

Dear Senators LODGE, Broadsword & LeFavour, and  
Representatives BLOCK, Nielsen & Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed  
rules of the Dept. Of Health & Welfare:

IDAPA 16.02.02 - Rules of the Emergency Medical Services (EMS)

Physician (Docket #16-0202-0902) (Temporary and Proposed);

IDAPA 16.02.03 - Rules Governing Emergency Medical Services

(Docket #16-0203-0901) (Temporary and Proposed).

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 11-13-09. 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 12-11-09.

\_\_\_\_\_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 334-2475, or send a written request to the address or FAX number indicated on the memorandum enclosed.

## MEMORANDUM

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

**FROM:** Research & Legislation Staff - Paige Alan Parker

**DATE:** October 26, 2009

**SUBJECT:** Department of Health and Welfare - IDAPA 16.02.02 - Rules of the Emergency Medical Services (EMS) Physician (Docket #16-0202-0902) (Temporary and Proposed); IDAPA 16.02.03 - Rules Governing Emergency Medical Services (Docket #16-0203-0901) (Temporary and Proposed)

The Department presents two temporary and proposed rule dockets dealing with emergency medical services. The first is Docket No. 16-0202-0902, regarding the Emergency Medical Services (EMS) Physician Commission; the second is Docket No. 16-0203-0901, regarding Rules Governing Emergency Medical Services (hereinafter collectively and individually “proposed rule”). The Governor’s justification for temporary imposition of these rules is to ensure public health, safety and welfare and to comply with SB 1108 (2009). The effective date of Docket No. 16-0202-0902 temporary rule was July 1, 2009, while the temporary rule in Docket No. 16-0203-0901 was July 1 and October 1, 2009.

SB 1108 (2009) refined content in the current EMS code to include contemporary terms and clarified the role of the EMS bureau, including its authority to investigate and act against those licenses when violations of laws or rules occur. The bill also clarified that personnel are licensed rather than certified.

The Department states that Docket No. 16-0202-0902 is authorized by sections 56-1013A and 56-1017, Idaho Code. Section 56-1013A creates the Medical Services Physician (EMS) Commission. Section 56-1017, amended and redesignated by SB 1108 (2009) as section 56-1023, Idaho Code, authorizes and directs the EMS Commission to adopt appropriate rules defining the allowable scope of practice and the acts and duties which can be performed by persons licensed by the EMS Bureau. That section also gives the Board of Health and Welfare rulemaking authority which must be consistent with the rules adopted by the Commission.

The Department states that Docket No. 16-0203-0901 is authorized by section 56-1003 and 56-1023, Idaho Code. Section 56-1023 is discussed above. Section 56-1003 details the powers and duties of the Department's Director. Among those powers are the authority to adopt, promulgate and enforce rules (except where the authority is vested in the Board), to issue licenses and permits as prescribed by law and by the rules of the Board and to supervise and administer an emergency medical service program.

According to the Department, the purposes of these temporary and proposed rule dockets are:

Docket No. 16-0202-0902 - to revise the Incorporation by Reference section with the updated version of the IMS Physician Commission Standard Manual, described as a "scope of practice" manual that governs the medications, devices and clinical interventions that EMS personnel can use to treat patients at emergency scenes and in ambulances, to eliminate duplication between the rule and the Manual and to align the rule with the changes made by SB 1108.

Docket No. 16-0203-0901 - to align the rule with SB 1108, including the removal of all references to Emergency Medical Technician - Intermediate (EMT-I).

According to the Department, the proposed rule does not impose a fee or charge and will not impact the state General Fund. According to the Department, negotiated rulemaking was conducted for Docket No. 16-0202-0902 pursuant to published notice but was not conducted for Docket No. 16-0203-0901 because the content of the proposed updates to the EMS Physician Commission Standards Manual already represents extensive input from stakeholders gathered during 2008 and 2009.

The Department states that public hearings will be scheduled on Docket No. 16-0202-0902 if requested in writing by 25 persons, a political subdivision or an agency not later than July 16, 2008. A public hearing is scheduled in Boise on Docket No. 16-0203-0901. The Department states that all written comments must be delivered to the Department on or before October 28, 2009.

## **ANALYSIS**

### **A. Docket No. 16-0202-0902**

Throughout the proposed rule, "certified" has been replaced with "licensed." This is in keeping with SB 1108.

Regarding its legal authority, section 000, the proposed rule includes air medical as one of the services for which the Commission is authorized to undertake rulemaking. However, the

proposed rule has failed to take note that section 56-1017, Idaho Code, has been redesignated as section 56-1023, Idaho Code. The Idaho Emergency Medical Services (EMS) Physician

Commission Standards Manual has been updated to the 2009-3 edition in the incorporation by reference section 004. Apparently, the Manual is not available online.

The definition of “physician” has been clarified to include persons licensed by the Board of Medicine to practice osteopathic medicine and surgery or osteopathic medicine, in parallel with section 54-1803, Idaho Code. Section 010.21.

The requirements for a medical supervision plan have been removed by the proposed rule. Instead, the proposed rule provides that the requirements for the plan are to be found in the Manual that has been incorporated by reference. Section 400.06.

## **B. Docket No. 16-0203-0901**

The proposed rule includes references to licensure and licensing and appropriately substitutes “licensed” for “certified” throughout, reflecting the terminology change in SB 1108.

The proposed rule’s legal authority section 000 correctly notes that the Director is authorized to supervise and administer an emergency medical service program pursuant to section 56-1003, Idaho Code, and correctly updates the Board’s rulemaking authority from section 56-1017 to section 56-1023, Idaho Code. New section 009 requires a criminal history and background check for candidates for initial licensure.

The proposed rule has modified, added and deleted definitions in accordance with SB 1108. These definition changes are reflected in the body of the proposed rule. The definition of “physician” has been clarified to include persons licensed by the Board of Medicine to practice osteopathic medicine and surgery or osteopathic medicine, in parallel with section 54-1803, Idaho Code. Section 010.38. The newly defined term, “air ambulance,” has been included in the ambulance service standards section 300. The reference to Emergency Medical Technician - Intermediate (EMT-I) has been deleted from the definitions and the EMT-I classification no longer has a representative serving as a member of the Statewide EMS Advisory Committee, section 100.01

One of the purposes of the EMS Advisory Committee, reviewing and making recommendations for disciplinary action regarding EMS personnel who have not complied with EMS policies, has been deleted by the proposed rule. Section 100.02. A preliminary investigation by the EMS Bureau regarding an alleged disciplinary violation is to be reported to the Commission for a recommendation of appropriate action, rather than to the EMS Advisory Committee Disciplinary Subcommittee, under the proposed rule. Section 601. These changes are consistent with SB 1108. The proposed rule correctly reflects that the Commission, rather than the Board, establishes scope of practice for level of licensure. Section 205. This change is

consistent with existing statute.

Under the proposed rule, all applicant nontransport services must submit records containing specified information to the Bureau of each EMS response on an approved form at least quarterly. Section 301.04. The proposed rule deletes the subsection dealing with nontransport service minimum standards waiver. Former section 301.12. However, SB 1108 specifically included such a waiver in its amendment to section 56-1016, Idaho Code. Perhaps the Department believes that the statutory waiver provisions stand on their own.

The proposed rule substitutes a reference to the IDAPA Rules of the Idaho EMS Commission in place of the repealed IDAPA Rules for EMS Personnel, regarding pre-hospital advanced life support standards, section 325, advanced life support transfer standards, section 330, critical care transfer service standards, section 335, and administrative license action, section 514.

### **SUMMARY**

The Department's proposed rules appear to be authorized under section 56-1023, Idaho Code, and consistent with SB 1108.

cc: Department of Health and Welfare  
Tamara Prisock, Dia Gainor and Wayne Denny

## IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

### 16.02.02 - RULES OF THE EMERGENCY MEDICAL SERVICES (EMS) PHYSICIAN COMMISSION

DOCKET NO. 16-0202-0902

#### NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

**EFFECTIVE DATE:** The effective dates of the temporary rule are July 1, 2009, and October 1, 2009.

**AUTHORITY:** In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-1013A and 56-1017, Idaho Code, and Senate Bill 1108a, 2009.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than Wednesday, October 21, 2009.

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.

**DESCRIPTIVE SUMMARY:** The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The following changes are being made in this rulemaking:

1. The "Incorporation by Reference" section of these rules was revised with the updated edition number of the EMS Physician Commission Standards Manual. This revision to rule ensures that the most recent edition of the manual has the force and effect of law. To best protect the public's health and safety, the Emergency Medical Services (EMS) Physician Commission has amended their Standards Manual that is incorporated by reference in this chapter of rules. This Standards Manual is a "scope of practice" manual that governs the medications, devices, and clinical interventions that EMS personnel can use to treat patients at emergency scenes and in ambulances.
2. In addition, to keep the rule aligned with changes being made to the incorporated manual and eliminate duplication between the rule and the manual, the text of the rule was amended. The list in rule of required elements for the EMS medical supervision plan was deleted. This list of required elements is found in the Standards Manual. Any updates to the list will be made in the manual.
3. Finally, the chapter was amended to align it with changes related to EMS made to Idaho statute under Senate Bill 1108a (2009).

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Sections 67-5226(1)(a) and (b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate as it is necessary to protect public health, safety, and welfare, and to comply with amendments made to governing law under Senate Bill 1108a, passed by the 2009 Legislature.

**FEE SUMMARY:** Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: NA

**FISCAL IMPACT:** The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year. NA

**NEGOTIATED RULEMAKING:** Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted because the content of the proposed updates to the EMS Physician Commission Standards Manual already represents extensive input from stakeholders gathered during 2008 and 2009.

**NOTE:** The EMS Physician Commission is itself a representative body of emergency medicine physicians and citizens with EMS experience from across the state.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the temporary and proposed rule, contact Dia Gainor at (208) 334-4000.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before Wednesday, October 28, 2009.

DATED this 14th day of September, 2009.

Tamara Prisock  
DHW - Administrative Procedures Section  
450 W. State Street - 10th Floor  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-5564 phone; (208) 334-6558 fax  
dhwrules@dhw.idaho.gov e-mail

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**THE FOLLOWING IS THE TEMPORARY AND PROPOSED TEXT OF DOCKET NO. 16-0202-0902**

**000. LEGAL AUTHORITY.**

Under Sections 56-1013A and 56-1017, Idaho Code, the Idaho Emergency Medical Services (EMS) Physician Commission is authorized to promulgate these rules for the purpose of establishing standards for scope of practice and medical supervision for ~~certified~~ licensed personnel, air medical, ambulance services, and nontransport agencies licensed by the Department of Health and Welfare. ~~(4-2-08)~~(7-1-09)T

**001. TITLE AND SCOPE.**

**01. Title.** The title of these rules is IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." ~~(4-2-08)~~

**02. Scope.** The scope of these rules is to define the allowable scope of practice, acts, and duties that can be performed by persons ~~certified~~ licensed as emergency medical services personnel by the Department of Health and Welfare Emergency Medical Services (EMS) Bureau and to define the required level of supervision by a physician. ~~(4-2-08)~~(7-1-09)T

**(BREAK IN CONTINUITY OF SECTIONS)**

**003. ADMINISTRATIVE APPEALS AND INVESTIGATIONS.**

**01. Administrative Appeals.** Provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings," govern administrative appeals. ~~(4-2-08)~~

**02. Physician Complaint Investigations.** The provisions of the rules of the Board of Medicine, IDAPA 22.01.14, "Rules Relating to Complaint Investigation," govern investigation of complaints regarding physicians. ~~(4-2-08)~~

**03. EMS Personnel and EMS Agency Complaint Investigations.** The provisions of IDAPA 16.02.03, "Rules Governing Emergency Medical Services," govern investigation of complaints regarding ~~certified~~ licensed EMS personnel and EMS Agencies. (~~4-2-08~~)(7-1-09)T

**004. INCORPORATION BY REFERENCE.**

The Idaho Emergency Medical Services (EMS) Physician Commission has adopted the Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual, edition 2007~~9~~-~~13~~, and hereby incorporates this Standards Manual by reference. Copies of the manual may be obtained from the EMS Bureau located at 590 W. Washington Street, Boise, Idaho, 83702, whose mailing address is P.O. 83720, Boise, Idaho 83720-0036. (~~4-2-08~~)(10-1-09)T

**(BREAK IN CONTINUITY OF SECTIONS)**

**006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.**

**01. Confidential Records.** Any information about an individual covered by these rules and contained in the Department's records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (4-2-08)

**02. Public Records.** The Department will comply with Sections 9-337 through 9-350, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (4-2-08)

