

TITLE 836 INDIANA EMERGENCY MEDICAL SERVICES COMMISSION

ARTICLE 1. EMERGENCY MEDICAL SERVICES

Rule 1. Definitions

836 IAC 1-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 16-18; IC 16-31-3-1; IC 16-31-3-3

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

- (1) "Commission" means the Indiana emergency medical services commission.
- (2) "Director" means the director of the state emergency management agency, or the director's designee of the commission.
- (3) "Person" means any:
 - (A) natural person or persons;
 - (B) firm;
 - (C) partnership;
 - (D) corporation;
 - (E) company;
 - (F) association; or
 - (G) joint stock association;and the legal successors thereof, including any governmental agency or instrumentality, other than an agency or instrumentality of the United States, except that "an agency or instrumentality of the United States", as that phrase is used in IC 16-31-3-3(b), means to exclude all nongovernmental entities that have a contract with the government of the United States or any bureau, board, commission, or statutorily created entity thereof.
- (4) "Emergency patient" means an individual who is acutely ill, injured, or otherwise incapacitated or helpless and who requires emergency care. The term includes an individual who requires transportation on a litter or cot or is transported in a vehicle certified as an ambulance under IC 16-31-3.
- (5) "Ambulance" means any conveyance on land, sea, or air that is used or is intended to be used, for the purpose of responding to emergency life-threatening situations and providing transportation of an emergency patient.
- (6) "Ambulance service provider" means any person who is certified by the commission and who engages in or seeks to furnish, operate, conduct, maintain, advertise, or otherwise engage in services for the transportation and care of emergency patients as a part of a regular course of doing business, either paid or voluntary.
- (7) "Emergency medical technician" means an individual certified by the commission who is:
 - (A) responsible for the administration of emergency care procedures to emergency patients and for the handling and transportation of such patients; and
 - (B) certified under this article.
- (8) "Certificate" or "certification" means authorization in written form issued by the commission to a person to furnish, operate, conduct, maintain, advertise, or otherwise engage in providing emergency medical services as a part of a regular course of doing business, either paid or voluntary.
- (9) "Emergency ambulance services" means the transportation of emergency patients by ambulance and the administration of emergency care procedures to emergency patients before, or during, such transportation.
- (10) "Emergency medical services" means the provision of emergency ambulance services or other services utilized in serving an individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.
- (11) "ATCO" means air taxi and commercial operators, with reference to air taxi and commercial operators, operations certificate outlined in Federal Aviation Regulations, Part 135.
- (12) "F.A.A." means the Federal Aviation Administration.
- (13) "F.A.R." means the federal aviation regulations, including, but not limited to, the following parts:
 - (A) F.A.R. relative to the certification of pilots and instructors.
 - (B) F.A.R. relative to medical standards and certification of pilots and other F.A.A. related personnel.
 - (C) F.A.R. relative to general operating and flight rules.
 - (D) F.A.R. relative to air taxi and commercial operators of small aircraft.

- (14) "A.G.L." means above ground level.
- (15) "Emergency medical services provider" means any person certified by the commission who engages in or seeks to furnish, operate, conduct, maintain, advertise, or otherwise engage in services for the care of emergency patients as part of a regular course of doing business, either paid or voluntary.
- (16) "Rescue squad organization" means an organization that holds a voluntary certification to provide extrication, rescue, or emergency medical services.
- (17) "Emergency medical services driver" means an individual who has a certificate of completion of a commission approved driver training course.
- (18) "Emergency medical service nontransport provider" means an organization, certified by the commission, that provides first response patient care at an emergency that includes defibrillation but does not supply patient transport from the scene of the emergency.
- (19) "Emergency medical service nontransport vehicle" means a motor vehicle other than an ambulance, owned or leased by a certified emergency medical service provider, which provides first response patient care at an emergency that includes defibrillation but does not supply patient transport from the scene of the emergency. The term does not include an employer-owned or employer-operated vehicle used for first aid purposes within or upon the employer's premises.
- (20) "Emergency medical services vehicle" means:
 - (A) an ambulance;
 - (B) an emergency medical service nontransport vehicle;
 - (C) a rescue squad; or
 - (D) an advanced life support nontransport vehicle.
- (21) "Basic life support" means the following:
 - (A) Assessment of emergency patients.
 - (B) Administration of oxygen.
 - (C) Use of mechanical breathing devices.
 - (D) Application of antishock trousers.
 - (E) Performance of cardiopulmonary resuscitation.
 - (F) Application of dressings and bandage materials.
 - (G) Application of splinting and immobilization devices.
 - (H) Use of lifting and moving devices to ensure safe transport.
 - (I) Use of an automatic or a semiautomatic defibrillator if the defibrillator is used in accordance with training procedures established by the commission.
 - (J) Other procedures authorized by the commission, including procedures contained in the revised national emergency medical technician-basic training curriculum guide.

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

Rule 2. Certification of Ambulance Service Providers

836 IAC 1-2-1 General certification provisions

Authority: IC 16-31-2-7

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

Sec. 1. (a) A person shall not engage in the business or service of providing emergency ambulance services upon any public way of the state unless they hold a valid certificate issued by the commission for engaging in such a business or service as an ambulance service provider.

(b) A certificate is not required for a person who provides emergency ambulance service, an emergency medical technician, or an ambulance when:

- (1) rendering assistance to persons certified to provide emergency ambulance service or to emergency medical technicians;
- (2) operating from a location or headquarters outside Indiana to provide emergency ambulance services to patients who are picked up outside Indiana for transportation to locations within Indiana;

(3) providing emergency medical services during a major catastrophe or disaster with which persons or ambulance services are insufficient or unable to cope;

(4) an agency or instrumentality of the United States and any emergency medical technicians or ambulances of such agency or instrumentality are not required to be certified or to conform to the standards prescribed under 836 IAC 1-1-1(3); or

(5) transportation of a patient from another state into Indiana and returned.

(c) Each ambulance, while transporting a patient, shall be staffed by not less than two (2) persons, one (1) of whom shall be a certified emergency medical technician and who shall be in the patient compartment unless an exemption is approved by the commission through subsection (g).

(d) After notice and hearing, the commission may and is authorized to suspend or revoke a certificate issued under IC 16-31 or impose a fine of up to five hundred dollars (\$500) in accordance with section 4 of this rule, or both, for:

(1) fraud or misrepresentation in procuring certification; or

(2) failure to comply and maintain compliance with, or for violation of, any applicable provisions, standards, or other requirement of IC 16-31 or this title.

The commission may initiate proceedings to suspend or revoke a certificate upon its own motion, or on the verified written complaint of any interested person, and all such proceedings shall be held and conducted in accordance with IC 4-21.5.

(e) Notwithstanding the provision of subsection (d), the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.

(f) Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.

(g) An ambulance service provider seeking certification of a land ambulance specially staffed, equipped, or uniquely designed to provide interhospital emergency transportation of critical care patients, for example:

(1) coronary care;

(2) high risk infant;

(3) poisoning;

(4) psychiatric; and

(5) alcohol and drug overdose;

may petition the commission for exemption from one (1) or more of the specifications or requirements listed in this article. The ambulance service provider shall submit with the application a description of the medical capability of each person who usually staffs the patient compartment when transporting an emergency patient and a description of radio communications capabilities. The commission may approve one (1) or more of the requested exemptions and grant certification. However, the commission may restrict any exemption(s) approved under this article. Exemption(s) requested shall not be approved if, in the opinion of the commission, the exemption(s) would impair the capabilities of the ambulance service provider to provide proper emergency patient care.

(h) An ambulance service provider seeking certification for other than a land or air ambulance may petition the commission for any exemptions from one (1) or more of the requirements set forth in this article and 836 IAC 2.

(i) Each emergency patient shall be transported in a certified ambulance.

(j) Notify the commission in writing within thirty (30) days of any changes in items listed in section 2(a) of this rule.

(k) Notify the commission in writing immediately of change in medical director, including medical director approval form and protocols.

(l) Each ambulance service provider shall secure a medical director who shall be a physician with an unlimited license to practice medicine in Indiana and who has an active role in the delivery of emergency care. The duties and responsibilities of the medical director are as follows:

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

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

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

(4) Assist in the continuing education programs of the emergency medical service organization.

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

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

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

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

(9) Establish protocols for automatic defibrillation, airway management, patient-assisted medications, and emergency medical technician-administered medications as approved by the commission.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I, A; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 84; filed Dec 15, 1977: Rules and Regs. 1978, p. 244; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2192; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2419; filed Dec 2, 1983, 2:43 p.m.: 7 IR 352; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1036; filed Aug 18, 1986, 1:00 p.m.: 10 IR 24; filed May 15, 1998, 10:25 a.m.: 21 IR 3866; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2719; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2506)

836 IAC 1-2-2 Application for certification; renewal

Authority: IC 16-31-2-7

Affected: IC 16-31-3-8

Sec. 2. (a) Application for ambulance service provider certification shall be made on forms as prescribed by the commission, and the applicant shall comply with the following requirements:

- (1) Applicants shall complete the required forms and submit the forms to the director not less than sixty (60) days prior to the requested effective date of the certificate.
- (2) Each ambulance, with its equipment as required in this article, shall be made available for inspection by the director or the director's duly authorized representative.
- (3) The premises on which ambulances are parked or garaged and on which ambulance supplies are stored shall be open during business hours to the director, or the director's duly authorized representative, for inspection.
- (4) A complete listing of affiliated personnel to be utilized as emergency medical technicians, first responders, and drivers shall be submitted to the director. The director shall be notified in writing within thirty (30) days of any change in personnel.
- (5) Each application shall include the following information:
 - (A) A description of the service area.
 - (B) Hours of operation.
 - (C) Number and location of ambulances.
 - (D) Organizational structure, including name, address, and phone number for the owner, chief executive officer, chief operations officer, training officer, and medical director.
 - (E) Current Federal Communications Commission license or letter of authorization.
 - (F) Location of ambulance service provider's records.
 - (G) Proof of insurance coverage in amounts as specified in section 3(g) of this rule shall be submitted with the application and shall be renewed thirty (30) days prior to the expiration of the current insurance.
 - (H) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the director. The certificate shall be valid for a period of two (2) years unless earlier revoked or suspended by the commission and shall be prominently displayed at the place of business.

(c) Application for ambulance service provider certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate to assure continuity of certification. Application for renewal shall be made on forms as prescribed by the commission and shall indicate compliance with the requirements set forth for original certification.

(d) Ambulance service providers in states immediately adjacent to Indiana who provide ambulance service within Indiana under a contract with an Indiana local unit of government shall be certified by the commission in accordance with this article or apply for waiver of this article so long as the following requirements are met:

- (1) The Indiana local unit of government shall do the following:
 - (A) Notify the commission of the intent to provide emergency medical services to residents of their area of responsibility when such services will be provided by an ambulance service in an adjacent state not certified by the commission and said ambulance service is unable to comply with this article for certification.
 - (B) Provide a copy of a legally binding contract for services describing the conditions under which emergency medical services will be provided.
 - (C) Show proof of the issuance of public notice describing any and all differences between the state standards in existence for the contracted provider of ambulance service and the standards adopted by the commission.
 - (D) The commission may issue certification under this provision for a period of two (2) years.
- (2) The commission may revoke certification of the contracted ambulance service provider immediately upon determining

that the contracted ambulance service provider is in violation of existing adjacent state rules and regulations regarding the provision of emergency medical services.

(3) Violations of Indiana patient care standards or standards existing under the contracted ambulance service providers state rules and regulations are subject to the provision and levying of fines as described in section 4 of this rule at the discretion of the director and shall be the responsibility of the Indiana local unit of government as the contractee.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I,B; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 86; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2193; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2420; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1037; filed Aug 18, 1986, 1:00 p.m.: 10 IR 25; filed May 15, 1998, 10:25 a.m.: 21 IR 3867; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2720)

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

Authority: IC 16-31-2-7

Affected: IC 16-18; IC 16-31-3-2; IC 34-6-2-49

Sec. 3. (a) Each ambulance service provider shall maintain accurate records concerning the transportation of each emergency patient within Indiana, including an ambulance run report form in an electronic or written format as prescribed by the commission as follows:

(1) An ambulance run report form shall be required by all ambulance providers including, at a minimum, the following information about the patient:

- (A) Name.
- (B) Identification number.
- (C) Age.
- (D) Sex.
- (E) Date of birth.
- (F) Race.
- (G) Address, including zip code.
- (H) Location of incident.
- (I) Chief complaint.
- (J) History, including the following:
 - (i) Current medical condition and medications.
 - (ii) Past pertinent medical conditions and allergies.
- (K) Physical examination section.
- (L) Treatment given section.
- (M) Vital signs, including the following:
 - (i) Blood pressure.
 - (ii) Pulse.
 - (iii) Respirations.
 - (iv) Level of consciousness.
 - (v) Skin temperature and color.
 - (vi) Pupillary reactions.
 - (vii) Ability to move.
 - (viii) Presence or absence of breath sounds.
 - (ix) The time of observation and a notation of the quality for each vital sign should also be included.
- (N) Responsible guardian.
- (O) Hospital destination.
- (P) Radio contact via UHF or VHF.
- (Q) Name of patient attendants, including emergency medical service certification numbers.
- (R) Vehicle certification number.
- (S) Safety equipment used by patient.
- (T) Date of service.
- (U) Service delivery times, including the following:

- (i) Time of receipt of call.
- (ii) Time dispatched.
- (iii) Time arrived scene.
- (iv) Time of departure from scene.
- (v) Time arrived hospital.
- (vi) Time departed hospital.
- (vii) Time vehicle available for next response.
- (viii) Time vehicle returned to station.

(2) The report form shall be designed in a manner to provide space for narrative notation of additional medical information. A copy of the form shall be provided to the receiving facility for the purpose of patient information and record.

(3) When a patient has signed a statement for refusal of treatment or transportation services, or both, that signed statement shall be maintained as part of the run documentation.

(b) All ambulance service providers shall participate in the emergency medical service system review by:

(1) collecting all data elements prescribed by the commission; and

(2) reporting that information according to procedures and schedules prescribed by the commission.

(c) An ambulance service provider shall not operate a land ambulance on any public way in Indiana if the ambulance is not in full compliance with the ambulance certification requirements established and set forth in this article or exemptions approved by the commission, and which does not have a certificate issued pursuant to IC 16-31, except an ambulance service provider may operate, for a period not to exceed sixty (60) consecutive days, a noncertified ambulance if the noncertified ambulance is used to replace a certified ambulance that has been taken out of service providing the following:

(1) The replacement ambulance shall meet all certification requirements.

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

(A) The replacement date.

(B) The certification number of the replaced ambulance.

(C) The vehicle identification number of the replacement ambulance.

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

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified ambulance was replaced. Temporary certification shall not exceed sixty (60) days and, upon return to service, the use of the replacement vehicle shall cease and the temporary certificate shall be returned to the commission. If the replaced ambulance is not returned to service within the sixty (60) day period, use of the replacement ambulance shall cease unless certification is approved in accordance with 836 IAC 1-3.

(d) The ambulance service provider's premises shall be maintained, suitable to the conduct of the ambulance service, with provision for adequate storage of ambulances and equipment.

(e) Each ambulance service provider shall provide for a periodic maintenance program to assure that all ambulances, including equipment, are maintained in good working condition and that rigid sanitation procedures are in effect at all times.

(f) All ambulance service provider premises, records, garaging facilities, and ambulances shall be made available for inspection by the commission, director, or a duly authorized representative at any time during operating hours.

(g) The insurance requirement of IC 16-31-3-2(2) is satisfied if the ambulance service provider:

(1) has in force and effect public liability insurance in the sum of not less than three hundred thousand dollars (\$300,000) combined single limit, issued by an insurance company licensed to do business in Indiana; or

(2) is a government entity within the meaning of IC 34-6-2-49. Coverage shall be for every ambulance owned or operated by or for the ambulance service provider.

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

(i) Each ambulance service provider shall designate one (1) person as the organization's training officer to assume responsibility for in-service training. This person shall be certified as an emergency medical technician, an advanced emergency medical technician, a paramedic, a registered nurse, a certified physician assistant, or a licensed physician who is actively involved in the delivery of emergency medical services with that organization. The training officer shall be responsible for the following:

(1) Providing and maintaining records of in-service training offered by the provider organization.

(2) Maintaining the following in-service training session information:

- (A) Summary of the program content.
 - (B) The name of the instructor.
 - (C) The names of those attending.
 - (D) The date, time, and location of the in-service training sessions.
- (3) Signing individual emergency medical technician training records or reports to verify actual time in attendance at a *[sic.]* training sessions.
- (j) An ambulance service provider shall not act in a reckless or negligent manner so as to endanger the health or safety of emergency patients or members of the general public while in the course of business as an ambulance service provider.
- (k) Each ambulance service provider shall notify the director within thirty (30) days of the present and past specific location of any ambulance if the location of the ambulance is changed from that specified in the provider's application for ambulance service provider certification or certification renewal.
- (l) Each ambulance service provider shall, within seven (7) consecutive days of the date a certified ambulance is permanently withdrawn from service, return to the director the certificate and window sticker issued by the commission for the ambulance.
- (m) No certified ambulance service provider may operate any noncertified vehicle that displays to the public any word, phrase, or marking that implies in any manner that the vehicle is an ambulance as defined in IC 16-18 unless the vehicle is used solely in another state for patient care.
- (n) Each ambulance service provider shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all ambulances:
- (1) The interior and the equipment within the vehicle shall be clean and maintained in good working order at all times.
 - (2) Freshly laundered linen or disposable linens shall be used on litters and pillows, and linen shall be changed after each patient is transported.
 - (3) Clean linen storage shall be provided.
 - (4) Closed compartments shall be provided within the vehicle for medical supplies.
 - (5) Closed containers shall be provided for soiled supplies.
 - (6) Blankets shall be kept clean and stored in closed compartments.
 - (7) Implements inserted into the patient's nose or mouth shall be single-service, wrapped, and properly stored and handled. Multi-use items shall be kept clean and sterile when indicated and properly stored.
 - (8) When a vehicle has been utilized to transport a patient known to have a communicable disease or suffered exposure to hazardous material or biohazard material, the vehicle and equipment shall be cleansed and all contact surfaces washed in accordance with current decontamination and disinfecting standards. All hazardous and biohazard materials shall be disposed of in accordance with current hazardous and biohazard disposition standards.
- (o) An ambulance service provider shall not engage in the provision of advanced life support as defined in IC 16-18 unless:
- (1) the ambulance service provider is certified pursuant to 836 IAC 2 and the vehicle meets the requirements of 836 IAC 2; or
 - (2) an exemption has been granted or authorized for the ambulance service provider and vehicle(s) pursuant to this article or 836 IAC 2.
- (p) Each emergency medical services provider, under the responsibility of its chief executive officer and medical director, shall conduct audit and review at least quarterly to assess, monitor, and evaluate the quality of patient care as follows:
- (1) The audit shall evaluate patient care and personnel performance against established standards of care.
 - (2) The results of the audit shall be reviewed with the emergency medical service personnel.
 - (3) Documentation for the audit and review shall include the following:
 - (A) The criteria used to select audited runs.
 - (B) Problem identification and resolution.
 - (C) Date of review.
 - (D) Attendance at the review.
 - (E) A summary of the discussion at the review.
 - (4) The audit and review shall be conducted under the direction of one (1) of the following:
 - (A) The emergency medical services provider medical director.
 - (B) An emergency department committee that is supervised by a medical director. An emergency medical services provider representative shall serve as a member on the committee.
 - (C) A committee established by the emergency medical services provider.

