

16 DEPARTMENT OF PUBLIC SAFETY
163 MAINE EMERGENCY MEDICAL SERVICES SYSTEM
CHAPTERS 1-189: MAINE EMERGENCY MEDICAL SERVICES SYSTEM RULES

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 1: MISSION, VISION, GOALS AND GOALSSCORE VALUES OF THE MAINE EMS SYSTEM

§1. ~~Mission of System~~

The Legislature of the State of Maine created the EMS Act to "promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care...with standards for all providers...." The Maine EMS system consists of emergency medical dispatchers, ~~pre~~out-of-hospital and hospital patient care providers, system planners, and system coordinators. It is their mission to provide emergency patient care, enforce minimum baseline standards and encourage optimum standards. Maine EMS system personnel in every capacity and position in the system, whether paid or volunteer, will be respected as professionals and judged by professional standards for that capacity or position.

§2. ~~Mission of Maine EMS~~Vision

~~It is the mission of~~ Maine EMS' vision is to ~~assure~~ensure the successful operation of the Maine EMS system through planning, evaluation, coordination, facilitation, and only as a last resort, regulation. To this end, Maine EMS and its regional councils will coordinate and facilitate the establishment of standards by consensus of EMS system personnel and will promote and enforce those standards. Maine EMS will strive to facilitate the operation of this system and its personnel through the coordination of provider services and personnel, promotion of the system and recognition of the importance of volunteers to the system. Maine EMS will develop resources to improve the professional capabilities of team members and to make EMS work safe, healthful, and satisfying.

§3. ~~Maine EMS Goals~~Goals and Core Values

~~Maine EMS shall pursue those goals as set forth and approved by the Board within the Maine EMS Strategie Plan.~~

1. Maine EMS will fulfill its mission and pursue its vision in accordance with the [Maine EMS work plan and the following core values:](#)

- A. Excellence in ~~out of~~out of -hospital care;
- B. Support and guidance to system ~~providers and~~providers and organizations;
- C. Collaboration and coordination with the overarching health care system; and
- D. Integrity, transparency, and ~~equanimity~~fairness of motives and actions.

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123 11.1067
124 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
125 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
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CHAPTER 2: DEFINITIONS

As used in these Rules, unless the context indicates otherwise, the following terms have the following meanings:

§1. ADVANCED EMERGENCY MEDICAL TREATMENT means those portions of emergency medical treatment:

A. Defined by the board to be advanced; and

B. That the board determines may be performed by persons licensed under this chapter within a system of emergency care approved by the board when acting under the supervision of:

(1) An appropriate physician; or

(2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a hospital to supervise and direct the actions of an emergency medical services person.

§2. AMBULANCE means any vehicle, whether an air, ground or water vehicle, that is designed, constructed, or routinely used or intended to be used for the transportation of ill or injured persons. The licensing of these vehicles is in addition to any registration required by any other authorities. For the purposes of these Rules, vehicles operated by the Maine Army National Guard, Maine Air National Guard or the United States armed forces are not considered ambulances.

§3. AMBULANCE SERVICE means any person, persons or organization, which holds itself out to be a provider of transportation for ill or injured persons or which routinely provides transportation for ill or injured persons. For the purposes of these Rules, the Maine Army National Guard, Maine Air National Guard and the United States armed forces are not considered ambulance services. It does not mean a person, persons, or an organization which transports ill or injured persons for reasons not connected with their illness or injury. It does not mean a nursing home licensed under 22 M.R.S.A.M.R.S. chapter 405, a children's home licensed under 22 M.R.S.A.M.R.S. chapter 1669, a boarding home licensed under 22 M.R.S.A.M.R.S. chapter 1663, or similar residential facility when transporting its own residents or those of another similarly licensed facility when those residents do not require emergency medical treatment. The types of Ambulance Services licensed by Maine EMS are listed below:

1. **Ground Ambulance Services** are those services licensed by the Board that treat patients and transport them in ambulance vehicles that are licensed by the Board and are designed to be operated on the roads and highways of the State.
2. **Scene Response Air Ambulance Services** are those services licensed by the Board that transport patients, utilizing aircraft licensed by the Board, from the scene of the

patient's illness or injury to the hospital or provide air transfer of patients being transferred from a hospital or health care facility to another place.

3. **Transfer Air Ambulance Services** are those services licensed by the Board that transport patients utilizing aircraft licensed by the Board and that may only provide air transfer of patients being transferred from a hospital or health care facility to another place.
4. **Restricted Response Air Ambulance Services (RRAAS)** are those services licensed by the Board and that utilize aircraft licensed by the Board to provide limited air ambulance services in order to meet a need within the State not otherwise fulfilled by a Scene Response Air Ambulance Service or a Transfer Air Ambulance Service.

§4. **BASE LOCATION** has the following meanings dependent upon the type of service license held:

1. For services licensed as Ground Ambulance Services, ~~or~~, Scene Response Air Ambulance Services or Restricted Response Air Ambulance Services, Base Location means the physical location within a municipality, designated by the service and approved by the Board, from which a service responds its ambulances. ~~to the service's Primary Response Area(s).~~

Ground Ambulance Services may position ambulances within municipalities abutting the municipality in which the Base Location is situated, for the purpose of enhancing emergency response.

- 1.2. For Non-Transporting Services or Transfer Air Ambulance Services, Base Location means that the service maintains a single phone listing for public access.

§5. **BASIC EMERGENCY MEDICAL TREATMENT** means those portions of emergency medical treatment:

- A. Defined by the board to be basic; and
- B. That the board determines may be performed by persons licensed under ~~this chapter~~ 32 M.R.S. Chapter 2-B within a system of emergency care approved by the board when acting under the supervision of:
 - (1) An appropriate physician; or
 - (2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a hospital to supervise and direct the actions of an emergency medical services person.

§6. **BOARD** means the Emergency Medical Services Board established pursuant to ~~32 M.R.S.A.~~ M.R.S. Chapter 2-B, § 88.

§7. **BOARD APPROVAL.** When no other method of gaining Board approval is specified, the person who seeks the approval shall apply in writing to the chairperson of the Board in care of the office of Maine Emergency Medical Services, stating the action to be considered, the section in the Rules under which approval is sought and the grounds in support of the request.

§8. **CERTIFICATE** means a document issued as evidence that a person has completed a course of training or a particular test or recertification.

§9. **CPR ~~CERTIFICATION~~ Training ~~TRAINING~~** means ~~successful~~ completion of a ~~Maine EMS-approved~~ Cardio-Pulmonary Resuscitation (CPR) program, ~~or equivalent~~. This is interpreted to include semiautomatic defibrillation when that module is successfully completed.

~~1. CPR certification is valid until the expiration date, or recommended renewal date, of the document recognized as proof of certification.~~

§10. **DEPARTMENT** means the Maine Department of Public Safety.

~~§11. **EMERGENCY MEDICAL CALL** means a medical situation in which requiring an immediate response to a scene is required in order to prevent life or limb-threatening medical deterioration of a person requiring emergency medical treatment patient or a situation when dispatch or responding personnel do not have information to determine the existence or condition of persons at a scene who may require emergency medical treatment.~~ means any actual or perceived event which threatens the life, limb, or well-being of an individual in such a manner that a need for emergency medical treatment is created.

~~§11.~~ §12. **EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM** means a system approved by the Emergency Services Communications Bureau and the board that includes:

1. A protocol for emergency medical dispatcher response to calls;
2. A continuous quality improvement program that measures compliance with the protocol through ongoing random case review of each emergency medical dispatcher; and
3. A training curriculum and testing process consistent with the protocol.

~~§12.~~ §13. **EMERGENCY MEDICAL DISPATCH CENTER** means any entity that holds itself out to be a provider of emergency medical dispatch services.

~~§13.~~ §14. **EMERGENCY MEDICAL DISPATCH SERVICES** means any of the following services ~~provided~~ provided in the context of an emergency call made to the E-9-1-1 system:

1. Reception, evaluation or processing of calls;

2. Provision of dispatch life support;
3. Management of requests for emergency medical assistance; and
4. Evaluation or improvement of the emergency medical dispatch process, including identifying the nature of an emergency request, prioritizing the urgency of a request, dispatching necessary resources, providing medical aid and safety instructions to the caller and coordinating the responding resources as needed.

§14. §15. EMERGENCY MEDICAL DISPATCHER means a person licensed by the Board who provides emergency medical dispatch services as a member of an emergency medical dispatch center licensed by the Board.

§15. §16. EMERGENCY MEDICAL SERVICES PERSON means any person who routinely provides emergency medical treatment to the sick ~~and or~~ injured. The following persons are not considered to be routinely providing emergency medical treatment for the purpose of these Rules and may provide emergency medical treatment only as specified below when called upon.

1. Those persons as specified in 32 ~~M.R.S.A.~~ M.R.S. § 82(2) subject to any restrictions stated in that section;
2. Any person having ~~current~~ CPR ~~certification~~ training ~~or~~ hemorrhage control training, for the purpose of providing CPR those skills within the scope of that ~~certification~~ training;
3. Any person who provides automatic external defibrillation in accordance with 22 ~~M.R.S.A.~~ M.R.S. § 2150-C;
4. Any student currently enrolled in a course leading to licensure may practice procedures learned in that course when that student:
 - A. Has received permission to practice those procedures from the ~~Instructor/Coordinator of the course~~ Maine EMS authorized Training Center conducting the course;
 - B. Is participating in a scheduled field internship session approved by the course's clinical coordinator;
 - C. Is practicing those procedures with a Maine EMS-licensed service that complies with guidelines as developed by Maine EMS to conduct field internship sessions; and,
 - D. Is supervised by a preceptor licensed to perform those procedures and who is acting in accordance with any requirements or guidelines as approved and published by Maine EMS.

If such a person is also licensed under these Rules, any emergency medical treatment he/she provides that is within the scope of his/her license will be considered as routine and not subject to such supervision.

~~5. Any person operating as a member of a police, fire, ambulance or non-transporting EMS service who has current CPR certification and who, within the past three years, has completed a Maine EMS-approved training program in cardio-pulmonary resuscitation CPR and automatic external defibrillation (AED), hemorrhage control and oxygen delivery during CPR and whose service maintains a record of such certification and training, may provide emergency medical treatment within the scope of that training program and certification at the scene of a medical emergency to which that service has been called.~~

~~§16. §17.~~ **EMERGENCY MEDICAL SERVICES VEHICLE** means a vehicle, authorized by Maine EMS pursuant to 29-A ~~M.R.S.A.~~ M.R.S. § 2054, for the purpose of transporting personnel and/or equipment to the scene of a medical emergency that is not otherwise licensed as an ambulance or registered as a fire department vehicle. An emergency medical services vehicle must be exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.

~~§17. §18.~~ **EMERGENCY MEDICAL TREATMENT** means those skills, techniques and judgments, as defined by the Board, which are directed to maintaining, improving or preventing deterioration of the medical condition of the patient and which are appropriate to be delivered by trained persons at the scene of a patient's illness or injury outside the hospital and during transportation to the hospital.

~~§18. §19.~~ **EMERGENCY RESPONSE MODE** means the operation of the ambulance's or emergency medical services vehicle's warning lights and siren in accordance with the Maine Motor Vehicle Statutes, 29-A ~~M.R.S.A.~~ M.R.S. M.R.S.

~~§19. §20.~~ **EMERGENCY SERVICES COMMUNICATIONS BUREAU** means the Emergency Services Communication Bureau within the Public Utilities Commission.

~~§20. §21.~~ **FAA** means Federal Aviation Administration.

~~§21. §22.~~ **FAR** means Federal Aviation Regulations

~~§23.~~ **FULL TIME DISPATCH** ~~-means a communications center that:~~

- ~~1. Operates twenty-four hours per day;~~
- ~~2. Records telephone and radio transmissions regarding calls for medical assistance;~~
- ~~3. Communicates with Eemergency Mmedical Sservices providers via two-way radio; and other methods.~~

§22-§24. LICENSE means a full, temporary, provisional or conditional license issued under these Rules.

§23-§25. LOCATED OUTSIDE THE STATE OF MAINE. An ambulance service is located outside the State of Maine provided that it is licensed in another state or territory, does not maintain a base of operations in Maine, and does not routinely carry patients between points, both of which are in Maine.

§24-§26. MAINE EMERGENCY MEDICAL SERVICES, or MAINE EMS means the Board, the emergency medical services director, and staff within the Department of Public Safety responsible for carrying out the responsibilities of 32 ~~M.R.S.A.~~M.R.S. § 81 et seq. and these Rules.

§27. MEDICAL CONTROL ~~(DIRECTION)~~ is physician supervision of pre-hospital emergency medical care. More specifically, it is those actions taken to ensure that care provided on behalf of ill or injured patients is medically appropriate. Medical Control includes:

~~1. interaction with operational and administrative aspects of EMS (for example, education and training, quality improvement, ambulance staffing, dispatch issues, and hospital destination);~~

~~2. —~~

~~3.1. Direct~~Online Medical Control ~~(on-line or immediate medical control):~~

A. The contemporaneous physician direction of a field provider utilizing radio, ~~or~~ telephone, or ~~actual contact with a physician on scene in-~~
person contact.

B. This physician direction may be provided by a Physician Assistant or Advanced Practice Registered Nurse delegated by the physician(s) charged with medical oversight, that is credentialed by that hospital to do so pursuant to 32 M.R.S. § 83-(17-A).

~~2. Indirect~~ Medical ~~Control~~Direction:

~~The~~

A. ~~is the~~ The administrative medical direction of EMS personnel by a physician as designated in these Rules. Medical Direction includes interaction with operational and administrative aspects of EMS (for example, education and training, quality improvement, ambulance staffing, dispatch issues, and hospital destination).

§25.—MEDICAL DIRECTION AND PRACTICES BOARD means the board consisting of each regional medical director, an emergency physician representing the Maine Chapter of the

American College of Emergency Medicine Physicians, an at-large member, a toxicologist or licensed pharmacist, a person licensed under 32 M.R.S. §85 to provide basic emergency medical treatment, a person licensed under 32 M.R.S. §85 to provide advanced emergency medical treatment, a pediatric physician, the statewide associate emergency medical services medical director and the statewide emergency medical services medical director. The Medical Direction and Practices Board is responsible for creation, adoption and maintenance of Maine Emergency Medical Services protocols. ~~means the board, chaired by the State Emergency Medical Services Medical Director, and consisting of each regional medical director, a representative of the Maine Chapter of the American College of Emergency Physicians, an at-large member, a toxicologist or licensed pharmacist, the statewide assistant emergency medical services medical director and the State Emergency Medical Services Medical Director. The Medical Direction and Practices Board is responsible for creation, adoption and maintenance of Maine Emergency Medical Services pre-hospital treatment protocols.~~

~~§26. §28.~~

~~§27. §29.~~ **NON-EMERGENCY MEDICAL CALL** means a situation in which an immediate response to a scene, hospital, health care facility or other place is not required to prevent life-or limb-threatening medical deterioration of a person.

~~§28. §30.~~ **NON-EMERGENCY RESPONSE MODE** means operation of the ambulance or emergency medical services vehicle in a non-emergency mode obeying all traffic laws.

~~§29. §31.~~ **NON-TRANSPORTING SERVICE** means any organization, person or persons who hold themselves out as providers of emergency medical treatment and who do not routinely provide transportation to ill or injured persons, and who routinely offer ~~to or~~ provide services to the general public beyond the boundaries of a single recreational site, business, school or other facility. For the purposes of these Rules, a physician making house calls as a part of ordinary medical practice is not considered to be a non-transporting service. For the purposes of this definition, “routinely” means regularly, as part of the usual way of doing things.

~~1. A police or fire department which does not hold itself out as a provider of emergency medical care shall not be considered a non-transporting service solely because members of that department (who are licensed emergency medical services persons) provide medical care at the scene of a medical emergency to which they were dispatched for police or fire assistance.~~

~~§30. §32.~~ **OFFICE OR OFFICE OF EMERGENCY MEDICAL SERVICES** means the administrative unit within the Department of Public Safety to which the Board assigns responsibility for carrying out the purposes of 32 ~~M.R.S.~~ A.M.R.S. § 81, et seq. Responsibility for implementation, enforcement and administration of these Rules is delegated to the Director of the Office.

~~§31. §33.~~ **PATIENT CARE REPORT** means the report generated and filed by Ambulance Services and Non-Transporting Services documenting each request for service or for each patient when more than one patient is involved.

§32-§34. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) means a transfer of a patient after initial assessment and stabilization from and to a health care facility, or other location designated by medical control, or a primary patient care physician, conducted in accordance with the Maine EMS PIFT guidelines.

§33-§35. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) SERVICE means a Maine EMS licensed Ambulance Service that has been approved as a PIFT Service by Maine EMS after fulfilling the PIFT Service eligibility requirements.

§34-§36. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) PROVIDER means a Maine EMS Paramedic who has completed the Maine EMS PIFT Training Program.

§35-§37. PROTOCOL OR MAINE EMERGENCY MEDICAL SERVICES PROTOCOL means the written statement approved by the Medical Direction and Practices Board and filed with the Board, specifying the conditions under which some form of emergency medical care is to be given by emergency medical services persons. These protocols are coordinated and published through Maine EMS as a single, statewide common set of protocols.

§36-§38. PROVIDER OF EMERGENCY MEDICAL DISPATCH SERVICES means an Emergency Medical Dispatcher or Emergency Medical Dispatch Center licensed by the Board.

§37-§39. PUBLIC SAFETY ANSWERING POINT has the same meaning as in ~~Title 25, section 2921~~ 25 M.R.S. § 2921.

§38-§40. REGIONAL COUNCILS ~~means~~ mean those ~~groups-business entities~~ recognized by the Board that represent the various ~~regions-geographical areas~~ of the state, as designated by the Board, with respect to matters subject to 32 ~~M.R.S.-A-M.R.S., §, §~~ 81 et seq. and these Rules.

§39-§41. REGIONAL MEDICAL DIRECTOR means the physician designated in each EMS region by the regional council, subject to approval by the Board, to oversee all matters of medical control and to advise the regional council on medical matters. In ~~designating~~ approving the regional medical director, the Board will be advised by the regional council for the region.

§41. RESPONSE ASSIGNMENT PLAN means a Maine ~~-~~EMS approved plan developed by a Maine licensed service and its service medical director that ~~identifies~~ establishes the service's ~~level-of-response-and-~~response ~~mode-~~in accordance with Maine EMS Emergency Medical Dispatch (EMD) protocol determinant codes.

§42. SERVICE-LEVEL MEDICAL DIRECTOR means a physician, or an independent nurse practitioner who has completed the required clinical experience pursuant to 32 M.R.S. § 2102(2-A), who assumes primary responsibility to ensure quality medical care for the service. A physician assistant may assist in this role under the direct supervision of a physician, however the supervising physician must be identified to Maine EMS as the medical director.

§43. STATE LICENSURE EXAMINATIONS ~~means~~mean the written (cognitive) tests and practical (psychomotor) evaluations approved by the Board and used to determine the minimum competency of a person seeking licensure as an EMS provider.

§44. TRAINING CENTER means an entity that meets the requirements of the Maine EMS Training Center Standards and is authorized by Maine EMS to conduct Maine EMS-approved EMS educational courses and training programs leading to EMS provider licensure.

~~§44. §45.~~ **Trauma-RAUMA** ~~means a single or multisystem life-threatening or limb-threatening injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.~~

~~§45. §46.~~ **WILDERNESS EMERGENCY MEDICAL TECHNICIAN** means the graduate of any wilderness emergency medical technician course, ~~approved by Maine EMS,~~ who may apply the principles of care taught in that course as defined. This is not a Maine EMS licensure level in itself, but is a certification of skills and knowledge that may be employed by those licensed by Maine EMS.

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 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
 September 1, 1986
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 3: GROUND AMBULANCE SERVICE AND NON-TRANSPORTING
SERVICE LICENSES

§1. No ground ambulance service or non-transporting service shall operate unless it is duly licensed by the Board under these Rules.

§2. **License Factors** - a ground ambulance service license or a non-transporting service license is issued for a specific:

1. Service Type ~~of service~~ - which may be:

A. A Non-Transporting Service; or

B. An Ambulance Service

2. License Level ~~of care~~ - which may be:

A. Emergency Medical Responder (~~EMR~~)—EMR) - (only if the service is licensing as a Non-Transporting sService type-~~of service~~); or

B. Emergency Medical Technician (EMT); or

C. Advanced EMT (AEMT); or

D. Paramedic

3. Permit Level – which may be:

A. Emergency Medical Technician (EMT);— (only if a service is licensing as a Non-Transporting sService type); or

B. Advanced Emergency Medical Technician (AEMT); or

C. Paramedic

3.4. Ownership

Upon request of the Board, an applicant for₁ or licensee of₂ a ground ambulance service or non-transporting service license must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for

the license. Failure to provide this information may result in an application being treated as incomplete.

4.5. Service Area

A. The service area consists of the primary response area, which is any area to which the service is routinely made available when called by the public to respond to medical emergencies. In defining a primary response area, a service will be expected to meet reasonable standards in regard to distance and response times ~~from its base of operations~~ to emergency scenes. Maine EMS will determine if such standards are met using the following criteria:

1. Dispatch time/availability of ambulance and crew;
2. Response times;
3. Organized/coordinated dispatch;
4. Public perception;
5. Emergency responses across jurisdictions/public safety implications;
6. Impact on patient care;

B. The service receiving the request to respond to an emergency medical call outside of its primary response area shall coordinate with that area's primary EMS service to ~~ensure~~ the most appropriate response based upon patient status.

C. A service area does not include areas outside the primary response area to which the service may be made available for non-emergency medical calls.

5.6. Base Location.

~~A. Unless otherwise approved by Maine EMS, a service must be separately licensed for each base location from which it operates; or,~~

A service must be separately licensed for each base location from which it operates, except that a service may apply for a single license to operate from multiple locations provided it has a Service-Level Medical Director and a single Quality Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

§3. Change in License Factors.

A service must ~~apply for~~ and for and receive a new license ~~before changing in order to change~~ one or more any licensing factors. However, a service may apply for a new permit level on a renewal application.

§4. Approval of License.

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

§5. Licensing Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, a service applicant must:

- A. Apply on forms available from Maine EMS.

- B. Submit a fee of \$100.00

- B.C. Demonstrate to Maine EMS that:

1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed primary service area(s). ~~This requirement does not apply for a new license sought for an upgrade in level of care.~~ The notice must state:
 - (a) The name and legal status of the entity making application
 - (b) The name of the proposed service;
 - (c) The type of service proposed;
 - (d) The proposed license level ~~of care~~ to be provided;
 - (e) The names of the municipalities within the primary response area of the proposed service;
 - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be

received by Maine EMS within 30 calendar days after the date of the notice's publication; and,

(g) The current mailing address of the Maine EMS office.

2. The applicant ~~can provide~~possesses the equipment ~~, vehicles, and trained personnel~~ required by these Rules for the type of service and ~~level of care~~license level proposed.

~~2.3.~~ The applicant can provide personnel required by these Rules for the type of service and license level of care proposed.

4. The applicant, if applying for a license that includes a primary service area, has made adequate arrangements for has full time dispatch. ~~dispatching necessary for the proposed type of service and level of care and can provide the~~

~~3.5.~~ The applicant possesses two-way radio communications equipment and frequencies ~~to accomplish this for the proposed type of service~~, including, but not limited to the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules: ~~As of January 1, 2001, services licensed by Maine EMS shall have the capability of communicating via and~~ the designated Maine EMS statewide frequency "155.385."

~~4.6.~~ If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.

~~5.7.~~ If the application is for a non-transporting service, the non-transporting service has either (1) entered into written agreements with the ambulance services which will transport its patients, guaranteeing continuity of care for the patient and simultaneous dispatch of the non-transporting and ambulance services, or (2) otherwise addresses these concerns in a plan approved by Maine EMS which includes as a component a written agreement of this nature with at least one ambulance service.

(a) An ambulance service is not required to approve of or enter into a written agreement with a non-transporting EMS service.

8. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 M.R.S.A.M.R.S. § 92-A), or has identified a Board-approved Quality Assurance/Quality Improvement committee in which the service will participate, and has submitted a quality assurance plan that is subject to Maine EMS approval.

~~6.9.~~ The applicant meets the quality assurance/quality improvement requirements of Chapter 18 of these Rules.

10. The applicant has designated a service director, who shall act as the point of contact for the service.

~~7.11.~~ The applicant has designated a person whose serves as the training and education point of contact for the service.

12. The applicant has identified the designated infection control officer for the proposed service. Pursuant to 42 U.S.C. §300ff-136, each emergency medical services agency licensed under this chapter shall designate an infectious control officer (ICO) to perform the duties and responsibilities established in the Ryan White Comprehensive AIDS Resources Emergency Act, P.L. 111-381. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. –The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.

13. The applicant, if applying for a license or permit to the Advanced EMT (AEMT) or Paramedic levels, has a service-specific medical director, effective January 1, 2021.;

~~8.14.~~ If the applicant lists a service-specific medical director, the application must include a medical director agreement.

~~9.15.~~ The applicant ~~has in~~has in the case of a proposed service requesting a license or permit to administer drugs/medications enteredmedications entered into a written contract with a single hospital which has a pharmacy, several hospitals with either

individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications pursuant to these Rules.

16. If the applicant intends to provide Paramedic Inter-facility Facility Transfers (- PIFT), a separate application must be submitted to and approved by Maine EMS before the service performs such transfers. Personnel providing PIFT treatment on behalf of the service must successfully complete a Maine EMS-approved PIFT course prior to performing such treatment.

17. The applicant has submitted an agency safety plan a documented safety program that addresses their its JK2 patients, provider personnel, and the general public safety during operations.

2. Except as provided in paragraph 3, below, Aa service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month, and prorate the licensing fee if it is determined that such a change is in the best interest of the service and the system.

3. Effective January 1, 2020, initial and renewal service applications will be issued/renewed with a November 30, 2020 expiration date in order to establish a common month of expiration for all services. Maine EMS will prorate service and vehicle fees during the transition period.

2.4. Notwithstanding the notice requirements of §5(1) JK3 (C)-(1), Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the primary service area(s) listed in the applicant's application.

§6. Renewal of Service License

1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service's licensing anniversary.

2. A JK4 licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted to Maine EMS thirty (30) days prior to the expiration of a license.

3.5. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.

4.6. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. A service with an expired license cannot act as an ambulance or non-transporting service until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

5.7. In order to obtain a license renewal, a service must:

A. Apply on forms available from Maine EMS.

B. Submit a fee of \$100.00.

A.—

C. ~~Submit a fee of \$100.00.~~ If the applicant intends to provide Paramedic Inter-Facility Transfers (PIFT), a separate application must be submitted to and approved by Maine EMS before the service performs such transfers. Personnel providing PIFT treatment on behalf of the service must successfully complete a Maine EMS-approved PIFT course prior to performing such treatment.

~~—~~ The applicant has submitted an agency safety plan that addresses patient, provider, and public safety.

B.—

C.D. Demonstrate, as may be required by Maine EMS, that it meets the licensure requirements called for in these Rules.

