IDAHO EMERGENCY MEDICAL SERVICES BUREAU

LICENSURE STANDARDS MANUAL

Authority:

Idaho Code §56-1011 to §56-1023
Rules of the Idaho EMS Physician Commission: IDAPA 16.02.02
Rules Governing Emergency Medical Services: IDAPA 16.02.03

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I. GENERAL

This manual is intended to provide guidance on the licensure of Emergency Medical Service (EMS) agencies in Idaho. The language in Rule and Code take precedence over any material found herein.

II. ELIGIBILITY

An organization is eligible for EMS licensure upon demonstrated compliance with the licensure standards set forth in Idaho statute, administrative code and this manual.

III. AGENCY LICENSE REQUIREMENTS

A. Any organization providing personnel and equipment for medical treatment at an emergency scene, event standby, during transportation, or during transfer of persons experiencing physiological or psychological illness or injury who may need medical attention during transport must be licensed by the EMS Bureau as an Ambulance Service.

B. Any organization that responds to requests for patient care and transportation from hospitals and EMS agencies using a helicopter or fixed wing aircraft must be licensed by the EMS Bureau as an Ambulance Service.

C. Any organization providing personnel or equipment for medical stabilization at an emergency scene or event standby but not intended to be the agency that will actually transport sick or injured persons must be licensed by the EMS Bureau as a Non-transport Service.

D. An Interstate Compact Agreement allows currently licensed ambulance services based in the states of Idaho, Utah and Wyoming the ability to provide emergency medical services or medical transportation in each state without regard to state border.

IV. APPLICATION PROCEDURES

A. Entities wishing to provide ambulance or non-transport EMS services must submit an application for licensure to the EMS Bureau.

B. The applicant should contact the EMS Bureau and request an “Initial Agency License” application. An electronic questionnaire will be sent to the applicant.

C. On receipt and review of the initial questionnaire, the EMS Bureau will send the application. The completed application should be returned with the following documents to the EMS Bureau:

1. Infection Control Plan
2. Medical Supervision Plan
3. Medical Director Agreement
4. Equipment Verification Form

5. Geographic Coverage Description and Map

D. Once an application is received, the following process will be followed:

1. **Initial Review**
   The EMS Bureau will review the application for completeness and compliance with Idaho Code, Rule, the EMS Physician Commission Standards Manual and this Standards Manual. The applicant will be notified in writing of the findings regarding the application as one of the following:
   a) Complete and Compliant
   b) Incomplete
   c) Complete with Concerns to be further clarified
   d) Non-Compliant

2. Applicants whose applications are determined to be other than complete and compliant will be given the opportunity to address the findings and resubmit the documentation needed to bring the application into compliance.

3. Included in the notification to applicants whose applications are found to be complete and compliant will be an acknowledgment of eligibility for an agency site visit.

4. **Site Visit**
   Applicants eligible for an agency site visit should contact the EMS Bureau. In the event that the acquisition of capital equipment and/or hiring or licensure of personnel is necessary for the site visit process, the applicant must notify the EMS Bureau when ready.

5. The EMS Bureau will review the findings of the agency site visit for agreement with the application and compliance with Idaho Code, Idaho Administrative Code the EMS Physician Commission Standards Manual and this Standards Manual. After review the EMS Bureau will notify the applicant in writing of the findings regarding the site visit as
   a) Compliant
   b) Compliant with Concerns
   c) Non-Compliant

6. Applicants whose site visits are determined to be non-compliant will be given the opportunity to address the findings of the site visit. The EMS Bureau may waive physical re-inspection for documentation of corrections.

7. **EMSAC Review**
   Upon successful completion of an agency site visit, the EMS Bureau will schedule an application review with the Emergency Medical Services Advisory Committee (EMSAC) Licensure Subcommittee. The EMSAC Licensure Subcommittee will document their observations concerning the

the EMS Bureau's policies and processes. The EMSAC Licensure Subcommittee does not have the authority to grant or deny a license.