(q) An ambulance service provider may operate an emergency medical services vehicle as a *[sic., an]* emergency medical service nontransport vehicle in accordance with 836 IAC 1-11-4.

(r) All records shall be retained for a minimum of three (3) years, except for the following records that shall be retained for a minimum of seven (7) years:

- (1) Audit and review records.
- (2) Run reports.
- (3) Training records.

(s) An ambulance service provider and any affiliated emergency medical technician possessing approval for intravenous line maintenance training from the medical director may transport a patient from a medical care facility if the only advanced life support procedure that has been previously initiated for the patient is an intravenous line administering prepackaged solutions that may contain the following additives and no others:

- (1) Vitamins.
- (2) Sodium chloride, excluding saline solutions in excess of nine-tenths percent (0.9%) concentration.
- (3) Potassium chloride (twenty (20) milliequivalent per liter maximum).
- (4) Crystalloid solution.

This requirement applies so long as the ambulance meets all certification requirements under IC 16-31 and all staffing and equipment requirements of this article. At no time will piggy-back or secondary intravenous line or blood products be transported. (*Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I, C; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 86; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2194; errata, 4 IR 531; filed Dec 2, 1983, 2:43 p.m.: 7 IR 353; errata, 7 IR 1254; errata, 7 IR 1551; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1038; filed Aug 18, 1986, 1:00 p.m.: 10 IR 26; filed Oct 11, 1988, 11:05 a.m.: 12 IR 354; filed May 15, 1998, 10:25 a.m.: 21 IR 3868; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2721*)

836 IAC 1-2-4 Penalties

Authority: IC 16-31-3-14

Affected: IC 4-21.5-3; IC 4-22; IC 16-31-2-7; IC 16-31-2-9; IC 16-31-3-17; IC 16-31-10-1

Sec. 4. (a) The commission or director may penalize an ambulance service provider, or a person certified under this article, up to five hundred dollars (\$500) per occurrence for a violation of patient care standards, protocols, operating procedures, or rules established by the commission.

(b) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5-3.

(c) As used in this section, "per occurrence" means a violation of patient care standards, protocols, operating procedures, or rules established by the commission that remains uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee.

(d) The director or commission may assess penalties up to five hundred dollars (\$500) per occurrence for the following violations:

- (1) Land ambulance specifications.
- (2) Ambulance rescue equipment.
- (3) Emergency care equipment.
- (4) Operating procedures.
- (5) Patient care standards or protocols.
- (6) Training requirements.
- (7) Individual certification requirements.
- (8) Failure to comply with this title.

(*Indiana Emergency Medical Services Commission; 836 IAC 1-2-4; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1041; filed Aug 18, 1986, 1:00 p.m.: 10 IR 28; filed May 15, 1998, 10:25 a.m.: 21 IR 3871; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2724*)

Rule 3. Standards and Certification Requirements for Ambulances

836 IAC 1-3-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 1. (a) Ambulances ordered or leased shall meet minimum specifications or they shall not be eligible for certification, except as defined under 836 IAC 1-2-1(g).

(b) Procedures for suspension, revocation, or termination of a certificate included under 836 IAC 1-2-1(d) through 836 IAC 1-2-1(f) apply to certification for ambulances. (*Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, A; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 87; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2196; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2421; filed Dec 2, 1983, 2:43 p.m.: 7 IR 354; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1041; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2724*)

836 IAC 1-3-2 Application for certification

Authority: IC 16-31-2-7

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

Sec. 2. (a) Application for ambulance certification shall be made by the ambulance service provider on such forms as prescribed by the commission and shall comply with the following requirements:

(1) Applicants shall complete the required forms and submit the forms to the director. A certificate for the ambulance shall be issued by the director.

(2) Each ambulance for which certification is requested shall be made available for inspection by the director, or his duly authorized representative, with its equipment as required by this article or 836 IAC 2 prior to approval for certification.

(b) Upon approval, a certificate shall be issued by the director to the ambulance service provider for all ambulances. The certificate shall be valid for two (2) years unless earlier revoked or suspended by the commission. The certificate shall be prominently displayed within the ambulance patient compartment.

(c) Vehicle certifications are invalid upon expiration, suspension, revocation, or relinquishment of provider certification. (*Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, B; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 88; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2196; filed Dec 2, 1983, 2:43 p.m.: 7 IR 354; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1042; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2725*)

836 IAC 1-3-3 Land ambulance specifications

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

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

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

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

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

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

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

(7) Tires shall meet the manufacturer's standards for the gross vehicle weight of the vehicle. No tire shall:

(A) display exposed tire cord; or

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

Retread tires shall not be used on ambulances.

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

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

inches, excluding mirrors, lights, and trim.

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

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

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

(1) Wiring shall be made up into harnesses, properly sized, and coded. These shall be reasonably accessible for checking and maintenance. In any area where wiring would be exposed to the elements, it shall be protected by a weatherproof harness or loom. This loom shall be installed so as to eliminate the possible entrance of water that could cause damage through freeze-bursting. Wiring, in loom or otherwise, shall not be accepted if in the area of wheel wash abrasion. Wiring shall be protected by a rubber grommet or plastic bezel at any point where it may pass through, or over, the edge of any metal panel unless the hole or edge of the metal is hemmed or flanged. Wiring connectors and terminals shall be the manufacturer's recommended standard. Horizontal wiring shall be supported by insulated clips located and spaced to minimize sag. Complete wiring diagrams for standard and for optional equipment shall be supplied for each vehicle. Ambulance body and accessory electrical equipment shall be served by circuits separate and distinct from vehicle chassis circuits.

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

(3) Two (2) batteries shall be provided, each with:

(A) a seventy (70) amp hour rating;

(B) a switching system; and

(C) capability to completely disconnect both batteries.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Refer to ambulance body in subsection (e)(1) through (e)(3) for compartment capacity. In addition, the patient compartment shall meet the following minimum requirements:

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

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

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

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

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

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

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

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

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

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

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

836 IAC 1-3-4 Land ambulance rescue equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

(1) Equipment for safeguarding personnel includes:

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

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

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

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

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

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

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

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

836 IAC 1-3-5 Emergency care equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

(1) Respiratory and resuscitation equipment as follows:

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

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

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

(i) Adult.

(ii) Child.

(iii) Infant.

(iv) Neonatal (mask only).

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

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

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

(G) On-board oxygen equipment of at least three thousand (3,000) liters capacity (M size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.

(H) Oxygen delivery devices shall include the following:

(i) High concentration devices, two (2) each, adult, child, and infant.

(ii) Low concentration devices, two (2) each, adult.

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

(i) Small (20-24 french).

(ii) Medium (26-30 french).

(iii) Large (31 french or greater).

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

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

(L) Semiautomatic or automated external defibrillator and a minimum of two (2) sets of pads.

(2) Wound care supplies as follows:

- (A) Multiple trauma dressings, two (2) approximately ten (10) inches by thirty-six (36) inches.
- (B) Fifty (50) sterile gauze pads, three (3) inches by three (3) inches or larger.
- (C) Bandages, four (4) soft roller self-adhering type, two (2) inches by four (4) yards minimum.
- (D) Airtight dressings, four (4), for open chest wounds.
- (E) Adhesive tape, two (2) rolls.
- (F) Burn sheets, two (2), sterile.
- (G) Triangular bandages, four (4).
- (H) Bandage shears, one (1) pair.
- (3) Patient stabilization equipment as follows:
 - (A) Traction splint, lower extremity, limb-supports, padded ankle hitch, and traction strap, or equivalent, one (1) assembly in adult size.
 - (B) Upper and lower extremity splinting devices, two (2) each.
 - (C) One (1) splint device intended for the unit-immobilization of head-neck and torso. These items shall include the splint itself and all required accessories to provide secure immobilization.
 - (D) One (1) long back board with accessories to provide secure spinal immobilization.
 - (E) Rigid extrication collar, two (2) each capable of the following sizes:
 - (i) Pediatric.
 - (ii) Small.
 - (iii) Medium.
 - (iv) Large.
 - (F) One (1) ambulance litter with side rails, head-end elevating capacity, mattress pad, and a minimum of three (3) adjustable restraints to secure the chest, hip, and knee areas.
- (4) Medications limited to, if approved by medical director, the following:
 - (A) Baby aspirin, eighty-one (81) milligrams each.
 - (B) Activated charcoal.
 - (C) Instant glucose.
- (5) Personal protection/universal precautions equipment, minimum of two (2) each, including the following:
 - (A) Gowns.
 - (B) Face masks and shields.
 - (C) Gloves.
 - (D) Biohazard bags.
 - (E) Antimicrobial hand cleaner.
- (6) Miscellaneous items as follows:
 - (A) Obstetrical kit, sterile, one (1).
 - (B) Clean linens consisting of the following:
 - (i) Pillow.
 - (ii) Pillow case.
 - (iii) Sheets and blankets.
 - (C) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (i) Large adult.
 - (ii) Adult.
 - (iii) Pediatric.
 - (D) Stethoscopes, one (1) each in the following sizes:
 - (i) Adult.
 - (ii) Pediatric.
 - (E) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (F) A current copy of the basic life support protocols.

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

Rule 4. Communications System Requirements

836 IAC 1-4-1 Provider dispatch requirements

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

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

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

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

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

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

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

(2) One (1) channel or talk-group shall be 155.340 MHz and have the proper tone equipment to operate on the Indiana hospital emergency radio network (IHERN).

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

Rule 5. Certification of Emergency Medical Technicians (Repealed)

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

Rule 6. Requirements and Standards for Emergency Medical Technician Training

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

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

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

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

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

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

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

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

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

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

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

Sec. 6. *(Repealed by Indiana Emergency Medical Services Commission; filed Jul 29, 1987, 2:25 pm: 10 IR 2722, eff Jul 1, 1987 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-172(F) was filed Jul 29, 1987.]*

Rule 6.1. Emergency Medical Services Training Institution (Repealed)

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

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

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

Rule 8. Waivers; Exceptions

836 IAC 1-8-1 Request for waiver

Authority: IC 16-31-2-7

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

Sec. 1. (a) A provider or person certified or contemplating certification under this article may request in writing to the commission that certain provisions of this article be waived. Such a request shall justify that a proposed waiver, if so approved, shall not jeopardize the quality of patient care.

(b) The commission may approve a request based on one (1) or more of the following:

(1) Circumstances where public health and safety is a factor.

(2) Extenuating or mitigating circumstances that warrant consideration to assure the delivery of emergency medical services.

(3) Substitution of equipment authorized by this article.

(4) Testing of new procedures, techniques, and equipment in a pilot study authorized by the commission and supervised by the commission's designee.

(c) The commission shall establish time limits and conditions on all approved waivers.

(d) The commission shall review each approved waiver annually and either continue or revoke each approved waiver. *(Indiana Emergency Medical Services Commission; 836 IAC 1-8-1; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1060; filed May 15, 1998, 10:25 a.m.: 21 IR 3885)*

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

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

Rule 10. First Responders (Repealed)

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

Rule 11. Emergency Medical Services Nontransport Providers

836 IAC 1-11-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 4-33; IC 5-2-5-1; IC 16-21; IC 16-31; IC 22-12-1-12

Sec. 1. (a) An organization eligible to be a certified emergency medical services nontransport provider shall be an established emergency services organization and shall be one (1) of the following:

- (1) Fire department as defined in IC 22-12-1-12.
- (2) Law enforcement agency as defined in IC 5-2-5-1.
- (3) Hospital as licensed under IC 16-21.
- (4) Any provider organization certified under IC 16-31.
- (5) Indiana gaming organizations as defined in IC 4-33.
- (6) Other organizations approved by the commission.

(b) Notwithstanding subsection (a), the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.

(c) Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.

(d) After notice and hearing, the commission may, and is authorized to, suspend or revoke a certificate issued under IC 16-31 or impose a fine of up to five hundred dollars (\$500) in accordance with section 5 of this rule, or both, for:

- (1) fraud or misrepresentation in procuring certification; or
- (2) failure to comply and maintain compliance with, or for violation of, any applicable provision, standard, or other requirement of IC 16-31 or this title.

The commission may initiate proceedings to suspend or revoke a certificate upon its own motion, or on the verified written complaint of any interested person, and all such proceedings shall be held and conducted in accordance with IC 4-21.5. (*Indiana Emergency Medical Services Commission; 836 IAC 1-11-1; filed May 15, 1998, 10:25 a.m.: 21 IR 3887; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2728; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2508*)

836 IAC 1-11-2 Application for certification; renewal

Authority: IC 16-31-2-7

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

Sec. 2. (a) Application for emergency medical services nontransport provider certification shall be made on forms as prescribed by the commission, and the applicant shall comply with the following requirements:

- (1) Applicants shall complete the required forms and submit the forms to the director not less than sixty (60) days prior to the requested effective date of the certificate.
- (2) Each emergency medical services vehicle, with its equipment as required by this article, shall be made available for inspection by the director or the director's duly authorized representative.
- (3) The premises on which emergency medical services vehicle supplies are stored shall be open during operating hours to the director or the director's duly authorized representative, for inspection.
- (4) A complete listing of affiliated personnel to be utilized as emergency medical technicians, first responders, and emergency medical services vehicle drivers shall be submitted to the director. The director shall be notified in writing within thirty (30) days of any change in personnel.
- (5) Each application shall include the following information:
 - (A) A description of the service area.
 - (B) Hours of operation.
 - (C) Number and location of emergency medical services vehicles.
 - (D) Organizational structure, including names, addresses, and telephone numbers of the owner, chief executive officer, chief operations officer, training officer, and medical director.
 - (E) Current Federal Communications Commission license or letter of authorization.
 - (F) Location of emergency medical services nontransport provider's records.
 - (G) Proof of insurance coverage in adequate amounts as specified in subsection (d) shall be submitted with the application and shall be renewed thirty (30) days prior to the expiration of the current insurance.
 - (H) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the director. The certificate shall be valid for a period of two (2) years unless earlier revoked or suspended by the commission and shall be prominently displayed at the place of business.

(c) Application for emergency medical services nontransport provider certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate to assure continuity of certification. Application for renewal shall be made on forms as prescribed by the commission and shall indicate compliance with the requirements set forth for original certification.

(d) Emergency medical services nontransport providers in states immediately adjacent to Indiana who will be providing emergency medical services vehicle service within Indiana under a contract with an Indiana local unit of government shall be certified by the Indiana emergency medical services commission in accordance with this article or apply for waiver of this article so long as the following requirements are met:

(1) The Indiana local unit of government shall meet the following requirements:

(A) Notify the Indiana emergency medical services commission of the intent to provide emergency medical services to residents of their area of responsibility when such services will be provided by an emergency medical services vehicle service in an adjacent state not certified by the Indiana emergency medical services commission and said emergency medical services vehicle service is unable to comply with this article for certification.

(B) Provide a copy of a legally binding contract for services that outlines the conditions under which emergency medical services will be provided.

(C) Show proof of the issuance of public notice that describes any and all differences between the state standards in existence for the contracted provider of emergency medical service and the standards adopted by the commission.

(D) The commission may issue certification under this provision for a period of two (2) years.

(2) The commission may revoke certification of the contracted emergency medical services nontransport provider immediately upon determining that the contracted emergency medical services nontransport provider is in violation of existing adjacent state rules and regulations regarding the provision of emergency medical services.

(3) Violations of Indiana patient care standards or standards existing under the contracted emergency medical services nontransport providers state rules and regulations are subject to the provision and levying of fines as described in 836 IAC 1-2-4 at the discretion of the director and shall be the responsibility of the Indiana local unit of government as the contractee.

(e) Emergency medical services nontransport providers shall submit a copy of an agreement between the nontransporting organization and an ambulance service provider certified pursuant to IC 16-31. The agreement shall ensure that the nontransporting organization can be assured that patients treated shall be transported in a timely and safe manner. The agreement shall not preclude another ambulance service provider, if available, from transporting the patients. (*Indiana Emergency Medical Services Commission; 836 IAC 1-11-2; filed May 15, 1998, 10:25 a.m.: 21 IR 3887; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2509*)

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

Authority: IC 16-31-2-7

Affected: IC 16-18-2-7; IC 16-31-3-2; IC 34-6-2-49

Sec. 3. (a) The emergency medical services nontransport provider's premises shall be maintained, suitable to the conduct of the emergency medical services vehicle service, with provision for adequate storage and maintenance of equipment.

(b) Each emergency medical services nontransport provider shall provide for a periodic maintenance program to assure that all equipment is maintained in good working condition and that rigid sanitation procedures are in effect at all times.

(c) All emergency medical services nontransport provider premises, records, and equipment shall be made available for inspection by the commission, director, or a duly authorized representative at any time during operating hours.

(d) The insurance requirement of IC 16-31-3-2(a) is satisfied if the emergency medical services nontransport provider:

(1) has in force and effect public liability insurance in the sum of not less than three hundred thousand dollars (\$300,000) combined single limit, issued by an insurance company licensed to do business in Indiana; or

(2) is a government entity within the meaning of IC 34-6-2-49.

Coverage shall be for each emergency medical services vehicle owned or operated by or for the emergency medical services nontransport provider.

(e) Each emergency medical services nontransport provider shall provide and maintain a communication system that meets or exceeds the requirements set forth in 836 IAC 1-4. The emergency medical services nontransporting vehicles are not required to be equipped with the Indiana hospital emergency radio network frequency (155.340 MHZ) as specified in 836 IAC 1-4-2(c)(2).

(f) Each emergency medical services nontransport provider shall designate one (1) person as the organization's training officer to assume responsibility for in-service training. This person shall be certified as a first responder, an emergency medical technician, an advanced emergency medical technician, a paramedic, a registered nurse, a certified physician assistant, or a licensed physician who is actively involved in the delivery of emergency medical services with that organization. The training officer shall be responsible for the following:

- (1) Provide and maintain records of in-service training offered by the provider organization.
- (2) Maintain the following in-service training session information:
 - (A) Summary of the program content.
 - (B) Names of instructors.
 - (C) Names of those attending.
 - (D) Date, time, and location of in-service training sessions.
- (3) Sign individual emergency medical technician training records or reports to verify actual time in attendance at training sessions.

(g) An emergency medical services nontransport provider shall not act in a reckless or negligent manner so as to endanger the health or safety of emergency patients or members of the general public while in the course of business as an emergency medical services nontransport provider.

(h) Each emergency medical services nontransport provider shall notify the director within thirty (30) days of the present and past specific location of any emergency medical services vehicle if the location of the emergency medical services vehicle is changed from that specified in the provider's application for emergency medical services nontransport provider certification or certification renewal.

