

1 16 DEPARTMENT OF PUBLIC SAFETY  
 2  
 3 163 MAINE EMERGENCY MEDICAL SERVICES SYSTEM  
 4  
 5 CHAPTERS 1-18: MAINE EMERGENCY MEDICAL SERVICES SYSTEM RULES  
 6  
 7 ADOPTION DATE: ~~December 5, 2012 (Chapters 1—17)~~  
 8 ~~December 3, 2014 (Chapter 18)~~  
 9  
 10 EFFECTIVE DATE: ~~May 1, 2013 (Chapters 1—17)~~  
 11 ~~February 1, 2015 (Chapter 18)~~

12  
 13 TABLE OF CONTENTS

| 14 | CHAPTER | SUBJECT  | PAGE  |
|----|---------|--|-------|
| 15 |         |  |       |
| 16 |         |  |       |
| 17 | 1       | MISSION AND GOALS OF THE MAINE EMS SYSTEM        | 1-1   |
| 18 |         |  |       |
| 19 | 2       | DEFINITIONS                                      | 2-1   |
| 20 |         |  |       |
| 21 | 3       | GROUND AMBULANCE SERVICE AND NON-TRANSPORTING    | 3-1   |
| 22 |         | SERVICE LICENSES                                 |       |
| 23 |         |  |       |
| 24 | 3-A     | EMERGENCY MEDICAL DISPATCH CENTER                |       |
| 25 |         | LICENSES   | 3-A-1 |
| 26 |         |  |       |
| 27 | 4       | AIR AMBULANCE SERVICE LICENSES                   | 4-1   |
| 28 |         |  |       |
| 29 | 5       | PERSONNEL LICENSES                               | 5-1   |
| 30 |         |  |       |
| 31 | 5-A     | EMERGENCY MEDICAL DISPATCHER LICENSES            | 5-A-1 |
| 32 |         |  |       |
| 33 | 6       | ADVANCED LIFE SUPPORT DRUGS AND MEDICATIONS      | 6-1   |
| 34 |         |  |       |
| 35 | 7       | STATE LICENSURE EXAMINATIONS                     | 7-1   |
| 36 |         |  |       |
| 37 | 8       | TRAINING COURSES AND CONTINUING EDUCATION        | 8-1   |
| 38 |         | PROGRAMS USED FOR LICENSURE                      |       |
| 39 |         |  |       |
| 40 | 8-A     | TRAINING CENTERS                                 | 8-A-1 |
| 41 |         |  |       |
| 42 | 9       | INSTRUCTOR COORDINATOR LICENSES                  | 9-1   |
| 43 |         |  |       |
| 44 | 9-A     | EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS |       |
| 45 |         | AND CONTINUING EDUCATION PROGRAMS                | 9-A-1 |
| 46 |         |  |       |

|    |    |  |      |
|----|----|--|------|
| 47 | 10 | RECIPROCITY  | 10-1 |
| 48 |    |  |      |
| 49 | 11 | STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE     |      |
| 50 |    | OR RENEW A LICENSE, AND FOR MODIFYING, SUSPENDING, |      |
| 51 |    | OR REVOKING A LICENSE                              | 11-1 |
| 52 |    |  |      |
| 53 | 12 | PROCEDURES FOR LICENSING ACTIONS AND BOARD         |      |
| 54 |    | ACTIONS  | 12-1 |
| 55 |    |  |      |
| 56 | 13 | WAIVER OF RULES                                    | 13-1 |
| 57 |    |  |      |
| 58 | 14 | SEXUAL MISCONDUCT                                  | 14-1 |
| 59 |    |  |      |
| 60 | 15 | MAINE EMS REGIONS AND REGIONAL COUNCILS            | 15-1 |
| 61 |    |  |      |
| 62 | 16 | DEATH BENEFITS FOR EMERGENCY MEDICAL SERVICES      |      |
| 63 |    | PERSONS WHO DIE IN THE LINE OF DUTY                | 16-1 |
| 64 |    |  |      |
| 65 | 17 | EQUIPMENT LISTS FOR MAINE EMS SERVICES AND         |      |
| 66 |    | REGIONAL EMS RADIO FREQUENCIES                     | 17-1 |
| 67 |    |  |      |
| 68 | 18 | QUALITY ASSURANCE AND IMPROVEMENT                  | 18-1 |
| 69 |    |  |      |
| 70 | 19 | COMMUNITY PARAMEDICINE                             | 19-1 |

---

71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 1: MISSION, VISION, GOALS AND GOALS SCORE 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 Strategic Plan.~~

1. Maine EMS will fulfill its mission and pursue its vision in accordance with 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
- D. Integrity, transparency, and equanimity of motives and actions

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

117  
118 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
119  
120 AMENDED: April 1, 1982  
121 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
122 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
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  
126 September 1, 1986  
127 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
128 July 1, 1988  
129 March 4, 1992  
130 September 1, 1996  
131 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
132 REPEALED AND REPLACED: July 1, 2000  
133 July 1, 2003  
134 October 1, 2009  
135  
136

137  
 138  
 139  
 140  
 141  
 142  
 143  
 144  
 145  
 146  
 147  
 148  
 149  
 150  
 151  
 152  
 153  
 154  
 155  
 156  
 157  
 158  
 159  
 160  
 161  
 162  
 163  
 164  
 165  
 166  
 167  
 168  
 169  
 170  
 171  
 172  
 173  
 174  
 175  
 176  
 177  
 178  
 179

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

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

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

182  
 183 3. **Transfer Air Ambulance Services** are those services licensed by the Board that  
 184 transport patients utilizing aircraft licensed by the Board and that may only provide  
 185 air transfer of patients being transferred from a hospital or health care facility to  
 186 another place.

187  
 188 4. **Restricted Response Air Ambulance Services (RRAAS)** are those services  
 189 licensed by the Board and that utilize aircraft licensed by the Board to provide  
 190 limited air ambulance services in order to meet a need within the State not otherwise  
 191 fulfilled by a Scene Response Air Ambulance Service or a Transfer Air Ambulance  
 192 Service.

193  
 194 §4. **BASE LOCATION** has the following meanings dependent upon the type of service  
 195 license held:

196  
 197 1. For services licensed as Ground Ambulance Services, ~~or~~, Scene Response Air  
 198 Ambulance Services or Restricted Response Air Ambulance Services, Base  
 199 Location means the physical location within a municipality, designated by the  
 200 service and approved by the Board, from which a service responds its ambulances  
 201 ~~to the service's Primary Response Area(s).~~

202  
 203 Ground Ambulance Services may position ambulances within municipalities abutting the  
 204 municipality in which the Base Location is situated, for the purpose of enhancing  
 205 emergency response.

206  
 207 1-2. For Non-Transporting Services or Transfer Air Ambulance Services, Base Location  
 208 means that the service maintains a single phone listing for public access.

209  
 210 §5. **BASIC EMERGENCY MEDICAL TREATMENT** means those portions of  
 211 emergency medical treatment:

212 A. Defined by the board to be basic; and

213 B. That the board determines may be performed by persons licensed under ~~this chapter~~32  
 214 M.R.S. Chapter 2-B within a system of emergency care approved by the board when acting  
 215 under the supervision of:

216 (1) An appropriate physician; or

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

219  
 220 §6. **BOARD** means the Emergency Medical Services Board established pursuant to 32  
 221 M.R.S.A. M.R.S. Chapter 2-B, § 88.

223 §7. **BOARD APPROVAL.** When no other method of gaining Board approval is specified,  
 224 the person who seeks the approval shall apply in writing to the chairperson of the Board in care  
 225 of the office of Maine Emergency Medical Services, stating the action to be considered, the  
 226 section in the Rules under which approval is sought and the grounds in support of the request.  
 227

228 §8. **CERTIFICATE** means a document issued as evidence that a person has completed a  
 229 course of training or a particular test or recertification.  
 230

231 §9. **CPR CERTIFICATION**~~Training~~**TRAINING** means ~~successful~~ completion of a ~~Maine~~  
 232 ~~EMS approved~~ Cardio-Pulmonary Resuscitation (CPR) program, ~~or equivalent~~. This is  
 233 interpreted to include semiautomatic defibrillation when that module is successfully completed.  
 234

235 1. ~~CPR certification is valid until the expiration date, or recommended renewal date, of~~  
 236 ~~the document recognized as proof of certification.~~  
 237

238 §10. **DEPARTMENT** means the Maine Department of Public Safety.  
 239

240 ~~§11. **EMERGENCY MEDICAL CALL** means a~~  
 241 ~~medical situation in which requiring an immediate response to a scene is required in order to~~  
 242 ~~prevent life or limb threatening medical deterioration of a person requiring emergency medical~~  
 243 ~~treatment patient or a situation when dispatch or responding personnel do not have information to~~  
 244 ~~determine the existence or condition of persons at a scene who may require emergency medical~~  
 245 ~~treatment. means any actual or perceived event which threatens the life, limb, or well-being of an~~  
 246 ~~individual in such a manner that a need for emergency medical treatment is created.~~  
 247

248  
 249 ~~§11.~~ §12. **EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE**  
 250 **SYSTEM** means a system approved by the Emergency Services Communications Bureau and  
 251 the board that includes:  
 252

- 253 1. A protocol for emergency medical dispatcher response to calls;
- 254
- 255 2. A continuous quality improvement program that measures compliance with the
- 256 protocol through ongoing random case review of each emergency medical
- 257 dispatcher; and
- 258
- 259 3. A training curriculum and testing process consistent with the protocol.  
 260

261 ~~§12.~~ §13. **EMERGENCY MEDICAL DISPATCH CENTER** means any entity that holds  
 262 itself out to be a provider of emergency medical dispatch services.  
 263

264 ~~§13.~~ §14. **EMERGENCY MEDICAL DISPATCH SERVICES** means any of the  
 265 following services ~~provided~~ in provided in the context of an emergency call made to the E-9-1-1  
 266 system:  
 267

- 268 1. Reception, evaluation or processing of calls;

269  
 270  
 271  
 272  
 273  
 274  
 275  
 276  
 277  
 278  
 279  
 280  
 281  
 282  
 283  
 284  
 285  
 286  
 287  
 288  
 289  
 290  
 291  
 292  
 293  
 294  
 295  
 296  
 297  
 298  
 299  
 300  
 301  
 302  
 303  
 304  
 305  
 306  
 307  
 308  
 309  
 310  
 311  
 312  
 313  
 314

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, for the purpose of providing CPR 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 Emergency Medical Services providers via two-way radio; and other methods.

360 ~~§22.~~ §24. **LICENSE** means a full, temporary, provisional or conditional license issued  
 361 under these Rules.

362  
 363 ~~§23.~~ §25. **LOCATED OUTSIDE THE STATE OF MAINE.** An ambulance service is  
 364 located outside the State of Maine provided that it is licensed in another state or territory, does  
 365 not maintain a base of operations in Maine, and does not routinely carry patients between points,  
 366 both of which are in Maine.

367  
 368 ~~§24.~~ §26. **MAINE EMERGENCY MEDICAL SERVICES, or MAINE EMS** means the  
 369 Board, the emergency medical services director, and staff within the Department of Public Safety  
 370 responsible for carrying out the responsibilities of 32 ~~M.R.S.A.~~ M.R.S. § 81 et seq. and these  
 371 Rules.

372  
 373  
 374 ~~§27.~~ §27. **MEDICAL CONTROL** ~~(DIRECTION)~~ is physician supervision of pre-hospital  
 375 emergency medical care. More specifically, it is those actions taken to ensure that care provided  
 376 on behalf of ill or injured patients is medically appropriate. Medical Control includes:

377  
 378 ~~1. interaction with operational and administrative aspects of EMS (for example,~~  
 379 ~~education and training, quality improvement, ambulance staffing, dispatch issues,~~  
 380 ~~and hospital destination).~~

381 ~~2.~~

382 ~~3.1. Direct~~ Online Medical Control ~~(on line or immediate medical control):~~

383  
 384 A. The contemporaneous physician direction of a field provider utilizing  
 385 radio, ~~or~~ telephone, or ~~actual contact with a physician on scene in-~~  
 386 ~~person contact.~~

387  
 388 B. This physician direction may be provided by a Physician Assistant or  
 389 Advanced Practice Registered Nurse delegated by the physician(s)  
 390 charged with medical oversight, that is credentialed by that hospital to  
 391 do so.

392  
 393 ~~2. Indirect~~ Medical Control ~~Direction:~~

394 ~~The~~

395 ~~—~~

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

401  
 402  
 403  
 404 ~~§25.~~ §28. **MEDICAL DIRECTION AND PRACTICES BOARD** means the board,  
 405 chaired by the State Emergency Medical Services Medical Director, and consisting of each

406 regional medical director, a representative of the Maine Chapter of the American College of  
 407 Emergency Physicians, an at-large -member, a toxicologist or -licensed pharmacist, the statewide  
 408 assistant emergency medical services medical director and the State Emergency Medical  
 409 Services Medical Director. The Medical Direction and Practices Board is responsible for  
 410 creation, adoption and maintenance of Maine Emergency Medical Services pre-hospital  
 411 treatment protocols.

412  
 413 **§26-§29. NON-EMERGENCY MEDICAL CALL** means a situation in which an  
 414 immediate response to a scene, hospital, health care facility or other place is not required to  
 415 prevent life-or limb-threatening medical deterioration of a person.

416  
 417 **§27-§30. NON-EMERGENCY RESPONSE MODE** means operation of the ambulance  
 418 or emergency medical services vehicle in a non-emergency mode obeying all traffic laws.

419  
 420 **§28-§31. NON-TRANSPORTING SERVICE** means any organization, person or persons  
 421 who hold themselves out as providers of emergency medical treatment and who do not routinely  
 422 provide transportation to ill or injured persons, and who routinely offer ~~to~~ or provide services to  
 423 the general public beyond the boundaries of a single recreational site, business, school or other  
 424 facility. For the purposes of these Rules, a physician making house calls as a part of ordinary  
 425 medical practice is not considered to be a non-transporting service. For the purposes of this  
 426 definition, “routinely” means regularly, as part of the usual way of doing things.

427  
 428 ~~1.—A police or fire department which does not hold itself out as a provider of~~  
 429 ~~emergency medical care shall not be considered a non-transporting service solely~~  
 430 ~~because members of that department (who are licensed emergency medical~~  
 431 ~~services persons) provide medical care at the scene of a medical emergency to~~  
 432 ~~which they were dispatched for police or fire assistance.~~

433  
 434 **§29-§32. OFFICE OR OFFICE OF EMERGENCY MEDICAL SERVICES** means the  
 435 administrative unit within the Department of Public Safety to which the Board assigns  
 436 responsibility for carrying out the purposes of 32 M.R.S.A.M.R.S. § 81, et seq. Responsibility  
 437 for implementation, enforcement and administration of these Rules is delegated to the Director of  
 438 the Office.

439  
 440 **§30-§33. PATIENT CARE REPORT** means the report generated and filed by Ambulance  
 441 Services and Non-Transporting Services documenting each request for service or for each patient  
 442 when more than one patient is involved.

443  
 444 **§31-§34. PARAMEDIC INTER-FACILITY TRANSFER (PIFT)** means a transfer of a  
 445 patient after initial assessment and stabilization from and to a health care facility, or other  
 446 location designated by medical control; or a primary patient care physician, conducted in  
 447 accordance with the Maine EMS PIFT guidelines.

448  
 449 **§32-§35. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) SERVICE** means a  
 450 Maine EMS licensed Ambulance Service that has been approved as a PIFT Service by Maine  
 451 EMS after fulfilling the PIFT Service eligibility requirements.

452  
 453 **§33-§36. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) PROVIDER** means a  
 454 Maine EMS Paramedic who has completed the Maine EMS PIFT Training Program.

455  
 456 **§34-§37. PROTOCOL OR MAINE EMERGENCY MEDICAL SERVICES**  
 457 **PROTOCOL** means the written statement approved by the Medical Direction and Practices  
 458 Board and filed with the Board, specifying the conditions under which some form of emergency  
 459 medical care is to be given by emergency medical services persons. These protocols are  
 460 coordinated and published through Maine EMS as a single, statewide common set of protocols.

461  
 462 **§35-§38. PROVIDER OF EMERGENCY MEDICAL DISPATCH SERVICES** means  
 463 an Emergency Medical Dispatcher or Emergency Medical Dispatch Center licensed by the  
 464 Board.

465  
 466 **§36-§39. PUBLIC SAFETY ANSWERING POINT** has the same meaning as in ~~Title 25,~~  
 467 ~~section 2921~~25 M.R.S. § 2921.

468  
 469 **§37-§40. REGIONAL COUNCILS** ~~means~~mean those ~~groups-business entities~~  
 470 by the Board that represent the various ~~regions-geographical areas~~ of the state, as designated by  
 471 the Board, with respect to matters subject to 32 ~~M.R.S.A.~~M.R.S., ~~§, §~~ 81 et seq. and these Rules.

472  
 473 **§38-§41. REGIONAL MEDICAL DIRECTOR** means the physician designated in each  
 474 EMS region by the regional council, subject to approval by the Board, to oversee all matters of  
 475 medical control and to advise the regional council on medical matters. In ~~designating~~approving  
 476 the regional medical director, the Board will be advised by the regional council for the region.

477  
 478 **§41. RESPONSE ASSIGNMENT PLAN** means a ~~Maine-EMS approved~~ plan developed by  
 479 a Maine licensed service and its service medical director that ~~identifies~~establishes the service's  
 480 ~~level of response and~~ response ~~mode~~ in accordance with Maine EMS Emergency Medical  
 481 Dispatch (EMD) protocol determinant codes.

482  
 483 **§42. STATE LICENSURE EXAMINATIONS** ~~means~~mean the written (cognitive) tests and  
 484 practical (psychomotor) evaluations approved by the Board and used to determine the minimum  
 485 competency of a person seeking licensure as an EMS provider.

486  
 487 **§43. TRAINING CENTER** means an entity that meets the requirements of the Maine EMS  
 488 Training Center Standards and is authorized by Maine EMS to conduct Maine EMS-approved  
 489 EMS educational courses and training programs leading to EMS provider licensure.

490  
 491 **§43-§44. Trauma-RAUMA** means a ~~single or multisystem life-threatening or limb-threatening~~  
 492 ~~injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent~~  
 493 ~~disability.~~

494  
 495 **§44-§45. WILDERNESS EMERGENCY MEDICAL TECHNICIAN** means the  
 496 graduate of any wilderness emergency medical technician course, ~~approved by Maine EMS,~~ who  
 497 may apply the principles of care taught in that course as defined. This is not a Maine EMS

498 licensure level in itself, but is a certification of skills and knowledge that may be employed by  
 499 those licensed by Maine EMS.

500

501

502

503

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

505

506 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

507

508 AMENDED: April 1, 1982

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

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

511 11.1067

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

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

514 September 1, 1986

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

516 July 1, 1988

517 March 4, 1992

518 September 1, 1996

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

520 REPEALED AND REPLACED: July 1, 2000

521 July 1, 2003

522 September 1, 2006

523 October 1, 2009

524 May 1, 2013

525

526 16 DEPARTMENT OF PUBLIC SAFETY

527

528 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

529

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

532

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

535

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

538

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

540

541 A. A Non-Transporting Service; or

542

543 B. An Ambulance Service

544

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

546

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

549

550 B. Emergency Medical Technician (EMT); or

551

552 C. Advanced EMT (AEMT); or

553

554 D. Paramedic

555

556 3. Permit Level – which may be:

557

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

560

561 B. Advanced Emergency Medical Technician (AEMT); or

562

563 C. Paramedic

564

565 3-4. Ownership

566

567 Upon request of the Board, an applicant for<sub>2</sub> or licensee of<sub>2</sub> a ground ambulance  
568 service or non-transporting service license must provide the Board with the  
569 identity and legal status (e.g. municipality, corporation, limited liability company,  
570 sole proprietorship) of the person or entity that holds, or is making application for

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

573  
574 4.5. Service Area

575  
576 A. The service area consists of the primary response area, which is any area to  
577 which the service is routinely made available when called by the public to  
578 respond to medical emergencies. In defining a primary response area, a  
579 service will be expected to meet reasonable standards in regard to distance  
580 and response times ~~from its base of operations~~ to emergency scenes. Maine  
581 EMS will determine if such standards are met using the following criteria:

- 582
- 583 1. Dispatch time/availability of ambulance and crew;
- 584
- 585 2. Response times;
- 586
- 587 3. Organized/coordinated dispatch;
- 588
- 589 4. Public perception;
- 590
- 591 5. Emergency responses across jurisdictions/public safety
- 592 implications;
- 593
- 594 6. Impact on patient care;
- 595

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

600  
601 C. A service area does not include areas outside the primary response area to  
602 which the service may be made available for non-emergency medical calls.  
603

604 5.6. Base Location.

605  
606 ~~A. Unless otherwise approved by Maine EMS, a service must be separately~~  
607 ~~licensed for each base location from which it operates; or,~~  
608

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

614  
615 **§3. Change in License Factors.**

616  
617  
618  
619  
620  
621  
622  
623  
624  
625  
626  
627  
628  
629  
630  
631  
632  
633  
634  
635  
636  
637  
638  
639  
640  
641  
642  
643  
644  
645  
646  
647  
648  
649  
650  
651  
652  
653  
654  
655  
656  
657  
658  
659

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.

705  
706  
707  
708  
709  
710  
711  
712  
713  
714  
715  
716  
717  
718  
719  
720  
721  
722  
723  
724  
725  
726  
727  
728  
729  
730  
731  
732  
733  
734  
735  
736  
737  
738  
739  
740  
741  
742  
743  
744  
745  
746  
747  
748  
749

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.

~~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 entered~~medications entered into a written contract with a single hospital which has a pharmacy, several hospitals with either

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

753  
754 16. If the applicant intends to provide Paramedic Inter-facility Facility  
755 Transfers (-PIFT), a separate application must be submitted to and  
756 approved by Maine EMS before the service performs such  
757 transfers. Personnel providing PIFT treatment on behalf of the  
758 service must successfully complete a Maine EMS-approved PIFT  
759 course prior to performing such treatment.

760  
761 17. The applicant has submitted an agency safety plan that addresses  
762 patient, provider, and public safety.  
763

764  
765  
766  
767  
768 2. Except as provided in paragraph 3, below, Aa service license is issued for a period  
769 of 12 months. Maine EMS may issue a license that expires prior to the twelfth  
770 month, and prorate the licensing fee if it is determined that such a change is in the  
771 best interest of the service and the system.  
772

773 3. Effective January 1, 2020, initial and renewal service applications will be  
774 issued/renewed with a November 30, 2020 expiration date in order to establish a  
775 common month of expiration for all services. Maine EMS will prorate service and  
776 vehicle fees during the transition period.  
777

778 2.4. Notwithstanding the notice requirements of§5(C)-(1), Maine EMS may issue a  
779 temporary service license for up to 60 days to an applicant if Maine EMS  
780 determines that issuance of the temporary license will avert the disruption of  
781 emergency medical services in the primary service area(s) listed in the applicant’s  
782 application.  
783

784 **§6. Renewal of Service License**  
785

786 ~~1.—Renewal of a service license must be obtained each year, not later than the twelfth~~  
787 ~~month after the license is issued. If Maine EMS and the service agree, a license~~  
788 ~~may be renewed in less than a year, and the licensing fee prorated in order to shift~~  
789 ~~the service’s licensing anniversary.~~  
790

791 ~~2.—A licensee shall submit an application for renewal prior to the expiration date of the~~  
792 ~~license. To ensure timely processing, the application should be submitted to Maine~~  
793 ~~EMS thirty (30) days prior to the expiration of a license.~~  
794

3-5.