8. **Final Review**
The EMS Bureau will evaluate the complete application, site visit results and make a decision regarding licensure.

E. After review, the EMS Bureau Chief may make any of the following decisions regarding the application:

1. License (full term)
2. License (short term)
3. Deny

F. The EMS Bureau will notify applicants in writing regarding the EMS Bureau's decision concerning their license application.

G. Initial EMS agency licenses are issued for a period of up to 12 months depending on the geographic location of the agency.

H. Appeals of the EMS Bureau's decision regarding licensure shall be per the Rules Governing Contested Case Proceedings and Declaratory Rulings (IDAPA 16.05.03).

V. COMPONENTS REQUIRED FOR LICENSURE

A. Licensure Categories

1. Ambulance Service (an agency licensed by the EMS Bureau operated with the intent to provide personnel and equipment for medical treatment at an emergency scene, event standby, during transportation, or during transfer of persons experiencing physiological or psychological illness or injury who may need medical attention during transport.) The applicant for ambulance service licensure will describe the highest level of clinical capabilities using the following designations:
   a) Basic Life Support – Emergency Medical Technician (EMT)
   b) Intermediate Life Support – Advanced EMT (ILS)
   c) Advanced Life Support (ALS) Any one of the following categories:
      (1) ALS I - Prehospital ALS, ALS Transfer, and Critical Care Transfer
      (2) ALS II - Prehospital and ALS Transfer
      (3) ALS III - ALS Transfer and Critical Care Transfer
      (4) ALS IV - ALS Transfer
      (5) ALS V- ALS Prehospital

2. Non-Transport Service (a service licensed by the EMS Bureau, operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene or event standby, but not intended to be the service that will actually transport sick or injured persons.) The applicant for non-

transport service licensure will describe the highest level of clinical capabilities using the following designations:

a) Basic Life Support - Emergency Medical Responder (EMR)
b) Basic Life Support – Emergency Medical Technician (EMT)
c) Intermediate Life Support - Advanced EMT (ILS)
d) Advanced Life Support- ALS V Prehospital

B. Personnel

1. An agency licensed at a particular level of clinical capability shall have a sufficient number of personnel licensed at the level of clinical designation to ensure 24/7 availability corresponding to the anticipated call volume of the agency.

2. Licensed EMS agencies must notify the EMS Bureau when any personnel affiliated with the agency have been terminated for cause or subjected to a local disciplinary action or other sanction. Notification should be made within 15 days of the sanction via a Personnel Affiliation – Status Change Form found at www.idahoems.org.

3. All EMS agencies will provide a description of the anticipated staffing pattern that includes:

a) Duration of each shift
b) Vehicles assigned per shift
c) Number of personnel assigned per vehicle
d) Number of personnel assigned per shift
e) Number of licensed personnel assigned per shift
f) Number of personnel licensed at the level of designated clinical capability assigned per shift.
g) The agency must submit a roster identifying all licensed personnel and Ambulance Based Clinicians with each license renewal application. Any change to the roster due to attrition or hiring must be reported to the EMS Bureau within thirty calendar days of the change.
h) The agency shall identify all Paramedics who have completed Critical Care Transfer training and all Ambulance-Based Clinicians who have completed out of hospital training.

C. Clinical Capability Licensed EMS agencies may not represent, advertise or provide a level of clinical capability not identified on the license.

D. Vehicles

1. All vehicles routinely used in the delivery of EMS must be declared on the license application.

2. The agency will notify the EMS Bureau of any vehicle changes in writing within 10 days of the change.

3. Ambulances
   a) All ambulances will meet or exceed federal, trade, industry specifications, or standards for ambulance vehicles as identified by the applicant.
   b) Standards recognized by the EMS Bureau are the current KKK-1822 Specifications, National Truck Equipment Association-Ambulance Manufacturers Division Ambulance Vehicle Standards, and American Society for Testing and Materials Committee F30 Standard F-1230.