**03. EMS Complaints.** The provisions of IDAPA 16.02.03, "Rules Governing Emergency Medical Services," govern the confidentiality of the investigation of complaints regarding ~~certified~~ licensed EMS personnel. (~~4-2-08~~)(7-1-09)T

**007. -- 009. (RESERVED).**

**010. DEFINITIONS.**

In addition to the applicable definitions in Section 56-1012, Idaho Code, and IDAPA 16.02.03, "Rules Governing Emergency Medical Services," the following terms are used in this chapter as defined below: (4-2-08)

**01. ~~Certification~~ License.** A license issued by the EMS Bureau to an individual for a specified period of time indicating that minimum standards corresponding to one (1) of several levels of EMS proficiency have been met. (~~4-2-08~~)(7-1-09)T

**02. ~~Certified~~ Licensed EMS Personnel.** Individuals who possess a valid ~~certification~~ license issued by the EMS Bureau. (~~4-2-08~~)(7-1-09)T

**03. Credentialed EMS Personnel.** Individuals who are authorized to provide medical care by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. (4-2-08)

**04. Credentialing.** The local process by which ~~certified~~ 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. (~~4-2-08~~)(7-1-09)T

**05. Designated Clinician.** A licensed Physician Assistant (PA) or Nurse Practitioner designated by the EMS medical director, hospital supervising physician, or medical clinic supervising physician who is responsible for direct (on-line) medical supervision of ~~certified~~ licensed EMS personnel in the temporary absence of the EMS medical director. (~~4-2-08~~)(7-1-09)T

**06. Direct (On-Line) Supervision.** Contemporaneous instructions and directives about a specific

patient encounter provided by a physician or designated clinician to ~~certified~~ licensed EMS personnel who are providing medical care. (4-2-08)(7-1-09)T

**07. Emergency Medical Services (EMS).** The services utilized in responding to a perceived individual need for immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. (4-2-08)

**08. Emergency Medical Services (EMS) Bureau.** The Emergency Medical Services (EMS) Bureau of the Idaho Department of Health and Welfare. (4-2-08)

**09. Emergency Medical Services (EMS) Physician Commission.** The Idaho Emergency Medical Services Physician Commission as created under Section 56-1013A, Idaho Code, hereafter referred to as “the Commission.” (4-2-08)

**10. EMS Agency.** An organization licensed by the EMS Bureau to provide emergency medical services in Idaho. (4-2-08)

**11. EMS Medical Director.** A physician who supervises the medical activities of ~~certified~~ licensed personnel affiliated with an EMS agency. (4-2-08)(7-1-09)T

**12. 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. (4-2-08)

**13. Hospital Supervising Physician.** A physician who supervises the medical activities of ~~certified~~ licensed EMS personnel while employed or utilized for delivery of services in a hospital. (4-2-08)(7-1-09)T

**14. Indirect (Off-Line) Supervision.** The medical supervision, provided by a physician, to ~~certified~~ licensed EMS personnel who are providing medical care including EMS system design, education, quality management, patient care guidelines, medical policies, and compliance. (4-2-08)(7-1-09)T

**15. Medical Clinic.** A place devoted primarily to the maintenance and operation of facilities for outpatient medical, surgical, and emergency care of acute and chronic conditions or injury. (4-2-08)

**16. Medical Clinic Supervising Physician.** A physician who supervises the medical activities of ~~certified~~ licensed EMS personnel while employed or utilized for delivery of services in a medical clinic. (4-2-08)(7-1-09)T

**17. Medical Supervision.** The advice and direction provided by a physician, or under the direction of a physician, to ~~certified~~ licensed EMS personnel who are providing medical care, including direct and indirect supervision. (4-2-08)(7-1-09)T

**18. Medical Supervision Plan.** The written document describing the provisions for medical supervision of ~~certified~~ licensed EMS personnel. (4-2-08)(7-1-09)T

**19. Nurse Practitioner.** An Advanced Practice Professional Nurse, licensed in the category of Nurse Practitioner, as defined in IDAPA 23.01.01, “Rules of the Idaho Board of Nursing.” (4-2-08)

**20. Out-of-Hospital.** Any setting outside of a hospital, including inter-facility transfers, in which the provision of emergency medical services may take place. (4-2-08)

**21. Physician.** In accordance with Section 54-1803, Idaho Code, ~~A~~ a person who holds a current active license issued by the Board of Medicine to practice medicine and surgery, ~~or~~ osteopathic medicine ~~or~~ and surgery, or osteopathic medicine in Idaho and is in good standing with no restriction upon, or actions taken against, his license. (4-2-08)(7-1-09)T

**22. Physician Assistant.** A person who meets all the applicable requirements to practice as a licensed physician assistant under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.03, “Rules for the Licensure of

Physician Assistants.” (4-2-08)

**011. -- 094. (RESERVED).**

**095. GENERAL PROVISIONS.**

**01. Practice of Medicine.** This chapter does not authorize the practice of medicine or any of its branches by a person not licensed to do so by the Board of Medicine. (4-2-08)

**02. Patient Consent.** The provision or refusal of consent for individuals receiving emergency medical services is governed by Title 39, Chapter 43, Idaho Code. (4-2-08)

**03. System Consistency.** All EMS medical directors, hospital supervising physicians, and medical clinic supervising physicians must collaborate to ensure EMS agencies and ~~certified~~ licensed EMS personnel have protocols, policies, standards of care, and procedures that are consistent and compatible with one another. ~~(4-2-08)~~(7-1-09)T

**096. -- 099. (RESERVED).**

**100. GENERAL DUTIES OF EMS PERSONNEL.**

**01. General Duties.** General duties of EMS personnel include the following: (4-2-08)

**a.** ~~Certified~~ Licensed EMS personnel must possess a valid ~~certification~~ license issued by the EMS Bureau equivalent to or higher than the scope of practice authorized by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. ~~(4-2-08)~~(7-1-09)T

**b.** ~~Certified~~ Licensed EMS personnel must only provide patient care for which they have been trained, based on curricula or specialized training approved according to IDAPA 16.02.03, “Rules Governing Emergency Medical Services,” or additional training approved by the hospital or medical clinic supervising physician. ~~(4-2-08)~~(7-1-09)T

**c.** ~~Certified~~ Licensed EMS personnel must not perform a task or tasks within their scope of practice that have been specifically prohibited by their EMS medical director, hospital supervising physician, or medical clinic supervising physician. ~~(4-2-08)~~(7-1-09)T

**d.** ~~Certified~~ Licensed EMS personnel that possess a valid credential issued by the EMS medical director, hospital supervising physician, or medical clinic supervising physician are authorized to provide services when representing an Idaho EMS agency, hospital, or medical clinic and under any one (1) of the following conditions: ~~(4-2-08)~~(7-1-09)T

i. When part of a documented, planned deployment of personnel resources approved by the EMS medical director, hospital supervising physician, or medical clinic supervising physician; or (4-2-08)

ii. When, in a manner approved by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, administering first aid or emergency medical attention in accordance with Section 5-330 or 5-331, Idaho Code, without expectation of remuneration; or (4-2-08)

iii. When participating in a training program approved by the EMS Bureau, the EMS medical director, hospital supervising physician, or medical clinic supervising physician. (4-2-08)

**02. Scope of Practice.** (4-2-08)

**a.** The Commission maintains an “EMS Physician Commission Standards Manual” that: (4-2-08)

i. Establishes the scope of practice of ~~certified~~ licensed EMS personnel; and ~~(4-2-08)~~(7-1-09)T

ii. Specifies the type and degree of medical supervision for specific skills, treatments, and procedures by level of EMS ~~certification~~ licensure. (4-2-08)(7-1-09)T

b. The Commission will consider the United States Department of Transportation's National EMS Scope of Practice Model when preparing or revising the standards manual described in Subsection 100.02.a. of this rule; (4-2-08)

c. The scope of practice established by the EMS Physician Commission determines the objectives of applicable curricula and specialized education of ~~certified~~ licensed EMS personnel. (4-2-08)(7-1-09)T

d. The scope of practice does not define a standard of care, nor does it define what should be done in a given situation; (4-2-08)

e. ~~Certified~~ Licensed EMS personnel must not provide out-of-hospital patient care that exceeds the scope of practice established by the Commission; (4-2-08)(7-1-09)T

f. ~~Certified~~ Licensed EMS personnel must be credentialed by the EMS medical director, hospital supervising physician, or medical clinic supervising physician to be authorized for their scope of practice; (4-2-08)(7-1-09)T

g. The credentialing of ~~certified~~ licensed EMS personnel affiliated with an EMS agency, in accordance with IDAPA 16.02.03, "Rules Governing Emergency Medical Services," must not exceed the licensure level of that EMS agency; and (4-2-08)(7-1-09)T

h. The patient care provided by ~~certified~~ licensed EMS personnel must conform to the Medical Supervision Plan as authorized by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. (4-2-08)(7-1-09)T

**101. -- 199. (RESERVED).**

**200. EMS MEDICAL DIRECTOR, HOSPITAL SUPERVISING PHYSICIAN, AND MEDICAL CLINIC SUPERVISING PHYSICIAN QUALIFICATIONS.**

The EMS Medical Director, Hospital Supervising Physician, and Medical Clinic Supervising Physician must: (4-2-08)

**01. Accept Responsibility.** Accept responsibility for the medical direction and medical supervision of the activities provided by ~~certified~~ licensed EMS personnel. (4-2-08)(7-1-09)T

**02. Maintain Knowledge of EMS Systems.** Obtain and maintain knowledge of the contemporary design and operation of EMS systems. (4-2-08)

**03. Maintain Knowledge of Idaho EMS.** Obtain and maintain knowledge of Idaho EMS laws, regulations, and standards manuals. (4-2-08)

**201. -- 299. (RESERVED).**

**300. EMS MEDICAL DIRECTOR, HOSPITAL SUPERVISING PHYSICIAN, AND MEDICAL CLINIC SUPERVISING PHYSICIAN RESPONSIBILITIES AND AUTHORITY.**

**01. Documentation of Written Agreement.** The EMS medical director must document a written agreement with the EMS agency to supervise ~~certified~~ licensed EMS personnel and provide such documentation to the EMS Bureau annually or upon request. (4-2-08)(7-1-09)T

**02. Approval for EMS Personnel to Function.** (4-2-08)

a. The explicit approval of the EMS medical director, hospital supervising physician, or medical clinic supervising physician is required for ~~certified~~ licensed EMS personnel under his supervision to provide medical

care. ~~(4-2-08)~~(7-1-09)T

**b.** The EMS medical director, hospital supervising physician, or medical clinic supervising physician may credential ~~certified~~ licensed EMS personnel under his supervision with a limited scope of practice relative to that allowed by the EMS Physician Commission, or with a limited scope of practice corresponding to a lower level of EMS ~~certification~~ licensure. ~~(4-2-08)~~(7-1-09)T

**03. Restriction or Withdrawal of Approval for EMS Personnel to Function.** (4-2-08)

**a.** The EMS medical director, hospital supervising physician, or medical clinic supervising physician can restrict the scope of practice of ~~certified~~ licensed EMS personnel under his supervision when such personnel fail to meet or maintain proficiencies established by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, or the Idaho EMS Bureau. ~~(4-2-08)~~(7-1-09)T

**b.** The EMS medical director, hospital supervising physician, or medical clinic supervising physician can withdraw approval of ~~certified~~ licensed EMS personnel to provide services, under his supervision, when such personnel fail to meet or maintain proficiencies established by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, or the EMS Bureau. ~~(4-2-08)~~(7-1-09)T

**c.** The EMS medical director, hospital supervising physician, or medical clinic supervising physician must report in writing such restriction or withdrawal of approval within fifteen (15) days of the action to the EMS Bureau in accordance with Section 39-1393, Idaho Code. (4-2-08)

**04. Review Qualifications of EMS Personnel.** The EMS medical director, hospital supervising physician, or medical clinic supervising physician must document the review of the qualification, proficiencies, and all other EMS agency, hospital, and medical clinic affiliations of EMS personnel prior to credentialing the individual. (4-2-08)

**05. Document EMS Personnel Proficiencies.** The EMS medical director, hospital supervising physician, or medical clinic supervising physician must document that the capabilities of ~~certified~~ licensed EMS personnel are maintained on an ongoing basis through education, skill proficiencies, and competency assessment. ~~(4-2-08)~~(7-1-09)T

**06. Develop and Implement a Performance Assessment and Improvement Program.** The EMS medical director must develop and implement a program for continuous assessment and improvement of services provided by ~~certified~~ licensed EMS personnel under their supervision. ~~(4-2-08)~~(7-1-09)T

**07. Review and Update Procedures.** The EMS medical director must review and update protocols, policies, and procedures at least every two (2) years. (4-2-08)