795 4.6. An application will not be accepted as complete unless it includes all materials  
796 required to be evaluated for licensure.  
797  
798 5.7. A service may apply for a renewal license for up to ninety (90) days after the date of  
799 expiration. The ninety-day period does not postpone the expiration date of the  
800 license. A service with an expired license cannot act as an ambulance or non-  
801 transporting service until a renewed license has been issued. An application  
802 submitted more than 90 days after the license expiration date shall be considered an  
803 application for a new license and subject to all requirements governing new  
804 applications.  
805

806 6.8. In order to obtain a license renewal, a service must:  
807

808 A. Apply on forms available from Maine EMS.  
809

810 B. Submit a fee of \$100.00.  
811

812 ~~A.~~

813 C. ~~Submit a fee of \$100.00.~~ If the applicant intends to provide Paramedic Inter-  
814 Facility Transfers (PIFT) a separate application must be submitted to and  
815 approved by Maine EMS before the service performs such transfers.  
816 Personnel providing PIFT treatment on behalf of the service must  
817 successfully complete a Maine EMS-approved PIFT course prior to  
818 performing such treatment.  
819

820 D. The applicant has submitted an agency safety plan that addresses patient,  
821 provider, and public safety.  
822

823  
824 ~~B-E.~~ Demonstrate, as may be required by Maine EMS, that it meets the  
825 licensure requirements called for in these Rules.  
826

827  
828

829

830 **§7. Personnel Requirements for Ground Ambulance Service or Non-Transporting**  
831 **Service Licensees**  
832

833 1. A ground ambulance service or non-transporting service will be licensed at the level  
834 at which it agrees to provide, on all emergency medical calls, at least one emergency  
835 medical services person who is licensed and able to provide care at or above the  
836 service license level. The phrase “able to provide care” means that the EMS person  
837 who is licensed at or above the service license level must be in the ambulance. If the  
838 higher-level EMS person is in the ambulance, he or she is able to render care. The  
839 higher-level EMS person must assess the patient prior to transport and determine

840 that the lower-level EMS person can appropriately provide care during transport. In  
841 addition, the higher-level EMS person who is driving the vehicle needs to have the  
842 ability to communicate constantly with the lower-level EMS person who is caring  
843 for the patient. If the patient's needs change, the higher-level EMS person must  
844 switch roles with the lower-level EMS person. ~~except:~~  
845

846 In the following situations, a service or non-transporting service does not need to be  
847 licensed at the level at which it agrees to provide, on all emergency medical calls, at  
848 least one emergency medical services person who is licensed and able to provide care at  
849 or above the service license level:  
850

- 851 A. When utilizing personnel not required to be licensed by Maine EMS as  
852 provided for in 32 ~~M.R.S.A.~~M.R.S. § 86 (2). This person will limit care to  
853 the level of the service license pursuant to these Rules. This person will be  
854 responsible for patient care; or,  
855
- 856 B. When the service's response is in accordance with a Maine EMS-approved  
857 Response Assignment Plan.  
858
- 859 2. A ground ambulance service or non-transporting service must notify Maine EMS of  
860 the addition of any licensed EMS person to its roster of responding personnel prior  
861 to that person responding on behalf of the service and must report the termination or  
862 resignation of any EMS provider from its service within 5 days of the termination or  
863 resignation of the provider. Notification to Maine EMS may be made electronically  
864 or by mail.  
865
- 866 3. A ground ambulance service or non-transporting service may obtain Maine EMS  
867 permission to provide on some calls, based on personnel availability, a higher level  
868 of care than that for which it is licensed. In order to obtain this permission, a service  
869 must:  
870
- 871 A. Apply on forms available from Maine EMS.  
872
- 873 B. Submit a fee of \$100. This fee is waived if the service is simultaneously  
874 applying for this permission and for a service license and is submitting the  
875 fee required for licensure.  
876
- 877 C. Show that it can satisfy the requirements of these Rules (except that for  
878 numbers of personnel, the applicant must demonstrate that at least one  
879 Maine EMS licensed provider, licensed at the permit application level being  
880 sought, is affiliated with the applicant service).  
881
- 882 D. Renew its permission request when it applies for license renewal,  
883 demonstrating to Maine EMS that it continues to satisfy the requirements set  
884 forth in these Rules.

885  
886  
887  
888  
889  
890  
891  
892  
893  
894  
895  
896  
897  
898  
899  
900  
901  
902  
903  
904  
905  
906  
907  
908  
909  
910  
911  
912  
913  
914  
915  
916  
917  
918  
919  
920  
921  
922  
923  
924  
925  
926  
927  
928  
929

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).~~

~~4. 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.~~

5.4. 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.

6.5. A ground ambulance service or ~~non-transportingnon- 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.

6. A ground ambulance service or ~~non-transportingnon- 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:

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

930  
931  
932  
933  
934  
935  
936  
937  
938  
939  
940  
941  
942  
943  
944  
945  
946  
947  
948  
949  
950  
951  
952  
953  
954  
955  
956  
957  
958  
959  
960  
961  
962  
963  
964  
965  
966  
967  
968  
969  
970  
971  
972  
973  
974

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 mutual aid agencies and the order of contact of those mutual aid agencies.

⋮

~~—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.

7.2. 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.

8.3. 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.

975 §10. Pilot Projects

976

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

983

984 §11. Ground Ambulance Vehicles - General

985

986

987

988

989

990

991

992

993

994

995

996

997

998

999

1000

1001

1002

1003

1004

1005

1006

1007

1008

1009

1010

1011

1012

1013

1014

1015

1016

1017

1018

1019

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~~ unless it is licensed ~~or authorized~~ as an ambulance underin accordance with these Rules.
- ~~2.~~ 2. A ~~ground ambulance~~ vehicle license or authorization is valid for a period of one year, starting from the month the service license is issued.
- ~~2.~~ 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.~~
- ~~3.~~ 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.~~ 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.~~ 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.
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.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 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 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 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 ~~#the service's level of care permit~~, 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

1065  
1066  
1067  
1068  
1069  
1070  
1071  
1072  
1073  
1074  
1075  
1076  
1077  
1078  
1079  
1080  
1081  
1082  
1083  
1084  
1085  
1086  
1087  
1088  
1089  
1090  
1091  
1092  
1093  
1094  
1095  
1096  
1097  
1098  
1099  
1100  
1101  
1102  
1103  
1104  
1105  
1106  
1107  
1108

~~In general, 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.~~
- B. 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.
- ~~C. 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.~~
- ~~D. 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

- ~~E.A.~~ E.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.
  - ~~c. 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~~

1109  
1110  
1111  
1112  
1113  
1114  
1115  
1116  
1117  
1118  
1119  
1120  
1121  
1122  
1123  
1124  
1125  
1126  
1127  
1128  
1129  
1130  
1131  
1132  
1133  
1134  
1135  
1136  
1137  
1138  
1139  
1140  
1141  
1142  
1143  
1144  
1145  
1146  
1147  
1148  
1149  
1150  
1151  
1152

~~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:

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.

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.

1153  
1154  
1155  
1156  
1157  
1158  
1159  
1160  
1161  
1162  
1163  
1164  
1165  
1166  
1167  
1168  
1169  
1170  
1171  
1172  
1173  
1174  
1175  
1176  
1177  
1178  
1179  
1180  
1181  
1182  
1183  
1184  
1185  
1186  
1187  
1188  
1189  
1190  
1191  
1192  
1193  
1194  
1195  
1196

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.

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 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 from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA.

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

1197  
1198  
1199  
1200  
1201  
1202  
1203  
1204  
1205  
1206  
1207  
1208  
1209  
1210  
1211  
1212  
1213  
1214  
1215  
1216  
1217  
1218  
1219  
1220  
1221  
1222  
1223  
1224  
1225  
1226  
1227  
1228  
1229  
1230  
1231  
1232  
1233  
1234  
1235  
1236  
1237  
1238  
1239  
1240

fasteners must be installed according to the stretcher fastener manufacturer's directions.

~~— 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~~

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

F.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

G.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.

H.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.

I.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

1241 candles of illumination measured on at least 90 percent of the cot's surface  
1242 area.

1243  
1244 ~~J.L.~~ Name of service. Ground vehicles ~~placed in service after March 1, 1992,~~  
1245 must display the name of the service licensing the vehicle on the left (driver)  
1246 and right (passenger) side of the vehicle in letters no less than 6 inches high  
1247 or display a logo that adequately identifies the service. Vehicles temporarily  
1248 transferred to a service under the provision of Chapter 3 §12 ~~(1)(F)-2~~ are  
1249 exempt from this requirement.

1250  
1251 ~~K.M.~~ Main oxygen supply. The ambulance shall have a hospital type piped  
1252 medical oxygen system capable of storing and supplying a minimum of  
1253 3,000 liters ("M" size tank). The oxygen pressure regulator must be a  
1254 medical oxygen pressure reducing and regulator valve with an inlet filter at  
1255 the cylinder and shall have a line relief valve set at 1378 kPa (200 psi)  
1256 maximum, and a gauge range of 0 to 17225 kPa (0 to 2500 psi). The flow  
1257 meter must be a pressure compensated type.

1258  
1259 ~~L.N.~~ Suction aspirator, permanently mounted. The ambulance vehicle shall  
1260 have an electrically or (engine) vacuum-powered suction unit capable of  
1261 providing a free air flow of at least 20 ~~lpm~~ L.P.M. and achieving a minimum  
1262 of 300 mm- Hg within 4 seconds after the suction tube is closed.

1263  
1264 ~~O.~~ Exterior compartments and doors. Exterior compartments, exterior  
1265 compartment doors and exterior patient/passenger doors must be equipped  
1266 with latches, gaskets and operating mechanisms which operate in accordance  
1267 with the manufacturer's design.

1268  
1269  
1270

1271 **§14. Ground Ambulance Vehicle Equipment Requirements**

1272  
1273 1. An Ground Ambulance Service must possess, at a minimum, the equipment listed in  
1274 Chapter 17 of these rules and must maintain a system to ensure the availability of  
1275 this equipment on any call.

1276  
1277 A. All medical equipment and medical supplies required must be latex free.

1278  
1279 B. Each ground ambulance vehicle must carry the equipment and medical  
1280 supplies listed in Chapter 17 of these rules.

1281  
1282 C. The EMT set of equipment is the minimum set of required equipment for a  
1283 Ground Ambulance Service.

1284

1285  
1286  
1287  
1288  
1289  
1290  
1291  
1292  
1293  
1294  
1295  
1296  
1297  
1298  
1299  
1300  
1301  
1302  
1303  
1304  
1305  
1306  
1307  
1308  
1309  
1310  
1311  
1312  
1313  
1314  
1315  
1316  
1317  
1318  
1319  
1320  
1321  
1322  
1323  
1324  
1325  
1326  
1327  
1328  
1329

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 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 mMedical 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.

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

C. The EMR set of equipment is the minimum set of required equipment for a Non-Transporting Service.

D. If a non-transporting service is licensed at the 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 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.

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

~~A. A non-transporting service shall carrypossess the equipment listed in the equipment guideline of these Rulesfor 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**

1375 1. Any ground ambulance service or non-transporting service intending to terminate its  
 1376 operations must make written notification to Maine EMS at least 30 days prior to  
 1377 the service termination date. The service shall notify the public at least 30 days  
 1378 prior to the service termination date by placing an advertisement in the most widely  
 1379 circulated newspaper(s) serving the primary service area(s). The notice must state:

- 1380  
 1381 A. The name of the service;  
 1382  
 1383 B. The date of service termination; and  
 1384  
 1385 C. The names of the municipalities affected by the service’s termination.

1386  
 1387 **§18. Duty to Report**  
 1388

1389 2. A licensee or an applicant for licensure under this chapter shall notify the Board in  
 1390 writing within 10 days of a:

- 1391  
 1392 A. Change of name or address;  
 1393 B. Criminal ~~Convictions~~conviction;  
 1394 C. Revocation, suspension or other disciplinary action taken in this or any other  
 1395 jurisdiction against any occupational or professional license held by the  
 1396 applicant or licensee; or,  
 1397 D. Material change in the conditions or qualifications set forth in the original  
 1398 application for licensure submitted to the Board.  
 1399

1400  
 1401 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.  
 1402

1403 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 1404

1405 AMENDED: April 1, 1982  
 1406 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 1407 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 1408 11.1067

1409 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 1410 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

1411 September 1, 1986  
 1412 August 25, 1987 - Sec. 5, 6.011 and 12 (added)

1413 July 1, 1988

1414 March 4, 1992

1415 September 1, 1996

1416 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

1417 REPEALED AND REPLACED: July 1, 2000

1418 July 1, 2003

1419 October 1, 2009

1420

May 1, 2013

## 1421 16 DEPARTMENT OF PUBLIC SAFETY

1422

## 1423 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

1424

## 1425 CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

1426

1427 §1. A provider of emergency medical dispatch services must be licensed by the Board in  
1428 accordance with 32 ~~M.R.S.A.~~M.R.S. §85-A and these Rules.

1429

1430 §2. **Licensing Factors** – The license issued under this chapter is for an Emergency Medical  
1431 Dispatch Center.

1432

1433 1. Ownership

1434

1435 Upon request of the Board, an applicant or licensed Emergency Medical  
1436 Dispatch Center must provide the Board with the identity and legal status (e.g.  
1437 municipality, corporation, limited liability company, sole proprietorship) of the  
1438 person or entity that holds, or is making application for the license. Failure to  
1439 provide this information will result in an application being treated as incomplete.

1440

1441 2. Physical address or location

1442

1443 A license is issued for a specific physical address or location.

1444

1445 §3. **Change in Licensing Factors.**

1446

1447 An Emergency Medical Dispatch Center must receive Board approval to change any of the  
1448 licensing factors.

1449

1450 §4. **Standards**

1451

1452 1. An application will not be accepted as complete unless it includes all materials  
1453 required to be evaluated for licensure. To obtain a new license, an EMD Center  
1454 applicant must:

1455

1456 A. Apply on forms available from Maine EMS; and

1457

1458 B. Demonstrate to Maine EMS that:

1459

1460 1. The applicant complies with the requirements of 32  
1461 ~~M.R.S.A.~~M.R.S. §85-A, the Rules, and the Maine EMS-approved  
1462 Emergency Medical Dispatch Priority Reference System;

1463

1464 2. The applicant can provide the facilities, equipment, and personnel  
1465 required by these Rules;

1466

1467  
1468  
1469  
1470  
1471  
1472  
1473  
1474  
1475  
1476  
1477  
1478  
1479  
1480  
1481  
1482  
1483  
1484  
1485  
1486  
1487  
1488  
1489  
1490  
1491  
1492  
1493  
1494  
1495  
1496  
1497  
1498  
1499  
1500  
1501  
1502  
1503  
1504  
1505  
1506  
1507  
1508  
1509  
1510  
1511  
1512  
1513

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.
- ~~5.6.~~ 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:

1514 A. Apply on forms available from Maine EMS; and  
1515

1516 B. Demonstrate, as may be required by Maine EMS, that it meets the licensing  
1517 requirements of 32 M.R.S.A.M.R.S. §85-A and these Rules.  
1518

1519 **§6. Personnel Requirements for Emergency Medical Dispatch Centers**  
1520

1521 1. An Emergency Medical Dispatch Center must use Maine EMS licensed Emergency  
1522 Medical Dispatchers to receive, evaluate and process all calls for medical assistance,  
1523 except that a dispatcher-in-training, under direct supervision of a Maine EMS  
1524 licensed emergency medical dispatcher designated by the EMD Center director,  
1525 may process calls using the emergency medical dispatch protocol after the  
1526 dispatcher-in-training has attended the Maine EMS approved certification course for  
1527 emergency medical dispatch. For purposes of this paragraph, direct supervision  
1528 means that the designated licensed emergency medical dispatcher is  
1529 contemporaneously listening to the call for medical assistance being processed by  
1530 the dispatcher-in-training and is able to assume control of the call and provide  
1531 emergency medical dispatch, if the dispatcher-in-training is unable to process the  
1532 call in accordance with protocol.  
1533

1534 2. An Emergency Medical Dispatch Center director must notify Maine EMS when  
1535 Emergency Medical Dispatchers are employed or terminated from employment by  
1536 the Center. Notification must be made electronically or by mail within five days of  
1537 the employment or termination of employment of an Emergency Medical  
1538 Dispatcher.  
1539

1540 **§7. Response Standards ~~For~~for Emergency Medical Dispatch Centers**  
1541

1542 1. Emergency Medical Dispatch Centers must provide ~~Emergency Medical Dispatch~~  
1543 Services twenty-four hours a day, every day, with full-time dispatch capability to  
1544 ensure that all calls for medical assistance received are processed in accordance with  
1545 32 M.R.S.A.M.R.S. §85-A, the Maine EMS-approved Emergency Medical Dispatch  
1546 Priority Reference System and these Rules.  
1547

1548 2. Emergency Medical Dispatch services must be implemented within the first 10  
1549 seconds of when a 9-1-1 call is received in at least ninety percent of the calls  
1550 received.  
1551

1552 ~~2-3.~~ Effective June 1, 2020, licensed EMD Centers must provide the Emergency Medical  
1553 Dispatch Determinant code to responders as part of the Emergency Medical  
1554 Services dispatch to a call for medical treatment or transport on all calls received  
1555 through the E-911 system.  
1556

1557 **§8. Termination of Center License**  
1558

1559 1. Any Emergency Medical Dispatch Center intending to terminate its operations must  
1560 make written notification to Maine EMS and the Emergency Services

1561 Communications Bureau at least 30 days prior to the termination date. The  
 1562 Emergency Medical Dispatch Center shall notify the public at least 30 days prior to  
 1563 the service termination date by placing an advertisement in the most widely  
 1564 circulated newspaper(s) serving the dispatch area(s). The notice must state:

- 1565
- 1566 A. The name of the Emergency Medical Dispatch Center;
  - 1567
  - 1568 B. The date of termination;
  - 1569
  - 1570 C. The names of the municipalities affected by the termination; and
  - 1571
  - 1572 D. The plan in place for 9-1-1 service and Emergency Medical Dispatch
  - 1573 coverage for municipalities affected by the termination.
  - 1574

1575 **§9. ~~Transition To~~ Statewide Emergency Dispatch Protocol**

- 1576
- 1577 1. ~~As of July 1, 2010 a~~All licensed Emergency Medical Dispatch Centers in Maine  
 1578 must exclusively use Board approved statewide Emergency Medical Dispatch  
 1579 protocols.

1580

1581 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. §84, 85-A, 88

1582

1583 EFFECTIVE DATE: September 1, 2006 (NEW)

1584 REPEALED AND REPLACED: October 1, 2009

1585 May 1, 2013

1586 16 DEPARTMENT OF PUBLIC SAFETY

1587

1588 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

1589

1590 CHAPTER 4: AIR AMBULANCE SERVICE LICENSES

1591

1592 §1. No air ambulance service shall ~~operate-administer emergency medical services~~ unless it is  
 1593 duly licensed by the Board under these Rules. Licensure under this Chapter authorizes the  
 1594 licensee only to provide emergency medical care using an air ambulance, and does not constitute  
 1595 authority to provide air transportation. Such authority must be obtained from the Federal  
 1596 Aviation Administration and the United States Department of Transportation.

1597

1598 §2. **License Factors** – an air ambulance service license is issued for a specific:

1599

1600 1. Type of service - which may be:

1601

1602 A. Scene Response Air Ambulance Service;

1603

1604 B. Transfer Air Ambulance Service

1605

1606 1. Restricted Response Air Ambulance Service (RRAAS). In order to be  
 1607 licensed as a Restricted Response Air Ambulance Service, an applicant must  
 1608 demonstrate to the Board that the limited scope of the proposed service will  
 1609 fulfill a unique and/or unmet need regarding the air transport of patients in the  
 1610 state.

1611

1612 1.2. Only Ground Ambulance Services may apply for this type of license.

1613

1614 1. Notwithstanding the requirements of this Chapter, in order to  
 1615 receive a license as a RRAAS, an applicant must comply with any  
 1616 and all restrictions or modifications placed upon the licensee by the  
 1617 Board, including, but not limited to:

1618

1619 (a) The ~~geographical locations~~ primary service area to which the  
 1620 service may ~~respond to emergency medical calls or non-~~  
 1621 ~~emergency medical calls and the geographical locations to~~  
 1622 ~~which the service may transport a patient. The Board may~~  
 1623 ~~limit the aforementioned geographical locations to specific~~  
 1624 ~~airports, airstrips and/or landing zones~~ provide emergency  
 1625 medical services; and

1626

1627 (b) The type and medical condition of patients that may be  
 1628 transported by the licensee. RRAAS is limited to response to  
 1629 non-emergency medical calls unless a Scene Response Air  
 1630 Ambulance Service or Transfer Air Service is unavailable to  
 1631 respond to emergency medical calls in the RRAAS response

1632  
1633  
1634  
1635  
1636  
1637  
1638  
1639  
1640  
1641  
1642  
1643  
1644  
1645  
1646  
1647  
1648  
1649  
1650  
1651  
1652  
1653  
1654  
1655  
1656  
1657  
1658  
1659  
1660  
1661  
1662  
1663  
1664  
1665  
1666  
1667  
1668  
1669  
1670  
1671  
1672  
1673  
1674  
1675  
1676  
1677

areas or unless the applicant has a plan, approved by the Medical Direction and Practices Board that establishes specific patient medical condition standards for the service.

2. Level of care - which may be:

- A. EMT (Restricted Response Air Ambulance Services only).
- B. Advanced Emergency Medical Technician (AEMT) (Restricted Response Air Ambulance Services only).
- C. Paramedic (Scene Response Air Ambulance Services and Transfer Air Ambulance Services must be licensed at the-Paramedic level).

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;~~

1678  
1679  
1680  
1681  
1682  
1683  
1684  
1685  
1686  
1687  
1688  
1689  
1690  
1691  
1692  
1693  
1694  
1695  
1696  
1697  
1698  
1699  
1700  
1701  
1702  
1703  
1704  
1705  
1706  
1707  
1708  
1709  
1710  
1711  
1712  
1713  
1714  
1715  
1716  
1717  
1718  
1719  
1720  
1721  
1722  
1723

~~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

- 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 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;

1724  
1725  
1726  
1727  
1728  
1729  
1730  
1731  
1732  
1733  
1734  
1735  
1736  
1737  
1738  
1739  
1740  
1741  
1742  
1743  
1744  
1745  
1746  
1747  
1748  
1749  
1750  
1751  
1752  
1753  
1754  
1755  
1756  
1757  
1758  
1759  
1760  
1761  
1762  
1763  
1764  
1765  
1766  
1767  
1768

- (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~~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 stateMaine 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;

1769  
 1770  
 1771  
 1772  
 1773  
 1774  
 1775  
 1776  
 1777  
 1778  
 1779  
 1780  
 1781  
 1782  
 1783  
 1784  
 1785  
 1786  
 1787  
 1788  
 1789  
 1790  
 1791  
 1792  
 1793  
 1794  
 1795  
 1796  
 1797  
 1798  
 1799  
 1800  
 1801  
 1802  
 1803  
 1804  
 1805  
 1806  
 1807  
 1808  
 1809  
 1810  
 1811  
 1812  
 1813  
 1814

- (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 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.

- 1815 (m) Geographical boundaries and features for the service area.  
1816  
1817 (n) Service area maps shall be readily available.  
1818  
1819 (o) Scheduled hours of operation  
1820  
1821 (p) Criteria for the medical conditions and indications or medical  
1822 contraindications for flight.  
1823  
1824  
1825 (q) Field triage criteria for all trauma patients that include  
1826 anatomic, physiologic, and situational components identified in  
1827 order to risk-stratify injury severity and guide decisions as to  
1828 activation, destination, and transport modality.  
1829  
1830 (r) Procedures for call verification and advisories to the requesting  
1831 party.  
1832  
1833  
1834 (s) Acceptable destinations and landing areas.  
1835  
1836 (t) Procedures for medical crew assignments and notification  
1837 including rosters of medical personnel.  
1838  
1839  
1840 (u) Written policy that ensures that air medical personnel shall not  
1841 be assigned or assume cockpit duties concurrent with patient  
1842 care duties and responsibilities.  
1843  
1844 (v) Written policy that directs air ambulance personnel to honor a  
1845 patient request for a specific service or destination when the  
1846 circumstances will not jeopardize patient safety or delay care.  
1847  
1848  
1849 (w) Communications procedures.  
1850  
1851 (x) On-ground communications  
1852  
1853 (y) Flight cancellation procedures  
1854  
1855 (z) Mutual aid procedures  
1856  
1857 (aa) The licensee shall have a written plan that addresses the  
1858 actions to be taken in the event of an emergency or patient crisis  
1859 during transport operations.  
1860

1861  
1862  
1863  
1864  
1865  
1866  
1867  
1868  
1869  
1870  
1871  
1872  
1873  
1874  
1875  
1876  
1877  
1878  
1879  
1880  
1881  
1882  
1883  
1884  
1885  
1886  
1887  
1888  
1889  
1890  
1891  
1892  
1893  
1894  
1895  
1896  
1897  
1898  
1899  
1900  
1901  
1902  
1903  
1904

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

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

(dd) 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.

