

1 **16 DEPARTMENT OF PUBLIC SAFETY**

2 **163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

3 **CHAPTER 2: DEFINITIONS**

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

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

- 8
- 9 1. Defined by the board to be advanced; and
 - 10 2. That the board determines may be performed by persons licensed under this chapter within a
11 system of emergency care approved by the board when acting under the supervision of:
 - 12 A. An appropriate physician; or
 - 13 B. A physician assistant or nurse practitioner, licensed by the State, and authorized by
14 a hospital to supervise and direct the actions of an emergency medical services
15 person.

16

17

18

19

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

25

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

- 36
- 37 1. **Ground Ambulance Services** are those services licensed by the Board that treat patients
38 and transport them in ambulance vehicles that are licensed by the Board and are designed to
39 be operated on the roads and highways of the State.
 - 40 2. **Scene Response Air Ambulance Services** are those services licensed by the Board that
41 transport patients, utilizing aircraft licensed by the Board, from the scene of the patient's
42 illness or injury to the hospital or provide air transfer of patients being transferred from a
43 hospital or health care facility to another place.
 - 44
 - 45

- 46 3. **Transfer Air Ambulance Services** are those services licensed by the Board that transport
47 patients utilizing aircraft licensed by the Board and that may only provide air transfer of
48 patients being transferred from a hospital or health care facility to another place.
49
- 50 4. **Restricted Response Air Ambulance Services (RRAAS)** are those services licensed by the
51 Board and that utilize aircraft licensed by the Board to provide limited air ambulance
52 services in order to meet a need within the State not otherwise fulfilled by a Scene Response
53 Air Ambulance Service or a Transfer Air Ambulance Service.
54

55 **§4. BASE LOCATION** has the following meanings dependent upon the type of service license held:
56

- 57 1. For services licensed as Ground Ambulance Services, Scene Response Air Ambulance
58 Services or Restricted Response Air Ambulance Services, Base Location means the physical
59 location within a municipality, designated by the service, and approved by the Board, from
60 which a service responds its ambulances.

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

- 64 2. For Non-Transporting Services or Transfer Air Ambulance Services, Base Location means
65 that the service maintains a single phone listing for public access.
66

67 **§5. BASIC EMERGENCY MEDICAL TREATMENT** means those portions of emergency
68 medical treatment:
69

- 70 1. Defined by the board to be basic; and
71
- 72 2. That the board determines may be performed by persons licensed under 32 M.R.S. Chapter
73 2-B within a system of emergency care approved by the board when acting under the
74 supervision of:
75
- 76 A. An appropriate physician; or
77
- 78 B. A physician assistant or nurse practitioner, licensed by the State, and authorized by
79 a hospital to supervise and direct the actions of an emergency medical services
80 person.
81

82 **§6. BOARD** means the Emergency Medical Services Board established pursuant to 32 M.R.S.
83 Chapter 2-B, §88.
84

85 **§7. BOARD APPROVAL.** When no other method of gaining Board approval is specified, the
86 person who seeks the approval shall apply in writing to the chairperson of the Board in care of the office
87 of Maine Emergency Medical Services, stating the action to be considered, the section in the Rules under
88 which approval is sought and the grounds in support of the request.
89

90 **§8. CERTIFICATE** means a document issued as evidence that a person has completed a course of
91 training or a particular test or recertification.
92

93 §9. **CPR TRAINING** means completion of a Cardio-Pulmonary Resuscitation (CPR) program.
94 This is interpreted to include semiautomatic defibrillation when that module is successfully completed.
95

96 §10. **DEPARTMENT** means the Maine Department of Public Safety.
97

98 §11. **EMERGENCY MEDICAL CALL** means any event which is perceived to threaten the life,
99 limb, or well-being of an individual in such a manner that a need for emergency medical treatment is
100 created.

101
102 §12. **EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM** means a
103 system approved by the Emergency Services Communications Bureau and the board that includes:
104

- 105 1. A protocol for emergency medical dispatcher response to calls.
- 106
- 107 2. A continuous quality improvement program that measures compliance with the protocol
108 through ongoing random case review of each emergency medical dispatcher; and
109
- 110 3. A training curriculum and testing process consistent with the protocol.