**08. Develop and Implement Plan for Medical Supervision.** The EMS medical director, hospital supervising physician, or medical clinic supervising physician must develop, implement and oversee a plan for supervision of ~~certified~~ licensed EMS personnel as described in Subsection 400.06 of these rules. ~~(4-2-08)~~(7-1-09)T

**09. Access to Records.** The EMS medical director must have access to all relevant agency, hospital, or medical clinic records as permitted or required by statute to ensure responsible medical supervision of ~~certified~~ licensed EMS personnel. ~~(4-2-08)~~(7-1-09)T

**301. -- 399. (RESERVED).**

**400. PHYSICIAN SUPERVISION IN THE OUT-OF-HOSPITAL SETTING.**

**01. Medical Supervision Required.** In accordance with Section 56-1011, Idaho Code, ~~certified~~ licensed EMS personnel must provide emergency medical services under the supervision of a designated EMS medical director. ~~(4-2-08)~~(7-1-09)T

**02. Designation of EMS Medical Director.** The EMS agency must designate a physician for the

medical supervision of ~~certified~~ licensed EMS personnel affiliated with the EMS agency. (4-2-08)(7-1-09)T

**03. Delegated Medical Supervision of EMS Personnel.** The EMS medical director can designate other physicians to supervise the ~~certified~~ licensed EMS personnel in the temporary absence of the EMS medical director. (4-2-08)(7-1-09)T

**04. Direct Medical Supervision by Physician Assistants and Nurse Practitioners.** The EMS medical director can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct medical supervision of ~~certified~~ licensed EMS personnel under the following conditions: (4-2-08)(7-1-09)T

- a. A designated physician is not present in the anticipated receiving health care facility; and (4-2-08)
- b. The Nurse Practitioner, when designated, must have a preexisting written agreement with the EMS medical director describing the role and responsibilities of the Nurse Practitioner; or (4-2-08)
- c. The physician supervising the PA, as defined in IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants," authorizes the PA to provide direct (on-line) supervision; and (4-2-08)
- d. The PA, when designated, must have a preexisting written agreement with the EMS medical director describing the role and responsibilities of the PA related to supervision of EMS personnel. (4-2-08)
- e. Such designated clinician must possess and be familiar with the medical supervision plan, protocols, standing orders, and standard operating procedures authorized by the EMS medical director. (4-2-08)

**05. Indirect Medical Supervision by Non-Physicians.** Non-physicians can assist the EMS medical director with indirect medical supervision of ~~certified~~ licensed EMS personnel. (4-2-08)(7-1-09)T

**06. Medical Supervision Plan.** The medical supervision of ~~certified~~ licensed EMS personnel must be provided in accordance with a documented medical supervision plan that includes direct, indirect, on-scene, educational, and proficiency standards components. ~~The EMS medical director is responsible for developing, implementing, and overseeing the medical supervision plan that must consist of the following elements: The requirements for the medical supervision plan are found in the Idaho EMS Physician Commission Standards Manual that is incorporated by reference under Section 004 of these rules.~~ (4-2-08)(7-1-09)T

- ~~a. Certified EMS personnel credentialing that includes all of the following: (4-2-08)~~
  - ~~i. EMS Bureau certification; (4-2-08)~~
  - ~~ii. Affiliation to the EMS agency; (4-2-08)~~
  - ~~iii. An EMS agency orientation as prescribed by the EMS agency that includes: (4-2-08)~~
    - ~~(1) EMS agency policies; (4-2-08)~~
    - ~~(2) EMS agency procedures; (4-2-08)~~
    - ~~(3) Medical treatment protocols; (4-2-08)~~
    - ~~(4) Radio communications procedures; (4-2-08)~~
    - ~~(5) Hospital/facility destination policies; (4-2-08)~~
    - ~~(6) Other unique system features; and (4-2-08)~~
  - ~~iv. Successful completion of an EMS agency evaluation. (4-2-08)~~
- ~~b. Indirect (off-line) supervision that includes all of the following: (4-2-08)~~

- ~~i. Written standing orders and treatment protocols including direct (online) supervision criteria; (4-2-08)~~
- ~~ii. Initial and continuing education in addition to those required by the EMS Bureau; (4-2-08)~~
- ~~iii. Methods of assessment and improvement; (4-2-08)~~
- ~~iv. Periodic assessment of psychomotor skill proficiency; (4-2-08)~~
- ~~v. Provisions for medical supervision of and defining the patient care provided by certified EMS personnel who are present for a multiple or mass causality incident, disaster response, or other significant event involving response of certified EMS personnel; (4-2-08)~~
- ~~vi. Defining the response when certified EMS personnel discover a need for EMS while not on duty; (4-2-08)~~
- ~~vii. The credentialing of certified EMS personnel for emergency response; (4-2-08)~~
- ~~viii. The appropriate level of emergency response based upon dispatch information provided by the designated Public Safety Answering Point(s); (4-2-08)~~
- ~~ix. Triage, treatment, and transport guidelines; (4-2-08)~~
- ~~x. Scene management for multiple EMS agencies anticipated to be on scene concurrently; (4-2-08)~~
- ~~xi. Criteria for determination of patient destination; (4-2-08)~~
- ~~xii. Criteria for utilization of air medical services in accordance with IDAPA 16.02.03, "Rules Governing Emergency Medical Services," Section 415; (4-2-08)~~
- ~~xiii. Policies and protocols for patient refusal, "treat and release," Physician Orders for Scope of Treatment (POST) or other valid Do Not Resuscitate (DNR) orders, and determination of death and other predictable patient non-transport scenarios; (4-2-08)~~
- ~~xiv. Criteria for cancellation or modification of EMS response; (4-2-08)~~
- ~~xv. Equipment authorized for patient care; (4-2-08)~~
- ~~xvi. Medical communications guidelines; and (4-2-08)~~
- ~~xvii. Methods and elements of documentation of services provided by certified EMS personnel. (4-2-08)~~
- ~~e. Direct (on-line) supervision: (4-2-08)~~
  - ~~i. Is accomplished by concurrent communication with the EMS medical director, other physicians designated by the EMS medical director, or designated clinicians who must be available twenty four (24) hours a day seven (7) days a week. (4-2-08)~~
  - ~~ii. The EMS medical director will develop and implement procedures in the event of on scene supervision by: (4-2-08)~~
    - ~~(1) The EMS medical director or other physician(s) designated by the EMS medical director; (4-2-08)~~
    - ~~(2) A physician with a pre-existing relationship with the patient; and (4-2-08)~~
    - ~~(3) A physician with no pre-existing relationship with the patient who is present for the duration of~~

~~treatment on scene or transportation.~~ (4-2-08)

~~iii. Direct supervision of certified EMS personnel by other persons is prohibited except in the manner described in the medical supervision plan.~~ (4-2-08)

~~d. The EMS medical director in collaboration with the course medical director or course coordinator, will define standards of supervision and training for students of state approved training programs placed for clinical practice and training.~~ (4-2-08)

**07. Out-of-Hospital Medical Supervision Plan Filed with EMS Bureau.** The agency EMS medical director must file the medical supervision plan, including identification of the EMS medical director and any designated clinicians to the EMS Bureau in a form described in the standards manual. (4-2-08)

**a.** The agency EMS medical director must inform the EMS Bureau of any changes in designated clinicians or the medical supervision plan within thirty (30) days of the change(s). (4-2-08)

**b.** The EMS Bureau must provide the Commission with the medical supervision plans annually and upon request. (4-2-08)

**c.** The EMS Bureau must provide the Commission with the identification of EMS Medical directors and designated clinicians annually and upon request. (4-2-08)

**401. -- 499. (RESERVED).**

**500. PHYSICIAN SUPERVISION IN HOSPITALS AND MEDICAL CLINICS.**

**01. Medical Supervision Required.** In accordance with Section 56-1011, Idaho Code, ~~certified~~ licensed EMS personnel must provide emergency medical services under the supervision of a designated hospital supervising physician or medical clinic supervising physician. (4-2-08)(7-1-09)T

**02. Level of ~~Certification~~ Licensure Identification.** The ~~certified~~ licensed EMS personnel employed or utilized for delivery of services within a hospital or medical clinic, when on duty, must at all times visibly display identification specifying their level of EMS ~~certification~~ licensure. (4-2-08)(7-1-09)T

**03. Credentialing of ~~Certified~~ Licensed EMS Personnel in a Hospital or Medical Clinic.** The hospital or medical clinic must maintain a current written description of acts and duties authorized by the hospital supervising physician or medical clinic supervising physician for credentialed EMS personnel and must submit the descriptions upon request of the Commission or the EMS Bureau. (4-2-08)(7-1-09)T

**04. Notification of Employment or Utilization.** The ~~certified~~ licensed EMS personnel employed or utilized for delivery of services within a hospital or medical clinic must report such employment or utilization to the EMS Bureau within thirty (30) days of engaging such activity. (4-2-08)(7-1-09)T

**05. Designation of Supervising Physician.** The hospital or medical clinic administration must designate a physician for the medical supervision of ~~certified~~ licensed EMS personnel employed or utilized in the hospital or medical clinic. (4-2-08)(7-1-09)T

**06. Delegated Medical Supervision of EMS Personnel.** The hospital supervising physician or medical clinic supervising physician can designate other physicians to supervise the ~~certified~~ licensed EMS personnel during the periodic absence of the hospital supervising physician or medical clinic supervising physician. (4-2-08)(7-1-09)T

**07. Direct Medical Supervision by Physician Assistants and Nurse Practitioners.** The hospital supervising physician, or medical clinic supervising physician can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct medical supervision of ~~certified~~ licensed EMS personnel under the following conditions: (4-2-08)(7-1-09)T

**a.** The Nurse Practitioner, when designated, must have a preexisting written agreement with the hospital supervising physician or medical clinic supervising physician describing the role and responsibilities of the Nurse Practitioner; or (4-2-08)

**b.** The physician supervising the PA, as defined in IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants," authorizes the PA to provide supervision; and (4-2-08)

**c.** The PA, when designated, must have a preexisting written agreement with the hospital supervising physician or medical clinic supervising physician describing the role and responsibilities of the PA related to supervision of EMS personnel. (4-2-08)

**d.** Such designated clinician must possess and be familiar with the medical supervision plan, protocols, standing orders, and standard operating procedures authorized by the hospital supervising physician or medical clinic supervising physician. (4-2-08)

**08. On-Site Contemporaneous Supervision.** ~~Certified~~ Licensed EMS personnel will only provide patient care with on-site contemporaneous supervision by the hospital supervising physician, medical clinic supervising physician, or designated clinicians. (~~4-2-08~~)(7-1-09)T

**09. Medical Supervision Plan.** The medical supervision of ~~certified~~ licensed EMS personnel must be provided in accordance with a documented medical supervision plan. The hospital supervising physician or medical clinic supervising physician is responsible for developing, implementing, and overseeing the medical supervision plan, and must submit the plan(s) upon request of the Commission or the EMS Bureau. (~~4-2-08~~)(7-1-09)T

**IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE**  
**16.02.03 - RULES GOVERNING EMERGENCY MEDICAL SERVICES**  
**DOCKET NO. 16-0203-0901**  
**NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE**

**EFFECTIVE DATE:** The effective date of the temporary rule is July 1, 2009.

**AUTHORITY:** In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-1003 and 56-1023, Idaho Code.

**PUBLIC HEARING SCHEDULE:** A public hearing concerning this rulemaking will be held as follows:

**MONDAY, OCTOBER 19, 2009 - 9:00 a.m.**

**JRW BUILDING, MAIN FLOOR**  
**East Conference Room**  
**700 W. State Street**  
**Boise, Idaho**

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.

**DESCRIPTIVE SUMMARY:** The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Senate Bill 1108aa, passed by the 2009 Legislature, makes changes and additions to Title 56, Chapter 10, Idaho Code, that affects the Idaho Emergency Medical Services (EMS) Bureau administrative rules.

This rule change primarily aligns definitions in rule with changes to Idaho Code and replaces old terminology throughout the rule. The provision for nontransport EMS service minimum standards waiver requests is currently in the EMS chapter of rules but will be removed as the waiver provision is now contained in Idaho Statute. Changes in the national standards for EMS personnel eliminated the need for the Emergency Medical Technician-Intermediate (EMT-I) licensure level prior to the implementation of the Idaho EMT-I program. Senate Bill 1108aa removed all references to the EMT-I from Title 56, Chapter 10. References to the EMT-I will therefore be removed from the temporary rule to create consistency in licensure levels with the new statutes.

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Sections 67-5226(1)(a and b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons: this rulemaking protects the public health, safety, and welfare and must be implemented by July 1, 2009, to ensure compliance with Senate Bill 1108aa passed by the 2009 Legislature.