4. All aircraft will have a current Federal Aviation Administration Part 135/Part 91 compliance certificate and an insurance certificate.
   a) Non-Transport Vehicle. All non-transport vehicles will meet or exceed standards for that type of vehicle including federal, trade, or industry specifications as identified by the applicant.

E. Equipment

1. The Minimum Equipment Lists for Licensed EMS Services is available at www.idahoems.org.

2. All ambulances will carry the equipment listed in Minimum Equipment List that corresponds to the type of license level and vehicle.

3. The agency must submit a list of all additional medical equipment routinely carried in the agency vehicle(s) not included in the Minimum Equipment Standards for Licensed EMS Services.

4. The EMS Bureau may grant exceptions to the minimum equipment requirements before issuance of license when operational alternatives assure that appropriate patient care will be provided for all foreseeable incidents.

5. Non-transport agencies must document how their licensed personnel will have access to all equipment found on the minimum equipments lists for each response.

F. Communications Equipment

1. Mobile and/or portable radios shall be programmed with the frequencies of 155.340 and 155.280.

2. Radios will have encoding capability to access the frequencies used by the Idaho EMS radio communications system.

G. Training Officer

The agency will designate an EMS Training Officer responsible for planning, coordinating and maintaining records for EMS training and continuing education opportunities for agency personnel.

H. Air Medical Utilization Protocol

1. Development of air medical utilization protocol which includes criteria for:
   a) Considerations for Air Medical Service Requests - Air medical service requests must be based on considerations of assessment findings for the patients' clinical condition, transport times and available transport routes.
   b) Air Medical Service Request Options - Contact information for the specific air medical services available and/or preferred for selection by the on scene Landing Zone Officer.
   c) Declined Requests - When a flight request is declined by an Air Medical service due to weather, the EMS agency will ensure subsequently contacted programs (if any) are notified of the "weather decline" by another program.

2. Assuring agency personnel obtain and renew Landing Zone Officer training as required in rule.

3. Approval of the Air Medical Utilization protocol by the agency medical director.

I. Response Capability

1. All EMS services intended to provide EMS in unique settings where 24/7 response capability is not required will describe their response patterns on their license application.

2. Non-transport services that cannot or do not intend to provide 24/7 response capability must request an exemption from the EMS Bureau.

3. Ambulance services that cannot or do not intend to provide 24/7 response capability must request an exemption from the Board of Health and Welfare.

J. Data Management

1. All agencies will designate a Patient Care Reporting (PCR) data collection contact.

2. All agencies will maintain a PCR for every request for EMS.

3. Records must contain the minimum data points identified in IDAPA 16.02.03.300.04 for ambulance services or IDAPA 16.02.03.301.04 for non-transport services.

4. All licensed EMS agencies must maintain PCR data in one of the following formats:
   a) New Applicants: Agencies submitting an application for initial licensure must use either the Idaho PreHospital Electronic Record

Collection System (PERCS) or other National EMS Information Systems (NEMSIS) compliant reporting program.

b) Current License Holders. Current license holders may elect to use any of the following:
   (1) PERCS or other NEMSIS compliant reporting program
   (2) The multi-page or single page "Idaho Emergency Medical Services Patient Care Report"
   (3) EMS Data Systems KeyData program data transmitted to the EMS Bureau by the EMS agency
   (4) Data from the agency's own data collection program that meets the minimum requirements as stated in XXI.K.3

c) Ambulance services will submit PCR data to the EMS Bureau within ten days after the end of each calendar quarter. Quarter ending months are:
   (1) March
   (2) June
   (3) September
   (4) December

K. Dispatch Services

1. Agencies providing prehospital 911 responses must have twenty-four hour dispatching service.

2. The EMS agency will identify the following dispatch service information on their license:
   a) Contact person
   b) Address
   c) Business telephone numbers
   d) Emergency telephone number for public access to EMS
   e) If the PSAP or dispatching center uses a recognized pre-arrival instruction program (such as Emergency Medical Dispatch or equivalent).
   f) Description of the radio, telephone, or other means by which the agency will receive dispatch and response information.