111
112 §13. **EMERGENCY MEDICAL DISPATCH CENTER** means any entity that holds itself out to be
113 a provider of emergency medical dispatch services.
114

115 §14. **EMERGENCY MEDICAL DISPATCH SERVICES** means any of the following services
116 provided in the context of an emergency call made to the E-9-1-1 system:
117

- 118 1. Reception, evaluation, or processing of calls.
- 119
- 120 2. Provision of dispatch life support.
- 121
- 122 3. Management of requests for emergency medical assistance; and
123
- 124 4. Evaluation or improvement of the emergency medical dispatch process, including
125 identifying the nature of an emergency request, prioritizing the urgency of a request,
126 dispatching necessary resources, providing medical aid and safety instructions to the caller,
127 and coordinating the responding resources as needed.

128
129 §15. **EMERGENCY MEDICAL DISPATCHER** means a person licensed by the Board who
130 provides emergency medical dispatch services as a member of an emergency medical dispatch center
131 licensed by the Board.
132

133 §16. **EMERGENCY MEDICAL SERVICES AMBULANCE OPERATOR** means a person
134 associated with a licensed ground ambulance service who operates an ambulance in emergency mode or
135 transports patients and is not licensed under 32 M.R.S. §85.
136

137 §17. **EMERGENCY MEDICAL SERVICES PERSON** means any person who routinely provides
138 emergency medical treatment to the sick or injured. The following persons are not considered to be
139 routinely providing emergency medical treatment for the purpose of these Rules and may provide
140 emergency medical treatment only as specified below when called upon:
141

- 142 1. Those persons as specified in 32 M.R.S. §82(2) subject to any restrictions stated in that
143 section.
144
- 145 2. Any person having CPR or hemorrhage control training, for the purpose of providing those
146 skills within the scope of that training.
147
- 148 3. Any person who provides automatic external defibrillation in accordance with 22 M.R.S.
149 §2150-C;
150
- 151 4. Any person who administers Naloxone Hydrochloride in accordance with 22 M.R.S. §2353
152 and is not licensed in 32 M.R.S. §85
153
- 154 5. Any student currently enrolled in a course leading to licensure may practice procedures
155 learned in that course when that student:
156
- 157 A. Has received permission to practice those procedures from the Maine EMS
158 authorized Training Center conducting the course.
 - 159 B. Is participating in a scheduled field internship session approved by the course's
160 clinical coordinator.
161
 - 162 C. Is practicing those procedures with a Maine EMS-licensed service that complies
163 with guidelines as developed by Maine EMS to conduct field internship sessions;
164 and,
165
166
 - 167 D. Is supervised by a preceptor licensed to perform those procedures and who is acting
168 in accordance with any requirements or guidelines as approved and published by
169 Maine EMS.
170
 - 171 E. If such a person is also licensed under these Rules, any emergency medical
172 treatment he/she provides that is within the scope of his/her license will be
173 considered as routine and not subject to such supervision.
174

175 **§18. EMERGENCY MEDICAL SERVICES VEHICLE** means a vehicle, authorized by Maine
176 EMS pursuant to 29-A M.R.S. §2054, for the purpose of transporting personnel and/or equipment to the
177 scene of a medical emergency that is not otherwise licensed as an ambulance or registered as a fire
178 department vehicle. An emergency medical services vehicle must be exclusively leased or owned and
179 operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.
180

181 **§19. EMERGENCY MEDICAL TREATMENT** means those skills, techniques and judgments, as
182 defined by the Board, which are directed to maintaining, improving or preventing deterioration of the
183 medical condition of the patient and which are appropriate to be delivered by trained persons at the scene
184 of a patient's illness or injury outside the hospital and during transportation to the hospital.
185

186 **§20. EMERGENCY RESPONSE MODE** means the operation of the ambulances or emergency
187 medical services vehicle's warning lights and siren in accordance with the Maine Motor Vehicle Statutes,
188 29-A M.R.S.
189

190 §21. **EMERGENCY SERVICES COMMUNICATIONS BUREAU** means the Emergency Services
191 Communication Bureau within the Public Utilities Commission.

192
193 §22. **FAA** means Federal Aviation Administration.