(ee) Services 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

~~(f) 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,~~

1905  
1906  
1907  
1908  
1909  
1910  
1911  
1912  
1913  
1914  
1915  
1916  
1917  
1918  
1919  
1920  
1921  
1922  
1923  
1924  
1925  
1926  
1927  
1928  
1929  
1930  
1931  
1932  
1933  
1934  
1935  
1936  
1937  
1938  
1939  
1940  
1941  
1942  
1943  
1944  
1945  
1946  
1947  
1948  
1949

~~— 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.

5. An applicant for a Scene ~~response~~Response Air Ambulance Service or Restricted Response Air Ambulance Service must demonstrate full time dispatch capabilities.

6. 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.—~~

7. 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.

i. Applicants should provide a copy of the current certificates of insurance demonstrating coverage for each air ambulance medical crew member that demonstrates, at a minimum, aggregate limits of \$1,000,000 per claim made and a total of

1950  
1951  
1952  
1953  
1954  
1955  
1956  
1957  
1958  
1959  
1960  
1961  
1962  
1963  
1964  
1965  
1966  
1967  
1968  
1969  
1970  
1971  
1972  
1973  
1974  
1975  
1976  
1977  
1978  
1979  
1980  
1981  
1982  
1983  
1984  
1985  
1986  
1987  
1988  
1989  
1990  
1991  
1992  
1993  
1994  
1995

\$3,000,000 for all claims made against the provider during the policy year.

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

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

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

~~4.—~~

5.9.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,

1996  
1997  
1998  
1999  
2000  
2001  
2002  
2003  
2004  
2005  
2006  
2007  
2008  
2009  
2010  
2011  
2012  
2013  
2014  
2015  
2016  
2017  
2018  
2019  
2020  
2021  
2022  
2023  
2024  
2025  
2026  
2027  
2028  
2029  
2030  
2031  
2032  
2033  
2034  
2035  
2036  
2037  
2038  
2039  
2040  
2041

- (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.~~

8.10. 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.

9.11. 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 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.

~~10.12.~~ 10.12. 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.

~~11.13.~~ 11.13. 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).

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

2042  
2043  
2044  
2045  
2046  
2047  
2048  
2049  
2050  
2051  
2052  
2053  
2054  
2055  
2056  
2057  
2058  
2059  
2060  
2061  
2062  
2063  
2064  
2065  
2066  
2067  
2068  
2069  
2070  
2071  
2072  
2073  
2074  
2075  
2076  
2077  
2078  
2079  
2080  
2081  
2082  
2083  
2084  
2085  
2086  
2087

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

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

17. 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 ServicesEMS, 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~~

2088  
2089  
2090  
2091  
2092  
2093  
2094  
2095  
2096  
2097  
2098  
2099  
2100  
2101  
2102  
2103  
2104  
2105  
2106  
2107  
2108  
2109  
2110  
2111  
2112  
2113  
2114  
2115  
2116  
2117  
2118  
2119  
2120  
2121  
2122  
2123  
2124  
2125  
2126  
2127  
2128  
2129  
2130  
2131  
2132

~~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.~~

~~13.18. 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 paraggraphparagraph 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. 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 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

2133 expiration date shall be considered an application for a new license and subject to all  
 2134 requirements governing new applications.

2135  
 2136 3. In order to obtain and maintain a license renewal, a service must, for each base  
 2137 location:

2138  
 2139 A. Apply on forms available from Maine EMS;

2140  
 2141 B. Submit a fee of \$100.00;

2142  
 2143 C. Demonstrate, as required by Maine EMS, that it meets the licensure  
 2144 requirements called for in these Rules;

2145  
 2146 ~~D. Scene Response Air Ambulance Services must demonstrate accreditation by~~  
 2147 ~~the Commission for Accreditation of Medical Transport Systems (CAMTS);~~  
 2148 ~~an accreditation organization approved by the Board that includes in its~~  
 2149 ~~voting membership professional physicians, medical associations and~~  
 2150 ~~medical transport associations. association~~  
 2151 ~~Scene response air ambulance~~  
 2152 ~~services must be fully accredited by a national or international accreditation~~  
 2153 ~~service as recognized by the sState, provided the accreditation service meets~~  
 2154 ~~the following minimum standards:~~

2155 a. ~~Provides accreditation for no more than three consecutive~~  
 2156 ~~years without an updated inspection and reaccreditation.~~

2157 b. ~~Has a multi-disciplinary Board of Directors representing~~  
 2158 ~~medical transport organizations.~~

2159 c. ~~Uses trained site-surveyors with experience in medical~~  
 2160 ~~transport at the level of accreditation and license.~~

2161 d. ~~Assures services that have identified standards deficiencies~~  
 2162 ~~will implement corrective action or improvement plans to~~  
 2163 ~~correct any deficiencies.~~

2164 e. ~~Has an open process that encourages and accepts~~  
 2165 ~~comments on changes to its accreditation standards.~~

2166 f. ~~Provides transparency to the public on its standards,~~  
 2167 ~~accreditation process, list of accredited programs, and~~  
 2168 ~~policies and procedures.~~

2169  
 2170 ~~a-g. Maintains insurance (General liability, Medical~~  
 2171 ~~Professional Liability, Directors & Officers and Travel)~~  
 2172 ~~and be able to present their current certificates of insurance~~  
 2173 ~~to the state licensing agencyMaine EMS.~~

2174  
 2175 ~~D-E.~~ Scene Response Air Ambulance Services must submit on an annual basis,  
 2176 a utilization report to Maine EMS and the Medical Direction and Practices  
 2177 Board (MDPB) that includes at minimum:

2178

2179  
2180  
2181  
2182  
2183  
2184  
2185  
2186  
2187  
2188  
2189  
2190  
2191  
2192  
2193  
2194  
2195  
2196  
2197  
2198  
2199  
2200  
2201  
2202  
2203  
2204  
2205  
2206  
2207  
2208  
2209  
2210  
2211  
2212  
2213  
2214  
2215  
2216  
2217  
2218  
2219  
2220  
2221  
2222  
2223  
2224

- ~~1. Medically related data from all flights discharged from receiving hospitals in less than 24 hours;  
Annual utilization data, including night operations;~~
- ~~14. A review of all flights discharged from receiving hospitals in less than 24 hours;~~
- ~~15. Annual safety data including compliance with the services safety program and review of occurrence and incidents; and~~
- ~~16.2. \_\_\_\_\_~~ Clinical performance data as requested by the MDPB.

§7. 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.

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

2. Restricted Response Air Ambulance Service

2225  
2226  
2227  
2228  
2229  
2230  
2231  
2232  
2233  
2234  
2235  
2236  
2237  
2238  
2239  
2240  
2241  
2242  
2243  
2244  
2245  
2246  
2247  
2248  
2249  
2250  
2251  
2252  
2253  
2254  
2255  
2256  
2257  
2258  
2259  
2260  
2261  
2262  
2263  
2264  
2265  
2266  
2267  
2268  
2269  
2270

- A. The flight medical crew must consist of at least one ~~person medically certified/Paramedic, Registered Nurse, Advanced Practice Nurse, Physician, or Physician’s Assistant~~, licensed by the State, at ~~or above~~ the level to which the service is licensed ~~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 §7.2.A2. 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. Service Availability for Response

- ~~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. 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.

§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

2317 Board may elect to exempt a service from the requirements of the relevant licensure level so as  
 2318 to permit the service to utilize the designated techniques or equipment on an experimental basis.  
 2319 Such authorizations may be continued at the discretion of ~~the Board~~the Board ~~but will be limited~~  
 2320 ~~to a maximum of three years~~. Such authorizations should not be construed as levels of licensure.

2321  
 2322 **§11. Air Ambulance Vehicles - General**

- 2323
- 2324 1. Except as otherwise exempted by 32 ~~M.R.S.A.~~M.R.S. § 82 and §12 of this chapter,  
 2325 no aircraft ~~shall be operated as an air ambulance from~~ shall provide emergency  
 2326 medical services within Maine unless it is licensed as an ambulance under these  
 2327 Rules.
  
  - 2328
  - 2329 2. An air ambulance vehicle license is valid for a period of one year, starting from the  
 2330 month the service license is issued. Maine EMS will ~~prorate the vehicle~~  
 2331 ~~licensing fee for a service~~ licensing a new vehicle within its one year service license  
 2332 ~~period to assure~~ensure concurrent expiration dates for service and vehicle licenses.  
 2333
  - 2334 3. An aircraft licensed as an air ambulance ~~shall meet all applicable FAA standards~~  
 2335 ~~and~~ must be maintained in a clean and sanitary condition, free from interior  
 2336 corrosion, dirt, or contaminating foreign matter.  
 2337
  - 2338 4. An ~~air ambulance vehicle~~ license is issued to a particular service and for a particular  
 2339 vehicle, except as permitted in Chapter 4 §12.2 of these Rules. If a service is  
 2340 required to relicense under Chapter 4 §3 of these Rules because of a change of  
 2341 ownership, then all of the service's vehicle licenses end, and the service must apply  
 2342 for new vehicle licenses. The fee for licensing a vehicle is \$60.00.  
 2343
  - 2344 5. When a service acquires a new or used ~~vehicle~~ air ambulance under Chapter 4 § 12  
 2345 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS  
 2346 and shall pay the ~~prorated portion of the annual~~ vehicle licensing fee necessary to  
 2347 license the vehicle ~~until the service's next licensing anniversary~~. Within 45 days,  
 2348 Maine EMS shall issue, or decline to issue, a license for the vehicle.  
 2349
  - 2350 6. At least once each year, Maine EMS shall inspect each air ambulance aircraft to be  
 2351 sure that it is ~~safe~~, clean, and otherwise in conformity with these Rules. If a vehicle  
 2352 does not pass inspection and its continued operation presents a hazard to health or  
 2353 safety, ~~Maine EMS the Board~~ may ~~order it removed from service as an air~~  
 2354 ~~ambulance~~ suspend its license to provide emergency medical services at once  
 2355 consistent with Maine Law (See 5 ~~M.R.S.A.~~M.R.S. §10004 and 4 M.S.R.A. §184).  
 2356 Alternatively, if the continued operation of the air ambulance aircraft at the level of  
 2357 care for which it is permitted pursuant to Chapter 4 §2(2) of these Rules presents a  
 2358 hazard to health or safety, the Board may immediately suspend the aircraft's level of  
 2359 care permit consistent with Maine law (see 5 M.R.S. §10004 and 4 M.R.S. §184)  
 2360 and allow the aircraft to operate at the next lowest level of care for which it is  
 2361 properly equipped. If the deficiencies are not such as to require the ~~aircraft's~~  
 2362 ~~immediate removal from service as an air ambulance~~ immediate suspension of the

2363 aircraft’s license to provide emergency medical services or the immediate  
 2364 suspension of its level of care permit, then Maine EMS shall notify the operator of  
 2365 the deficiencies and set a reasonable amount of time in which the operator may  
 2366 continue to ~~operate the aircraft as an air ambulance~~provide emergency medical  
 2367 services -while bringing it into conformity with the law and Rules. If the aircraft is  
 2368 not brought into conformity within the time set, Maine EMS may refuse to renew, or  
 2369 seek revocation of, the aircraft’s ~~ambulance vehicle license~~license to provide  
 2370 emergency medical services.

2371  
 2372 **§12. Air Ambulance Vehicle Licensing Requirements**  
 2373

- 2374 1. Permanent Air Ambulance Vehicles - Any air ambulance vehicle used by a licensed  
 2375 air ambulance service for providing emergency medical services more than four  
 2376 times in any one-year period must be licensed to the respective service. An air  
 2377 ambulance vehicle may be licensed to more than one service, with each service  
 2378 independently responsible for its own licensure and use of the vehicle.  
 2379  
 2380 2. Temporary Air Ambulance Vehicles — Any air ambulance vehicle used for patient  
 2381 transport by a licensed air ambulance service no more than four times in any one-  
 2382 year period will be considered to be duly licensed to that service by the Board if it  
 2383 meets the requirements of this chapter. Within 7 days after such a transport, the  
 2384 service must notify Maine EMS of the date, time, and origin/destination points of  
 2385 the transport as well as the type and registration number of the aircraft and the  
 2386 reason for its use instead of a “permanent” vehicle. Maine EMS will place this  
 2387 information in the service file and may inspect the aircraft.  
 2388

2389 **§13. Scene Response and Transfer Air Ambulance Vehicle Design Requirements**  
 2390

- 2391 1. ~~An air ambulance vehicle must comply with all Federal Aviation Administration~~  
 2392 ~~(FAA) requirements for aircraft and air ambulance services. In addition,~~ Maine  
 2393 EMS requires that an aircraft licensed by the Board must:  
 2394  
 2395 ~~A. Be multi-engine if licensed by a Scene Response Air Ambulance Service or~~  
 2396 ~~Transfer Air Ambulance Service. A Restricted Response Air Ambulance~~  
 2397 ~~Service may receive Board licensure for a single-engine aircraft provided~~  
 2398 ~~that:~~  
 2399  
 2400 ~~B. The aircraft engine is a gas turbine type;~~  
 2401  
 2402 ~~C. The licensee demonstrates that the aircraft operator maintains and routinely~~  
 2403 ~~practices engine failure contingency plans specific to the restricted~~  
 2404 ~~operations area designated by the Board;~~  
 2405  
 2406 ~~D. The aircraft is routinely operated according to FAA Visual Flight Rules~~  
 2407 ~~(VFR).~~  
 2408

2409  
2410  
2411  
2412  
2413  
2414  
2415  
2416  
2417  
2418  
2419  
2420  
2421  
2422  
2423  
2424  
2425  
2426  
2427  
2428  
2429  
2430  
2431  
2432  
2433  
2434  
2435  
2436  
2437  
2438  
2439  
2440  
2441  
2442  
2443  
2444  
2445  
2446  
2447  
2448  
2449  
2450  
2451  
2452  
2453

~~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

2454 support from the secured, seat-belted position of medical transport  
 2455 personnel.

2456  
 2457 K.F. Be equipped with ~~FAA-approved~~ safety belts and securing restraints  
 2458 adequate to stabilize and secure any patient, medical attendants, ~~pilots, other~~  
 2459 ~~individuals,~~ and equipment ~~shall be provided~~. Medical attendants must be  
 2460 able to wear seat belts while having access to the patient's head and upper  
 2461 body;

2462  
 2463 L.G. Be large enough to accommodate loading of a stretcher without rotating it  
 2464 more than 30 degrees about the longitudinal axis or 45 degrees about the  
 2465 lateral axis of the patient and does not compromise functioning of  
 2466 monitoring systems, intravenous lines and manual or mechanical ventilation;

2467  
 2468 M.H. Be equipped with climate controls capable of preventing adverse effects  
 2469 on patients or medical personnel on board;

2470  
 2471 N.I. Be configured so that operational controls and communications equipment  
 2472 are protected from intended or accidental interference by the patient, medical  
 2473 transport personnel, medical equipment or medical supplies;

2474  
 2475 O.J. Be designed and configured so that the head-strike envelope for the patient  
 2476 and medical attendants is clear of objects or surfaces that could cause injury  
 2477 in the event of air turbulence or sudden hard landing. Medical ~~and Flight~~  
 2478 crews in rotorcraft must wear ~~FAA-approved~~ helmets.

2479  
 2480 P.K. Be pressurized if an altitude is to be flown which would otherwise  
 2481 compromise the patient's condition.

2482  
 2483 Q.L. Be equipped with an ~~FAA-approved~~ oxygen system with adequate  
 2484 capacity and available oxygen for every mission. Oxygen tanks must be  
 2485 secured to prevent movement. No oxygen tank may be secured on the area  
 2486 of the stretcher designed for patient placement.

- 2487  
 2488 1. Medical transport personnel will be able to determine if oxygen is  
 2489 “on” by in-line pressure gauges mounted in the patient care area  
 2490 indicating quantity of oxygen remaining and measurement of liter  
 2491 flow;
- 2492  
 2493 2. Each gas outlet will be clearly marked for identification, and  
 2494 oxygen flow can be stopped at or near the oxygen source from  
 2495 inside the aircraft or ambulance;
- 2496  
 2497 3. Oxygen flow meters and outlets must be padded, flush mounted, or  
 2498 so located to prevent injury to medical transport personnel;
- 2499

2500 4. There must be a back-up source of oxygen (of sufficient quantity  
 2501 to get safely to a facility for replacements) in the event the main  
 2502 system fails. This back-up source can be the required portable tank  
 2503 as long as the portable tank is accessible in the patient care area  
 2504 during flight and must be located and ~~secured in a FAA approved~~  
 2505 ~~design~~. Under no circumstances will a portable tank be located  
 2506 between the patient's legs.  
 2507

2508 R.M. Be designed so that hangers/hooks are available to secure IV solutions, or  
 2509 a mechanism is provided for delivery of high flow fluids. IV hooks must be  
 2510 padded, flush mounted, or so located to prevent head trauma to the medical  
 2511 transport personnel in the event of a hard landing in the aircraft;  
 2512

2513 S.N. Be designed so that medications, medical supplies and equipment -  
 2514 consistent with the service's scope of care and necessary for patient medical  
 2515 care - are accessible to the flight medical crew while they are secured in  
 2516 seatbelts;  
 2517

2518 T.O. Be designed so that the cardiac monitor, defibrillator and external  
 2519 pacemaker displays are visible and that the equipment is secured and  
 2520 positioned to provide easy access by the flight medical crew while they are  
 2521 secured in seatbelts. Extra batteries or other power source must be available;  
 2522

2523 U.P. Be designed and configured so that the service's mission and ability to  
 2524 transport two or more patients does not compromise the airway or  
 2525 stabilization or the ability to perform emergency procedures on any on-board  
 2526 patient, and be designed to provide access for simultaneous airway  
 2527 management if there is a two-patient configuration;  
 2528

2529 V.Q. Be designed so that the floor, sides and ceiling in the patient compartment  
 2530 have a surface capable of being cleaned and disinfected in accordance with  
 2531 Occupational Safety and Health Administration regulations.  
 2532

2533 W.R. Have overhead illumination at the patient level sufficient for patient care.  
 2534

2535 ~~X.~~ ~~Be configured and/or equipped to protect the pilot's night adaptation vision.~~  
 2536

2537 Y.S. Carry, ~~in addition to FAA required communications equipment,~~ radios  
 2538 capable of communicating: with all Maine hospitals which may be over  
 2539 flown; Maine EMS Statewide frequency 155.385; with the flight service  
 2540 dispatch; and with personnel on the ground if scene pickups are routinely  
 2541 conducted. Headset equipment for pilot/medical crew communication is  
 2542 required if such communication would not otherwise be possible.  
 2543

2544 Z.T. Be capable of communications utilizing the designated Maine EMS  
 2545 statewide frequency "155.385".

2546  
~~2547~~ AA.U. Be equipped with an ~~FAA-approved~~ electrical power source(s) that  
 2548 will accommodate commonly carried medical equipment (AC or DC  
 2549 powered) without compromising the operation of any aircraft electrical  
 2550 equipment and that is not dependent upon a portable battery.

2551  
~~2552~~ BB.V. Be configured and equipped so as to prevent interference with  
 2553 medical, ~~communications, avionics and other aircraft~~ systems.

2554  
~~2555~~ CC. ~~Be equipped with a suction aspirator that must be powered by the~~  
 2556 ~~aircraft's electrical or engine vacuum system and that must be capable of~~  
 2557 ~~providing a free air flow of at least 20 lpm and achieving a minimum of 300~~  
 2558 ~~mm. Hg within 4 seconds after the suction tube is closed.~~

2559  
 2560 **§14. Air Ambulance Service Equipment Requirements**

- 2561  
 2562 1. ~~As of August 1, 2004, a~~ All medical equipment and medical supplies carried on an  
 2563 air ambulance vehicle shall be ~~natural rubber~~ latex free.
- 2564  
 2565 A. Transfer Air Ambulance Services must utilize equipment consistent with the  
 2566 patient's needs and must carry as a minimum, that equipment listed in these  
 2567 Rules.
- 2568  
 2569 B. Scene Response Air Ambulance Services must comply with the air  
 2570 ambulance equipment requirements included in these Rules unless an air  
 2571 ambulance service demonstrates to Maine EMS that such equipment is not  
 2572 practicable for air ambulance services in general or that a substitute piece of  
 2573 equipment would be more appropriate in an air ambulance. All medical  
 2574 equipment and supplies must be secured, ~~according to FAR.~~
- 2575  
 2576 C. Restricted Response Air Ambulance Services must comply with the air  
 2577 ambulance equipment requirements included in these Rules up to and  
 2578 including the service's license or permit level, unless the air ambulance  
 2579 service demonstrates to Maine EMS that such equipment is not practicable  
 2580 for air ambulance services in general or that a substitute piece of equipment  
 2581 would be more appropriate in an air ambulance.

2582  
~~2583~~ **§15. License Waiver**

- 2584  
~~2585~~ 1. ~~It is not the intent of these Rules to prohibit transport of a patient, in extraordinary~~  
 2586 ~~circumstances, in an aircraft not licensed as an air ambulance when it is in the best~~  
 2587 ~~interest of the patient, and no licensed air ambulance is available within a reasonable~~  
 2588 ~~time as determined by on-line medical control.~~
- 2589  
~~2590~~ 2. ~~An aircraft not licensed as an air ambulance, and not operated by an air ambulance~~  
 2591 ~~licensee, may be used to transport a patient when:~~

2592  
2593  
2594  
2595  
2596  
2597  
2598  
2599  
2600  
2601  
2602  
2603  
2604  
2605  
2606  
2607  
2608  
2609  
2610  
2611  
2612  
2613  
2614  
2615  
2616  
2617  
2618  
2619  
2620  
2621  
2622  
2623  
2624  
2625  
2626  
2627  
2628  
2629  
2630  
2631  
2632  
2633  
2634  
2635  
2636  
2637

- ~~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.~~

**§15. 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;
- 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.

2638  
 2639 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 2640  
 2641 AMENDED: April 1, 1982  
 2642 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 2643 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 2644 11.1067  
 2645 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 2646 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 2647 September 1, 1986  
 2648 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 2649 July 1, 1988  
 2650 March 4, 1992  
 2651 September 1, 1996  
 2652 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
 2653 REPEALED AND REPLACED: July 1, 2000  
 2654 July 1, 2003  
 2655 October 1, 2009  
 2656 May 1, 2013  
 2657

## 2658 16 DEPARTMENT OF PUBLIC SAFETY

2659

## 2660 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

2661

## 2662 CHAPTER 5: PERSONNEL LICENSES

2663

2664 §1. Personnel licenses are issued for the following levels of care, in ascending order:

2665

2666 1. Emergency Medical Responder (EMR)

2667

2668 ~~2. Ambulance Attendant—No new licenses at this level issued after September 1, 1996~~

2669

2670 ~~A. Effective December 1, 2014, Maine EMS licensed Ambulance Attendant~~  
 2671 ~~licenses will convert to the Emergency Medical Responder level,~~  
 2672 ~~maintaining the same expiration date as that of the Ambulance Attendant~~  
 2673 ~~license it replaces.~~

2674

2675 ~~3.2.~~ Emergency Medical Technician (EMT)

2676

2677 ~~4.3.~~ Advanced Emergency Medical Technician (AEMT)

2678

2679 ~~5. EMT—Critical Care (EMT-CC)—No new licenses issued at this level after January~~  
2680 ~~1, 1998.~~

2681

2682 ~~A. Effective June 1, 2016, Maine EMS licensed Critical Care licenses will~~  
 2683 ~~convert to the AEMT level, maintaining the same expiration date as that of~~  
 2684 ~~the Critical Care license it replaces.~~

2685

2686 ~~6.4.~~ Paramedic

2687

2688 §2. Scope of Practice. The U.S. Department of Transportation’s National Highway Traffic  
 2689 Safety Administration’s (“NHTSA”) National EMS Scope of Practice Model, February 2007  
 2690 edition, defines the scope of practice for Emergency Medical Responders, Emergency Medical  
 2691 Technicians, Advanced Emergency Medical Technicians, and Paramedics. Accordingly, the  
 2692 National EMS Scope of Practice Model, February 2007 edition, which is available at [address], is  
 2693 incorporated by reference Licensees may perform the following treatments:

2694

2695 1. Basic Emergency Medical Treatment: All licensed personnel may ~~provide~~perform  
 2696 basic emergency medical treatment within the scope of their training as defined by  
 2697 Maine EMS approved curricula~~education and training~~practice as defined below, as  
 2698 permitted by protocol and in accordance with this chapter of the Rules.