**FEE SUMMARY:** Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: None.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

This rulemaking has no fiscal impact to the state general fund.

**NEGOTIATED RULEMAKING:** Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the May 6, 2009, Idaho Administrative Bulletin, Vol. 09-5, page 21.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the temporary and proposed rule, contact Wayne Denny at (208) 334-2085.

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 October 28, 2009.

DATED this 17th day of August, 2009.

Tamara Prisock  
DHW - Administrative Procedures Section  
450 W. State Street - 10th Floor  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-5564 phone; (208) 334-6558 fax  
dhwrules@dhw.idaho.gov e-mail

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**THE FOLLOWING IS THE TEMPORARY AND PROPOSED TEXT OF DOCKET NO. 16-0203-0901**

**000. LEGAL AUTHORITY.**

The Idaho Board of Health and Welfare is authorized under Section 56-101723, Idaho Code, to adopt rules concerning the administration of the Idaho Emergency Medical Services Act. The Director is authorized under Section 56-1003, Idaho Code, to supervise and administer an emergency medical service program. ~~(4-6-05)(7-1-09)T~~

**001. TITLE AND SCOPE.**

**01. Scope.** These rules include criteria for training programs, certification and licensure of personnel, licensure of ambulance services and nontransport services, licensure of ambulances and nontransport vehicles, establishment of fees for training, inspections, ~~and~~ certifications, licensure, and appropriate requirements for ~~recertification~~ license renewal of personnel. ~~(7-1-97)(7-1-09)T~~

**02. Title.** ~~These rules shall be cited in full as~~ The title of these rules is IDAPA 16.02.03, ~~Idaho Department of Health and Welfare, "Rules Governing~~ Emergency Medical Services."~~(7-1-97)(7-1-09)T~~

**002. WRITTEN INTERPRETATIONS.**

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this Bureau has an EMS Standards Manual that contains policy and interpretation of these rules ~~of this Chapter, or to~~ and the documentation of compliance with these rules ~~of this Chapter~~. Copies of the Standards Manual may be obtained from the EMS Bureau, 650 W. State Street, Suite B-17, Boise, Idaho 83702, P.O. Box 83720, Boise, Idaho 83720-0036. ~~(3-30-01)(7-1-09)T~~

**003. ADMINISTRATIVE APPEALS.**

All contested cases ~~shall be~~ are governed by the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings."~~(7-1-97)(7-1-09)T~~

**(BREAK IN CONTINUITY OF SECTIONS)**

**005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEBSITE.**

**01. Office Hours.** Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (4-6-05)

**02. Mailing Address.** The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-6-05)

**03. Street Address.** (7-1-09)T

**a.** The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-6-05)(7-1-09)T

**b.** The EMS Bureau is located at 650 W. State Street, Suite B-17, Boise, Idaho 83702. (7-1-09)T

**04. Telephone.** (7-1-09)T

**a.** The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (4-6-05)(7-1-09)T

**b.** The telephone number for the EMS Bureau is (208) 334-4000. The toll-free, phone number is 1-877-554-3367. (7-1-09)T

**05. Internet Websites.** (4-6-05)

**a.** The Department's internet website is found at <http://www.healthandwelfare.idaho.gov>. (4-6-05)

**b.** The Emergency Medical Services Bureau's internet website is found at <http://www.idahoems.org>. (4-6-05)

**(BREAK IN CONTINUITY OF SECTIONS)**

**007. -- 0098. (RESERVED).**

**009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.**

Candidates for initial licensure, as described in Section 501 of these rules, must comply with the provisions in IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-09)T

**010. DEFINITIONS AND ABBREVIATIONS.**

For the purposes of these rules, the following terms and abbreviations will be used, as defined below: (7-1-80)

**01. Advanced Emergency Medical Technician-Ambulance (AEMT-A).** *An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of an advanced EMT training program, examination, subsequent required continuing training, and recertification.* AEMT is a person who: (4-6-05)(7-1-09)T

**a.** Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-09)T

**b.** Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-09)T

**c.** Carries out the practice of emergency care within the scope of practice determined by the Idaho Emergency Medical Services Physicians Commission (EMSPC); and (7-1-09)T

**d.** Practices under the supervision of a physician licensed in Idaho. (7-1-09)T

**02. Advanced Life Support (ALS).** The provision of medical care, medication administration and treatment with medical devices ~~which~~ that correspond to the knowledge and skill objectives in the ~~EMT-Paramedic~~ curriculum currently approved by the State Health Officer in accordance with Subsection 201.04 of these rules and within the scope of practice defined in IDAPA ~~22-01-06, "Rules for EMS Personnel," Subsection 011-05~~ 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," by persons ~~certified~~ licensed as ~~EMT-Paramedics~~ in accordance with these rules. (4-5-00)(7-1-09)T

**03. Advertise.** Communication of information to the public, institutions, or to any person concerned, by any oral, written, or graphic means including handbills, newspapers, television, radio, telephone directories, and billboards. (4-5-00)

**04. Agency.** ~~An applicant for designation or a licensed EMS service seeking designation.~~ Any organization licensed by the EMS Bureau that operates an air medical service, ambulance service, or nontransport service. (4-5-00)(7-1-09)T

**05. 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 comply with Sections 56-1011 through 56-1023, Idaho Code. (7-1-09)T

**06. Air Medical Service.** An agency licensed by the 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. (7-1-09)T

**057. Air Medical Response.** The deployment of an aircraft licensed as an air ambulance to an emergency scene intended for the purpose of patient treatment and transportation. (4-11-06)(7-1-09)T

**068. Ambulance.** Any privately or publicly owned ~~ground motor vehicle, or~~ nautical vessel, ~~fixed wing aircraft or rotary wing aircraft~~ 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 comply with Sections 56-1011 through 56-1023, Idaho Code. (7-1-97)(7-1-09)T

**079. Ambulance-Based Clinicians.** Licensed Professional Nurses, Advanced Practice Professional Nurses, and Physician Assistants with current licenses from the Board of Nursing or the Board of Medicine, who are personnel provided by licensed EMS services. (4-5-00)

**10. Ambulance Service.** An agency licensed by the EMS Bureau 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. (7-1-09)T

**11. Applicant.** Any organization that is requesting an agency license under these rules and includes the following: (7-1-09)T

**a.** An organization seeking a new license; (7-1-09)T

**b.** An existing agency that intends to change the level of licensed personnel it utilizes; (7-1-09)T

**c.** An existing agency that intends to change its geographic coverage area, except by agency annexation; (7-1-09)T

**d.** An existing nontransport service that intends to provide ambulance service; and (7-1-09)T

**e.** An existing ambulance service that intends to discontinue transport and become a nontransport service. (7-1-09)T

- ~~0812.~~ **Board.** The ~~Idaho State~~ Board of Health and Welfare. (~~12-31-91~~)(7-1-09)T
- ~~0913.~~ **Certification.** ~~A credential issued to an individual by the EMS Bureau for a specified period of time indicating that minimum standards corresponding to one (1) or several levels of EMS proficiency have been met. External verification that an individual has achieved minimum competency to assure safe and effective patient care.~~ (7-1-97)(7-1-09)T
- ~~10.~~ **Certified Personnel.** ~~Individuals who have completed training and successfully passed examinations for training and skills proficiency in one (1) or several levels of emergency medical services.~~ (7-1-97)
- ~~14.~~ **Critical Care Transfer (CCT).** The transportation of a patient with continuous care, monitoring, medication or procedures requiring knowledge or skills not contained within the *EMT-Paramedic* curriculum approved by the State Health Officer. Interventions provided by *EMT-Paramedics* are governed by the scope of practice defined in IDAPA ~~22.01.06~~ 16.02.02, "~~Rules for EMS Personnel~~ Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." (~~4-6-05~~)(7-1-09)T
- 15.** **Commission.** The Idaho Emergency Medical Services Physician Commission (EMSPC). (7-1-09)T
- 16.** **Department.** The Idaho Department of Health and Welfare. (7-1-09)T
- ~~127.~~ **Director.** The Director of the Idaho Department of Health and Welfare or ~~designated individual~~ his designee. (~~12-31-91~~)(7-1-09)T
- ~~138.~~ **Division.** The Idaho Division of Public Health, Department of Health and Welfare. (~~11-19-76~~)(7-1-09)T
- ~~149.~~ **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. (4-5-00)
- 20.** **Emergency Medical Responder (EMR).** A person who: (7-1-09)T
- a.** Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-09)T
- b.** Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-09)T
- c.** Carries out the practice of emergency care within the scope of practice determined by the Idaho Emergency Medical Services Commission (EMSPC); and (7-1-09)T
- d.** Practices under the supervision of a physician licensed in Idaho. (7-1-09)T
- ~~1521.~~ **Emergency Medical Services (EMS).** The ~~services system~~ utilized in responding to a perceived individual need for immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. (~~11-19-76~~)(7-1-09)T
- ~~1622.~~ **EMS Bureau.** The Emergency Medical Services (EMS) Bureau of the Idaho Department of Health and Welfare. (11-19-76)
- ~~1723.~~ **EMS Standards Manual.** A manual published by the EMS Bureau detailing policy information including EMS education, training, certification, licensure, and data collection. (7-1-97)
- ~~18.~~ **Emergency Medical Technician Ambulance (EMT A).** A designation issued to an *EMT B* by the *EMS Bureau of the Idaho Department of Health and Welfare* on the basis of successful completion of supervised in-

~~field experience.~~ (7-1-97)

~~19. **Emergency Medical Technician Basic (EMT-B).** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a basic EMT training program, examination, subsequent required continuing training, and recertification.~~ (4-1-97)

~~20. **Emergency Medical Technician Intermediate (EMT-I).** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of an intermediate training program, examination, subsequent required continuing training, and recertification.~~ (4-6-05)

~~21. **Emergency Medical Technician Paramedic (EMT-P).** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a paramedic training program, examination, subsequent required continuing training, and recertification.~~ (7-1-97)

**24. Emergency Medical Technician (EMT).** A person who: (7-1-09)T

**a.** Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-09)T

**b.** Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-09)T

**c.** Carries out the practice of emergency care within the scope of practice determined by the Commission; and (7-1-09)T

**d.** Practices under the supervision of an physician licensed in Idaho. (7-1-09)T

**225. Emergency Scene.** Any setting (including standbys) outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. (4-11-06)

**236. 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 his eyes, respond verbally, and move normally. The GCS is used primarily during the examination of patients with trauma or stroke. (4-11-06)

**247. 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. (4-11-06)

~~25. **First Responder.** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a first responder training program, examination, subsequent required continuing training, and recertification.~~ (7-1-97)

~~268. **Licensed EMS Services.** Air medical services, A ambulance services and nontransport services licensed by the EMS Bureau to function in Idaho.~~ (7-1-97)(7-1-09)T

**29. Licensed Personnel.** Those individuals who are Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics. (7-1-09)T

~~2730. **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.~~ (4-11-06)

**31. National Emergency Medical Services Information System (NEMSIS) Technical Assistance Center.** An organization that validates software for compliance with the EMS data set defined by the United States Department of Transportation National Highway Traffic Safety Administration. (7-1-09)T

~~2832. **National Registry of Emergency Medical Technicians (NREMT).** An independent, non-governmental, not for profit organization which prepares validated examinations for the state's use in evaluating candidates for ~~certification~~ licensure.~~ (7-1-97)(7-1-09)T

~~29.~~ **Non-Transport.** A vehicle design or organizational configuration which brings EMS personnel or equipment to a location, but does not move any sick or injured person from that location. (7-1-97)

**33.** **Nontransport Service.** An agency licensed by the EMS Bureau that is operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but that is not intended to be the service that will actually transport sick or injured persons. (7-1-09)T

**34.** **Nontransport Vehicle.** Any vehicle that is operated by an agency with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but that is not intended as the vehicle that will actually transport sick or injured persons. (7-1-09)T

~~305.~~ **Out-of-Hospital.** Any setting outside of a hospital, including inter-facility transfers, in which the provision of EMS may take place. (4-5-00)

**36.** **Paramedic.** A person who: (7-1-09)T

**a.** Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-09)T

**b.** Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-09)T

**c.** Carries out the practice of emergency care within the scope of practice determined by the Commission; and (7-1-09)T

**d.** Practices under the supervision of an physician licensed in Idaho. (7-1-09)T

~~347.~~ **Patient Assessment.** The evaluation of a patient by EMS ~~certified~~ licensed personnel intending to provide treatment or transportation to that patient. (~~4-11-06~~)(7-1-09)T

~~328.~~ **Physician.** In accordance with Section 54-1803, Idaho Code, A person who holds a current active license ~~issued~~ by the State Board of Medicine to practice medicine ~~or~~ and surgery, ~~or~~ osteopathic medicine ~~or~~ and surgery, or osteopathic medicine in Idaho and is in good standing with no restrictions upon, or actions taken against, his license. (~~11-17-96~~)(7-1-09)T

~~339.~~ **Pre-Hospital.** Any setting, ~~(including standbys),~~ outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. (~~4-5-00~~)(7-1-09)T

**340.** **State Health Officer.** The Administrator of the Division of Public Health. (~~11-19-76~~)(7-1-09)T

**41.** **Supervision.** The medical direction by a licensed physician of activities provided by licensed personnel affiliated with a licensed ambulance, air medical, or nontransport service, including: (7-1-09)T

**a.** Establishing standing orders and protocols; (7-1-09)T

**b.** Reviewing performance of licensed personnel; (7-1-09)T

**c.** Providing instructions for patient care via radio or telephone; and (7-1-09)T

**d.** Other oversight. (7-1-09)T

~~3542.~~ **Transfer.** The transportation of a patient from one (1) medical care facility to another ~~by ambulance.~~ (~~4-5-00~~)(7-1-09)T

011. -- 099. (RESERVED).