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

- (1) The equipment within the vehicle shall be clean and maintained in good working order at all times.
- (2) Closed compartments shall be provided within the vehicle for medical supplies.
- (3) Closed containers shall be provided for soiled supplies.
- (4) Implements inserted into the patient's nose or mouth shall be single-service, wrapped, and properly stored and handled. Multi-use items are to be kept clean and sterile when indicated and properly stored.
- (5) The equipment, utilized to treat a patient known to have a communicable disease or suffered exposure to hazardous material or biohazard material, shall be cleansed in accordance with current decontamination and disinfecting standards. All hazardous and biohazard materials shall be disposed of in accordance with current hazardous and biohazard disposition standards.

(j) An emergency medical services nontransport provider shall not engage in the provision of advanced life support as defined in IC 16-18-2-7.

(k) Each emergency medical services nontransport provider, under the responsibility of its chief executive officer and medical director, shall conduct quarterly audit and review to assess, monitor, and evaluate the quality of patient care as follows:

- (1) The audit and review shall provide the following:
 - (A) An environment that encourages personnel to deliver care consistent with established standards of care.
 - (B) A systematic means of measuring and evaluating the quality of patient care.
 - (C) A tool to provide personnel with feedback and methods of action for improving practices and services.
 - (D) A method of identifying needs to staff development programs, basic training, in-service, and orientation.
 - (E) A method for describing patient care outcomes.
- (2) The audit and review shall be conducted under the direction of one (1) of the following:
 - (A) The emergency medical services nontransport provider's medical director.
 - (B) An emergency room committee that is supervised by a medical director. Emergency medical services personnel shall serve as members on the committee.
 - (C) The emergency medical services nontransport provider that establishes a committee of individuals within the services.

(l) Each emergency medical services nontransport provider shall secure a medical director who shall be a physician with an unlimited license to practice medicine in Indiana. The duties and responsibilities of the medical director are as follows:

- (1) Provide liaison between the local medical community and the emergency medical services provider.
- (2) Assure compliance with defibrillation training standards and curriculum established by the commission.
- (3) Monitor and evaluate the day-to-day medical operations of the emergency medical services organization.

- (4) Assist in the continuing education programs of the emergency medical services organization.
- (5) Provide technical assistance concerning the delivery of automated defibrillation and other medical issues.
- (6) Provide individual consultation to the emergency medical personnel affiliated with the emergency medical services organization.
- (7) Participate in the audit and review of cases treated by the emergency medical defibrillation personnel of the emergency medical services organization.
- (8) Assure compliance with approved medical standards established by the commission performed by the organization.
- (9) Establish protocols for automatic defibrillation, airway management, and medication administration as approved by the commission.
- (m) All records shall be retained for a minimum of three (3) years, except for the following records which shall be retained for a minimum of seven (7) years:
 - (1) Audit and review records.
 - (2) Run reports.
 - (3) Training records.
- (n) Each emergency medical services nontransport provider shall employ at least one (1) certified person trained in the use of the automated defibrillator. Only trained, certified emergency medical services personnel shall use an automated defibrillator.
- (o) Each emergency medical services nontransport provider shall maintain, in a manner prescribed by the commission, accurate records, including a run report form, concerning the assessment and treatment of each emergency patient treated. The run report form shall include the following information about the patient:
 - (1) Name.
 - (2) Identification number.
 - (3) Age.
 - (4) Sex.
 - (5) Race.
 - (6) Physician of the patient.
 - (7) Date of birth.
 - (8) Address, including zip code.
 - (9) Location of incident.
 - (10) Chief complaint.
 - (11) History, including the following:
 - (A) Current medical condition and medications.
 - (B) Past pertinent medical conditions and allergies.
 - (12) Physical examination section.
 - (13) Treatment given section.
 - (14) Vital signs, including the following:
 - (A) Pulse.
 - (B) Respirations.
 - (C) Level of consciousness.
 - (D) Skin temperature and color.
 - (E) Pupillary reactions.
 - (F) Ability to move.
 - (G) Presence or absence of breath sounds.
 - (H) The time of observation and a notation of the quality for each vital sign should also be included.
 - (15) Responsible guardian.
 - (16) Name of patient attendants, including emergency medical services certification numbers.
 - (17) Vehicle emergency medical services certification number.
 - (18) Responding service delivery times, including the following:
 - (A) Time of receipt of call.
 - (B) Time dispatched.
 - (C) Time arrived scene.
 - (D) Time of patient released to transporting emergency medical services.

(E) Time vehicle available for next response.

(19) Date of service.

(20) The report form shall provide space for narrative description of the situation and the care rendered by the nontransport unit.

(p) A signed statement for refusal of treatment or transportation services, or both, shall be maintained as part of the run documentation.

(q) All emergency medical services nontransport providers shall participate in the emergency medical services system review by:

(1) collecting all data elements prescribed by the commission; and

(2) reporting that information according to procedures and schedules prescribed by the commission.

(r) Each emergency medical services nontransport provider shall comply with the general certification provision of this article.

(Indiana Emergency Medical Services Commission; 836 IAC 1-11-3; filed May 15, 1998, 10:25 a.m.: 21 IR 3888; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2729; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2510)

836 IAC 1-11-4 Emergency medical services nontransport provider emergency care equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

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

(1) Respiratory and resuscitation equipment as follows:

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

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

(i) Adult.

(ii) Child.

(iii) Infant.

(iv) Neonatal (mask only).

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

(i) Adult.

(ii) Child.

(iii) Infant.

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

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

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

(i) Small (20-24 french).

(ii) Medium (26-30 french).

(iii) Large (31 french or greater).

(G) Semiautomatic or automated external defibrillator and a minimum of two (2) sets of pads.

(2) Wound care supplies as follows:

(A) Ten (10) sterile gauze pads, three (3) inches by three (3) inches or larger.

(B) Bandages, two (2) soft roller self-adhering type, two (2) inches by four (4) yards minimum.

(C) Adhesive tape, two (2) rolls.

(D) Bandage shears, one (1) pair.

(3) Miscellaneous items as follows:

(A) Water soluble lubricant for airway insertion.

(B) Stethoscope, one (1).

(C) Blood pressure manometer, one (1) adult size.

(D) Diagnostic penlight or portable flashlight, one (1).

(E) Disposable gloves, two (2) pairs.

(Indiana Emergency Medical Services Commission; 836 IAC 1-11-4; filed May 15, 1998, 10:25 a.m.: 21 IR 3890; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2731)

836 IAC 1-11-5 Penalties

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 4-22-2; IC 16-31-3-1; IC 16-31-3-17; IC 16-31-10

Sec. 5. (a) The commission or director may penalize an emergency medical services nontransport provider, or a person certified under this article, up to five hundred dollars (\$500) per occurrence for a violation of patient care standards, protocols, operating procedures, or rules established by the commission.

(b) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5.

(c) At the hearing, the provider or certified person is entitled to:

(1) be represented by an attorney;

(2) present evidence in that person's behalf; and

(3) cross-examine witnesses.

(d) As used in this section, "per occurrence" means a violation of patient care standards, protocols, operating procedures, or rules established by the commission that remains uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee.

(e) The director or commission may assess penalties up to five hundred dollars (\$500) per occurrence for the following violations:

(1) Emergency care equipment.

(2) Operating procedures.

(3) Patient care standards or protocols.

(4) Training requirements.

(5) Individual certification requirements.

(6) Failure to comply with this title.

(Indiana Emergency Medical Services Commission; 836 IAC 1-11-5; filed May 15, 1998, 10:25 a.m.: 21 IR 3891; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2731)

ARTICLE 2. ADVANCED LIFE SUPPORT

Rule 1. Definitions

836 IAC 2-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 16-18-2-6; IC 16-21-2; IC 16-31-3-3

Sec. 1. The following definitions apply throughout this article unless the context clearly denotes otherwise and pertain to all advanced life support requirements and standards promulgated by the commission:

(1) "Commission" means the Indiana emergency medical services commission.

(2) "Director" means the director of the commission.

(3) "Person" means any:

(A) natural person or persons;

(B) firm;

(C) partnership;

(D) corporation;

(E) company;

(F) association; or

- (G) joint stock association;
and the legal successors thereof, including any governmental agency or instrumentality, other than an agency or instrumentality of the United States.
- (4) “An agency or instrumentality of the United States”, as that phrase is used in IC 16-31-3-3, means to exclude all nongovernmental entities that have a contract with the government of the United States or any bureau, board, commission, or statutorily created entity thereof.
- (5) “Certificate” or “certification” means authorization in written form issued by the commission to a person:
- (A) to operate and maintain advanced life support services;
 - (B) to act as an advanced emergency medical technician;
 - (C) to act as a paramedic; or
 - (D) to exercise the privileges as defined in this article.
- (6) “Anniversary date” means the date on which certification as a paramedic or an advanced emergency medical technician was issued by the commission.
- (7) “Provider organization operating area” means the geographic area in which an advanced emergency medical technician, affiliated with a specific advanced emergency medical technician organization, is able to maintain two-way voice communication with the provider organization’s supervising hospitals.
- (8) “Provider organization” means an ambulance service or other emergency care organization certified by the commission to provide advanced life support in connection with a supervising hospital.
- (9) “Advanced life support” means care given at the scene of an accident or illness, during transport, or at a hospital by a paramedic or advanced emergency medical technician that is more advanced than that usually rendered by an emergency medical technician and may include, but is not limited to, the following:
- (A) Manual defibrillation.
 - (B) Endotracheal intubation.
 - (C) Parenteral injection of appropriate medications.
 - (D) Electrocardiogram interpretation.
 - (E) Emergency management of trauma and illness.
- (10) “Emergency management of trauma and illness” means the following:
- (A) Those procedures for which the paramedic has been specifically trained that are a part of the curriculum prescribed by the commission.
 - (B) Those procedures for which the paramedic has been specifically trained as a part of the continuing education program and approved by the supervising hospital and the paramedic organization’s medical director.
 - (C) Those procedures for which the advanced emergency medical technician has been specifically trained and have been approved by the administrative and medical staff of the supervising hospital, the advanced emergency medical technician organization medical director, and the commission as being within the scope and responsibility of the advanced emergency medical technician.
- (11) “Physician” means an individual who currently holds a valid unlimited license to practice medicine issued in Indiana.
- (12) “Supervising hospital” means a hospital licensed under IC 16-21-2 or under the licensing laws of another state that has been certified by the commission to supervise paramedics, advanced emergency medical technicians, and provider organizations in providing advanced life support.
- (13) “Advanced emergency medical technician” means a person who can perform one (1) or more, but not all, of the procedures of a paramedic and who:
- (A) has completed a prescribed course in advanced life support;
 - (B) has been certified by the commission;
 - (C) is associated with a single supervising hospital; and
 - (D) is affiliated with a provider organization.
- (14) “Advanced emergency medical technician organization” means an ambulance service provider or other emergency care organization certified by the commission to provide advanced life support services administered by advanced emergency medical technicians in conjunction with a supervising hospital.
- (15) “Paramedic” means a person who:
- (A) is affiliated with a certified paramedic organization or is employed by a supervising hospital;
 - (B) has completed a prescribed course in advanced life support; and

(C) has been certified by the commission.

(16) "Paramedic organization" means an ambulance service provider or other emergency care organization certified by the commission to provide advanced life support services administered by paramedics or physicians with an unlimited license to practice medicine in Indiana in conjunction with supervising hospitals.

(17) "Program coordinator" means a person employed by a certified training institution that coordinates the advanced life support courses.

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

(19) "Emergency medical services vehicle" means an ambulance, an emergency medical service nontransport vehicle, a rescue squad, or an advanced life support nontransport vehicle.

(Indiana Emergency Medical Services Commission; Advanced Life Support Preliminary; filed Dec 15, 1977; Rules and Regs. 1978, p. 248; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2214; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2433; errata, 5 IR 400; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1061; filed May 15, 1998, 10:25 a.m.: 21 IR 3891; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2732)

Rule 2. Requirements and Standards for Paramedic Organizations

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

Authority: IC 16-31-2-7

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

Sec. 1. (a) Certification by the commission is required for any ambulance service provider who seeks to provide advanced life support services as a paramedic organization unless provisional certification is issued pursuant to subsection (p).

(b) If the paramedic organization also provides transportation of emergency patients, the paramedic organization shall be certified as an ambulance service provider in accordance with the requirements specified in 836 IAC 1 pursuant to IC 16-31. The paramedic nontransport organizations shall meet the requirements specified in 836 IAC 1-2-2(a) and 836 IAC 1-11-3(o) through 836 IAC 1-11-3(q).

(c) The paramedic organization shall ensure that:

(1) ambulances used are certified and meet the requirements specified in 836 IAC 1-3; and

(2) all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.

(d) Paramedic organizations shall have a contract, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals for the following services:

(1) Continuing education.

(2) Audit and review.

(3) Medical control and direction.

(4) Provision of arrangements and the supervision of arrangements for the supply of medications and other items utilized by emergency medical service clinical personnel in the provision of advanced life support service.

(5) Provision to allow the paramedics affiliated with the supervised paramedic organization to function within the appropriate hospital department in order to obtain continuing practice in their clinical skills.

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

(e) The paramedic organization shall have a medical director provided by the paramedic organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine in Indiana and has an active role in the delivery of emergency care. The medical director is responsible for providing competent medical direction as established by the medical control committee. Upon establishment of a medical control policy, the paramedic organization medical director and the chief executive officer have the duty to enact the policy within the paramedic organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

- (1) Provide liaison with physicians and the medical community.
 - (2) Assure that the drugs, medications, supplies, and equipment are available to the paramedic organization.
 - (3) Monitor and evaluate day-to-day medical operations of paramedic organizations.
 - (4) Assist in the provision and coordination of continuing education.
 - (5) Provide information concerning the operation of the paramedic organization.
 - (6) Provide individual consultation to paramedics.
 - (7) Participate in at least quarterly audit and review of cases treated by paramedics of the provider organization.
 - (8) Attest to the competency of paramedics affiliated with the paramedic organization to perform skills required of a paramedic under 836 IAC 4-9-5.
 - (9) Establish protocols for advanced life support.
 - (10) Establish and publish a list of medications, including minimum quantities and dosages to be carried on vehicle.
- (f) The paramedic organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the paramedic organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultra high frequency) voice communications. The communications system shall be licensed by the Federal Communications Commission.
- (g) Each paramedic organization shall do the following:
- (1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services.
 - (2) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of a paramedic. This notification shall be signed by the provider organization and medical director of the provider organization.
 - (3) Notify the commission in writing within thirty (30) days of a paramedic's termination of employment or for any reason which prohibits a certified individual from performing the procedures required of a paramedic.
- (h) Each ambulance used for the purpose of providing advanced life support services, when dispatched on an emergency run, shall be staffed by not less than two (2) persons, one (1) of whom is certified as a paramedic and the other certified as an emergency medical technician pursuant to IC 16-31, except, if the ambulance is used in conjunction with a nonambulance vehicle certified by the commission for the provision of advanced life support, it shall be staffed by at least one (1) emergency medical technician certified pursuant to IC 16-31. However, each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run need only to be staffed, as a minimum, by a certified paramedic.
- (i) When advanced life support services administered by paramedics at the scene of an accident or illness are continued en route to an emergency facility, as a minimum, the patient compartment of the ambulance shall be staffed by not less than one (1) person who is certified as a paramedic.
- (j) The paramedic organization shall notify the commission in writing within thirty (30) days of any change in the services provided.
- (k) No certification is required for the following:
- (1) A person who provides advanced life support while assisting in the case of a major catastrophe or disaster, whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.
 - (2) An agency or instrumentality of the United States and any paramedics of such agency or instrumentality is not required to be certified nor to conform to the standards prescribed in this article.
- (l) After proper notice and hearing, the commission may:
- (1) levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 and 836 IAC 2-13-1; or
 - (2) suspend or revoke a certificate issued under this article for:
 - (A) fraud or misrepresentation in procuring certification;
 - (B) failure to comply and maintain compliance; or
 - (C) violation of any applicable provisions, standards, or other requirements of this article.
- (m) The commission may initiate proceedings to levy fines up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 and 836 IAC 2-13-1 or suspend or revoke a certificate upon its own motion or on the verified written complaint of any interested person, and all such proceedings shall be held and conducted in accordance with the provisions of IC 4-21.5.
- (n) Notwithstanding the provisions of this article, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.

(o) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.

(p) The director may issue a provisional certification for the provision of advanced life support as a paramedic organization to an ambulance service provider certified pursuant to IC 16-31 only, or to an advanced emergency medical technician organization certified pursuant to IC 16-31, for the purpose of prehospital training of paramedic students when in the presence of a preceptor or preceptors approved by the commission, upon demonstration by the applicant to the satisfaction of the director that the ambulance to be used for such training is certified pursuant to IC 16-31 and meets the requirements of subsection (f) and section 3 of this rule, and that the ambulance service provider or advanced emergency medical technician organization has and shall maintain an adequate number of paramedic students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service. Application for provisional certification shall be made on such forms as prescribed by the commission, which shall be fully completed. The director may issue a provisional certificate for a period not to exceed sixty (60) days beyond the date of the paramedic course completion as identified on the approved course application. However, the director shall not issue a provisional certificate for a period exceeding twenty-four (24) consecutive months from the starting date of the course as identified on the approved course application. The issuance of a temporary or full certification invalidates any provisional certification.

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

(r) Provide for a periodic maintenance program to assure that emergency response vehicles, including equipment, are maintained in good working condition and that strict sanitation procedures are in effect at all times.

(s) Paramedic organization premises, records, parking, or garaging facilities and response vehicles shall be available for inspection by the director, or the director's duly authorized representative, at any time during operating hours.

(t) Each paramedic organization shall have in force and effect public liability insurance in the sum as described in 836 IAC 1-2-3(g) pursuant to IC 16-31. Such proof of insurance shall be made on a form prescribed by the commission.

(u) Each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run need only to be staffed, as a minimum, by a certified paramedic. (*Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, A; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 200; filed Dec 15, 1977: Rules and Regs. 1978, p. 250; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2216; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2434; errata, 5 IR 400; filed Dec 2, 1983, 2:43 p.m.: 7 IR 364; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1062; filed Aug 18, 1986, 1:00 p.m.: 10 IR 41; filed Oct 11, 1988, 11:05 a.m.: 12 IR 358; filed May 15, 1998, 10:25 a.m.: 21 IR 3892; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2733; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2512*)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 2. (a) Application for certification as a paramedic organization shall be made on forms prescribed by the commission and shall include, but not be limited to, the following:

(1) A narrative summary of plans for providing advanced life support services, including the following:

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

(B) A listing of paramedics to be affiliated by the paramedic organization.

(C) The staffing pattern of personnel.

(D) Base of operations.

(2) Plans and methodologies to ensure that the trained personnel are provided with supervised continuing education to maintain proficiency. Continuing education is under the direct supervision of the paramedic organization medical director with the cooperation of the supervising hospital.