§7. Personnel Requirements for Ground Ambulance Service or Non-Transporting Service Licensees

A ground ambulance service or non-transporting service will be licensed at the level at which it agrees to provide, on all emergency medical calls, at least one emergency medical services person who is licensed and able to provide care at or above the service license level, except:

In the following situations, a service or non-transporting service does not need to be licensed at the level at which it agrees to provide, on all emergency medical calls, at least one emergency medical services person who is licensed and able to provide care at or above the service license level:

A. ~~When utilizing personnel not required to be licensed by Maine EMS as provided for in 32 M.R.S.A.M.R.S. § 86 (2). This person will limit care to the level of the service license pursuant to these Rules. This person will be responsible for patient care; or,~~

~~Except~~ JK5 ~~W~~ when the service's response is in accordance with a Maine EMS-approved Response Assignment Plan.

The phrase "able to provide care" means that the EMS person who is licensed at or above the service license level must be in the ambulance. If the higher-level EMS person is in the ambulance, he or she is able to render care. The higher-level EMS person must assess the patient prior to transport and determine that the lower-level EMS person can appropriately provide care during transport. In addition, the higher-level EMS person who is driving the vehicle needs to have the ability to communicate constantly with the lower-level EMS person who is caring for the patient. If the patient's needs change, the higher-level EMS person must switch roles with the lower-level EMS person.

~~6.1.~~ A ground ambulance service or non-transporting service must notify Maine EMS of the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from its service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail.

~~7.2.~~ A ground ambulance service or non-transporting service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must:

- A. Apply on forms available from Maine EMS.
- B. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.
- C. Show that it can satisfy the requirements of these Rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is affiliated with the applicant service).

D. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements set forth in these Rules.

E. Apply for new permission to provide a higher level of care by notifying Maine EMS.

Maine EMS may temporarily suspend a permit in accordance with 5 M.R.S.A. § 10004 (3).

~~8. A ground ambulance service or non-transporting service may apply for approval from Maine EMS to allow the use of Epinephrine auto injectors by the service's personnel who are licensed at the EMT level. Standards for initial and continued approval shall be in accordance with criteria approved and published by Maine EMS.~~

9.3. A ground ambulance service or non-transporting service shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. Board permission to provide a higher level of care is not a license for advertising purposes. The Board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.

10.4. A ground ambulance service or ~~non-transporting~~non--transporting service shall not allow persons less than 18 years of age to participate in medical response operations or medical response observation, except when Maine EMS has approved the service's supervision plan for such persons and in accordance with Maine Department of Labor rules governing employment for minors.

5. A ground ambulance service or ~~non-transporting~~non--transporting service shall meet the following requirements regarding service personnel who routinely operate licensed ambulance vehicles or authorized emergency medical services vehicles in response to calls for medical treatment or during patient transports. [JK6]

A. The person whose job description includes operating an ambulance in an emergency mode or transporting a patient must possess within 6 months of being employed, certification of successful completion of a basic ambulance vehicle operator course, or a course that has been approved by the Board as an equivalent (32 M.R.S. §85(6)). Services will maintain a record of such training and make it available to Maine EMS upon request.

§8. Availability for Emergency Response

1. Any ground ambulance service offering response to emergency medical calls in the service's primary response area must be available twenty-four hours a day, every day, with full-time dispatch capability, and written mutual aid arrangements as necessary, ~~to ensure and must also provide a detailed plan to their primary dispatch agency indicating their~~ ^(JK7) mutual aid agencies and the order of contact of those mutual aid agencies.

~~a. An annual average time of twenty minutes or less from the "call for emergency medical assistance" to "arrival at scene", and shall not deny treatment or transport resulting from an emergency call if treatment or transport is indicated; and.~~

A.

Failure of a ground ambulance service to comply with these emergency response requirements will be reviewed by Maine EMS to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

~~11.2.~~ A non-transporting service providing response to emergency medical calls must submit with its initial license application a letter of understanding if the service's hours of availability will be other than twenty-four hours a day, every day. This letter of understanding must be approved by Maine EMS and signed by an authorized representative of the non-transporting service, and an authorized representative of the transporting service. Changes to the letter of understanding may be accomplished by written agreement of the aforementioned parties.

~~12.3.~~ Non-transporting services must have a full-time dispatch capability, written mutual aid arrangements as necessary and assure an annual average response time during their hours of availability of twenty minutes or less from the "call for emergency medical assistance" to "arrival at scene" and shall not deny treatment resulting from an emergency medical call if treatment is indicated.

§9. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, a service must complete and submit an electronic Maine EMS patient care report, as specified by Maine EMS, within ~~one business day~~ twenty-four hours.

§10. Pilot Projects

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board ~~but will be limited to a maximum of three years~~. Such authorizations should not be construed as levels of licensure.

§11. ~~Ground Ambulance Vehicles - General~~ [JK8]

1. Except as otherwise exempted by 32 ~~M.R.S.A.~~ M.R.S. § 82, no vehicle shall be operated as an ~~ground ambulance~~ (from within Maine) or emergency medical services vehicle [JK9] unless it is licensed or authorized ~~as an ambulance under in accordance with~~ these Rules.
2. ~~An ground ambulance vehicle license~~ or authorization is valid for a period of one year, starting from the month the service license is issued.
2. ~~Maine EMS will prorate the vehicle licensing fee for a service licensing a new vehicle within its one year service license period to ensure concurrent expiration dates for service and vehicle licenses.~~ [JK10]
3. ~~Any ground ambulance vehicle licensed in the state of Maine as of September 1, 1986 may continue to be licensed by the service owning it on that date as long as it is maintained in a condition which will meet all Department of Public Safety standards for vehicle safety and is in a clean and sanitary condition, free from interior rust, dirt, or contaminating foreign matter.~~
4. ~~Any ground ambulance vehicle acquired by a Maine licensed service as of September 1, 1986, must meet the standards set forth in these Rules.~~
- 5.3. A ~~ground ambulance~~ vehicle license or authorization is issued to a particular service and for a particular vehicle, except as permitted in Chapter 3 §12 of these Rules. If a service is required to relicense under Chapter 3 §2 because of a change of ownership, then all of the service's ~~ground ambulance~~ vehicle licenses and authorizations end, and the service must apply for new ~~ground ambulance~~ vehicle licenses and/or authorizations. The fee for licensing a vehicle is \$60.00. [JK11]

4. When a service acquires a new or used vehicle under Chapter 3 §12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the prorated portion of the annual ~~any the applicable~~ vehicle licensing fee. ~~necessary to license the vehicle until the service's next licensing anniversary.~~ Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
5. Vehicles licensed under this chapter must:
 - A. Display the name of the service operating the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12-(1)(C).2 ~~are exempt from this requirement;~~
 - B. Be exclusively leased or ~~owned, and~~ owned and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.
6. Upon request by Maine EMS, a licensed ~~ambulance~~ service shall make its ~~ground ambulance~~ licensed and/or authorized vehicle(s) available for inspection to ensure that each vehicle is safe, clean, and otherwise in conformity with these Rules. If a ~~ground ambulance~~ licensed or authorized vehicle does not pass inspection and its continued operation presents a hazard to health or safety, ~~Maine EMS~~ the Board may ~~order it removed from service~~ suspend its license to provide emergency medical services at once consistent with Maine Law (See 5 ~~M.R.S.A.~~ M.R.S. §10004 and 4 ~~M.S.R.A.~~ M.R.S. §184). Alternatively, if the continued operation of the licensed and/or authorized vehicle at the level of care for which the service is permitted ~~JK13~~ pursuant to Chapter 3§7(3) of these rules presents a hazard to health or safety, the Board may immediately suspend the licensed and/or authorized ~~vehicle~~ the service's ~~level of care permit~~ ~~JK14~~ consistent with Maine Law (see 5 M.R.S. §10004 and 4 M.R.S. §184) and allow the ~~licensed and/or authorized vehicle~~ service to operate at the next lowest ~~level of care~~ ~~JK15~~ for which it is properly equipped. If the deficiencies are not such as to require the vehicle's immediate ~~removal from service~~ removal from service or the immediate suspension of ~~its~~ the service's ~~level of care permit~~ ~~JK16~~, then Maine EMS shall notify the ~~operator~~ service of the deficiencies and set a reasonable amount of time in which the ~~operator~~ service may continue to ~~operate the vehicle~~ provide emergency medical services while bringing it into conformity with the law and Rules. If the ~~vehicle~~ licensed and/or authorized vehicle is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the ~~ground ambulance vehicle~~ licensed and/or authorized vehicle's license to provide emergency medical services.

§12. Ground ~~Ambulance~~ Vehicles – Licensing and Authorization Requirements

1. Ground Ambulance Vehicles

~~In general, if~~ If control of a ground ambulance vehicle passes from one ambulance service to another, or from an ambulance manufacturer or ~~his~~ its representative to an ambulance service, through any means, the ground ambulance vehicle must be licensed to the recipient service prior to the recipient service's operation of that vehicle as an ambulance.

~~A. Temporary Transfer of Ground Ambulance Vehicles.~~

If temporary control of a licensed ground ambulance vehicle, which is owned by a licensed service, is passed to another ambulance service, the ground ambulance vehicle transferred under this subsection will be considered licensed pursuant to these Rules.

~~B. If control of a licensed ground ambulance vehicle, which is owned by a manufacturer or manufacturer's representative, is passed to a service, the ground ambulance vehicle must be licensed to that service. A ground ambulance vehicle owned by a manufacturer or manufacturer's representative may be simultaneously licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.~~

~~C. The service temporarily assuming control of the ground ambulance vehicle shall maintain, at its base of operations, written record as to when control is assumed and when it is returned. These records are to be available for inspection by Maine EMS.~~

2. Emergency Medical Services Vehicles

~~D.A. --~~ Any vehicle operated by a licensed service ~~or any agency designated by Maine EMS which~~ that is not already licensed as a fire department vehicle or ambulance, may be ~~approved~~ authorized by Maine EMS as an emergency medical services vehicle, consistent with 29-A ~~M.R.S.A.~~ M.R.S. §2054 ~~so long as~~ provided that vehicle:

- a. Is operated in emergency response mode on public ways solely for the purpose of carrying personnel and equipment to the scene of an emergency medical call.
- b. Meets ~~applicable federal and~~ Maine's safety requirements ~~including the state's~~ periodic motor vehicle inspection requirements.

~~e. When in emergency response mode, is operated by a driver with a valid license who has successfully completed a Maine EMS approved Basic Ambulance Vehicle Operator Course (AVOC), or a similar course that has been approved by Maine EMS as equivalent to AVOC.~~

~~d.~~

~~e.c.~~ Is operated in accordance with all applicable Maine Laws, including, but not limited to Title 29-A.

~~d.~~ Is made available for inspection when requested by Maine EMS in order to ensure conformity with the Rules.

~~e. Displays the name of the service operating the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or displays a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12.2(1)(F) are exempt from this requirement.~~

~~— Displays the name of the service operating the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12.2 are exempt from this requirement.~~

~~f. Is exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.~~

§13. Ground Ambulance Design Requirements

1. A ground ambulance vehicle, ~~unless it falls within Chapter 3 §11.3 of these Rules,~~ must meet the following standards to be licensed:

~~E.A.~~ Federal/state safety requirements. It must meet the applicable federal and Maine safety requirements including the State's periodic motor vehicle inspection requirements listed in the current edition of the Maine State Police Motor Vehicle Inspections Manual.

~~F.B.~~ Interior size. It must meet the chassis manufacturer's specifications, and must have a minimum inside height of 60 inches at the center of the patient compartment, a minimum width of 48 inches at the center of the patient compartment, a walkway parallel to the length of the primary cot adequate to

allow an attendant to walk from head to foot of the cot; and a minimum inside patient compartment length of 122 inches at the cot level.

G.C. Interior storage accommodations. The interior of the patient compartment must provide adequate stowage space for medical supplies, devices and installed systems. For purposes of this paragraph, "stowage" is defined as the storing, packing, or arranging of ambulance contents in a secure manner so as to protect the contents from damage and the personnel from injury. Interior compartment doors, latches and operating mechanisms must operate in accordance with the manufacturer's design.

H.D. Seat belts. Seat belts shall be provided in all permanent seat positions in the vehicle, including the squad bench. For purposes of this paragraph, "squad bench" is defined as a permanent, non-removable seat that is located in the patient compartment and which can serve as a seat for crew members or as a surface on which a patient may lie down.

E. Patient restraint. The ambulance must be equipped with a multilevel patient stretcher designed for ambulances, mounted in, and detachable from the vehicle. The head of the stretcher must elevate. At least three strap-type restraining devices (chest, hip, lower extremity), not less than 2 inches wide, shall be provided for each stretcher, cot or litter. Additionally, the head of the cot shall be furnished with upper torso (over the shoulder) restraints designed to prevent motion of the patient during severe braking or in an accident. Restraining straps shall incorporate metal-to-metal quick release buckles. The use of all lateral and shoulder straps is required while transporting a patient.

F. Stretcher fasteners. The installed stretcher fastener device(s) for wheeled stretchers shall meet the performance requirements of the following two standards, which this rule incorporates by reference:

- a. Ambulance Litter Integrity, Retention, and Patient Restraint Fasteners, (J3027), July 14, 2014 edition, which is available at cost from SAE International, 400 Commonwealth Drive, Warrendale, PA 15096; and
- b. Chapter 6 (6.22) "Patient Cot Retention" of Standard for Automotive Ambulances (NFPA 1917), 2019 edition, published [date of publication] May 24, 2018, which is available at cost from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA. [JK18]

Copies of these standards are available through [Maine EMS 152 State House Station, Augusta, ME 04333-0152](#). Provision shall be made for the required portable stretchers to be secured in safe positions for transport. Stretcher fasteners must be installed according to the stretcher fastener manufacturer's directions. All ambulances licensed after July 1, 2030 will need to meet these requirements.

~~Litter Stretcher fasteners. The installed stretcher fastener device(s) for wheeled stretchers shall meet the performance requirements of SAE J3027, Ambulance Litter Integrity, Retention, and Patient Restraint. Crash stable fasteners of the quick-release type shall secure the cot to the floor or side walls. Provision shall be made for the required portable stretchers to be secured in safe positions for transport. Stretcher mounts must be capable of fastening the stretcher to the vehicle to prevent any movement of the stretcher when in its fastened position. Fasteners must be installed according to the stretcher fastener manufacturer's directions.~~

~~a. This rule incorporates by reference the following National Fire Protection Association standard, available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269: 2019 Edition of NFPA 1917~~

~~— The following Chapters and sections of the 2019 edition of NFPA 1917 shall be incorporated~~

~~— Chapter 6 (6.22) Patient Cot Retention pages 24 & 25~~

I.G. Patient compartment environmental equipment. The patient compartment shall be adequately heated, air-conditioned, and ventilated to provide for patient comfort.

J.H. Communications equipment shall be adequate to allow the vehicle to contact on the regional radio frequency the hospitals to which it regularly takes patients. The ambulance shall also be able to maintain two-way communications contact with a full-time dispatching facility. ~~As of January 1, 2001, a~~All vehicles licensed or authorized by Maine EMS shall be capable of communications utilizing the designated Maine EMS statewide frequency, 155.385

K.I. Attendants/driver communication. ~~It shall be possible for t~~The driver and the attendants, in their working positions, must be able to speak to one another.

L.J. Warning devices. All ambulances shall be equipped with a functional siren and with functional emergency warning lights, rotating or flashing, visible from 360 degrees at all times. Colors of ambulance lights are fixed by 29-A ~~M.R.S.A.~~M.R.S. § 2054.

M.K. Patient compartment illumination. Normal white illumination shall be provided in the patient area so as to provide a minimum of ~~35-foot~~^{35-foot} candles of illumination measured on at least 90 percent of the cot's surface area.

N.L. Name of service. Ground vehicles ~~placed in service after March 1, 1992,~~ must display the name of the service licensing the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12 ~~(1)(F)(JK19))-2~~ are exempt from this requirement.

O.M. Main oxygen supply. The ambulance shall have a hospital type piped medical oxygen system capable of storing and supplying a minimum of 3,000 liters ("M" size tank). The oxygen pressure regulator must be a medical oxygen pressure reducing and regulator valve with an inlet filter at the cylinder and shall have a line relief valve set at 1378 kPa (200 psi) maximum, and a gauge range of 0 to 17225 kPa (0 to 2500 psi). The flow meter must be a pressure compensated type.

P.N. Suction aspirator, permanently mounted. The ambulance vehicle shall have an electrically or (engine) vacuum-powered suction unit capable of providing a free air flow of at least 20 ~~lpm~~^{L.P.M.} and achieving a minimum of 300 mm Hg within 4 seconds after the suction tube is closed.

O. Exterior compartments and doors. Exterior compartments, exterior compartment doors and exterior patient/passenger doors must be equipped with latches, gaskets and operating mechanisms which operate in accordance with the manufacturer's design.

2. All ambulances newly manufactured after July 1, 2021 must at a minimum comply with one of the following standards, which this rule incorporates by reference::

A. National Fire Protection Agency (NFPA) NFPA 1917 (2019)

a. Standard for Automotive Ambulances (NFPA 1917), 2019 edition, published May 24, 2018, which is available at cost from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA.

B. Federal Specification for Star-Of-Life Ambulances (KKK-A-1822F through Change notices 13) July 2020

a. Federal Specifications for Star-Of-Life Ambulances (KKK-A-1822F (August 2007) with change notices; #8 July 2015, #9 July 2016, #10 July 2017, #11 July 2018, #12 July 2019, & #13 July 2020), which is available at cost from the Office of Motor Vehicle

Management, Vehicle Publishing Division~~or at~~
[https://vehiclestd.fas.gsa.gov/CommentCollector/DocumentationD](https://vehiclestd.fas.gsa.gov/CommentCollector/DocumentationDatabaseList/1822)
[oeList/1822](https://vehiclestd.fas.gsa.gov/CommentCollector/DocumentationDatabaseList/1822)^[JK20]

C. Commission on Accreditation of Ambulance Services, Ground Vehicle Standards 2.0 (July 1, 2019)

- a. Commission on Accreditation of Ambulance Services, Ground Vehicle Standards 2.0 (July 1, 2019) is available at cost from Commission on Accreditation of Ambulance Services 1926 Waukegan Road – Suite 300, Glenview, IL 60025 Phone: 847-657-6828 or at www.groundvehiclestandard.org^[JK21].

§14. Ground Ambulance Vehicle Equipment Requirements

1. ~~An A~~ ~~G~~ground ~~A~~ambulance ~~S~~service must possess, at a minimum, the equipment listed in Chapter 17 of these ~~R~~Rules and must maintain a system to ensure the availability of this equipment on any call.
 - A. All medical equipment and medical supplies required must be latex free.
 - B. Each ground ambulance vehicle must carry the equipment and medical supplies listed in Chapter 17 of these rules.
 - C. The ~~E~~Emergency Medical Technician (EMT) set of equipment is the minimum set of required equipment for a Ground Ambulance Service.
 - D. If a ground ambulance service is licensed at the Advanced EMT or Paramedic level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and ~~supplies pursuant to required by~~ ^[JK22]these Rules.
 - E. If a ground ambulance service is permitted to a given level, it must possess at least one set of equipment and supplies required for that level pursuant to these Rules.
2. Upon request of Maine EMS, a ground ambulance service shall make its equipment available for inspection in order to ensure conformity with the Rules.
 - ~~1. As of August 1, 2004, all m~~Medical equipment and medical supplies carried on a ground ambulance vehicle must be natural rubber latex free.
 - ~~A. Each ground ambulance vehicle shall~~must carry the equipment listed in the equipment guideline pursuant to Chapter of these Rules.

~~B. If a ground ambulance service is licensed at an advanced level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to these Rules.~~

~~C. If a ground ambulance service is permitted to a given level, it must provide possess at least one set of equipment and supplies required for that level pursuant to these Rules.~~

§15. ~~Ground Ambulance Vehicle or Emergency Medical Services Vehicle~~ Operation

1. A licensed ground ambulance vehicle or authorized emergency medical services vehicle shall operate in a non-emergency response mode to a location to which the ambulance or emergency medical services vehicle has been dispatched except when:

- A. Dispatch or responding personnel do not have adequate information to determine the existence or condition of persons at a scene who may require emergency medical treatment, or;

- B. The ambulance or emergency medical services vehicle is responding in accordance with a Maine-EMS-approved Response Assignment Plan.

2. A licensed ambulance shall operate in a non-emergency response mode from the scene of a call to a hospital or during the transfer of a patient from a hospital or healthcare facility to another place unless the EMS provider responsible for the care of the patient determines that a threat to the patient's life or limb exists and necessitates emergency response mode.

~~3. An emergency medical services vehicle must be exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.~~

§16. Non-Transporting Service Requirements

1. A Non-Transporting Service must possess, at a minimum, the equipment listed in Chapter 17 of these Rules and must maintain a system to ensure the availability of this equipment on any call.

- A. All medical equipment and medical supplies required must be latex free.

~~Each ground ambulance vehicle must carry the equipment and medical supplies listed in Chapter 17 of these rules.~~

B. The Emergency Medical Responder (EMR) set of equipment is the minimum set of required equipment for a Non-Transporting Service.

C. If a non-transporting service is licensed at the Emergency Medical Technician (EMT), Advanced EMT or Paramedic level, that service, while responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to those required by these Rules.

D. If a ground ambulance service is permitted to a given level, it must possess at least one set of equipment and supplies required for that level pursuant to these Rules.

1. As of August 1, 2004, all medical equipment and medical supplies carried by a non-transporting service must be natural rubber latex free.

A. A non-transporting service shall carry the equipment listed in the equipment guideline of these Rules for the level at which it is licensed or permitted.

B. If a non-transporting service is permitted to a given level, it must provide at least one set of equipment and supplies required for that level as listed in the equipment guideline of these Rules.

2. Upon request of Maine EMS, a non-transporting service shall make its equipment available for inspection in order to ensure conformity with the Rules.

§17. Termination of Service

1. Any ground ambulance service or non-transporting service intending to terminate its operations must make written notification to Maine EMS at least 30 days prior to the service termination date. The service shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the primary service area(s). The notice must state:

A. The name of the service;

B. The date of service termination; and

C. The names of the municipalities affected by the service's termination.

§18. Duty to Report

2. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

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1439 A. Change of name or address;
1440 B. Criminal ~~Convictions~~conviction;
1441 C. Revocation, suspension or other disciplinary action taken in this or any other
1442 jurisdiction against any occupational or professional license held by the
1443 applicant or licensee; or,
1444 D. Material change in the conditions or qualifications set forth in the original
1445 application for licensure submitted to the Board.
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1447
1448 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.
1449
1450 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
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1452 AMENDED: April 1, 1982
1453 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
1454 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
1455 11.1067
1456 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
1457 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
1458 September 1, 1986
1459 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
1460 July 1, 1988
1461 March 4, 1992
1462 September 1, 1996~~[JK24]~~
1463 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
1464 REPEALED AND REPLACED: July 1, 2000
1465 July 1, 2003
1466 October 1, 2009
1467 May 1, 2013

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

§1. A provider of emergency medical dispatch services must be licensed by the Board in accordance with 32 ~~M.R.S.A.~~M.R.S. §85-A and these Rules.

§2. **Licensing Factors** – The license issued under this chapter is for an Emergency Medical Dispatch Center.

1. Ownership

Upon request of the Board, an applicant or licensed Emergency Medical Dispatch Center must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the license. Failure to provide this information will result in an application being treated as incomplete.

2. Physical address or location

A license is issued for a specific physical address or location.

§3. **Change in Licensing Factors.**

An Emergency Medical Dispatch Center must receive Board approval to change any of the licensing factors.

§4. **Standards**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an EMD Center applicant must:

A. Apply on forms available from Maine EMS; and

B. Demonstrate to Maine EMS that:

1. The applicant complies with the requirements of 32 ~~M.R.S.A.~~M.R.S. §85-A, the Rules, and the Maine EMS-approved Emergency Medical Dispatch Priority Reference System;
2. The applicant can provide the facilities, equipment, and personnel required by these Rules;

3. The applicant has an electronic version of the Maine EMS-approved emergency medical dispatch protocol on each computer used by an emergency medical dispatcher while engaged in emergency medical dispatch. ~~or has a Maine EMS-approved printed protocol card set for each on-duty emergency medical dispatcher. The card set must be within five feet of the emergency medical dispatcher's telecommunications console;. Card sets may be used in the event of electronic software failure or as part of continuing dispatcher education; In the event of power loss, software failure or as part of continuing education, card sets or other back-up tools, approved by Maine EMS, may be used.~~
 4. The applicant complies with the Quality Assurance/Quality Improvement requirements as set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System; and
 5. The applicant has designated a director of Emergency Medical Dispatch, who shall act as the point of contact for the Emergency Medical Dispatch Center.
 6. The applicant must provide a policy addressing situations where an EMS agency is notified of an emergency medical call but does not immediately respond. This policy must include procedures for the Emergency Medical Dispatcher to follow in these situations.
 5. The applicant must provide a policy to address when an EMS service does not respond to the center Emergency Medical Dispatch Center's notification to the EMS service to respond to an Emergency Medical Call.
2. An Emergency Medical Dispatch Center license is issued for a period of 24 months unless earlier suspended or revoked. A license may be issued for a shorter period of time if approved by the Board.
3. An Emergency Medical Dispatch Center must demonstrate ongoing compliance with these Rules in order to maintain its license.
- §5. Renewal**
1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
 2. An Emergency Medical Dispatch Center may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. An Emergency Medical Dispatch Center with an expired license cannot provide emergency medical dispatch services. An application submitted more than 90 days after expiration shall be considered a new application and subject to all

requirements governing new applications.

3. In order to obtain a license renewal, an Emergency Medical Dispatch Center must:

A. Apply on forms available from Maine EMS; and

B. Demonstrate, as may be required by Maine EMS, that it meets the licensing requirements of 32 M.R.S.A.M.R.S. §85-A and these Rules.

§6. Personnel Requirements for Emergency Medical Dispatch Centers

1. An Emergency Medical Dispatch Center must use Maine EMS licensed Emergency Medical Dispatchers to receive, evaluate and process all calls for medical assistance, except that a dispatcher-in-training, under direct supervision of a Maine EMS licensed emergency medical dispatcher designated by the EMD Center director, may process calls using the emergency medical dispatch protocol after the dispatcher-in-training has attended the Maine EMS approved certification course for emergency medical dispatch. For purposes of this paragraph, direct supervision means that the designated licensed emergency medical dispatcher is contemporaneously listening to the call for medical assistance being processed by the dispatcher-in-training and is able to assume control of the call and provide emergency medical dispatch, if the dispatcher-in-training is unable to process the call in accordance with protocol.

2. An Emergency Medical Dispatch Center director must notify Maine EMS when Emergency Medical Dispatchers are employed or terminated from employment by the Center. Notification must be made electronically or by mail within five days of the employment or termination of employment of an Emergency Medical Dispatcher.

§7. Response Standards ~~For~~for Emergency Medical Dispatch Centers

1. Emergency Medical Dispatch Centers must provide ~~Emergency Medical Dispatch Services~~ twenty-four hours a day, every day, with full-time dispatch capability to ensure that all calls for medical assistance received are processed in accordance with 32 M.R.S.A.M.R.S. §85-A, the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and these Rules.

2. Emergency Medical Dispatch services must be implemented within the first 10 seconds of when a 9-1-1 call is received in at least ninety percent of the calls received.

3. Effective June 1, 2020, licensed EMD Emergency Medical Dispatch Centers at a minimum must provide the Emergency Medical Dispatch Determinant code level and chief complaint to responders as part of the Emergency Mmedical Sservices dispatch to a call for medical treatment or transport on all calls received through the E-911 system.

