EMS AGENCY STANDARDS MANUAL 2024-1

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

Idaho Department of Health and Welfare
Bureau of Emergency Medical Services
Phone: (208) 334-4000 or 1-877-554-3367

2224 East Old Penitentiary Road
Boise, ID 83712-8249

P.O. Box 83720
Boise, ID 83720-0036

Fax: (208) 334-4015
Email: IdahoEMS@dhw.idaho.gov
Webpage: http://idahoems.org

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

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EMS AGENCY LICENSING REQUIREMENTS WAIVERS

Waiver Of Personnel Requirements For Agency Licensing

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

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

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

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

A. A description of how often the EMS response will be less than the highest level of licensure and what geographic coverage areas will be impacted.

B. A copy of the agency's Operations Plan. Include how minimum equipment requirements will be met if not all vehicles will be equipped at the highest clinical level, how QA/QI will be performed, and any impacts to EMS agencies participating in coordinated emergency response for the geographic coverage area.

C. A copy of the Patient Care Integration Agreement between transport and non-transport services in the geographic coverage area. That clarifies roles and responsibilities when response will be less than the highest level of licensure.

D. A description of the initiatives underway or planned to remove the need of the waiver.

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

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

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

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

A. Description of how often the EMS response will be less than the highest level of licensure and what geographic coverage areas will be impacted.

B. A copy of the agency's Operations Plan. Include how minimum equipment requirements will be met if not all vehicles will be equipped at the highest clinical level, how QA/QI will be performed, and any impacts to EMS agencies participating in coordinated emergency response for the geographic coverage area.

C. A copy of the Patient Care Integration Agreement between transport and non-transport services in the geographic coverage area. That clarifies roles and responsibilities when response will be less than the highest level of licensure.

D. A description of the initiatives underway or planned that will remove the need of the waiver.

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

E. The EMS Physician Commission will review ALS waiver requests when the medical director has not provided medical direction for an ALS service previously.

F. When applying, there must be at least one provider affiliated that is licensed, or holds a COE, at the desired clinical level or higher for the application to be approved.

Waiver Of 24/7 Response Requirement

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

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

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

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

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

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

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

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

A. A description of the hours or days the geographic area is populated.

B. A staffing and deployment plan that ensures EMS response availability for the anticipated call volume during the hours or days of operation.

Petition Content - Undue Hardship or Abandonment of Service

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

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

B. A description of the initiatives underway or planned to provide twenty-four (24) hour response.

C. A staffing and deployment plan identifying the agency's response capabilities and back up plans for services to the community when the agency is unavailable.

D. A description of the collaboration that exists with all other EMS agencies providing services within the applicant's geographic response area.

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

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

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

Petition Content - Undue Hardship or Abandonment of Service

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

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

B. A description of the initiatives underway or planned to provide twenty-four (24) hour response.

C. A staffing and deployment plan identifying the agency's response capabilities and back-up plans for services to the community when the agency is unavailable.

D. A description of the collaboration that exists with all other EMS agencies providing services within the petitioner's geographic response area.

Renewal of Waivers.

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

EMS AGENCY REQUIRED POLICIES AND AGREEMENTS

EMS AGENCY -- PLANNED DEPLOYMENT AGREEMENTS

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

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

AIR MEDICAL EMS AGENCY -- REQUIRED POLICIES

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

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

b. Stressors of flight;

c. Air medical resource management;

d. Survival;

e. Navigation; and

f. Aviation safety issues including emergency procedures.

EMS AGENCY CRITERIA TO UTILIZE AIR MEDICAL RESPONSE

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

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

a. Extremes of age;

b. Pregnancy; and

c. Patient “do not resuscitate” status.

3. **Operational Conditions for Air Medical Response**. Each licensed EMS agency must have written criteria to provide guidance to the licensed EMS personnel for the following operational conditions:

   a. Availability of local hospitals and regional medical centers;

   b. Air medical response to the scene and transport to an appropriate hospital will be significantly shorter than ground transport time;

   c. Access to time sensitive medical interventions such as percutaneous coronary intervention, thrombolytic administration for stroke, or cardiac care;

   d. When the patient's clinical condition indicates the need for advanced life support and air medical is the most readily available access to advanced life support capabilities;

   e. As an additional resource for a multiple patient incident;

   f. Remote location of the patient; and

   g. Local destination protocols.

EMS PERSONNEL REQUEST FOR AIR MEDICAL RESPONSE.

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

CANCELLATION OF AN AIR MEDICAL RESPONSE.

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

SELECTION OF AIR MEDICAL AGENCY.

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

1. Written Policy to Select Air Medical Agency. Each EMS agency must have a written policy that establishes a process to select an air medical service.

2. Policy for Patient Requests. The written policy must direct EMS personnel to honor a patient request for a specific air medical service when the circumstances will not jeopardize patient safety or delay patient care.

COMMUNICATIONS WITH AIR MEDICAL SERVICES.

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

LANDING ZONE PROCEDURES FOR AIR MEDICAL RESPONSE.

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

c. Communication between the ground EMS agency and the air medical agency.

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