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

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

(5) Letter of approval from the supervising hospital stating acceptance of the paramedics, compatibility of the UHF communications with the paramedic organization's vehicles, and agreement to fulfill the responsibilities of the supervising

hospital.

(b) Paramedic organizations that do not also provide transportation of emergency patients shall submit a copy of a current and binding contract between the nontransporting paramedic organization and an ambulance service provider certified pursuant to IC 16-31. The contract shall ensure that the nontransporting paramedic provider can be assured that patients treated shall be transported in a timely and safe manner. The contract shall not preclude another ambulance service provider, if available, from transporting the patients.

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

(d) Application for paramedic organization certification renewal should be made not less than sixty (60) days prior to the expiration date of the current certification. Application for renewal shall be made on forms prescribed by the commission and shall show evidence of compliance with the requirements as set forth for original certification.

(e) Upon approval, a certificate shall be issued by the director to the paramedic organization for v each vehicle. The certificate shall be valid for two (2) years unless earlier revoked or suspended by the commission. The vehicle certificate shall be prominently displayed within the vehicle. (*Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, B; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 202; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2218; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2436; filed Dec 2, 1983, 2:43 p.m.: 7 IR 366; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1064; filed May 15, 1998, 10:25 a.m.: 21 IR 3895; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2735*)

836 IAC 2-2-3 Paramedic organization operating procedures

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

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

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

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

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

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

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

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

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

(2) Tracheal suction catheters (adult #14 and #18, child #10).

(3) Endotracheal intubation devices, including the following:

(A) Laryngoscope with extra batteries and bulbs.

(B) Laryngoscope blades (adult and pediatric, curved and straight).

(C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.

(4) Intravenous fluids, medication, and administration supplies approved by the medical director.

(5) A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all times.

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

(7) All minimum required medications as approved by the medical director.

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

(g) Each paramedic organization shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all vehicles used for the purpose of providing advanced life support services:

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

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

(3) Clean linen storage shall be provided.

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

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

(6) Blankets shall be kept clean and stored in closed compartments.

(7) Single service implements inserted into the patient's nose or mouth shall be wrapped and properly stored and handled. Multi-use items are to be kept clean and sterile when indicated and properly stored.

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

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

(h) A paramedic organization shall not operate an ambulance or other vehicle used for the provision of advanced life support unless the ambulance or vehicle is in full compliance with this article unless the vehicle is a nontransport emergency medical services vehicle returning from the site of the provision of advanced life support by the equipment, supplies, and personnel previously on board the nontransport emergency medical services vehicle, nor shall a paramedic organization transport any emergency patient or patient receiving advanced life support in any vehicle except an ambulance certified pursuant to IC 16-31.

(i) Provisions for temporary vehicle certification are addressed in 836 IAC 1-2-3.

(j) Paramedics are prohibited from having in their possession, or maintained on board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by paramedic organization medical director. (*Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, C; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 204; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2219; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2437; errata, 5 IR 400; filed Dec 2, 1983, 2:43 p.m.: 7 IR 367; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1065; filed Aug 18, 1986, 1:00 p.m.: 10 IR 43; filed Oct 11, 1988, 11:05 a.m.: 12 IR 360; filed May 15, 1998, 10:25 a.m.: 21 IR 3896; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2736*)

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

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

Rule 3.1. Paramedic Training (Repealed)

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

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

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

Rule 4.1. Supervising Hospitals

836 IAC 2-4.1-1 General requirements

Authority: IC 16-31-2-7

Affected: IC 16-31-3-14

Sec. 1. (a) All hospitals supervising, or seeking to supervise, an emergency medical services provider organization that provides advanced life support services shall be certified by the commission. Application for certification shall be submitted to the commission no less than ninety (90) days prior to the date for which approval is requested. Application for certification shall be made on forms prescribed by the commission.

(b) Commission certification as a supervising hospital shall be valid for three (3) years.

(c) Application for the renewal shall be made on forms prescribed by the commission. The application shall document compliance with this rule.

(d) Procedures for the suspension, revocation, or termination of certification pursuant to IC 16-31-3-14 apply to supervising hospitals. Citations and restrictions issued under this subsection shall apply to the duration of the supervising hospital's current certification. (*Indiana Emergency Medical Services Commission; 836 IAC 2-4.1-1; filed May 15, 1998, 10:25 a.m.: 21 IR 3898*)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

- (1) Have an emergency department open and staffed by a physician twenty-four (24) hours a day.
- (2) The hospital's administration shall have approved a written contractual agreement, or interdepartmental memo if hospital based, with one (1) or more emergency medical services provider organizations that furnish advanced life support service. The contract shall include a detailed description of the following services to be provided by the hospital to the certified emergency medical service provider organization:
 - (A) Continuing education.
 - (B) Audit and review.
 - (C) Medical control and direction.
 - (D) Provision of arrangements and the supervision of arrangements for the supply of medications and other items utilized by emergency medical service clinical personnel in the provision of advanced life support service.
 - (E) Provision and supervision of arrangements that allow the emergency medical services clinical personnel affiliated with the supervised emergency medical service provider to function within appropriate hospital departments in order to obtain continuing practice in their clinical skills.
- (3) Provide and maintain a voice communication system between the emergency medical service provider organization response personnel and the hospital's emergency department. The communications system shall be licensed by the Federal Communications Commission.
- (4) The hospital shall provide a physician or physician designate, authorized in writing by the hospital's medical staff, who is at all times immediately available to supervise the medical procedures performed by the emergency medical service provider organization's clinical personnel via the voice communication system.
- (5) The hospital shall establish a process for the audit and review of medical procedure performed by the clinical personnel of the emergency medical service provider organization. Requirements for audit and review are as follows:
 - (A) The audit shall ensure an appropriate level of compliance with medical protocols and appropriate level of skill in the performance of medical techniques by those personnel.
 - (B) The results of the audit shall be reviewed with the emergency medical service personnel.
 - (C) Documentation for the audit shall include the following:
 - (i) The criteria used to select audited runs.
 - (ii) Problem identification and resolution.
 - (iii) Date of review.
 - (iv) Attendance at the review.
 - (v) A summary of the discussion at the review.
 - (D) The audit and review shall be conducted by the medical control committee as defined in subdivision (9).
- (6) The supervising hospital shall review and approve the in-service of the certified paramedics affiliated with the emergency medical services provider organization.
- (7) Send a roster of clinical personnel whose sole advanced life support affiliation is with the supervising hospital.
- (8) The supervising hospital shall report in writing any changes, including affiliated clinical personnel, within thirty (30) days.
- (9) The supervising hospital shall establish a medical control committee for audit and review of medical procedures performed by the advanced life support personnel and establish policies for medical direction and control. The membership of the medical control committee shall be as follows:
 - (A) Medical director of provider organization.
 - (B) Emergency department supervisory personnel.

(C) Provider organization supervisory personnel.

(D) EMS educator.

(E) Advanced life support personnel of appropriate level from provider organization.

(Indiana Emergency Medical Services Commission; 836 IAC 2-4.1-2; filed May 15, 1998, 10:25 a.m.: 21 IR 3899; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2737; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2514)

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

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

Rule 6. Certification of Emergency Paramedics

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

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

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

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

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

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

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

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

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

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

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

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

Rule 7.1. Advanced EMT Provider Organizations; Requirements; Standards

836 IAC 2-7.1-1 Advanced emergency medical technician organizations; general requirements

Authority: IC 16-31-2-7

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

Sec. 1. (a) The advanced emergency medical technician provider organization certification provides authority to perform skills set forth and approved by the commission for which certification is granted. The medical director may limit the skills according to local protocols.

(b) Certification by the commission is required for any ambulance service provider who seeks to provide advanced life support services as an advanced emergency medical technician organization unless provisional certification is issued pursuant to subsection (o).

(c) If the advanced emergency medical technician organization also provides transportation of emergency patients, the advanced emergency medical technician organization shall be certified as an ambulance service provider in accordance with the requirements specified in 836 IAC 1. The advanced emergency medical technician nontransport organization shall meet the requirements specified in 836 IAC 1-2-2(a), and 836 IAC 1-11-3(o) through 836 IAC 1-11-3(q).

(d) The advanced emergency medical technician organization shall ensure that:

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

(e) The advanced emergency medical technician organization shall have agreed by contract or interdepartmental memo if it is a hospital based organization with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Liaison and direction for supply of intravenous fluids and other items utilized by advanced emergency medical technicians.
- (5) Provision to allow the advanced emergency medical technicians affiliated with the supervised advanced emergency medical technician organization to function within appropriate hospital departments in order to obtain continuing practice in their clinical skills.

The contract shall include a detailed description of how such services shall be provided to the advanced emergency technician organization. In those cases where more than one (1) hospital contracts, or seeks to contract with, an advanced emergency medical technician organization as a supervising hospital, an interhospital agreement shall be provided to the commission that shall clearly define the specific duties and responsibilities of each hospital to ensure medical and administrative accountability of system operation.

(f) The advanced emergency medical technician organization shall have a medical director provided by the advanced emergency medical technician organization, or jointly with the supervising hospital, who is a physician who holds a currently valid unlimited license to practice medicine in Indiana and has an active role in the delivery of emergency care. The medical director is responsible for providing competent medical direction as established by the medical control committee and overall supervision of the medical aspect of the advanced emergency medical technician organization. Upon establishment of a medical control policy, the advanced emergency medical technician organization medical director and the chief executive officer have the duty to enact the policy within the advanced emergency medical technician organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

- (1) Providing liaison with physicians.
- (2) Assuring that appropriate intravenous solutions, supplies, and equipment are available to the advanced emergency medical technician organization.
- (3) Monitor and evaluate day-to-day medical operation.
- (4) Assist the supervising hospital in the coordination of in-service training programs.
- (5) Provide information concerning the operation of the advanced emergency medical technician organization.
- (6) Provide individual consultation to advanced emergency medical technicians.
- (7) Assure continued competence of advanced emergency medical technicians affiliated with, or employed by, the advanced emergency medical technician organization.
- (8) Participate in the quarterly audit and review of cases treated by advanced emergency medical technicians of the provider organization.
- (9) Establish protocols for advanced life support.
- (10) Establish and publish a list of intravenous fluids and administration supplies, including minimum quantities to be carried on the vehicle.

(g) Each advanced emergency medical technician organization shall:

- (1) maintain an adequate number of trained personnel and emergency response vehicles to provide continuous twenty-four (24) hour advanced life support services;
- (2) notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of an advanced emergency medical technician, and this notification shall be signed by the provider organization and medical director of the provider organization; and
- (3) notify the commission in writing within thirty (30) days if an advanced emergency medical technician:
 - (A) terminates employment;
 - (B) terminates affiliation; or
 - (C) for any reason is prohibited from performing the procedures for which certification was granted.

(h) When advanced life support services administered by advanced emergency medical technicians at the scene of an accident or illness are continued en route to an emergency facility, as a minimum, the patient compartment of the ambulance shall be staffed

by not less than one (1) person certified as an advanced emergency medical technician.

(i) The advanced emergency medical technician organization shall notify the commission in writing within thirty (30) days of any change in the advanced life support services provided for which certification was granted.

(j) No certification is required for the following:

(1) A person who provides advanced life support while assisting in the case of a major catastrophe disaster whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.

(2) An agency or instrumentality of the United States and any advanced emergency medical technicians of such agency or instrumentality are not required to be certified nor to conform to the standards prescribed in this article unless the agency or instrumentality seeks to provide service to citizens of Indiana off of the federal area.

(k) After proper notice and hearing, the commission may:

(1) levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 and 836 IAC 2-13-1; or

(2) suspend or revoke a certificate issued under this article for:

(A) fraud or misrepresentation in procuring certification;

(B) failure to comply and maintain compliance with; or

(C) violation of any applicable provisions, standards, or other requirements of this article.

(l) The commission may initiate proceedings to suspend or revoke a certificate upon its own motion or on the verified written complaint of any interested person, and all such proceedings shall be held and conducted in accordance with IC 4-21.5.

(m) Notwithstanding the provisions of this article, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.

(n) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.

(o) The director may issue a provisional certification for the provision of advanced life support as an advanced emergency medical technician organization to an ambulance service provider certified pursuant to IC 16-31 for the purpose of prehospital training of advanced emergency medical technician students when in the presence of a preceptor approved by the commission upon demonstration by the applicant to the satisfaction of the director that:

(1) the ambulance to be used for such training is certified pursuant to IC 16-31 and meets the requirements of this article; and

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

Application for provisional certification shall be made on forms as prescribed by the commission, which shall be fully completed. The director may issue a provisional certificate for a period not to exceed sixty (60) days beyond the date the advanced emergency medical technician course completion as identified on the approved course application. However, the director shall not issue a provisional certificate for a period exceeding six (6) consecutive months from the starting date of the course as identified on the approved course application. The issuance of certification invalidates any provisional certification.

(p) Provide for a periodic maintenance program to assure that:

(1) emergency response vehicles, including equipment, are maintained in good working condition; and

(2) applicable sanitation procedures are in effect at all times.

(q) Advanced emergency medical technician organization premises, records, parking, or garaging facilities and response vehicles shall be available for inspection by the director, or the director's duly authorized representative, at any time during operating hours.

(r) Each advanced emergency medical technician organization shall have in force and effect public liability insurance in the sum as described in 836 IAC 1-2-3(g) pursuant to IC 16-31. Such proof of insurance shall be made on a form prescribed by the commission.

(s) The advanced emergency medical technician organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the advanced emergency medical technician organization and the emergency department, or equivalent, of the supervising hospital using voice communications. The communications system shall be licensed by the Federal Communications Commission.

(t) Each nontransport vehicle used for the purpose of providing advanced life support services when dispatched on an emergency run need only be staffed, as a minimum, by a certified advanced emergency medical technician. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.1-1; filed Apr 6, 1988, 9:55 a.m.: 11 IR 2875; filed May 15, 1998, 10:25 a.m.: 21 IR 3904; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2738; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2515*)

836 IAC 2-7.1-2 Application for certification

Authority: IC 16-31-2-7

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

Sec. 2. (a) Application for certification as an advanced emergency medical technician organization shall be made on forms prescribed by the commission and include, but not be limited to, the following:

(1) A narrative summary of plans for providing advanced life support services, including the following:

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

(B) A list of advanced emergency medical technicians affiliated with the advanced emergency medical technician organization.

(C) The staffing pattern of personnel.

(D) Base of operations.

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

(3) A listing of advanced life support equipment and supplies and special on-board life support equipment to be carried on board each vehicle as approved by the medical director.

(4) A letter of approval from the supervising hospital stating acceptance of the advanced emergency medical technicians' capability of communications with the advanced emergency medical technician organization's vehicles and a copy of the contract.

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

(c) Upon approval, an advanced emergency medical technician organization shall be granted certification for the provision of advanced life support services as specified in this article. The certificate issued is valid for a period of two (2) years and shall be prominently displayed at the place of business.

(d) Application for advanced emergency medical technician organization certification renewal should be made not less than sixty (60) days prior to the expiration date of the current certification. Application for renewal will be made on forms prescribed by the commission and show evidence of compliance with the requirements as set forth for original certification.

(e) Upon approval, a certificate shall be issued by the director to the advanced emergency medical technician organization for all vehicles. The certificate shall be valid for two (2) years unless earlier revoked or suspended by the commission. The vehicle certificate shall be prominently displayed within the vehicle. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.1-2; filed Apr 6, 1988, 9:55 a.m.: 11 IR 2877; filed May 15, 1998, 10:25 a.m.: 21 IR 3907; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2740*)

836 IAC 2-7.1-3 Advanced emergency medical technician organization; operating procedures

Authority: IC 16-31-2-7

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

Sec. 3. (a) Each advanced emergency medical technician organization shall comply with the ambulance services provider operating procedures of 836 IAC 1-2-3.

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

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

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

(3) Advanced life support equipment and supplies are available and functional.

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

(d) The following requirements apply to the use of advanced life support equipment and supplies by advanced emergency

medical technicians:

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

(2) Lost, stolen, or misused advanced life support supplies will be replaced only on the order of the advanced emergency medical technician organization medical director.

(3) Advanced emergency medical technicians are prohibited from initiating advanced life support procedures without first establishing two-way voice communication with a physician or an individual authorized in writing to act on behalf of a physician unless the supervising hospital medical staff and provider organization medical director authorize standing orders.

(4) Accountability for distribution, storage, ownership, and security of advanced life support equipment and supplies shall be subject to applicable requirements as determined by the Indiana board of pharmacy.

(e) Each advanced emergency medical technician organization shall ensure that rigid sanitation procedures are in effect at all times. The following minimum sanitation standards shall apply to all vehicles used for the purpose of providing advanced life support services:

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

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

(3) Clean linen storage shall be provided.

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

(5) Closed compartments shall be provided for soiled supplies.

(6) Blankets shall be kept clean and stored in closed compartments.

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

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

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

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

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

(3) A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all time.

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

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

(h) Notwithstanding subsection (c), an advanced emergency medical technician provider organization and any affiliated advanced emergency medical technician possessing approval for intravenous line placement from the medical director may transport and treat a patient or patients from a medical care facility if the only advanced life support procedure that has been previously initiated for the patient or patients is an intravenous line or lines administering prepackaged solutions of dextrose or electrolytes that may contain the following additives and no others:

(1) Vitamins.

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

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

(4) Cortisone.

(5) Antibiotics.

This requirement applies so long as the ambulance meets all certification requirements pursuant to IC 16-31 and all staffing and equipment requirements of section 1(h) of this rule and subsection (e) and contains sufficient quantities of the intravenous supplies and solutions received by the patient or patients in order to maintain the patient's established medical intervention and to manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.

- (i) An advanced emergency medical technician organization shall not:
 - (1) operate an ambulance or other vehicle used for the provision of advanced life support unless:
 - (A) the ambulance or vehicle is in full compliance with this article;
 - (B) the vehicle is a nontransport emergency medical services vehicle returning from the site of the provision of advanced life support by the equipment, supplies, and personnel previously on board the nontransport emergency medical services vehicle; or
 - (2) transport any emergency patient or patient receiving advanced life support in any vehicle except an ambulance certified pursuant to IC 16-31.
- (j) Provisions for temporary vehicle certification are addressed in 836 IAC 1-2-3. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.1-3; filed Apr 6, 1988, 9:55 a.m.: 11 IR 2878; filed May 15, 1998, 10:25 a.m.: 21 IR 3908; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2740*)

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

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

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

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

Rule 8.2. Advanced Emergency Medical Technician Training (Repealed)

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

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

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

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

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

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

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

Rule 11. Inter-Facility Transfers and Response; Exemptions

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

Authority: IC 16-31-2-7

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

Sec. 1. (a) "Advanced life support", as that phrase is defined in IC 16-31-2-7, is defined to exclude the use of a device, commonly referred to as a heparin lock, that is used to maintain patency of a vein in conjunction with an anticoagulant substance.