- A. (Add definitions of determinant level and chief complaint) [JK25]

§8. Termination of Center License

1. Any Emergency Medical Dispatch Center intending to terminate its operations must make written notification to Maine EMS and the Emergency Services Communications Bureau at least 30 days prior to the termination date. The Emergency Medical Dispatch Center shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the dispatch area(s). The notice must state:
 - A. The name of the Emergency Medical Dispatch Center;
 - B. The date of termination;
 - C. The names of the municipalities affected by the termination; and
 - D. The plan in place for 9-1-1 service and Emergency Medical Dispatch coverage for municipalities affected by the termination.

§9. ~~Transition To~~ Statewide Emergency Dispatch Protocol

1. As of July 1, 2010 aAll licensed Emergency Medical Dispatch Centers in Maine must exclusively use Board approved statewide Emergency Medical Dispatch protocols.

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. §84, 85-A, 88

EFFECTIVE DATE: September 1, 2006 (NEW)

REPEALED AND REPLACED: October 1, 20009

May 1, 2013 [JK26]

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 4: AIR AMBULANCE SERVICE LICENSES

§1. No air ambulance service shall ~~operate-administer emergency medical services~~ unless it is duly licensed by the Board under these Rules. Licensure under this Chapter authorizes the licensee only to provide emergency medical care using an air ambulance, and does not constitute authority to provide air transportation. Such authority must be obtained from the Federal Aviation Administration and the United States Department of Transportation.

§2. **License Factors** – an air ambulance service license is issued for a specific:

1. Type of service - which may be:

A. Scene Response Air Ambulance Service;

B. Transfer Air Ambulance Service; or

C. Restricted Response Air Ambulance Service (RRAAS). In order to be licensed as a Restricted Response Air Ambulance Service, an applicant must demonstrate to the Board that the limited scope of the proposed service will fulfill a unique and/or unmet need regarding the air transport of patients in the state.

a. Only Ground Ambulance Services may apply for this type of license.

1. Notwithstanding the requirements of this Chapter, in order to receive a license as a RRAAS, an applicant must comply with any and all restrictions or modifications placed upon the licensee by the Board, including, but not limited to:

(a) The ~~geographical locations~~primary service area to which the service may ~~respond to emergency medical calls or non-emergency medical calls and the geographical locations to which the service may transport a patient. The Board may limit the aforementioned geographical locations to specific airports, airstrips and/or landing zones~~provide emergency medical services; and

(b) The type and medical condition of patients that may be transported by the licensee. RRAAS is limited to response to non-emergency medical calls unless a Scene Response Air Ambulance Service or Transfer Air Service is unavailable to

respond to emergency medical calls in the RRAAS response areas or unless the applicant has a plan, approved by the Medical Direction and Practices Maine EMS Board, that establishes specific patient medical condition standards for the service.

2. Level of care ~~which may be:~~ JK27

A. EMT (Restricted Response Air Ambulance Services only).

B. Advanced Emergency Medical Technician (AEMT) (Restricted Response Air Ambulance Services only).

A. Paramedic (Scene Response Air Ambulance Services and Transfer Air Ambulance Services must be licensed at the Paramedic level).

C. B. Restricted Response Air Ambulance Services will be licensed and permitted at the same levels as their Ground Ambulance Service License.

3. Ownership

A. Upon request of the Board, an applicant for or licensee of an air ambulance service license must provide the Board with the identity and legal status (e.g., municipality, corporation, Limited Liability Company, sole proprietorship) of the person or entity that holds or is making application for the license. Failure to provide this information may result in the application being treated as incomplete.

B. The air ambulance service license will be issued in the name of the operator, individual or organization directly responsible for the medical care aspects of the service.

~~4. Service Area which includes:~~

~~A. Primary Air Ambulance Response Area: Any area to which the service is routinely made available when called to respond to pre-hospital emergency medical calls.~~

~~In defining a primary response area, a service will be expected to meet reasonable standards in regards to distance and response times from its base of operation to emergency scenes. Maine EMS will determine if such standards are met using the following criteria:~~

~~1. Dispatch time/availability of ambulance and crew;~~

~~2. Response times;~~

~~3. Organized/coordinated dispatch;~~

~~4. Public perception;~~

~~5. Emergency responses across jurisdictions/public safety implications;~~

~~6. Impact on patient care;~~

~~But does not include any other area to which the service may be made available for non-emergency medical calls.~~

5.4. Base Location for Scene Response Air Ambulance & Transfer Air Ambulance Services

- A. Unless otherwise approved by Maine EMS, a service must be separately licensed for each base location from which it operates; or
- B. A service may apply for a single license to operate from multiple base locations provided it has a Service Medical Director [JK28] and a single Quality Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

§3. Change in License Factors

A service must receive a new license before changing any licensing factors.

§4. Approval of License

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

§5. Licensing Standards

- 1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:
 - A. Apply on forms available from Maine EMS.
 - B. Submit a fee of \$100.00.
 - C. Demonstrate to Maine EMS that:

1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed service area(s). The notice must state:
 - (a) The name and legal status of the entity making application.
 - (b) The name of the proposed service;
 - (c) The type of service proposed;
 - (d) The level of care to be provided;
 - (e) The names of the municipalities within the primary response area of the proposed service;
 - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
 - (g) The current mailing address of the Maine EMS office.
2. ~~The applicant has established a Maine EMS approved plan to integrate and coordinate the air ambulance service within the existing EMS system in the areas of proposed operation and a professional and community education program for those ambulance services, non-transporting services, public safety agencies and hospital personnel with whom the air ambulance service interacts. include~~A The applicant has made a detailed manual of policies and procedures shall be available for reference in the flight coordination office and available for inspection by the state~~maine EMS to assist with EMS system planning and resource coordination efforts. Personnel shall be familiar and comply with policies contained within the manual, which shall include~~This plan must include, but not be limited to:
 - (a) A written policy and procedure specifying the:
 - (i) Service's mission statement;
 - (ii) Scope of care to be provided by the service in accordance with Medical Direction and Practices Board-approved protocols; and

(iii) Education, clinical experience and competency requirements of the medical crew commensurate with the scope of care to be provided.

(b) Notification phone numbers and access dispatch procedure, including identification of those who may request a mission and those who will approve missions;

(c) Capabilities of medical transport personnel;

(d) Type of aircraft vehicle(s) used and operational protocols specific to type;

(e) Coordination of medical protocols and operating practices with hospital and pre-hospital providers and other public safety agencies;

(f) Response and coverage area for the service;

(g) Preparation and stabilization of the patient;

A safety program of policies and procedures specific to patient care. ~~A [JK29] safety program of policies and procedures specific to the operational environment (i.e. weather, terrain, aircraft performance, and patient care issues) in selection of transport mode.~~

(h) ~~An ongoing safety education program consisting of patient preparation and personal safety around the aircraft, including landing zone (LZ) designation and communications for rotor wing services.~~

(i) Coordination of medical protocols and operating practices with those of the hospital and pre-hospital providers and public safety agencies with whom the service will interact;

(j) Ongoing familiarization for those ambulance and non-transporting services, public safety agencies, and hospital personnel with whom the air ambulance service may interact routinely.

(k) Scene Response Services must have ongoing safety communications program consisting of integration with Public Safety Answering Points and other emergency dispatch facilities in the state.

~~(k) Scene Response Services must be able to demonstrate environmental integration with local community noise abatement utilizing procedures consistent with the “Fly Friendly Guidelines” published by Helicopter Association International.~~

(l) Procedures for acceptance of requests, referrals, and/or denial of service for medically related reasons.

(m) Geographical boundaries and features for the service area.

(n) Service area maps shall be readily available.

(o) Scheduled hours of operation.

(p) Criteria for the medical conditions and indications or medical contraindications for flight.

(q) Field triage criteria for all trauma patients that include anatomic, physiologic, and situational components identified in order to risk-stratify injury severity and guide decisions as to activation, destination, and transport modality.

(r) Procedures for call verification and advisories to the requesting party.

(s) Acceptable destinations and landing areas.

(t) Procedures for medical crew assignments and notification including rosters of medical personnel.

(u) Written policy that ensures that air medical personnel shall not be assigned or assume cockpit duties concurrent with patient care duties and responsibilities.

~~Written policy that directs air ambulance personnel to honor a patient request for a specific service or destination when the circumstances will not jeopardize patient safety or delay care.~~

(v) Communications procedures.

(w) On-ground communications.

(x) Flight cancellation procedures.

(y) Mutual aid procedures.

(z) ~~The licensee shall have a written~~ [JK30] plan that addresses the actions to be taken in the event of an emergency or patient crisis during transport operations.

(aa) Procedures for informing requesting party of flight procedures, anticipated time of helicopter arrival, and termination of flight.

(bb) Patient tracking procedures that shall assure air/ground position reports at intervals not to exceed fifteen (10) minutes (inflight). and 45 minutes for ground

(cc) Scene Response Services must have provisions for contemporaneous flight following and during all operations and a readily accessible post-accident incident plan as they ~~apply~~ relate to patient care.

(dd) ~~Services~~ [JK31] that respond to incident scenes and/or support disaster response shall provide Helicopter Safety and Landing Zone Procedures in a written format to all public safety/law enforcement agencies and hospital personnel who interface with the medical service that includes but is not limited to the following:

1. The identification, designation and preparation of appropriate landing zones.
2. Ground personnel safety in and around the aircraft
3. Ground to air communications
4. Victim recovery procedures in the ~~post-crash or unanticipated~~ incident [JK32]

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- ~~(l) Scene Response Services must be able to demonstrate environmental integration with local community noise abatement utilizing procedures consistent with the “Fly Friendly Guidelines” published by the Helicopter Association International.~~
 - ~~(m) Scene Response Services must have provisions for contemporaneous flight following and during all operations and a readily accessible post accident incident plan.~~
 - ~~— The applicant is an aircraft operator, or will utilize an aircraft operator, who complies with that holds:~~
 - ~~— s A current applicable Part 135 Federal Aviation Regulations (FAR) Part 135 certificate; and,~~
 - ~~— Federal Aviation Administration (FAA) Operations Specifications A021 (rotor wing) and/or A024 (fixed wing); and,~~
 - ~~is authorized by the FAA to provide air ambulance operations.~~
 - 3. The applicant can readily provide possesses the equipment, vehicles, and trained personnel required by these Rules for the type of service and level of care proposed.
 - 4. The applicant can provide personnel required by these Rules for the type of service and level of care proposed.
 - ~~— An applicant for a Scene response~~ Response Air Ambulance Service or Restricted Response Air Ambulance Service must demonstrate full time dispatch capabilities. ~~[JK33]~~
 - 5. The applicant possesses two-way radio communications equipment and frequencies for the proposed type of service, including, but not limited to the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules; and the designated Maine EMS statewide frequency “155.385.”
 - 3. —
 - 6. ~~The applicant has in effect a plan to ensure that the service’s equipment is compatible with the service’s licensed aircraft and with the flight environment to which the equipment will~~

~~be exposed.~~ Applicants for licensure must demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the service or medical crew. A license holder should immediately notify ~~the Department/Agency~~ Maine EMS and cease operations if the coverage required by this section is cancelled or suspended. ~~The State~~ Maine EMS will ~~should~~ not issue an air ambulance service license to an air ambulance service unless the applicant for a license or the licensee has:

- a. Evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property.
- ~~a.b.~~ Worker's compensation coverage is required as defined by individual state regulating bodies.

~~—The applicant has in effect public liability insurance.~~

7. The applicant meets the quality assurance/quality improvement requirements of Chapter 18 of these Rules.

~~4.—~~

~~5-8.~~ The applicant has a physician medical director who is:

- (a) Licensed and authorized to practice as a physician in Maine and is board certified in a specialty consistent to the mission of the service and ~~actively practices~~ actively practices in the care and management of critically ill or injured adult and pediatric patients;
- (b) Experienced in both air and ground emergency medical services and is familiar with the national consensus criteria of appropriate utilization of air medical and ground inter-facility critical care services;
- (c) Responsible for supervising and evaluating the quality of medical care provided by the medical personnel and the program;
- (d) Actively involved in the selection, training and recurrent education and practice of the flight medical crew and has expertise with the flight environment, including flight physiology and the management of diseases affected by altitude;

- (e) Actively involved in the Quality Assurance / Quality Improvement (QA/QI) program for the service, including the review of all missions by a qualified physician and in administrative decisions affecting medical care provided by the service;
- (f) Familiar with Maine EMS Protocols, the Maine Trauma System and the capabilities of referring and receiving hospitals;
- (g) Knowledgeable of the capabilities and limitations of the aircraft used in the service; and,
- (h) Responsible to ensure that appropriate aircraft, medical crew and equipment are provided for each mission based on a system of preflight patient evaluation for inter-hospital transports and an established protocol consistent with types of scene responses anticipated if so licensed.
- (i) Has established a plan for on-line medical direction if needed during transport.

~~6. The applicant will use and monitor compliance with dispatch response criteria as approved and published by the Board.~~

~~7. The applicant has made adequate arrangements for dispatching necessary for the proposed type of service and level of care and can provide the two-way radio communications equipment and frequencies to accomplish this, including regional and state public safety frequencies, the designated Maine EMS statewide frequency 155.385 and the hospital ambulance frequencies utilized in the service area(s) listed in these Rules.~~

~~8.9.~~ If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.

9.10. If the application is for a restricted air ambulance service, the service has either (1) guaranteed continuity of

care for the patient by entering into written agreements with the ambulance services that will transport its patients or (2) otherwise address these concerns in a plan approved by Maine EMS that includes as a component a written agreement of this nature with at least one ambulance service.

~~10.11.~~ 11. The applicant has submitted a quality assurance plan that is subject to Maine EMS approval and that includes review of all flights by a qualified physician pursuant to these Rules.

~~11.12.~~ 12. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 ~~M.R.S.A.~~ M.R.S. § 92-A).

13. The applicant has designated a service director, who shall act as the point of contact for the service.

14. ~~The applicant has designated a person whose~~ who ~~serves as the training and education point of contact for the service.~~ JK34

15. ~~The applicant demonstrates that all medical crew members are appropriately trained and qualified.~~

16. ~~The applicant has identified the designated infection control officer for the proposed service. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services EMS, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.~~

~~The applicant demonstrates that all medical crew members are appropriately trained and qualified.~~

~~The applicant has identified the designated infection control officer for the proposed service. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.~~

~~The applicant has entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications as required pursuant to these Rules. complies with the drugs and medication requirements in Chapter 6 of these Rules~~

~~12. The applicant has a Maine EMS approved risk management plan consistent with the mission of the service which requires reporting of aviation or ground ambulance accidents, incidents, or safety occurrences to Maine EMS and appropriate government agencies and the accountable individual with responsibility to report.~~

~~17. Scene Response Services must have a Maine EMS approved risk management program for night scene responses. The applicant complies with the drugs and medication requirements in Chapter 6 of these Rules.~~

2. Except as provided in paragraph 3, below, Aa service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month and may prorate the licensing fee; if it is determined that such a change is in the best interest of the service and the system.

3. Effective January 1, 201720, initial and renewal service applications will be issued/renewed with a November 30, 201720 expiration date in order to

establish a common month of expiration for all services. Maine EMS will prorate service and vehicle fees during the transition period.

4. Notwithstanding the notice requirements of §5(C) (1), Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the primary service area(s) listed in the applicant's application.

§6. Licensing Standards for Restricted Response Air Ambulance Services

1. An^[JK35] application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:

A. Apply on forms available from Maine EMS.

B. Demonstrate to Maine EMS that:

1. The^[JK36] applicant has made a detailed manual of policies and procedures available for reference, which shall include, but not be limited to:
 - (a) Education^[JK37], clinical experience, and competency requirements of the medical crew commensurate with the scope of care to be provided;
 - (b) Notification phone numbers and access dispatch procedure, including identification of those who may request a mission and those who will approve missions;
 - (c) Type of aircraft vehicle(s) used and operational protocols specific to type;
 - (d) Coordination of operating practices with hospital and pre-hospital providers and other public safety agencies;
 - (e) Preparation and stabilization of the patient;
 - (f) A safety program of policies and procedures specific to patient care;
 - (g) Procedures for acceptance of requests, referrals, and/or denial of service for medically-related reasons;

(h) Criteria for the medical conditions and indications or medical contraindications for flight;

(i) Acceptable destinations and landing areas;

(j) Written policy that ensures that air medical personnel shall not be assigned or assume cockpit duties concurrent with patient care duties and responsibilities; and

(k) ~~The licensee shall have a w~~Written plan that addresses the actions to be taken in the event of an emergency or patient crisis during transport operations.

2. Applicants for licensure must demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the service or medical crew. A license holder should immediately notify Maine EMS and cease operations if the coverage required by this section is cancelled or suspended. Maine EMS will not issue a Restricted Response Air Ambulance service license unless the applicant for a license or the licensee has:

a. Evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property.

b. Worker's compensation coverage is required as defined by individual state regulating bodies.

3. The applicant meets the quality assurance/quality improvement requirements of Chapter 18 of these Rules.

4. The service has either (1) guaranteed continuity of care for the patient by entering into written agreements with the ambulance services that will transport its patients or (2) otherwise addressed these concerns in a plan approved by Maine EMS that includes as a component a written agreement of this nature with at least one ambulance service.

2. Except as provided in paragraph 3; below, a service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month if it is determined that such a change is in the best interest

of the service and the system.

3. ~~Notwithstanding JK38, the notice requirements of §5(C)(1), Maine JK39~~ EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the primary service area(s) listed in the applicant's application.

§6. §7. Renewal of Service License

1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service's licensing anniversary.
2. A licensee shall submit an application for renewal prior to the expiration date of the license. ~~To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license.~~ An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. ~~An air ambulance service with an expired license cannot act as an air ambulance service~~ provide emergency medical services until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.
3. In order to obtain and maintain a license renewal, a service must, for each base location:
 - A. Apply on forms available from Maine EMS;
 - B. Submit a fee of \$100.00;
 - C. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules;
 - D. ~~Scene Response Air Ambulance Services must demonstrate accreditation by the Commission for Accreditation of Medical Transport Systems (CAMTS), an accreditation organization approved by the Board that includes in its voting membership professional physicians, medical associations and~~

~~medical transport associations, association~~ **Scene Response and Transfer**
~~aAir aAmbulance sServices~~ must be fully accredited by a national or
international accreditation service as recognized by the ~~s~~**State**, provided the
accreditation service meets the following minimum standards:

- a. Provides accreditation for no more than three consecutive years without an updated inspection and reaccreditation.
- b. Has a multi-disciplinary Board of Directors representing medical transport organizations.
- c. Uses trained site-surveyors with experience in medical transport at the level of accreditation and license.
- d. Assures services that have identified standards deficiencies will implement corrective action or improvement plans to correct any deficiencies.
- e. Has an open process that encourages and accepts comments on changes to its accreditation standards.
- f. Provides transparency to the public on its standards, accreditation process, list of accredited programs, and policies and procedures.

~~a-g.~~ Maintains insurance (General liability, Medical Professional Liability, Directors & Officers and Travel) and be able to present ~~their~~**its** ~~JK40~~ current certificates of insurance to ~~the state licensing agency~~**Maine EMS**.

D.E. Scene Response Air Ambulance Services must submit on an annual basis, a utilization report to Maine EMS and the Medical Direction and Practices Board (MDPB) that includes at minimum:

1. ~~Medically related data from all flights discharged from receiving hospitals in less than 24 hours; and~~
~~Annual utilization data, including night operations;~~
13. ~~A review of all flights discharged from receiving hospitals in less than 24 hours;~~
14. ~~Annual safety data including compliance with the services safety program and review of occurrence and incidents; and~~
2. Clinical performance data as requested by the MDPB.

§8. Renewal of Service License for a Restricted Response Air Ambulance Service

1. In order to obtain and maintain a license renewal, a service must, for each base location:

A. Apply on forms available from Maine EMS; and

B. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules.

§7.§9. Personnel Requirements for Air Ambulance Service Licensees

1. Scene Response Air Ambulance Services and Transfer Air Ambulance Services

A. The flight medical crew must consist of at least two people medically certified/licensed by the State. One of these crew members must be trained and licensed at the Paramedic level licensed by Maine EMS or designated as a flight nurse pursuant to 32 M.R.S § 83- and must have:

1. Successfully completed a course based upon standards approved by the Board that includes, but is not limited to, altitude physiology and air operations safety;

2. Successfully completed a Maine EMS approved interfacility transport program;

2. Current certifications in any specialty programs as required, and published, by the Board.

3. Scene Response Air Ambulance Service must provide one crew member licensed at the Paramedic level while responding to scene requests.

4. All paramedics must have completed the Maine EMS Paramedic Interfacility Transport Program training. [JK41]

B. Personnel in addition to the Paramedic will be utilized consistent with the patient's needs.

2. Restricted Response Air Ambulance Service

A. The flight medical crew must consist of at least one person medically certified/Paramedic EMS Person, Registered Nurse, Advanced Practice Registered Nurse, Physician, or Physician's Assistant, licensed by the State, at or above the level to which the service is licensed [JK42] and who has

~~completed a course in altitude physiology and air operations safety based upon standards approved by the Board that includes, but is not limited to, altitude physiology and air operations safety.~~

B. Personnel in addition to the person identified in §7~~(JK43)~~~~2-A(2)(A)~~ of this chapter may be utilized consistent with the patient's needs.

~~C. A Restricted Response Air Ambulance Service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must, for each base:~~

~~1. Apply on forms available from Maine EMS.~~

~~2. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.~~

~~3. Demonstrate that it can satisfy the requirements of Chapter 4 §5.1.C of these Rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is an employee or member of the applicant service).~~

~~4. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements of Chapter 4 §5.1.C of these Rules.~~

3. A service must report to Maine EMS the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from the service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail.

~~4. Services shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. Board permission to provide a higher level of care is not a license for advertising purposes. The Board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.~~

4. Pursuant to 42 U.S.C. §300ff-136, each emergency medical services agency licensed under this chapter shall designate an infectious control officer (ICO) to perform the duties and responsibilities established in the Ryan White Comprehensive AIDS Resources Emergency Act, P.L. 111-381. The licensee

shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to ~~Maine Emergency Medical Services~~ Maine EMS, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.

§8. §10. Service Availability for Response for Scene Response & Transfer Air Ambulance Services

- ~~1. An air ambulance service offering response to emergency medical calls in the service's primary response area must be available twenty-four hours a day, except as limited by safety considerations.~~
1. An air ambulance service must provide **prompt** notification to the requesting agency of the air ambulance's estimated time of arrival to the scene of a medical emergency or interfacility transfer pick-up location. ~~This notification shall be made in as timely manner as possible.~~ Changes in estimated time of arrival will be immediately communicated to the requesting agency by the air ambulance service.
2. Failure of a service to comply with these response requirements will be reviewed by Maine EMS to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

§9. §11. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, an air ambulance service must complete and submit an electronic Maine EMS patient care report as specified by Maine EMS, within ~~1-business day~~ **twenty-four hours**. Additionally, a Restricted Response Air Ambulance Service must indicate in the electronic run reporting system which responses were air ambulance responses.

§10. §12. Pilot Projects

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of ~~the Board~~the Board ~~but will be limited to a maximum of three years~~. Such authorizations should not be construed as levels of licensure.

§11. §13. Scene Response & Transfer Air Ambulance Vehicles –General

1. Except as otherwise exempted by 32 ~~M.R.S.A.~~M.R.S. § 82 and §12 of this chapter, no aircraft ~~shall be operated as an air ambulance from~~ shall provide emergency medical services within Maine unless it is licensed as an ambulance under these Rules.
2. An air ambulance vehicle license is valid for a period of one year, starting from the month the service license is issued. Maine EMS will ~~prorate the vehicle licensing fee for a service licensing a new vehicle within its one year service license period to assure~~ensure ~~JK44~~ concurrent expiration dates for service and vehicle licenses.
3. An aircraft licensed as an air ambulance ~~shall meet all applicable FAA standards and~~ must be maintained in a clean and sanitary condition, free from interior corrosion, dirt, or contaminating foreign matter.
4. An ~~air ambulance vehicle~~ license is issued to a particular service and for a particular vehicle, except as permitted in Chapter 4 §12.2 of these Rules. If a service is required to relicense under Chapter 4 §3 of these Rules because of a change of ownership, then all of the service's vehicle licenses end, and the service must apply for new vehicle licenses. The fee for licensing a vehicle is \$60.00.
5. When a service acquires a new or used ~~vehicle~~air ambulance under Chapter 4 § 12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the ~~prorated portion of the annual~~ ~~JK45~~ vehicle licensing fee necessary to license the vehicle ~~until the service's next licensing anniversary~~. Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
6. At least once each year, Maine EMS shall inspect each air ambulance aircraft to be sure that it is ~~safe, clean,~~ and otherwise in conformity with these Rules. If a vehicle does not pass inspection and its continued operation presents a hazard to health or safety, ~~Maine EMS the Board~~ may ~~order it removed from service as an air ambulance~~suspend its license to provide emergency medical services at once consistent with Maine Law (See 5 ~~M.R.S.A.~~M.R.S. §10004 and 4 ~~M.S.R.A.~~M.R.S. §184). Alternatively, if the continued operation of the air ambulance aircraft at the level of care for which it is permitted pursuant to Chapter 4 §2(2) of these Rules presents a hazard to health or safety, the Board may immediately suspend the aircraft's level of care permit consistent with Maine law (see 5 M.R.S. §10004 and 4

M.R.S. §184) and allow the aircraft to operate at the next lowest level of care for which it is properly equipped. If the deficiencies are not such as to require the aircraft's immediate removal from service as an air ambulance, immediate suspension of the aircraft's license to provide emergency medical services or the immediate suspension of its level of care permit, then Maine EMS shall notify the operator of the deficiencies and set a reasonable amount of time in which the operator may continue to operate the aircraft as an air ambulance provide emergency medical services while bringing it into conformity with the law and Rules. If the aircraft is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the aircraft's ambulance vehicle license license to provide emergency medical services.

§12-§14. Scene Response & Transfer Air Ambulance Vehicle Licensing Requirements

1. Permanent Air Ambulance Vehicles - Any air ambulance vehicle used by a licensed air ambulance service for providing emergency medical services more than four times in any one-year period must be licensed to the respective service. An air ambulance vehicle may be licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.
2. Temporary Air Ambulance Vehicles — Any air ambulance vehicle used for patient transport by a licensed air ambulance service no more than four times in any one-year period will be considered to be duly licensed to that service by the Board if it meets the requirements of this chapter. Within 7 days after such a transport, the service must notify Maine EMS of the date, time, and origin/destination points of the transport as well as the type and registration number of the aircraft and the reason for its use instead of a "permanent" vehicle. Maine EMS will place this information in the service file and may inspect the aircraft.