2699

2700

2701

2702

A. **Emergency Medical Responder** NHTSA’s National EMS Scope of  
 2703 Practice Model, February 2007 edition, defines the scope of practice for a

2704 person licensed at the Emergency Medical Responder level. An Emergency  
 2705 Medical Responder's clinical practice is defined by Maine EMS protocol. A  
 2706 person licensed at the Emergency Medical Responder level may operate  
 2707 without the supervision of another Maine EMS licensee at the scene of a  
 2708 medical emergency until such time that a person licensed above the  
 2709 Emergency Medical Responder level arrives at the scene. Once on the  
 2710 scene, personnel licensed above the Emergency Medical Responder level are  
 2711 responsible for supervising Emergency Medical Responder licensed  
 2712 personnel, who may not operate without such supervision.

2713  
 2714 ~~Final p~~ Patient immobilization for transport, patient loading, and patient  
 2715 care during transport must be directly supervised by personnel licensed  
 2716 above the Emergency Medical Responder level. Any basic emergency  
 2717 medical treatments not ~~contained in the current~~ Emergency Medical  
 2718 Responder course curriculum approved by Maine EMS described in the  
 2719 scope of practice for an Emergency Medical Responder in NHTSA's  
 2720 National EMS Scope of Practice Model, February 2007 edition, may  
 2721 only be performed while assisting, and in the presence of personnel  
 2722 licensed above the Emergency Medical Responder level.

2723  
 2724 One EMS provider licensed at or above the EMT level must accompany  
 2725 the patient in the patient compartment of the ambulance during transport.  
 2726

2727 ~~B. Emergency Medical Technician NHTSA's National EMS Scope of~~  
 2728 ~~Practice Model, February 2007 edition, defines the scope of practice for~~  
 2729 ~~a person licensed at the Emergency Medical Technician level. An~~  
 2730 ~~Emergency Medical Technician's clinical practice is defined by Maine~~  
 2731 ~~EMS protocol. A person licensed at the EMT level may, in addition to~~  
 2732 ~~basic emergency medical treatment, perform provide the following skills~~  
 2733 ~~or treatments, within the scope of their Maine EMS approved education~~  
 2734 ~~and training as defined by Maine EMS approved curricula as defined by~~  
 2735 ~~Maine EMS approved curricula, as permitted by protocol and in~~  
 2736 ~~accordance with this chapter of the Rules:-;~~

- 2737  
2738 1. ~~IV maintenance (non-medicated fluids).~~
- 2739  
2740 2. ~~Under direct supervision of an Advanced Emergency Medical~~  
2741 ~~Technician (AEMT) or above, set up of intravenous administration~~  
2742 ~~equipment and attachment of cardiac monitor leads to a patient.~~
- 2743  
2744 3. ~~Assisting a patient in the administration of the patient's own~~  
2745 ~~medication.~~
- 2746  
2747 4. ~~Drug and medication administration, and procedures as approved~~  
2748 ~~by the Board and as allowed by Maine EMS protocol.~~

2750 ~~C.B.~~ Additions ~~For~~for Emergency Medical Technicians With Certification As  
 2751 "Wilderness EMT"

2752  
 2753 Any licensee certified as a Wilderness Emergency Medical  
 2754 Technician (WEMT), consistent with Chapter 2 of these Rules, may  
 2755 apply ~~the~~WEMT emergency medical care as allowed by the Maine  
 2756 EMS protocol.  
 2757 ~~principles for cardio-respiratory arrest, spinal injury, dislocations, and~~  
 2758 ~~wounds taught in the course, when in the context of~~  
 2759 ~~delayed/prolonged transport as defined in that course, and as~~  
 2760 ~~consistent with Maine EMS protocols.~~

2761  
 2762 7.2. Advanced Emergency Medical Treatment: ~~The following a~~Advanced emergency  
 2763 medical treatments may be provided only by those licensed at, or above, the levels  
 2764 indicated, within the scope ~~their practice as defined below~~of training as defined by  
 2765 ~~Maine EMS-approved curricula,~~ as permitted by protocol and in accordance with  
 2766 this section of the Rules:

2767  
 2768 C. **Advanced Emergency Medical Technician (AEMT):** NHTSA's National  
 2769 EMS Scope of Practice Model, February 2007 edition, defines the scope of  
 2770 practice for a person licensed at the Advanced Emergency Medical  
 2771 Technician level. An Advanced Emergency Medical Technician's clinical  
 2772 practice is defined by Maine EMS protocol.~~All practices, skills and~~  
 2773 ~~techniques authorized at the Emergency Medical Technician (EMT) level;~~  
 2774 ~~advanced life support airway – Blind Insertion Airway Devices; IV/IO~~  
 2775 ~~therapy; blood sampling; cardiac monitoring/counter shock (semiautomatic~~  
 2776 ~~external or manual); drug and medication administration as approved by the~~  
 2777 ~~Board and as allowed by Maine EMS protocol; and other techniques and~~  
 2778 ~~practices approved and published by the Board.~~

2779  
 2780 ~~D. EMT-Critical Care:~~ All practices, skills and techniques authorized at the  
 2781 Advanced Emergency Medical Technician (AEMT) level; advanced life  
 2782 support airway endotracheal intubation; magill forceps for foreign body  
 2783 airway obstruction; drug and medication administration as approved by the  
 2784 Board and as allowed by Maine EMS protocol; and other techniques and  
 2785 practices approved and published by the Board.

2786  
 2787 D. Paramedic: NHTSA's National EMS Scope of Practice Model, February  
 2788 2007 edition, defines the scope of practice for a person licensed at the  
 2789 Paramedic level. A Paramedic's clinical practice is defined by Maine EMS  
 2790 protocol.

2791 ~~E. All practices, skills and techniques authorized at the Advanced Emergency~~  
 2792 ~~Medical Technician (AEMT) level; advanced life support airway–~~  
 2793 ~~endotracheal intubation; magill forceps for foreign body airway obstruction;~~  
 2794 ~~drug and medication administration as approved by the Board and as~~  
 2795 ~~allowed by Maine EMS protocol; chest decompression; transtracheal~~

~~insufflation; cricothyrotomy; and other techniques and practices approved and published by the Board.~~

F.E. 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, ~~licensee~~the licensees who provided primary patient care ~~is~~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 May 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.

2842 —Not have received a three-year Maine EMS license at the same level within the past  
 2843 year. ~~Effective MayMay 1, 2020 – Not have received a two yeartwo-year Maine~~  
 2844 EMS license at the same level within the past year.

2845 2.

2846  
 2847 3. ~~Be able to read, write, speak, and understand the English language.~~

2848  
 2849 4. ~~Be physically capable of performing the practices included in the license level~~  
 2850 ~~applied for, as described by the approved Maine EMS functional position~~  
 2851 ~~description and as indicated by the ability to pass the appropriate state practical~~  
 2852 ~~examination.~~

2853  
 2854 5.3. Submit the following to Maine EMS:

- 2855  
 2856 A. A completed Maine EMS application signed by the applicant.  
 2857  
 2858 B. Certification of Board-approved training or training judged by Maine EMS  
 2859 to be equivalent. If the training was completed more than a year prior to  
 2860 application, a license may be issued that is valid for three years (two years  
 2861 after May 1, 2020) from the month of the training completion date (or from  
 2862 the month of the required test if that preceded training completion). Board  
 2863 approved training includes a Board approved initial course at the appropriate  
 2864 level, or a course judged by Maine EMS to be equivalent.  
 2865  
 2866 C. Certification of Board-approved continuing education hours (CEH) at the  
 2867 appropriate level, or continuing education hours judged by Maine EMS to be  
 2868 equivalent, in the case of an applicant whose Maine license is current or not  
 2869 expired by more than two years, or who submits a history of training which  
 2870 Maine EMS accepts as qualifying him/her to use continuing education hours  
 2871 for licensure.

2872  
 2873 ~~1. The categories for CEH are:~~

- 2874  
 2875 ~~(a) Category 1— Operations~~  
 2876 ~~(a) Category 2— BLS Topics~~  
 2877 ~~(a) Category 3— BLS Skills~~  
 2878 ~~(a) Category 4— ALS Topics~~  
 2879 ~~(a) Category 5— ALS Skills~~  
 2880 ~~(a) Category 6— Electives~~  
 2881 ~~(a) Category 7— Instructor Coordinator Recertification~~

2882  
 2883 2.5. CEH must be of the type and amount appropriate to the level, and  
 2884 may be used to fulfill training requirements provided that:

- 2885  
 2886 (a) The applicant's Maine license is current or not expired by more  
 2887 than two years; and

2888  
 2889  
 2890  
 2891  
 2892  
 2893  
 2894  
 2895  
 2896  
 2897  
 2898  
 2899  
 2900  
 2901  
 2902  
 2903  
 2904  
 2905  
 2906  
 2907  
 2908  
 2909  
 2910  
 2911  
 2912  
 2913  
 2914  
 2915  
 2916  
 2917  
 2918  
 2919  
 2920  
 2921  
 2922  
 2923  
 2924  
 2925  
 2926  
 2927  
 2928  
 2929  
 2930  
 2931  
 2932  
 2933

(b) Certificates of continuing education hours have not been used for a previous license 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~~

2934  
2935  
2936  
2937  
2938  
2939  
2940  
2941  
2942  
2943  
2944  
2945  
2946  
2947  
2948  
2949  
2950  
2951  
2952  
2953  
2954  
2955  
2956  
2957  
2958  
2959  
2960  
2961  
2962  
2963  
2964  
2965  
2966  
2967  
2968  
2969  
2970  
2971  
2972  
2973  
2974  
2975  
2976  
2977  
2978  
2979

~~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;~~

2980  
2981  
2982  
2983  
2984  
2985  
2986  
2987  
2988  
2989  
2990  
2991  
2992  
2993  
2994  
2995  
2996  
2997  
2998  
2999  
3000  
3001  
3002  
3003  
3004  
3005  
3006  
3007  
3008  
3009  
3010  
3011  
3012  
3013  
3014  
3015  
3016  
3017  
3018  
3019  
3020  
3021  
3022  
3023  
3024  
3025

~~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 ~~May~~ July 1, 2020~~1~~, continuing education hour requirements will be:

- (i) Emergency Medical Responder - 32 total hours consisting of: ~~28~~ 28 hours in ~~Preparatory and Operations~~ BLS Skills and ~~30~~ 24 hours in any of the following categories - Airway, ~~Breathing~~ Respiratory, and Ventilation, Cardiology~~ae~~, ~~Patient Assessment~~, Medical, Trauma, and ~~Obstetrics and Pediatrics~~ Operations.

- (ii) EMT - 52 total hours consisting of: ~~28~~ 28 hours in ~~Preparatory and Operations~~ BLS Skills and ~~50~~ 44 hours total in any of the following categories - 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~~ 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 - 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: ~~2~~ 8 -hours in ~~Preparatory and Operations~~ ALS Skills, 4 Hours in BLS Skills -and ~~70~~ 60 hours total in any of the following categories — 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, continuing education hour requirements will be:

(v) Emergency Medical Responder - 24 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.

(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) ~~E~~ffective ~~May~~July 1, 2020~~2~~, 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

3116  
3117  
3118  
3119  
3120  
3121  
3122  
3123  
3124  
3125  
3126  
3127  
3128  
3129  
3130  
3131  
3132  
3133  
3134  
3135  
3136  
3137  
3138  
3139  
3140  
3141  
3142  
3143  
3144  
3145  
3146  
3147  
3148  
3149  
3150  
3151  
3152  
3153  
3154  
3155  
3156  
3157  
3158  
3159  
3160

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 represents additional training in categories 1-5. Category 7 CEH 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

3161 application. Current certification is determined by definition of  
 3162 the national sponsor of the training program.

3163  
 3164 (i) In lieu of the license renewal continuing education hour  
 3165 requirements of this Chapter, an applicant may submit a current  
 3166 certification card at the license level being renewed from a  
 3167 national EMS certifying entity approved by the Board. Unless  
 3168 Maine EMS determines otherwise, a license renewal based  
 3169 upon a national EMS certifying entity certification shall carry  
 3170 an expiration that is concurrent with the applicant's national  
 3171 EMS certifying entity certification's expiration date.

3172  
 3173 6. At the time of renewal, each licensee must certify, on an  
 3174 application provided by Maine EMS, the number of continuing  
 3175 education hours completed for license renewal. No additional  
 3176 information or continuing education documentation is required to  
 3177 be submitted at the time of renewal. However, the licensee shall  
 3178 retain documentation of continuing education hours included in the  
 3179 current renewal period. For purposes of this paragraph, "current  
 3180 renewal period" means the ~~36-month~~24-month period prior to the  
 3181 application date. In calculating continuing education hours  
 3182 completed prior to the month of application, the ~~31st~~last day of  
 3183 each month shall be considered the completion date for all  
 3184 continuing education completed within a given month.

3185  
 3186 7. Applicants for license renewal will be selected by Maine EMS on a  
 3187 random basis for an audit of continuing education compliance. In  
 3188 addition, an individual licensee may be selected for an audit as part  
 3189 of an investigation or if there is reasonable cause to believe the  
 3190 licensee has provided a false certification concerning the  
 3191 completion of continuing education requirements. An audit  
 3192 may will review the ~~last two~~ continuing education hour  
 3193 certifications submitted by the licensee for the past two license  
 3194 renewals, including the current renewal period.

3195  
 3196 8. Licensees selected for audit will be notified to submit  
 3197 documentation of the continuing education hours that were  
 3198 certified by the licensee at the time of renewal. Continuing  
 3199 education hours that cannot be documented in accordance with the  
 3200 documentation requirements determined by the Board or that do  
 3201 not satisfy the requirements for continuing education contained in  
 3202 these Rules will be disallowed.

3203  
 3204 9. -Applicants for license renewal must present proof of satisfactory  
 3205 completion of continuing education in accordance with these  
 3206 Rules. Failure to comply with the continuing education rules may,

3207 at Maine EMS' discretion, result – in accordance with 32 M.R.S.A.  
 3208 §90-A and Chapter 12 of these 32 M.R.S. Chapter 2-B and the  
 3209 Maine EMS Rules - in disciplinary action to deny license renewal  
 3210 or may result in a decision to enter into a consent agreement and  
 3211 probation setting forth terms and conditions to correct the  
 3212 licensee's failure to complete continuing education or may result in  
 3213 any other disciplinary action available to the Board. Terms and  
 3214 conditions of a consent agreement may include requiring  
 3215 completion of increased hours of continuing education, civil  
 3216 penalties, suspension and other terms as the Board, the licensee  
 3217 and the Department of the Attorney General determine appropriate.  
 3218  
 3219

3220 D. Board-approved testing certification:

- 3221
- 3222 1. An applicant must demonstrate successful completion of a Board  
 3223 approved cognitive exam and practical skills evaluation - at the  
 3224 license level being sought - within ~~three~~two years of the  
 3225 application date.  
 3226
- 3227 2. For applicants whose initial course completion date is on or after  
 3228 March 1, 2016 - an applicant for an initial license at any provider  
 3229 level must successfully complete the Maine-EMS-Board-approved  
 3230 cognitive test and practical skills evaluation — for the license level  
 3231 being sought - within two (2) years of the course completion date  
 3232 of the initial ~~course~~, ~~course~~.  
 3233
- 3234 ~~1.3.~~ Notwithstanding paragraphs 1 and 2 above, an  
 3235 applicant is not required to submit testing certification as part of  
 3236 the license application process if:  
 3237
- 3238 (a) An applicant, whose Maine EMS license has expired within  
 3239 two years prior to the application date is applying for a new or  
 3240 renewed license at the license level held within the  
 3241 aforementioned ~~two-year~~two-year period; ~~or~~,  
 3242
- 3243 (b) An applicant ~~is determined by Maine EMS to be eligible to~~  
 3244 ~~license based upon~~possesses a current certification or license  
 3245 from another state or ~~territory~~; ~~or territory~~; ~~or~~,  
 3246
- 3247 (c) An applicant is determined by Maine EMS to be eligible to  
 3248 license based upon current certification from a national EMS  
 3249 certifying entity.  
 3250
- 3251 ~~2.4.~~ For purposes of paragraph 1, above, if the test is more than a year  
 3252 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 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.

3299 F.G. A complete history of any action taken against any emergency medical  
 3300 services certification or license or professional certification or license that  
 3301 the applicant currently holds or has ever held.  
 3302

3303 §5. §6. License Expiration and Renewal  
 3304

- 3305 1. ~~A licensee shall submit an application for renewal prior to the expiration date of the~~  
 3306 ~~license. To ensure timely processing, the application should be submitted thirty (30)~~  
 3307 ~~days prior to the expiration of a license.~~ An application will not be accepted as  
 3308 complete unless it includes all materials required to be evaluated for licensure.  
 3309
- 3310 2. A person may apply for a renewal license for up to ninety (90) days after the date of  
 3311 expiration. The ninety-day period does not postpone the expiration date of the  
 3312 license. Licensees whose licenses have lapsed as of the expiration date cannot  
 3313 provide emergency medical treatment until a renewed license has been issued.  
 3314
- 3315 3. An application submitted more than 90 days after the license expiration date shall be  
 3316 considered an application for a new license and subject to all requirements  
 3317 governing new applications  
 3318

3319 §7. Duty to Report  
 3320

- 3321 1. A licensee or an applicant for licensure under this chapter shall notify the Board in  
 3322 writing within 10 days of a:  
 3323
- 3324 A. Change of name or address;
  - 3325 B. Criminal ~~Convictions~~conviction;
  - 3326 C. Revocation, suspension or other disciplinary action taken in this or any other  
 3327 jurisdiction against any occupational or professional license held by the  
 3328 applicant or licensee; or,
  - 3329 D. Material change in the conditions or qualifications set forth in the original  
 3330 application for licensure submitted to the Board.  
 3331  
 3332  
 3333  
 3334

3335 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.  
 3336

3337 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 3338

3339 AMENDED: April 1, 1982  
 3340 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 3341 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 3342 11.1067  
 3343 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 3344 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

3345 September 1, 1986  
3346 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
3347 July 1, 1988  
3348 March 4, 1992  
3349 September 1, 1996  
3350 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
3351 REPEALED AND REPLACED: July 1, 2000  
3352 July 1, 2003  
3353 October 1, 2009  
3354 May 1, 2013  
3355

3356 16 DEPARTMENT OF PUBLIC SAFETY

3357

3358 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3359

3360 CHAPTER 5-A: EMERGENCY MEDICAL DISPATCHER LICENSURE

3361

3362 §1. Except as provided for in these Rules, no person shall provide emergency medical  
3363 dispatch services unless the person is licensed as an Emergency Medical Dispatcher by the Board  
3364 in accordance with 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules.

3365

3366 §2. The type of license issued under this chapter is for an “Emergency Medical Dispatcher.”

3367

3368 §3. Scope of Practice

3369

3370 1. An Emergency Medical Dispatcher may provide emergency medical dispatching in  
3371 accordance with the Maine EMS-approved Emergency Medical Dispatch Priority  
3372 Reference System, within the scope of the dispatcher’s Maine EMS-approved  
3373 training and in accordance with 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules.

3374

3375 2. An Emergency Medical Dispatcher may perform emergency medical dispatching  
3376 services when the Dispatcher:

3377

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

3378

B. Is employed by and acts with the approval of an Emergency Medical  
3381 ~~Dispatch Center~~Dispatch Center licensed by the Board in accordance with  
3382 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules;

3383

C. Practices in accordance with the Maine EMS-approved Emergency Medical  
3384 Dispatch Priority Reference System and in accordance with 32  
3385 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules;

3386

3387 §4. License

3388

3389 1. A license issued by the Board under this chapter is valid for twenty-four months  
3390 from the month of issuance unless earlier suspended or revoked or as otherwise  
3391 specified in these Rules.

3392

3393 A. The Board may issue a license valid for twenty–seven months in order to  
3394 ensure that the applicant’s license expiration date occurs three months after  
3395 the applicant’s training certification expiration from the entity that provides  
3396 the Board approved statewide emergency medical dispatch protocols. Once  
3397 the ~~three-month~~three-month separation is established, the license issued will  
3398 be for a period of twenty-four months, unless the Board determines that a  
3399

- 3400 license issued for a shorter period of time is in the best interests of the  
 3401 system.  
 3402
- 3403 2. An application will not be accepted as complete unless it includes all materials  
 3404 required to be evaluated for licensure. To obtain a new or renewed license, an  
 3405 applicant must:  
 3406
- 3407 A. Be at least 18 years of age on the date of application;  
 3408
- 3409 B. Not have received a two-year Maine EMS Emergency Medical Dispatcher  
 3410 license within the past year;  
 3411
- 3412 ~~C. Be capable of performing emergency medical dispatch services, as described~~  
 3413 ~~by the approved Maine EMS Emergency Medical Dispatcher Functional~~  
 3414 ~~Position Description;~~  
 3415
- 3416 ~~D. Be employed by a Maine licensed Emergency Medical Dispatch Center; and,~~  
 3417
- 3418 E.C. Submit the following to Maine EMS:  
 3419
- 3420 1. A completed Maine EMS application.  
 3421
- 3422 2. Current training certification from the entity that provides the  
 3423 Board approved statewide emergency medical dispatch protocols.  
 3424
- 3425 (a) A current training certification or recertification cannot be used  
 3426 more than one time to fulfill Maine EMS Emergency Medical  
 3427 Dispatcher training requirements for a new or renewal license.  
 3428
- 3429 (b) If a training certification or recertification was completed more  
 3430 than a year prior to application, a license may be issued that is  
 3431 valid for two years from the certification month.  
 3432
- 3433 3. Board-approved testing in accordance with the Maine EMS-approved Emergency  
 3434 Medical Dispatch Priority Reference System.  
 3435
- 3436 4. A complete history of criminal convictions, as well as civil infractions involving  
 3437 alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine  
 3438 Law.  
 3439
- 3440 5. A complete history of any action taken against any emergency medical dispatch  
 3441 certification or license or any other professional certification or license that the  
 3442 applicant currently holds or has ever held.  
 3443  
 3444

3445  
 3446  
 3447  
 3448  
 3449  
 3450  
 3451  
 3452  
 3453  
 3454  
 3455  
 3456  
 3457  
 3458  
 3459  
 3460  
 3461  
 3462  
 3463  
 3464  
 3465  
 3466  
 3467  
 3468  
 3469  
 3470  
 3471  
 3472  
 3473  
 3474  
 3475  
 3476  
 3477  
 3478  
 3479  
 3480  
 3481  
 3482  
 3483  
 3484  
 3485  
 3486  
 3487  
 3488  
 3489

§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 36 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’ 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.

3490  
3491  
3492  
3493  
3494  
3495  
3496  
3497  
3498  
3499  
3500  
3501  
3502  
3503  
3504  
3505  
3506  
3507  
3508  
3509  
3510  
3511  
3512  
3513

- 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

3514 16 DEPARTMENT OF PUBLIC SAFETY

3515  
3516 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3517  
3518 CHAPTER 6: ~~ADVANCED LIFE SUPPORT~~ DRUGS AND MEDICATIONS

3519  
3520 §1. GENERAL

3521  
3522 1. For the purpose of this Section, "drugs and medications" include only those  
3523 substances used by Maine EMS licensed services and persons in the delivery of  
3524 ~~Advanced~~ Emergency Medical Treatment, consistent with Maine EMS  
3525 ~~Protocols.~~ Protocols. Maine EMS will maintain a list of approved drugs and  
3526 medications and will revise and publish the list when changes in protocol dictate.

3527  
3528 2. The administration of drugs or medications to a patient shall be determined by  
3529 applicable protocols, and recorded on the Maine EMS run report.

3530  
3531 3. A service authorized by Board license or permit to ~~handle~~ obtain, store and  
3532 administer drugs or medications shall:

3533  
3534 A. ~~Use as a Food and Drug Administration (FDA)-state or federally approved~~  
3535 ~~the source of drugs and medications a single hospital that has a pharmacy,~~  
3536 ~~several hospitals with either individual or central supply points, or some~~  
3537 ~~other source approved by the Board. The system~~ Distribution of drugs and  
3538 medications ~~distribution to the service~~ will be overseen by a responsible  
3539 licensed pharmacist, or by a ~~regional medical director or his/her physician~~  
3540 ~~designee~~ licensed physician.