100. STATEWIDE EMS ADVISORY COMMITTEE.

The Director will appoint a Statewide EMS Advisory Committee to provide counsel to the Department in administering the EMS Act. The Committee members will have a normal tenure of three (3) years after which time they may be excused or reappointed. However, in order to afford continuity, initial appointments will be made to one-third (1/3) of the membership for two (2) years, one-third (1/3) for three (3) years, and one-third (1/3) of the membership for four (4) years. The Committee chairman will be selected by the State Health Officer. (7-1-97)

- 01. Committee Membership.** The Statewide EMS Advisory Committee will be constituted as follows: (7-1-80)
- a. One (1) representative recommended by the State Board of Medicine; ~~and~~ (4-8-94)(7-1-09)T
  - b. One (1) representative recommended by the Idaho Chapter of ACEP; ~~and~~ (4-8-94)(7-1-09)T
  - c. One (1) representative recommended by the Committee on Trauma of the Idaho Chapter of the American College of Surgeons; ~~and~~ (4-8-94)(7-1-09)T
  - d. One (1) representative recommended by the State Board of Nursing; ~~and~~ (4-8-94)(7-1-09)T
  - e. One (1) representative recommended by the Idaho Medical Association; ~~and~~ (4-8-94)(7-1-09)T
  - f. One (1) representative recommended by the Idaho Hospital Association; ~~and~~ (4-8-94)(7-1-09)T
  - ~~and~~ g. One (1) representative of local government recommended by the Idaho Association of Counties; (4-8-94)(7-1-09)T
  - h. One (1) representative of a career third service EMS/Ambulance ~~organization~~ service; ~~and~~ (4-8-94)(7-1-09)T
  - i. One (1) representative of a volunteer third service EMS/Ambulance ~~organization~~ service; ~~and~~ (4-8-94)(7-1-09)T
  - j. One (1) representative of a third service nontransport EMS ~~organization~~ service; ~~and~~ (4-8-94)(7-1-09)T
  - k. One (1) representative of a fire department-based EMS/Ambulance service recommended by the Idaho Fire Chiefs Association; ~~and~~ (4-8-94)(7-1-09)T
  - l. One (1) representative of a fire department-based nontransport EMS ~~organization~~ service; ~~and~~ (4-8-94)(7-1-09)T
  - m. One (1) representative of an air medical ~~EMS organization~~ service; ~~and~~ (7-1-97)(7-1-09)T
  - n. One (1) Emergency Medical Technician-~~Basic~~ who represents the interests of Idaho ~~providers certified personnel licensed~~ certified personnel licensed at that level; ~~and~~ (4-8-94)(7-1-09)T
  - o. One (1) Advanced Emergency Medical Technician-~~Ambulance~~ who represents the interests of Idaho ~~providers certified personnel licensed~~ certified personnel licensed at that level; ~~and~~ (7-1-97)(7-1-09)T
  - ~~p. One (1) Emergency Medical Technician-Intermediate who represents the interests of Idaho providers certified at that level; and (4-6-05)~~
  - ~~q. One (1) Emergency Medical Technician-Paramedic who represents the interests of Idaho providers certified personnel licensed at that level; and (4-8-94)(7-1-09)T~~
  - r. One (1) representative who is an administrative county EMS director; ~~and~~ (4-8-94)(7-1-09)T
  - s. One (1) EMS instructor who represents the interests of Idaho EMS educators and evaluators; ~~and~~

- ~~(4-8-94)~~(7-1-09)T
- ~~ks.~~ One (1) consumer; ~~and~~ ~~(4-5-00)~~(7-1-09)T
- ~~kt.~~ One (1) representative of a private EMS transport ~~organization~~ service; ~~and~~ ~~(4-5-00)~~(7-1-09)T
- ~~ku.~~ One (1) pediatrician who represents the interests of children in the EMS system recommended by the Idaho Chapter of the American Academy of Pediatrics; and (3-30-01)
- ~~ky.~~ One (1) board certified or equivalent pediatric emergency medicine physician. (3-30-01)
- 02. Responsibilities of Committee.** The EMS Advisory Committee will meet at least annually or as needed for the purposes of: (7-1-80)
- a.** Reviewing policies and procedures for provision of emergency medical services and recommending same to the ~~Division~~ EMS Bureau; ~~(11-19-76)~~(7-1-09)T
- b.** Reviewing EMS training curricula, training standards, and examination processes and recommending same to the ~~Division~~ EMS Bureau; ~~(4-8-94)~~(7-1-09)T
- c.** Reviewing EMS candidate selection policy and candidate performance requirements and recommending to the ~~Division~~ EMS Bureau certification ~~of~~ and standards for EMS personnel; ~~(7-1-97)~~(7-1-09)T
- ~~d.~~ ~~Reviewing and making recommendations for disciplinary action regarding EMS personnel who have not complied with EMS policies;~~ ~~(11-19-76)~~
- ed.** Reviewing and making recommendations on the licensing of ambulance services in Idaho. (11-19-76)
- fe.** Reviewing and making recommendations on the licensing of nontransport services in Idaho. (7-1-97)

**101. -- 199. (RESERVED).**

**200. EMS TRAINING PROGRAMS.**

EMS training programs must meet all requirements ~~in accordance with~~ under the standards listed in Section 201 of these rules. In order for the EMS Bureau to verify compliance, the course coordinator must submit an application to the EMS Bureau before the course begins. The EMS Training Program may be approved by the EMS Bureau only if all requirements are met. The EMS Training Program must be approved in order for candidates to qualify for access to a certification examination. ~~(7-1-97)~~(7-1-09)T

**201. STANDARDS.**

All initial training programs must be conducted ~~in accordance with~~ per the following criteria: ~~(4-6-05)~~(7-1-09)T

- 01. Course Coordinator.** Each EMS training program must have a designated course coordinator who has overall responsibility for management of the course and specific duties, including: (4-6-05)
- a.** Documentation of candidate qualifications, attendance, skill proficiency, and clinical sessions; (7-1-97)
- b.** Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught; (7-1-97)
- c.** Coordination of access for candidates into health care facilities and licensed EMS services ~~in~~ accordance with using the curriculum of the course; ~~(7-1-97)~~(7-1-09)T
- d.** Acquisition of equipment for all skills objectives within the curriculum being taught. (7-1-97)

**02. Instructor Qualifications.** The course instructor(s) conducting EMS training courses must meet the appropriate qualifications established in Sections 225 through 230 of these rules. (4-6-05)

**03. Physician Oversight.** AEMT-A, ~~EMT-I~~, and ~~EMT-Paramedic~~ training courses must be conducted under the direction of a physician. (~~4-6-05~~)(7-1-09)T

**04. Curriculum and Equipment.** Training courses must use course curricula approved by the State Health Officer and have access to equipment related to all skills objectives within the curricula. (7-1-97)

**202. CERTIFICATION EXAMINATIONS.**

Certification examinations ~~shall~~ will be approved by the State Health Officer and conducted by individuals who are certified or licensed at or above the skill level being examined, or by registered nurses, or by licensed physicians. (~~7-1-97~~)(7-1-09)T

**203. MONITORING OF INSTRUCTOR PERFORMANCE.**

The EMS Bureau ~~shall~~ will monitor instructor performance for all EMS training programs, including candidates' performance on National Registry and other standardized examinations, surveys of candidate satisfaction, and results of other evaluation instruments. Summary findings ~~shall~~ will be made available to licensed EMS services and other organizations sponsoring EMS training programs. (~~7-1-97~~)(7-1-09)T

**(BREAK IN CONTINUITY OF SECTIONS)**

**205. CONSISTENCY WITH SCOPE OF PRACTICE.**

All curricula approved for use in Idaho or used as the basis for ~~certification~~ licensure by a candidate trained elsewhere must be consistent with the scope of practice established by the ~~Board of Medicine~~ Commission for the level of ~~certification~~ licensure requested by the candidate. (~~7-1-97~~)(7-1-09)T

**206. CONSISTENCY WITH NATIONAL STANDARDS.**

The EMS Bureau considers the National Standard Curriculum and the National EMS Scope of Practice Model as models for design or adaptation of EMS training program content and EMS ~~certification~~ licensure levels. (~~4-6-05~~)(7-1-09)T

**207. -- 224. (RESERVED).**

**225. QUALIFICATIONS OF ~~FIRST~~ FIRST EMERGENCY MEDICAL RESPONDER COURSE INSTRUCTORS.**

~~First~~ Emergency Medical Responder Course Instructors must be approved by the EMS Bureau, based on being ~~certified~~ licensed for at least three (3) years at or above the level of the session of the curriculum being taught. (~~7-1-97~~)(7-1-09)T

**226. QUALIFICATIONS OF EMT-~~BASIC~~ BASIC COURSE INSTRUCTORS.**

EMT-~~Basic~~ Basic course instructors must be approved by the EMS Bureau, based on the following requirements: (~~7-1-97~~)(7-1-09)T

**01. Application.** Submission of an application to the EMS Bureau; (7-1-97)

**02. Adult Instructional Methodology.** Completion of one (1) or more courses approved by the EMS Bureau based on content that includes the following instructional methodologies: (4-6-05)

**a.** The adult learner; (4-6-05)

**b.** Learning objectives; (4-6-05)

- c. Learning process; (4-6-05)
- d. Lesson plans; (4-6-05)
- e. Course materials; (4-6-05)
- f. Preparation; (4-6-05)
- g. Teaching aids; (4-6-05)
- h. Teaching methods; and (4-6-05)
- i. Evaluations. (4-6-05)

**03. EMS Instructor Orientation.** Completion of the EMS Bureau orientation program for EMS instructors or equivalent; and (4-6-05)

**04. ~~Certification~~ Licensure.** ~~Certification~~ Licensure at or above the level of curriculum being taught, for at least three (3) years. Licensed individuals and other health care providers must also be ~~certified~~ licensed at the EMT level. (7-1-97)(7-1-09)T

**227. PRIMARY OR LEAD EMT-BASIC INSTRUCTORS.**

Primary or lead instructors must be approved as EMT-Basic Course Instructors, personally instruct at least seventy-five percent (75%) of the didactic training of the course, and instruct or oversee the skills training in the curriculum. (4-6-05)(7-1-09)T

**228. EMT-BASIC SKILLS INSTRUCTORS.**

EMT-Basic skills instructors ~~shall~~ must be approved as EMT-Basic Course Instructors and shall personally instruct the psychomotor portions of the curriculum. (7-1-97)(7-1-09)T

**229. ADVANCED EMT AND EMT-PARAMEDIC INSTRUCTORS.**

AEMT-A and EMT-Paramedic Instructors must be approved by the EMS Bureau based on having credentials, education or experience that correspond to the knowledge and skills objectives being taught. (7-1-97)(7-1-09)T

**230. EMT-INTERMEDIATE INSTRUCTORS.**

All EMT-I primary or lead instructors must meet the following criteria: (4-6-05)

**01- Certification.** One (1) of the following must be documented: (4-6-05)

**a-** Three (3) or more years of certification at or above the EMT-I level; (4-6-05)

**b-** Idaho licensure as a physician, licensed professional nurse or other mid-level health care provider, and current certification at any EMS provider level; (4-6-05)

**e-** Employment as an instructor by a college or university and teaching an accredited paramedic program. (4-6-05)

**02- Adult Instructional Methodology.** Completion of one (1) or more courses approved by the EMS Bureau based on content as listed in Subsection 226.02 of these rules. (4-6-05)

**03- EMS Instructor Orientation.** Completion of an EMS Bureau orientation program for EMS instructors, or equivalent, within eighteen (18) months of the proposed course start date or instructor application submission. (4-6-05)