§13-§15. Scene Response and Transfer Air Ambulance Vehicle Design Requirements

1. ~~An air ambulance vehicle must comply with all Federal Aviation Administration (FAA) requirements for aircraft and air ambulance services. In addition,~~ Maine EMS requires that an aircraft licensed by the Board must:
 - A. ~~Be multi-engine if licensed by a Scene Response Air Ambulance Service or Transfer Air Ambulance Service. A Restricted Response Air Ambulance Service may receive Board licensure for a single engine aircraft provided that:~~
 - B. ~~The aircraft engine is a gas turbine type;~~
 - C. ~~The licensee demonstrates that the aircraft operator maintains and routinely practices engine failure contingency plans specific to the restricted operations area designated by the Board;~~

~~D. The aircraft is routinely operated according to FAA Visual Flight Rules (VFR).~~

~~E. If a rotorcraft, be equipped with a 180-degree controllable searchlight of at least 400,000 candlepower and a functioning radar altimeter or other approved terrain warning system.~~

F.A. Be configured to allow medical attendants to have full-body patient view and access, and access to equipment and supplies in order to initiate both basic and advanced life support emergency procedures;

G.B. Be designed and configured for patient placement that allows for safe crew egress without compromising patient stability during loading, unloading or in-flight operations;

H.C. Be configured to allow operation of the aircraft doors from the interior and that the doors be capable of being fully opened and held by a mechanical device;

I.D. Have sufficient space to accommodate at least one patient on a stretcher, two medical attendants, and the medical equipment required;

J.E. Be equipped with a ~~FAA-approved~~ patient stretcher and patient securing systems/straps capable of accommodating adult and pediatric patients. The stretcher must be designed to support effective cardiopulmonary resuscitation (CPR) or a backboard or equivalent device to achieve CPR must be readily available;

1. Patients under 60 pounds (27 kg.) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device;

2. All patients under 40 lbs. must be secured in a five-point safety strap device that allows good access to the patients from all sides and permits the patient's head to be raised at least 30 degrees;

~~3. If a car seat is used to transport an infant or child it must have a FAA-approved sticker;~~

4.3. There must be some type of restraining device within an isolette to protect the patient in the event of air turbulence and the isolette must be capable of being opened from its secured position in order to provide full access to the infant in the event of complicated airway problems or extrication from the isolette becomes necessary;

5.4. There shall be access and necessary space to ensure any on-board patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.

K.F. Be equipped with ~~FAA-approved~~ safety belts and securing restraints adequate to stabilize and secure any patient, medical attendants, ~~pilots, other individuals,~~ and equipment ~~shall be provided~~. Medical attendants must be able to wear seat belts while having access to the patient's head and upper body;

L.G. Be large enough to accommodate loading of a stretcher without rotating it more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis of the patient and does not compromise functioning of monitoring systems, intravenous lines and manual or mechanical ventilation;

M.H. Be equipped with climate controls capable of preventing adverse effects on patients or medical personnel on board;

N.I. Be configured so that operational controls and communications equipment are protected from intended or accidental interference by the patient, medical transport personnel, medical equipment or medical supplies;

O.J. Be designed and configured so that the head-strike envelope for the patient and medical attendants is clear of objects or surfaces that could cause injury in the event of air turbulence or sudden hard landing. Medical ~~and Flight~~ crews in rotorcraft must wear ~~FAA-approved~~ helmets.

P.K. Be pressurized if an altitude is to be flown which would otherwise compromise the patient's condition.

Q.L. Be equipped with an ~~FAA-approved~~ oxygen system with adequate capacity and available oxygen for every mission. Oxygen tanks must be secured to prevent movement. No oxygen tank may be secured on the area of the stretcher designed for patient placement.

1. Medical transport personnel will be able to determine if oxygen is "on" by in-line pressure gauges mounted in the patient care area indicating quantity of oxygen remaining and measurement of liter flow;
2. Each gas outlet will be clearly marked for identification, and oxygen flow can be stopped at or near the oxygen source from inside the aircraft or ambulance;

3. Oxygen flow meters and outlets must be padded, flush mounted, or so located to prevent injury to medical transport personnel;
4. There must be a back-up source of oxygen (of sufficient quantity to get safely to a facility for replacements) in the event the main system fails. This back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight and ~~must be located and~~ ~~secured in a FAA approved design~~. Under no circumstances will a portable tank be located between the patient's legs.

~~R.M.~~ Be designed so that hangers/hooks are available to secure IV solutions, or a mechanism is provided for delivery of high flow fluids. IV hooks must be padded, flush mounted, or so located to prevent head trauma to the medical transport personnel in the event of a hard landing in the aircraft;

~~S.N.~~ Be designed so that medications, medical supplies and equipment - consistent with the service's scope of care and necessary for patient medical care - are accessible to the flight medical crew while they are secured in seatbelts;

~~T.O.~~ Be designed so that the cardiac monitor, defibrillator and external pacemaker displays are visible and that the equipment is secured and positioned to provide easy access by the flight medical crew while they are secured in seatbelts. Extra batteries or other power source must be available;

~~U.P.~~ Be designed and configured so that the service's mission and ability to transport two or more patients does not compromise the airway or stabilization or the ability to perform emergency procedures on any on-board patient, and be designed to provide access for simultaneous airway management if there is a two-patient configuration;

~~V.Q.~~ Be designed so that the floor, sides and ceiling in the patient compartment have a surface capable of being cleaned and disinfected in accordance with Occupational Safety and Health Administration regulations.

~~W.R.~~ Have overhead illumination at the patient level sufficient for patient care.

~~X.~~ ~~Be configured and/or equipped to protect the pilot's night adaptation vision.~~

~~Y.S.~~ Carry, ~~in addition to FAA required communications equipment,~~ radios capable of communicating: with all Maine hospitals which may be over flown; Maine EMS Statewide frequency 155.385; with the flight service dispatch; and with personnel on the ground if scene pickups are routinely conducted. Headset equipment for pilot/medical crew communication is required if such communication would not otherwise be possible.

Z.T. Be capable of communications utilizing the designated Maine EMS statewide frequency "155.385".

AA.U. Be equipped with an ~~FAA-approved~~ electrical power source(s) that will accommodate commonly carried medical equipment (AC or DC powered) without compromising the operation of any aircraft electrical equipment and that is not dependent upon a portable battery.

BB.V. Be configured and equipped so as to prevent interference with medical, ~~communications, avionics and other aircraft~~ systems.

CC.W. Be equipped with a suction aspirator that must be powered by the aircraft's electrical or engine-vacuum system and that must be capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.

§14. §16. Air Ambulance Service Equipment Requirements

1. ~~As of August 1, 2004, a~~ All medical equipment and medical supplies carried on an air ambulance vehicle shall be ~~natural-rubber~~ latex free.
 - A. Transfer Air Ambulance Services must utilize equipment consistent with the patient's needs and must carry as a minimum, that equipment listed in these Rules.
 - B. Scene Response Air Ambulance Services must comply with the air ambulance equipment requirements included in these Rules unless an air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance. All medical equipment and supplies must be secured, ~~according to FAR.~~
 - C. Restricted Response Air Ambulance Services must ~~comply carry with them~~ on the air ambulance any equipment ~~requirements included in these Rules up to and including the service's license or permit level, unless the air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance.~~ necessary to continue patient care.

§15. License Waiver

1. ~~It is not the intent of these Rules to prohibit transport of a patient, in extraordinary circumstances, in an aircraft not licensed as an air ambulance when it is in the best~~

~~interest of the patient, and no licensed air ambulance is available within a reasonable time as determined by on-line medical control.~~

~~2. An aircraft not licensed as an air ambulance, and not operated by an air ambulance licensee, may be used to transport a patient when:~~

~~A. The licensed ambulance service transporting the patient has determined after consultation with on-line medical control that transport by an unlicensed air ambulance is in the best interests of the patient;~~

~~B. A record of the run that documents the medical control transport order, attempts by medical personnel to secure a licensed air ambulance service to perform the run, and the circumstances and rationale for the transport is submitted to Maine EMS within 10 days of the run;~~

~~C. An aircraft is used that is FAA-certified and that allows head/torso access by medical crew;~~

~~D. An FAA license appropriate for the aircraft and run is held by the pilot;~~

~~E. The Board has not forbidden the ambulance service from conducting unlicensed air ambulance runs;~~

~~F. The medical crew (except as provided for in 32 M.R.S.A. M.R.S. § 86(2)) consists of at least one person licensed by Maine EMS at the level that is medically required for care of the patient. Personnel in addition to the required medical crew member will be utilized consistent with the patient's needs;~~

~~G. The flight medical crew carries equipment and supplies as required for care appropriate to the patient's condition; and~~

~~H. The ambulance service initiating the air transport/transfer ensures that a method of communications has been established to allow for communications among the transporting medical crew, the receiving ground ambulance service and local medical control.~~

§17. Duty to Report

2. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

A. Change of name or address;

B. Criminal ~~Convictions~~conviction;

2826 C. Revocation, suspension or other disciplinary action taken in this or any other
 2827 jurisdiction against any occupational or professional license held by the
 2828 applicant or licensee; or,
 2829 D. Material change in the conditions or qualifications set forth in the original
 2830 application for licensure submitted to the Board.
 2831
 2832 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.
 2833
 2834 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
 2835
 2836 AMENDED: April 1, 1982
 2837 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
 2838 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
 2839 11.1067
 2840 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 2841 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
 2842 September 1, 1986
 2843 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
 2844 July 1, 1988
 2845 March 4, 1992
 2846 September 1, 1996~~JK47~~
 2847 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
 2848 REPEALED AND REPLACED: July 1, 2000
 2849 July 1, 2003
 2850 October 1, 2009
 2851 May 1, 2013
 2852

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 5: PERSONNEL LICENSES

§1. Personnel licenses are issued for the following levels of care, in ascending order:

1. Emergency Medical Responder (EMR)
- ~~2. Ambulance Attendant—No new licenses at this level issued after September 1, 1996~~
 - ~~A. Effective December 1, 2014, Maine EMS licensed Ambulance Attendant licenses will convert to the Emergency Medical Responder level, maintaining the same expiration date as that of the Ambulance Attendant license it replaces.~~
- ~~3.2. Emergency Medical Technician (EMT)~~
- ~~4.3. Advanced Emergency Medical Technician (AEMT)~~
- ~~5. EMT—Critical Care (EMT-CC)—No new licenses issued at this level after January 1, 1998.~~
 - ~~A. Effective June 1, 2016, Maine EMS licensed Critical Care licenses will convert to the AEMT level, maintaining the same expiration date as that of the Critical Care license it replaces.~~
- ~~6.4. Paramedic~~

§2. Scope of Practice. The U.S. Department of Transportation’s National Highway Traffic Safety Administration’s (“NHTSA”) *National EMS Scope of Practice Model*, FebruarySeptember 20072018 edition, defines the scope of practice for Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics. Accordingly, the *National EMS Scope of Practice Model*, February 2007September 2018 edition, which is available at [address] [JK48], is incorporated by reference Licensees may perform the following treatments:

1. **Basic Emergency Medical Treatment:** All licensed personnel may ~~provide~~perform basic emergency medical treatment within the scope of their ~~training as defined by Maine EMS approved curricula~~education and training practice as defined below, as permitted by protocol and in accordance with this chapter of the Rules.

- A. **Emergency Medical Responder** NHTSA's National EMS Scope of Practice Model, February 2007/September 2018 edition, defines the scope of practice for a person licensed at the Emergency Medical Responder level. An Emergency Medical Responder's clinical practice is defined by Maine EMS protocol. A person licensed at the Emergency Medical Responder level may operate without the supervision of another Maine EMS licensee at the scene of a medical emergency until such time that a person licensed above the Emergency Medical Responder level arrives at the scene. Once on the scene, personnel licensed above the Emergency Medical Responder level are responsible for supervising Emergency Medical Responder licensed personnel, who may not operate without such supervision.

~~Final p~~ Patient immobilization for transport, patient loading, and patient care during transport must be directly supervised by personnel licensed above the Emergency Medical Responder level. Any basic emergency medical treatments not ~~contained in the current Emergency Medical Responder course curriculum approved by Maine EMS described in the~~ scope of practice for an Emergency Medical Responder in NHTSA's National EMS Scope of Practice Model, February 2007/September 2018 edition, may only be performed while assisting, and in the presence of personnel licensed above the Emergency Medical Responder level.

One EMS provider licensed at or above the EMT level must accompany the patient in the patient compartment of the ambulance during transport.

- B. **Emergency Medical Technician** NHTSA's National EMS Scope of Practice Model, February 2007/September 2018 edition, defines the scope of practice for a person licensed at the Emergency Medical Technician level. An Emergency Medical Technician's clinical practice is defined by Maine EMS protocol. A person licensed at the EMT level may, in addition to basic emergency medical treatment, perform provide the following skills or treatments, within the scope of their Maine EMS approved education and training as defined by Maine EMS approved curricula as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with this chapter of the Rules: -

- ~~1. IV maintenance (non-medicated fluids).~~
- ~~2. Under direct supervision of an Advanced Emergency Medical Technician (AEMT) or above, set-up of intravenous administration equipment and attachment of cardiac monitor leads to a patient.~~
- ~~3. Assisting a patient in the administration of the patient's own medication.~~

~~4. Drug and medication administration, and procedures as approved by the Board and as allowed by Maine EMS protocol.~~

~~C.B.~~ B. Additions ~~For~~for Emergency Medical Technicians With Certification As "Wilderness EMT"

Any licensee certified as a Wilderness Emergency Medical Technician (WEMT), consistent with Chapter 2 of these Rules, may apply ~~the~~WEMT emergency medical care as allowed by the Maine EMS protocol.
~~principles for cardio-respiratory arrest, spinal injury, dislocations, and wounds taught in the course, when in the context of delayed/prolonged transport as defined in that course, and as consistent with Maine EMS protocols.~~

7.2. **Advanced Emergency Medical Treatment:** ~~The following a~~Advanced emergency medical treatments may be provided only by those licensed at, or above, the levels indicated, within the scope ~~their practice as defined below~~of training as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with this section of the Rules:

C. **Advanced^[JK49] Emergency Medical Technician (AEMT):** NHTSA's National EMS Scope of Practice Model, February 2007September 2018 edition, defines the scope of practice for a person licensed at the Advanced Emergency Medical Technician level. An Advanced Emergency Medical Technician's clinical practice is defined by Maine EMS protocol.~~All practices, skills and techniques authorized at the Emergency Medical Technician (EMT) level; advanced life support airway—Blind Insertion Airway Devices; IV/IO therapy; blood sampling; cardiac monitoring/counter shock (semiautomatic external or manual); drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; and other techniques and practices approved and published by the Board.~~

~~D. EMT-Critical Care: All practices, skills and techniques authorized at the Advanced Emergency Medical Technician (AEMT) level; advanced life support airway—endotracheal intubation; magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; and other techniques and practices approved and published by the Board.~~

C. Paramedic: NHTSA's National EMS Scope of Practice Model, February 2007September 2018 edition, defines the scope of practice for a person licensed at the Paramedic level. A Paramedic's clinical practice is defined by Maine EMS protocol.

~~E. All practices, skills and techniques authorized at the Advanced Emergency Medical Technician (AEMT) level; advanced life support airway endotracheal intubation; magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; chest decompression; transtracheal insufflation; cricothyrotomy; and other techniques and practices approved and published by the Board.~~

~~F.D.~~ Paramedic Inter-Facility Transfer (PIFT) - In order to practice as a PIFT provider, a Maine licensed Paramedic must:

- (a) Complete a Maine EMS approved PIFT provider course; and,
- (b) Be affiliated with a Maine EMS licensed service that is approved by the Board to provide PIFT services.

~~8.3.~~ A licensee may perform emergency medical treatment when:

A. The licensee practices in accordance with Maine EMS ~~Protocols~~protocol.

B. The licensee acts with the approval of the ambulance crew member in charge of the call.

~~§3.~~ Patient Care Report:

~~—In addition to providing patient care, the licensee~~ the licensees who provided primary patient care are responsible for completing and
~~—submitting an electronic Maine EMS patient care report, as specified by Maine EMS, for~~
~~—each request for service, or for each patient when more than one patient is involved in a~~
~~—call. Reports must be submitted within one business day~~ twenty-four hours.

§4. A license is valid for three years from the month of issuance unless otherwise specified in these Rules. A license issued on or after MayNovember 1, 2021-1, 2020, will be valid for a period of two years from the month of issuance unless otherwise specified in these Rules.

~~§4. §5.~~ An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:

1. Provide proof of parental consent if the applicant is less than 18 years of age. No application for licensure by a person under 18 years of age will be approved unless the service(s) with which the applicant will be practicing emergency medical care

submits and maintains a Maine EMS-approved plan for supervision. No one under the age of 16 may be licensed.

An applicant must be at least 18 years of age in order to be eligible for licensure above the EMT level.

~~Not~~ ~~JK50~~ have received a three-year Maine EMS license at the same level within the past year. ~~Effective May 1, 2020~~ November 1, 2021 – Not have received a ~~two~~ year two-year Maine EMS license at the same level within the past year.

~~2. Be able to read, write, speak, and understand the English language.~~

~~3. Be physically capable of performing the practices included in the license level applied for, as described by the approved Maine EMS functional position description and as indicated by the ability to pass the appropriate state practical examination.~~

4.2. Submit the following to Maine EMS:

- A. A completed Maine EMS application signed by the applicant.
- B. Certification of Board-approved training or training judged by Maine EMS to be equivalent. If the training was completed more than a year prior to application, a license may be issued that is valid for three years (two years after May 1, 2020 November 1, 2021) from the month of the training completion date (or from the month of the required test if that preceded training completion). Board approved training includes a Board approved initial course at the appropriate level, or a course judged by Maine EMS to be equivalent.
- C. Certification of Board-approved continuing education hours (CEH) at the appropriate level, or continuing education hours judged by Maine EMS to be equivalent, in the case of an applicant whose Maine license is current or not expired by more than two years, or who submits a history of training which Maine EMS accepts as qualifying him/her to use continuing education hours for licensure.

~~1. The categories for CEH are:~~

- ~~(a) Category 1 Operations~~
- ~~(a) Category 2 BLS Topics~~
- ~~(a) Category 3 BLS Skills~~
- ~~(a) Category 4 ALS Topics~~
- ~~(a) Category 5 ALS Skills~~
- ~~(a) Category 6 Electives~~

~~(a) Category 7—Instructor Coordinator Recertification~~

1. CEH must be of the type and amount appropriate to the level, and may be used to fulfill training requirements provided that:

- (a) The applicant's Maine license is current or not expired by more than two years; and

- (b) Certificates of continuing education hours have not been used for a previous license ~~renewal, and renewal and~~ have been earned within the past ~~three~~two years. "Training completion date" for the purpose of setting a license expiration date will be the date of the most recently completed continuing education program, which is submitted for licensure.

- (c) Continuing education hours appropriate to each level are as follows:

- (i) ~~Emergency Medical Responder—26 total hours: 4 hours in category 1; 8 hours in category 2; 8 hours in category 3; and 6 hours in category 6.~~

- (ii) ~~Ambulance Attendant—32 total hours: 6 hours in category 1; 10 hours in category 2; 8 hours in category 3; and 8 hours in category 6.~~

- (iii) ~~EMT—38 total hours: 8 hours in category 1; 12 hours in category 2; 8 hours in category 3; and 10 hours in category 6.~~

- (iv) ~~Advanced Emergency Medical Technician (AEMT)—46 total hours: 8 hours in category 1; 6 hours in category 2; 4 hours in category 3; 16 hours in category 4; 4 hours in category 5; and 8 hours in category 6.~~

- (v) ~~EMT-CRITICAL CARE—52 total hours: 8 hours in category 1; 7 hours in category 2; 4 hours in category 3; 18 hours in category 4; 6 hours in category 5; and 9 hours in category 6.~~

- (vi) ~~PARAMEDIC—58 total hours: 8 hours in category 1; 8 hours in category 2; 4 hours in category 3; 20 hours in category 4; 8 hours in category 5; and 10 hours in category 6.~~

~~(vii) The above requirements for category 6 (electives) may be satisfied by completing CEH programs in that category or by utilizing excess CEH credit accumulated in Categories 1—5.~~

~~(d) Effective May 1, 2013, continuing education hour (CEH) categories will change to the categories listed below. All current CEH earned by a licensee prior to the May 1, 2013 categories change will convert to the new categories as indicated:~~

~~(i) Category 1—EMS Operations convert to Preparatory and Operations~~

~~(ii) Category 2—BLS Topics and Category 4—ALS Topics convert to Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma or Obstetrics and Pediatrics, as applicable~~

~~(iii) Category 3—BLS Skills convert to BLS Psychomotor Skills~~

~~(iv) Category 5—ALS Skills convert to ALS Psychomotor Skills~~

~~(v) Category 6—Electives convert to Further Continuing Education.~~

~~(e) Concurrent with the CEH change on May 1, 2013, continuing education hours required for each level will be:~~

~~(i) Emergency Medical Responder—26 total hours: 4 hours in Preparatory and Operations; 8 hours total in any of the following categories—Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 6 hours in Further Continuing Education~~

~~(ii) Ambulance Attendant—32 total hours: 6 hours in Preparatory and Operations; 10 hours total in any of the following categories—Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 8 hours in Further Continuing Education~~

~~(iii) — EMT — 38 total hours: 8 hours in Preparatory and Operations; 12 hours total in any of the following categories — Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 10 hours in Further Continuing Education~~

~~(iv) — Advanced Emergency Medical Technician (AEMT) — 46 total hours: 8 hours in Preparatory and Operations; 22 hours total in any of the following categories — Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 4 hours in ALS Psychomotor Skills; and 8 hours in Further Continuing Education~~

~~(v) — EMT Critical Care — 52 total hours: 8 hours in Preparatory and Operations; 25 hours total in any of the following categories — Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 6 hours in ALS Psychomotor Skills and 9 hours in Further Continuing Education~~

~~(vi) — Paramedic — 58 total hours: 8 hours in Preparatory and Operations; 28 hours total in any of the following categories — Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 8 hours in ALS Psychomotor Skills; and 10 hours in Further Continuing Education~~

~~(f) Effective May 1, 2016, continuing education hour requirements will be:~~

(i) Emergency Medical Responder - 32 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 2 hours in Patient Assessment; 4 hours in Medical; 4 hours in Trauma; 4 hours in Obstetrics and Pediatrics; and 8 hours in BLS Psychomotor Skills.

(ii) EMT - 52 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in

Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 8 hours in Further Continuing Education.

- (iii) Advanced Emergency Medical Technician (AEMT) - 56 total hours consisting of: 2 hours in Preparatory and Operations; 12 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 4 hours in ALS Psychomotor Skills; and 8 hours in Further Continuing Education.

- (iv) Paramedic - 72 total hours consisting of: 2 hours in Preparatory and Operations; 16 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 12 hours in Medical; 8 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 8 hours in ALS Psychomotor Skills; and 10 hours in Further Continuing Education.

(d) Effective for license renewals on or after May/July 1, 2020/November 1, 2020, continuing education hour requirements for a three-year license will be:

- (i) Emergency Medical Responder - 32 total hours consisting of: 28 hours in Preparatory and Operations BLS Skills and 30 24 hours in any in any of the following categories, with a minimum of 2 hours in each category - Airway, Breathing/Respiratory, and Ventilation, [JK51] Cardiology, Patient Assessment, Medical, Trauma, and Obstetrics and Pediatrics/Operations.

- (ii) EMT - 52 total hours consisting of: 28 hours in Preparatory and Operations BLS Skills and 50 44 hours total in any of the following categories, with a minimum of 2 hours in each category - Airway, Respiratory, and Ventilation, Cardiology, Medical, Trauma, and Operations. Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics.

- (iii) -Advanced Emergency Medical Technician (AEMT)- 56 total hours consisting of: 4-2 hours in Preparatory ALS Skills and 4 Hours in BLS Skills and Operations and 54 48 hours total in any of the

following categories, with a minimum of 3 hours in each category - Airway, Respiratory, and Ventilation, Cardiology, Medical, Trauma, and Operations.

~~Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics.~~

- (iv) Paramedic - 72 total hours consisting of: 28 hours in Preparatory and Operations ALS Skills, 4 Hours in BLS Skills and 70 60 hours total in any of the following categories, with a minimum of 4 hours in each category -- Airway, Respiratory, and Ventilation, Cardiology, Medical, Trauma, and Operations. ~~Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics.~~

(e) Effective July 1, 2021 For license renewals on or after November 1, 2021, continuing education hour requirements for a two-year license will be:

- (v) Emergency Medical Responder - 24 total hours in any of the following categories - Airway JK521, Respiratory, and Ventilation (ARV), Cardiology, Medical, Trauma, and Operations. The licensee must also provide an accompanying skills competency verification.

- (vi) EMT - 44 total hours in any of the following categories - Airway, Respiratory, and Ventilation (ARV), Cardiology, Medical, Trauma, and Operations. The licensee must also provide an accompanying skills competency verification.

- (vii) Advanced Emergency Medical Technician (AEMT)- 48 hours total in any of the following categories - Airway, Respiratory, and Ventilation (ARV), Cardiology, Medical, Trauma, and Operations. The licensee must also provide an accompanying skills competency verification.

- (viii) Paramedic - 60 hours total in any of the following categories - Airway, Respiratory, and Ventilation (ARV), Cardiology, Medical, Trauma, and Operations. The licensee must also provide an accompanying skills competency verification.

(f) ~~Effective May 1, 2020~~For license renewals on or after November 1, 2022, ~~Continuing Education Requirements~~ will be based upon a two-year licensing cycle and shall be in accordance with the National Registry of Emergency Medical Technicians' ~~2016 National Continued Competency Program Hour Requirements~~, as approved by the Board listed below: ~~This rule incorporates by reference the National Registry of Emergency Medical Technicians' Agency Guide for Recertification (October 2017 edition). Copies of this standard are available from the National Registry of Medical Technicians, 6610 Busch Blvd., Columbus, OH 43229, or Maine EMS, Department of Public Safety, 45 Commerce Drive, Suite 1, 152 State House Station, Augusta, ME 04333-0152.~~

(ix) Emergency Medical Responder (EMR) - 16 Total Hours consisting of 8 hours in National Continued Competency Requirements (NCCR), 4 hours in Maine-EMS-approved Local Core Competency Requirements (LCCR), and 4 hours in Individual Core Competency Requirements.

(x) Emergency Medical Technician (EMT) - 40 Total Hours consisting of 20 hours in National Continued Competency Requirements (NCCR), 10 hours in Maine-EMS-approved Local Core Competency Requirements (LCCR), and 10 hours in Individual Core Competency Requirements.

(xi) Advanced Emergency Medical Technician (AEMT) - 50 Total Hours consisting of 25 hours in National Continued Competency Requirements (NCCR), 12.5 hours in Maine-EMS-approved Local Core Competency Requirements (LCCR), and 12.5 hours in Individual Core Competency Requirements.

(xii) Paramedic - 60 Total Hours consisting of 30 hours in National Continued Competency Requirements (NCCR), 15 hours in Maine-EMS-approved Local Core Competency Requirements (LCCR), and 15 hours in Individual Core Competency Requirements.

(g) Further Continuing Education as identified in the aforementioned CEH requirements is not a ~~category~~, ~~but category~~ but represents additional training in categories 1-5. Category 7 CEH ~~[JK53]~~ is not considered Further Continuing Education for purposes of this Chapter.

(h) Nationally standardized training programs may be awarded continuing education hours, which will be credited to an applicant for license renewal ~~relicensure~~ when that applicant provides proof of current certification at the time of application. Current certification is determined by definition of the national sponsor of the training program.

(i) In lieu of the license renewal continuing education hour requirements of this Chapter, an applicant may submit a current certification card at the license level being renewed from a national EMS certifying entity approved by the Board. Unless Maine EMS determines otherwise, a license renewal based upon a national EMS certifying entity certification shall carry an expiration that is concurrent with the applicant's national EMS certifying entity certification's expiration date.

