable Suction & Tubing	X	X	X	X	X	X	X	X	X	X	X	X
Airway	Fixed Suction & Tubing					X	X	X	X	X	X	X	X
Airway	Tonsillar Suction Tip (Yankauer)	X	X	X	X	X	X	X	X	X	X	X	X
Airway	Advanced Airway Devices - Supraglottic (SGA)		O	X	X	O	X	X	X	O	X	X	X
Airway	End Tidal CO2 Detection Capability		O	X	X	O	X	X	X	O	X	X	X
Airway	CO Oximetry		O	O	O	O	O	O	O	O	O	O	O
Airway	Tube Holder		O	X	X	O	X	X	X	O	X	X	X
Airway	Endotracheal Tubes				X			X	X			X	X
Airway	ET Tube Stylettes				X			X	X			X	X
Airway	Laryngoscope Blades & Handle (with batteries)				X			X	X			X	X
Airway	Magill Forceps (Adult and Pediatric sizes)				X			X	X			X	X
Airway	Meconium Aspirator Adaptor				X			X	X			X	X
Airway	Needle Chest Decompression Equipment				X			X	X			X	X
Airway	Surgical Cricothyrotomy Kit				O			O	X			O	X
Oxygenation	Nasal Cannula	X	X	X	X	X	X	X	X	X	X	X	X
Oxygenation	Non-Rebreather Masks	X	X	X	X	X	X	X	X	X	X	X	X
Oxygenation	Oxygen Tubing	X	X	X	X	X	X	X	X	X	X	X	X
Oxygenation	Portable Oxygen with Regulator	X	X	X	X	X	X	X	X	X	X	X	X
Oxygenation	Fixed Oxygen Supply					X	X	X	X	X	X	X	X
Oxygenation	Oxygen Flow Meter (liter)					X	X	X	X	X	X	X	X
Oxygenation	CPAP					O	O	X	X	O	O	X	X
Oxygenation	Automated Transport Ventilator (Enhanced CC)								X				X
Oxygenation	Automated Transport Ventilator (intubated)							X	X			X	X
Cardiac	AED + Pads and Supplies (including pediatric)	X	X	X		X	X			X	X		
Cardiac	Monitor/Defibrillator + Pads & Supplies (including pediatric)				X			X	X			X	X
Cardiac	12 Lead EKG + Pads & Supplies	O	O	O	X	O	O	X	X	O	O	X	X
Cardiac	Transcutaneous Cardiac Pacemaker				X			X	X			X	X
IV/Med Delivery	IM Injection Needles	O	O	X	X	O	X	X	X	O	X	X	X
IV/Med Delivery	Syringes (Various sizes)	O	O	X	X	O	X	X	X	O	X	X	X
IV/Med Delivery	Intranasal Atomizer			X	X		X	X	X			X	X
IV/Med Delivery	Nebulizer			X	X		X	X	X			X	X
IV/Med Delivery	Intraosseous (IO) Needles or Devise		O	X	X	O	X	X	X	O	X	X	X
IV/Med Delivery	Venous Tourniquet		O	X	X	O	X	X	X	O	X	X	X
IV/Med Delivery	Intravenous Catheters		O	X	X	O	X	X	X	O	X	X	X
IV/Med Delivery	Intravenous Fluids		O	X	X	O	X	X	X	O	X	X	X

IV/Med Delivery	Intravenous Tubing Administration Sets		O	X	X	O	X	X	X	O	X	X	X
IV/Med Delivery	IV Fluid Pressure Bag		O	X	X	O	X	X	X	O	X	X	X
IV/Med Delivery	IV Infusion Pump								O			O	X
Misc	Bedpan/Urinal					X	X	X	X	X	X	X	X
Misc	Emesis Basin					X	X	X	X	X	X	X	X
Misc	Stair Chair					X	X	X	X				
Misc	Stretcher - Scoop					X	X	X	X				
Misc	Antimicrobial Hand Wash	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Biohazard Bags	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Disinfectant/Cleaning Supplies	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Safety Vests – NHTSA	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Sharps Containers (Fixed/Portable)	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Blanket	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Cot					X	X	X	X	X	X	X	X
Misc	Emergency Response Guidebook	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Fire Extinguisher	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Flashlight	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Mobile/Portable Radio (State Communications Fx)	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Traffic Warning Devices	X	X	X	X	X	X	X	X	X	X	X	X
Misc	Triage Tags	X	X	X	X	X	X	X	X	X	X	X	X
Specialty	BiPAP								O				X
Specialty	IABP Monitor								O			O	O
Specialty	Invasive Hemodynamic Monitor								O				