**04- Application.** Submission of an application to the EMS Bureau documenting credentials, education or experience that correspond to the knowledge and skills objectives being taught. (4-6-05)

~~05. **Bureau Approval.** Approval will be verified for every primary or lead EMT Intermediate instructor listed on each EMT Intermediate course application. (4-6-05)~~

~~06. **Primary or Lead Instructors.** Primary or lead instructors must personally instruct or monitor at least ninety percent (90%) of the didactic training of the course, and must instruct or oversee the skills training in the curriculum. (4-6-05)~~

~~2340. -- 299. (RESERVED).~~

**300. AMBULANCE SERVICE STANDARDS.**

To qualify for licensing as an ambulance service under Section 56-1016, Idaho Code, the applicant must demonstrate compliance with the following: (4-6-05)

**01. Ambulance Vehicles.** All ambulance and air ambulance vehicles must meet one (1) of the following conditions to be licensed: ~~(4-6-05)(7-1-09)T~~

**a.** The vehicle meets or exceeds any federal, industry, or trade specifications or standards for ambulance and air ambulance vehicles as identified by the applicant. ~~(7-1-97)(7-1-09)T~~

**b.** The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-97)

**02. Required Ambulance and Air Ambulance Equipment.** Each ambulance must be equipped with the following: ~~(7-1-97)(7-1-09)T~~

**a.** Medical care supplies and devices as specified in the Minimum Equipment Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents. (7-1-97)

**b.** Mobile radio on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (11-19-76)

**c.** Safety equipment and personal protective supplies for ~~certified~~ licensed personnel and other vehicle occupants as specified in the Minimum Equipment Standards, including materials to provide for body substance isolation and protection from exposure to communicable diseases and pathogens under Section 56-1017, Idaho Code. ~~(4-6-05)(7-1-09)T~~

**03. Ambulance Personnel.** The ambulance service must demonstrate that a sufficient number of personnel are affiliated with the service to accomplish a twenty-four (24) hour a day, seven (7) day a week response capability in accordance with Section 56-1016, Idaho Code. The service must describe its anticipated staffing patterns per vehicle and shift on the application supplied by the EMS Bureau. The annual inspection by the EMS Bureau must include a review of the ambulance service personnel staffing configuration. (4-6-05)

**04. Records to be Maintained.** The ambulance service must maintain records of each ambulance and air ambulance response and submit them to the EMS Bureau at least quarterly in a form approved by the EMS Bureau. These records must include at least the following information: ~~(7-1-97)(7-1-09)T~~

**a.** Name of ambulance service; and (11-19-76)

**b.** Date of response; and (7-1-97)

**c.** Time call received; and (11-19-76)

**d.** Time en route to scene; and (7-1-97)

**e.** Time arrival at scene; and (11-19-76)

- f. Time service departed scene; and (7-1-97)
- g. Time arrival at hospital; and (11-19-76)
- h. Location of incident; and (11-19-76)
- i. Description of illness/injury; and (11-19-76)
- j. Description of patient management; and (11-19-76)
- k. Patient destination; and (11-19-76)
- l. Ambulance unit identification; and (11-19-76)
- m. Identification and ~~certification~~ licensure level of each ambulance crew member on the response; and ~~(7-1-97)~~(7-1-09)T
- n. Response outcome. (7-1-97)

**05. Communications.** Ambulance service dispatch must be in accordance with Section 56-1016, Idaho Code. The application for licensure must describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau will include a review of the ambulance service dispatch and communications configuration. (4-6-05)

**06. Medical Control Plan.** The ambulance service must describe the extent and type of supervision by a licensed physician that is available to ~~certified~~ licensed personnel. The annual inspection by the EMS Bureau will include a review of the ambulance service medical control configuration. ~~(4-6-05)~~(7-1-09)T

**07. Medical Treatment Protocols.** The ambulance service must submit a complete copy of the medical treatment protocols and written standing orders under which its ~~certified~~ licensed personnel will function with the application for licensure. ~~(4-6-05)~~(7-1-09)T

**08. Training Facility Access.** The applicant must describe the arrangements which will provide access to clinical and didactic training locations, in the initial application for service licensure. (4-6-05)

**09. Geographic Coverage Description.** Each application for initial licensure must contain a specific description of the Idaho jurisdiction(s) that the ambulance service will serve using known geopolitical boundaries or geographic coordinates. (4-6-05)

**10. Required Application.** The applicant must submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form will be available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. (4-6-05)

**11. Inspection.** Representatives of the EMS Bureau are authorized to enter the applicant's facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the ambulance services' vehicle(s) and equipment, ambulance and air ambulance response records, and other necessary items to determine eligibility for licensing by the state of Idaho in relation to the minimum standards in Section 56-1016, Idaho Code. ~~(4-6-05)~~(7-1-09)T

**12. License.** Ambulance services must be licensed on an annual basis by the EMS Bureau. (7-1-97)

**301. NONTRANSPORT SERVICE STANDARDS.**

In order to qualify for licensing as a nontransport service under Section 56-1016, Idaho Code, the applicant must demonstrate compliance with the following: (4-6-05)

**01. Vehicles.** All vehicles must meet one (1) of the following conditions to be licensed: (7-1-97)

a. The vehicle meets or exceeds standards for that type vehicle, including federal, industry, or trade specifications, as identified by the applicant and recognized and approved by the EMS Bureau. (7-1-97)

b. The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-97)

**02. Required Equipment for Nontransport Services.** *Certified Licensed* personnel must have access to required equipment. The equipment must be stored on a dedicated response vehicle, or in the possession of *certified licensed* personnel. The application for licensure as a nontransport service must include a description of the following: (4-6-05)(7-1-09)T

a. Medical care supplies and devices as specified in the Minimum Equipment Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents. (7-1-97)

b. Mobile or portable radio(s) on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (7-1-97)

c. Safety equipment and personal protective supplies for *certified licensed* personnel and other vehicle occupants as specified in the Minimum Equipment Standards for Licensed EMS Services, including materials to provide for body substance isolation and protection from exposure to communicable diseases under Section 56-101723, Idaho Code. (4-6-05)(7-1-09)T

**03. Nontransport Service Personnel.** The nontransport service must demonstrate that a sufficient number of *certified licensed* personnel are affiliated with the service to accomplish a twenty-four (24) hour a day, seven (7) day a week response capability. Exceptions to this requirement may be granted by the EMS Bureau when strict compliance with the requirement would cause undue hardship on the community being served, or would result in abandonment of the service. The annual inspection by the EMS Bureau will include a review of the personnel staffing configuration. (4-6-05)(7-1-09)T

**04. Records to Be Maintained.** The nontransport service must maintain records of each EMS response in a form approved by the EMS Bureau. ~~that include at least the following information:~~ All applicant nontransport services who submit an application to the EMS Bureau after July 1, 2009 must submit records of each EMS response to the EMS Bureau at least quarterly in a form approved by the EMS Bureau. These records must include at least the following information: (7-1-97)(7-1-09)T

- a. Identification of nontransport service; *and* (7-1-97)(7-1-09)T
- b. Date of response; *and* (7-1-97)(7-1-09)T
- c. Time call received; *and* (7-1-97)(7-1-09)T
- d. Time en route to scene; *and* (7-1-97)(7-1-09)T
- e. Time arrival at scene; *and* (7-1-97)(7-1-09)T
- f. Time service departed scene; *and* (7-1-97)(7-1-09)T
- g. Location of incident; *and* (7-1-97)(7-1-09)T
- h. Description of illness/injury; *and* (7-1-97)(7-1-09)T
- i. Description of patient management; *and* (7-1-97)(7-1-09)T
- j. Patient destination; *and* (7-1-97)(7-1-09)T

and k. Identification and licensure level of nontransport service personnel on response ~~and certification;~~  
(7-1-97)(7-1-09)T

l. Response outcome. (7-1-97)

**05. Communications.** The application for licensure must describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau will include a review of the nontransport service dispatch and communications configuration. (4-6-05)

**06. Medical Control Plan.** The nontransport service must describe the extent and type of supervision by a licensed physician that is available to ~~certified~~ licensed personnel. The annual inspection by the EMS Bureau will include a review of the nontransport service medical control configuration. (4-6-05)(7-1-09)T

**07. Medical Treatment Protocols.** The nontransport service must submit a complete copy of the medical treatment protocols and written standing orders under which its ~~certified~~ licensed personnel will function with the initial application for licensure. (4-6-05)(7-1-09)T

**08. Training Facility Access.** The applicant must describe the arrangements which will provide access to clinical and didactic training locations in the initial application for service licensure. (4-6-05)

**09. Geographic Coverage Description.** Each application for initial licensure must contain a specific description of the Idaho jurisdiction(s) that the nontransport service will serve using known geopolitical boundaries or geographic coordinates. (4-6-05)

**10. Required Application.** The applicant must submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form is available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. (4-6-05)

**11. Inspection.** Representatives of the Department are authorized to enter the applicant's facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the nontransport services' vehicle(s) and equipment, nontransport response records, and other necessary items to determine eligibility for licensing by the state of Idaho. (7-1-97)

~~**12. Nontransport Service Minimum Standards Waiver.** The controlling authority providing nontransport services may petition the EMS Bureau for waiver of the nontransport service standards of these rules, if compliance with the service standards would cause undue hardship on the community being served. (7-1-97)~~

~~132.~~ **132. License.** Nontransport services must be licensed on an annual basis by the EMS Bureau. (7-1-97)

**302. -- 319. (RESERVED).**

**320. DESIGNATION OF CLINICAL CAPABILITY.**

All ambulance and nontransport licenses issued by the EMS Bureau must indicate the clinical level of service which can be provided by the ambulance or nontransport service after verification of compliance with Section 300 or Section 301 of these rules. Agencies which provide certified licensed personnel at the ~~First Responder~~, EMR or EMT-B, or EMT-A level will be designated as Basic Life Support services. Agencies which provide certified licensed personnel at the AEMT-A or EMT-Intermediate level will be designated as Intermediate Life Support services. Designation of services which function at or above the ALS level will be issued ~~in accordance with~~ under Section 340 of these rules. Licensed EMS Services may function at one (1) or more ALS levels corresponding to the designation issued by the EMS Bureau as a result of the application and inspection process required in Sections 300 and 301 of these rules. (4-6-05)(7-1-09)T

**321. -- 3234. (RESERVED).**

~~**324. STANDARDS FOR AGENCIES UTILIZING EMT INTERMEDIATE PERSONNEL.**~~

~~An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify to utilize EMT Intermediate personnel if the following criteria are met:~~ (4-6-05)

~~**01. Personnel.** The agency must have one (1) or more EMT Intermediates listed on the agency personnel roster. The agency is specifically prohibited from utilizing other licensed health care providers unless they are accompanied by or are cross-trained and certified as an EMS provider.~~ (4-6-05)

~~**a.** EMT Intermediate personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules.~~ (4-6-05)

~~**b.** An agency may use Ambulance Based Clinicians who function with an EMT I or are cross trained and certified as an EMT-I. The agency must verify that all Ambulance Based Clinicians have successfully completed a formal training program of pre-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency must assure that any Ambulance Based Clinicians meet additional requirements of the corresponding licensing board.~~ (4-6-05)

~~**c.** Personnel must initiate intermediate life support as authorized by the physician designated as the medical director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel."~~ (4-6-05)

~~**d.** Personnel must initiate requests for on-line medical direction as dictated by the EMS agency's protocols.~~ (4-6-05)

~~**02. Required Documentation.** The affiliation status and ongoing proficiency maintenance of the certified personnel and Ambulance Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau.~~ (4-6-05)

~~**a.** The agency must submit a roster of all certified personnel and Ambulance Based Clinicians with the initial and renewal application for licensure.~~ (4-6-05)

~~**b.** The agency must maintain documentation of proficiency assurance of all certified personnel and Ambulance Based Clinicians in accordance with the EMS Standards Manual in effect at the time of certification.~~ (4-6-05)

~~**03. Required Equipment.** The agency vehicle(s) must be equipped with the minimum required equipment listed in the EMT Intermediate Services section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau.~~ (4-6-05)

### 325. PRE-HOSPITAL ADVANCED LIFE SUPPORT (ALS) STANDARDS.

Pre-hospital ALS designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA 22.01.06 16.02.02, "Rules for EMS Personnel," Subsection 011.05, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," for the purposes of responding to emergencies in any 911 service area, standby, or other area on an emergency basis. Designation is for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for Pre-hospital ALS designation if the following criteria are met: (4-6-05)(7-1-09)T

**01. Personnel.** The agency must have a sufficient number of ~~EMT~~ Paramedics to assure availability of such personnel corresponding to the anticipated call volume of the agency. The agency is specifically prohibited from utilizing other licensed health care providers for pre-hospital and emergency responses to requests for EMS unless they are accompanied by or cross-trained and ~~certified~~ licensed as an ~~EMT~~ Paramedic. (4-5-00)(7-1-09)T

**a.** ~~EMT~~ Paramedic personnel must hold a current ~~certification~~ license issued by the EMS Bureau ~~in accordance with~~ under Sections 501 and 510 of these rules. (4-5-00)(7-1-09)T

**b.** An agency may use Ambulance-Based Clinicians who function with an ~~EMT~~ Paramedic or are

cross-trained and ~~certified~~ licensed as an ~~EMT-Paramedic~~. The agency must verify that all Ambulance-Based Clinicians have successfully completed a formal training program of pre-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency ~~shall~~ must assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. ~~(4-6-05)(7-1-09)T~~

c. Personnel must initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical ~~direction~~ supervision as specified in IDAPA ~~22-01-06~~ 16.02.02, "~~Rules for EMS Personnel~~, Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," ~~Subsection 011-05~~. ~~(4-6-05)(7-1-09)T~~

**02. Required Documentation.** The employment status and ongoing proficiency maintenance of the ~~certified~~ licensed personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. ~~(4-5-00)(7-1-09)T~~

a. The agency must submit a roster of all ~~certified~~ licensed personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. ~~(4-5-00)(7-1-09)T~~

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all ~~certified~~ licensed personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. ~~(4-5-00)(7-1-09)T~~

**03. Required Equipment.** The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

**04. Administrative License Action.** A pre-hospital ALS designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds Critical Care Transfer Service designation ~~in accordance with~~ under Section 335 of these rules. ~~(4-5-00)(7-1-09)T~~

326. -- 329. (RESERVED).