2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, "current renewal period" means the ~~36-month~~24-month period prior to the application date. In calculating continuing education hours completed prior to the month of application, the ~~31st~~last day of each month shall be considered the completion date for all continuing education completed within a given month.

3. Applicants for license renewal will be selected by Maine EMS on a random basis for an audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit ~~may~~will review the ~~last two~~ continuing education hour certifications submitted by the licensee for the past two license renewals, including the current renewal period.

4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.

5. -Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS's discretion, result – in accordance with 32 M.R.S.A. §90-A and Chapter 12 of these 32 M.R.S. Chapter 2-B and the Maine EMS Rules - in disciplinary action to deny license renewal or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or may result in any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the Department of the Attorney General determine appropriate.

D. Board-approved testing certification:

1. An applicant must demonstrate successful completion of a Board approved cognitive exam and practical skills evaluation - at the license level being sought - within ~~three~~two years of the application date.

2. For applicants whose initial course completion date is on or after March 1, 2016 [JK54] - an applicant for an initial license at any provider level must successfully complete the Maine-EMS-Board-approved cognitive test and practical skills evaluation — for the license level being sought - within two (2) years of the course completion date of the initial ~~course~~, course.

~~1.3.~~Notwithstanding paragraphs 1 and 2 above, an applicant is not required to submit testing certification as part of the license application process if:

- (a) An applicant, whose Maine EMS license has expired within two years prior to the application date is applying for a new or

renewed license at the license level held within the
aforementioned ~~two-year~~two-year period; ~~or~~,

- (b) An applicant ~~is determined by Maine EMS to be eligible to~~
~~license based upon~~possesses a current certification or license
from another state or ~~territory; or~~territory; or,
- (c) An applicant is determined by Maine EMS to be eligible to
license based upon current certification from a national EMS
certifying entity.

2.4. For purposes of paragraph 1, above, if the test is more than a year
old, a license may be issued ~~which that~~ is valid for ~~three-year~~the
licensing period as calculated from the month of the test (or from
the month of the required training course if that precedes the test).
When practical and written portions of the test are completed in
different months, the test date will be the month the first test was
completed.

E. Continued Competency Verification

1. For an applicant or licensee renewing a license at any level, or for
a licensee who is applying for a license within two years of license
expiration, continued competency may be verified by:

(i) A Service Director, Training Officer or ~~Service Medical~~
~~Director~~ ^[JK55] of a Maine-licensed EMS service that is
licensed or permitted at or above the level at which the
applicant or licensee is seeking licensure and with
which the licensee is affiliated; or,

(ii) The Director or his or her designee of a Maine EMS
Authorized Training Center; or,

(iii) Successful completion of a Board approved cognitive
exam and practical skills evaluation - at the license
level being sought - within two years of the application
date.

2. Persons listed in paragraph 1, above as being authorized to verify
continued competency shall base continued competency
verifications upon the National Continued Competency Program
Hour Requirements as provided in the National Registry of
Emergency Medical Technicians' Agency Guide for
Recertification (October 2017 edition), which is hereby
incorporated by reference. . Copies of this standard are available

from the National Registry of Medical Technicians, 6610 Busch Blvd., Columbus, OH 43229, or Maine EMS, Department of Public Safety, 45 Commerce Drive, Suite 1, 152 State House Station, Augusta, ME 04333-0152.

3. Persons authorized under paragraph 1; above to verify competency cannot verify their own continued competency.

E.F. A complete history of criminal convictions as well as civil infractions for alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.

F.G. A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

§5. §6. License Expiration and Renewal

1. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Licensees whose licenses have lapsed as of the expiration date cannot provide emergency medical treatment until a renewed license has been issued.
3. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications

§7. Duty to Report

1. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:
 - A. Change of name or address;
 - B. Criminal ~~Convictions~~conviction;
 - C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
 - D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

3537
 3538
 3539
 3540 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.
 3541
 3542 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
 3543
 3544 AMENDED: April 1, 1982
 3545 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
 3546 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
 3547 11.1067
 3548 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 3549 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
 3550 September 1, 1986
 3551 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
 3552 July 1, 1988
 3553 March 4, 1992
 3554 September 1, 1996~~JK56~~
 3555 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
 3556 REPEALED AND REPLACED: July 1, 2000
 3557 July 1, 2003
 3558 October 1, 2009
 3559 May 1, 2013
 3560

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 5-A: EMERGENCY MEDICAL DISPATCHER LICENSURE

§1. Except as provided for in these Rules, no person shall provide emergency medical dispatch services unless the person is licensed as an Emergency Medical Dispatcher by the Board in accordance with 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules.

§2. The type of license issued under this chapter is for an “Emergency Medical Dispatcher.”

§3. Scope of Practice

1. An Emergency Medical Dispatcher may provide emergency medical dispatching in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System, within the scope of the dispatcher’s Maine EMS-approved training and in accordance with 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules.

2. An Emergency Medical Dispatcher may perform emergency medical dispatching services when the Dispatcher:

A. Holds a current Emergency Medical Dispatcher license issued by the Board;

B. Is employed by and acts with the approval of an Emergency Medical ~~Dispatch Center~~Dispatch Center licensed by the Board in accordance with 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules;

C. Practices in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and in accordance with 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules;

§4. License

1. A license issued by the Board under this chapter is valid for twenty-four months from the month of issuance unless earlier suspended or revoked or as otherwise specified in these Rules.

A. The Board may issue a license valid for twenty–seven months in order to ensure that the applicant’s license expiration date occurs three months after the applicant’s training certification expiration from the entity that provides the Board approved statewide emergency medical dispatch protocols. Once the ~~three-month~~three-month separation is established, the license issued will be for a period of twenty-four months, unless the Board determines that a

license issued for a shorter period of time is in the best interests of the system.

2. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:
 - A. Be at least 18 years of age on the date of application;
 - B. Not have received a two-year Maine EMS Emergency Medical Dispatcher license within the past year;
 - ~~C. Be capable of performing emergency medical dispatch services, as described by the approved Maine EMS Emergency Medical Dispatcher Functional Position Description;~~
 - ~~D. Be employed by a Maine-licensed Emergency Medical Dispatch Center; and,~~
 - E.C. Submit the following to Maine EMS:
 1. A completed Maine EMS application.
 2. Current training certification from the entity that provides the Board approved statewide emergency medical dispatch protocols.
 - (a) A current training certification or recertification cannot be used more than one time to fulfill Maine EMS Emergency Medical Dispatcher training requirements for a new or renewal license.
 - (b) If a training certification or recertification was completed more than a year prior to application, a license may be issued that is valid for two years from the certification month.
3. Board-approved testing in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System.
4. A complete history of criminal convictions, as well as civil infractions involving alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.
5. A complete history of any action taken against any emergency medical dispatch certification or license or any other professional certification or license that the applicant currently holds or has ever held.

§5. **License ~~Expiration and~~ Renewal and Expiration**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, "current renewal period" means the 3624 month ~~period~~ ~~prior~~ ~~period~~ prior to the application date. In calculating continuing education hours completed prior to the month of application, the 31st last day of each month shall be considered the completion date for all continuing education completed within a given month.
3. Applicants for license renewal will be selected by Maine EMS on a random basis for audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit ~~may~~ will review the continuing education hour certifications used for the past two license renewals ~~the last two continuing education hour certifications~~ submitted by the licensee, including the current renewal period.
4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
5. Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS's discretion, result – in accordance with 32 M.R.S. Chapter 2-B and the Maine EMS Rules ~~32 M.R.S.A. §90-A and Chapter 12 of these Rules~~ - in disciplinary action to deny license renewal, ~~or may result in~~ a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or ~~may result in~~ any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the Department of the Attorney General determine appropriate.

- 5.6. A person may renew a license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Emergency Medical Dispatchers whose licenses have lapsed as of the expiration date cannot provide emergency medical dispatch services until a renewed license has been issued.
- 6.7. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

~~§6. — Transition to Statewide Emergency Medical Dispatch Protocol~~

- ~~1. — As of July 1, 2010, Maine EMS licensed Emergency Medical Dispatchers must be certified by the entity selected to provide the Board-approved statewide Emergency Medical Dispatch protocol.~~

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. 84, § 85-A, 88

EFFECTIVE DATE: September 1, 2006 (New)

REPEALED AND REPLACED: October 1, 2009
May 1, 2013 [JK57]

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 6: ~~ADVANCED LIFE SUPPORT~~ DRUGS AND MEDICATIONS

§1. GENERAL

1. For the purpose of this Section, "drugs and medications" include only those substances used by Maine EMS licensed services and persons in the delivery of ~~Advanced~~ Emergency Medical Treatment, consistent with Maine EMS ~~Protocols.~~ Protocols. Maine EMS will maintain a list of approved drugs and medications and will revise and publish the list when changes in protocol dictate.

2. The administration of drugs or medications to a patient shall be determined by applicable protocols, and recorded on the Maine EMS run report.

3. A service authorized by Board license or permit to ~~handle~~ obtain, store and administer drugs or medications shall:

~~—uUse as a Food and Drug Administration (FDA) state or federally approved the source of drugs and medications a single hospital that has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board. The system~~ Distribution of drugs and medications distribution to the service will be overseen by a responsible licensed pharmacist, or by a regional medical director or his/her physician designee licensed physician.

A. ~~A service authorized by Board license or permit to handle drugs or medications shall o~~ Operate consistent with these Rules except when an alternative system for the supply, storage, and logging of drugs and medications has been approved by a responsible licensed pharmacist, by the service-level medical director ~~JK58~~ or the regional medical director, and by Maine EMS. Under any such system, all drugs and medications shall be properly stored with provision for climate control.

B. Report ~~A~~ any instances of missing controlled drugs or medications ~~must be reported~~ to Maine EMS ~~as soon as possible~~ within twenty-four (24) hours upon discovery. A full report of the service's investigation of the missing drugs and any action the service may have taken regarding the incident must be sent to ~~MEMS~~ Maine EMS as soon as it is complete.

§2. ~~STORAGE~~ ING DRUGS AND MEDICATIONS

1. All drugs and medications must:

- A. ~~b~~Be stored in packaging as dispensed and/or labeled by a pharmacy.
- B. ~~All drugs and medications shall b~~Be properly stored with provision for reasonable climate control.
- C. All controlled substances must ~~Unless otherwise approved by the Board, all drugs and medications must b~~Be secured in a storage box unless otherwise approved by the Board. The box must be secured with a one-time, pharmacy-type, numbered seal applied ~~and recorded by an authorized representative of the hospital~~. The box must have a label attached indicating the name of the earliest expiring item and its expiration date.
- D. Non-controlled substances may be stored outside a sealed container so long as they are accounted for in accordance with these rules.

2. ~~Maintain A-a A~~ ~~[JK59]~~ drug/medication log for each vehicle (or, in the case of a non-transporting service, for each drug box) must be kept by the service indicating:

- A. Date the service received the storage box with new seals.
- B. Seal numbers (old and new) whenever seal is broken and replaced.
- C. Use and disposal of drugs/medications including applicable Maine EMS patient/run record number.
- D. Legible signature and license number of person making the log entry.
- E. To ensure that drugs and medications have not expired or been tampered with, the integrity of the seal and the expiration date must be checked at least daily for scheduled drugs and weekly for non-schedulednonscheduled ~~[JK60]~~ drugs, and recorded in the drug/medication log. Any service utilizing only one licensee authorized to treat with drugs and medications will ~~insure~~ ensure that this check of seal integrity is carried out by an authorized official of the service other than this licensee.
- F. The drug/medication log will be checked at the annual service inspection, or as requested by the Board. Services shall maintain drug/medication logs for a minimum of 5 years.

~~3.—A service authorized by Board license or permit to handle drugs or medications and which elects to store those drugs that have been approved by the Board to be stored outside of the sealed drug box, shall comply with these Rules as applicable and any criteria approved and published by the Board.~~

~~PRESCRIBING, ORDERING, AND RECORDING~~

~~The administration of drugs to a patient shall be determined by applicable protocols and recorded on the run report.~~

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067
 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
 September 1, 1986
 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
 July 1, 1988
 March 4, 1992
 September 1, 1996~~[JK61]~~

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July 1, 2003

October 1, 2009

May 1, 2013

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 7: STATE LICENSURE EXAMINATIONS

§1. An examination required for EMS licensure in Maine must consist of a Board approved written (cognitive) test for the level of license sought and a Board approved practical (psychomotor) evaluation of emergency medical treatment skills.

§2. Examinations required for licensure will be based upon current standards approved and published by the Board, including, but not limited to the:

1. Types of examinations;
2. Eligibility requirements for persons seeking examination; and,
3. Process and content of examinations.

AUTHORITY: 32 M.R.S.A. M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
September 1, 1986
August 25, 1987 - Sec. 5, 6.011 and 12 (added)
July 1, 1988
March 4, 1992
September 1, 1996[JK62]

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 8: TRAINING COURSES AND CONTINUING EDUCATION PROGRAMS
USED FOR LICENSURE

§1. Training Courses

1. Training courses must be conducted in accordance with the Board-approved Training Center Standards.
2. The following training courses are approved for licensure at the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) [JK63] and Paramedic levels indicated levels:

A. Emergency Medical Responder (EMR):

1. For initial licensure at the Emergency Medical Responder level - A Maine EMS Emergency Medical Responder approved Ccourse, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for thisthe training.
2. For renewal at the Emergency Medical Responder level - A Maine EMS approved EMT, continuing educations hours in accordance with the licensing requirements of Chapter 5 of these Rules Emergency Medical Responder course or any or any other course which is approved by the Board as including all of the required objectives for this training.

B. Ambulance Attendant:

For renewal at the Ambulance Attendant level A Maine EMS EMT or Emergency Medical Responder course, or any other course which is approved by the Board as including all of the required objectives for this training

C. EMT:

1. For initial licensure at the EMT level:

- (a) A Maine EMS EMT course, or any equivalent course which in itself, or with specified supplementary instruction, is approved

~~by the Board as including all of the required objectives for this training; or~~

~~(b) A Board approved EMT bridge course for physicians, physician assistants, nurses, and other licensed/certified allied health care professionals who receive permission from Maine EMS to use this course for licensure; or~~

~~(c) A Board approved bridge course for Emergency Medical Responders.~~

~~2. For renewal at the EMT level—Maine EMS continuing education or any other continuing education program or course that is approved by the Board as containing all of the objectives required for this training.~~

~~D. Advanced Emergency Medical Technician, Critical Care, Paramedic:~~

~~1. For initial licensure at the Advanced Emergency Medical Technician or Paramedic level:~~

~~(a) An original course of training for students who have met the training requirements for licensure as an advanced EMT which is approved by the Board as including all of the objectives required for the level for which licensure will be sought; or~~

~~(b) Bridge courses for persons who have met the training requirements for licensure as an advanced EMT which are approved by the Board as including all of the objectives required to bridge the particular levels; or~~

~~(c) Any other course of training that is approved by the Board as including the objectives required for the particular level of training.~~

~~2. For renewal at the Advanced Emergency Medical Technician, Critical Care, or Paramedic level—Maine EMS continuing education or any other continuing education program or course of training that is approved by the Board as including all of the objectives for the particular level.~~

E.B. Any course (not including continuing education hour programs) leading to certification for EMS provider licensure must be supervised by an instructor/coordinator licensed by Maine EMS for that particular level and must be approved by a Maine EMS Training Center. Out-of-state courses

and certifications will be judged on a case-by-case basis using a comparison of Maine EMS approved curricula.

C. Applicants to conduct courses leading to certification for EMS provider licensure must comply with the requirements for conducting courses as approved and published by Maine EMS.

F.D. Candidates must meet the training requirements for licensure at the level from which the course starts.

§2. EMS Continuing Education Programs

1. A program held in Maine or out of state may be approved for continuing education hours (CEH) if it meets the following conditions:
 - A. The sponsor must apply before the program is to begin. Only under unusual circumstances, such as those set forth in Chapter 13-~~§§2.1—5~~, of these Rules, may continuing education hour courses be approved after they have occurred;
 - B. The topics to be taught must be relevant to EMS;
 - C. The instructor must be qualified ~~to instruct the topic~~ by knowledge and/or training in the topic area;
 - D. The sponsor must make known to the students those requirements the students must meet in order to receive attendance certification;
 - E. The sponsor or designee must submit ~~to the approver, who must submit the Maine EMS-approved attendance roster and course evaluations, or a course evaluation summary document, for the program~~ to Maine EMS within ten days of the date the course was taught, ~~a final attendance list for the program. The roster must which~~ includes the names and license numbers of those attending, attendees' signatures or the course sponsor's attestation of remote attendance, the number and type of hours approved, and the approval number. The list ~~will~~must be physically or electronically signed by the sponsor as verification of attendance;
 - F. ~~The p~~Programs must be open to ~~all EMS providers~~the public unless otherwise ~~specifically~~ approved by ~~the approver~~Maine EMS, a regional council or a Training Center; and
 - G. The sponsor must provide the students an opportunity to comment in writing on the program and must make these comments available to Maine EMS

upon request within ~~thirty~~-ten days after the end of the program. Sponsors of CEH offered through publications approved by Maine EMS need not provide this opportunity.

2. Maine EMS may grant continuing education hours for programs offered through professional journals, audio and visual media, teleconferencing, the Internet, and other forms of distributive learning, or for other educational programs not described in this Chapter, when requested by the sponsor/applicant. For Maine EMS to consider granting CEH approval the applicant must submit to Maine EMS:

- A. An outline and description of the program, to include program handouts;
- B. The name and address of the program sponsor;
- C. The names of any EMS agencies granting the program continuing education hours;
- D. A contact name and telephone number for attendance verification;
- E. A program completion certificate, or equivalent;
- F. If applicable, approval from the Commission on Accreditation Ffor Pre-Hospital Continuing Education (CAPCE), formerly known as the Continuing Education Coordinating Board for EMS (CECBEMS); and-
- G. Proof, if the program was not supervised, that the program required, and the applicant successfully completed, a knowledge test in order to receive a program completion certificate.

3. Programs that have been previously approved by Maine EMS, a regional council or a Training Center may be approved without further review, provided that:

- A. Maine EMS, a ~~JK64~~ regional council, or a Training Center has not rescinded the program's approval; and
- B. No significant changes have been made to the program content or faculty.;

- 3.4. Maine EMS may delegate approval of ~~in-state~~ continuing education programs that meet the requirements of this chapter, pursuant to these Rules, to regional councils or a Maine EMS approved Training Center provided that they maintain a system for assuring high quality programs and provide such program information in a timely manner as requested by Maine EMS.

4060 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B
4061
4062 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
4063
4064 AMENDED: April 1, 1982
4065 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
4066 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
4067 11.1067
4068 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
4069 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
4070 September 1, 1986
4071 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
4072 July 1, 1988
4073 March 4, 1992
4074 September 1, 1996~~JK65~~
4075 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
4076 REPEALED AND REPLACED: July 1, 2000
4077 July 1, 2003
4078 October 1, 2009
4079 May 1, 2013

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 8-A: TRAINING CENTERS

§1. A provider of emergency medical services ~~education and training courses - leading~~ ^[JK66] ~~to- licensure~~ in Maine must be authorized by the Board in accordance with 32 ~~M.R.S.A.~~ M.R.S. §88(2)(D) and these Rules.

§2. **Authorization Factors** – The authorization issued under this chapter is for a Training Center

1. Ownership

Upon request of the Board, an applicant or authorized Training Center must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the authorization. Failure to provide this information will result in an application being treated as incomplete.

2. Physical address or location

An authorization is issued for a specific physical address or location.

§3. **Change in Authorization Factors**

A Training Center must receive Board approval to change any of the authorization factors.

§4. **Standards**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for authorization. To obtain new authorization, a Training Center applicant must:

A. Apply in a format prescribed by Maine EMS; and,

B. Demonstrate to Maine EMS that the applicant complies with the requirements of 32 ~~M.R.S.A.~~ M.R.S. §88(2)(D), the Rules, and the Board-approved Training Center Standards.

2. A Training Center Authorization is issued for a period of 60 months unless earlier suspended or revoked. An authorization may be issued for a shorter period of time if approved by the Board.

3. A Training Center must demonstrate ongoing compliance with these Rules and the Training Center Standards in order to maintain its authorization.

§5. Renewal

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for authorization.
2. A Training Center may apply for a renewal authorization for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. A Training Center with an expired authorization cannot provide education and training courses pursuant to the Training Center Standards. An application submitted more than 90 days after expiration shall be considered a new application and subject to all requirements governing new applications.
3. In order to obtain an authorization renewal, a Training Center must:

A. Apply electronically ~~or by mail~~; and,

B. Demonstrate, as may be required by Maine EMS, that it meets the licensing requirements of 32 ~~M.R.S.A.~~M.R.S. §88(2)(D), these Rules and the Training Center Standards.

§6. Termination of Training Center Authorization

Any Training Center intending to terminate its operations must make written notification to Maine EMS at least 30 days prior to the termination date.

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. §84, §88

EFFECTIVE DATE: May 1, 2013 (~~NEW~~JK67)

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 9: INSTRUCTOR COORDINATOR LICENSE

§1. Licenses are issued for the following levels of Instructor ~~Coordinators~~
(Coordinators (I/C)):

1. I/C- EMT - a person licensed at the I/C - EMT level may act as the lead instructor in courses leading to licensure at the Emergency Medical Responder, and EMT license levels.
2. I/C- Advanced Emergency Medical Technician (AEMT) - a person licensed at the I/C - AEMT level may act as the lead instructor in courses leading to licensure at the Emergency Medical Responder, EMT and Advanced Emergency Medical Technician (AEMT) license levels.
3. I/C- Paramedic - a person licensed at the I/C- Paramedic level may act as the lead instructor in courses leading to licensure at the Emergency Medical Responder, EMT, Advanced Emergency Medical Technician (AEMT), and Paramedic license levels.

§2. Licensed Instructor Coordinators are responsible for EMS licensure program criteria as approved by the Board. Instructor Coordinator licenses are valid for a period of ~~three~~two years, or as otherwise determined by Maine EMS.

§3. To obtain and maintain a new or renewed Instructor Coordinator license, the applicant must:

Be at least 18 years of age.

1. ~~Be able to write, speak, and understand the English language.~~
2. ~~Possess 3 years of experience in emergency medicine at the level for which they are applying.~~
- 3.2. Submit the following to Maine EMS:
 - A. A completed Maine EMS Instructor Coordinator application signed by the applicant.
 - B. Proof of ~~operational experience and education consistent~~education consistent with current Maine EMS Education Standards at the:

1. EMT level, if applying for an I/C-EMT license.
2. Advanced Emergency Medical Technician (AEMT) level, if applying for an I/C – AEMT license.
3. Paramedic level, if applying for an I/C – Paramedic license.

C. Training Certification, which may be:

1. A Board-approved instructor coordinator training program completed within ~~three~~two years of license application at the appropriate level taught by a Maine EMS licensed I/C following the guidelines set forth by the Training Center or a program judged by Maine EMS to be equivalent; or,
2. For ~~licensees~~licensees, whose Maine Instructor Coordinator license is current or not expired by more than two years - Maine EMS-approved continuing education hours - ~~24~~16 hours ~~in category 7 of Maine EMS approved continuing education, Instructor Coordinator Recertification~~—specifically designed to address educational issues and approved by Maine EMS, provided that:
 - (a) Certificates of continuing education hours have not been used for a previous license renewal and have been earned within the past ~~three~~two years.
 - (b) No more than 6 hours of continuing education received by the applicant for instructing Maine EMS licensing courses may be used towards fulfilling license renewal ~~relicensure~~ requirements.

D. A complete history of criminal convictions as well as civil infractions for alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.

E. A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

§4. License ~~Expiration and Renewal~~ and Expiration

1. ~~A Licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license.~~ An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.

2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, “current renewal period” means the ~~36 month~~24-month period –prior to the application date. In calculating continuing education hours completed prior to the month of application, the ~~31st~~last day of each month shall be considered ~~the completion~~the completion date for all continuing education completed within a given month.
3. Applicants for license renewal will be selected by Maine EMS on a random basis for audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit ~~may~~will review the last two continuing education hour certifications submitted by the licensee, including ~~for the current renewal period.~~
4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Licensees will have ten (10) days from the date of notification to submit all requested documentation. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
5. Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS’s discretion, result – in accordance with 32 M.R.S.A. §90-A and Chapter 2B Chapter 12 of and the Maine EMS these Rules - in disciplinary action to deny license renewal or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or may result in any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the ~~Department Office~~Department of the Attorney General determine appropriate.
- 4.6. A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license.

~~5.7.~~ Licensees whose licenses have ~~lapsed as of the expiration date cannot provide instruction expired cannot act in an~~ Instructor Coordinator ~~capacity~~ in any class leading to licensure until a renewed license has been issued.

8. An application submitted more than ninety (90) days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

§5. Duty to Report

1. ~~A~~^[JK68] licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

A. Change of name or address;

B. Criminal ~~Convictions~~conviction;

C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,

D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 ~~M.R.S.A.~~^{M.R.S.}, Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
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 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION PROGRAMS

§1. Emergency Medical Dispatch Training Courses

1. Training courses for certification leading to licensure or ~~relicensure~~ license renewal as a Maine Emergency Medical Dispatcher must meet the requirements set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System.
2. Applicants to conduct courses leading to Emergency Medical Dispatcher licensure must comply with requirements set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System.

§2. Emergency Medical Dispatch Instructors

Any course leading to certification for licensure must be supervised by an instructor that meets the requirements set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System.

§3. Emergency Medical Dispatcher Continuing Education Programs

1. Emergency Medical Dispatcher continuing education training programs shall be conducted in accordance with the requirements of the Maine EMS Board-approved certifying entity.
2. The Board may require specific continuing education programs for Maine licensed Emergency Medical Dispatchers, based upon an educational or training need identified by Maine EMS.

~~3. A program held in Maine or out of state may be approved for the Emergency Medical Dispatcher continuing education hours (CEH) pursuant to these Rules if it meets the following conditions:~~

~~A. The sponsor must apply before the program begins. Only under unusual circumstances, such as those set forth in Chapter 13 §2.1—5 of these Rules, may continuing education hour courses be approved after the courses have been conducted;~~

~~B. The topics to be taught must be relevant to Emergency Medical Dispatchers;~~

- ~~C. The instructor must be qualified by education, training, and experience to instruct the topic;~~
- ~~D. The sponsor must advise the students of requirements the students must meet in order to receive an attendance certificate;~~
- ~~E. The sponsor must submit to the approver, who must submit to Maine EMS, a final attendance list for the program, which includes the names and certificate numbers of those attending, the number and type of hours approved, and the approval number. The list will be signed by the sponsor as verification of attendance;~~
- ~~F. The program must be open to all Emergency Medical Dispatchers unless otherwise specifically approved by the approver; and~~
- ~~G. The sponsor must provide the students an opportunity to comment in writing on the program and must make these comments available to Maine EMS upon request within thirty days after the end of the program. Sponsors of CEH offered through publications approved by Maine EMS need not provide this opportunity.~~
- ~~4. Maine EMS may grant Emergency Medical Dispatchers continuing education hours, required by the Rules for programs offered through professional journals, audio and visual media, teleconferencing, the Internet and other forms of distributive learning, or for other educational programs not described in this Chapter. To receive approval the applicant must submit to Maine EMS:~~
- ~~A. An outline and description of the program, including program handouts;~~
- ~~B. The name and address of the program sponsor;~~
- ~~C. The names of any agencies granting the program continuing education hours, to the extent known;~~
- ~~D. A contact name and telephone number for attendance verification;~~
- ~~E. A program completion certificate, or equivalent;~~
- ~~F. If applicable, approval from the Continuing Education Coordinating Board for EMS (CECBEMS).~~
- ~~G. Proof, if the program was not supervised, that the program required, and the applicant successfully completed, a test in order to receive a program completion certificate.~~

CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION PROGRAMS

~~5.—When Maine EMS, or its delegate, approves specific program content and instructor for Emergency Medical Dispatcher continuing education hours that are used to fulfill the requirements of Chapter 5-A and has not rescinded such approval, subsequent applications by the instructor for that program will be approved without further review if there are no changes in program content or faculty.~~

~~6.—Maine EMS may delegate approval of in-state continuing education programs. The entity or person delegated to approve in-state continuing education programs must maintain a system substantially equivalent to or stricter than the continuing education approval requirements included in these Rules. The delegated approver will ensure high quality programs and will provide program information in a timely manner as requested by Maine EMS.~~

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. § 84, 85-A, 88

EFFECTIVE DATE: September 1, 2006 (New)

REPEALED AND REPLACED: October 1, 2009
May 1, 2013^[JK70]

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 10: RECIPROCITY

§1. Any ambulance service, vehicle or person licensed in another state or territory to provide emergency medical treatment, and entering Maine in response to a call to assist in a mass-casualty situation, is exempt from the provisions of these Rules requiring licensure in Maine.