III. Equipment Specifications

The following specifications provide additional clarification for selected items in the equipment tables. The minimum number addresses *one patient capability*, which is being prepared to manage a single patient. Agencies that do not have multiple resources responding to manage multiple patients should stock additional items.

1. Advanced Airway Devices not Intended for Tracheal Insertion; This includes devices **such as the King, Igel, LMA, and Combi-Tube**. Two sets of various adult sizes required. Paramedic level services also require pediatric sizes.
2. Endotracheal Tubes; Sizes 2.5 –5.5 mm cuffed and/or un-cuffed and 6 – 8 mm cuffed; two (2) of each range; other sizes optional.
3. Laryngoscope Blades; Sizes 0 –4 straight (Miller); sizes 2–4 curved (MacIntosh) with spare bulbs, if used. Video laryngoscope also meets this requirement.
4. Laryngoscope Handle; Includes extra batteries, if used.
5. Chest Decompression Equipment; Large bore needle should be at least 3.25” in length for needle chest decompression in large adults.
6. Oropharyngeal Airways; Sizes 0–5 adult, child, and infant sizes; two (2) sets required.
7. Nasopharyngeal Airways; 16F–34F adult and child sizes; 2 sets of 5 required to include the smallest and largest sizes. Agency choice of mid range sizes.
8. Portable Suction; An electric portable suction may also be used as a fixed suction device when attached to a mounting system in the ambulance accessible for immediate use. An additional portable suction is also required if this configuration is used.
9. Flexible Suction Catheters; 6F–16F adult and child sizes; two (2) sets of four (4) required. Must have smallest and largest sizes. The agency may choose the additional mid range sizes.
10. Sphygmomanometer/Cuffs; Adult and pediatric sizes required to include, infant, child, adult, large adult. Manual type required.
11. Monitor/Defibrillator; Manual devices must include adult and pediatric capabilities. May be a multi-function or stand alone device. Include extra batteries ~~and tape~~.
12. End Tidal CO₂ Detection Capability; May be colormetric or quantitative. May be a stand alone device or component of multi-function monitor.
13. OB Kit; Commercially available or a dedicated locally developed equivalent.
14. Extrication Long Board; Impervious ridged (long; radiolucent preferred) head-to–feet length with at least three appropriate restraint straps.
15. Intravenous Fluids; Multiple bags; must include normal saline. Minimum two (2) liters per patient capability. Additional bags required if used for irrigation.
16. Bag Valve Mask Resuscitators; Adult and pediatric sizes with neonate, child, and adult masks. May also use multi-size capability masks (e.g. Blob).
17. Portable Oxygen Supply with Regulators; Minimum one (1) with one (1) extra cylinder available.
18. Traffic Warning Devices; Both light emitting and reflective.
19. Intraosseous Needles or Device; Appropriate for adult and pediatric use; two (2) needles minimum.
20. Intravenous Tubing Administration Sets; Macro and micro drip; minimum two (2) of each size.
21. Intravenous Catheters; 14 – 24 gauge; minimum two (2) of each size for each patient capability.
22. Large Sterile Dressings; Dressings capable of covering large wounds singularly or by using multiple dressings; multiple quantities. Typically range from 5x9 to 10x30 sizes.

Air Medical Rescue services must have access to all the required equipment and supplies listed in the Minimum Equipment Standards for their service type and clinical level, in the conditions specified in the Equipment Specifications, but they may use discretion in determining which equipment, and the amounts of such equipment,

to take on each mission based on aircraft and personnel safety and specific mission parameters.