3541  
3542  
3543  
3544 A.B. ~~A service authorized by Board license or permit to handle drugs or~~  
3545 ~~medications shall o~~ Operate consistent with these Rules except when an  
3546 alternative system for the supply, storage, and logging of drugs and  
3547 medications has been approved by a responsible pharmacist, by the regional  
3548 medical director, and by Maine EMS. Under any such system, all drugs and  
3549 medications shall be properly stored with provision for climate control.

3550  
3551 C. Report ~~A~~ any instances of missing controlled drugs or medications ~~must be~~  
3552 ~~reported~~ to Maine EMS as soon as possible. A full report of the service's  
3553 investigation of the missing drugs and any action the service may have taken  
3554 regarding the incident must be sent to ~~MEMS-~~ Maine EMS as soon as it is  
3555 complete.

3556  
3557 §2. STORAGE ~~ING~~ DRUGS AND MEDICATIONS

3558

3559  
3560  
3561  
3562  
3563  
3564  
3565  
3566  
3567  
3568  
3569  
3570  
3571  
3572  
3573  
3574  
3575  
3576  
3577  
3578  
3579  
3580  
3581  
3582  
3583  
3584  
3585  
3586  
3587  
3588  
3589  
3590  
3591  
3592  
3593  
3594  
3595  
3596  
3597  
3598  
3599  
3600  
3601  
3602  
3603

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. ~~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.
  
2. Maintain A 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-scheduled~~nonscheduled 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.

~~3604~~ **PRESCRIBING, ORDERING, AND RECORDING**

~~3605~~  
~~3606~~     ~~The administration of drugs to a patient shall be determined by applicable protocols and~~  
~~3607~~     ~~recorded on the run report.~~

~~3608~~  
~~3609~~     AUTHORITY:             32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

~~3610~~  
~~3611~~     EFFECTIVE DATE:         July 3, 1978 (EMERGENCY)

~~3612~~  
~~3613~~     AMENDED:                 April 1, 1982  
~~3614~~                             December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
~~3615~~                             January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
~~3616~~     11.1067

~~3617~~                             April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
~~3618~~                             January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

~~3619~~                             September 1, 1986

~~3620~~                             August 25, 1987 - Sec. 5, 6.011 and 12 (added)

~~3621~~                             July 1, 1988

~~3622~~                             March 4, 1992

~~3623~~                             September 1, 1996

~~3624~~     EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

~~3625~~     REPEALED AND REPLACED: July 1, 2000

~~3626~~                             July 1, 2003

~~3627~~                             October 1, 2009

~~3628~~                             May 1, 2013

~~3629~~

3630  
 3631  
 3632  
 3633  
 3634  
 3635  
 3636  
 3637  
 3638  
 3639  
 3640  
 3641  
 3642  
 3643  
 3644  
 3645  
 3646  
 3647  
 3648  
 3649  
 3650  
 3651  
 3652  
 3653  
 3654  
 3655  
 3656  
 3657  
 3658  
 3659  
 3660  
 3661  
 3662  
 3663  
 3664  
 3665  
 3666  
 3667  
 3668  
 3669  
 3670

**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

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

REPEALED AND REPLACED: July 1, 2000  
 July 1, 2003  
 October 1, 2009

3671  
3672  
3673  
3674  
3675  
3676  
3677  
3678  
3679  
3680  
3681  
3682  
3683  
3684  
3685  
3686  
3687  
3688  
3689  
3690  
3691  
3692  
3693  
3694  
3695  
3696  
3697  
3698  
3699  
3700  
3701  
3702  
3703  
3704  
3705  
3706  
3707  
3708  
3709  
3710  
3711  
3712  
3713  
3714

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 EMR, EMT, AEMT 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 C~~ approved ~~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~~ the 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~~

3715 by the Board as including all of the required objectives for this  
3716 training; or

3717  
3718 (b) A Board approved EMT bridge course for physicians,  
3719 physician assistants, nurses, and other licensed/certified allied  
3720 health care professionals who receive permission from Maine  
3721 EMS to use this course for licensure; or

3722  
3723 (c) A Board approved bridge course for Emergency Medical  
3724 Responders.

3725  
3726 2. For renewal at the EMT level—Maine EMS continuing education  
3727 or any other continuing education program or course that is  
3728 approved by the Board as containing all of the objectives required  
3729 for this training.

3730  
3731 D. Advanced Emergency Medical Technician, Critical Care, Paramedic:

3732  
3733 1. For initial licensure at the Advanced Emergency Medical  
3734 Technician or Paramedic level:

3735  
3736 (a) An original course of training for students who have met the  
3737 training requirements for licensure as an advanced EMT which  
3738 is approved by the Board as including all of the objectives  
3739 required for the level for which licensure will be sought; or

3740  
3741 (b) Bridge courses for persons who have met the training  
3742 requirements for licensure as an advanced EMT which are  
3743 approved by the Board as including all of the objectives  
3744 required to bridge the particular levels; or

3745  
3746 (c) Any other course of training that is approved by the Board as  
3747 including the objectives required for the particular level of  
3748 training.

3749  
3750 2. For renewal at the Advanced Emergency Medical Technician,  
3751 Critical Care, or Paramedic level—Maine EMS continuing  
3752 education or any other continuing education program or course of  
3753 training that is approved by the Board as including all of the  
3754 objectives for the particular level.

3755  
3756 E.B. Any course (not including continuing education hour programs) leading to  
3757 certification for EMS provider licensure must be supervised by an  
3758 instructor/coordinator licensed by Maine EMS for that particular level and  
3759 must be approved by a Maine EMS Training Center. Out-of-state courses

3760 and certifications will be judged on a case-by-case basis using a comparison  
 3761 of Maine EMS approved curricula.

3762  
 3763 C. Applicants to conduct courses leading to certification for EMS provider  
 3764 licensure must comply with the requirements for conducting courses as  
 3765 approved and published by Maine EMS.

3766  
 3767  
 3768 F.D. Candidates must meet the training requirements for licensure at the level  
 3769 from which the course starts.

3770  
 3771 **§2. EMS Continuing Education Programs**

3772  
 3773 1. A program held in Maine or out of state may be approved for continuing education  
 3774 hours (CEH) if it meets the following conditions:

3775  
 3776 A. The sponsor must apply before the program is to begin. Only under unusual  
 3777 circumstances, such as those set forth in Chapter 13-~~§§2.1—5~~, of these  
 3778 Rules, may continuing education hour courses be approved after they have  
 3779 occurred;

3780  
 3781 B. The topics to be taught must be relevant to EMS;

3782  
 3783 C. The instructor must be qualified ~~to instruct the topic~~ by knowledge and/or  
 3784 training in the topic area;

3785  
 3786 D. The sponsor must make known to the students those requirements the  
 3787 students must meet in order to receive attendance certification;

3788  
 3789 E. The sponsor must submit ~~to the approver, who must submit the Maine EMS-~~  
 3790 approved attendance roster for the program to Maine EMS, ~~a final~~  
 3791 attendance list for the program. ~~The roster must which~~ includes the names  
 3792 and license numbers of those attending, attendees' signatures, the number  
 3793 and type of hours approved, and the approval number. The list ~~will~~ must be  
 3794 physically or electronically signed by the sponsor as verification of  
 3795 attendance;

3796  
 3797 F. ~~The p~~Programs must be open to ~~all EMS providers~~ the public unless  
 3798 otherwise specifically approved by ~~the approver~~ Maine EMS, a regional  
 3799 council or a Training Center; and

3800  
 3801 G. The sponsor must provide the students an opportunity to comment in writing  
 3802 on the program and must make these comments available to Maine EMS  
 3803 upon request within thirty days after the end of the program. Sponsors of

3804 CEH offered through publications approved by Maine EMS need not  
 3805 provide this opportunity.

3806  
 3807 2. Maine EMS may grant continuing education hours for programs offered through  
 3808 professional journals, audio and visual media, teleconferencing, the Internet, and  
 3809 other forms of distributive learning, or for other educational programs not described  
 3810 in this Chapter, when requested by the sponsor/applicant. For Maine EMS to  
 3811 consider granting CEH approval the applicant must submit to Maine EMS:

- 3812  
 3813 A. An outline and description of the program, to include program handouts;  
 3814  
 3815 B. The name and address of the program sponsor;  
 3816  
 3817 C. The names of any EMS agencies granting the program continuing education  
 3818 hours;  
 3819  
 3820 D. A contact name and telephone number for attendance verification;  
 3821  
 3822 E. A program completion certificate, or equivalent;  
 3823  
 3824 F. If applicable, approval from the Commission on Accreditation For Pre-  
 3825 Hospital Continuing Education (CAPCE), formerly known as the Continuing  
 3826 Education Coordinating Board for EMS (CECBEMS); and-  
 3827  
 3828 G. Proof, if the program was not supervised, that the program required, and the  
 3829 applicant successfully completed, a knowledge test in order to receive a  
 3830 program completion certificate.

3831  
 3832 3. Programs that have been previously approved by Maine EMS, a regional council or  
 3833 a Training Center may be approved without further review, provided that:

3834  
 3835 A. Maine EMS, regional council, or a Training Center has not rescinded the  
 3836 program’s approval; and

3837  
 3838 B. No significant changes have been made to the program content or faculty.;  
 3839

3840  
 3841  
 3842 3.4. Maine EMS may delegate approval of in-state continuing education programs that  
 3843 meet the requirements of this chapter, pursuant to these Rules, to regional councils  
 3844 or a Maine EMS approved Training Center provided that they maintain a system for  
 3845 assuring high quality programs and provide such program information in a timely  
 3846 manner as requested by Maine EMS.

3847  
 3848 AUTHORITY: 32 M.R.S.A.M.R.S., Chapter 2-B

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

3849  
3850 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
3851  
3852 AMENDED: April 1, 1982  
3853 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
3854 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
3855 11.1067  
3856 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
3857 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
3858 September 1, 1986  
3859 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
3860 July 1, 1988  
3861 March 4, 1992  
3862 September 1, 1996  
3863 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
3864 REPEALED AND REPLACED: July 1, 2000  
3865 July 1, 2003  
3866 October 1, 2009  
3867 May 1, 2013

## 3868 16 DEPARTMENT OF PUBLIC SAFETY

3869

## 3870 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3871

## 3872 CHAPTER 8-A: TRAINING CENTERS

3873

3874 §1. A provider of emergency medical services ~~education and training courses leading to~~  
 3875 licensure in Maine must be authorized by the Board in accordance with 32 ~~M.R.S.A.~~M.R.S.  
 3876 §88(2)(D) and these Rules.

3877

3878 §2. **Authorization Factors** – The authorization issued under this chapter is for a Training  
 3879 Center

3880

3881 1. Ownership

3882

3883 Upon request of the Board, an applicant or authorized Training Center must  
 3884 provide the Board with the identity and legal status (e.g. municipality,  
 3885 corporation, limited liability company, sole proprietorship) of the person or  
 3886 entity that holds, or is making application for the authorization. Failure to  
 3887 provide this information will result in an application being treated as incomplete.

3888

3889 2. Physical address or location

3890

3891 An authorization is issued for a specific physical address or location.

3892

3893 §3. **Change in Authorization Factors**

3894

3895 A Training Center must receive Board approval to change any of the authorization factors.

3896

3897 §4. **Standards**

3898

3899 1. An application will not be accepted as complete unless it includes all materials  
 3900 required to be evaluated for authorization. To obtain new authorization, a Training  
 3901 Center applicant must:

3902

3903 A. Apply in a format prescribed by Maine EMS; and,

3904

3905 B. Demonstrate to Maine EMS that the applicant complies with the  
 3906 requirements of 32 ~~M.R.S.A.~~M.R.S. §88(2)(D), the Rules, and the Board-  
 3907 approved Training Center Standards.

3908

3909 2. A Training Center Authorization is issued for a period of 60 months unless earlier  
 3910 suspended or revoked. An authorization may be issued for a shorter period of time  
 3911 if approved by the Board.

3912

3913 3. A Training Center must demonstrate ongoing compliance with these Rules and the  
3914 Training Center Standards in order to maintain its authorization.

3915  
3916 **§5. Renewal**

- 3917 1. An application will not be accepted as complete unless it includes all materials  
3918 required to be evaluated for authorization.
- 3919 2. A Training Center may apply for a renewal authorization for up to ninety (90) days  
3920 after the date of expiration. The ninety-day period does not postpone the expiration  
3921 date. A Training Center with an expired authorization cannot provide education and  
3922 training courses pursuant to the Training Center Standards. An application  
3923 submitted more than 90 days after expiration shall be considered a new application  
3924 and subject to all requirements governing new applications.
- 3925 3. In order to obtain an authorization renewal, a Training Center must:  
3926  
3927
  - 3928 A. Apply electronically ~~or by mail~~; and,
  - 3929 B. Demonstrate, as may be required by Maine EMS, that it meets the licensing  
3930 requirements of 32 ~~M.R.S.A.~~M.R.S. §88(2)(D), these Rules and the Training  
3931 Center Standards.

3932  
3933 **§6. Termination of Training Center Authorization**

3934 Any Training Center intending to terminate its operations must make written notification to  
3935 Maine EMS at least 30 days prior to the termination date.

3936  
3937  
3938  
3939  
3940  
3941 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. §84, §88

3942  
3943 EFFECTIVE DATE: May 1, 2013 (NEW)  
3944

## 3945 16 DEPARTMENT OF PUBLIC SAFETY

3946

## 3947 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3948

## 3949 CHAPTER 9: INSTRUCTOR COORDINATOR LICENSE

3950

3951 §1. Licenses are issued for the following levels of Instructor ~~Coordinators~~3952 ~~(Coordinators (I/C):~~

3953

3954 1. I/C- EMT - a person licensed at the I/C - EMT level may act as the lead instructor in  
3955 courses leading to licensure at the Emergency Medical Responder, and EMT license  
3956 levels.

3957

3958 2. I/C- Advanced Emergency Medical Technician (AEMT) - a person licensed at the  
3959 I/C - AEMT level may act as the lead instructor in courses leading to licensure at the  
3960 Emergency Medical Responder, EMT and Advanced Emergency Medical  
3961 Technician (AEMT) license levels.

3962

3963 3. I/C- Paramedic - a person licensed at the I/C- Paramedic level may act as the lead  
3964 instructor in courses leading to licensure at the Emergency Medical Responder, ,  
3965 EMT, Advanced Emergency Medical Technician (AEMT), and Paramedic license  
3966 levels.

3967

3968 §2. Licensed Instructor Coordinators are responsible for EMS licensure program criteria as  
3969 approved by the Board. Instructor Coordinator licenses are valid for a period of ~~three~~two years,  
3970 or as otherwise determined by Maine EMS.

3971

3972 §3. To obtain and maintain a new or renewed Instructor Coordinator license, the  
3973 applicant must:

3974

3975 Be at least 18 years of age.

3976

3977 1. ~~Be able to write, speak, and understand the English language.~~

3978

3979 ~~2. Possess 3 years of experience in emergency medicine at the level for which they are~~  
3980 ~~applying.~~

3981

3982 ~~3.2.~~ 2. Submit the following to Maine EMS:

3983

3984 A. A completed Maine EMS Instructor Coordinator application signed by the  
3985 applicant.

3986

3987 B. Proof of operational experience and education consistent  
3988 with current Maine EMS Education Standards at the:

3989

3990  
 3991  
 3992  
 3993  
 3994  
 3995  
 3996  
 3997  
 3998  
 3999  
 4000  
 4001  
 4002  
 4003  
 4004  
 4005  
 4006  
 4007  
 4008  
 4009  
 4010  
 4011  
 4012  
 4013  
 4014  
 4015  
 4016  
 4017  
 4018  
 4019  
 4020  
 4021  
 4022  
 4023  
 4024  
 4025  
 4026  
 4027  
 4028  
 4029  
 4030  
 4031  
 4032  
 4033  
 4034

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.

4035  
4036  
4037  
4038  
4039  
4040  
4041  
4042  
4043  
4044  
4045  
4046  
4047  
4048  
4049  
4050  
4051  
4052  
4053  
4054  
4055  
4056  
4057  
4058  
4059  
4060  
4061  
4062  
4063  
4064  
4065  
4066  
4067  
4068  
4069  
4070  
4071  
4072  
4073  
4074  
4075  
4076  
4077  
4078  
4079

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 ~~31<sup>st</sup>~~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’ 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~~t~~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.

4080 ~~5.7.~~ Licensees whose licenses have ~~lapsed as of the expiration date cannot provide~~  
 4081 ~~instruction expired cannot act in an~~ Instructor Coordinator ~~epacitycapacity~~ in any  
 4082 class leading to licensure until a renewed license has been issued.

4083  
 4084 8. An application submitted more than ninety (90) days after the license expiration  
 4085 date shall be considered an application for a new license and subject to all  
 4086 requirements governing new applications.

4087  
 4088 **§5. Duty to Report**

4089  
 4090 9. A licensee or an applicant for licensure under this chapter shall notify the Board in  
 4091 writing within 10 days of a:

- 4092  
 4093 A. Change of name or address;  
 4094 B. Criminal ~~Convictions~~conviction;  
 4095 C. Revocation, suspension or other disciplinary action taken in this or any other  
 4096 jurisdiction against any occupational or professional license held by the  
 4097 applicant or licensee; or,  
 4098 D. Material change in the conditions or qualifications set forth in the original  
 4099 application for licensure submitted to the Board.

4100  
 4101 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

4102  
 4103 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

4104  
 4105 AMENDED: April 1, 1982  
 4106 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 4107 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 4108 11.1067  
 4109 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 4110 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 4111 September 1, 1986  
 4112 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 4113 July 1, 1988  
 4114 March 4, 1992  
 4115 September 1, 1996

4116 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

4117 REPEALED AND REPLACED: July 1, 2000  
 4118 July 1, 2003  
 4119 October 1, 2009  
 4120 May 1, 2013

4121 16 DEPARTMENT OF PUBLIC SAFETY

4122

4123 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4124

4125 CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS  
4126 AND CONTINUING EDUCATION PROGRAMS

4127

4128 §1. Emergency Medical Dispatch Training Courses

4129

4130 1. Training courses for certification leading to licensure or ~~relicensure~~ license renewal  
4131 as a Maine Emergency Medical Dispatcher must meet the requirements set forth in  
4132 the Maine EMS approved Emergency Medical Dispatch Priority Reference System.

4133

4134 2. Applicants to conduct courses leading to Emergency Medical Dispatcher licensure  
4135 must comply with requirements set forth in the Maine EMS approved Emergency  
4136 Medical Dispatch Priority Reference System.

4137

4138 §2. Emergency Medical Dispatch Instructors

4139

4140 Any course leading to certification for licensure must be supervised by an instructor that  
4141 meets the requirements set forth in the Maine EMS approved Emergency Medical  
4142 Dispatch Priority Reference System.

4143

4144 §3. Emergency Medical Dispatcher Continuing Education Programs

4145

4146 1. Emergency Medical Dispatcher continuing education training programs shall be  
4147 conducted in accordance with the requirements of the Maine EMS Board-approved  
4148 certifying entity.

4149

4150 2. The Board may require specific continuing education programs for Maine licensed  
4151 Emergency Medical Dispatchers, based upon an educational or training need  
4152 identified by Maine EMS.

4153

4154 ~~3. A program held in Maine or out of state may be approved for the Emergency  
4155 Medical Dispatcher continuing education hours (CEH) pursuant to these Rules if it  
4156 meets the following conditions:~~

4157

4158 ~~A. The sponsor must apply before the program begins. Only under unusual  
4159 circumstances, such as those set forth in Chapter 13 §2.1—5 of these Rules,  
4160 may continuing education hour courses be approved after the courses have  
4161 been conducted;~~

4162

4163 ~~B. The topics to be taught must be relevant to Emergency Medical Dispatchers;~~

4164

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

- 4165 C. ~~The instructor must be qualified by education, training, and experience to~~  
4166 ~~instruct the topic;~~
- 4167
- 4168 D. ~~The sponsor must advise the students of requirements the students must meet~~  
4169 ~~in order to receive an attendance certificate;~~
- 4170
- 4171 E. ~~The sponsor must submit to the approver, who must submit to Maine EMS, a~~  
4172 ~~final attendance list for the program, which includes the names and~~  
4173 ~~certificate numbers of those attending, the number and type of hours~~  
4174 ~~approved, and the approval number. The list will be signed by the sponsor~~  
4175 ~~as verification of attendance;~~
- 4176
- 4177 F. ~~The program must be open to all Emergency Medical Dispatchers unless~~  
4178 ~~otherwise specifically approved by the approver; and~~
- 4179
- 4180 G. ~~The sponsor must provide the students an opportunity to comment in writing~~  
4181 ~~on the program and must make these comments available to Maine EMS~~  
4182 ~~upon request within thirty days after the end of the program. Sponsors of~~  
4183 ~~CEH offered through publications approved by Maine EMS need not~~  
4184 ~~provide this opportunity.~~
- 4185
- 4186 4. ~~Maine EMS may grant Emergency Medical Dispatchers continuing education hours,~~  
4187 ~~required by the Rules for programs offered through professional journals, audio and~~  
4188 ~~visual media, teleconferencing, the Internet and other forms of distributive learning,~~  
4189 ~~or for other educational programs not described in this Chapter. To receive approval~~  
4190 ~~the applicant must submit to Maine EMS:~~
- 4191
- 4192 A. ~~An outline and description of the program, including program handouts;~~
- 4193
- 4194 B. ~~The name and address of the program sponsor;~~
- 4195
- 4196 C. ~~The names of any agencies granting the program continuing education~~  
4197 ~~hours, to the extent known;~~
- 4198
- 4199 D. ~~A contact name and telephone number for attendance verification;~~
- 4200
- 4201 E. ~~A program completion certificate, or equivalent;~~
- 4202
- 4203 F. ~~If applicable, approval from the Continuing Education Coordinating Board~~  
4204 ~~for EMS (CECBEMS).~~
- 4205
- 4206 G. ~~Proof, if the program was not supervised, that the program required, and the~~  
4207 ~~applicant successfully completed, a test in order to receive a program~~  
4208 ~~completion certificate.~~
- 4209

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

4210 5.—When Maine EMS, or its delegate, approves specific program content and instructor  
4211 for Emergency Medical Dispatcher continuing education hours that are used to  
4212 fulfill the requirements of Chapter 5-A and has not rescinded such approval,  
4213 subsequent applications by the instructor for that program will be approved without  
4214 further review if there are no changes in program content or faculty.

4215  
4216 6.—Maine EMS may delegate approval of in-state continuing education programs. The  
4217 entity or person delegated to approve in-state continuing education programs must  
4218 maintain a system substantially equivalent to or stricter than the continuing  
4219 education approval requirements included in these Rules. The delegated approver  
4220 will ensure high quality programs and will provide program information in a timely  
4221 manner as requested by Maine EMS.

4222  
4223 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. § 84, 85-A, 88

4224  
4225 EFFECTIVE DATE: September 1, 2006 (New)

4226 REPEALED AND REPLACED: October 1, 2009

4227 May 1, 2013

4228

4229

4230 16 DEPARTMENT OF PUBLIC SAFETY

4231

4232 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4233

4234 CHAPTER 10: RECIPROCITY

4235

4236 §1. Any ambulance service, vehicle or person licensed in another state or territory to provide  
 4237 emergency medical treatment, and entering Maine in response to a call to assist in a mass-  
 4238 casualty situation, is exempt from the provisions of these Rules requiring licensure in Maine.

4239

4240

4241 §4. §2. If a person holds a valid license or certificate entitling him/her to practice as an EMS  
 4242 provider in another state or territory, he/she may receive reciprocal licensing provided he/she  
 4243 satisfies all the requirements of Chapter 5. Licensure and license expiration date will be based  
 4244 on materials supplied by the applicant which demonstrate the following:

4245

- 4246 1. Certification of training history.
- 4247
- 4248 2. Certification of testing history.
- 4249
- 4250 3. Certification/licensure in another state or territory.
- 4251
- 4252 4. History of criminal convictions and actions taken against professional licenses in
- 4253 accordance with Chapter 5 of these rules. Maine EMS will consider this to the
- 4254 extent allowed my Maine law.
- 4255

4256

4257

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

4258

4259

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

4260

4261

AMENDED: April 1, 1982

4262

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

4263

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

4264

11.1067

4265

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

4266

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

4267

September 1, 1986

4268

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

4269

July 1, 1988

4270

March 4, 1992

4271

September 1, 1996

4272

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

4273

REPEALED AND REPLACED: July 1, 2000

4274

July 1, 2003

4275

October 1, 2009

4276  
4277  
4278  
4279  
4280  
4281  
4282  
4283  
4284  
4285  
4286  
4287  
4288  
4289  
4290  
4291  
4292  
4293  
4294  
4295  
4296  
4297  
4298  
4299  
4300  
4301  
4302  
4303  
4304  
4305  
4306  
4307  
4308  
4309  
4310  
4311  
4312  
4313  
4314  
4315  
4316  
4317  
4318  
4319  
4320

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 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.