**330. ADVANCED LIFE SUPPORT (ALS) TRANSFER STANDARDS.**

ALS Transfer designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA ~~22-01-06~~ 16.02.02, "~~Rules for EMS Personnel~~ Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," ~~Subsection 011-05~~, for the purposes of providing medical care and transportation between medical care facilities. Designation is for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for ALS Transfer designation if the following criteria are met: ~~(4-6-05)(7-1-09)T~~

**01. Personnel.** The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. (4-5-00)

a. ~~EMT-Paramedic~~ personnel must hold a current ~~certification~~ license issued by the EMS Bureau ~~in accordance with~~ under Sections 501 and 510 of these rules. ~~(4-5-00)(7-1-09)T~~

b. An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency ~~shall~~ must verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency ~~shall~~ must assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. ~~(4-5-00)(7-1-09)T~~

c. Personnel ~~shall~~ will initiate advanced life support as authorized by the physician designated as the

Medical Director of the agency, and other physicians providing on-line medical ~~direction~~ supervision as specified in IDAPA ~~22.01.06~~ 16.02.02, "~~Rules for EMS Personnel,~~ Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." ~~Subsection 011.05.~~ (4-5-00)(7-1-09)T

**02. Required Documentation.** The employment status and ongoing proficiency maintenance of the ~~certified~~ licensed personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-5-00)(7-1-09)T

**a.** The agency must submit a roster of all ~~certified~~ licensed personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. (4-5-00)(7-1-09)T

**b.** The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all ~~certified~~ licensed personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. (4-5-00)(7-1-09)T

**03. Required Equipment.** The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

**04. Administrative License Action.** An ALS Transfer designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds Critical Care Transfer Service designation in accordance with Section 335 of these rules. (4-5-00)

**331. -- 334. (RESERVED).**

**335. CRITICAL CARE TRANSFER SERVICE STANDARDS.**

Critical Care Transfer Service designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities requiring knowledge or skills not contained within the ~~EMT~~-Paramedic curriculum approved by the State Health Officer. Designation shall be for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 of these rules may qualify for Critical Care Transfer Service designation if the following criteria are met: (4-5-00)(7-1-09)T

**01. Personnel.** The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. (4-5-00)

**a.** ~~EMT~~-Paramedic personnel must hold current ~~certification~~ license issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. All ~~EMT~~-Paramedics who will be the primary or the only care provider during critical care transfers must have successfully completed a formal training program in critical care transport which meets or exceeds the objectives of the curriculum approved by the State Health Officer. (4-5-00)(7-1-09)T

**b.** An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency ~~shall~~ **must** verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency ~~shall~~ **must** assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. (4-5-00)(7-1-09)T

**c.** Personnel ~~shall~~ **will** initiate critical care as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical ~~direction~~ supervision as specified in IDAPA ~~22.01.06~~ 16.02.02, "~~Rules for EMS Personnel,~~ Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." ~~Subsection 011.05.~~ (4-5-00)(7-1-09)T

**02. Required Documentation.** The employment status and ongoing proficiency maintenance of the *certified* licensed personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. ~~(4-5-00)~~(7-1-09)T

**a.** The agency must submit a roster of all *certified* licensed personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. ~~(4-5-00)~~(7-1-09)T

**b.** The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all *certified* licensed personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. ~~(4-5-00)~~(7-1-09)T

**03. Required Equipment.** The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

**04. Administrative License Action.** A Critical Care Transfer Service designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. (4-5-00)

**(BREAK IN CONTINUITY OF SECTIONS)**

**400. ADVANCE DO NOT RESUSCITATE DIRECTIVES.**

**01. Protocols.** (11-10-94)

**a.** The EMS Advisory Committee will establish standard protocols for EMS personnel to respond to advance DNR directives. (11-10-94)

**b.** The protocol will be reviewed at least annually by the EMS Advisory Committee to determine if changes in protocol should be made to reflect technological advances. (11-10-94)

**c.** The Department will notify Idaho EMS *providers* personnel of DNR protocols and any subsequent changes. ~~(11-10-94)~~(7-1-09)T

**02. Do Not Resuscitate Order.** (11-10-94)

**a.** A standard DNR form will be made available to physicians by the Department or its designee. (11-10-94)

**b.** One (1) copy will be maintained in the patient's file and one (1) copy will be kept by the patient. (11-10-94)

**03. Do Not Resuscitate Identification.** (11-10-94)

**a.** Only a physician signed DNR order or a Department approved bracelet or necklace will be honored by EMS personnel. (11-10-94)

**b.** The bracelet or necklace will have an easily identifiable logo that solely represents a DNR code. (11-10-94)

- c. The Department will advise EMS personnel of what constitutes an acceptable identification. (11-10-94)
- d. No DNR identification may be issued without a valid DNR order in place. (11-10-94)
- e. Only vendors authorized by the Department may sell or distribute DNR identifications. (11-10-94)

**401. -- 404. (RESERVED).**

**405. STANDARDS FOR THE APPROPRIATE USE OF AIR MEDICAL AGENCIES BY ~~CERTIFIED~~ LICENSED EMS PERSONNEL AT EMERGENCY SCENES.**

**01. Who Establishes Training Curricula and Continuing Education Requirements for Air Medical Criteria?** The EMS Bureau will incorporate education and training regarding the air medical criteria established in Section 425 of this rule into initial training curricula and required continuing education of ~~certified~~ licensed EMS personnel. (~~4-11-06~~)(7-1-09)T

**02. Who Must Establish Written Criteria Guiding Decisions to Request an Air Medical Response?** Each licensed EMS service must establish written criteria, approved by the EMS service medical director, to guide the decisions of the service's ~~certified~~ licensed EMS personnel to request an air medical response to an emergency scene. The criteria will include patient conditions found in Section 415 of these rules. (~~4-11-06~~)(7-1-09)T

**03. What Written Criteria is Required for EMS Service Licensure?** Written criteria guiding decisions to request an air medical response will be required for all initial and renewal applications for EMS service licensure for licenses effective on November 1, 2006, or later. (4-11-06)

**04. Who Is Responsible for Requesting an Air Medical Response?** ~~Certified~~ 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 ~~in accordance with~~ using the local incident management system and licensed EMS service written criteria. (~~4-11-06~~)(7-1-09)T

**05. When Can ~~Certified~~ Licensed EMS Personnel Cancel an Air Medical Response?** ~~Certified~~ Licensed EMS personnel must complete a patient assessment prior to their cancellation of an air medical response. (~~4-11-06~~)(7-1-09)T

**06. Who May Establish Criteria for Simultaneous Dispatch?** The licensed EMS service may establish criteria for simultaneous dispatch for air and ground medical response. Air medical services will not respond to an emergency scene unless requested. (4-11-06)

**07. Who Is Responsible for Selecting an Appropriate Air Medical Service?** Selection of an appropriate air medical service is the responsibility of the licensed EMS service. (4-11-06)

a. The licensed EMS service, through written policy, will establish a process of air medical selection. (4-11-06)

b. 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. (4-11-06)

**406. -- 414. (RESERVED).**

**415. AIR MEDICAL RESPONSE CRITERIA.**

The need for an air medical request will be determined by the licensed EMS service ~~certified~~ licensed personnel based on their patient assessment and transport time. Each licensed EMS service must develop written criteria based on best medical practice principles. The following conditions must be included in the criteria: (~~4-11-06~~)(7-1-09)T

**01. What Clinical Conditions Require Written Criteria?** The licensed EMS service written criteria

will provide guidance to the ~~certified~~ licensed EMS personnel for the following clinical conditions:

~~(4-11-06)~~(7-1-09)T

- a. The patient has a penetrating or crush injury to head, neck, chest, abdomen, or pelvis; (4-11-06)
- b. Neurological presentation suggestive of spinal cord injury; (4-11-06)
- c. Evidence of a skull fracture (depressed, open, or basilar) as detected visually or by palpation; (4-11-06)
- d. Fracture or dislocation with absent distal pulse; (4-11-06)
- e. A Glasgow Coma Score of ten (10) or less; (4-11-06)
- f. Unstable vital signs with evidence of shock; (4-11-06)
- g. Cardiac arrest; (4-11-06)
- h. Respiratory arrest; (4-11-06)
- i. Respiratory distress; (4-11-06)
- j. Upper airway compromise; (4-11-06)
- k. Anaphylaxis; (4-11-06)
- l. Near drowning; (4-11-06)
- m. Changes in level of consciousness; (4-11-06)
- n. Amputation of an extremity; and (4-11-06)
- o. Burns greater than twenty percent (20%) of body surface or with suspected airway compromise. (4-11-06)

**02. What Complicating Conditions Require Written Criteria?** When associated with clinical conditions in Subsection 415.01 of these rules, the following complicating conditions require written guidance for EMS personnel: (4-11-06)

- a. Extremes of age; (4-11-06)
- b. Pregnancy; and (4-11-06)
- c. Patient “do not resuscitate” status as described in Section 400 of these rules. (4-11-06)

**03. What Operational Conditions Require Written Guidance for an Air Medical Response?** The licensed EMS service written criteria will provide guidance to the ~~certified~~ licensed EMS personnel for the following operational conditions: ~~(4-11-06)~~(7-1-09)T

- a. Availability of local hospitals and regional medical centers; (4-11-06)
- b. Air medical response to the scene and transport to an appropriate hospital will be significantly shorter than ground transport time; (4-11-06)
- c. Access to time sensitive medical interventions such as percutaneous coronary intervention, thrombolytic administration for stroke, or cardiac care; (4-11-06)

- 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; (4-11-06)
- e. As an additional resource for a multiple patient incident; (4-11-06)
- f. Remote location of the patient; and (4-11-06)
- g. Local destination protocols. (4-11-06)

**(BREAK IN CONTINUITY OF SECTIONS)**

**425. LANDING ZONE AND SAFETY.**

**01. Who Is Responsible for Setting Up Landing Zone Procedures?** The licensed EMS service in conjunction with the air medical service(s) must have written procedures for establishment of landing zones. Such procedures will be compatible with the local incident management system. (4-11-06)

**02. What Are the Responsibilities of Landing Zone Officers?** The procedures for establishment of landing zones must include identification of Landing Zone Officers with responsibility for the following: (4-11-06)

- a. Landing zone preparation; (4-11-06)
- b. Landing zone safety; and (4-11-06)
- c. Communication between ground and air agencies. (4-11-06)

**03. What Training Is Required for Landing Zone Officers?** The licensed EMS service will assure that EMS ~~certified~~ licensed personnel, designated as Landing Zone Officers, have completed training in establishing an air medical landing zone based on the following elements: ~~(4-11-06)~~(7-1-09)T

- a. The required size of a landing zone; (4-11-06)
- b. The allowable slope of a landing zone; (4-11-06)
- c. The allowable surface conditions; (4-11-06)
- d. Hazards and obstructions; (4-11-06)
- e. Marking and lighting; (4-11-06)
- f. Landing zone communications; and (4-11-06)
- g. Landing zone safety. (4-11-06)

**04. What Is the Deadline for Obtaining Training as Landing Zone Officers?** Current EMS ~~certified~~ licensed personnel, designated as Landing Zone Officers, must complete the required training described in Subsection 425.03 of these rules by June 30, 2007. ~~(4-11-06)~~(7-1-09)T

**05. What Is the Deadline for Training as a Landing Zone Officer for EMS ~~Recertification~~ License Renewal?** All EMS certified personnel will complete training described in Subsection 425.03 of these rules as a component of required continuing education for ~~recertification~~ license renewal not later than ~~June~~ September 30, 2010. ~~(4-11-06)~~(7-1-09)T

**06. Who Has the Final Decision to Use an Established Landing Zone?** The air medical pilot may

refuse the use of an established landing zone. In the event of pilot refusal, the landing zone officer will initiate communications to identify an alternate landing zone. (4-11-06)

426. -- 429. (RESERVED).