(b) An ambulance service provider (basic life support service) as defined in 836 IAC 1-1-1 and certified pursuant to IC 16-31 only, or an advanced emergency medical technician organization as defined in 836 IAC 2-1-1, when transporting a patient from a medical care facility is not deemed to be providing advanced life support as defined in IC 16-18-2-7 if in compliance with subsections (e) and (h), provided the following:

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

(2) The patient compartment of the ambulance is staffed by at least one (1) employee of the transferring medical care facility who has training and skills commensurate with the patient's condition.

(c) An ambulance service provider (basic life support service) as defined in 836 IAC 1-1-1 and certified pursuant to IC 16-31 only, when transporting a patient from the scene of an emergency in cooperation with an advanced emergency medical technician

organization or paramedic organization is not deemed to be providing advanced life support as defined in IC 16-18-2-7 if in compliance with subsections (e) through (h) provided that:

- (1) the advanced life support procedure(s) has been established by a paramedic from the crew on board an ambulance or nontransporting emergency medical services vehicle used for the provision of advanced life support by a paramedic organization and a paramedic from the paramedic organization's responding vehicle is present in the patient compartment of the ambulance transporting the patient; or
- (2) the advanced life support procedure(s) has been established by an advanced EMT from the crew on board an ambulance or nontransporting emergency medical services vehicle used for the provision of advanced life support by an advanced EMT organization and an advanced EMT from the advanced EMT organization's responding vehicle is present in the patient compartment of the ambulance transporting the patient.

(d) An advanced emergency medical technician organization as defined in 836 IAC 2-1-1 and certified pursuant to IC 16-31 when transporting a patient from the scene of an emergency in cooperation with a paramedic organization is not deemed to be in violation of 836 IAC 2-2-1 if in compliance with subsections (e) through (h) provided that the advanced life support procedure(s) has been established by a paramedic from the crew on board an ambulance or nontransporting emergency medical services vehicle used for the provision of advanced life support by a paramedic from the paramedic organization's responding vehicle is present in the patient compartment of the ambulance transporting the patient.

(e) Any ambulance used to transport a patient(s) in conjunction with this section shall, at a minimum, be certified pursuant to IC 16-31.

(f) Any ambulance used in conjunction with subsection (c) or (d) by a provider organization as defined in 836 IAC 2-1-1 shall be equipped with the emergency care equipment, supplies, and medications, and fluids as are required by the level of provider organization certification.

(g) Ambulances used to transport a patient(s) in conjunction with (c) or (d) [subsection (c) or (d)] are provided by the responding provider organization with the emergency care equipment, supplies, medications, or fluids necessary to maintain the patient care initiated.

(h) The vehicle staffing required in subsection (b), (c), or (d), is in addition to the staffing required as determined by the level of certification by the commission for the ambulance service provider or provider organization that transports the patient(s). (*Indiana Emergency Medical Services Commission; 836 IAC 2-11-1; filed Feb 29, 1984, 8:58 a.m.: 7 IR 1051; errata, 7 IR 1255; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1097; filed Aug 18, 1986, 1:00 p.m.: 10 IR 61; filed May 15, 1998, 10:25 a.m.: 21 IR 3915*)

Rule 12. Waiver of Certification

836 IAC 2-12-1 Request for waiver

Authority: IC 16-31-2-7

Affected: IC 16-31-3-20

Sec. 1. (a) A provider or person certified or contemplating certification under this article may request in writing to the commission that certain provisions of this article be waived. Such a request shall justify that a proposed waiver, if so approved, shall not jeopardize the quality of patient care.

(b) The commission may approve a request based on one (1) or more of the following:

- (1) Circumstances where public health and safety is a factor.
- (2) Extenuating or mitigating circumstances that warrant consideration to assure the delivery of emergency medical services.
- (3) Substitution of equipment authorized by this article.
- (4) Testing of new procedures, techniques, and equipment in a pilot study authorized by the commission and supervised by the commission's designee.

(c) The commission shall establish time limits and conditions on all approved waivers.

(d) The commission shall review each approved waiver annually and either continue or revoke each approved waiver. (*Indiana Emergency Medical Services Commission; 836 IAC 2-12-1; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1098; filed May 15, 1998, 10:25 a.m.: 21 IR 3916*)

Rule 13. Penalties and Fines

836 IAC 2-13-1 Penalties

Authority: IC 16-31-2-7

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

Sec. 1. (a) The commission or director may penalize an ambulance service provider, or a person certified under this article, up to five hundred dollars (\$500) per occurrence for a violation of:

- (1) patient care standards, protocols, and operating procedures; or
- (2) rules established by the commission and based upon the training program for the advanced emergency medical technicians and paramedic training course as amended and approved by the commission.

(b) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5.

(c) As used in this section, "per occurrence" means a violation of:

- (1) patient care standards, protocols, and operating procedures; or
- (2) rules established by the commission that remain uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee.

(d) The director or commission shall assess penalties up to five hundred dollars (\$500) per occurrence for the following violations:

- (1) Land ambulance specifications.
- (2) Ambulance rescue equipment.
- (3) Emergency care equipment.
- (4) Operating procedures.
- (5) Patient care standards or protocols.
- (6) Training requirements.
- (7) Individual certification requirements.
- (8) Failure to comply with this title.

(Indiana Emergency Medical Services Commission; 836 IAC 2-13-1; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1098; filed Aug 18, 1986, 1:00 p.m.: 10 IR 62; filed May 15, 1998, 10:25 a.m.: 21 IR 3916; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2742)

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

836 IAC 2-14-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 1. (a) Advanced life support nontransport vehicle ordered or leased shall meet minimum specifications or shall not be eligible for certification.

(b) Procedures for suspension, revocation, or termination of a certificate included under 836 IAC 2-2-1(l) through 836 IAC 2-2-1(o) apply to certification for advanced life support nontransport vehicles. *(Indiana Emergency Medical Services Commission; 836 IAC 2-14-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2742)*

836 IAC 2-14-2 Application for certification

Authority: IC 16-31-2-7

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

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

- (1) An applicant shall complete the required forms and submit the forms to the director. A certificate for the advanced life support nontransport vehicle shall be issued by the director.
- (2) Each advanced life support nontransport vehicle for which certification is requested shall be made available for inspection by the director, or his duly authorized representative, with its equipment as required by this article or 836 IAC 1 prior to approval for certification.

(b) Upon approval, a certificate shall be issued by the director to the advanced life support nontransport vehicle provider organization for all advanced life support nontransport vehicles. The certificate shall be valid for two (2) years unless earlier revoked or suspended by the commission. The certificate shall be prominently displayed within the advanced life support nontransport vehicle driver compartment.

(c) A vehicle certification is invalid upon expiration, suspension, revocation, or relinquishment of the provider certification.

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

(1) is not in full compliance with the advanced life support nontransport vehicle certification requirements established and set forth in this article or exemptions approved by the commission; and

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

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

(1) The replacement advanced life support nontransport vehicle shall meet all certification requirements.

(2) The provider organization shall notify the commission in writing within seventy-two (72) hours of the time the replacement advanced life support nontransport vehicle is placed in service. The written notice shall identify the following:

(A) The replacement date.

(B) The certification number of the replaced advanced life support nontransport vehicle.

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

(D) The make and type of the replacement advanced life support nontransport vehicle.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified advanced life support nontransport vehicle was replaced. Temporary certification shall not exceed sixty (60) days and, upon return to service, the use of the replacement vehicle shall cease and the temporary certificate shall be returned to the commission. If the replaced advanced life support nontransport vehicle is not returned to service within the sixty (60) day period, use of the replacement advanced life support nontransport vehicle shall cease unless certification is approved in accordance with this article. (*Indiana Emergency Medical Services Commission; 836 IAC 2-14-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2742*)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

(1) The vehicle engine shall be a [*sic., an*] internal combustion, liquid cooled engine that meets advanced life support nontransport vehicle chassis manufacturer's standard horsepower/displacement requirements.

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

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

(4) Tires shall meet the manufacturer's standards for the gross vehicle weight of the vehicle. No tire shall display exposed tire cord or have tread depth less than two thirty-seconds ($\frac{2}{32}$) on back tires and four thirty-seconds ($\frac{4}{32}$) on front tires spaced equally around the tire and with no visible defects. Retread tires shall not be used on advanced life support nontransport vehicles.

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

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

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

(3) Each advanced life support nontransport vehicle for which certification is requested shall have an audible back-up warning device that is activated when the advanced life support nontransport vehicle is shifted into reverse.

(c) All advanced life support nontransport vehicles shall meet the following requirements for external identification:

(1) Warning lights of red or red and white, at the discretion of the owner, and shall conform with Indiana law. All lights on

vehicle shall be in working condition.

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

(3) A commission-certified vehicle sticker shall be displayed on all certified advanced life support nontransport vehicles.

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

(e) Dual, firmly secured, vibrationless rearview mirrors, one (1) mounted on the left side of the vehicle and one (1) mounted on the right side, shall be included.

(f) The driver compartment, at a minimum, shall be equipped with appropriate passenger restraints that are installed in all seating facilities for the driver and the passenger.

(g) All advanced life support nontransport vehicles shall meet or exceed the following minimum communication standards:

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

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

(3) All emergency medical services vehicles shall be equipped with two-way radios that shall have one (1) channel or talk-group used primarily for dispatch and tactical communications.

(4) All nontransport vehicles shall maintain a communication system that shall be available twenty-four (24) hours a day between the paramedic organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultra high frequency) voice communications. The communications system shall be licensed by the Federal Communications Commission.

(5) Type and number of sirens shall be at the discretion of the advanced life support nontransport vehicle service provider and shall conform to Indiana law.

(h) All advanced life support nontransport vehicles shall provide an adequate system for heating and window defrosting of the driver compartment.

(i) Each provider organization shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all vehicles used for the purpose of providing advanced life support services:

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

(2) Compartments shall be provided within the vehicle for medical supplies and equipment storage.

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

(Indiana Emergency Medical Services Commission; 836 IAC 2-14-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2743)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

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

- (2) Equipment for release from entrapment or confinement, including the following:
 - (A) One (1) hammer, four (4) pound, fifteen (15) inch handle (hammer weight and length are minimums).
 - (B) One (1) wrecking bar, twenty-four (24) inch combination tool minimum.
 - (C) One (1) self-contained portable light source.

(Indiana Emergency Medical Services Commission; 836 IAC 2-14-4; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2744)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 5. Each advanced life support nontransport vehicle shall wrap, properly store, and handle all the single service implements inserted into the patient's nose or mouth. Multi-use items are to be kept clean and sterile when indicated and properly stored. The vehicle shall carry the following assembled and readily accessible minimum equipment:

- (1) Respiratory and resuscitation equipment as follows:
 - (A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with wide-bore tubing and both rigid and soft pharyngeal suction tips.
 - (B) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:
 - (i) Adult.
 - (ii) Child.
 - (iii) Infant.
 - (iv) Neonatal (mask only).
 - (C) Oropharyngeal airways, two (2) each of adult, child, and infant.
 - (D) One (1) pocket mask with one-way valve.
 - (E) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.
 - (F) Oxygen delivery devices shall include the following:
 - (i) High concentration devices, two (2) each, adult, child, and infant.
 - (ii) Low concentration devices, two (2) each, adult.
 - (G) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:
 - (i) Small (20-24 french).
 - (ii) Medium (26-30 french).
 - (iii) Large (31 french or greater).
 - (H) Bulb syringe individually packaged in addition to obstetrics kit.
 - (I) Nonvisualized airway minimum of two (2) with water soluble lubricant.
 - (J) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for adult defibrillation.
- (2) Wound care supplies as follows:
 - (A) Multiple trauma dressings, two (2) approximately ten (10) inches by thirty-six (36) inches.
 - (B) Fifty (50) sterile gauze pads, three (3) inches by three (3) inches or larger.
 - (C) Bandages, four (4) soft roller self-adhering type, two (2) inches by four (4) yards minimum.
 - (D) Airtight dressings, four (4), for open chest wounds.
 - (E) Adhesive tape, two (2) rolls.
 - (F) Burn sheets, two (2), sterile.
 - (G) Triangular bandages, four (4).
 - (H) Bandage shears, one (1) pair.
- (3) Patient stabilization equipment as follows:
 - (A) Traction splint, lower extremity, limb-supports, padded ankle hitch, and traction strap, or equivalent, one (1) assembly in adult size.
 - (B) Upper and lower extremity splinting devices, two (2) each.
 - (C) One (1) splint device intended for the unit-immobilization of head-neck and torso. These items shall include the

splint itself and all required accessories to provide secure immobilization.

(D) One (1) long back board with accessories to provide secure spinal immobilization.

(E) Rigid extrication collar, two (2) each capable of the following sizes:

(i) Pediatric.

(ii) Small.

(iii) Medium.

(iv) Large.

(4) Personal protection/universal precautions equipment, minimum of one (1) each, including the following:

(A) Gowns.

(B) Face masks and shields.

(C) Gloves.

(D) Biohazard bags.

(E) Antimicrobial hand cleaner.

(5) Miscellaneous items as follows:

(A) Obstetrical kit, sterile, one (1).

(B) Blood pressure manometer, one (1) each in the following cuff sizes:

(i) Large adult.

(ii) Adult.

(iii) Pediatric.

(C) Stethoscopes, one (1) each in the following sizes:

(i) Adult.

(ii) Pediatric.

(D) Sharps collector, one (1) being a minimum of seven (7) inches in height.

(E) Intravenous fluids, medication, and administration supplies approved by the medical director.

(F) A current copy of advanced life support protocols shall be maintained on board the advanced life support nontransport vehicle at all times.

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

(6) Paramedic services shall also carry the following equipment:

(A) Tracheal suction catheters (adult #14 and #18, child #10).

(B) Endotracheal intubation devices, including the following:

(i) Laryngoscope with extra batteries and bulbs.

(ii) Laryngoscope blades (adult and pediatric, curved and straight).

(iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.

(C) Defibrillation pads or paddles appropriate for pediatric defibrillation.

(Indiana Emergency Medical Services Commission; 836 IAC 2-14-5; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2744)

ARTICLE 3. AIR AMBULANCES

Rule 1. Definitions

836 IAC 3-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 16-31-3-20

Sec. 1. The following definitions apply throughout this article:

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

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

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

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

(5) “Air-medical personnel” means a person who is certified by the commission as a paramedic or is a registered nurse or physician with an unlimited license to practice medicine.

(6) “Certificate” or “certification” means authorization in written form issued by the commission to a person to furnish, operate, conduct, maintain, advertise, promote, or otherwise engage in providing emergency medical services as a rotorcraft or fixed-wing ambulance service provider as part of a regular course of doing business, either paid or voluntary.

(7) “F.A.A.” means the Federal Aviation Administration.

(8) “F.A.R.” means the federal aviation regulations, including, but not limited to, 14 CFR.

(9) “Fixed-wing ambulance” means a propeller or jet airplane.

(10) “Flight physiology” means the physiological stress of flight encountered during air medical operations to include, but not be limited to, temperature, pressure, stresses of barometric pressure changes, hypoxia, thermal and humidity changes, gravitational forces, noise, vibration, fatigue, and volume and mass of gases.

(11) “Principal operations base” means the operator’s principal base of operations where required management personnel and records are maintained.

(12) “Rotorcraft ambulance” means an aircraft capable of vertical takeoffs and landings with the capability of hovering.

(Indiana Emergency Medical Services Commission; 836 IAC 3-1-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 366; filed May 15, 1998, 10:25 a.m.: 21 IR 3917; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2490)

Rule 2. Advanced Life Support Rotorcraft Ambulance Service Provider

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

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

Affected: IC 16-31

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

(b) Certification by the commission as an advanced life support rotorcraft ambulance service provider is not required for the following:

(1) A person who provides advanced life support while assisting the case of major catastrophe, disaster, whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.

(2) An agency or instrumentality of the United States as defined in 836 IAC 2-1-1(4).

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

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

(1) Continuing education.

(2) Audit and review.

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

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

(e) The advanced life support rotorcraft ambulance service provider organization will have an air-medical director provided by the advanced life support rotorcraft ambulance service provider organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine in Indiana and has an active role in the delivery of emergency care, and has knowledge of air transport problems and flight physiology. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support rotorcraft ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

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

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

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

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

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

- (1) Maintain an adequate number of trained personnel and aircraft to provide continuous twenty-four (24) hour advanced life support services.
- (2) Notify the commission in writing within thirty (30) days of a paramedic's affiliation or termination of employment, or for any reason that has prohibited a certified individual from performing the procedures required of a paramedic pursuant to 836 IAC 2.

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

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

(4) Communications personnel.

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

836 IAC 3-2-2 Certification; application

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

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

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

- (1) A narrative summary of plans for providing rotorcraft ambulance services, including the following:
 - (A) The staffing pattern of air-medical personnel and pilots.
 - (B) Defined area of primary and secondary response and an areawide coordination plan.
 - (C) Base of operations, a description of the visual flight rules weather minimums for both cross-county and local flight, and the definition of the "local flying area" quoted from the approved F.A.A. Part 135 operations specifications.
 - (D) Aircraft types and identification numbers.
 - (E) A listing of all personnel and their qualifications by category who will regularly serve as pilots and air-medical personnel on the aircraft.
 - (F) A copy of the patient care transport record to be utilized on each transport.
- (2) Plans and methodologies to ensure that the trained personnel are provided with continuing education relative to their level of training. Continuing education on air transportation problems and flight physiology shall be provided on an annual basis. Continuing education will be approved by the advanced life support rotorcraft ambulance service provider organization air-medical director with the cooperation of the supervising hospital.
- (3) A listing of all on-board life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.
- (4) When appropriate, a copy of the contract between the advanced life support rotorcraft ambulance service provider organization and the supervising hospital or hospitals.
- (5) A copy of all treatment protocols and standing orders (if applicable) under which all nonphysician personnel operate.
- (6) The insurance requirement of IC 16-31 is satisfied if the rotorcraft ambulance service provider:
 - (A) has in force and effect public liability insurance according to:

Type of Liability	Minimum Limits	
	Each Person	Each Occurrence
Bodily injury liability excluding passengers	\$75,000	\$300,000
Passenger bodily injury liability	\$75,000	\$75,000 times 75% of total number of passenger seats installed in the aircraft
Property damage		\$100,000

(B) combined coverage of a single limit of liability for each occurrence at least equal to the required minimums stated in clause (A) for bodily injury excluding passengers, passenger bodily injury, and property damage; or

(C) is a governmental entity within the meaning of IC 34-6-2-49.

- (7) The insurance coverage specified in subdivision (6) shall be for each and every aircraft owned and/or operated by or for the rotorcraft ambulance service provider.
- (b) Upon approval, an advanced life support rotorcraft ambulance service provider organization will be issued certification for the provision of advanced life support services as required in 836 IAC 2 and this article.
- (c) The certificate issued pursuant to this article is valid for a period of two (2) years from the date of issue and shall be prominently displayed at the place of business.

(d) Application for certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate. Application for renewal shall be made on such forms prescribed by the commission and shall show evidence of compliance with this article as set forth for original certification. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-2; filed Oct 11, 1988, 11:05 a.m.: 12 IR 368; filed May 15, 1998, 10:25 a.m.: 21 IR 3919; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2492*)

836 IAC 3-2-3 Minimum specifications

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

Affected: IC 16-31

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Law enforcement.