4321  
4322  
4323  
4324  
4325  
4326  
4327  
4328  
4329  
4330  
4331  
4332  
4333  
4334  
4335  
4336  
4337  
4338  
4339  
4340  
4341  
4342  
4343  
4344  
4345  
4346  
4347  
4348  
4349  
4350  
4351  
4352  
4353  
4354  
4355  
4356  
4357  
4358  
4359  
4360  
4361  
4362  
4363

- 12. Disclosing or causing to be disclosed confidential patient information to an unauthorized person or using confidential patient information for personal or unauthorized financial benefit.
- 13. Engaging in conduct prohibited by law, other than conduct that falls within the following categories and is not related to the practice: minor traffic violations; minor civil violations; and conduct that could be charged as Class E crimes under Maine law.
  - Possession of a useable amount of marijuana in violation of 22 M.R.S.A § 2383 is not considered a minor civil violation.
- 14. Violation of any standard established in the profession.
- 15. Inaccurate recording of material information, or falsifying or improperly altering a patient or healthcare provider record.
- 16. Exploiting the provider-patient relationship for the purpose of personal or financial gain by the licensee or by a third party including, but not limited to, promoting or selling services, goods, appliances or drugs.
- 17. Diverting drugs, supplies or property of patients, patient’s families, services, or healthcare providers.
- 18. Possessing, obtaining, furnishing or administering prescription drugs, equipment or supplies to any person, including one’s self, except as directed by a person authorized by law to prescribe such items.
- 19. Impersonating another licensed practitioner.
- 20. Impersonating any applicant or licensee, or acting as proxy for the applicant or licensee in any licensing exam.
- ~~21.~~ Acting negligently or neglectfully when caring for or treating a patient.
- ~~22-21.~~
- ~~23. Incompetent practice. A licensee or applicant shall be deemed incompetent in the practice if the licensee or applicant has:~~
  - ~~A. Engaged in conduct which evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client, patient, student or the general public; or~~

~~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, 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.~~

- 4409 ~~36.33.~~ Aiding or abetting the practice of emergency medical treatment by a person not  
4410 duly licensed under 32 M.R.S.A., Chapter 2-B.  
4411
- 4412 34. Delegation of practice, skills, treatment or educational instruction to a person who is  
4413 not licensed or qualified to perform said practice, skills or treatment.  
4414
- 4415 ~~37.35. Abandonment or neglect of a patient.~~  
4416
- 4417 ~~Abandonment or neglect of a patient requiring emergency medical treatment.~~  
4418
- 4419 ~~38.36.~~ Causing physical or emotional injury to a patient in violation of the applicable  
4420 standard of care.  
4421
- 4422 ~~39.37.~~ Failing to safeguard the patient's dignity and right to privacy in providing services  
4423 regardless of race, creed, color, sexual orientation, gender or socio-economic status.  
4424
- 4425 ~~40.38.~~ Sexual misconduct as defined in Chapter 14 of these Rules.  
4426
- 4427 ~~41.39.~~ Providing instruction at a level for which a person is not licensed.  
4428
- 4429 ~~42.40.~~ Providing instruction at a level for which a Training Center is not authorized or  
4430 licensed to provide.  
4431
- 4432 ~~43.41.~~ Aiding or abetting the practice of instruction by a person not duly licensed as a  
4433 Maine EMS Instructor Coordinator, when a licensed Instructor Coordinator is  
4434 required.  
4435
- 4436 ~~44.42.~~ Violating any of the requirements of the Training Center Standards.  
4437
- 4438 ~~43.~~ Failure to provide program or course documentation when required or requested by  
4439 Maine EMS.  
4440
- 4441
- 4442 44. Inaccurate recording of material information, or falsifying or improperly altering an  
4443 emergency medical dispatch record.  
4444
- 4445 45. Acting negligently or neglectfully in the provision of emergency medical dispatch  
4446 services to a caller or patient.  
4447
- 4448 46. Acting negligently or neglectfully in conducting an Emergency Medical Dispatch  
4449 Center.  
4450
- 4451
- 4452 Providing emergency medical treatment or emergency medical dispatch services  
4453 when not licensed to do so.

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

4454  
4455  
4456  
4457  
4458  
4459  
4460  
4461  
4462  
4463  
4464  
4465  
4466  
4467  
4468  
4469  
4470  
4471  
4472  
4473  
4474  
4475  
4476  
4477  
4478  
4479  
4480  
4481  
4482  
4483  
4484  
4485

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

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

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

49. 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)  
July 1, 1988  
March 4, 1992  
September 1, 1996

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

REPEALED AND REPLACED: July 1, 2000  
July 1, 2003  
May 1, 2013

4486 16 DEPARTMENT OF PUBLIC SAFETY

4487  
4488 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)  
4489

4490 CHAPTER 12: PROCEDURES FOR LICENSING ACTIONS AND BOARD ACTIONS  
4491

4492  
4493 §1. Disciplinary Actions  
4494

4495 1. Investigation of Complaints  
4496

4497 The Board, its subcommittee or staff shall investigate complaints in accordance with  
4498 32 M.R.S.A. § 90-A (1). ~~The investigating body may require that the complaint be~~  
4499 ~~submitted on complaint forms developed for that purpose and with supporting~~  
4500 ~~documentation in order to have sufficient information to evaluate the complaint~~  
4501 ~~The board or, as delegated, its staff, shall investigate a complaint on its own motion~~  
4502 ~~or upon receipt of a written complaint filed with the board regarding noncompliance~~  
4503 ~~with or violation of this chapter or of any rules adopted by the board. Investigation~~  
4504 ~~may include an informal conference before the board, its subcommittee or staff to~~  
4505 ~~determine whether grounds exist for suspension, revocation or denial of a license or~~  
4506 ~~for taking other disciplinary action pursuant to this chapter. The board, its~~  
4507 ~~subcommittee or staff may subpoena witnesses, records and documents, including~~  
4508 ~~records and documents maintained by a health care facility or other service~~  
4509 ~~organization or person related to the delivery of emergency medical services, in any~~  
4510 ~~investigation or hearing it conducts.~~

4511  
4512  
4513 2. Notice of Complaints and Response  
4514

4515 A. Notice  
4516

4517 The Board, ~~its subcommittee~~ or staff shall notify an individual or organization of  
4518 the content of a complaint filed against the individual or organization not later  
4519 than ~~sixty~~60 days after receipt of the initial pertinent information, in accordance  
4520 with 32 ~~M.R.S.A.~~M.R.S. § 90-A (2). Notice shall be in writing. Service of the  
4521 notice is complete upon mailing to the party, the party’s attorney, or upon in-hand  
4522 delivery to the party or the party’s office in accordance with 5 ~~M.R.S.A.~~M.R.S. §  
4523 8051 (2).  
4524

4525 B. Response  
4526

4527 If the licensee wishes to contest the complaint or dispute the information that  
4528 forms the basis of the complaint, the licensee must respond to the Board in  
4529 writing, ~~by certified mail, return receipt requested.~~ For this response to be  
4530 considered timely, it must be received by Maine EMS within thirty (30) days of  
4531

4531 receipt of the Board's notice in accordance with 32 M.R.S. § 90-A (2). Service of  
 4532 the licensee's response is complete when the Board or the Board's Staff receives  
 4533 the response by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S.  
 4534 § 8051 (1).

4535 .  
 4536  
 4537 C. Additional Information

4538  
 4539 The Board, its subcommittee or staff may request additional information from the  
 4540 licensee, ~~in support of any response received~~. If the licensee's response to the  
 4541 complaint satisfies the Board, ~~its subcommittee~~ or staff that no further action is  
 4542 warranted on the complaint, the complaint may be dismissed. Notice of the  
 4543 dismissal must be sent to any complainants.

4544  
 4545 D. Further Communications with Complainant

4546  
 4547 The Board, its subcommittee or staff may provide the complainant with a copy of  
 4548 the licensee's response or portions thereof, as the members or staff determines to  
 4549 be necessary to facilitate the investigation. The Board, subcommittee or staff may  
 4550 request additional information from the complainant in support of the original  
 4551 complaint or in response to the licensee's response. The complainant must  
 4552 provide this additional information to the Board, subcommittee or staff within  
 4553 thirty (30) days of being requested to do so, or indicate why the information  
 4554 cannot be obtained within that time.

4555  
 4556 E. Resolution of Complaints ~~w~~Without Discipline

4557  
 4558 Upon the written information provided by the complainant, licensee and any  
 4559 others in support of the complaint and responses, ~~the Board, its subcommittee or~~  
 4560 ~~staff may take~~ any of the following actions, which do not constitute discipline,  
 4561 except as specifically indicated, may be taken:

- 4562  
 4563 2. The Board, its subcommittee or staff may ~~i~~ issue a letter of guidance or  
 4564 concern pursuant to 32 ~~M.R.S.A.~~M.R.S. § 88(4);
- 4565  
 4566 3. The Board or staff may dismiss the complaint~~Refer the complaint and~~  
 4567 refer it to the Regional Medical Director for resolution to the extent that  
 4568 the complaint alleges conduct that relates solely to clinical practice issues.  
 4569 A complaint may be referred ~~to both~~to both to the Regional Medical  
 4570 Director for review of clinical practice issues and for further disciplinary  
 4571 procedures in accordance with these Rules, if ~~it~~the complaint alleges both  
 4572 clinical practice issues and issues appropriate for discipline by the Board;  
 4573

4574  
4575  
4576  
4577  
4578  
4579  
4580  
4581  
4582  
4583  
4584  
4585  
4586  
4587  
4588  
4589  
4590  
4591  
4592  
4593  
4594  
4595  
4596  
4597  
4598  
4599  
4600  
4601  
4602  
4603  
4604  
4605  
4606  
4607  
4608  
4609  
4610  
4611  
4612  
4613  
4614  
4615  
4616  
4617

4. ~~The Board or staff may D~~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;

~~4. 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~~nformal ~~C~~nference, 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:

4618  
4619  
4620  
4621  
4622  
4623  
4624  
4625  
4626  
4627  
4628  
4629  
4630  
4631  
4632  
4633  
4634  
4635  
4636  
4637  
4638  
4639  
4640  
4641  
4642  
4643  
4644  
4645  
4646  
4647  
4648  
4649  
4650  
4651  
4652  
4653  
4654  
4655  
4656  
4657  
4658  
4659  
4660  
4661  
4662

1. —  
1.

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.
  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.

B. A license may be issued subject to a consent agreement with the ~~applicant/licensee in 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~~ 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~~ to rehabilitate or educate the licensee

2. Denial

A. ~~Staff~~The staff or a subcommittee of the Board ~~may~~Board 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.

- 4707 E. The Board may, in its discretion, entertain additional evidence or argument
- 4708 from the parties, but need not conduct a full or formal adjudicatory hearing
- 4709 unless otherwise required by law.
- 4710
- 4711 F. The decision of the Board shall be in writing or stated on the record and contain
- 4712 or reflect the Board’s reasoning in a manner sufficient to inform the parties and
- 4713 the public, of the basis for the Board’s decision.
- 4714
- 4715 G. The Board’s decision constitutes final agency action, appealable to the Superior
- 4716 Court in accordance with the Maine Administrative Procedure Act, 5
- 4717 M.R.S.A.M.R.S. Chapter 375, Subchapter VII.
- 4718

4719 **§3. Non-Disciplinary Refusal to Renew**

4720

4721 **The staff or a subcommittee of the Board may recommend to the Board that it refuse to**

4722 **renew a license. Before presenting the recommended decision to the Board for**

4723 **consideration, staff shall mail or hand-deliver to the applicant/licensee written notice of the**

4724 **recommended decision and the reasons therefore with notice of applicant/licensee’s right to**

4725 **request a hearing in accordance with the Administrative Procedure Act. Service is**

4726 **complete upon mailing to the applicant/licensee or the applicant/licensee’s attorney, or**

4727 **upon in-hand delivery to the recipient or the recipient’s office in accordance with 5 M.R.S.**

4728 **§ 8051 (2). ~~Service of the notice of appeal is complete when received by Maine EMS by~~**

4729 **~~mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1).~~ Service is**

4730 **complete upon mailing or personal delivery.**

- 4731
- 4732 1. If the applicant/licensee wishes to request a hearing, the applicant/licensee must
- 4733 submit a written request for a hearing to the Board. The written request must be
- 4734 received by the Board within thirty (30) days of the applicant/licensee’s receipt of
- 4735 notice of the proposed decision/opportunity to request hearing. Service of request is
- 4736 complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in
- 4737 accordance with 5 M.R.S. § 8051 (1). Failure to submit a request within this period
- 4738 shall be deemed a waiver of the right to hearing, and the Board may adopt the
- 4739 recommended decision without further hearing.

4740 1.

4741 The decision of the Board shall be in writing or stated on the record and reflect

4742 the Board’s reasoning in a manner sufficient to inform the parties and the public

4743 of the basis for the Board’s decision.

4744

4745 1.2. The Board’s decision constitutes final agency action, appealable to the Superior

4746 Court in accordance with the Maine Administrative Procedure Act, 5

4747 M.R.S.A.M.R.S. Chapter 375, Subchapter VII.

4748

4749  
4750  
4751  
4752  
4753  
4754  
4755  
4756  
4757  
4758  
4759  
4760  
4761  
4762  
4763  
4764  
4765  
4766  
4767  
4768  
4769  
4770  
4771  
4772  
4773  
4774  
4775  
4776  
4777  
4778  
4779  
4780  
4781  
4782  
4783  
4784  
4785  
4786  
4787  
4788  
4789  
4790  
4791  
4792  
4793

§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.~~ 2.3. 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).
- ~~3.4.~~ 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.~~ 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.~~ 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.~~ 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.

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

**4794** March 4, 1992  
**4795** September 1, 1996  
**4796** EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
**4797** REPEALED AND REPLACED: July 1, 2000  
**4798** July 1, 2003

4799  
 4800  
 4801  
 4802  
 4803  
 4804  
 4805  
 4806  
 4807  
 4808  
 4809  
 4810  
 4811  
 4812  
 4813  
 4814  
 4815  
 4816  
 4817  
 4818  
 4819  
 4820  
 4821  
 4822  
 4823  
 4824  
 4825  
 4826  
 4827  
 4828  
 4829  
 4830  
 4831  
 4832  
 4833  
 4834  
 4835  
 4836  
 4837  
 4838  
 4839  
 4840  
 4841  
 4842  
 4843

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 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 seeking the waiver, in the manner prescribed in Chapter 12 of the Rules.

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

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

- 4844
- 4845 AMENDED: April 1, 1982
- 4846 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
- 4847 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
- 4848 11.1067
- 4849 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
- 4850 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
- 4851 September 1, 1986
- 4852 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
- 4853 July 1, 1988
- 4854 March 4, 1992
- 4855 September 1, 1996
- 4856 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
- 4857 REPEALED AND REPLACED: July 1, 2000
- 4858 July 1, 2003

## 4859 16 DEPARTMENT OF PUBLIC SAFETY

4860

## 4861 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4862

## 4863 CHAPTER 14: SEXUAL MISCONDUCT

4864

## 4865 §1. Definitions

4866

4867 1. “EMS Provider” is an individual who is licensed or certified according to the  
 4868 provisions of 32 ~~M.R.S.A.~~M.R.S. §81 et seq. and the Maine EMS Rules.

4869

4870 2. ~~“EMS Provider’s~~Sexual misconduct” is behavior that exploits the EMS Provider-  
 4871 patient relationship in a sexual way. This behavior is non-diagnostic and/or non-  
 4872 therapeutic, may be verbal or physical, and may include expressions or gestures that  
 4873 have a sexual connotation or that a reasonable person would construe as such.  
 4874 Sexual misconduct is considered ~~incompetent professional practice and~~  
 4875 unprofessional conduct pursuant to 32 ~~M.R.S.A.~~M.R.S. ~~90-A.590-A(5).EF. and F.~~  
 4876 and Chapter 11 of the Maine EMS Rules. There are two levels of sexual  
 4877 misconduct: sexual violation and sexual impropriety. Behavior listed in either  
 4878 category may be the basis for disciplinary action.

4879

4880 3. “Sexual violation” is any conduct by a EMS ~~provider~~Provider with a patient that is  
 4881 sexual or may be reasonably interpreted as sexual, even when initiated by or  
 4882 consented to by a patient, including but not limited to:

4883

4884 A. Sexual intercourse, genital to genital contact;

4885

4886 B. Oral to genital contact;

4887

4888 C. Oral to anal contact or genital to anal contact;

4889

4890 D. Kissing in a sexual manner;

4891

4892 E. Any touching of a body part for any purpose other than appropriate  
 4893 examination or treatment.

4894

4895 F. Encouraging the patient to masturbate in the presence of the EMS  
 4896 ~~Provider~~provider or masturbation by the EMS ~~Provider~~provider while the  
 4897 patient is present; and,

4898

4899 G. Offering to provide practice-related services, such as drugs, in exchange for  
 4900 sexual favors.

4901

4902

4903  
 4904  
 4905  
 4906  
 4907  
 4908  
 4909  
 4910  
 4911  
 4912  
 4913  
 4914  
 4915  
 4916  
 4917  
 4918  
 4919  
 4920  
 4921  
 4922  
 4923  
 4924  
 4925  
 4926  
 4927  
 4928  
 4929  
 4930  
 4931  
 4932  
 4933  
 4934  
 4935  
 4936  
 4937  
 4938  
 4939  
 4940  
 4941  
 4942  
 4943  
 4944  
 4945

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~~patient relationship to solicit a date or initiate romantic relationship;
  - F. Initiation by the EMS ~~Provider~~ of conversation regarding the sexual problems, preferences, or fantasies of the EMS ~~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 a ~~licensee-EMS Provider~~ has engaged in sexual misconduct as defined in §1 of this chapter, the ~~licensee-EMS 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.~~
  - 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.

- 4946 C. Sexual Impropriety – Finding of a sexual impropriety will result in harsh  
 4947 sanction, which may include license revocation.  
 4948  
 4949  
 4950  
 4951 2. Special consideration should be given to at least the following when determining an  
 4952 appropriate sanction for sexual misconduct:  
 4953  
 4954 A. Patient harm;  
 4955  
 4956 B. Severity of conduct;  
 4957  
 4958 C. Motive and intent of licensee;  
 4959  
 4960 D. Inappropriate termination of EMS ~~Provider~~provider-patient relationship;  
 4961  
 4962 E. Age of patient;  
 4963  
 4964 F. Physical and mental capacity of patient;  
 4965  
 4966 G. Frequency and duration of behavior;  
 4967  
 4968 H. Number of patients involved;  
 4969  
 4970 I. Evaluation/assessment results.

4971  
 4972  
 4973 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.  
 4974  
 4975 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 4976  
 4977 AMENDED: April 1, 1982  
 4978 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 4979 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 4980 11.1067  
 4981 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 4982 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 4983 September 1, 1986  
 4984 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 4985 July 1, 1988  
 4986 March 4, 1992  
 4987 September 1, 1996  
 4988 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
 4989 REPEALED AND REPLACED: July 1, 2000

4990  
4991

July 1, 2003  
October 1, 2009

4992 16 DEPARTMENT OF PUBLIC SAFETY

4993

4994 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4995

4996 CHAPTER 15: MAINE EMS REGIONS AND REGIONAL COUNCILS

4997

4998 §1. Composition of Councils

4999

5000 A Regional Council shall, at least, provide adequate representation for ambulance and rescue  
 5001 services, emergency physicians and nurses, each hospital and the general public. A Regional  
 5002 Council shall be structured to adequately represent each major geographical part of its region.  
 5003 Regional Councils will identify and publicize names of representatives and their constituencies  
 5004 in order that constituents are able to effectively communicate with their representatives.  
 5005

5006

5006 §2. Regional Council Activities

5007

5008 1. Only one Regional Council shall be recognized in any region. Any organization  
 5009 proposing to serve, as a Regional Council must state this intention in writing  
 5010 delivered to Maine EMS no later than 120 days before the start of the fiscal year in  
 5011 which the contract is to be written. The Board will select the organization which  
 5012 best demonstrates an ability to carry out those functions specified in the service  
 5013 contract for the upcoming fiscal year. The Board will then negotiate a price for  
 5014 carrying out the service contract with the organization selected to be the Regional  
 5015 Council. The Board may elect to enter into a ~~2-year~~2-year contract consistent with  
 5016 the biennial budget process.  
 5017

5018

5018 2. Regional Council activities specified in the service contract will include, but are not  
 5019 limited to those activities listed in 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B, §89. By  
 5020 December 31, following the year the contract was in effect, each Regional Council  
 5021 will submit to Maine EMS a final report for the previous fiscal year detailing its  
 5022 performance in carrying out the provisions of the service contract, and which  
 5023 includes an independently prepared financial report. Maine EMS will use financial  
 5024 reports for the purpose of monitoring the general activities of each Council and for  
 5025 setting reasonable prices for future service contracts. Because Regional Councils  
 5026 depend largely on Maine EMS for operational revenue, Maine EMS will endeavor  
 5027 to maintain a schedule of payments to the Region that provides operational funds in  
 5028 advance of the period in which the funds will be employed. Any regional personnel  
 5029 handling the disbursement of its funds shall be bonded at a minimum of \$10,000.  
 5030

5031

5031 §3. Designation of Regions

5032

5033 1. The Board shall delineate regions within the State in accordance with 32  
 5034 ~~M.R.S.A.~~M.R.S. Chapter 2-B §89(1).  
 5035

5036

5037

- 5038 2. Service Affiliation with Regions  
 5039  
 5040 A. Services that respond only to cities, towns, townships, and territories within  
 5041 a single region will be affiliated with that region.  
 5042  
 5043 B. Services that respond to cities, towns, townships and territories in more than  
 5044 one region will be affiliated with the region as determined by the initial  
 5045 hospital destination of a simple majority of the patients treated by the service  
 5046 as defined in §3.1 of this chapter.  
 5047  
 5048 3. Changes to Service affiliation within Regional designations are made by Maine  
 5049 EMS when they are approved by the Board and published in a document distributed  
 5050 to all service chiefs. The Board will seek advice from the services and ~~regional~~  
 5051 ~~councils~~Regional Councils affected regarding any disruption of patient service or  
 5052 EMS system caused by ~~the proposed~~the proposed change in designation.  
 5053

5054 **§4. Medical Control and Delegation**  
 5055

- 5056 1. Regional Medical Directors acting within the provision of these Rules and 32  
 5057 ~~M.R.S.A.~~M.R.S. Chapter 2-B are agents of Maine EMS. Regional Medical  
 5058 Directors may designate, with the approval of Maine EMS, licensed and qualified  
 5059 physicians to serve as their assistants in carrying out these provisions. These  
 5060 assistants will similarly be considered agents of Maine EMS.  
 5061  
 5062 2. A Regional Medical Director may impose conditions upon a licensee's ability to  
 5063 practice in that Director's region with the licensee's consent. In all cases, the  
 5064 Regional Medical Director must inform Maine EMS of this action as soon as  
 5065 possible and forward to Maine EMS a copy of the executed agreement. If a  
 5066 Regional Medical Director wishes to take action to modify a licensee's ability to  
 5067 practice at his or her license level or modify approval to practice and the licensee  
 5068 does not consent to the modification, the Regional Medical Director will  
 5069 immediately inform Maine EMS.  
 5070

5071 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.  
 5072  
 5073 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 5074  
 5075 AMENDED: April 1, 1982  
 5076 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 5077 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 5078 11.1067  
 5079 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 5080 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 5081 September 1, 1986  
 5082 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 5083 July 1, 1988

**5084** March 4, 1992  
**5085** September 1, 1996  
**5086** EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
**5087** REPEALED AND REPLACED: July 1, 2000  
**5088** July 1, 2003  
**5089** October 1, 2009  
**5090** May 1, 2013  
**5091**

5092 16 DEPARTMENT OF PUBLIC SAFETY

5093

5094 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

5095

5096 CHAPTER 16: DEATH BENEFITS FOR EMERGENCY MEDICAL SERVICES  
5097 PERSONS WHO DIE IN THE LINE OF DUTY.

5098

5099 **Summary:** This chapter outlines the procedures governing the award of death benefits to the  
5100 child, spouse or parent of an emergency medical services person who dies while in the line of  
5101 duty.