§4. §2. If a person holds a valid license or certificate entitling him/her to practice as an EMS provider in another state or territory, he/she may receive reciprocal licensing provided he/she satisfies all the requirements of Chapter 5. Licensure and license expiration date will be based on materials supplied by the applicant which demonstrate the following:

1. Certification of training history.
2. Certification of testing history.
3. Certification/licensure in another state or territory.
4. History of criminal convictions and actions taken against professional licenses in accordance with Chapter 5 of these rules. Maine EMS will consider this to the extent allowed ~~my~~-by Maine law.

AUTHORITY: 32 M.R.S., Chapter 2-B.

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11.1067

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR
RENEW, A LICENSE, AND FOR MODIFYING, SUSPENDING, OR
REVOKING A LICENSE

§1. The Board may refuse to issue or renew a license, or may modify, suspend, or revoke a license, if an applicant or licensee engages, or attempts to engage in any of the following, which shall be considered unprofessional conduct:

1. Obtaining a license or certification by fraud, by deceit, by misrepresentation, or by concealing material facts.
2. Violating a lawful order, rule or consent agreement of the Board.
3. Violating any of the provisions of 32 M.R.S.A, Chapter 2-B.
4. Any criminal conviction, subject to the limitations of Maine statute.
5. Acting in ways that are dangerous or injurious to the licensee or other persons.
6. Renting, selling, bartering or lending a license to another person.
7. ~~Addiction to a drug, including alcohol or~~ Responding to the scene of a call while under the influence of drugs or alcohol, whether or not the use of such substances is habitual.
8. Initiating the transport of a person, knowing that the person does not need to be transported, or treating a person knowing the person does not need to be treated, when the primary purpose of the action is to collect a fee or charge.
9. Obtaining a fee by fraud, deceit or misrepresentation.
10. Responding to the scene of an accident or incident to which the licensee has not been dispatched, when there is reason to believe that another licensee has been or will be called to that ~~scene, and~~ scene and refusing to turn over the care of the patient to the responsible service when it arrives.
11. Failing to provide patient information to a hospital or other health care facility in response to an authorized request.

- 4533
- 4534 12. Disclosing or causing to be disclosed confidential patient information to an
- 4535 unauthorized person or using confidential patient information for personal or
- 4536 unauthorized financial benefit.
- 4537
- 4538 13. Engaging in conduct prohibited by law, other than conduct that falls within the
- 4539 following categories and is not related to the practice: minor traffic violations;
- 4540 minor civil violations; and conduct that could be charged as Class E crimes under
- 4541 Maine law.
- 4542
- 4543 Possession of a useable amount of marijuana in violation of 22 M.R.S.A §
- 4544 2383 is not considered a minor civil violation.
- 4545
- 4546 14. Violation of any standard established in the profession.
- 4547
- 4548 15. Inaccurate recording of material ~~information, or information or~~ falsifying or
- 4549 improperly altering a patient or healthcare provider record.
- 4550
- 4551 16. Exploiting the provider-patient relationship for the purpose of personal or financial
- 4552 gain by the licensee or by a third party including, but not limited to, promoting or
- 4553 selling services, goods, appliances or drugs.
- 4554
- 4555 17. Diverting drugs, supplies or property of patients, patient's families, services, or
- 4556 healthcare providers.
- 4557
- 4558 18. Possessing, obtaining, furnishing or administering prescription drugs, equipment or
- 4559 supplies to any person, including one's self, except as directed by a person
- 4560 authorized by law to prescribe such items.
- 4561
- 4562 19. Impersonating another licensed practitioner.
- 4563
- 4564 20. Impersonating any applicant or licensee, or acting as proxy for the applicant or
- 4565 licensee in any licensing exam.
- 4566

4567 ~~21.1. Acting negligently or neglectfully when caring for or treating a patient.~~

4568 ~~22.21. Acting negligently or neglectfully when caring for or treating a patient.~~

4569 ~~23. Incompetent practice. A licensee or applicant shall be deemed incompetent in the~~

4570 ~~practice if the licensee or applicant has:~~

4571

4572 ~~A. Engaged in conduct which evidences a lack of ability or fitness to discharge~~

4573 ~~the duty owed by the licensee to a client, patient, student or the general~~

4574 ~~public; or~~

4575

~~B. Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice or instruction for which he/she is licensed, or for which a Training Center is authorized.~~

~~24.22.~~ Losing certification or license, when the certification or license is a necessary condition of licensure. For instance, a person licensed in Maine on the basis of training obtained in another state would lose his Maine license if the other state revoked his or her certification or license.

~~25.23.~~ Acting negligently or neglectfully in conducting an ambulance service.

~~26.24.~~ Acting negligently or neglectfully in conducting a Maine EMS continuing education program or licensure program.

~~27.25.~~ Altering or falsifying ~~a license or~~ documents used or intended to be used to obtain for a obtain a course card or certificate.

~~28.26.~~ Operating an ambulance or EMS vehicle that is not licensed or authorized by the Board.

~~29.27.~~ Using or attempting to use as a valid license one that has been purchased, counterfeited materially altered, or obtained by fraud, deceit or misrepresentation.

~~30.28.~~ Transferring a license from one vehicle to another without the consent of the Board.

~~31.29.~~ Willfully making a false statement in an application for a license or renewal of a license, or in any activity or documents intended to be used to satisfy a requirement for licensure.

~~32.30.~~ Providing treatment ~~or Emergency Medical Dispatch services~~ JK711 at a level for which a person is not licensed or for which a service is not licensed or permitted.

~~33.31.~~ The practice of fraud ~~or~~ deceit, misrepresentation, or the concealment of material facts in connection with service rendered within the scope of the license issued.

~~34.32.~~ ~~Habitual intemperance in the~~ Misuse of drugs, including alcohol, or other substances, the use of which has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients or students.

~~35. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients or students.~~

~~36.33.~~ Aiding or abetting the practice of emergency medical treatment by a person not
duly licensed under 32 M.R.S.A., Chapter 2-B.

34. Delegation of practice, skills, treatment or educational instruction to a person who is
not licensed or qualified to perform said practice, skills or treatment.

~~37.35. Abandonment or neglect of a patient.~~

~~Abandonment or neglect of a patient requiring emergency medical treatment.~~

~~38.36.~~ Causing physical or emotional injury to a patient in violation of the applicable
standard of care.

~~39.37.~~ Failing to safeguard the patient's dignity and right to privacy in providing services
regardless of race, creed, color, sexual orientation, gender or socio-economic status.

~~40.38.~~ Sexual misconduct as defined in Chapter 14 of these Rules.

~~41.39.~~ Providing instruction at a level for which a person is not licensed.

~~42.40.~~ Providing instruction at a level for which a Training Center is not authorized or
licensed to provide.

~~43.41.~~ Aiding or abetting the practice of instruction by a person not duly licensed as a
Maine EMS Instructor Coordinator, when a licensed Instructor Coordinator is
required.

~~44.42.~~ Violating any of the requirements of the Training Center Standards.

~~43.~~ Failure to provide program or course documentation when required or requested by
Maine EMS.

~~44. Inaccurate recording of material information, or information or falsifying or
improperly altering an emergency medical dispatch record.~~

~~45. Acting negligently or neglectfully in the provision of emergency medical dispatch
services to a caller or patient.~~

~~46. Acting negligently or neglectfully in conducting an Emergency Medical Dispatch
Center.~~

~~47. Providing emergency medical treatment or emergency medical dispatch services
when not licensed to do so.~~

~~Abandonment or neglect of a patient or caller requiring emergency medical dispatch services.~~

48. Aiding or abetting the practice of emergency medical dispatch services by a person not duly licensed as a Maine EMS Emergency Medical Dispatcher.

49. Failing to participate in Maine EMS approved quality assurance activities.

50. Failure to comply with continuing education requirements for license renewal.

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982

December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73

January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and

11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11

January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

September 1, 1986

August 25, 1987 - Sec. 5, 6.011 and 12 (added)

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 12: PROCEDURES FOR LICENSING ACTIONS AND BOARD ACTIONS

§1. Disciplinary Actions

1. Investigation of Complaints

The Board, its subcommittee or staff shall investigate complaints in accordance with 32 M.R.S. ~~A.~~ § 90-A (1). ~~The investigating body may require that the complaint be submitted on complaint forms developed for that purpose and with supporting documentation in order to have sufficient information to evaluate the complaint.~~ [JK73] ~~The board or, as delegated, its staff, shall investigate a complaint on its own motion or upon receipt of a written complaint filed with the board regarding noncompliance with or violation of this chapter or of any rules adopted by the board. Investigation may include an informal conference before the board, its subcommittee or staff to determine whether grounds exist for suspension, revocation or denial of a license or for taking other disciplinary action pursuant to this chapter. The board, its subcommittee or staff may subpoena witnesses, records and documents, including records and documents maintained by a health care facility or other service organization or person related to the delivery of emergency medical services, in any investigation or hearing it conducts.~~

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2. Notice of Complaints and Response

A. Notice

The Board, ~~its subcommittee~~ or staff shall notify an individual or organization of the content of a complaint filed against the individual or organization not later than ~~sixty~~ 60 days after receipt of the initial pertinent information, in accordance with 32 ~~M.R.S.A.~~ M.R.S. § 90-A (2). Notice shall be in writing. Service of the notice is complete upon mailing to the party, the party's attorney, or upon in-hand delivery to the party or the party's office in accordance with 5 ~~M.R.S.A.~~ M.R.S. § 8051 (2).

B. Response

If the licensee wishes to contest the complaint or dispute the information that forms the basis of the complaint, the licensee must respond to the Board in writing, ~~by certified mail, return receipt requested.~~ For this response to be considered timely, it must be received by Maine EMS within thirty (30) days of

receipt of the Board's notice in accordance with 32 M.R.S. § 90-A (2). Service of the licensee's response is complete when the Board or the Board's staff receives the response by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1).

C. Additional Information

The Board, its subcommittee or staff may request additional information from the licensee in support of any response received. If the licensee's response to the complaint satisfies the Board ~~its subcommittee~~ JK74, its subcommittee or staff that no further action is warranted on the complaint, the complaint may be dismissed. Notice of the dismissal must be sent to any complainants.

D. Further Communications with Complainant

The Board, its subcommittee or staff may provide the complainant with a copy of the licensee's response or portions thereof, as the members or staff determines to be necessary to facilitate the investigation. The Board, subcommittee or staff may request additional information from the complainant in support of the original complaint or in response to the licensee's response. The complainant must provide this additional information to the Board, subcommittee or staff within thirty (30) days of being requested to do so, or indicate why the information cannot be obtained within that time.

E. Resolution of Complaints ~~w~~Without Discipline

Upon the written information provided by the complainant, licensee and any others in support of the complaint and responses, ~~the Board, its subcommittee or staff may take~~ the Board, its subcommittee or staff may take any of the following actions, which do not constitute discipline, except as specifically indicated ~~may be taken~~ JK75:

1. ~~The~~ JK76 ~~Board, its subcommittee or staff may li~~ issue a letter of guidance or concern pursuant to 32 ~~M.R.S.A.~~ M.R.S. § 88(4);
2. ~~The Board or staff may d~~ Dismiss the complaint ~~Refer the complaint and refer it~~ to the Regional Medical Director for resolution to the extent that the complaint alleges conduct that relates solely to clinical practice issues. A complaint may be referred ~~to both~~ to both to the Regional Medical Director for review of clinical practice issues and for further disciplinary procedures in accordance with these Rules, if ~~the complaint~~ the complaint alleges both clinical practice issues and issues appropriate for discipline by the Board; or

3. ~~The Board or staff may De~~Dismiss the complaint upon a finding that the complaint is factually unfounded or alleges conduct that is not a violation of EMS Rules or statutes.;

~~3. Dismiss the complaint with a warning to the licensee if it finds all of the following:~~

~~(a) Misconduct subject to sanction under EMS Rules or statutes has occurred;~~

~~(b) The misconduct is minor;~~

~~(c) There is little or no injury to the public, the emergency medical services system or the profession; and~~

~~(d) There is little likelihood of repetition.~~

3. Informal Conferences

A. If, in the opinion of the Board, its subcommittee or staff, the factual basis of the complaint is or may be true and the complaint is of sufficient gravity to warrant further action, the licensee may be requested to participate in an informal conference in accordance with 32 ~~M.R.S.A.~~M.R.S. § 90-A. The licensee shall be provided with at least seven days written notice of the conference and of the issues to be discussed, unless the licensee waives such right to notice or extraordinary circumstances warrant a shorter period of notice.

B. If, after ~~Informal Conference~~ the informal conference, the Board, subcommittee or staff determines that resolution without discipline is appropriate, the matter may be resolved by referral to the Regional Medical Director, a letter of guidance or concern, or dismissal, ~~or dismissal with warning,~~ as appropriate, and in accordance with EMS statutes and these Rules.

4. Sanctions

A. If, upon review of the written information provided by the complainant, licensee and any others in support of the complaint and responses, or after an ~~I~~informal ~~C~~conference, the Board, its subcommittee or staff determines that the complaint is ~~or may be~~ true, that a current or former licensee has violated Maine EMS statutes or Rules, and the violation is of sufficient gravity to warrant further action, any of the following may ~~be~~ occur:

1. The Board, its subcommittee or staff may enter into a consent agreement with the licensee in accordance with 32 ~~M.R.S.A.~~M.R.S. §88(3)(E) and §90-A (4)(A). Any remedy, penalty or fine, or cost recovery that is otherwise available by law may be achieved by consent agreement, including long-term suspension and permanent revocation of a license.

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2. The Board, its subcommittee or staff may negotiate the voluntary surrender of a license by means of a consent agreement, in accordance with 32 ~~M.R.S.A.~~M.R.S. 90-A (4)(B).

B. If the Board, its subcommittee or staff concludes that modification, nonrenewal, or suspension or other discipline within the Board's authority pursuant to 32 ~~M.R.S.A.~~M.R.S. § 88(3) (civil penalty; warning censure or reprimand; probation; suspension of up to 90 days per violation) is in order, the process is as follows:

1. The board shall notify the licensee in writing of the licensee's right to request an adjudicatory hearing ~~and~~concerning any proposed action of the Board.
2. The licensee must file a written request for hearing within ~~twenty~~ (20)thirty (30) days of receipt of the notice of opportunity for hearing. The request is considered filed when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1). —. The Board may extend this period for good cause shown.
3. If the licensee makes a timely request for hearing, that hearing must be held by the Board in accordance with the Maine Administrative Procedure Act, Title 5, Chapter 375, Subchapter IV.
4. Failure to make a timely request for hearing shall be a waiver of any right to hearing and may result in a hearing being held with no further notice to the licensee, or the proposed action of the Board becoming final without further hearing.
5. If, after hearing, the Board concludes that the licensee committed one or more violations and imposes sanctions, this decision constitutes final agency action appealable pursuant to 32 ~~M.R.S.A.~~M.R.S. 90-A (4)(C) and the Maine Administrative Procedure Act, 5 M.R.S.A, Chapter 375, Subchapter VII.

C. Except in the specific circumstances where 5 ~~M.R.S.A.~~M.R.S. § 10004, Action without hearing, may be invoked, if the Board, ~~its subcommittee~~ or staff concludes that suspension beyond the authority conferred by 32

~~M.R.S.A.~~M.R.S. § 88 or revocation is in order, the Board ~~, its subcommittee~~ or staff may request the Attorney General to file a complaint in the District Court.

Time limits in these Rules may be modified as necessary to address emergency ~~license suspensions~~, consistent with the Maine Administrative Procedure Act.

§2. Initial License Applications

1. Issuance Subject to Letter of Guidance or Consent Agreement

A. A license may be issued in conjunction with a letter of guidance ~~or warning~~ pursuant to 32 ~~M.R.S.A.~~M.R.S. §88(4). The purpose of the letter is to educate the applicant, reinforce knowledge regarding legal or professional obligations, and ~~or~~ express concern over action or inaction by the applicant that does not rise to the level of misconduct sufficient to merit ~~denial of the application or negotiation of a Consent Agreement.~~disciplinary action~~denial of the application or negotiation of a consent agreement~~JK77.

B. A license may be issued subject to a consent agreement with the ~~applicant/licensee~~applicant in accordance with 32 M.R.S. §88(3)(E) and 90-A (4)(A) if the applicant has engaged in conduct actionable under Maine EMS statutes or Rules ~~and~~ and the terms of the consent agreement, in the opinion of the Board, subcommittee or staff, are adequate to protect the public health and safety ~~and~~ and to rehabilitate or educate the licensee.

2. Denial

A. ~~Staff~~The staff or a subcommittee of the Board mayBoard may deny an initial license application if done so in a written decision that reflects the reasons for the denial and informs the applicant of the right to appeal the decision to the Board.

B. A person or organization aggrieved by a ~~subcommittee or~~ staff decision to deny a license may appeal the decision to the Board for a final decision in accordance with 32 ~~M.R.S.A.~~M.R.S. § 91-A.

C. If the applicant wishes to appeal the denial, the applicant must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant's receipt of notice of the denial. Service of the notice of appeal is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1).

D. The staff's ~~or subcommittee's~~ decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.

- E. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing unless otherwise required by law.
- F. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board's reasoning in a manner sufficient to inform the parties and the public, of the basis for the Board's decision.
- G. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A.M.R.S. Chapter 375, Subchapter VII.

§3. Non-Disciplinary Refusal to Renew

The staff or a subcommittee of the Board may recommend to the Board that it refuse to renew a license. Before presenting the recommended decision to the Board for consideration, staff shall mail or hand-deliver to the applicant/licensee written notice of the recommended decision and the reasons therefore with notice of applicant/licensee's right to request a hearing in accordance with the Administrative Procedure Act. Service is complete upon mailing to the applicant/licensee or the applicant/licensee's attorney, or upon in-hand delivery to the recipient or the recipient's office in accordance with 5 M.R.S. § 8051 (2-). ~~Service of the notice of appeal is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1).~~ Service is complete upon mailing or personal delivery.

1. If the applicant/licensee wishes to request a hearing, the applicant/licensee must submit a written request for a hearing to the Board. The written request must be received by the Board within thirty (30) days of the applicant/licensee's receipt of notice of the proposed decision/opportunity to request hearing. Service of request is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1). Failure to submit a request within this period shall be deemed a waiver of the right to hearing, and the Board may adopt the recommended decision without further hearing.

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The decision of the Board shall be in writing or stated on the record and reflect the Board's reasoning in a manner sufficient to inform the parties and the public of the basis for the Board's decision.

- 1.2. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A.M.R.S. Chapter 375, Subchapter VII.

§4. Other Staff/Board Actions

1. A person or organization aggrieved by the decision of Maine EMS staff or a subcommittee of the ~~board~~ Board in taking any non-disciplinary action pursuant to the Board's statutes and Rules, including to waive~~waiving~~ the application of any rule, or in interpreting statutes or Rules governing the EMS system, may appeal the decision to the Board for a final decision in accordance with 32 ~~M.R.S.A.~~M.R.S. §91-A.
2. In order to appeal such a decision, the person or organization must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant's receipt of notice of the challenged decision. Service of the notice of appeal is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1).
- 2.3.
- 3.4. The staff's or subcommittee's decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.
- 4.5. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing.
- 5.6. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board's reasoning in a manner sufficient to inform the parties and the public of the basis for the Board's decision.
- 6.7. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 ~~M.R.S.A.~~M.R.S. Chapter 375, Subchapter VII.

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

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 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067
 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
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5012		July 1, 2003

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 13: WAIVER OF RULES

§1. Upon the request of an individual, organization or on the Board's own initiative, the Board may waive any of these Rules by a two-thirds majority vote of those present and voting and by no less than a majority of the appointed and currently serving members, if it determines that such a waiver would avert a significant injustice while preserving the public safety and the integrity of the statutory and regulatory components of the State's EMS system.

§2. When determining whether to waive a rule, the Board will consider a number of factors including, but not necessarily limited to, the following:

1. Whether the person or organization seeking the waiver took reasonable steps to ascertain the rule and comply with it;
2. Whether the person or organization seeking the waiver was given inaccurate information by an agent or employee of the State EMS program;
3. Whether the person or organization seeking the waiver, or any other individual or group, would be significantly injured or harmed if the rule were not waived;
4. Whether waiver of the rule in the particular case would pose a health or safety risk to the public at large or a particular individual or community; and
5. Whether waiver of the rule in the particular case would establish a precedent that would unduly hinder the Board or office of EMS in its administration of Maine's EMS system.

§3. A waiver is to be granted only under extraordinary circumstances. This means that the Board must find a number of the above factors weighing in favor of a waiver before it is granted.

§4. The Board shall notify any person or organization requesting a waiver of its decision to grant or deny this request. The notice shall include a brief summary of the reasons for the Board's decision.

§5. Any decision by the Board to deny a waiver may be appealed by the person or organization seeking the waiver, in the manner prescribed in Chapter 12 of the Rules.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

5058 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
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 5060 AMENDED: April 1, 1982
 5061 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
 5062 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
 5063 11.1067
 5064 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 5065 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
 5066 September 1, 1986
 5067 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
 5068 July 1, 1988
 5069 March 4, 1992
 5070 September 1, 1996^[JK80]
 5071 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
 5072 REPEALED AND REPLACED: July 1, 2000
 5073 July 1, 2003

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 14: SEXUAL MISCONDUCT

§1. Definitions

1. “EMS Provider” is an individual who is licensed or certified according to the provisions of 32 ~~M.R.S.A.~~M.R.S. §81 et seq. and the Maine EMS Rules.
2. ~~“EMS Provider’s~~Sexual misconduct” is behavior that exploits the EMS Provider-patient relationship in a sexual way. This behavior is non-diagnostic and/or non-therapeutic, may be verbal or physical, and may include expressions or gestures that have a sexual connotation or that a reasonable person would construe as such. Sexual misconduct is considered ~~incompetent professional practice and~~ unprofessional conduct pursuant to 32 ~~M.R.S.A.~~M.R.S. ~~90-A.5~~§ 90-A(5)(F)-EF. ~~and~~ F. and Chapter 11 of the Maine EMS Rules. There are two levels of sexual misconduct: sexual violation and sexual impropriety. Behavior listed in either category may be the basis for disciplinary action.
3. “Sexual violation” is any conduct by ~~an~~ EMS ~~provider~~Provider with a patient that is sexual or may be reasonably interpreted as sexual, even when initiated by or consented to by a patient, including but not limited to:
 - A. Sexual intercourse, genital to genital contact;
 - B. Oral to genital contact;
 - C. Oral to anal contact or genital to anal contact;
 - D. Kissing in a sexual manner;
 - E. Any touching of a body part for any purpose other than appropriate examination or treatment.
 - F. Encouraging the patient to masturbate in the presence of the EMS ~~Provider~~provider or masturbation by the EMS ~~Provider~~provider while the patient is present; and,
 - G. Offering to provide practice-related services, such as drugs, in exchange for sexual favors.

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4. “Sexual impropriety” is behavior, gestures, or expressions by the EMS Provider that are seductive, sexually suggestive, or sexually demeaning to a patient, including but not limited to:
 - A. Kissing;
 - B. Disrobing, draping practices or touching of the patient’s clothing that reflect a lack of respect for the patient’s privacy; deliberately watching a patient dress or undress, instead of providing privacy for disrobing;
 - C. Examination or touching of genitals without a reported, suspected or obvious injury;
 - D. Inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient’s body or underclothing; making sexualized or sexually demeaning comments to a patient, criticizing the patient’s sexual orientation, making comments about potential sexual performance during an examination or consultation, requesting details of sexual history or requesting information on sexual likes or dislikes;
 - E. Using the EMS ~~Provider~~provider-patient relationship to solicit a date or initiate romantic relationship;
 - F. Initiation by the EMS ~~Provider~~provider of conversation regarding the sexual problems, preferences, or fantasies of the EMS ~~Provider~~provider, the sexual preferences or fantasies of the patient, or sexual problems of the patient that are not relevant to emergency medical treatment.

§2. Sanctions

1. If the Board finds that an ~~licensee-EMS Provider~~provider has engaged in sexual misconduct as defined in §1 of this chapter, the ~~licensee-EMS Provider~~provider shall be disciplined in accordance with Maine statutes and these Rules.
 - A. All disciplinary sanctions under 32 M.R.S. ~~§ 88 and 90-A(3) and 32 M.R.S. § 90(A) (5) are applicable~~ are applicable.
 - B. Sexual Violation – Finding of a sexual violation is egregious enough to warrant revocation of an EMS Provider’s license. The Board may, at times, find that mitigating circumstances do exist and may impose a lesser sanction.

C. Sexual Impropriety – Finding of a sexual impropriety will result in harsh sanction, which may include license revocation.

2. Special consideration should be given to at least the following when determining an appropriate sanction for sexual misconduct:

A. Patient harm;

B. Severity of conduct;

C. Motive and intent of licensee;

D. Inappropriate termination of EMS ~~Provider~~provider-patient relationship;

E. Age of patient;

F. Physical and mental capacity of patient;

G. Frequency and duration of behavior;

H. Number of patients involved;

I. Evaluation/assessment results.

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

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April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
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August 25, 1987 - Sec. 5, 6.011 and 12 (added)
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5206

July 1, 2003
October 1, 2009

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 15: MAINE EMS REGIONS AND REGIONAL COUNCILS

§1. Composition of Councils

A Regional Council shall, at least, provide adequate representation for ambulance and rescue services, emergency physicians and nurses, each hospital and the general public. A Regional Council shall be structured to adequately represent each major geographical part of its region. Regional Councils will identify and publicize names of representatives and their constituencies in order that constituents are able to effectively communicate with their representatives.