194
195 §23. **FAR** means Federal Aviation Regulations

196
197 §24. **FULL TIME DISPATCH** means a communications center that:

- 198
199 1. Operates twenty-four hours per day.
200
201 2. Records telephone and radio transmissions regarding calls for medical assistance.
202
203 3. Communicates with emergency medical services providers via two-way radio and other
204 methods.

205
206 §25. **LICENSE** means a full, temporary, provisional, or conditional license issued under these Rules.

207
208 §26. **LOCATED OUTSIDE THE STATE OF MAINE.** An ambulance service is located outside the
209 State of Maine provided that it is licensed in another state or territory, does not maintain a base of
210 operations in Maine, and does not routinely carry patients between points, both of which are in Maine.

211
212 §27. **MAINE EMERGENCY MEDICAL SERVICES, or MAINE EMS** means the Board, the
213 emergency medical services director, and staff within the Department of Public Safety responsible for
214 carrying out the responsibilities of 32 M.R.S. §81 et seq. and these Rules.

215
216 §28. **MEDICAL CONTROL** is physician supervision of pre-hospital emergency medical care. More
217 specifically, it is those actions taken to ensure that care provided on behalf of ill or injured patients is
218 medically appropriate. Medical Control includes:

- 219
220 1. Online Medical Control:
221
222 A. The contemporaneous physician direction of a field provider utilizing
223 telecommunications, or in-person contact.
224
225 B. This physician direction may be provided by a Physician Assistant or Advanced
226 Practice Registered Nurse delegated by the physician(s) charged with medical
227 oversight, pursuant to 32 M.R.S. §83(17-A).
228
229 2. Medical Direction:
230
231 A. The administrative medical direction of EMS personnel by a physician as
232 designated in these Rules. Medical Direction includes interaction with operational
233 and administrative aspects of EMS (for example, education and training, quality
234 improvement, ambulance staffing, dispatch issues, and hospital destination).

235
236 §29. **MEDICAL DIRECTION AND PRACTICES BOARD** means the board consisting of each
237 regional medical director, an emergency physician representing the Maine Chapter of the American
238 College of Emergency Medicine Physicians, an at-large member, a toxicologist or licensed pharmacist, a

239 person licensed under 32 M.R.S. §85 to provide basic emergency medical treatment, a person licensed
240 under 32 M.R.S. §85 to provide advanced emergency medical treatment, a pediatric physician, the
241 statewide associate emergency medical services medical director and the statewide emergency medical
242 services medical director. The Medical Direction and Practices Board is responsible for creation, adoption
243 and maintenance of Maine Emergency Medical Services protocols.
244

245 **§30. NON-EMERGENCY MEDICAL CALL** means a situation in which an immediate response to
246 a scene, hospital, health care facility or other place is not required to prevent life-or limb-threatening
247 medical deterioration of a person.
248

249 **§31. NON-EMERGENCY RESPONSE MODE** means operation of the ambulance or emergency
250 medical services vehicle in a non-emergency mode obeying all traffic laws.
251

252 **§32. NON-TRANSPORTING SERVICE** means any organization, person or persons who hold
253 themselves out as providers of emergency medical treatment and who do not routinely provide
254 transportation to ill or injured persons, and who routinely offer or provide services to the general public
255 beyond the boundaries of a single recreational site, business, school or other facility. For the purposes of
256 these Rules, a physician making house calls as a part of ordinary medical practice is not considered to be
257 a non-transporting service. For the purposes of this definition, “routinely” means regularly, as part of the
258 usual way of doing things.
259

260 **§33. OFFICE OR OFFICE OF EMERGENCY MEDICAL SERVICES** means the administrative
261 unit within the Department of Public Safety to which the Board assigns responsibility for carrying out the
262 purposes of 32 M.R.S. §81, et seq. Responsibility for implementation, enforcement and administration of
263 these Rules is delegated to the Director of the Office.
264

265 **§34. PATIENT CARE REPORT** means the report generated and filed by Ambulance Services and
266 Non-Transporting Services documenting each request for service or for each patient when more than one
267 patient is involved.
268

269 **§35. PARAMEDIC INTER-FACILITY TRANSFER (PIFT)** means a transfer of a patient after
270 initial assessment and stabilization from and to a health care facility, or other location designated by
271 medical control or a primary patient care physician, conducted in accordance with the Maine EMS PIFT
272 guidelines.
273