5102

5103 §1. Definitions

5104

5105 1. “Child” means any natural born or unborn child, legally adopted child or stepchild  
5106 of an emergency medical services person who, at the time of the emergency medical  
5107 services person’s death, is:

5108

5109 A. Conceived or less than 19 years of age;

5110

5111 B. 19 or more years of age, but less than 25 years of age, and accepted for  
5112 admission or enrolled in a full-time postsecondary educational institution; or

5113

5114 C. 19 or more years of age and is incapable of self-support because of a physical  
5115 or mental disability.

5116

5117 2. “Died while in the line of duty” means to cease to be alive or to sustain an injury or  
5118 illness that results in death as a result of the performance of an emergency medical  
5119 services person’s official duty.

5120

5121 3. “Director” means the Director of Maine Emergency Medical Services as defined in  
5122 32 ~~M.R.S.A.~~M.R.S. §83, sub-§10-A.

5123

5124 4. “Emergency medical services person” has the same meaning as in 20-A  
5125 ~~M.R.S.A.~~M.R.S. §12552, sub-§1-C.

5126

5127 5. “Official duty” means an action that an emergency medical services person is  
5128 authorized or obligated by law, rule, regulation or condition of employment or  
5129 service to perform.

5130

5131 6. “Parent” means the natural or adoptive mother or father, or the stepmother or  
5132 stepfather, whose parental rights have not been terminated and who contributed  
5133 significantly to the upbringing of an emergency medical services person.

5134

5135 7. “Spouse” means a person who is legally married to an emergency medical services  
5136 person at the time of the emergency medical services person’s death.

5137  
5138 8. “Under the influence” means under the influence of alcohol, a drug other than  
5139 alcohol, a combination of drugs or a combination of alcohol and drugs or having a  
5140 blood alcohol level of .08% or more.

5141  
5142 **§2. Death Benefit – Amount and Receipt**

5143  
5144 1. If the Director determines that an emergency medical services person died while in  
5145 the line of duty, the State shall pay a benefit of \$50,000 as follows:

5146  
5147 A. If there is no surviving child of the emergency medical services person, to the  
5148 surviving spouse;

5149  
5150 B. If there is a surviving child or children and a surviving spouse of the emergency  
5151 medical services person, 1/2 to the surviving child or children in equal shares  
5152 and 1/2 to the surviving spouse;

5153  
5154 C. If there is no surviving spouse of the emergency medical services person, to the  
5155 child or children in equal shares; or

5156  
5157 D. If there is no surviving child or spouse, to the parent or parents of the  
5158 emergency medical services person, in equal shares.

5159  
5160 **§3. Limitation on Benefit**

5161  
5162 1. Notwithstanding a determination by the Director that an emergency medical  
5163 services person died while in the line of duty, a benefit may not be paid:

5164  
5165 A. If the death or the injury or illness that resulted in the death was caused by the  
5166 intentional misconduct of the emergency medical services person or by the  
5167 emergency medical services person’s intention to bring about the death or the  
5168 injury or illness that resulted in the death;

5169  
5170 B. If the emergency medical services person was voluntarily under the influence at  
5171 the time of the death or the injury or illness that resulted in the death and being  
5172 under the influence was a substantial contributing factor in the death or the  
5173 injury or illness that resulted in the death;

5174  
5175 C. If the emergency medical services person was performing in a grossly negligent  
5176 manner at the time of the death or the injury or illness that resulted in the death;

5177 ~~or~~

5178

5179 D. To any person who would otherwise be entitled to a benefit pursuant to 25  
5180 M.R.S.A.M.R.S. c. 195-A and this chapter, if the person's actions were a  
5181 substantial contributing factor to the death of the emergency medical services  
5182 person. Or,  
5183

5184 E. If the potentially eligible child, spouse or parent dies prior to actual receipt of  
5185 this death benefit.  
5186

5187 **§4. Filing Request for Benefit**  
5188

5189 1. A person who is potentially eligible to receive these benefits, or a person authorized  
5190 to request benefits acting as an agent of a potentially eligible person, must forward a  
5191 written request to the Director for a State of Maine Application for Line of Duty  
5192 Death Benefit within 90 days of the emergency medical services person's death.  
5193 The 90 day period may be extended by the Director for good cause shown.  
5194

5195 2. Upon receipt of the written request for a State of Maine Application for Line of  
5196 Duty Death Benefit, the Director shall provide an application package and  
5197 questionnaire that must be completed and returned within 30 days of receipt by the  
5198 applicant. The 30 day period may be extended by the Director for good cause  
5199 shown.  
5200

5201 **§5. Determination of Eligibility for Benefit**  
5202

5203 1. Upon receipt of a completed State of Maine Application for Line of Duty Death  
5204 Benefit, the Director shall appoint a review panel consisting of at least three, but not  
5205 more than five, persons knowledgeable in the emergency medical services persons  
5206 person's official duties.  
5207

5208 2. The review panel shall convene to review the application, investigate the  
5209 circumstances surrounding the death and make a written recommendation to  
5210 approve or deny the application to the Director within 30 days. If the Director  
5211 determines that further investigation is necessary, the Director may extend the  
5212 review period.  
5213

5214 3. The Director, after review of the recommendation, shall make the determination to  
5215 approve or deny the application in a timely manner. The Director's determination is  
5216 the final agency decision.  
5217

5218 **§6. Interim Benefits**  
5219

5220 The Director may make interim benefits payments in accordance with and subject to the  
5221 limitations outlined in 25 M.R.S.A.M.R.S. §1612.  
5222

5223 §7. Appeal

5224

5225 An appeal of the final agency decision may be filed in accordance with the Administrative  
5226 Procedures Act, 5 ~~M.R.S.A.~~M.R.S. Chapter 375 Subchapter VII.

5227

5228 AUTHORITY: ~~32-25 M.R.S.A.~~M.R.S., Chapter ~~2-B~~195-A.

5229

5230 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

5231

5232 AMENDED: April 1, 1982

5233 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73

5234 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and

5235 11.1067

5236 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11

5237 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

5238 September 1, 1986

5239 August 25, 1987 - Sec. 5, 6.011 and 12 (added)

5240 July 1, 1988

5241 March 4, 1992

5242 September 1, 1996

5243 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

5244 REPEALED AND REPLACED: July 1, 2000

5245 July 1, 2003

5246  
5247  
5248  
5249  
5250  
5251  
5252  
5253  
5254  
5255  
5256  
5257  
5258  
5259  
5260  
5261  
5262  
5263  
5264  
5265  
5266  
5267  
5268  
5269  
5270  
5271  
5272  
5273  
5274  
5275  
5276  
5277  
5278  
5279  
5280  
5281  
5282  
5283  
5284  
5285  
5286  
5287  
5288

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, aAll 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 EMT set of equipment is the minimum set of required equipment for a Ground Ambulance Service.

D. The EMR set of equipment is the minimum set of required equipment for a Non-Transporting Service.

E. 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 these Rules.

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

5289  
5290  
5291  
5292  
5293  
5294  
5295  
5296  
5297  
5298  
5299  
5300  
5301  
5302

F. 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. Airway management supplies**

| <b><u>§2. Airway Management</u></b>                            |                               | <b><u>Required Quantities for Service License or Permit Level</u></b> |                   |                    |                         |                                      |  |
|--|-------------------------------|---|-------------------|--------------------|-------------------------|--------------------------------------|--|
| <b><u>Item</u></b>   | <b><u>Description</u></b>     | <b><u>EMR</u></b>   | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| <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>Bag Valve Mask</u> <sup>1</sup>                             | <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 &amp; Pediatric</u>  |   |                   |                    | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Continuous Positive Airway Pressure Device</u> <sup>2</sup> |                               |   |                   | <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>                                   |

<sup>1</sup> Automatic, pressure cycled resuscitators are not acceptable.

<sup>2</sup> CPAP Device Requirements: Full face mask, continuous flow device, capable of adjusting FiO2, Capable of regulating PEEP, Late-free, and the ability to attach a nebulizer.

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

|  |   |   |                   |                    |                         |                                      |  |
|--|---|---|-------------------|--------------------|-------------------------|--------------------------------------|--|
|  | <u>(2, 5, 3, 4, 5, 6, 7, 8)</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 &amp; Small</u>                        |   |                   |                    | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Laryngoscope Handle</u>                         | <u>Large &amp; Small</u>                        |   |                   |                    | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Laryngoscope Blades - Straight &amp; Curved</u> | <u>1 Each Size (0, 1, 2, 3, 4)</u>              |   |                   |                    | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <b><u>§2. Airway Management Continued</u></b>      |   | <b><u>Required Quantities for Service License or Permit Level</u></b> |                   |                    |                         |                                      |  |
| <b><u>Item</u></b>                                 | <b><u>Description</u></b>                       | <b><u>EMR</u></b>   | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| <u>Nebulizers</u> <sup>3</sup>                     |   |   |                   | <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> <sup>4</sup>              | <u>Manual</u>                                   | <u>1</u>  |                   |                    |                         |                                      |  |
| <u>Suction Catheter, Flexible, one set</u>         | <u>Flexible all sizes (6, 8, 10, 12, 14) Fr</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>                                   |
| <u>Suction Device</u>                              | <u>Portable</u> <sup>5</sup>                    |   | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <b><u>Surgical Airway Set</u></b> <sup>6-7</sup>   |   |   |                   |                    |                         |                                      |  |
| <u>Tracheostomy Tube</u>                           |   |   |                   |                    | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |

<sup>3</sup> Suitable for use with adult and pediatric patients

<sup>4</sup> 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

<sup>5</sup> 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.

<sup>6</sup> May be commercially prepared, but must contain items listed

<sup>7</sup> MDPB approved cric kits only if they follow the method of piercing the cricothyroid membrane

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

|                                       |  |  |  |          |          |          |
|---------------------------------------|--|--|--|----------|----------|----------|
| <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>Transtracheal 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 <sup>8</sup></u>       |  |  |            |             |                  |                               |                                     |
|   | <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 <sup>9</sup></u>  | <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 <sup>10</sup></u> | <u>All Sizes (0, 1, 2, 2.5, 3, 4, 5)</u>   |  |            | <u>1</u>    | <u>1</u>         | <u>1</u>                      | <u>1</u>                            |

5303  
5304  
5305  
5306  
5307  
5308  
5309

**§3. Diagnostic and Monitoring Equipment**

| <u>§3 Diagnostic &amp; Monitoring</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> |

<sup>8</sup> May be commercially prepared, but must contain items listed

<sup>9</sup> It is recommended to have NO MORE THAN one device per class (periglottic and transglottic).

<sup>10</sup> It is recommended to have NO MORE THAN one device per class (periglottic and transglottic).

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

|  |                           |   |                   |                    |                         |                                      |  |
|--|---------------------------|---|-------------------|--------------------|-------------------------|--------------------------------------|--|
| <u>Automatic External Defibrillator (AED)</u>                    |                           | <u>1</u>  | <u>1</u>          |                    |                         |                                      |  |
| <u>AED Pads</u>  | <u>Adult</u>              | <u>2</u>  | <u>2</u>          | <u>2</u>           | <u>2</u>                | <u>2</u>                             | <u>2</u>                                   |
| <u>AED Pads</u>  | <u>Pediatric</u>          | <u>2</u>  | <u>2</u>          | <u>2</u>           | <u>2</u>                | <u>2</u>                             | <u>2</u>                                   |
| <u>Cardiac Monitor/Defibrillator capable of &amp; including:</u> |                           |   |                   |                    |                         |                                      |  |
| <u>Pediatric and adult defibrillation</u>                        |                           |   |                   |                    |                         |                                      |  |
| <u>Cardioversion</u>   |                           |   |                   |                    |                         |                                      |  |
| <u>Pacing</u>  |                           |   |                   |                    |                         |                                      |  |
| <u>Manually selectable joule settings</u>                        |                           |   |                   |                    |                         | <u>1</u>                             |  |
| <u>12 Lead ECG Monitoring</u>                                    |                           |   |                   |                    |                         |                                      |  |
| <u>Paper strip ECG recordings</u>                                |                           |   |                   |                    |                         |                                      |  |
| <u>ECG Electrodes</u>  |                           |   |                   |                    |                         | <u>30</u>                            |  |
| <u>Defibrillator Pads, Adult</u>                                 |                           |   |                   |                    |                         | <u>2</u>                             |  |
| <u>Defibrillator Pads, Pediatric</u>                             |                           |   |                   |                    |                         | <u>1</u>                             |  |
| <b><u>§3 Diagnostic &amp; Monitoring continued</u></b>           |                           | <b><u>Required Quantities for Service License or Permit Level</u></b> |                   |                    |                         |                                      |  |
| <b><u>Item</u></b>   | <b><u>Description</u></b> | <b><u>EMR</u></b>   | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| <u>Disaster Tags</u>   |                           | <u>24</u>   | <u>24</u>         | <u>24</u>          | <u>24</u>               | <u>24</u>                            | <u>24</u>                                  |
| <u>Doppler</u>   |                           |   |                   |                    |                         | <u>1</u>                             | <u>1</u>                                   |
| <u>End Tidal CO2 monitor</u>                                     |                           |   |                   | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Glucometer</u>  |                           |   | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Pulse Oximeter</u>  |                           | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Thermometer</u>   | <u>Non-Glass</u>          | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Sphygmomanometer</u>  | <u>Infant Size</u>        | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Sphygmomanometer</u>  | <u>Child Size</u>         | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Sphygmomanometer</u>  | <u>Adult Size</u>         | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Sphygmomanometer</u>  | <u>Large Adult Size</u>   | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Stethoscope</u>   | <u>Adult</u>              | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Stethoscope</u>   | <u>Pediatric</u>          | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |

5310  
5311  
5312

**§4. Dressing and bandages**

|   |                                    |   |                   |                    |                         |                                      |  |
|---|------------------------------------|---|-------------------|--------------------|-------------------------|--------------------------------------|--|
| <b><u>§4 Dressings &amp; Bandages</u></b> |                                    | <b><u>Required Quantities for Service License or Permit Level</u></b> |                   |                    |                         |                                      |  |
| <b><u>Item</u></b>                        | <b><u>Description</u></b>          | <b><u>EMR</u></b>   | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
|   | <u>Aluminum Foil <sup>11</sup></u> | <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 <sup>12</sup></u>             | <u>Roller</u>                      | <u>4</u>  | <u>4</u>          | <u>4</u>           | <u>4</u>                | <u>4</u>                             | <u>4</u>                                   |

<sup>11</sup> 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.

<sup>12</sup> Roller Bandages must be, self-adhering 3 inches minimum width.

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

|   |                            |   |                   |                    |                         |                                      |  |
|---|----------------------------|---|-------------------|--------------------|-------------------------|--------------------------------------|--|
| <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> <sup>13</sup>               | <u>Rolled Gauze Format</u> | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                |                                      | <u>1</u>                                   |
|   |                            |   |                   |                    |                         |                                      |  |
| <b><u>§4 Dressings &amp; Bandages continued</u></b> |                            | <b><u>Required Quantities for Service License or Permit Level</u></b> |                   |                    |                         |                                      |  |
| <b><u>Item</u></b>                                  | <b><u>Description</u></b>  | <b><u>EMR</u></b>   | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| <b><u>Obstetrical Kit</u></b>                       |                            |   |                   |                    | <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>                                   |
| <u>Tourniquet</u> <sup>14</sup>                     |                            | <u>2</u>  | <u>2</u>          | <u>2</u>           | <u>2</u>                | <u>2</u>                             | <u>2</u>                                   |

5313  
5314  
5315

**§5. Fluids and medications**

|   |                               |   |                   |                    |                         |                                      |  |
|---|-------------------------------|---|-------------------|--------------------|-------------------------|--------------------------------------|--|
| <b><u>§5 Fluids &amp; Medications</u></b>   |                               | <b><u>Required Quantities for Service License or Permit Level</u></b> |                   |                    |                         |                                      |  |
| <b><u>Item</u></b>                          | <b><u>Description</u></b>     | <b><u>EMR</u></b>   | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| <u>Drug Storage Container</u> <sup>15</sup> |                               | <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>                                   |

<sup>13</sup> Must support would packing

<sup>14</sup> 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.

<sup>15</sup> As necessary to secure drugs in a manner consistent with Chapter 6 of these Rules.

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

|   |   |   |                   |                    |                         |                                      |  |
|---|---|---|-------------------|--------------------|-------------------------|--------------------------------------|--|
| <u>Saline, Sterile</u> <sup>16</sup>                |   | <u>2</u>  | <u>2</u>          | <u>2</u>           | <u>2</u>                | <u>2</u>                             | <u>2</u>                                   |
| <u>Intraosseous Needles</u>                         | <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> <sup>17</sup>             | <u>Size 14</u>                          |   |                   | <u>2</u>           | <u>2</u>                | <u>2</u>                             | <u>2</u>                                   |
| <b><u>§5 Fluids &amp; Medications continued</u></b> |   | <b><u>Required Quantities for Service License or Permit Level</u></b> |                   |                    |                         |                                      |  |
| <b><u>Item</u></b>                                  | <b><u>Description</u></b>               | <b><u>EMR</u></b>   | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| <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>                 |  |
| <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> <sup>18</sup>                           | <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>                                   |

5316  
5317  
5318

**§6. Immobilization**

|                                   |                           |   |                   |                    |                         |                                      |  |
|-----------------------------------|---------------------------|---|-------------------|--------------------|-------------------------|--------------------------------------|--|
| <b><u>§ 6. Immobilization</u></b> |                           | <b><u>Required Quantities for Service License or Permit Level</u></b> |                   |                    |                         |                                      |  |
| <b><u>Item</u></b>                | <b><u>Description</u></b> | <b><u>EMR</u></b>   | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |

<sup>16</sup> Unexpired, in commercially sealed container(s) must total no less than 500 ml, multiple smaller size containers are acceptable.

<sup>17</sup> All IV catheters are to be "over the needle" type catheters.

<sup>18</sup> Pump must be: FDA Approved, have a customizable drug library, use latex-free tubing, have needle-free tubing/ports, and have both an AC and battery power source.

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

|   |   |  |                   |                    |                         |                                      |  |
|---|---|--|-------------------|--------------------|-------------------------|--------------------------------------|--|
| <u>Restraints, one set</u> <sup>19</sup>      | <u>Soft</u>                                   |  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| <u>Rigid Extrication Collar</u> <sup>20</sup> | <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>                                   |
| <b>§ 6. Immobilization continued</b>          |   | <b>Required Quantities for Service License or Permit Level</b> |                   |                    |                         |                                      |  |
| <b><u>Item</u></b>                            | <b><u>Description</u></b>                     | <b><u>EMR</u></b>  | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| <u>Spinal immobilization Device</u>           | <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> <sup>21</sup>         | <u>Adult Size</u>                             |  | <u>1</u>          | <u>1</u>           | <u>1</u>                |                                      | <u>1</u>                                   |
| <u>Splints, Padded Board</u> <sup>22</sup>    | <u>3" X 36"</u>                               |  | <u>4</u>          | <u>4</u>           | <u>4</u>                |                                      | <u>2</u>                                   |
| <u>Splints, Padded Board</u>                  | <u>3" X 15"</u>                               |  | <u>4</u>          | <u>4</u>           | <u>4</u>                |                                      | <u>2</u>                                   |

5319  
5320  
5321

**§7. Patient Comfort**

|                                   |  |                   |                    |                         |                                    |  |
|-----------------------------------|--|-------------------|--------------------|-------------------------|------------------------------------|--|
| <b><u>§7. Patient Comfort</u></b> | <b>Required Quantities for Service License or Permit Level</b> |                   |                    |                         |                                    |  |
| <b><u>Item</u></b>                | <b><u>EMR</u></b>  | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Service</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| <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>                |                                    |  |

5322  
5323  
5324  
5325

<sup>19</sup> Commercially available

<sup>20</sup> Soft collars are not acceptable

<sup>21</sup> Pediatric size is recommended

<sup>22</sup> 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.

5326  
5327  
5328  
5329  
5330  
5331  
5332  
5333  
5334  
5335  
5336  
5337  
5338  
5339  
5340  
5341

**§8. Personal Protective & Safety Equipment**

| <b><u>§8 Personal Protective &amp; Safety Equipment</u></b> |                           | <b><u>Required Quantities for Service License or Permit Level</u></b> |                   |                    |                         |                                      |  |
|---|---------------------------|---|-------------------|--------------------|-------------------------|--------------------------------------|--|
| <b><u>Item</u></b>  | <b><u>Description</u></b> | <b><u>EMR</u></b>   | <b><u>EMT</u></b> | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| Fire Extinguisher <sup>23</sup>                             |                           | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                |                                      |  |
| Flashlight  |                           | <u>1</u>  | <u>2</u>          | <u>2</u>           | <u>2</u>                | <u>2</u>                             | <u>2</u>                                   |
| Gloves <sup>24</sup>  | Non-latex                 | <u>10</u>   | <u>10</u>         | <u>10</u>          | <u>10</u>               | <u>10</u>                            | <u>10</u>                                  |
| Protective Goggles  | Pair                      | <u>4</u>  | <u>4</u>          | <u>4</u>           | <u>4</u>                | <u>4</u>                             | <u>4</u>                                   |
| Gowns/Overalls <sup>25</sup>                                |                           | <u>4</u>  | <u>4</u>          | <u>4</u>           | <u>4</u>                | <u>4</u>                             | <u>4</u>                                   |
| Masks   | Pocket                    | <u>1</u>  | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| Masks   | Surgical                  | <u>4</u>  | <u>4</u>          | <u>4</u>           | <u>4</u>                | <u>4</u>                             | <u>4</u>                                   |
| Sharps Container  |                           |   | <u>1</u>          | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |

5342  
5343  
5344

**§9. Transporting Equipment**

| <b><u>§9. Transporting Equipment</u></b> |                           | <b><u>Required Quantities for Service License or Permit Level</u></b> |                    |                         |                                      |  |
|--|---------------------------|---|--------------------|-------------------------|--------------------------------------|--|
| <b><u>Item</u></b>                       | <b><u>Description</u></b> | <b><u>EMT</u></b>   | <b><u>AEMT</u></b> | <b><u>Paramedic</u></b> | <b><u>Air Transfer Ambulance</u></b> | <b><u>Scene Response Air Ambulance</u></b> |
| Sharps Container                         |                           | <u>1</u>  | <u>1</u>           | <u>1</u>                | <u>1</u>                             | <u>1</u>                                   |
| Stretcher <sup>26</sup>                  | Folding                   | <u>1</u>  | <u>1</u>           | <u>1</u>                |                                      |  |
| Straps <sup>27</sup>                     |                           | <u>3</u>  | <u>3</u>           | <u>3</u>                | <u>3</u>                             | <u>3</u>                                   |
| Ventilator <sup>28</sup>                 |                           |   |                    |                         | <u>1</u>                             | <u>1</u>                                   |

<sup>23</sup> A-B-C or B-C five-pound size or larger, must be secured in vehicle, and professionally inspected on an annual basis

<sup>24</sup> Small, Medium, Large & Extra-Large Sizes

<sup>25</sup> Material and design to provide a protective barrier against contact with patient's body fluids.

<sup>26</sup> Any of the following are acceptable: Stair chair, army D-ring stretcher, ambulance folding stretcher, scoop stretcher.

<sup>27</sup> 9' Length, 2" wide with buckles. Quick-clip and other commercial straps are acceptable; however, at least three 9-foot straps are required.