L. Medical Supervision Plan

1. A copy of the Medical Supervision Plan (MSP) must be submitted with initial license application.

2. Current protocols must be included in the MSP. Protocols must be updated every two years.

3. Details of the MSP requirements are found in the EMS Physician Commission Standards Manual (available on-line at http://www.healthandwelfare.idaho.gov/site/4279/default.aspx).

4. The agency will provide immediate written notification to the EMS Bureau regarding any change in the MSP.

M. Infection Control Plan

The agency will designate an Infection Control Officer, responsible for the development of an Infection Control Plan to include infection control standards for EMS personnel, assurance of initial and continuing education for EMS personnel regarding blood-borne and air-borne pathogens and exposure management.

N. Safety and Personal Protective Equipment

The agency will maintain safety equipment and personal protective supplies for personnel as specified in the Minimum Equipment Lists for Licensed EMS Services.

O. Response Area

1. The agency will provide a map depicting their primary response area and a written description of the response area using known geopolitical boundaries or geographic coordinates.

2. The agency is responsible for determining the area to which it will respond.

VI. SITE VISIT

A. Representatives of the EMS Bureau will conduct a site visit of each EMS agency annually.

B. The elements of an agency site visit include assurance of compliance to standards for, but not limited to, the following:

1. Ambulance and non-transport vehicles used in the delivery of EMS
2. Personnel rosters and staffing patterns
3. The Minimum Equipment Lists for Licensed EMS Services
4. Data collection and submission
5. Medical Supervision Plan
6. Infection Control Plan
7. Dispatch agreement and procedures
8. Continuing education and training program records

VII. ANNUAL AGENCY LICENSE RENEWAL

A. EMS agency licenses are effective for a period of 12 months. Agencies will be licensed in a specific month corresponding to the geographic location of the agency.

B. The EMS Bureau will provide an annual application for renewal of licensure to all licensed EMS agencies.

C. To avoid a lapse in agency licensure, the completed application must be returned to the EMS Bureau no later than the due date identified in the licensure renewal materials.

D. Agencies submitting renewal applications after the expiration date of their license may be required to comply with the requirements of initial agency license application.

E. The EMS Bureau will review the application and upon determination of compliance with all EMS licensure standards, will issue a renewed license.

F. The EMS Bureau will send written notification regarding their application disposition to any agencies found to be non-compliant to EMS licensing standards.

G. Failure to maintain a current EMS agency license can result in the loss of EMS Bureau granted vehicles, patient care equipment, training course funding and/or training equipment.

VIII. CHANGES TO A CURRENT LICENSE

A. Licenses issued by the EMS Bureau cannot be sold or transferred.

B. Agency official(s) must promptly notify the EMS Bureau of any changes to the information provided on the license application.

C. Agencies desiring to change their level of clinical sophistication or transport capability must submit an initial agency application with supporting documents. These applications will be processed as initial applications.

IX. ADMINISTRATIVE LICENSE ACTION

A. Non-Compliance with Rules. Any agency is subject to administrative license action and/or fine for acts, conduct or failure to act consistent with the standards established by Idaho Code and rule, including the Rules Governing EMS in effect at the time the act, conduct, or failure to act occurred.

B. License Action. Any license may be revoked, retained with conditions or denied upon verification of agency non-compliance to EMS licensing standards, with conditions imposed by the Bureau Chief, for any action, conduct, or failure to act which is inconsistent with the professionalism and/or standards established by Idaho Code or Rules Governing EMS.

C. Violations of the EMS Physician Commission Rules may also result in agency license action.