(2) Fire/rescue.

(3) Ambulances.

(4) Hospital or hospitals.

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

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

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

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

Affected: IC 4-21.5-1

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

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

(2) All advanced life support rotorcraft ambulance service providers shall participate in the emergency medical service system review by:

- (A) collecting all data elements prescribed by the commission; and
- (B) reporting that information according to the procedure and schedules prescribed by the commission.

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

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

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

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

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

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

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

- (1) Electronic and mechanical equipment are in proper operating condition.
- (2) Rotorcraft ambulances shall be maintained in safe operating conditions at all times.
- (3) Emergency patient care equipment required for rotorcraft ambulance certification is maintained in minimum quantities either directly on board the rotorcraft ambulance or available at the time of patient transport.

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

- (1) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.
- (2) Freshly laundered linens are used on all litters, and pillows and linens shall be changed after each patient is transported.
- (3) When the aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft shall be cleansed and all contact surfaces be disinfected.

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

- (1) The replacement rotorcraft ambulance meets all certification requirements of this article.
- (2) The rotorcraft ambulance service provider shall notify the commission, in writing, within seventy-two (72) hours of the time the replacement rotorcraft is placed in service. The written notice shall identify the following:
 - (A) The replacement date.
 - (B) The certification number of the replaced rotorcraft ambulance.
 - (C) The aircraft identification number of the replacement rotorcraft.
 - (D) The make and type of the replacement rotorcraft ambulance.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified rotorcraft ambulance was replaced. Temporary certification will not exceed one hundred eighty (180) days, and, upon return to service, the use of the replacement rotorcraft ambulance shall cease. If the replaced rotorcraft ambulance is not returned to service within the one hundred eighty (180) day period, use of the replacement rotorcraft ambulance shall cease unless certification is approved in accordance with this article.

(k) After proper notice and hearing, the commission may suspend or revoke a rotorcraft ambulance service provider certificate issued under this article and/or impose a penalty of up to five hundred dollars (\$500) in accordance with 836 IAC 1 and 836 IAC 2 for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or other requirements of 836 IAC 1, 836 IAC 2, or this article pursuant to IC 4-21.5-1.

(l) The commission may initiate proceedings to suspend or revoke a rotorcraft ambulance service provider certificate upon its own motion, or on the verified written complaint of any interested person. All such proceedings shall be held and conducted in accordance with the provisions of IC 4-21.5-1.

(m) Notwithstanding this section, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a rotorcraft ambulance service provider certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder. Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.

(n) A rotorcraft ambulance service provider organization owner or lessee seeking certification of a rotorcraft ambulance may petition the commission for exemption from one (1) or more of the specifications or requirements listed in this article. The commission may approve one (1) or more of the requested exemptions and grant certification. However, the commission may restrict any exemption or exemptions approved under this article. Exemptions requested will not be approved if, in the opinion of the commission, the exemption or exemptions would impair the capabilities of the rotorcraft ambulance service provider to provide proper emergency patient care. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-4; filed Oct 11, 1988, 11:05 a.m.: 12 IR 370; filed May 15, 1998, 10:25 a.m.: 21 IR 3920; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2494*)

836 IAC 3-2-5 Staffing

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

Affected: IC 4-21.5-1

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

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

(2) The second person shall be currently certified, registered, or licensed as one (1) of the following:

(A) a paramedic;

(B) a registered nurse; or

(C) a physician with a valid unlimited license to practice medicine;

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

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

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

(c) After proper notice and hearing, the commission may levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 or 836 IAC 2-13-1 or suspend or revoke a certificate issued under 836 IAC 1, 836 IAC 2, and this article for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or other requirements of 836 IAC 1, 836 IAC 2, and this article.

(d) The commission may initiate proceedings to suspend or revoke a certificate upon its own motion, or on the verified written complaint of any interested person, and all such proceedings will be held in and conducted in accordance with the provisions of IC 4-21.5-1.

(e) Notwithstanding 836 IAC 1, 836 IAC 2, or this article, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without a hearing for a period not to exceed thirty (30) days upon notice to the certificate holder.

(f) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-5; filed Oct 11, 1988, 11:05 a.m.: 12 IR 372; filed May 15, 1998, 10:25 a.m.: 21 IR 3922; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2496*)

836 IAC 3-2-6 Equipment list

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

Affected: IC 16-31-3-20

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

- (1) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters of mercury, equipped with wide-bore tubing and other rigid and soft pharyngeal suction tips.
- (2) Oropharyngeal airways (adult, child, and infant sizes).
- (3) Nasopharyngeal airways (small, 20-24 french; medium, 26-30 french; large, 30 french or greater).
- (4) Bag mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:

- (A) Adult.
- (B) Child.
- (C) Infant (mask only).
- (D) Neonatal (mask only).

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

- (6) Oxygen delivery devices shall include the following:

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

- (7) Blood pressure manometer, one (1) each in the following cuff sizes:

- (A) Large adult.
- (B) Adult.
- (C) Child.

- (8) Stethoscope in adult size.

- (9) Wound care supplies to include the following:

- (A) Sterile gauze pads (4 × 4).
- (B) Airtight dressing.
- (C) Adhesive tape, two (2) rolls.
- (D) Bandage shears.

- (10) Rigid extrication collars, two (2) each capable of the following sizes:

- (A) Pediatric.
- (B) Small.
- (C) Medium.
- (D) Large.

- (11) Portable defibrillator with self-contained cardiac monitor and E.C.G. strip writer and equipped with defibrillation pads or paddles, appropriate for both adult and pediatric defibrillation, that will not interfere with the aircraft's electrical and radio system.

- (12) Endotracheal intubation devices, including the following equipment:

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

- (13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities.

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

(c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support rotorcraft ambulance service provider organization air-medical director. All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the Indiana board of pharmacy and the drug enforcement administration. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-6; filed Oct 11, 1988, 11:05 a.m.: 12 IR 373; filed May 15, 1998, 10:25 a.m.: 21 IR*

3923; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2497)

836 IAC 3-2-7 Communications systems requirements

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

Affected: IC 16-31-3-20

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

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

(c) The rotorcraft ambulance service provider shall maintain a dispatch and tactical communications system with the capability to provide a coordinated voice communications linkage within the flying area of the rotorcraft ambulance service provider. These channel(s) will be used exclusively for dispatch and tactical communications and shall be apart from any involved in the IHERN.

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

836 IAC 3-2-8 Penalties

Authority: IC 16-31-3-14

Affected: IC 4-21.5-3; IC 16-31-2-7; IC 16-31-2-9; IC 16-31-3-17; IC 16-31-10-1

Sec. 8. (a) The commission or director may penalize an ambulance service provider, or a person certified under this article, up to five hundred dollars (\$500) per occurrence for a violation of patient care standards, protocols, operating procedures, or rules established by the commission.

(b) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5-3.

(c) As used in this section, "per occurrence" means a violation of patient care standards, protocols, operating procedures, or rules established by the commission that remains uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee.

(d) The director or commission may assess penalties up to five hundred dollars (\$500) per occurrence for the following violations:

- (1) Air ambulance specifications.
- (2) Emergency care equipment.
- (3) Operating procedures.
- (4) Patient care standards or protocols.
- (5) Training requirements.
- (6) Individual certification requirements.
- (7) Failure to comply with this title.

(*Indiana Emergency Medical Services Commission; 836 IAC 3-2-8; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2498*)

Rule 3. Fixed-Wing Air Ambulance Service Provider

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

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

Affected: IC 16-31-3-20

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

accordance with this article pursuant to IC 16-31 as appropriate.

(b) Certification by the commission as an advanced life support fixed-wing air ambulance service provider is not required for the following:

(1) A person who provides advanced life support while assisting the case of major catastrophe or disaster, whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.

(2) An agency or instrumentality of the United States as defined in 836 IAC 2-1-1(d).

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

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

(1) Continuing education.

(2) Audit and review.

(3) Medical control and direction.

(4) Provide liaison and direction for supply of medications, fluids, and other items utilized by the organization.

(5) Safety and survival programs and education.

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

(e) The advanced life support fixed-wing air ambulance service provider organization will have an air-medical director provided by the advanced life support fixed-wing air ambulance service provider organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine and has an active role in the delivery of emergency care, and has knowledge of air transport problems and flight physiology. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support fixed-wing air ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

(1) Assume all medical control and authority over any and all patients treated and transported by the fixed-wing air ambulance service.

(2) Providing liaison with physicians.

(3) Assuring that the drugs, medications, supplies, and equipment are available to the advanced life support fixed-wing air ambulance service provider organization.

(4) Monitoring and evaluating overall operations.

(5) Assisting in the coordination and provision of continuing education.

(6) Providing information concerning the operation of the advanced life support fixed-wing air ambulance service provider organization to the commission.

(7) Providing individual consultation to the air-medical personnel.

(8) Participating on the assessment committee of the supervising hospital in at least quarterly audit and review of cases treated by air-medical personnel.

(9) Attesting to the competency of air crewmembers affiliated with the advanced life support fixed-wing air ambulance service provider organization.

(10) Designating an individual or individuals to assist in the performance of these duties.

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

(g) A fixed-wing air ambulance service provider shall not engage in conduct or practices detrimental to the health and safety

of emergency patients or to members of the general public while in the course of business or service as a fixed-wing air ambulance service provider.

(h) Each advanced life support fixed-wing air ambulance service provider organization shall do the following:

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

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

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

(1) Pilot or pilots.

(2) Air-medical personnel.

(3) Aircraft maintenance technician or technicians.

(4) Communications personnel.

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

836 IAC 3-3-2 Certification; application

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

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

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

(1) A narrative summary of plans for providing fixed-wing air ambulance services, including the following:

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

(B) Base of operations.

(C) Aircraft types and identification numbers.

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

(E) A description of the weather minimums for both cross-country and local flights.

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

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

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

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

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

(6) The insurance requirement of IC 16-31 is satisfied if the fixed-wing air ambulance service provider:

(A) has in force and effect public liability insurance according to:

Minimum Limits

Type of Liability	Each Person	Each Occurrence
Bodily injury liability excluding passengers	\$75,000	\$300,000
Passenger bodily injury liability	\$75,000	\$75,000 times 75% of total number of passenger seats installed in the aircraft
Property damage		\$100,000

(B) combined coverage of a single limit of liability for each occurrence, at least equal to the required minimums stated in clause (A) for bodily injury excluding passengers, passenger bodily injury, and property damage; or

(C) is a governmental entity within the meaning of IC 34-6-2-49.

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

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

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

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

836 IAC 3-3-3 Minimum specifications

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

Affected: IC 16-31-3-20

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

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

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

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

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

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

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

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

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

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

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

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

(m) The aircraft shall have an intercommunications system. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-3; filed Oct 11, 1988, 11:05 a.m.: 12 IR 376; filed May 15, 1998, 10:25 a.m.: 21 IR 3926; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2500*)

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

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

Affected: IC 4-21.5-1

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

- (1) All advanced life support fixed-wing ambulance service providers shall utilize a patient care transport record.
- (2) All advanced life support fixed-wing ambulance providers shall participate in the emergency medical service system review by:

- (A) collecting all data elements prescribed by the commission; and
- (B) reporting that information according to the procedures and schedules prescribed by the commission.

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

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

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

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

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

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

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

- (1) Electronic and mechanical equipment are in proper operating condition.
- (2) Fixed-wing ambulances shall be maintained in safe operating conditions at all times.
- (3) Emergency patient care equipment required for fixed-wing ambulance certification is maintained in minimum quantities either directly on board the fixed-wing ambulance or available at the time of patient transport.

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

- (1) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.
- (2) Freshly laundered linens are used on all litters, and pillows and linens shall be changed after each patient is transported.
- (3) When an aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft shall be cleansed and all contact surfaces be washed with soap and water and disinfected.

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

- (1) The replacement fixed-wing ambulance shall meet all certification requirements of this article.
- (2) The fixed-wing air ambulance service provider shall notify the commission, in writing, within seventy-two (72) hours of the time the replacement fixed-wing ambulance is placed in service. The written notice shall identify the following:
 - (A) The replacement date.
 - (B) The certification number of the replaced fixed-wing ambulance.
 - (C) The aircraft identification number of the replacement fixed-wing ambulance.
 - (D) The make and type of the replacement fixed-wing ambulance.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified rotorcraft ambulance was replaced. Temporary certification will not exceed one hundred eighty (180) days, and, upon return to service, the use of the replacement fixed-wing ambulance shall cease. If the replaced fixed-wing ambulance is not returned to service within the one hundred eighty (180) day period, use of the replacement fixed-wing ambulance shall cease unless certification is approved

in accordance with this article.

(k) After proper notice and hearing, the commission may suspend or revoke a fixed-wing air ambulance service provider certificate issued under this article and/or impose a penalty of up to five hundred dollars (\$500) in accordance with 836 IAC 1 and 836 IAC 2 for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or other requirements of 836 IAC 1, 836 IAC 2, or this article pursuant to IC 4-21.5-1.

(l) The commission may initiate proceedings to suspend or revoke a fixed-wing air ambulance service provider certificate upon its own motion or on the verified written complaint of any interested person. All such proceedings shall be held and conducted in accordance with the provisions of IC 4-21.5-1.

(m) Notwithstanding this section, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a fixed-wing air ambulance service provider certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder. Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease.

(n) A fixed-wing air ambulance service provider owner or lessee seeking certification of a fixed-wing ambulance may petition the commission for exemption from one (1) or more of the specifications or requirements listed in this article. The commission may approve one (1) or more of the requested exemptions and grant certification. However, the commission may restrict any exemption or exemptions approved under this article. Exemptions requested will not be approved if, in the opinion of the commission, the exemption or exemptions would impair the capabilities of the fixed-wing air ambulance service provider to provide proper patient care. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-4; filed Oct 11, 1988, 11:05 a.m.: 12 IR 376; filed May 15, 1998, 10:25 a.m.: 21 IR 3926; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2501*)

836 IAC 3-3-5 Staffing

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

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

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

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

(2) The second person shall be an Indiana certified paramedic or registered nurse or a physician with a valid unlimited license to practice medicine.

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

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

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

(c) After proper notice and hearing, the commission may levy penalties up to five hundred dollars (\$500) in accordance with 836 IAC 1-2-4 or 836 IAC 2-13-1 or suspend or revoke a certificate issued under 836 IAC 1, 836 IAC 2, and this article for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or other requirements of 836 IAC 1 and 836 IAC 2.

(d) The commission may initiate proceedings to suspend or revoke a certificate upon its own motion or on the verified written complaint of any interested person, and all such proceedings will be held in and conducted in accordance with the provisions of IC 4-21.5-1.

(e) Notwithstanding 836 IAC 1 and 836 IAC 2, the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without a hearing for a period not to exceed thirty (30) days upon notice to the certificate holder.

(f) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-5; filed Oct 11, 1988, 11:05 a.m.: 12 IR 378; filed May 15, 1998, 10:25 a.m.: 21 IR 3928; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2503*)

836 IAC 3-3-6 Equipment list

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

Affected: IC 16-31-3-20

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

- (1) Portable or fixed suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters of mercury, equipped with wide-bore tubing and other rigid and soft pharyngeal suction tips.
 - (2) Oropharyngeal airways (adult, child, and infant sizes).
 - (3) Nasopharyngeal airways (small, 20-24 french; medium, 26-30 french; large, 30 french or greater).
 - (4) Bag mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:
 - (A) Adult.
 - (B) Child.
 - (C) Infant (mask only).
 - (D) Neonatal (mask only).
 - (5) Portable oxygen equipment with *[sic.]* of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.
 - (6) Oxygen delivery device shall include the following:
 - (A) High concentration devices, two (2) each, in adult, child, and infant sizes.
 - (B) Low concentration devices, two (2) in adult size.
 - (7) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (A) Large adult.
 - (B) Adult.
 - (C) Child.
 - (8) Stethoscope in adult size.
 - (9) Wound care supplies to include the following:
 - (A) Sterile gauze pads (4 × 4).
 - (B) Airtight dressing.
 - (C) Bandage shears.
 - (D) Adhesive tape, two (2) rolls.
 - (10) Rigid extrication collars, two (2) each capable of the following sizes:
 - (A) Pediatric.
 - (B) Small.
 - (C) Medium.
 - (D) Large.
 - (11) Portable defibrillator with self-contained cardiac monitor and E.C.G. strip writer and equipped with defibrillation pads or paddles, appropriate for both adult and pediatric defibrillation, that will not interfere with the aircraft's electrical and radio system.
 - (12) Endotracheal intubation devices, including the following equipment:
 - (A) Laryngoscopes with spare batteries and bulbs.
 - (B) Laryngoscope blades (adult and pediatric, curved and straight).
 - (C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.
 - (13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities.
- (b) Additional equipment and supplies approved by the supervising hospital shall be identified by the fixed-wing air ambulance service provider organization air-medical director and reported in writing to the commission for initial certification and recertification.
- (c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even

exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support fixed-wing air ambulance service provider organization medical director. All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the Indiana board of pharmacy and the drug enforcement administration. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-6; filed Oct 11, 1988, 11:05 a.m.: 12 IR 379; filed May 15, 1998, 10:25 a.m.: 21 IR 3929; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2503*)

836 IAC 3-3-7 Communications systems requirements

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

Affected: IC 16-31-3-20

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

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

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

(d) In addition to subsection (a), each multi-engine fixed-wing air ambulance shall be equipped with a minimum of two (2) VHF aircraft band transceivers and two (2) independently functioning audio panels, allowing each required pilot to communicate with ground resources separately. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-7; filed Oct 11, 1988, 11:05 a.m.: 12 IR 380; filed May 15, 1998, 10:25 a.m.: 21 IR 3929; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2504*)

836 IAC 3-3-8 Penalties

Authority: IC 16-31-3-14

Affected: IC 4-21.5-3; IC 16-31-2-7; IC 16-31-2-9; IC 16-31-3-17; IC 16-31-10-1

Sec. 8. (a) The commission or director may penalize an ambulance service provider, or a person certified under this article, up to five hundred dollars (\$500) per occurrence for a violation of patient care standards, protocols, operating procedures, or rules established by the commission.

(b) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5-3.

(c) As used in this section, "per occurrence" means a violation of patient care standards, protocols, operating procedures, or rules established by the commission that remains uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee.

(d) The director or commission may assess penalties up to five hundred dollars (\$500) per occurrence for the following violations:

- (1) Air ambulance specifications.
- (2) Emergency care equipment.
- (3) Operating procedures.
- (4) Patient care standards or protocols.
- (5) Training requirements.
- (6) Individual certification requirements.
- (7) Failure to comply with this title.

(*Indiana Emergency Medical Services Commission; 836 IAC 3-3-8; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2505*)

Rule 4. Waivers

836 IAC 3-4-1 Exception

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

Affected: IC 16-31-2-11

Sec. 1. (a) A provider or person certified or contemplating certification under this article may request in writing to the commission that certain provisions of this article be waived. Such a request shall justify that a proposed waiver, if so approved, will not jeopardize the quality of patient care.