Agencies whose Medical Directors and/or agency leadership have approved equipment, medications, or supplies not in the Minimum Equipment Requirements but is within the scope of practice at the agencies' clinical level, may elect to carry and utilize such items per agency protocols.



EMS AGENCY STANDARDS MANUAL 2024-1

EMS Agency Standards Manual, Edition 2024-1, is the standard for policies and agreements required for Idaho agency licensure.

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Zero-Based Regulation Review – 2023 for Rulemaking and 2024 Legislative Review

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EMS AGENCY LICENSING REQUIREMENTS WAIVERS

Waiver Of Personnel Requirements For Agency Licensing

This section explains the requirements and processes for obtaining a waiver of the IDAPA 16.01.03 section 300.01. Personnel Requirements for EMS Agency Licensure. An EMS agency must provide only those EMS services described in the most recent application on which the agency was issued a license by the EMS Bureau. There are two options for this waiver.

1. Personnel Requirement Waiver for Abandonment of Higher Service Level.

If granted, this waiver allows an agency to offer the same level of clinical services to their community on a part-time basis while maintaining the existing level of licensure and required equipment even though personnel licensed to provide care at the agency's license level are not available 24 hours a day, 7 days per week, or 365 days per year. Only 911 Response Transport or 911 Response Non-transport services are eligible for this waiver.

An agency applying for this waiver may submit a petition for waiver request to the EMS Bureau in IGEMS under Service Applications; Waiver - Agency Required Personnel. The following information is required to submit this waiver request:

- A. A description of how often the EMS response will be less than the highest level of licensure and what geographic coverage areas will be impacted.
- B. A copy of the agency's Operations Plan. Include how minimum equipment requirements will be met if not all vehicles will be equipped at the highest clinical level, how QA/QI will be performed, and any impacts to EMS agencies participating in coordinated emergency response for the geographic coverage area.
- C. A copy of the Patient Care Integration Agreement between transport and non-transport services in the geographic coverage area. That clarifies roles and responsibilities when response will be less than the highest level of licensure.
- D. A description of the initiatives underway or planned to remove the need of the waiver.

2. Personnel Requirement Waiver for Improving Access to a Higher Service Level.

If granted, this waiver allows an agency to offer services at a higher clinical level than currently licensed, but on a part-time basis because personnel licensed at the higher clinical level are not available 24 hours a day, 7 days per week, or 365 days per year.

An agency seeking this waiver must submit to the EMS Bureau an Agency License - Initial application for 911 Response Transport or 911 Response Non-transport services at the highest requested clinical level and successfully demonstrate compliance with Idaho statutes and administrative rules including clinical capabilities, equipment requirements, and dispatching requirements for the type of service and level of license to be issued.

An agency applying for this waiver will submit the petition for waiver on the Agency License – Initial application available in IGEMS under Service Applications. The following information is required to submit this waiver request:

- A. Description of how often the EMS response will be less than the highest level of licensure and what geographic coverage areas will be impacted.
- B. A copy of the agency's Operations Plan. Include how minimum equipment requirements will be met if not all vehicles will be equipped at the highest clinical level, how QA/QI will be performed, and any impacts to EMS agencies participating in coordinated emergency response for the geographic coverage area.
- C. A copy of the Patient Care Integration Agreement between transport and non-transport services in the geographic coverage area. That clarifies roles and responsibilities when response will be less than the highest level of licensure.
- D. A description of the initiatives underway or planned that will remove the need of the waiver.

Additional requirements when petitioning for a waiver on the Agency License – Initial application:

- E. The EMS Physician Commission will review ALS waiver requests when the medical director has not provided medical direction for an ALS service previously.
- F. When applying, there must be at least one provider affiliated that is licensed, or holds a COE, at the desired clinical level or higher for the application to be approved.

Waiver Of 24/7 Response Requirement

Each EMS agency must respond to calls on a twenty-four (24) hour a day basis within the agency's declared geographic coverage area unless a waiver exists. The following paragraphs explain the different response waivers and the methods for requesting them.