**430. PATIENT DESTINATION.**

The air medical service must have written procedures for determination of patient destination. (4-11-06)

**01. Procedures for Destination Protocol and Medical ~~Direction~~ Supervision.** The air medical service written procedure will consider the licensed EMS service destination protocol and medical ~~direction~~ supervision received. (~~4-11-06~~)(7-1-09)T

**02. Availability of Written Procedures.** The air medical service must make the written procedures available to licensed EMS services that utilize their services. (4-11-06)

**03. Determination of Destination Will Honor Patient Preference.** The air medical procedures for determination of destination will honor patient preference if the requested facility is capable of providing the necessary medical care and if the requested facility is located within a reasonable distance not compromising patient care or the EMS system. (4-11-06)

**(BREAK IN CONTINUITY OF SECTIONS)**

**500. ~~CERTIFICATION LICENSURE.~~**

In order to practice or represent himself as a ~~First Responder~~ EMR, EMT-B, AEMT-A, ~~EMT-I~~, or EMT-Paramedic, an individual must maintain a current ~~certification~~ license issued by the EMS Bureau. (~~4-6-05~~)(7-1-09)T

**501. INITIAL ~~CERTIFICATION LICENSURE.~~**

Upon successful completion of an EMS training program, a candidate may apply for ~~certification~~ license to the EMS Bureau. In addition, candidates must satisfy the following requirements: (~~4-6-05~~)(7-1-09)T

**01. Affiliation Required.** Candidates for ~~certification~~ license at the EMR, EMT-B, AEMT-A, ~~EMT-I~~, and EMT-Paramedic levels must have current affiliation with a licensed EMS service which functions at, or higher than, the level of ~~certification~~ license being sought by the applicant; (~~4-6-05~~)(7-1-09)T

**02. Required Identification.** Candidates for ~~certification~~ license at any level must have a state driver's license, an Idaho identification card which is issued by a county driver's license examining station, or identification card issued by the Armed Forces of the United States; and (~~7-1-97~~)(7-1-09)T

**03. Criminal Background Check.** A criminal background check must be conducted for all ~~applicants~~ candidates for initial ~~certification~~ license in accordance with the standards and procedures established in IDAPA 16.05.06, "Criminal History and Background Checks." The Division or the EMS Bureau may require an updated or additional criminal background check at any time, without expense to the ~~applicant~~ candidate, if there is cause to believe new or additional information will be disclosed. Denial without the grant of an exemption under IDAPA 16.05.06, will result in denial or revocation of ~~certification~~ license. (~~4-6-05~~)(7-1-09)T

**04. Fee for Initial ~~Certification~~ License.** The fee for initial ~~certification~~ license for AEMT-A, ~~EMT-I~~, and EMT-Paramedic is thirty-five dollars (\$35). (~~4-6-05~~)(7-1-09)T

**05. Required Examination.** Candidates for ~~certification~~ license at any level must obtain a passing score on the standardized examination designated by the EMS Bureau. The examination type must correspond to the level of ~~certification~~ license being sought in accordance with the EMS Standards Manual in effect at the time of application. (~~4-6-05~~)(7-1-09)T

502. -- 509. (RESERVED).

**510. ~~CERTIFICATION LICENSURE DURATION AND RECERTIFICATION LICENSE RENEWAL.~~**

All ~~certification~~ licensure is for the following specified intervals of time, during which time required continuing education, refresher courses and other proficiency assurances must be completed in order to renew the ~~certification~~ license. (4-6-05)(7-1-09)T

**01. ~~First Emergency Medical Responder Certification Licensure.~~** A ~~First Emergency Medical Responder~~ will be issued ~~certification~~ a license for three (3) years. The duration of initial ~~certification~~ licensure may be up to forty-two (42) months from the date of examination. Continuing education and refresher course must be conducted ~~in accordance with~~ following the EMS Standards Manual in effect at the beginning of the ~~certification~~ licensure interval. (4-6-05)(7-1-09)T

**02. ~~EMT-B Certification Licensure.~~** An ~~EMT-B~~ will be issued ~~certification~~ a license for three (3) years. The duration of initial ~~certification~~ licensure may be up to forty-two (42) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the ~~certification~~ licensure interval. (4-6-05)(7-1-09)T

**03. ~~AEMT-A Certification Licensure.~~** An ~~AEMT-A~~ will be issued ~~certification~~ a license for two (2) years. The duration of initial ~~certification~~ licensure may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted ~~in accordance with~~ following the EMS Standards Manual in effect at the beginning of the ~~certification~~ licensure interval. The fee for ~~recertification~~ license renewal is twenty-five dollars (\$25). (4-6-05)(7-1-09)T

**04. ~~EMT-I Certification.~~** An ~~EMT-I~~ will be issued ~~certification~~ for two (2) years. The duration of initial ~~certification~~ may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the ~~certification~~ interval. The fee for ~~recertification~~ is twenty-five dollars (\$25). (4-6-05)

**054. ~~EMT-P Certification Paramedic Licensure.~~** An ~~EMT-Paramedic~~ will be issued ~~certification~~ a license for two (2) years. The duration of initial ~~certification~~ licensure may be up to thirty (30) months from the date of examination. Continuing education, refresher courses, and proficiency assurance documentation will be conducted ~~in accordance with~~ following the EMS Standards Manual in effect at the beginning of the ~~certification~~ licensure interval. The fee for ~~recertification~~ license renewal is twenty-five dollars (\$25). (4-6-05)(7-1-09)T

**065. ~~Required Documentation.~~** Documentation of ~~recertification~~ license renewal requirements is due to the EMS Bureau prior to the ~~certification~~ license expiration date. Failure to submit complete documentation of requirements by the ~~certification~~ license expiration date renders the ~~certification~~ license invalid and the candidate must not practice or represent himself as ~~certified~~ licensed personnel. (4-6-05)(7-1-09)T

**076. ~~Affiliation Required.~~** Candidates for ~~recertification~~ license renewal at the ~~EMR, EMT-B, AEMT-A, EMT-I,~~ and ~~EMT-Paramedic~~ levels must have current affiliation with a licensed EMS service. (4-6-05)(7-1-09)T

**511. ~~LAPSED CERTIFICATION LICENSE.~~**

After the expiration date of ~~certification~~ a license issued by the EMS Bureau, the ~~certification~~ license will no longer be valid unless required ~~recertification~~ license renewal documentation has been submitted. No grace periods or extensions to an expiration date may be granted. (4-6-05)(7-1-09)T

**01. ~~Reinstatement of Certification License.~~** An individual may submit ~~recertification~~ license renewal documentation up to a maximum of two (2) years following the ~~certification~~ license expiration date. In order for ~~certification~~ license to be reinstated individuals must meet the requirements for initial ~~certification~~ license. Continuing education proportionate to the amount of time since the last ~~recertification~~ license renewal must be documented. (7-1-97)(7-1-09)T

**02. ~~Re-Entry.~~** An individual whose ~~certification~~ license has been expired for more than two (2) years must attend and successfully complete an initial training program for the level of ~~certification~~ licensure being sought. All other requirements for initial ~~certification~~ licensure must be met. (4-6-05)(7-1-09)T

**512. SURRENDER OF A CERTIFICATION OR LICENSE.**

An individual who possesses current certification or license may relinquish that certification or license at any time by submitting a letter of intent to the EMS Bureau. This action may not prevent investigative or disciplinary action against the individual, which may take place thereafter. (7-1-97)(7-1-09)T

**513. REVERSION.**

An individual who possesses a current certification or license may relinquish that certification or license and receive a ~~certification~~ license at a lower level with the same expiration date as the original certification or license. The individual must meet all requirements for initial ~~certification~~ licensure. This action may not prevent investigative or disciplinary action against the individual which may take place thereafter. (7-1-97)(7-1-09)T

**514. RECIPROCITY.**

An individual who has successfully completed an EMS training program approved by another state, U.S. Territory, or branch of the U.S. Armed Services may apply for EMS ~~certification~~ licensure if the individual satisfies the criteria for initial ~~certification~~ licensure and has current NREMT registration or a state EMS certification or licensure at or above the level of ~~certification~~ licensure being sought. (7-1-97)(7-1-09)T

**515. ADMINISTRATIVE LICENSE ACTION.**

Any license or certification may be suspended, revoked, denied, or retained only upon compliance with conditions imposed by the Bureau Chief, for any action, conduct, or failure to act which is inconsistent with the professionalism, ~~and~~ or standards, or both, established by these rules including, but not limited to the following: (7-1-97)(7-1-09)T

- 01. Any Violation.** Any violation of these rules. (7-1-97)
- 02. Failure to Maintain Standards of Knowledge, ~~and~~ or Proficiency, or Both.** Failure to maintain standards of knowledge, ~~and~~ or proficiency, or both, required under these rules; (7-1-97)(7-1-09)T
- 03. A Lawful Finding.** A lawful finding of mental incompetency. (7-1-97)
- 04. Performance of Duties.** Performance of duties pursuant to said license or certificate while under the influence of alcohol or any illegal substance. (7-1-97)
- 05. Any Conduct, Action, or Conviction.** Any conduct, action, or conviction which does or would result in denial without exemption of a criminal history clearance under IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-97)
- 06. Discipline, Restriction, Suspension or Revocation.** Discipline, restriction, suspension or revocation in any other jurisdiction. (7-1-97)
- 07. Any Conduct, Condition, or Circumstance.** Any conduct, condition, or circumstance determined by the Bureau Chief which constitutes a danger or threat to the health, safety, or well-being of persons or property. (7-1-97)
- 08. Performing Any Medical Procedure or Providing Medication.** Performing any medical procedure or providing medication which deviates from or exceeds the scope of practice for the corresponding level of ~~certification~~ licensure established under IDAPA ~~22.01.06~~ 16.02.02, "~~Rules for EMS Personnel~~ Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." (7-1-97)(7-1-09)T
- 09. Providing Any Service Without Licensure or Designation.** Advertising or providing any service which exceeds the level of licensure and ALS designation; responding to any jurisdiction outside of the coverage area declared on the current EMS service application, with the exception of responses to any locally declared disaster when the response is specifically requested by the incident commander or his designee; or responding in a manner which is in violation of the county EMS ordinance in which the call originates. (4-5-00)
- 10. Falsification of Applications or Reports.** The submission of fraudulent or false information in any report, application, or documentation to the EMS Bureau. (4-5-00)

516. -- 599. (RESERVED).

**600. WHO MAY REPORT A DISCIPLINARY VIOLATION.**

Any person who knows of a violation of any law or rule by the holder of an emergency medical services certificate or license issued ~~pursuant to~~ under these rules may report the violation to the EMS Bureau. ~~(7-1-97)~~(7-1-09)T

**601. PRELIMINARY INVESTIGATION.**

The EMS Bureau ~~shall~~ will make a preliminary investigation of all the facts and circumstances surrounding the reported facts and events and ~~shall~~ will make a report of such facts to the ~~Emergency Medical Services Advisory Committee-Disciplinary Subcommittee~~ Commission for a recommendation of appropriate action. The subject of the investigation shall be given an opportunity to respond in writing, or at the option of the EMS Bureau, in person, to the reported violation. ~~(7-1-97)~~(7-1-09)T

**602. CONFIDENTIALITY OF INVESTIGATION.**

Preliminary investigations and papers in connection with them ~~shall~~ will be confidential until a notice of certificate or license action is issued. ~~(7-1-97)~~(7-1-09)T

**603. NOTICE OF ~~CERTIFICATE~~ LICENSURE ACTION.**

The Bureau Chief ~~shall~~ will notify the certificate or license holder of any intended license action, or ~~shall~~ will notify the certificate or license holder that no action will be taken. If the certificate or license holder fails to file an administrative appeal, the intended license action ~~shall~~ will become effective without further notice. ~~(7-1-97)~~(7-1-09)T