(b) The commission may approve a request based on one (1) or more of the following:

(1) Circumstances where public health and safety is a factor.

(2) Extenuating or mitigating circumstances that warrant consideration to assure the delivery of emergency medical services.

(3) Addition or substitution of equipment authorized by this rule.

(4) Testing of new procedures, techniques, and equipment.

(c) The commission may establish time limits and conditions on all approved waivers.

(d) The commission will review each approved waiver annually and either continue or revoke each approved waiver. (*Indiana Emergency Medical Services Commission; 836 IAC 3-4-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 380; filed May 15, 1998, 10:25 a.m.: 21 IR 3930*)

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

836 IAC 3-5-1 Certificate of registry

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

Affected: IC 16-31-3-20

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

(1) The staffing pattern of personnel.

(2) Base of operations and a level of care to be provided.

(3) The training and experience of the applicant in the transportation and care of patients.

(4) A description and general location of each aircraft to be used as an air ambulance, including the make, model, year of manufacture, insignia, name or monogram, or other distinguishing characteristics.

(5) Types and quantity of medical equipment on board.

(6) Proof of current valid certification or license issued by another state.

(7) Other information as requested by the commission.

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

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

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

Rule 6. Medicolegal Responsibilities

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

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

ARTICLE 4. TRAINING AND CERTIFICATION

Rule 1. Definitions

836 IAC 4-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 16-18; IC 16-21-2; IC 16-31-3-1; IC 16-31-3-3

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

(1) "Advanced emergency medical technician" means a person who can perform one (1) or more, but not all, of the procedures of a paramedic and who:

- (A) has completed a prescribed course in advanced life support;
- (B) has been certified by the commission;
- (C) is associated with a single supervising hospital; and
- (D) is affiliated with a provider organization.

(2) "Advanced emergency medical technician organization" means an ambulance service provider or other emergency care organization certified by the commission to provide advanced life support services administered by advanced emergency medical technicians in conjunction with a supervising hospital.

(3) "Advanced life support" means care given at the scene of an accident or illness, during transport, or at a hospital by a paramedic or advanced emergency medical technician that is more advanced than that usually rendered by an emergency medical technician and may include, but is not limited to, the following:

- (A) Manual defibrillation.
- (B) Endotracheal intubation.
- (C) Parenteral injection of appropriate medications.
- (D) Electrocardiogram interpretation.
- (E) Emergency management of trauma and illness.

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

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

(6) "Ambulance service provider" means any person who is certified by the commission and who engages in or seeks to furnish, operate, conduct, maintain, advertise, or otherwise engage in services for the transportation and care of emergency patients as a part of a regular course of doing business, either paid or voluntary.

(7) "An agency or instrumentality of the United States", as that phrase is used in IC 16-31-3-3, means to exclude all nongovernmental entities that have a contract with the government of the United States or any bureau, board, commission, or statutorily created entity thereof.

(8) "Anniversary date" means the date on which certification as a paramedic or an advanced emergency medical technician was issued by the commission.

(9) "Basic life support", for purposes of IC 16-31, means the following:

- (A) Assessment of emergency patients.
- (B) Administration of oxygen.
- (C) Use of mechanical breathing devices.
- (D) Application of anti-shock trousers.
- (E) Performance of cardiopulmonary resuscitation.
- (F) Application of dressing and bandage materials.
- (G) Application of splinting and immobilization devices.
- (H) Use of lifting and moving devices to ensure safe transport.
- (I) Use of an automatic or a semiautomatic defibrillator if the defibrillator is used in accordance with training procedures established by the commission.
- (J) Other procedures authorized by the commission, including procedures contained in the revised national emergency medical technician-basic training curriculum guide.

(10) "Certificate" or "certification" means authorization in written form issued by the commission to a person to furnish, operate, conduct, maintain, advertise, or otherwise engage in providing emergency medical services as a part of a regular

course of doing business, either paid or voluntary.

- (11) "Commission" means the Indiana emergency medical services commission.
- (12) "Director" means the director of the state emergency management agency, or the director's designee of the commission.
- (13) "Emergency ambulance services" means the transportation of emergency patients by ambulance and the administration of emergency care procedures to emergency patients before, or during, such transportation.
- (14) "Emergency management of trauma and illness" means the following:
 - (A) Those procedures for which the paramedic has been specifically trained that are a part of the curriculum prescribed by the commission.
 - (B) Those procedures for which the paramedic has been specifically trained as a part of the continuing education program and approved by the supervising hospital and the paramedic organization's medical director.
 - (C) Those procedures for which the advanced emergency medical technician has been specifically trained and have been approved by the administrative and medical staff of the supervising hospital, the advanced emergency medical technician organization medical director, and the commission as being within the scope and responsibility of the advanced emergency medical technician.
- (15) "Emergency patient" means an individual who is acutely ill, injured, or otherwise incapacitated or helpless and who requires emergency care. The term includes an individual who requires transportation on a litter or cot or is transported in a vehicle certified as an ambulance under IC 16-31-3.
- (16) "Emergency medical service nontransport provider" means an organization, certified by the commission, that provides first response patient care at an emergency that includes defibrillation but does not supply patient transport from the scene of the emergency.
- (17) "Emergency medical service nontransport vehicle" means a motor vehicle other than an ambulance, owned or leased by a certified emergency medical service provider, that provides first response patient care at an emergency that includes defibrillation but does not supply patient transport from the scene of the emergency. The term does not include an employer-owned or employer-operated vehicle used for first aid purposes within or upon the employer's premises.
- (18) "Emergency medical services" means the provision of emergency ambulance services or other services utilized in serving an individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.
- (19) "Emergency medical services driver" means an individual who has a certificate of completion of a commission-approved driver training course.
- (20) "Emergency medical services provider" means any person certified by the commission who engages in or seeks to furnish, operate, conduct, maintain, advertise, or otherwise engage in services for the care of emergency patients as part of a regular course of doing business, either paid or voluntary.
- (21) "Emergency medical services vehicle" means any of the following:
 - (A) An ambulance.
 - (B) An emergency medical services nontransport vehicle.
 - (C) A rescue squad.
 - (D) An advanced life support nontransport vehicle.
- (22) "Emergency medical technician" means an individual certified by the commission who is:
 - (A) responsible for:
 - (i) the administration of emergency care procedures to emergency patients; and
 - (ii) the handling and transportation of such patients; and
 - (B) certified under this article.
- (23) "First responder", for purposes of IC 16-31, means an individual who is:
 - (A) certified under IC 16-31 and meets the commission's standards for first responder certification; and
 - (B) the first individual to respond to an incident requiring emergency medical services.
- (24) "Paramedic" means a person who:
 - (A) is affiliated with a certified paramedic organization or is employed by a supervising hospital;
 - (B) has completed a prescribed course in advanced life support; and
 - (C) has been certified by the commission.
- (25) "Paramedic organization" means an ambulance service provider or other emergency care organization certified by the commission to provide advanced life support services administered by paramedics or physicians with an unlimited license

to practice medicine in Indiana in conjunction with supervising hospitals.

(26) "Person" means any:

- (A) natural person or persons;
- (B) firm;
- (C) partnership;
- (D) corporation;
- (E) company;
- (F) association; or
- (G) joint stock association; and

the legal successors thereof, including any governmental agency or instrumentality, other than an agency or instrumentality of the United States, except an agency or instrumentality of the United States, as that phrase is used in IC 16-31-3-3(b), means to exclude all nongovernmental entities that have a contract with the government of the United States or any bureau, board, commission, or statutorily created entity thereof.

(27) "Physician" means an individual who currently holds a valid unlimited license to practice medicine issued in Indiana.

(28) "Program coordinator" means a person employed by a certified training institution that coordinates the advanced life support courses.

(29) "Provider organization" means an ambulance service or other emergency care organization certified by the commission to provide advanced life support in connection with a supervising hospital.

(30) "Provider organization operating area" means the geographic area in which an advanced emergency medical technician, affiliated with a specific advanced emergency medical technician organization, is able to maintain two-way voice communication with the provider organization's supervising hospitals.

(31) "Rescue squad organization" means an organization that holds a voluntary certification to provide extrication, rescue, or emergency medical services.

(32) "Supervising hospital" means a hospital licensed under IC 16-21-2 or under the licensing laws of another state that has been certified by the commission to supervise paramedics, advanced emergency medical technicians, and provider organizations in providing advanced life support.

(Indiana Emergency Medical Services Commission; 836 IAC 4-1-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2745)

Rule 2. Emergency Medical Services Training Institution

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

Authority: IC 16-31-2-7

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

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

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

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

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

(c) Such an institution shall submit an application to the commission not less than ninety (90) days prior to the date for which certification is requested in a manner prescribed by the commission. Certification as an emergency medical services training institution is valid for a period of three (3) years from the date of certification.

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

- (1) Basic life support training institution, an institution that presents Indiana basic emergency medical technician or the

Indiana emergency medical first responder training courses, or both.

(2) Advanced life support training institution, an institution that presents the Indiana advanced emergency medical technician or Indiana paramedic training courses, or both.

(e) A certified training institution shall submit an application for recertification to the commission sixty (60) days prior to the date of certification expiration. The application for recertification shall indicate compliance with the requirements currently in effect at the time of the application for renewal.

(f) After notice and hearing, the commission may and is authorized to suspend or revoke a certificate issued under IC 16-31 or impose a fine of up to five hundred dollars (\$500) in accordance with section 5 of this rule, or both, for fraud or misrepresentation in procuring certification, failure to comply and maintain compliance with, or for violation of, any applicable provisions, standards, or other requirement of IC 16-31 or this title. The commission may initiate proceedings to suspend or revoke a certificate upon its own motion, or on the verified written complaint of any interested person, and all such proceedings shall be held and conducted in accordance with IC 4-21.5.

(g) Notwithstanding the provision of subsection (f), the commission, upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without hearing for a period not to exceed ninety (90) days upon notice to the certificate holder.

(h) Upon suspension, revocation, or termination of a certificate, the provision of such service shall cease. (*Indiana Emergency Medical Services Commission; 836 IAC 4-2-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2747*)

836 IAC 4-2-2 Institutional responsibilities

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

(1) Designate one (1) person as a training institution official responsible for administering all of the activities of the emergency medical services training institution and for communicating with the commission.

(2) Submit to an inspection of training facilities and equipment.

(3) Provide a list of educational staff to meet staffing-student ratio requirements outlined in approved curricula.

(4) Have the necessary clinical facilities, or affiliations with clinical facilities, to conduct the required clinical phases of emergency medical technician training programs.

(5) Under conditions where didactic and clinical training are to be conducted by separate institutions, program responsibility will rest with the institution that is certified by the commission. In cases where two (2) or more certified training institutions are cooperating in the presentation of an emergency medical services training program, both institutions will be held jointly responsible for the training programs.

(6) Provide evidence that the training institution has liability insurance on the students.

(7) Provide classroom space to effectively present the various requirements in the curricula.

(8) The curriculum requirements for all certified training programs shall be approved by the commission. Course applications will be made in a manner prescribed by the commission. The commission may disapprove a course application when it has been determined that the training institution or primary instructor has been found in noncompliance with rules and regulations.

(9) Have the training equipment and training aids (including the emergency care equipment) required by the curriculum of the courses that the training institution offers. The training institution shall have an adequate amount of the training equipment to be utilized by students to meet any equipment-to-student ratios prescribed by the curriculum being presented.

(10) Make available a minimum of twelve (12) hours, over a two (2) year period, of continuing education in educational principles and techniques for each of its affiliated primary instructors. A training institution may offer this continuing education or advise its faculty members of such continuing education at other sites. The training institution official may accept educational programs conducted at other facilities.

(11) Evaluate each course and affiliated primary instructor once during every year and retain a record of the evaluation in its files.

(12) Provide educational personnel for each approved training course, consisting of the following:

(A) Medical director.

(B) Program coordinator (advanced emergency medical technician and paramedic courses only).

- (C) Primary instructor.
- (D) Instructional staff.

(13) Be responsible for in-course standards and criteria by which it determines a student's successful completion of the didactic and clinical portions of the course. The criteria include, but are not limited to, the following:

- (A) Attendance requirements and absentee policies.
- (B) In-course testing procedures.
- (C) Number and scope of in-course tests.
- (D) Didactic pass/fail grade average and criteria.
- (E) Provision for make-up classes and tests.
- (F) Minimum age for enrollment.
- (G) Policies for providing reasonable accommodation pursuant to the Americans with Disabilities Act.

(14) Be responsible for the screening and evaluation criteria for admission into any certified training program.

(15) Assure a certified primary instructor, affiliated with the training institution, is present in each Indiana basic emergency medical technician class session.

(16) Have a retention schedule of seven (7) years for all training and course records.

(Indiana Emergency Medical Services Commission; 836 IAC 4-2-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2748)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

(1) The medical director shall be a physician who:

- (A) holds an unlimited license to practice medicine in Indiana; and
- (B) has an active role in the delivery of emergency care.

(2) The program coordinator shall:

- (A) have appropriate education and experience necessary to teach in the assigned areas at the discretion of the medical director;
- (B) be thoroughly and appropriately knowledgeable about all subject matter; and
- (C) be able to demonstrate all skills assigned to teach or evaluate.

The program coordinator shall hold a clinical certification or license at least equal to that of the curriculum of the course in which they act as the program coordinator.

(3) The primary instructor shall be certified by the commission.

(4) Instructional staff members will be selected from various specialities and have appropriate education and experience necessary to teach in the assigned areas at the discretion of the medical director. They must be thoroughly and appropriately knowledgeable about all subject matter and be able to demonstrate all skills that they are assigned to teach or evaluate. Instructional staff members involved in the skills testing of students shall be persons who hold a clinical certification or license at least equal to that of the curriculum of the course in which they act as instructional staff.

(b) Education staff responsibilities are as follows:

(1) The medical director is responsible for the following:

- (A) Providing competent medical direction in the conduct of the training program by providing necessary liaison with physicians to obtain adequate instructor services.
- (B) Assuring accurate and thorough presentation of the medical content of the course curriculum.
- (C) Attesting on forms prescribed by the commission to the competency of the course graduates to perform the medical skills required by the certification for which the student has been trained.

(2) The program coordinator for any advanced life support course is responsible for the following:

- (A) Developing teaching plans.
- (B) Assuring that the course of instruction meets established standards of the commission and training institution.
- (C) Providing liaisons with physicians and other specialists to obtain adequate instructor services for the course.
- (D) Monitoring and evaluating classroom activities, including clinical and practice sessions.
- (E) Assuring that the required equipment and materials necessary for teaching the course being offered are available.

at each class session.

(F) Coordinating and evaluating all didactic, clinical, practical, and field/internship activities associated with the course.

(G) Acting as the liaison between the students and the program staff.

(H) Maintaining student class records concerning attendance, performance, and grades.

(I) Fulfilling other course requirements as designated by the medical director and the training institution official.

(3) The primary instructor is responsible for the following:

(A) Developing teaching plans.

(B) Assuring that the course of instruction meets established standards of the commission and training institution.

(C) Providing liaisons with physicians and other specialists to obtain adequate instructor services for the course.

(D) Monitoring and evaluating classroom activities, including clinical and practice sessions.

(E) Assuring that the required equipment and materials necessary for teaching the course being offered are available at each class session.

(F) Coordinating and evaluating all didactic, clinical, practical, and field preceptor activities associated with the course.

(G) Acting as the liaison between the students and the program staff.

(H) Maintaining student class records concerning attendance, performance, and grades.

(I) Fulfilling other course requirements as designated by the medical director and the training institution official.

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

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

836 IAC 4-2-4 Institution reporting requirements

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 4. (a) Each training institution shall submit an annual report to the commission that includes the following information:

(1) Name, address, and telephone number of the training institution official.

(2) List of affiliated primary instructors, including name, certification level, and certification number.

(3) Documentation of the continuing education offered to all affiliated primary instructors.

(4) Submit documentation of all primary instructor evaluations completed within the last year.

(5) Submit a copy of the training institutions standards and criteria.

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

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

836 IAC 4-2-5 Penalties

Authority: IC 16-31-2-7

Affected: IC 4-21.5; IC 16-31-3-14; IC 16-31-3-15

Sec. 5. (a) The commission or director may penalize a training institution, up to five hundred dollars (\$500) per occurrence, or both, for any of the following violations:

(1) Noncompliance with this article.

(2) Permit or approve procedures that are not within the patient care standards or the scope and responsibility of:

(A) a first responder;

(B) an emergency medical technician;

(C) an advanced emergency medical technician;

(D) a paramedic; or

(E) a primary instructor.

- (3) Fraud or misrepresentation in procuring approval of a course application.
- (b) The commission or director may disapprove a course application when it has been determined that the training institution course medical director, primary instructor, program coordinator, and instructional staff members have been found in current or a previously conducted course to be:
 - (1) in noncompliance with this article; or
 - (2) permit or approve procedures that are not within the scope and responsibility of:
 - (A) a first responder;
 - (B) an emergency medical technician;
 - (C) an advanced emergency medical technician;
 - (D) a paramedic; or
 - (E) a primary instructor.
- (c) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5.
- (d) As used in this section, "per occurrence" means a violation of patient care standards or rules established by the commission that remains uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee. (*Indiana Emergency Medical Services Commission; 836 IAC 4-2-5; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2750*)

Rule 3. First Responders

836 IAC 4-3-1 Training standards

Authority: IC 16-31-2-7

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

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

- (1) The curriculum of the first responder training course shall be the Indiana emergency medical first responder training curriculum, which is based on the current national standard curriculum for first responders, as amended and approved by the commission.
 - (2) Each first responder training course shall be coordinated by a primary instructor, and each class shall be conducted by approved faculty members who shall be certified at a minimum as emergency medical technicians, or appropriate nurses and physicians.
 - (3) To successfully complete the Indiana emergency medical first responder training course for original certification or for certification renewal, a student shall pass the commission-authorized practical and written examinations.
- (*Indiana Emergency Medical Services Commission; 836 IAC 4-3-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2750*)

836 IAC 4-3-2 Certification standards

Authority: IC 16-31-2-7

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

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

- (1) Be a minimum of eighteen (18) years of age.
 - (2) Have successfully completed a commission-approved first responder course.
 - (3) Have successfully completed a state written and practical skills examinations as approved by the commission.
- (b) Certification as a first responder shall be valid for a period of two (2) years and shall remain valid as long as compliance with the continuing education requirements of subsection (c) are maintained and reported to the commission prior to the certification expiration date.
- (c) To remain certified as a first responder, each certified first responder shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report twenty (20) hours of continuing education according to the following:
- (1) Participate in a minimum of sixteen (16) hours of any combination of lectures, critiques, skills proficiency examination, or audit and review, which reviews subject matter presented in the Indiana first responder curriculum.
 - (2) Participate in a minimum of four (4) hours in defibrillation and airway management as presented in the Indianan first

responder curriculum.