§2. Regional Council Activities

1. Only one Regional Council shall be recognized in any region. Any organization proposing to serve, as a Regional Council must state this intention in writing delivered to Maine EMS no later than 120 days before the start of the fiscal year in which the contract is to be written. The Board will select the organization which best demonstrates an ability to carry out those functions specified in the service contract for the upcoming fiscal year. The Board will then negotiate a price for carrying out the service contract with the organization selected to be the Regional Council. The Board may elect to enter into a 2-year contract consistent with the biennial budget process.
2. Regional Council activities specified in the service contract will include, but are not limited to those activities listed in 32 M.R.S.A. M.R.S., Chapter 2-B, §89. By December 31, following the year the contract was in effect, each Regional Council will submit to Maine EMS a final report for the previous fiscal year detailing its performance in carrying out the provisions of the service contract, and which includes an independently prepared financial report. Maine EMS will use financial reports for the purpose of monitoring the general activities of each Council and for setting reasonable prices for future service contracts. Because Regional Councils depend largely on Maine EMS for operational revenue, Maine EMS will endeavor to maintain a schedule of payments to the Region that provides operational funds in advance of the period in which the funds will be employed. Any regional personnel handling the disbursement of its funds shall be bonded at a minimum of \$10,000.

§3. Designation of Regions

1. The Board shall delineate regions within the State in accordance with 32 M.R.S.A. M.R.S. Chapter 2-B §89(1).

2. Service Affiliation with Regions

A. Services that respond only to cities, towns, townships, and territories within a single region will be affiliated with that region.

B. Services that respond to cities, towns, townships and territories in more than one region will be affiliated with the region as determined by the initial hospital destination of a simple majority of the patients treated by the service as defined in §3.1 of this chapter.

3. Changes to Service affiliation within Regional designations are made by Maine EMS when they are approved by the Board and published in a document distributed to all service chiefs. The Board will seek advice from the services and ~~regional councils~~ Regional Councils affected regarding any disruption of patient service or EMS system caused by ~~the proposed~~ the proposed change in designation.

§4. Medical Control and Delegation

1. Regional Medical Directors acting within the provision of these Rules and 32 ~~M.R.S.A.~~ M.R.S. Chapter 2-B are agents of Maine EMS. Regional Medical Directors may designate, with the approval of Maine EMS, licensed and qualified physicians to serve as their assistants in carrying out these provisions. These assistants will similarly be considered agents of Maine EMS.

2. A Regional Medical Director may impose conditions upon a licensee's ability to practice in that Director's region with the licensee's consent. In all cases, the Regional Medical Director must inform Maine EMS of this action as soon as possible and forward to Maine EMS a copy of the executed agreement. If a Regional Medical Director wishes to take action to modify a licensee's ability to practice at his or her license level or modify approval to practice and the licensee does not consent to the modification, the Regional Medical Director will immediately inform Maine EMS.

AUTHORITY: 32 ~~M.R.S.A.~~ M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
September 1, 1986
August 25, 1987 - Sec. 5, 6.011 and 12 (added)
July 1, 1988

5299		March 4, 1992	
5300		September 1, 1996	JK82
5301	EFFECTIVE DATE (ELECTRONIC CONVERSION):		July 1, 2000
5302	REPEALED AND REPLACED:	July 1, 2000	
5303		July 1, 2003	
5304	October 1, 2009		
5305		May 1, 2013	
5306			

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

**CHAPTER 16: DEATH BENEFITS FOR EMERGENCY MEDICAL SERVICES
PERSONS WHO DIE IN THE LINE OF DUTY.**

Summary: This chapter outlines the procedures governing the award of death benefits to the child, spouse or parent of an emergency medical services person who dies while in the line of duty.

§1. Definitions

1. “Child” means any natural born or unborn child, legally adopted child or stepchild of an emergency medical services person who, at the time of the emergency medical services person’s death, is:
 - A. Conceived or less than 19 years of age;
 - B. 19 or more years of age, but less than 25 years of age, and accepted for admission or enrolled in a full-time postsecondary educational institution; or
 - C. 19 or more years of age and is incapable of self-support because of a physical or mental disability.
2. “Died while in the line of duty” means to cease to be alive or to sustain an injury or illness that results in death as a result of the performance of an emergency medical services person’s official duty.
3. “Director” means the Director of Maine Emergency Medical Services as defined in 32 M.R.S.A. M.R.S. §83, sub-§10-A.
4. “Emergency medical services person” has the same meaning as in 20-A M.R.S.A. M.R.S. §12552, sub-§1-C.
5. “Official duty” means an action that an emergency medical services person is authorized or obligated by law, rule, regulation or condition of employment or service to perform.
6. “Parent” means the natural or adoptive mother or father, or the stepmother or stepfather, whose parental rights have not been terminated and who contributed significantly to the upbringing of an emergency medical services person.

7. “Spouse” means a person who is legally married to an emergency medical services person at the time of the emergency medical services person’s death.

8. “Under the influence” means under the influence of alcohol, a drug other than alcohol, a combination of drugs or a combination of alcohol and drugs or having a blood alcohol level of .08% or more.

§2. Death Benefit – Amount and Receipt

1. If the Director determines that an emergency medical services person died while in the line of duty, the State shall pay a benefit of \$50,000 as follows:

A. If there is no surviving child of the emergency medical services person, to the surviving spouse;

B. If there is a surviving child or children and a surviving spouse of the emergency medical services person, 1/2 to the surviving child or children in equal shares and 1/2 to the surviving spouse;

C. If there is no surviving spouse of the emergency medical services person, to the child or children in equal shares; or

D. If there is no surviving child or spouse, to the parent or parents of the emergency medical services person, in equal shares.

§3. Limitation on Benefit

1. Notwithstanding a determination by the Director that an emergency medical services person died while in the line of duty, a benefit may not be paid:

A. If the death or the injury or illness that resulted in the death was caused by the intentional misconduct of the emergency medical services person or by the emergency medical services person’s intention to bring about the death or the injury or illness that resulted in the death;

B. If the emergency medical services person was voluntarily under the influence at the time of the death or the injury or illness that resulted in the death and being under the influence was a substantial contributing factor in the death or the injury or illness that resulted in the death;

C. If the emergency medical services person was performing in a grossly negligent manner at the time of the death or the injury or illness that resulted in the death;

or

D. To any person who would otherwise be entitled to a benefit pursuant to 25 ~~M.R.S.A.~~M.R.S. c. 195-A and this chapter, if the person's actions were a substantial contributing factor to the death of the emergency medical services person. ~~Or;~~

E. If the potentially eligible child, spouse or parent dies prior to actual receipt of this death benefit.

§4. Filing Request for Benefit

1. A person who is potentially eligible to receive these benefits, or a person authorized to request benefits acting as an agent of a potentially eligible person, must forward a written request to the Director for a State of Maine Application for Line of Duty Death Benefit within 90 days of the emergency medical services person's death. The 90 day period may be extended by the Director for good cause shown.
2. Upon receipt of the written request for a State of Maine Application for Line of Duty Death Benefit, the Director shall provide an application package and questionnaire that must be completed and returned within 30 days of receipt by the applicant. The 30 day period may be extended by the Director for good cause shown.

§5. Determination of Eligibility for Benefit

1. Upon receipt of a completed State of Maine Application for Line of Duty Death Benefit, the Director shall appoint a review panel consisting of at least three, but not more than five, persons knowledgeable in the emergency medical services ~~persons~~ person's official duties.
2. The review panel shall convene to review the application, investigate the circumstances surrounding the death and make a written recommendation to approve or deny the application to the Director within 30 days. If the Director determines that further investigation is necessary, the Director may extend the review period.
3. The Director, after review of the recommendation, shall make the determination to approve or deny the application in a timely manner. The Director's determination is the final agency decision.

§6. Interim Benefits

The Director may make interim benefits payments in accordance with and subject to the limitations outlined in 25 ~~M.R.S.A.~~M.R.S. §1612.

5438 §7. Appeal
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5440 An appeal of the final agency decision may be filed in accordance with the Administrative
5441 Procedures Act, 5 M.R.S.A. Chapter 375 Subchapter VII.

5442
5443 AUTHORITY: 32-25 M.R.S.A., Chapter 2-B195-A.

5444
5445 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

5446
5447 AMENDED: April 1, 1982
5448 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
5449 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
5450 11.1067
5451 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
5452 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
5453 September 1, 1986
5454 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
5455 July 1, 1988
5456 March 4, 1992
5457 September 1, 1996^[JK83]

5458 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

5459 REPEALED AND REPLACED: July 1, 2000
5460 July 1, 2003

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL
EMS RADIO FREQUENCIES

Maine EMS may accept other equipment or supplies that it judges to be equivalent to these listed, however, specific approval from Maine EMS must be obtained before such a substitution is made.

§1. Required Equipment List for Non-Transporting Services, Ground Ambulance Services, Transfer Air Ambulance Services and Scene Response Air Ambulance Services.

~~§1. Equipment list for Non-Transporting Services~~

1. Any Non-Transporting Service, Ground Ambulance Service, Transfer Air Ambulance Service or Scene Response Air Ambulance Service must possess, at a minimum, the equipment listed in this section and must maintain a system to ensure the availability of this equipment on any call.

~~1. A non transporting service must possess, at a minimum, the equipment listed in this section and must maintain a system to ensure the availability of this equipment on any call.~~

A. ~~As of August 1, 2004, a~~All medical equipment and medical supplies required in this section must be ~~natural rubber~~ latex free.

B. Each ground ambulance vehicle must carry the equipment and medical supplies listed in this chapter.

C. The ~~Emergency Medical Technician (EMT)~~ ~~set~~^[JK84] of equipment is the minimum set of required equipment for a Ground Ambulance Service.

D. The ~~Emergency Medical Responder (EMR)~~ set of equipment is the minimum set of required equipment for a Non-Transporting Service.

E. If a ~~g~~Ground ~~a~~Ambulance ~~s~~Service is licensed at the Advanced ~~Emergency Medical Technician (AEMT)~~ or Paramedic level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies ~~pursuant to~~^[JK85] these Rules.

F. If a ~~g~~Ground ~~a~~Ambulance ~~s~~Service is permitted to a given level, it must possess at least one set of equipment and supplies required for that level pursuant to these Rules.

§2. Airway management supplies

<u>§2. Airway Management</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Airways, Nasal</u>	<u>20 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>22 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>24 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>26 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>28 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>30 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>32 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>40 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>50 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>60 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>70 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>80 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>90 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>100 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>110 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Aspirator, Bulb</u>	<u>Small</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Meconium Aspirator</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Bag Valve Mask</u> ¹	<u>Adult, Child, Infant</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Bougie</u>	<u>Adult & Pediatric</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Continuous Positive Airway Pressure (CPAP) Device</u> ²				<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Endotracheal Tube, 1 Set</u>	<u>Cuffed, 1 of Each Size</u>				<u>1</u>	<u>1</u>	<u>1</u>

¹ Automatic, pressure cycled resuscitators are not acceptable.

² CPAP Device Requirements: Full face mask, continuous flow device, capable of adjusting FiO₂, ~~C~~capable of regulating Positive End Expiratory Pressure (PEEP), ~~L~~latex-free, and the ability to attach a nebulizer.

**CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL
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	<u>(2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5)</u>						
<u>Gastric Tubes, One set</u>	<u>1 of Each Size (5, 6, 8, 10, 12, 14, 18)</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Magill Forceps</u>	<u>Large & Small</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Laryngoscope Handle</u>	<u>Large & Small</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Laryngoscope Blades - Straight & Curved</u>	<u>1 Each Size (0, 1, 2, 3, 4)</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Laryngoscope Blades - Curved</u>	<u>1 Each Size (1, 2, 3, 4)</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Lubricating Jelly</u>				<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>§2. Airway Management Continued</u>	<u>Required Quantities for Service License or Permit Level</u>						
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
	<u>Nebulizers</u> ³			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Adult non-rebreather</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Adult Nasal Cannula</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Pediatric non-rebreather</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Pediatric Nasal Cannula</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Infant non-rebreather</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Stylet</u>	<u>Pediatric</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Suction Apparatus</u> ⁴	<u>Manual</u>	<u>1</u>					
<u>Suction Catheter, Flexible, one set</u>	<u>Flexible all sizes (6, 8, 10, 12, 14)</u> <u>ErJK86</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Suction Catheter</u>	<u>Rigid Tip</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

³ Suitable for use with adult and pediatric patients

⁴ Portable unit to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters

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<u>Suction Device</u>	<u>Portable</u> ⁵		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Surgical Airway Set</u> ⁶⁻⁷							
<u>Tracheostomy Tube</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Tracheal retractor</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Kelly Clamp</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>4" X 4" Sterile Sponges</u>					<u>6</u>	<u>6</u>	<u>6</u>
<u>#11 Scalpel Blade</u>					<u>2</u>	<u>2</u>	<u>2</u>
<u>Scalpel Blade Handle</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Sterile Surgical Gloves, Pair</u>					<u>2</u>	<u>2</u>	<u>2</u>
<u>10 mL Syringe</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Transtacheal inflation tubing</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>14 ga. 2" IV Catheters</u>					<u>2</u>	<u>2</u>	<u>2</u>
<u>§2. Airway Management Continued</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Chest Decompression Set</u> ⁸							
<u>14 ga. 3.25" IV Catheters</u>					<u>2</u>	<u>2</u>	<u>2</u>
<u>Surgical Antiseptic Swabs</u>					<u>4</u>	<u>4</u>	<u>4</u>
<u>20 mL Syringe</u>					<u>2</u>	<u>2</u>	<u>2</u>
<u>One-way Type Valve Assembly</u>					<u>2</u>	<u>2</u>	<u>2</u>
<u>One set of option "A" or option "B"</u>							
<u>Option A</u>							
<u>Periglottic devices, one set</u> ⁹	<u>All Sizes (1, 1.5, 2, 2.5, 3, 4, 5)</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Option B</u>							
<u>Transglottic Device, one set</u> ¹⁰	<u>All Sizes (0, 1, 2, 2.5, 3, 4, 5)</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

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⁵ Capable to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle and be equipped with rigid pharyngeal suction tip and appropriate catheters. The unit must be electrically powered - capable of operating from its own (internal) battery.

⁶ May be commercially prepared, but must contain items listed

⁷ MDPB approved epi-percutaneous cricothyroidotomy kits only if they follow the method of piercing the cricothyroid membrane

⁸ May be commercially prepared, but must contain items listed

⁹ It is recommended to have NO MORE THAN one device per class (periglottic and transglottic).

¹⁰ It is recommended to have NO MORE THAN one device per class (periglottic and transglottic).

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§3. Diagnostic and Monitoring Equipment

§3 Diagnostic & Monitoring		Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Automatic External Defibrillator (AED)		1	1				
AED Pads	Adult	2	2	2	2	2	2
AED Pads	Pediatric	2	2	2	2	2	2
Cardiac Monitor/Defibrillator capable of & including:							
Pediatric and adult defibrillation				1		1	
Cardioversion							
Pacing							
Manually selectable joule settings							
12 Lead Electrocardiogram (ECG[JK87]) Monitoring				1			
Paper strip ECG recordings							
ECG Electrodes				30			
Defibrillator Pads, Adult				2			
Defibrillator Pads, Pediatric				1			
§3 Diagnostic & Monitoring continued		Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Disaster Tags		24	24	24	24	24	24
Doppler						1	1
End Tidal CO2 monitor				1	1	1	1
End Tidal CO2 Tubing/Adapters	Adult			2	2	2	2
End Tidal CO2 Tubing/Adapters	Pediatric & Infant			2	2	2	2
Glucometer			1	1	1	1	1
Glucometer Test Strips			1	1	1	1	1
Pulse Oximeter ¹¹		1	1	1	1	1	1
Thermometer	Non-Glass	1	1	1	1	1	1
Sphygmomanometer	Infant Size	1	1	1	1	1	1
Sphygmomanometer	Child Size	1	1	1	1	1	1
Sphygmomanometer	Adult Size	1	1	1	1	1	1
Sphygmomanometer	Large Adult Size	1	1	1	1	1	1
Stethoscope	Adult	1	1	1	1	1	1
Stethoscope	Pediatric	1	1	1	1	1	1

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§4. Dressing and bandages

¹¹ Suitable for use with adult and pediatric patients

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<u>§4 Dressings & Bandages</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Aluminum Foil</u> ¹² [JK88]		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Adhesive Bandages</u>	<u>Assorted Sizes</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Bandages</u>	<u>Triangular</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Bandages</u> ¹³	<u>Roller</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Burn Sheet</u>	<u>Sterile</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Universal Dressing</u>	<u>8" X 30" Minimum</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
<u>Surgical Dressings</u>	<u>Minimum 5" X 9"</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>		<u>4</u>
<u>Hemostatic Agent</u> ¹⁴	<u>Rolled-Gauze Format</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>		<u>1</u>
<u>§4 Dressings & Bandages continued</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Obstetrical Kit</u>					<u>1</u>		
<u>Sterile Gloves, Pair</u>					<u>2</u>		
<u>Scalpel or Scissors</u>					<u>1</u>		
<u>Umbilical Cord Clamp</u>					<u>2</u>		
<u>Sterile Dressings</u>					<u>2</u>		
<u>Towel</u>					<u>1</u>		
<u>Small Bulb Aspirator</u>					<u>1</u>		
<u>Plastic Bag</u>					<u>1</u>		
<u>Receiving Blanket</u>					<u>1</u>		
<u>Trauma Shears</u>		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Sterile Sponge</u>	<u>4" X 4"</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>
<u>Adhesive Tape</u>	<u>Assorted Sizes</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>

¹² Aluminum foil roll must be 18" by 25'. Acceptable Alternative - An occlusive dressing and a device for wrapping a newborn, such as a space blanket, must be present.

¹³ Roller Bandages must be self-adhering and 3 inches minimum width.

¹⁴ Must support wound packing

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<u>Tourniquet</u> ¹⁵		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
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§5. Fluids and medications

<u>§5 Fluids & Medications</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Drug Storage Container</u> ¹⁶		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Log Book</u>	<u>Drug Storage Container</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Saline, Sterile</u> ¹⁷		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Intraosseous Needles</u> ¹⁸	<u>15 ga. Or equivalent</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Intravenous Administration Set</u>	<u>Macro-Drip</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Fluid</u>	<u>D5W</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>IV Fluid,</u>	<u>Volume Replacement</u>			<u>6000 mL</u>	<u>6000 mL</u>	<u>6000 mL</u>	<u>6000 mL</u>
<u>IV Needle Catheter</u> ¹⁹	<u>Size 14</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>§5 Fluids & Medications continued</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>IV Needle Catheter</u>	<u>Size 16</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Needle Catheter</u>	<u>Size 18</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Needle Catheter</u>	<u>Size 20</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Needle Catheter</u>	<u>Size 22</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Needle Catheter</u>	<u>Size 24</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oral Glucose</u>	<u>Commercially Prepared</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Oxygen</u>	<u>"D" Cylinder (410 Liters)</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>See Chapter 4</u>	

¹⁵ Must be a commercially manufactured device in its original packaging, be a minimum of one inch wide, be latex free, and use a windlass or mechanical advantage to tighten the device.

¹⁶ As necessary to secure drugs in a manner consistent with Chapter 6 of these Rules.

¹⁷ ~~U~~Must be unexpired, in commercially sealed container(s), and ~~must~~ total no less than 500 mL; (multiple smaller size containers are acceptable).

¹⁸ Suitable for use with adult and pediatric patients

¹⁹ All IV catheters ~~are to~~must be "over the needle" type catheters.

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<u>Mucosal Atomization Device</u>	<u>For IN medication administration</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Pump</u> ²⁰	<u>Intravenous</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Administration Set</u>	<u>Intravenous</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Pressure Bag</u>	<u>IV</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>

§6. Immobilization

<u>§ 6. Immobilization</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Restraints, one set</u> ²¹	<u>Soft</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Rigid Extrication Collar</u> ²²	<u>Adjustable to small, medium, and large</u>		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Rigid Extrication Collar</u>	<u>Pediatric Size</u>		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Immobilization Device</u>	<u>Head</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>§ 6. Immobilization continued</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Spinal immobilization Device</u> ²³	<u>Long</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Spinal Immobilization device</u>	<u>Short</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Splint, Traction</u> ²⁴	<u>Adult Size</u>		<u>1</u>	<u>1</u>	<u>1</u>		<u>1</u>
<u>Splints, Padded Board</u> ²⁵	<u>3" X 36"</u>		<u>4</u>	<u>4</u>	<u>4</u>		<u>2</u>

²⁰ Pump must be: ~~FDA~~ **U.S. Food and Drug Administration** approved, have a customizable drug library, use latex-free tubing, have needle-free tubing/ports, and have both an AC and battery power source.

²¹ Commercially available

²² Soft collars are not acceptable

²³ A rigid Flight Frame is an acceptable alternative to a long and short spinal immobilization device

²⁴ Pediatric size is recommended

²⁵ Similar splints such as cardboard, plastic, wire-ladder, or canvas with rigid inserts of like length and width may be carried in place of the 36" and 15" boards. Air splints or vacuum splints may be carried in place of one of the required padded board splints of each length.

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<u>Splints, Padded Board</u>	<u>3" X 15"</u>		<u>4</u>	<u>4</u>	<u>4</u>		<u>2</u>
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§7. Patient Comfort

<u>§7. Patient Comfort</u>	<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Service</u>	<u>Scene Response Air Ambulance</u>
<u>Blankets</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Emesis Basins</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Pillows</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>		
<u>Sheets</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>		
<u>Towels</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>		

§8. Personal Protective & Safety Equipment

<u>§8 Personal Protective & Safety Equipment</u>	<u>Required Quantities for Service License or Permit Level</u>						
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Fire Extinguisher</u> ²⁶		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>		
<u>Flashlight</u>		<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Gloves</u> ²⁷	<u>Non-latex</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
<u>Protective Goggles</u>	<u>Pair</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Gowns/Overalls</u> ²⁸		<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Masks</u>	<u>Pocket</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

²⁶ A-B-C or B-C five-pound size or larger, must be secured in vehicle, and professionally inspected on an annual basis

²⁷ Small, Medium, Large & Extra-Large Sizes

²⁸ Material and design ~~to~~ must provide a protective barrier against contact with patient's body fluids.

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<u>Masks</u>	<u>Surgical</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Sharps Container</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

§9. Transporting Equipment

<u>§9. Transporting Equipment</u>		<u>Required Quantities for Service License or Permit Level</u>				
<u>Item</u>	<u>Description</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Sharps Container</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Stretcher</u> ²⁹	<u>Folding</u>	<u>1</u>	<u>1</u>	<u>1</u>		
<u>Straps</u> ³⁰		<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
<u>Ventilator</u> ³¹					<u>1</u>	<u>1</u>
<u>Reflective Safety Vest</u>		<u>2</u>	<u>2</u>	<u>2</u>		

A. The Equipment list for Non-Transporting Services follows:

- 1. 4 Airways, Oral**—One each of sizes: Large adult; adult; child; infant.
- 2. 4 Airways, Nasal**—One each of sizes; Large adult; adult; child; infant.
- 3. 1 Aluminum foil**—18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "space blanket".
- 4. 1 Aspirator, Small Bulb.**
- 5. 1 Automatic External Defibrillator (AED)**—Must be a semi-automatic defibrillator with 1 set of pediatric and 2 sets of adult defibrillator pads.

²⁹ Any of the following are acceptable: Stair chair, army D-ring stretcher, ambulance folding stretcher, scoop stretcher.

³⁰ 9' Length, 2" wide with buckles. Quick-clip and other commercial straps are acceptable; however, at least three 9-foot straps are required.

³¹ Must have external continuous waveform end-tidal Carbon Dioxide monitoring.

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- ~~6. 1 Bag Valve Mask, Adult—Automatic, pressure-cycled resuscitators are not acceptable.~~
- ~~7. 1 Bag Valve Mask, Child~~
- ~~8. 1 Bag Valve Mask, Infant~~
- ~~9. 6 Bandages, Roller—self-adhering 3 inches minimum width.~~
- ~~10. 4 Bandages, Triangular.~~
- ~~11. Band aids—Box of assorted sizes.~~
- ~~12. 1 Blanket~~
- ~~13. 1 Burn sheet—Sterile.~~
- ~~14. 4 Collars, Extrication, Rigid—Pediatric, small, medium and large sizes required. Soft Collars are not acceptable.~~
- ~~15. 24 Disaster Tags—Tag type must be Maine EMS approved.~~
- ~~16. 6 Dressings, Surgical—Minimum 5 inches by 9 inches.~~
- ~~17. 2 Dressings, Universal—8 inches by 30 inches minimum.~~
- ~~18. 1 Flashlight—Battery operated containing at least 2 "D-Cell" batteries or equivalent. Penlights not acceptable.~~
- ~~19. 10 (Pair) Gloves~~
- ~~20. 1 Glucose Preparation—Commercially packaged—for emergency medical administration.~~
- ~~21. 2 (Pair) Goggles, Protective~~
- ~~22. 1 Head Immobilization Device—Any device that may be attached to a long spinal immobilization device for the purpose of immobilizing the head and cervical spine.~~
- ~~23. 1 Mask, Pocket—With oxygen inlet and one-way valve.~~
- ~~24. 4 Masks—Surgical type.~~

25. ~~Oxygen, Portable~~—At least one operable "D" cylinder, at a minimum 1500 psi, or its equivalent, equipped with a flow meter which will operate in all positions. Must have adult and child non-rebreather mask, adult nasal cannula, and infant mask.
26. ~~Saline, Sterile~~—Commercially sealed container(s) must total no less than 500 ml and must not have passed expiration date.
27. ~~1 Shears, Trauma~~
28. ~~Sphygmomanometers~~—Adult, large adult, child, and infant sizes.
29. ~~1 Spinal Immobilization Device, Long~~—Long spine board or similar device providing adequate spinal immobilization acceptable.
30. ~~4 Splints, Padded Board~~—2 (3 inches by 36 inches) and 2 (3 inches by 15 inches). Similar splints such as cardboard, plastic, wire ladder, or canvas with rigid inserts of like length and width may be carried in place of the 36-inch and 15-inch boards. Air splints or vacuum splints may be carried in place of one of the required padded board splints of each length.
31. ~~12 Sponges, Sterile~~—4 inches by 4 inches.
32. ~~Stethoscopes, 1—adult, 1—pediatric~~
33. ~~6 Straps~~—9 feet in length; 2 inches minimum width; with buckles. Quick clip and other commercial straps are acceptable; however, at least three 9-foot straps are required.
34. ~~1 Suction apparatus~~—Portable unit to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters.
35. ~~2 Tape, Adhesive, Roll~~—At least 1-inch wide.
36. ~~1 Tourniquet~~—Must be commercially prepared for hemorrhage control.
37. ~~2 Towels~~—Medium size.
38. ~~2 Vests, reflective.~~

~~§2. Equipment List for Ground Ambulance Services~~

~~1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural rubber latex free.~~

~~A. The Equipment list for Ground Ambulance Services follows:~~

- ~~1. 4 Airways, Oral — One each of sizes: Large adult; adult; child; infant.~~
- ~~2. 4 Airways, Nasal — One each of sizes; Large adult; adult; child; infant.~~
- ~~3. 1 Aluminum foil — 18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "Space Blanket".~~
- ~~4. 1 Automatic External Defibrillator (AED) — Must be a semi-automatic defibrillator with 1 set of pediatric and 2 sets of adult defibrillator pads.~~
- ~~5. 1 Bag Valve Mask, Adult — Automatic, pressure-cycled resuscitators are not acceptable.~~
- ~~6. 1 Bag Valve Mask, Child~~
- ~~7. 1 Bag Valve Mask, Infant~~
- ~~8. 6 Bandages, Roller — self-adhering 3 inches minimum width.~~
- ~~9. 4 Bandages Triangular~~
- ~~10. Band aids — Box of assorted sizes.~~
- ~~11. 2 Emesis basins — Alternative containers acceptable.~~
- ~~12. 4 Blankets~~
- ~~13. 2 Burn sheets — Sterile.~~
- ~~14. 4 Collars, Extrication, Rigid — Pediatric, small, medium and large sizes required. Soft Collars are not acceptable.~~
- ~~15. 24 Disaster Tags — Tag type must be Maine EMS approved.~~

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- ~~16. 6 Dressings, Surgical—Minimum 5 inches by 9 inches.~~
- ~~17. 4 Dressings, Universal—8 inches by 30 inches minimum.~~
- ~~18. 1 Fire extinguisher—A-B-C or B-C rated. Five pound size equivalent or larger. Must be secured in vehicle. Professionally inspected on annual basis.~~
- ~~19. 2 Flashlights—Battery operated containing at least at least 2 "D-Cell" batteries or equivalent. Penlights are not acceptable. One flashlight must be in the patient compartment~~
- ~~20. 10 (Pair) Gloves~~
- ~~21. 1 Glucometer~~
- ~~22. 2 Glucose Preparation—Commercially packaged—for emergency medical administration.~~
- ~~23. 4 (Pair) Goggles, Protective~~
- ~~24. 4 Gowns/Overalls—Of adequate material and design to provide a protective barrier against contact with patient's body fluids.~~
- ~~25. 1 Head Immobilization Device—Any device, which may be attached to a long spinal immobilization device for the purpose of immobilizing the head and cervical spine.~~
- ~~26. 1 Mask, Pocket—With oxygen inlet and one-way valve.~~
- ~~27. 4 Masks—Surgical type.~~
- ~~28. 1 Obstetrical Kit—To contain sterile gloves, scalpel or seissors, umbilical clamps or tape, sterile dressings, towels, small bulb-aspirator, plastic bag, and receiving blanket. Kit must be sealed in plastic to prevent contamination.~~
- ~~29. Oxygen—"M" (also known as "DEY") cylinder or equivalent number of other size tanks to achieve a minimum storage capacity of 3000 liters (@ 2000 psi pressure, 70 degree temperature). "E" cylinders hold 685 liters when full (2000 psi). "D" cylinders hold 410 liters when full (2000 psi). A response available ambulance must carry, as a minimum, the volume of portable oxygen required~~

below plus the equivalent of an "M" cylinder at no less than 500
psi. All cylinders must be adequately secured in vehicle.