1. Requesting a Waiver of 24/7 Response Requirement for a Non-Transport Service

The controlling authority of a non-transport agency may petition the EMS Bureau for a waiver of the twenty-four (24) hour response requirement if one (1) or more of the following conditions exist:

- Not Populated on 24-Hour Basis. The community, setting, industrial site, or event being served by the agency is not populated on a twenty-four (24) hour basis.
- Not on Daily Basis Per Year. The community, setting, industrial site, or event being served by the agency does not exist on a three hundred sixty-five (365) day per year basis.
- Undue Hardship on Community. The provision of twenty-four (24) hour response would cause an undue hardship on the community being served by the agency.
- Abandonment of Service. The provision of twenty-four (24) hour response would cause abandonment of the service provided by the agency.

A non-transport agency desiring a waiver of the twenty-four (24) hour response requirement must submit a petition for waiver to the EMS Bureau or an applicant for a non-transport agency license desiring a waiver of the twenty-four (24) hour response requirement must declare the request for

waiver on the initial application for agency licensure to the EMS Bureau and provide the information as described in the petition content requirements for the condition.

Petition Content - Not Populated on a 24-Hour or Daily Basis

A non-transport agency with a service area with less than twenty-four (24) hours population or less than three-hundred sixty-five (365) days per year population must include the following information on the petition for waiver of the twenty-four (24) hour response requirement:

- A. A description of the hours or days the geographic area is populated.
- B. A staffing and deployment plan that ensures EMS response availability for the anticipated call volume during the hours or days of operation.

Petition Content - Undue Hardship or Abandonment of Service

A non-transport agency must include the following information on the application for waiver of the twenty-four (24) hour response requirement when that provision would cause an undue hardship on the community being served by the agency or abandonment of service:

- A. A description of the applicant's operational limitations to provide twenty-four (24) hour response.
- B. A description of the initiatives underway or planned to provide twenty-four (24) hour response.
- C. A staffing and deployment plan identifying the agency's response capabilities and back up plans for services to the community when the agency is unavailable.
- D. A description of the collaboration that exists with all other EMS agencies providing services within the applicant's geographic response area.

2. Requesting A Waiver Of 24/7 Response Requirement for an Ambulance Service or Air Medical Service

The controlling authority of an existing Ambulance Service or Air Medical Service may petition the Board of Health for a waiver of the twenty-four (24) hour response requirement if one (1) or more of the following conditions exist:

- Undue Hardship on Community. The provision of twenty-four (24) hour response would cause an undue hardship on the community being served by the agency.
- Abandonment of Service. The provision of twenty-four (24) hour response would cause abandonment of the service provided by the agency.

Petition Content - Undue Hardship or Abandonment of Service

An Ambulance Service or Air Medical Service must include the following information on the petition for waiver of the twenty-four (24) hour response:

- A. A description of the petitioner's operational limitations to provide twenty-four (24) hour response.

- B. A description of the initiatives underway or planned to provide twenty-four (24) hour response.
- C. A staffing and deployment plan identifying the agency's response capabilities and back-up plans for services to the community when the agency is unavailable.
- D. A description of the collaboration that exists with all other EMS agencies providing services within the petitioner's geographic response area.

Renewal of Waivers.

The controlling authority of a non-transport agency desiring to renew a waiver of the twenty-four (24) hour response requirement must declare the request for renewal of the waiver on the annual renewal application for agency licensure to the EMS Bureau.

EMS AGENCY REQUIRED POLICIES AND AGREEMENTS

EMS AGENCY -- PLANNED DEPLOYMENT AGREEMENTS

Each EMS agency that utilizes a planned deployment must develop a cooperative planned deployment agreement between the EMS agencies. The agreement must include the following:

1. Chief Administrative Officials. Approval of the chief administrative officials of each EMS agency entering into the agreement either as the receiver of the planned deployment or the provider of the planned deployment.
2. Medical Directors. Approval of the medical directors of each EMS agency entering into the agreement either as the receiver of the planned deployment or the provider of the planned deployment.
3. Geographic Locations and Services. The agreement must provide the geographic locations and the services to be provided by the planned deployment.
4. Shared Resources. The agreement must provide for any sharing of resources between each EMS agency covered by the planned deployment.
5. Equipment and Medication. The agreement must provide for the availability and responsibility of equipment and medications for each EMS agency covered by the planned deployment.
6. Patient Integration of Care. The agreement must provide patient integration of care by each EMS agency covered by the planned deployment.
7. Patient Transport. The agreement must provide for patient transport considerations by each EMS agency covered by the planned deployment.
8. Medical Supervision. The agreement must have provisions for medical supervision of each EMS agency covered by the planned deployment.
9. Quality Assurance. The agreement must provide for quality assurance and retrospective case reviews by each EMS agency covered by the planned deployment.