274 **§36. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) SERVICE** means a Maine EMS
275 licensed Ambulance Service that has been approved as a PIFT Service by Maine EMS after fulfilling the
276 PIFT Service eligibility requirements.
277

278 **§37. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) PROVIDER** means a Maine EMS
279 Paramedic who has completed the Maine EMS PIFT Training Program.
280

281 **§38. PROTOCOL OR MAINE EMERGENCY MEDICAL SERVICES PROTOCOL** means the
282 written statement approved by the Medical Direction and Practices Board and filed with the Board,
283 specifying the conditions under which some form of emergency medical care is to be given by emergency
284 medical services persons. These protocols are coordinated and published through Maine EMS as a single,
285 statewide common set of protocols.
286

287 §39. **PROVIDER** of emergency medical dispatch services means an Emergency Medical Dispatcher
288 or Emergency Medical Dispatch Center licensed by the Board.

289
290 §40. **PUBLIC SAFETY ANSWERING POINT (PSAP)** has the same meaning as in 25 M.R.S.
291 §2921.

292
293 §41. **REGIONAL COUNCILS** mean those business entities recognized by the Board that represent
294 the various geographical areas of the state, as designated by the Board, with respect to matters subject to
295 32 M.R.S., §81 et seq. and these Rules.

296
297 §42. **REGIONAL MEDICAL DIRECTOR** means the physician designated in each EMS region by
298 the regional council, subject to approval by the Board, to oversee all matters of medical control and to
299 advise the regional council on medical matters. In approving the regional medical director, the Board will
300 be advised by the regional council for the region.

301
302 §43. **RESPONSE ASSIGNMENT PLAN** means a Maine EMS-approved plan developed by a Maine
303 licensed service and its service medical director that establishes the service's response in accordance with
304 Maine EMS Emergency Medical Dispatch (EMD) protocol determinant codes.

305
306 §44. **ROUTINELY** means the median annual call volume for the lowest 10% of all Maine EMS-
307 licensed ground ambulance and non-transporting services for the preceding year, calculated and applied
308 separately as it pertains to those defined services and ambulance licensure with the least of the median
309 figures applied as it relates to other defined services, emergency medical services persons, or persons
310 licensed by the Board.

311
312 §45. **SERVICE-LEVEL MEDICAL DIRECTOR** means a physician, or a nurse practitioner who
313 has completed the required clinical experience pursuant to 32 M.R.S. §2102(2-A), who assumes primary
314 responsibility to ensure quality medical care for the service. A physician assistant may assist in this role
315 under the direct supervision of a physician; however, the supervising physician must be identified to
316 Maine EMS as the medical director.

317
318 §46. **STATE LICENSURE EXAMINATIONS** mean the written (cognitive) tests and practical
319 (psychomotor) evaluations approved by the Board and used to determine the minimum competency of a
320 person seeking licensure as an EMS provider.

321
322 §47. **TRAINING CENTER** means an entity that meets the requirements of the Maine EMS Training
323 Center Standards and is authorized by Maine EMS to conduct Maine EMS-approved EMS educational
324 courses and training programs leading to EMS provider licensure.

325
326 §48. **TRAUMA** means a single or multisystem life-threatening or limb-threatening injury requiring
327 immediate medical or surgical intervention or treatment to prevent death or permanent disability.

328
329 §49. **WILDERNESS EMERGENCY MEDICAL TECHNICIAN (WEMT)** means the graduate of
330 any wilderness emergency medical technician course who may apply the principles of care taught in that
331 course as defined. This is not a Maine EMS licensure level in itself but is a certification of skills and
332 knowledge that may be employed by those licensed by Maine EMS.

333
334 §50. **9-1-1 PRIMARY RESPONSE AREA** means the geopolitical subdivision(s) where the agency
335 provides response to a scene location for an Emergency Medical Call.

AUTHORITY: 32 M.R.S., §§84, 85-A, 88

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
 December 24, 2022
 June 25, 2024 – filing 2024-146

EFFECTIVE DATE
 (ELECTRONIC CONVERSION): July 1, 2000

REPEALED AND REPLACED: July 1, 2000
 July 1, 2003
 September 1, 2006
 October 1, 2009
 May 1, 2013
 January 10, 2021