

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

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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:

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- 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
- 41 2. **Scene Response Air Ambulance Services** are those services licensed by the Board that
42 transport patients, utilizing aircraft licensed by the Board, from the scene of the patient's
43 illness or injury to the hospital or provide air transfer of patients being transferred from a
44 hospital or health care facility to another place.
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- 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.
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55 **§4. BASE LOCATION** has the following meanings dependent upon the type of service license held:
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- 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.
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67 **§5. BASIC EMERGENCY MEDICAL TREATMENT** means those portions of emergency
68 medical treatment:
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- 70 1. Defined by the board to be basic; and
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- 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:
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- 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.
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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.
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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.

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

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

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

§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.

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

§14. EMERGENCY MEDICAL DISPATCH SERVICES means any of the following services 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.

§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.

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

§17. EMERGENCY MEDICAL SERVICES PERSON means any person who routinely provides 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
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- 154 5. Any student currently enrolled in a course leading to licensure may practice procedures
155 learned in that course when that student:
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 - 157 A. Has received permission to practice those procedures from the Maine EMS
158 authorized Training Center conducting the course.
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 - 160 B. Is participating in a scheduled field internship session approved by the course's
161 clinical coordinator.
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 - 163 C. Is practicing those procedures with a Maine EMS-licensed service that complies
164 with guidelines as developed by Maine EMS to conduct field internship sessions;
165 and,
 - 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.
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 - 171 ~~D-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.
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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.

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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.

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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.

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

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

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

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

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

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

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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.

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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:

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220 1. Online Medical Control:

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222 A. The contemporaneous physician direction of a field provider utilizing
223 telecommunications, or in-person contact.

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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).

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229 2. Medical Direction:

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

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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.

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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.

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

311
312 **§44. §45. SERVICE-LEVEL MEDICAL DIRECTOR** means a physician, or a nurse practitioner
313 who has completed the required clinical experience pursuant to 32 M.R.S. §2102(2-A), who assumes
314 primary responsibility to ensure quality medical care for the service. A physician assistant may assist in
315 this role under the direct supervision of a physician; however, the supervising physician must be
316 identified to Maine EMS as the medical director.

317
318 **§45. §46. STATE LICENSURE EXAMINATIONS** mean the written (cognitive) tests and
319 practical (psychomotor) evaluations approved by the Board and used to determine the minimum
320 competency of a person seeking licensure as an EMS provider.

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322 **§46. §47. TRAINING CENTER** means an entity that meets the requirements of the Maine EMS
323 Training Center Standards and is authorized by Maine EMS to conduct Maine EMS-approved EMS
324 educational courses and training programs leading to EMS provider licensure.

325

326 ~~§47.~~§48. **TRAUMA** means a single or multisystem life-threatening or limb-threatening injury
327 requiring immediate medical or surgical intervention or treatment to prevent death or permanent
328 disability.

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

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335 §48.~~§50.~~ **9-1-1 PRIMARY RESPONSE AREA** means the geopolitical subdivision(s) where the
336 agency provides response to a scene location for an Emergency Medical Call.

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