AIR MEDICAL EMS AGENCY -- REQUIRED POLICIES

Each Air Medical EMS agency must have the following policies on file with the EMS Bureau as described:

1. **Non-Discrimination Policy.** Each air medical EMS agency must have written non-discrimination policies to ensure that requests for service are not evaluated based on the patient's ability to pay.
2. **Weather Turn Down Policy.** Each air medical EMS agency must immediately notify other air medical agencies in common geographical areas and the Idaho EMS State Communications Center about any requests for services declined or aborted due to weather. Notification to other agencies of flights declined or aborted due to weather must be documented.
3. **Patient Destination Procedure.** Each air medical EMS agency must maintain written procedures for the determination of patient destination. These procedures must:
 - a. Consider the licensed EMS agency destination protocol and medical supervision received;
 - b. Be made available to licensed EMS agencies that utilize their services;
 - c. Honor patient preference if:
 - i. The requested facility is capable of providing the necessary medical care; and
 - ii. The requested facility is located within a reasonable distance not compromising patient care or the EMS system.
4. **Safety Program Policy.** Each air medical EMS agency must maintain a safety program policy that includes:
 - a. Designation of a safety officer;
 - b. Designation of a multi-disciplinary safety committee that includes: pilot, medical personnel, mechanic, communication specialist, and administrative staff;
 - c. Post-Accident Incident Plan;
 - d. Fitness for Duty Requirements;
 - e. Annual Air Medical Resource Management Training;
 - f. Procedures for allowing a crew member to decline or abort a flight;
 - g. Necessary personal equipment, apparel, and survival gear appropriate to the flight environment. Helmets must be required for each EMS crew member and pilot during helicopter operations; and
 - h. A procedure to review each flight for safety concerns and report those concerns to the safety committee.
5. **Training Policy.** Each air medical EMS agency must have written documentation of initial and annual air medical specific recurrent training for air ambulance personnel. Education content must include:
 - a. Altitude physiology;

- b. Stressors of flight;
- c. Air medical resource management;
- d. Survival;
- e. Navigation; and
- f. Aviation safety issues including emergency procedures.

EMS AGENCY CRITERIA TO UTILIZE AIR MEDICAL RESPONSE

Each ground EMS agency must establish written criteria for the agency's licensed EMS personnel that provides decision-making guidance for requesting an air medical response to an emergency scene. These criteria must be approved by the agency's medical director. The following conditions must be included in the criteria:

1. **Clinical Conditions.** Each licensed EMS agency must develop written criteria based on best medical practice principles for requesting an air medical response for the following clinical conditions:
 - a. The patient has a penetrating or crush injury to head, neck, chest, abdomen, or pelvis;
 - b. Neurological presentation suggestive of spinal cord injury;
 - c. Evidence of a skull fracture (depressed, open, or basilar) as detected visually or by palpation;
 - d. Fracture or dislocation with absent distal pulse;
 - e. A glasgow coma score of ten (10) or less;
 - f. Unstable vital signs with evidence of shock;
 - g. Cardiac arrest;
 - h. Respiratory arrest;
 - i. Respiratory distress;
 - j. Upper airway compromise;
 - k. Anaphylaxis;
 - l. Near drowning;
 - m. Changes in level of consciousness;
 - n. Amputation of an extremity; and
 - o. Burns greater than twenty percent (20%) of body surface or with suspected airway compromise.
2. **Complications to Clinical Conditions.** Each licensed EMS agency must develop a written policy that provides guidance for requesting an air medical response when there are complicating conditions associated with the clinical conditions listed in Subsection 700.01 of this rule. The complicating conditions must include the following:

- a. Extremes of age;
 - b. Pregnancy; and
 - c. Patient “do not resuscitate” status.
3. **Operational Conditions for Air Medical Response.** Each licensed EMS agency must have written criteria to provide guidance to the licensed EMS personnel for the following operational conditions:
- a. Availability of local hospitals and regional medical centers;
 - b. Air medical response to the scene and transport to an appropriate hospital will be significantly shorter than ground transport time;
 - c. Access to time sensitive medical interventions such as percutaneous coronary intervention, thrombolytic administration for stroke, or cardiac care;
 - d. When the patient's clinical condition indicates the need for advanced life support and air medical is the most readily available access to advanced life support capabilities;
 - e. As an additional resource for a multiple patient incident;
 - f. Remote location of the patient; and
 - g. Local destination protocols.

EMS PERSONNEL REQUEST FOR AIR MEDICAL RESPONSE.

Licensed EMS personnel en route to or at the emergency scene have the primary responsibility and authority to request the response of air medical services using the local incident management system and licensed EMS agency written criteria described in Section 700 of these rules.

CANCELLATION OF AN AIR MEDICAL RESPONSE.

Following dispatch of air medical services, an air medical response may only be canceled upon completion of a patient assessment performed by licensed EMS personnel.

SELECTION OF AIR MEDICAL AGENCY.

Each EMS agency has the responsibility to select an appropriate air medical service and must have on file selection policies.

1. **Written Policy to Select Air Medical Agency.** Each EMS agency must have a written policy that establishes a process to select an air medical service.
2. **Policy for Patient Requests.** The written policy must direct EMS personnel to honor a patient request for a specific air medical service when the circumstances will not jeopardize patient safety or delay patient care.

COMMUNICATIONS WITH AIR MEDICAL SERVICES.

1. Responsibility to Request an Air Medical Response. In compliance with the local incident management system, each EMS agency must establish a uniform method of communication to request an air medical response.
2. Required Information to Request an Air Medical Response. Requests for an air medical response must include the following information as it becomes available:
 - a. Type of incident;
 - b. Landing zone location or GPS (latitude/longitude) coordinates, or both;
 - c. Scene contact unit or scene incident commander, or both;
 - d. Number of patients if known;
 - e. Need for special equipment
 - f. Estimated weight of the patient;
 - g. How to contact on scene EMS personnel; and
 - h. How to contact the landing zone officer.
3. Notification of Air Medical Response. The air medical agency must notify the State EMS Communication Center within ten (10) minutes of launching an aircraft in response to a request for medical transport. Notification must include:
 - a. The name of the requesting entity;
 - b. Location of the landing zone; and
 - c. Scene contact unit and scene incident commander, if known.
4. Estimated Time of Arrival at the Specified Landing Zone. Upon receipt of a request for air medical emergency services, the air medical agency must provide the requesting entity with an estimated time of arrival (ETA) at the location of the specified landing zone. All changes to that ETA must immediately be reported to the requesting entity. ETAs are to be reported in clock time, specific to the appropriate time zone.
5. Confirmation of Air Medical Response Availability. Upon receipt of a request for an air medical response, the air medical agency must inform the requesting entity whether the specified air medical unit is immediately available to respond.

LANDING ZONE PROCEDURES FOR AIR MEDICAL RESPONSE.

1. Establish Landing Zone Procedures. A licensed ambulance or non-transport EMS agency in conjunction with an air medical agency must have written procedures for the establishment of a landing zone. These procedures must be compatible with the local incident management system.
2. Responsibilities of Landing Zone Officer. The procedures for establishment of a landing zone must include identification of a Landing Zone Officer who is responsible for the following:
 - a. Landing zone preparation;
 - b. Landing zone safety; and

- c. Communication between the ground EMS agency and the air medical agency.
3. Decision to Use Established Landing Zone. The air medical pilot may refuse the use of an established landing zone. In the event of a pilot's refusal to land, the landing zone officer must initiate communications to identify an alternate landing zone.

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