30. ~~Oxygen Masks~~—2 each: adult non-rebreather; adult nasal cannula;
pediatric non-rebreather; and, infant mask.

31. ~~Oxygen, Portable~~—At least two operable "D" cylinders (410 liters
each), one of which indicates a minimum pressure of 1500 psi and
the other which indicates a minimum pressure of 500 psi. At least
one of the two required tanks shall be equipped with a flow meter
that will operate in all positions.

32. ~~2 Pillows~~

33. ~~1 Pulse Oximeter~~

34. ~~Saline, Sterile~~—Commercially sealed container(s) must total no
less than 2000 ml and must not have passed expiration date.

35. ~~1 Sharps Container~~—Must be secured.

36. ~~2 Shears, Trauma~~

37. ~~4 Sheets~~

38. ~~Sphygmomanometers~~—Adult, large adult, child and infant sizes.

39. ~~1 Spinal Immobilization Device, Long~~—Long spine board or
similar device providing adequate spinal immobilization
acceptable.

40. ~~1 Spinal Immobilization Device, Short~~—short spine board or
similar device providing adequate spinal immobilization
acceptable.

41. ~~4 Splints, Padded Board~~—2 (3 inches by 36 inches) and 2 (3
inches by 15 inches). Similar splints such as cardboard, plastic,
wire ladder, or canvas with rigid inserts of like length and width
may be carried in place of the 36 inch and 15 inch boards. Air
splints or vacuum splints may be carried in place of one of the
required padded board splints of each length.

42. ~~1 Splint, Traction~~—Adult size. Additional pediatric
recommended.

43. ~~12 Sponges, Sterile~~—4 inches by 4 inches.
44. ~~Stethoscopes, 1 adult, 1 pediatric.~~
45. ~~6 Straps~~—9 feet in length; 2 inches minimum width with buckles. Quick clip and other commercial straps are acceptable; however, at least three 9-foot straps are required.
46. ~~Stretcher~~—as specified in Ch. 3§13(1)(E). All restraining straps must be used during patient transport unless they interfere with patient care, or a Child Protective Seat is in place
47. ~~1 Stretcher, Folding~~—Any of the following are acceptable: stair chair converting to full-length cot; army D-ring stretcher; ambulance folding stretcher; scoop stretcher.
48. ~~1 Suction device, Portable~~, capable to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters. The unit must be electrically powered—capable of operating from its own (internal) battery.
49. ~~3 Tape, Adhesive~~—Assorted size rolls.
50. ~~Thermometer(s)~~—Non-glass fever type. Hyperthermic and hypothermic ranges should be available.
51. ~~1 Tourniquet~~—Must be commercially prepared for hemorrhage control.
52. ~~4 Towels~~ cloth type.
53. ~~2 Vests~~, reflective striping on crew member uniforms and outerwear are acceptable if the reflective striping provides 360° visibility.

~~§3. Equipment List For Scene Response Air Ambulances~~

- ~~1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural rubber latex free.~~

~~A. The Basic Life Support equipment list for scene response air ambulances follows:~~

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- ~~1. 4 Airways, Oral—One each of sizes: Large adult; adult; child; infant.~~
- ~~2. 4 Airways, Nasal—One each of sizes: Large adult; adult; child; infant.~~
- ~~3. 1 Aluminum foil—18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "Space Blanket".~~
- ~~4. 1 Bag Valve Mask, Adult—Automatic, pressure-cycled resuscitators are not acceptable.~~
- ~~5. 1 Bag Valve Mask, Child~~
- ~~6. 1 Bag Valve Mask, Infant~~
- ~~7. 6 Bandages, Roller—self-adhering 3 inches minimum width.~~
- ~~8. 2 Emesis basins—Alternative containers acceptable.~~
- ~~9. 2 Blankets or equivalent patient thermal covering.~~
- ~~10. 2 Burn sheet—Sterile.~~
- ~~11. 3 Collars, Extrication, Rigid—of which 2 must be adjustable to small, medium or large size, with the third being pediatric size. Soft Collars are not acceptable.~~
- ~~12. 1 Doppler~~
- ~~13. 3 Dressings, Surgical—Minimum 5 inches by 9 inches.~~
- ~~14. 3 Dressings, Universal—8 inches by 30 inches minimum.~~
- ~~15. 1 Fire Extinguisher—FAA approved A-B-C or B-C rated. Five pound size equivalent or larger. Must be secured in vehicle. Professionally inspected on annual basis~~
- ~~16. 2 Flashlights—Battery operated containing at least 2 "D-Cell" size batteries or equivalent. Penlights not acceptable. One must be in the patient compartment.~~
- ~~17. 10 (Pair) Gloves~~

5903	18. 2 (Pair) Goggles, Protective
5904	
5905	19. 2 Gowns/Overalls—Of adequate material and design to provide a
5906	protective barrier against contact with patient's body fluids.
5907	
5908	20. 1 Head Immobilization Device—Any device that may be attached
5909	to a long spinal immobilization device for the purpose of
5910	immobilizing the head and cervical spine.
5911	
5912	21. 1 Mask, Pocket—With oxygen inlet and one way valve.
5913	
5914	22. 2 Masks—Surgical type.
5915	
5916	23. 1 Obstetrical Kit—To contain sterile gloves, scalpel or scissors,
5917	umbilical clamps or tape, sterile dressings, towels, small bulb-
5918	aspirator, plastic bag, and receiving blanket. Kit must be sealed in
5919	plastic to prevent contamination.
5920	
5921	24. Oxygen System—Comprised of a portable "D" cylinder with
5922	regulator and a craft mounted cylinder with regulator with a total
5923	volume 2740 liters. Must have 2 each adult and child non-
5924	rebreather masks, adult nasal cannulas, and (simple) infant masks.
5925	
5926	25. 2 Pillows
5927	
5928	26. 1 Pulse Oximeter
5929	
5930	27. Saline, Sterile—Commercially sealed container (s) must total no
5931	less than 2000 ml and must not have passed expiration date.
5932	
5933	28. 2 Shears, Trauma
5934	
5935	29. 4 Sheets
5936	
5937	30. Sphygmomanometers—Adult, large adult, child and infant sizes.
5938	
5939	31. 1 Spinal Immobilization Device, Long—Long spine board or
5940	similar device (such as a rigid flight litter) providing adequate
5941	spinal immobilization acceptable.
5942	
5943	32. 1 Spinal Immobilization Device, Short—Short spine board, or
5944	similar device providing adequate spinal immobilization is
5945	acceptable.
5946	
5947	33. 2 Splints—any type—each being 24 inches in length.

~~34. 1 Splint, Traction—Adult size.~~

~~35. 12 Sponges, Sterile—4 inches by 4 inches.~~

~~36. Stethoscopes 1 adult, 1 pediatric.~~

~~37. 3 Straps—9 feet in length; 1 ¾ inches minimum width with buckles. Quick clip and other commercial straps may substitute for 3 of the required 6 straps.~~

~~38. 1 multi-point strap system.~~

~~39. 1 Stretcher, Ambulance—With a minimum 3 inch foam pad and must have FAA approved latching mechanism to secure the stretcher during flight. Head must elevate.~~

~~40. 1 Suction Device—portable type—capable of providing pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters.~~

~~41. 3 Tape, Adhesive—1 inch minimum width.~~

~~42. 1 Thermometer(s)—Non-glass fever type. Hyperthermic and hypothermic ranges should be available.~~

~~43. 4 Towels, cloth type.~~

~~44. 2 Vests, Reflective—reflective striping on crew member uniforms and outerwear are acceptable if the reflective striping provides 360° visibility.~~

~~B. The Advanced Life Support equipment list for scene response air ambulances follows:~~

~~1. 1 Cardiac Monitor/ Defibrillator—Capable of pediatric and adult defibrillation and cardioversion, manually selectable joule settings, 12 lead ECG monitoring, and paper strip ECG recordings. Must have one set of pediatric and two sets of adult monitor defibrillator pads.~~

~~2. 1 Drug Storage Container—Must be capable of securing ALS drugs in a manner that is consistent with Chapter 6 of these Rules.~~

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5993	
5994	3. 1 each Endotracheal Tube, Cuffed—Sizes 5.0, 6.0, 7.0, 8.0.
5995	
5996	4. 1 each Endotracheal Tube, Uncuffed—Sizes 2.5, 3.0, 4.0.
5997	
5998	5. 1 End Tidal CO₂ Monitor—continuous waveform device.
5999	
6000	6. 1 Logbook, for the Drug Storage Container—Must meet the
6001	logbook requirements of Chapter 6 of the Rules.
6002	
6003	7. 1 Forceps, Magill, Large.
6004	
6005	8. 1 Forceps, Magill, Small.
6006	
6007	9. 1 Glucometer
6008	
6009	10. 2 Intraosseous Needles—15 ga. or equivalent
6010	
6011	11. 3 Intravenous (IV) Administration Set, Macro drip.
6012	
6013	12. 4 IV Fluid, Volume Replacement—to total 4000 ml.
6014	
6015	13. 2 IV Pressure bags
6016	
6017	14. 2 each IV Needle/Catheters—Sizes 14, 16, 18, 20, catheter over-
6018	the needle type.
6019	
6020	15. Laryngoscope Blades—Sizes 0, 1, 2, 3, 4.
6021	
6022	16. 1 Laryngoscope Handle
6023	
6024	17. Periglottic Devices sizes 1, 1.5, 2, 2.5, 3, 4, 5 or, Transglottic
6025	Devices sizes 2, 2.5, 3, 4, 5.
6026	
6027	18. 1 Sharps Container—Must be specifically designed for needle
6028	disposal and be securely attached to prevent spillage.
6029	
6030	19. 1 each Stylet—Capable of use with ET tubes sizes 2.5 to 8.0.
6031	
6032	20. 1 Surgical Airway/Chest Decompression Set containing:
6033	
6034	(a) 1 each tracheostomy tube
6035	(b) 1 each tracheal retractor
6036	(c) 1 each Kelley clamp
6037	(d) 6 each sterile 4 inches by 4 inches sterile sponges

- ~~(e) 2 each #11 scalpel blades~~
- ~~(f) 1 each scalpel blade handle~~
- ~~(g) 2 each sterile surgical gloves~~
- ~~(h) 1 each 10 ml syringe~~
- ~~(i) 1 each transtracheal inflation tubing~~
- ~~(j) 2 each 14 ga. 2 inch IV catheters~~
- ~~(k) 2 each 14 ga. 3.25 inch IV catheters~~
- ~~(l) 4 each betadine swabs or any equivalent surgical antiseptic~~
- ~~(m) 2 each 20 ml syringes~~
- ~~(n) 2 each one way type valve assembly, or Maine EMS approved equivalent.~~

~~21. 1 Ventilator with external continuous waveform end tidal Carbon Dioxide monitoring.~~

~~§4. Equipment List for Transfer Air Ambulances~~

~~1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural rubber latex free.~~

~~A. The equipment list for transfer air ambulances follows:~~

- ~~1. 4 Airways, Oral~~
- ~~2. 1 Bag Valve Mask, Adult~~
- ~~3. 1 Bag Valve Mask, Child~~
- ~~4. 1 Bag Valve Mask, Infant~~
- ~~5. 4 Bandages, Roller~~
- ~~6. 2 Blankets~~
- ~~7. 1 Cardiac Monitor/ Defibrillator—Capable of pediatric and adult defibrillation and cardioversion, manually selectable joule settings, 12 Lead ECG monitoring, and paper strip ECG recordings. Must have 1 set of pediatric and 2 sets of adult monitor defibrillator pads.~~
- ~~8. 4 Dressings, Surgical~~
- ~~9. 2 Dressing, Universal~~

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EMS RADIO FREQUENCIES

6082	10. 1 Drug Storage Container—Must be capable of securing ALS
6083	drugs in a manner that is consistent with Chapter 6 of these Rules.
6084	
6085	11. 1 each Endotracheal Tube, Cuffed—Sizes 5.0, 6.0, 7.0, 8.0.
6086	
6087	12. 1 each Endotracheal Tube, Uncuffed—Sizes 2.5, 3.0, 4.0.
6088	
6089	13. 1 End Tidal CO₂ Monitor, continuous waveform device.
6090	
6091	14. 1 Glucometer
6092	
6093	15. 6 (Pair) Gloves
6094	
6095	16. 2 (Pair) Goggles, Protective
6096	
6097	17. 2 Gowns/Overalls
6098	
6099	18. 2 Intravenous (IV) Administration Set, Macro drip.
6100	
6101	19. 4 IV Fluid, Volume Replacement—to total 2000 ml.
6102	
6103	20. 2 each IV Needle/Catheters—Sizes 14, 16, 18, 20, catheter over-
6104	the needle type.
6105	
6106	21. Laryngoscope Blades, Sizes 0, 1, 2, 3, 4.
6107	
6108	22. 2 Laryngoscope Handles
6109	
6110	23. 1 Logbook, for the Drug Storage Container—Must meet the
6111	logbook requirements of Chapter 6 of the Rules.
6112	
6113	24. 4 Masks—Surgical type.
6114	
6115	25. 1 Obstetrical Kit
6116	
6117	26. Oxygen Equipment—2 E cylinders or equivalent; 2 flow meters; 1
6118	adult non-rebreather mask; 1 nasal cannula; and 1 pediatric non-
6119	rebreather mask.
6120	
6121	27. Periglottic Devices sizes 1, 1.5, 2, 2.5, 3, 4, 5 or, Transglottic
6122	Devices sizes 2, 2.5, 3, 4, 5.
6123	
6124	28. 1 Pillow
6125	
6126	29. 1 Pulse Oximeter

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- ~~30. Saline, Sterile—2000 ml total.~~
- ~~31. 1 Sharps Container~~
- ~~32. 1 Shears, Trauma~~
- ~~33. 2 Sheets——~~
- ~~34. Sphygmomanometers—Adult, large adult, pediatric and infant.~~
- ~~35. 4 Sponges, Sterile—4 inches by 4 inches.~~
- ~~36. Stethoscopes, 1 adult, 1 pediatric.~~
- ~~37. 1 Stretcher, Ambulance—With a minimum 3 inch foam pad and must have FAA-approved latching mechanism to secure the stretcher during flight. Head must elevate.~~
- ~~38. 1 each Stylet—Capable of use with ET tubes sizes 2.5 to 8.0.~~
- ~~39. 1 Suction Device, portable type—capable of providing pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters.~~
- ~~40. 1 Surgical Airway/Chest Decompression Set containing:~~
- ~~(a) 1 tracheostomy tube~~
 - ~~(b) 1 tracheal retractor~~
 - ~~(c) 1 Kelley clamp~~
 - ~~(d) 6 sterile 4 inches by 4 inches sterile sponges~~
 - ~~(e) 2 #11 scalpel blades~~
 - ~~(f) 1 scalpel blade handle~~
 - ~~(g) 2 pair, size 7 1/2 sterile surgical gloves~~
 - ~~(h) 1 10 ml syringe~~
 - ~~(i) 1 transtracheal inflation tubing~~
 - ~~(j) 2 14 ga. 2 inch IV catheters~~
 - ~~(k) 2 14 ga 3.25 inch IV catheters~~
 - ~~(l) 4 betadine swabs or any equivalent surgical antiseptic.~~
 - ~~(m) 2 20 ml syringes~~
 - ~~(n) 2 one way type valve assemblies, or Maine EMS approved equivalent.~~

~~41. 2 Tape, Adhesive, Roll—1 inch minimum width.~~

~~42. 2 Towels~~

~~§5. Advanced Life Support Equipment List~~

~~1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural rubber latex free.~~

~~A. The Advanced Life Support equipment list for the Advanced
Emergency Medical Technician (AEMT) level follows:~~

~~1. 1 Cardiac Monitor/Defibrillator—Must be capable of pediatric
and adult defibrillation and cardioversion, manually selectable
joule settings, 12 Lead ECG monitoring, and paper strip
recordings. Must have one set of pediatric and two sets of adult
monitor defibrillator pads.~~

~~2. 1 End Tidal Carbon Dioxide Monitor, continuous waveform
device.~~

~~3. 2 Intraosseous Needles—15 ga. or equivalent.~~

~~4. 3 Intravenous (IV) Administration Set, Macro drip.~~

~~5. IV Administration Set, Microdrip—As needed for medicated
drips, or otherwise locally required.~~

~~6. 6 IV Fluid, Volume Replacement—Total of 6000 ml. Type(s) of
fluids stocked (e.g. Normal Saline, Lactated Ringers) shall be in
accordance with the Maine EMS Protocols.~~

~~7. 2 each IV Needle/Catheters—Sizes 14, 16, 18, 20, 22 catheter
over needle type.~~

~~8. Periglottic Devices sizes 1, 1.5, 2, 2.5, 3, 4, 5 or, Transglottic
Devices sizes 2, 2.5, 3, 4, 5.~~

~~9. Phlebotomy equipment—Local/regional dictate.~~

~~10. 1 Sharps Container—Must be specifically designed for needle
disposal and be securely attached to prevent spillage.~~

~~B. The Advanced Life Support equipment list for the EMT—Critical Care
level includes all of the equipment required at the Advanced Emergency~~

Medical Technician (AEMT) level with the addition of the following equipment:

- ~~1. 1 Drug Storage Container—Must be capable of securing ALS drugs in a manner that is consistent with Chapter 6 of these Rules.~~
- ~~2. IV Fluid, D5W—As needed for medicated drips.~~
- ~~3. 1 each Endotracheal Tube, Cuffed—Sizes 5.0, 6.0, 7.0, 8.0~~
- ~~4. 1 each Endotracheal Tube, Uncuffed—Sizes 2.5, 3, 4.~~
- ~~5. 1 Forceps, McGill large~~
- ~~6. 1 Forceps, McGill small~~
- ~~7. Laryngoscope Blades—sizes 0, 1, 2, 3, 4~~
- ~~8. 1 Laryngoscope handle~~
- ~~9. 1 Logbook, for the Drug Storage Container—Must meet the logbook requirements of Chapter 6 of the Rules.~~
- ~~10. 1 each stylet capable of use with ET tubes sizes 2.5-8~~

C. The Advanced Life Support equipment list for the Paramedic level includes all of the equipment required at the EMT-Critical Care level with the addition of the following equipment:

- ~~1. 1 Surgical Airway/Chest Decompression Set containing:
 - ~~(a) 1 tracheostomy tube~~
 - ~~(b) 1 tracheal retractor~~
 - ~~(c) 1 Kelley clamp~~
 - ~~(d) 6 sterile 4 inches by 4 inches sterile sponges~~
 - ~~(e) 2 #11 scalpel blades~~
 - ~~(f) 1 scalpel blade handle~~
 - ~~(g) 2 pair, sterile surgical gloves~~
 - ~~(h) 1 10 ml. syringe~~
 - ~~(i) 1 transtracheal inflation tubing~~
 - ~~(j) 2 14 ga. 2 inch IV catheters~~
 - ~~(k) 2 14 ga 3.25 inch IV catheters~~
 - ~~(l) 4 betadine swabs or any equivalent surgical antiseptic.~~
 - ~~(m) 2 20 ml. syringes~~~~

~~(n) 2 one-way type valve assemblies, or Maine EMS approved
equivalent.~~

§10. Regional Hospital Frequencies

Region 1	Southern Maine	155.325
Region 2	Tri County	155.340
Region 3	Kennebec Valley	155.400
Region 4	Northeast	155.355
Region 5	Aroostook	155.340
Region 6	Mid-Coast	155.340
"Statewide Net"		155.385
		(Maine EMS mobile-to-mobile)
AUTHORITY:	32 M.R.S.A. <u>M.R.S.</u> , Chapter 2-B.	
EFFECTIVE DATE:	July 3, 1978 (EMERGENCY)	
AMENDED:	April 1, 1982	
	December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73	
	January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and	
11.1067		
	April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11	
	January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103	
	September 1, 1986	
	August 25, 1987 - Sec. 5, 6.011 and 12 (added)	
	July 1, 1988	
	March 4, 1992	
	September 1, 1996 JK89	
EFFECTIVE DATE (ELECTRONIC CONVERSION):	July 1, 2000	
REPEALED AND REPLACED:	July 1, 2000	
	July 1, 2003	
	January 1, 2010	
	May 1, 2013	

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 18: QUALITY ASSURANCE AND IMPROVEMENT

§1. Definitions

1. *Emergency Medical Services (EMS) Quality Assurance Committee* means a quality assurance committee approved by the Board or Maine EMS pursuant to 32 ~~M.R.S.A.~~M.R.S. §92-A, including but not limited to service-level quality assurance committees.
2. *Maine EMS Quality Assurance and Improvement Committee* mean the standing committee established by the Board pursuant to 32 ~~M.R.S.A.~~M.R.S. §88(2)(J).
3. *Quality Improvement Initiative* means review and assessment of Maine EMS system data by Maine-EMS-approved quality assurance committees for the purpose of improving patient care.
4. *Quality Improvement Marker* means a measurable standard within a Maine EMS protocol established by an emergency medical services quality assurance committee.

§2. Maine EMS Quality Assurance and Improvement Committee

1. The Maine EMS Quality Assurance and Improvement Committee is authorized by the Board to perform EMS system quality assurance and improvement, including, but not limited to:
 - A. Creating statewide quality improvement markers;
 - B. Conducting Quality Improvement Initiatives, as approved by the Board;
 - C. Receiving and interpreting results of quality marker reports;
 - D. Responding, in concert with regional medical directors and regional coordinators, to requests for assistance regarding local services' sub regional quality assurance and improvement plans;
 - E. Publishing and updating the Maine EMS Quality Assurance and Improvement Manual;
 - F. Leading or participating in state-based quality management education; and,

- G. Reviewing quality assurance and improvement management of Board-approved pilot projects when requested by the Board, the Medical Direction and Practices Board or the pilot project participant(s).

§3. ~~Service-Level~~ Emergency Medical Services Quality Assurance Committees

1. A ~~Maine-EMS~~Board or ~~Maine EMS~~ -approved emergency medical services quality assurance committee ~~shall~~must participate in EMS quality assurance activities, including, but not limited to:
 - A. Gathering and submitting data as part of a Maine EMS Quality Assurance and Improvement Committee Quality Improvement Initiative; and,
 - B. Conducting a program of quality assurance and improvement in accordance with 32 M.R.S.A Chapter 2-B, and these Rules.

§4. Emergency Medical Services Persons and EMS Services

Licensed emergency medical services personnel and licensed EMS services shall participate in Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these Rules.

§5. Emergency Medical Dispatchers and Emergency Medical Dispatch Centers

Emergency Medical Dispatchers and Emergency Medical Dispatch Centers shall participate in Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these Rules.

AUTHORITY: 32 ~~M.R.S.A~~M.R.S.; §§84(1), 88(2)(J) & 92-A(1).

EFFECTIVE DATE: February 1, 2015

ADOPTED: December 3, 2014^[JK90]

6393 16 DEPARTMENT OF PUBLIC SAFETY

6394

6395 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE

6396 EMS) CHAPTER 19: Community Paramedicine

6397 §1. Definitions

6398

6399 1. “*Community Paramedicine*” means the practice by an emergency medical
6400 services provider primarily in an out-of-hospital setting of providing episodic
6401 patient evaluation, advice, and treatment directed at preventing or improving a
6402 particular medical condition, within the scope of practice of the emergency
6403 medical services provider as specifically requested or directed by a physician
6404 pursuant to 32 M.R.S. §84(4).

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6407 §2. How to Apply

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6410 1. To obtain a new or renewed Community Paramedicine designation an emergency
6411 medical services provider, including but not limited to an ambulance service or
6412 non-transporting emergency medical service, must apply to Maine EMS for
6413 approval. In order to obtain this designation, the provider must:

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A. Apply on forms available from Maine EMS;

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B. Provide a description of the intended Community Paramedicine
plan to be approved by the Board or Maine EMS staff;

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C. Have a quality assurance and quality improvement plan that directly
addresses Community Paramedicine;

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D. Identify a primary care medical director with whom it plans to work;
and

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E. Demonstrate to Maine EMS that it has designated an emergency
medical services medical director.

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2. Once an application for a new or renewed Community Paramedicine designation
has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or
conditionally grant the designation with 70 days.

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3. All designations will be issued with an expiration date of November 30.

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- §3. Scope of Practice
 - 1. A Maine EMS approved Community Paramedicine Provider may provide care consistent with its license level as described in these rules.
- §4. Education Requirements
 - 1. A Maine EMS approved Community Paramedicine Provider must ensure training of its staff in line with its proposed Community Paramedicine plan.
- §5. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, a Maine-EMS approved Community Paramedicine Provider must complete and submit an electronic Maine EMS patient care report, as specified by Maine EMS, within twenty-four hours from the time it arrived at patient’s location.

AUTHORITY: 32 M.R.S. §§84(1) & 84(4).

EFFECTIVE DATE: August 26, 2019

ADOPTED: August 7, 2019^[JK91]