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

(e) The commission shall penalize a first responder or the certificate of any first responder, or both, shall be suspended or revoked by the commission under this article for any of the following:

- (1) Fraud or misrepresentation in procuring certification.
- (2) Failure to perform or failure to perform competently an indicated procedure for which training has been received in the first responder training course as approved by the commission.
- (3) Performing a procedure for which training:
 - (A) has not been received in the first responder training course as approved by the commission; or
 - (B) is not within the scope and responsibility of a first responder as determined by the commission.
- (4) Negligent, reckless, or dangerous conduct that endangers the health or safety of emergency patients or the members of the general public while functioning as a first responder.
- (5) Has been convicted of an offense, if the acts that resulted in the conviction have a direct bearing on whether or not the person should be entrusted to serve the public as a first responder.
- (6) Failure to comply with this title.

(Indiana Emergency Medical Services Commission; 836 IAC 4-3-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2751)

836 IAC 4-3-3 Certification based upon reciprocity

Authority: IC 16-31-2-7

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

Sec. 3. (a) Applicants for certification based upon reciprocity shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements:

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

(b) Any nonresident of Indiana who possesses a certificate or license as a first responder that is valid in another state, or a valid registration issued by the National Registry, upon affiliation *[sic.]* with an Indiana certified provider organization, may apply to the director for temporary certification as a first responder. Upon receipt of a valid application and verification of valid status by the director, the director may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license, or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the director, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 2 of this rule. *(Indiana Emergency Medical Services Commission; 836 IAC 4-3-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2751)*

Rule 4. Certification of Emergency Medical Technicians

836 IAC 4-4-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

(1) Be a minimum of eighteen (18) years of age.

(2) Successfully complete the Indiana basic emergency medical technician training course as approved by the commission and administered by a certified training institution.

(3) Pass the emergency medical technician written and practical skills examinations as set forth and approved by the commission.

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

(c) The minimum requirement for basic emergency medical technicians training shall be as follows:

(1) The current version of the Indiana basic emergency medical technician training course as amended and approved by the commission.

(2) Each Indiana basic emergency medical technician course shall be supervised by a commission-certified primary instructor who is affiliated with the course sponsoring training institution as described in this article.

(d) No course shall be approved as equivalent to subsection (c) unless the course meets the training standards currently in effect.

(e) Under IC 16-31-3, the commission may penalize an emergency medical technician or the certificate of any emergency medical technician, or both may be suspended or revoked by the commission under the provision of 836 IAC 1-2-4 for any of the following:

(1) Fraud or misrepresentation in procuring certification.

(2) Failure to perform or failure to perform competently an indicated procedure for which training has been received in the basic emergency medical technician training course as approved by the commission.

(3) Performing a procedure for which training has not been received in the basic emergency medical technician training course as approved by the commission or which is not within the scope and responsibility of an emergency medical technician as determined by the commission.

(4) Negligent, reckless, or dangerous conduct that endangers the health or safety of emergency patients or the members of the general public while functioning as an emergency medical technician.

(5) Conviction of an offense if the acts that resulted in the conviction have a direct bearing on whether or not the person should be entrusted to serve the public as an emergency medical technician.

(6) Delegating to a person less qualified any skill that requires the professional competence of an emergency medical technician.

(7) Failure to comply with this title.

(f) Emergency medical technicians shall comply with the following standards of professional ethical conduct:

(1) Improve medical knowledge and skills through the completion of at least the prescribed regimen of continuing education described in this article.

(2) Perform quality patient care based on the content of approved training or the orders of the provider medical director.

(3) Uphold and respect the patient's right to privacy, dignity, and safety by keeping confidential patient information.

(4) Abiding by the legal responsibilities and limitations imposed upon the emergency medical technician by training and state law.

(Indiana Emergency Medical Services Commission; 836 IAC 4-4-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2752)

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

Authority: IC 16-31-2-7

Affected: IC 16-31

Sec. 2. (a) Application for emergency medical technician certification shall be made on forms prescribed by the commission. Applicants shall complete the required forms and submit the forms to the director.

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

(c) Certification as an emergency medical technician shall be valid for a period of two (2) years and remain valid as long as compliance with the continuing education requirements of subsection (d) are maintained and reported every two (2) years to the commission prior to the certification expiration date.

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

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

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

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

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

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

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

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

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

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

If the individual fails either certification examinations, the person must retake an Indiana basic emergency medical technician training course.

(h) Notwithstanding the provisions of this section, a person whose emergency medical technician certificate expires during service in the armed forces is subject to IC 16-31 regarding certification renewal. (*Indiana Emergency Medical Services Commission; 836 IAC 4-4-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2752*)

836 IAC 4-4-3 Certification based upon reciprocity

Authority: IC 16-31-2-7

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

Sec. 3. (a) Applicants for certification based upon reciprocity shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements:

(1) Be a person who, at the time of application for reciprocity:

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

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

(2) Be a person who:

(A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and

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

(3) Be a person who:

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

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

(4) Be a person who:

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

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

(b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the director for temporary certification as an emergency medical technician. Upon receipt of a valid application and

verification of valid status by the director, the director may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license, or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the director, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 4-4-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2753*)

Rule 5. Emergency Medical Services Primary Instructor Certification

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-14

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

- (1) Have been certified by the commission as an Indiana emergency medical technician for a period of not less than one (1) year.
- (2) Have at least one (1) year of experience in the delivery of emergency medical care in the prehospital setting.
- (3) Submit a letter of intent to an affiliate from at least one (1) Indiana certified training institution.
- (4) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to the start of the course as prescribed by the commission.

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

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-14

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

- (1) Successfully complete a commission-approved Indiana emergency medical services primary instructor training course.
- (2) Successfully complete the primary instructor internship.
- (3) Successfully complete the primary instructor written examination.
- (4) Be currently certified as an Indiana emergency medical technician.
- (b) Certification as an emergency medical services primary instructor is valid for two (2) years.
- (c) In order to retain certification as a primary instructor, a person shall meet the following requirements:
 - (1) Retain affiliation with at least one (1) Indiana certified training institution.
 - (2) Conduct a minimum of eighty (80) hours of educational sessions based upon the emergency medical service curricula, which in content are either less than or equal to the primary instructor's level of clinical certification.
 - (3) Complete a minimum of twelve (12) hours of continuing education that specifically addresses the topic of educational philosophy and techniques, offered or approved by the affiliating training institution.
 - (4) Be evaluated by the training institution in regard to instructional skills and compliance with existing standards of the training institution and the commission at least once per course.
 - (5) Every two (2) years present, to the commission, evidence of compliance with this subsection during the period of certification as prescribed by the commission.

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

(e) Under IC 16-31-3-14, the commission may penalize a primary instructor or the certificate of any primary instructor, or both, may be suspended or revoked by the commission under the provision of 836 IAC 1-2-4 for any of the following:

- (1) Fraud or misrepresentation in procuring certification.
- (2) Failure to perform or failure to perform competently procedures that are within the patient care standards or the scope and responsibility of the primary instructor.
- (3) Failure to perform the responsibilities of a primary instructor as listed in 836 IAC 4-2-3(b)(3).
- (4) Negligent, reckless, or dangerous conduct that endangers the health or safety of an emergency medical services student,

a member of the training institution staff, or a member of the general public.

(5) Has been convicted of an offense if the acts that resulted in the conviction have a direct bearing on whether or not the person shall be entrusted to serve the public as a primary instructor.

(6) Failure to comply with this title.

(f) A primary instructor shall comply with the following standards of professional ethical conduct:

(1) Improve medical knowledge and skills through the completion of at least the prescribed regimen of continuing education described in this article.

(2) Uphold and respect the student's right to privacy, dignity, and safety by keeping student information confidential.

(3) Abiding by the legal responsibilities and limitations imposed upon the primary instructor.

(Indiana Emergency Medical Services Commission; 836 IAC 4-5-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2754)

Rule 6. Advanced Emergency Medical Technician Training

836 IAC 4-6-1 Advanced emergency medical technician training

Authority: IC 16-31-2-7

Affected: IC 16-31-3-20

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

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

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

(2) operate according to the procedures described therein.

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

(d) The program coordinator shall be a physician, a registered nurse, a paramedic, or an advanced emergency medical technician responsible for the duties of 836 IAC 4-2. *(Indiana Emergency Medical Services Commission; 836 IAC 4-6-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2755)*

Rule 7. Advanced Emergency Medical Technicians; Certification

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-14

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

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

836 IAC 4-7-2 Certification provisions; general

Authority: IC 16-31-2-7

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

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

(1) Be an Indiana certified emergency medical technician.

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

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

- (4) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission.
- (b) The applicant shall apply for certification on forms prescribed by the commission postmarked within one (1) year of the date that the course was concluded as shown on the course report.
- (c) The applicant shall submit verification of all affiliated providers and supervising hospitals.
- (d) Certification exemptions identified under 836 IAC 2-7.1-1(j) shall apply to the certification of advanced emergency medical technicians.
- (e) Advanced emergency medical technicians are prohibited from having in their possession, or maintained on-board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by advanced emergency medical technician organization medical director.
- (f) Advanced emergency medical technicians shall comply with the following standards of professional ethical conduct:
 - (1) Improve medical knowledge and skills through the completion of at least the prescribed regimen of continuing education described in this article.
 - (2) Perform quality patient care based on the content of approved training or the orders of the provider medical director.
 - (3) Uphold and respect the patient's right to privacy, dignity, and safety by keeping confidential patient information.
 - (4) Abide by the legal responsibilities and limitations imposed upon the advanced emergency medical technician by training and applicable laws.
- (g) Under IC 16-31-3-14, the commission may penalize an advanced emergency medical technician or the certificate of any advanced emergency medical technician, or both, may be suspended or revoked by the commission under 836 IAC 1-2-4 and 836 IAC 2-13-1 for any of the following:
 - (1) Fraud or misrepresentation in procuring certification.
 - (2) Failure to perform or failure to perform competently an indicated procedure for which training has been received in the basic emergency medical technician training course as approved by the commission.
 - (3) Performing a procedure for which training:
 - (A) has not been received in the basic emergency medical technician training course or advanced emergency medical technician training course as approved by the commission; or
 - (B) is not within the scope and responsibility of an advanced emergency medical technician as determined by the commission.
 - (4) Negligent, reckless, or dangerous conduct that endangers the health or safety of emergency patients or the members of the general public while functioning as an advanced emergency medical technician.
 - (5) Conviction of an offense if the acts that resulted in the conviction have a direct bearing on whether or not the person should be entrusted to serve the public as an advanced emergency medical technician.
 - (6) Delegating to a person less qualified any skill that requires the professional competence of an advanced emergency medical technician.
 - (7) Failure to comply with this title.
- (h) Procedures for suspension, revocation, or termination of certification pursuant to IC 16-31 apply to advanced emergency medical technician certification. (*Indiana Emergency Medical Services Commission; 836 IAC 4-7-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2755*)

836 IAC 4-7-3 Application for certification

Authority: IC 16-31-2-7

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

- Sec. 3. (a) Application for certification as an advanced emergency medical technician shall be made on forms prescribed by the commission and shall submit the forms to the director.
- (b) All applicants for original certification shall provide evidence of compliance with the requirements for certification.
 - (c) Certification as an advanced emergency medical technician shall be valid for two (2) years and shall remain valid as long as compliance with the continuing education requirements are [*sic., is*] maintained and reported every two (2) years to the commission prior to the certification expiration date.
 - (d) Advanced emergency medical technicians are authorized to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement. These procedures may only be performed when affiliated with a certified advanced emergency medical technician organization and while operating under written protocols under the direct supervision of a physician

of the supervising hospital or an individual authorized in writing by the medical staff to act in the behalf of a physician of the approved supervising hospital. Advanced emergency medical technicians are prohibited from performing any advanced life support procedure, with or without physician direction, for which certification by the commission has not been granted.

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

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

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

836 IAC 4-7-3.5 Continuing education requirements

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 3.5. Advanced emergency medical technicians seeking certification renewal shall meet or exceed the minimum requirements in this section to maintain their certification. Concurrent emergency medical technician certification shall be maintained if the individual completes and reports to the commission fifty-six (56) hours of continuing education according to the following:

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

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

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

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

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

(*Indiana Emergency Medical Services Commission; 836 IAC 4-7-3.5; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2517*)

836 IAC 4-7-4 Advanced emergency medical technician certification based upon reciprocity

Authority: IC 16-31-2-7

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

Sec. 4. (a) Applicants for advanced emergency medical technician certification based upon reciprocity shall meet the following requirements:

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

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

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

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

(c) Any nonresident of Indiana who possesses a certificate or license as an advanced emergency medical technician, or intermediate that is valid in another state, or a valid registration with National Registry, upon affiliation with an Indiana certified advanced emergency medical technician provider organization may apply to the director for temporary certification as an advanced emergency medical technician. Upon receipt of a valid application and verification of valid status by the director, the director may issue temporary certification that shall be valid for the duration of the applicant's current certificate or license, or for a period not

to exceed six (6) months from the date that the reciprocity request is approved by the director, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using section 1 of this rule. (*Indiana Emergency Medical Services Commission; 836 IAC 4-7-4; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2756*)

Rule 8. Paramedic Training

836 IAC 4-8-1 Paramedic training

Authority: IC 16-31-2-7

Affected: IC 16-31-3-20

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

(b) An institution certified by the commission to conduct training programs for paramedics must be a training institution certified under 836 IAC 4-2 and must operate according to the procedures described in 836 IAC 4-2.

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

(d) The program coordinator shall be a physician, registered nurse, or paramedic responsible for the duties of 836 IAC 4-2-3. (*Indiana Emergency Medical Services Commission; 836 IAC 4-8-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2757*)

Rule 9. Emergency Paramedics; Certification

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

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

- (1) Hold a valid certificate as an emergency medical technician.
- (2) Be at a minimum or [*sic.*] eighteen (18) years of age.
- (3) Have a high school diploma or general education diploma.

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

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3-2

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

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

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

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

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

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

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

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

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

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

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

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

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

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

836 IAC 4-9-3 General certification

Authority: IC 16-31-2-7

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

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

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

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

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

(d) Certification exemptions identified under 836 IAC 2-2-1(k) apply to the certification of paramedics.

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

(f) Under IC 16-31-3-14, the commission may penalize a paramedic or the certificate of any paramedic, or both, may be suspended or revoked by the commission under 836 IAC 1-2-4 and 836 IAC 2-13-1 for any of the following:

- (1) Fraud or misrepresentation in procuring certification.
- (2) Failure to perform or failure to perform competently procedures that are within the patient care standards or scope and

responsibility of paramedics for which training has been received in the paramedic training course as approved by the commission.

- (3) Performing a procedure for which training has not been received or has not been approved by the medical director.
- (4) Negligent, reckless, or dangerous conduct that endangers the health or safety of emergency patients or the members of the general public while functioning as a paramedic.
- (5) Conviction of an offense if the acts that resulted in the conviction have a direct bearing on whether or not the person should be entrusted to serve the public as a paramedic.
- (6) Delegating to a person less qualified any skill that requires the professional competence of a paramedic.
- (7) Failure to comply with this title.
- (g) Paramedics shall comply with the following standards of professional ethical conduct:
 - (1) Improve medical knowledge and skills through the completion of at least the prescribed regimen of continuing education described in this article.
 - (2) Perform quality patient care based on the content of approved training or the orders of the provider medical director.
 - (3) Uphold and respect the patient's right to privacy, dignity, and safety by keeping confidential patient information.
 - (4) Abide by the legal responsibilities and limitations imposed upon the paramedic by training and applicable laws.

(Indiana Emergency Medical Services Commission; 836 IAC 4-9-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2757)

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

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

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

(c) Certification as a paramedic shall be valid for two (2) years and remain valid as long as compliance with the continuing education requirements are maintained and reported every two (2) years to the commission prior to the certification expiration date.

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

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

836 IAC 4-9-5 Continuing education requirements

Authority: IC 16-31-2-7

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

Sec. 5. (a) Any applicant making application for certification or certification renewal shall meet the qualifications in this section to maintain their certification. Concurrent emergency medical technician certification shall be maintained if the requirements in this section are fulfilled.

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

(1) Section IA, forty-eight (48) hours of continuing education through a formal paramedic refresher course as approved by the commission or forty-eight (48) hours of continuing education that includes the following:

- (A) Division I, prehospital environment.
- (B) Division II, preparatory (minimum of eight (8) hours).
- (C) Division III, trauma (minimum of ten (10) hours).
- (D) Division IV, medical emergencies (minimum of twenty-two (22) hours).
- (E) Division V, obstetrics/neonatal (minimum of four (4) hours).
- (F) Division VI, behavioral emergencies (minimum of four (4) hours).

(2) Section IB, attach a current copy of cardiopulmonary resuscitation certification.

(3) Section IC, attach a current copy of advanced cardiac life support certification.

(4) Section II, twenty-four (24) additional hours of continuing education, twelve (12) of these hours shall be obtained from audit and review. The participation in a fourteen (14) hour Indiana continuing education course as approved by the commission may be included in this section.

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

- (A) Patient assessment and management.
- (B) Ventilatory management.
- (C) Cardiac arrest management.
- (D) Bandaging and splinting.
- (E) Intravenous therapy and intraosseous therapy.
- (F) Spinal immobilization.
- (G) Obstetrics and gynecological scenarios.
- (H) Other related skills.

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

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

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 6. (a) An applicant for paramedic certification based upon reciprocity shall be affiliated with a certified paramedic provider organization and meet one (1) of the following requirements:

(1) Be a person who, at the time of applying for reciprocity, possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written certification examinations as set forth and approved by the commission. Application for certification shall be postmarked or delivered to the commission office within six (6) months of the request for reciprocity.

(2) Be a person who, at the time of applying for reciprocity, has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills certification examinations prescribed by the commission.

(3) Be a person who, at the time of applying for reciprocity, possesses a valid National Registry paramedic certification.

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

Rule 10. Penalties

836 IAC 4-10-1 Penalties

Authority: IC 16-31-3-14

Affected: IC 4-21.5-3; IC 16-31-2-7; IC 16-31-2-9; IC 16-31-3-17; IC 16-31-10-1

Sec. 1. (a) The commission or director may penalize a person certified under this article up to five hundred dollars (\$500) per occurrence for a violation of patient care standards, protocols, or rules established by the commission.

(b) A penalty may be imposed only after a hearing or the imposition of a penalty resulting from a hearing has been held by the commission, director, or the director's designee pursuant to IC 4-21.5-3.

(c) As used in this section, "per occurrence" means a violation of patient care standards, protocols, or rules established by the commission that remains uncorrected for each twenty-four (24) hour period after identification by the director or the director's designee.

(d) The director or commission may assess penalties up to five hundred dollars (\$500) per occurrence for the following violations:

- (1) Patient care standards or protocols.
- (2) Training requirements.
- (3) Individual certification requirements.
- (4) Failure to comply with this title.

(Indiana Emergency Medical Services Commission; 836 IAC 4-10-1; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2517)

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