<sup>28</sup> Must have external continuous waveform end tidal Carbon Dioxide monitoring.

|                               |          |          |          |  |  |
|-------------------------------|----------|----------|----------|--|--|
| <u>Reflective Safety Vest</u> | <u>2</u> | <u>2</u> | <u>2</u> |  |  |
|-------------------------------|----------|----------|----------|--|--|

5345  
5346  
5347  
5348  
5349  
5350  
5351  
5352  
5353  
5354  
5355  
5356  
5357  
5358  
5359  
5360  
5361  
5362  
5363  
5364  
5365  
5366  
5367  
5368  
5369  
5370  
5371  
5372  
5373  
5374  
5375  
5376  
5377  
5378  
5379  
5380  
5381  
5382  
5383  
5384  
5385  
5386  
5387  
5388

~~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.~~
- ~~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.~~

- 5389  
5390  
5391  
5392  
5393  
5394  
5395  
5396  
5397  
5398  
5399  
5400  
5401  
5402  
5403  
5404  
5405  
5406  
5407  
5408  
5409  
5410  
5411  
5412  
5413  
5414  
5415  
5416  
5417  
5418  
5419  
5420  
5421  
5422  
5423  
5424  
5425  
5426  
5427  
5428  
5429  
5430  
5431  
5432
- ~~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.~~

- 5433 ~~30. 4 Splints, Padded Board~~—2 (3 inches by 36 inches) and 2 (3  
5434 inches by 15 inches). Similar splints such as cardboard, plastic,  
5435 wire ladder, or canvas with rigid inserts of like length and width  
5436 may be carried in place of the 36 inch and 15 inch boards. Air  
5437 splints or vacuum splints may be carried in place of one of the  
5438 required padded board splints of each length.  
5439  
5440 ~~31. 12 Sponges, Sterile~~—4 inches by 4 inches.  
5441  
5442 ~~32. Stethoscopes, 1~~—adult, 1—pediatric  
5443  
5444 ~~33. 6 Straps~~—9 feet in length; 2 inches minimum width; with buckles.  
5445 Quick clip and other commercial straps are acceptable; however, at  
5446 least three 9 foot straps are required.  
5447  
5448 ~~34. 1 Suction apparatus~~—Portable unit to provide pharyngeal suction  
5449 of at least 11.8 inches mercury (300mm Hg) within 4 seconds after  
5450 the suction tube is clamped closed. Unit must have trap bottle, and  
5451 be equipped with rigid pharyngeal suction tip and appropriate  
5452 catheters.  
5453  
5454 ~~35. 2 Tape, Adhesive, Roll~~—At least 1 inch wide.  
5455  
5456 ~~36. 1 Tourniquet~~—Must be commercially prepared for hemorrhage  
5457 control.  
5458  
5459 ~~37. 2 Towels~~—Medium size.  
5460  
5461 ~~38. 2 Vests, reflective.~~

5462  
5463 ~~§2. Equipment List for Ground Ambulance Services~~

- 5464  
5465 ~~1. As of August 1, 2004, all medical equipment and medical supplies required in this~~  
5466 ~~section must be natural rubber latex free.~~

5467  
5468 ~~A. The Equipment list for Ground Ambulance Services follows:~~

- 5469  
5470 ~~1. 4 Airways, Oral~~—One each of sizes: Large adult; adult; child;  
5471 infant.  
5472  
5473 ~~2. 4 Airways, Nasal~~—One each of sizes; Large adult; adult; child;  
5474 infant.  
5475

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

- 5476  
5477  
5478  
5479  
5480  
5481  
5482  
5483  
5484  
5485  
5486  
5487  
5488  
5489  
5490  
5491  
5492  
5493  
5494  
5495  
5496  
5497  
5498  
5499  
5500  
5501  
5502  
5503  
5504  
5505  
5506  
5507  
5508  
5509  
5510  
5511  
5512  
5513  
5514  
5515  
5516  
5517  
5518  
5519  
5520
- ~~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.~~
  - ~~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~~

- 5521 ~~20. 10 (Pair) Gloves~~
- 5522
- 5523 ~~21. 1 Glucometer~~
- 5524
- 5525 ~~22. 2 Glucose Preparation—Commercially packaged—for emergency~~
- 5526 ~~medical administration.~~
- 5527
- 5528 ~~23. 4 (Pair) Goggles, Protective~~
- 5529
- 5530 ~~24. 4 Gowns/Overalls—Of adequate material and design to provide a~~
- 5531 ~~protective barrier against contact with patient's body fluids.~~
- 5532
- 5533 ~~25. 1 Head Immobilization Device—Any device, which may be~~
- 5534 ~~attached to a long spinal immobilization device for the purpose of~~
- 5535 ~~immobilizing the head and cervical spine.~~
- 5536
- 5537 ~~26. 1 Mask, Pocket—With oxygen inlet and one way valve.~~
- 5538
- 5539 ~~27. 4 Masks—Surgical type.~~
- 5540
- 5541 ~~28. 1 Obstetrical Kit—To contain sterile gloves, scalpel or seissors,~~
- 5542 ~~umbilical clamps or tape, sterile dressings, towels, small bulb-~~
- 5543 ~~aspirator, plastic bag, and receiving blanket. Kit must be sealed in~~
- 5544 ~~plastic to prevent contamination.~~
- 5545
- 5546 ~~29. Oxygen—"M" (also known as "DEY") cylinder or equivalent~~
- 5547 ~~number of other size tanks to achieve a minimum storage capacity~~
- 5548 ~~of 3000 liters (@ 2000 psi pressure, 70 degree temperature).—"E"~~
- 5549 ~~cylinders hold 685 liters when full (2000 psi).—"D" cylinders hold~~
- 5550 ~~410 liters when full (2000 psi). A response available ambulance~~
- 5551 ~~must carry, as a minimum, the volume of portable oxygen required~~
- 5552 ~~below plus the equivalent of an "M" cylinder at no less than 500~~
- 5553 ~~psi. All cylinders must be adequately secured in vehicle.~~
- 5554
- 5555 ~~30. Oxygen Masks—2 each: adult non-rebreather; adult nasal cannula;~~
- 5556 ~~pediatric non-rebreather; and, infant mask.~~
- 5557
- 5558 ~~31. Oxygen, Portable—At least two operable "D" cylinders (410 liters~~
- 5559 ~~each), one of which indicates a minimum pressure of 1500 psi and~~
- 5560 ~~the other which indicates a minimum pressure of 500 psi. At least~~
- 5561 ~~one of the two required tanks shall be equipped with a flow meter~~
- 5562 ~~that will operate in all positions.~~
- 5563
- 5564 ~~32. 2 Pillows~~
- 5565

- 5566 ~~33. 1 Pulse Oximeter~~
- 5567
- 5568 ~~34. Saline, Sterile—Commercially sealed container(s) must total no~~
- 5569 ~~less than 2000 ml and must not have passed expiration date.~~
- 5570
- 5571 ~~35. 1 Sharps Container—Must be secured.~~
- 5572
- 5573 ~~36. 2 Shears, Trauma~~
- 5574
- 5575 ~~37. 4 Sheets~~
- 5576
- 5577 ~~38. Sphygmomanometers—Adult, large adult, child and infant sizes.~~
- 5578
- 5579 ~~39. 1 Spinal Immobilization Device, Long—Long spine board or~~
- 5580 ~~similar device providing adequate spinal immobilization~~
- 5581 ~~acceptable.~~
- 5582
- 5583 ~~40. 1 Spinal Immobilization Device, Short—short spine board or~~
- 5584 ~~similar device providing adequate spinal immobilization~~
- 5585 ~~acceptable.~~
- 5586
- 5587 ~~41. 4 Splints, Padded Board—2 (3 inches by 36 inches) and 2 (3~~
- 5588 ~~inches by 15 inches). Similar splints such as cardboard, plastic,~~
- 5589 ~~wire ladder, or canvas with rigid inserts of like length and width~~
- 5590 ~~may be carried in place of the 36 inch and 15 inch boards. Air~~
- 5591 ~~splints or vacuum splints may be carried in place of one of the~~
- 5592 ~~required padded board splints of each length.~~
- 5593
- 5594 ~~42. 1 Splint, Traction—Adult size. Additional pediatric~~
- 5595 ~~recommended.~~
- 5596
- 5597 ~~43. 12 Sponges, Sterile—4 inches by 4 inches.~~
- 5598
- 5599 ~~44. Stethoscopes, 1 adult, 1 pediatric.~~
- 5600
- 5601 ~~45. 6 Straps—9 feet in length; 2 inches minimum width with buckles.~~
- 5602 ~~Quick clip and other commercial straps are acceptable; however, at~~
- 5603 ~~least three 9 foot straps are required.~~
- 5604
- 5605 ~~46. Stretcher—as specified in Ch. 3§13(1)(E). All restraining straps~~
- 5606 ~~must be used during patient transport unless they interfere with~~
- 5607 ~~patient care, or a Child Protective Seat is in place~~
- 5608

- 5609 ~~47. 1 Stretcher, Folding~~—Any of the following are acceptable: stair  
5610 chair converting to full-length cot; army D-ring stretcher;  
5611 ambulance folding stretcher; scoop stretcher.  
5612
- 5613 ~~48. 1 Suction device, Portable~~, capable to provide pharyngeal suction  
5614 of at least 11.8 inches mercury (300mm Hg) within 4 seconds after  
5615 the suction tube is clamped closed. Unit must have trap bottle, and  
5616 be equipped with rigid pharyngeal suction tip and appropriate  
5617 catheters. The unit must be electrically powered—capable of  
5618 operating from its own (internal) battery.  
5619
- 5620 ~~49. 3 Tape, Adhesive~~—Assorted size rolls.  
5621
- 5622 ~~50. Thermometer(s)~~—Non-glass fever type. Hyperthermic and  
5623 hypothermic ranges should be available.  
5624
- 5625 ~~51. 1 Tourniquet~~—Must be commercially prepared for hemorrhage  
5626 control.  
5627
- 5628 ~~52. 4 Towels~~ cloth type.  
5629
- 5630 ~~53. 2 Vests~~, reflective striping on crew member uniforms and  
5631 outerwear are acceptable if the reflective striping provides 360°  
5632 visibility.  
5633

5634 ~~§3. — Equipment List For Scene Response Air Ambulances~~

- 5635
- 5636 ~~1. — As of August 1, 2004, all medical equipment and medical supplies required in this~~  
5637 ~~section must be natural rubber latex free.~~  
5638

5639 ~~A. — The Basic Life Support equipment list for scene response air~~  
5640 ~~ambulances follows:~~

- 5641
- 5642 ~~1. 4 Airways, Oral~~—One each of sizes: Large adult; adult; child;  
5643 infant.  
5644
- 5645 ~~2. 4 Airways, Nasal~~—One each of sizes; Large adult; adult; child;  
5646 infant.  
5647
- 5648 ~~3. 1 Aluminum foil~~—18 inches by 25 feet roll or both an occlusive  
5649 dressing and a device for wrapping the newborn, such as a "Space  
5650 Blanket".  
5651
- 5652 ~~4. 1 Bag-Valve Mask, Adult~~—Automatic, pressure-cycled  
5653 resuscitators are not acceptable.

- 5654  
5655 ~~5. 1 Bag Valve Mask, Child~~  
5656  
5657 ~~6. 1 Bag Valve Mask, Infant~~  
5658  
5659 ~~7. 6 Bandages, Roller—self-adhering 3 inches minimum width.~~  
5660  
5661 ~~8. 2 Emesis basins—Alternative containers acceptable.~~  
5662  
5663 ~~9. 2 Blankets or equivalent patient thermal covering.~~  
5664  
5665 ~~10. 2 Burn sheet—Sterile.~~  
5666  
5667 ~~11. 3 Collars, Extrication, Rigid—of which 2 must be adjustable to~~  
5668 ~~small, medium or large size, with the third being pediatric size.~~  
5669 ~~Soft Collars are not acceptable.~~  
5670  
5671 ~~12. 1 Doppler~~  
5672  
5673 ~~13. 3 Dressings, Surgical—Minimum 5 inches by 9 inches.~~  
5674  
5675 ~~14. 3 Dressings, Universal—8 inches by 30 inches minimum.~~  
5676  
5677 ~~15. 1 Fire Extinguisher—FAA approved A-B-C or B-C rated. Five~~  
5678 ~~pound size equivalent or larger. Must be secured in vehicle.~~  
5679 ~~Professionally inspected on annual basis~~  
5680  
5681 ~~16. 2 Flashlights—Battery operated containing at least 2 "D-Cell" size~~  
5682 ~~batteries or equivalent. Penlights not acceptable. One must be in~~  
5683 ~~the patient compartment.~~  
5684  
5685 ~~17. 10 (Pair) Gloves~~  
5686  
5687 ~~18. 2 (Pair) Goggles, Protective~~  
5688  
5689 ~~19. 2 Gowns/Overalls—Of adequate material and design to provide a~~  
5690 ~~protective barrier against contact with patient's body fluids.~~  
5691  
5692 ~~20. 1 Head Immobilization Device—Any device that may be attached~~  
5693 ~~to a long spinal immobilization device for the purpose of~~  
5694 ~~immobilizing the head and cervical spine.~~  
5695  
5696 ~~21. 1 Mask, Pocket—With oxygen inlet and one way valve.~~  
5697  
5698 ~~22. 2 Masks—Surgical type.~~

- 5699  
5700  
5701  
5702  
5703  
5704  
5705  
5706  
5707  
5708  
5709  
5710  
5711  
5712  
5713  
5714  
5715  
5716  
5717  
5718  
5719  
5720  
5721  
5722  
5723  
5724  
5725  
5726  
5727  
5728  
5729  
5730  
5731  
5732  
5733  
5734  
5735  
5736  
5737  
5738  
5739  
5740  
5741  
5742  
5743
- ~~23. 1 Obstetrical Kit—To contain sterile gloves, scalpel or scissors, umbilical clamps or tape, sterile dressings, towels, small bulb-aspirator, plastic bag, and receiving blanket. Kit must be sealed in plastic to prevent contamination.~~
- ~~24. Oxygen System—Comprised of a portable "D" cylinder with regulator and a craft mounted cylinder with regulator with a total volume 2740 liters. Must have 2 each adult and child non-rebreather masks, adult nasal cannulas, and (simple) infant masks.~~
- ~~25. 2 Pillows~~
- ~~26. 1 Pulse Oximeter~~
- ~~27. Saline, Sterile—Commercially sealed container (s) must total no less than 2000 ml and must not have passed expiration date.~~
- ~~28. 2 Shears, Trauma~~
- ~~29. 4 Sheets~~
- ~~30. Sphygmomanometers—Adult, large adult, child and infant sizes.~~
- ~~31. 1 Spinal Immobilization Device, Long—Long spine board or similar device (such as a rigid flight litter) providing adequate spinal immobilization acceptable.~~
- ~~32. 1 Spinal Immobilization Device, Short—Short spine board, or similar device providing adequate spinal immobilization is acceptable.~~
- ~~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.~~

5744  
5745  
5746  
5747  
5748  
5749  
5750  
5751  
5752  
5753  
5754  
5755  
5756  
5757  
5758  
5759  
5760  
5761  
5762  
5763  
5764  
5765  
5766  
5767  
5768  
5769  
5770  
5771  
5772  
5773  
5774  
5775  
5776  
5777  
5778  
5779  
5780  
5781  
5782  
5783  
5784  
5785  
5786  
5787  
5788

~~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.~~

~~3. 1 each Endotracheal Tube, Cuffed—Sizes 5.0, 6.0, 7.0, 8.0.~~

~~4. 1 each Endotracheal Tube, Uncuffed—Sizes 2.5, 3.0, 4.0.~~

~~5. 1 End Tidal CO<sub>2</sub> Monitor—continuous waveform device.~~

~~6. 1 Logbook, for the Drug Storage Container—Must meet the logbook requirements of Chapter 6 of the Rules.~~

~~7. 1 Forceps, Magill, Large.~~

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

|      |   |
|------|---|
| 5789 | <del>8. 1 Forceps, Magill, Small.</del>   |
| 5790 |   |
| 5791 | <del>9. 1 Glucometer</del>  |
| 5792 |   |
| 5793 | <del>10. 2 Intraosseous Needles—15 ga. or equivalent</del>                        |
| 5794 |   |
| 5795 | <del>11. 3 Intravenous (IV) Administration Set, Macro drip.</del>                 |
| 5796 |   |
| 5797 | <del>12. 4 IV Fluid, Volume Replacement—to total 4000 ml.</del>                   |
| 5798 |   |
| 5799 | <del>13. 2 IV Pressure bags</del>   |
| 5800 |   |
| 5801 | <del>14. 2 each IV Needle/Catheters—Sizes 14, 16, 18, 20, catheter over-</del>    |
| 5802 | <del>the needle type.</del>   |
| 5803 |   |
| 5804 | <del>15. Laryngoscope Blades—Sizes 0, 1, 2, 3, 4.</del>                           |
| 5805 |   |
| 5806 | <del>16. 1 Laryngoscope Handle</del>  |
| 5807 |   |
| 5808 | <del>17. Periglottic Devices sizes 1, 1.5, 2, 2.5, 3, 4, 5 or, Transglottic</del> |
| 5809 | <del>Devices sizes 2, 2.5, 3, 4, 5.</del>   |
| 5810 |   |
| 5811 | <del>18. 1 Sharps Container—Must be specifically designed for needle</del>        |
| 5812 | <del>disposal and be securely attached to prevent spillage.</del>                 |
| 5813 |   |
| 5814 | <del>19. 1 each Stylet—Capable of use with ET tubes sizes 2.5 to 8.0.</del>       |
| 5815 |   |
| 5816 | <del>20. 1 Surgical Airway/Chest Decompression Set containing:</del>              |
| 5817 |   |
| 5818 | <del>(a) 1 each tracheostomy tube</del>   |
| 5819 | <del>(b) 1 each tracheal retractor</del>  |
| 5820 | <del>(c) 1 each Kelley clamp</del>  |
| 5821 | <del>(d) 6 each sterile 4 inches by 4 inches sterile sponges</del>                |
| 5822 | <del>(e) 2 each #11 scalpel blades</del>  |
| 5823 | <del>(f) 1 each scalpel blade handle</del>  |
| 5824 | <del>(g) 2 each sterile surgical gloves</del>                                     |
| 5825 | <del>(h) 1 each 10 ml syringe</del>   |
| 5826 | <del>(i) 1 each transtracheal inflation tubing</del>                              |
| 5827 | <del>(j) 2 each 14 ga. 2 inch IV catheters</del>                                  |
| 5828 | <del>(k) 2 each 14 ga. 3.25 inch IV catheters</del>                               |
| 5829 | <del>(l) 4 each betadine swabs or any equivalent surgical antiseptic</del>        |
| 5830 | <del>(m) 2 each 20 ml syringes</del>  |
| 5831 | <del>(n) 2 each one way type valve assembly, or Maine EMS approved</del>          |
| 5832 | <del>equivalent.</del>  |
| 5833 |   |

5834 ~~21. 1 Ventilator with external continuous waveform end tidal Carbon~~  
5835 ~~Dioxide monitoring.~~

5836  
5837 ~~§4. Equipment List for Transfer Air Ambulances~~

5838  
5839 ~~1. As of August 1, 2004, all medical equipment and medical supplies required in this~~  
5840 ~~section must be natural rubber latex free.~~

5841  
5842 ~~A. The equipment list for transfer air ambulances follows:~~

- 5843  
5844 ~~1. 4 Airways, Oral~~
- 5845  
5846 ~~2. 1 Bag Valve Mask, Adult~~
- 5847  
5848 ~~3. 1 Bag Valve Mask, Child~~
- 5849  
5850 ~~4. 1 Bag Valve Mask, Infant~~
- 5851  
5852 ~~5. 4 Bandages, Roller~~
- 5853  
5854 ~~6. 2 Blankets~~
- 5855  
5856 ~~7. 1 Cardiac Monitor/ Defibrillator—Capable of pediatric and adult~~  
5857 ~~defibrillation and cardioversion, manually selectable joule settings,~~  
5858 ~~12 Lead ECG monitoring, and paper strip ECG recordings. Must~~  
5859 ~~have 1 set of pediatric and 2 sets of adult monitor defibrillator~~  
5860 ~~pads.~~
- 5861  
5862 ~~8. 4 Dressings, Surgical~~
- 5863  
5864 ~~9. 2 Dressing, Universal~~
- 5865  
5866 ~~10. 1 Drug Storage Container—Must be capable of securing ALS~~  
5867 ~~drugs in a manner that is consistent with Chapter 6 of these Rules.~~
- 5868  
5869 ~~11. 1 each Endotracheal Tube, Cuffed—Sizes 5.0, 6.0, 7.0, 8.0.~~
- 5870  
5871 ~~12. 1 each Endotracheal Tube, Uncuffed—Sizes 2.5, 3.0, 4.0.~~
- 5872  
5873 ~~13. 1 End Tidal CO<sub>2</sub> Monitor, continuous waveform device.~~
- 5874  
5875 ~~14. 1 Glucometer~~
- 5876  
5877 ~~15. 6 (Pair) Gloves~~
- 5878

|      |   |
|------|---|
| 5879 | <del>16. 2 (Pair) Goggles, Protective</del>                                       |
| 5880 |   |
| 5881 | <del>17. 2 Gowns/Overalls</del>   |
| 5882 |   |
| 5883 | <del>18. 2 Intravenous (IV) Administration Set, Macro drip.</del>                 |
| 5884 |   |
| 5885 | <del>19. 4 IV Fluid, Volume Replacement—to total 2000 ml.</del>                   |
| 5886 |   |
| 5887 | <del>20. 2 each IV Needle/Catheters—Sizes 14, 16, 18, 20, catheter over-</del>    |
| 5888 | <del>the needle type.</del>   |
| 5889 |   |
| 5890 | <del>21. Laryngoscope Blades, Sizes 0, 1, 2, 3, 4.</del>                          |
| 5891 |   |
| 5892 | <del>22. 2 Laryngoscope Handles</del>   |
| 5893 |   |
| 5894 | <del>23. 1 Logbook, for the Drug Storage Container—Must meet the</del>            |
| 5895 | <del>logbook requirements of Chapter 6 of the Rules.</del>                        |
| 5896 |   |
| 5897 | <del>24. 4 Masks—Surgical type.</del>   |
| 5898 |   |
| 5899 | <del>25. 1 Obstetrical Kit</del>  |
| 5900 |   |
| 5901 | <del>26. Oxygen Equipment—2 E cylinders or equivalent; 2 flow meters; 1</del>     |
| 5902 | <del>adult non-rebreather mask; 1 nasal cannula; and 1 pediatric non-</del>       |
| 5903 | <del>rebreather mask.</del>   |
| 5904 |   |
| 5905 | <del>27. Periglottic Devices sizes 1, 1.5, 2, 2.5, 3, 4, 5 or, Transglottic</del> |
| 5906 | <del>Devices sizes 2, 2.5, 3, 4, 5.</del>   |
| 5907 |   |
| 5908 | <del>28. 1 Pillow</del>   |
| 5909 |   |
| 5910 | <del>29. 1 Pulse Oximeter</del>   |
| 5911 |   |
| 5912 | <del>30. Saline, Sterile—2000 ml total.</del>                                     |
| 5913 |   |
| 5914 | <del>31. 1 Sharps Container</del>   |
| 5915 |   |
| 5916 | <del>32. 1 Shears, Trauma</del>   |
| 5917 |   |
| 5918 | <del>33. 2 Sheets——</del>   |
| 5919 |   |
| 5920 | <del>34. Sphygmomanometers—Adult, large adult, pediatric and infant.</del>        |
| 5921 |   |
| 5922 | <del>35. 4 Sponges, Sterile—4 inches by 4 inches.</del>                           |
| 5923 |   |

- 5924 ~~36. **Stethoscopes**, 1 adult, 1 pediatric.~~
- 5925
- 5926 ~~37. **1 Stretcher, Ambulance** – With a minimum 3 inch foam pad and~~
- 5927 ~~must have FAA approved latching mechanism to secure the~~
- 5928 ~~stretcher during flight. Head must elevate.~~
- 5929
- 5930 ~~38. **1 each Stylet** – Capable of use with ET tubes sizes 2.5 to 8.0.~~
- 5931
- 5932 ~~39. **1 Suction Device, portable type** – capable of providing~~
- 5933 ~~pharyngeal suction of at least 11.8 inches mercury (300mm Hg)~~
- 5934 ~~within 4 seconds after the suction tube is clamped closed. Unit~~
- 5935 ~~must have trap bottle, and be equipped with rigid pharyngeal~~
- 5936 ~~suction tip and appropriate catheters.~~
- 5937
- 5938 ~~40. **1 Surgical Airway/Chest Decompression Set** containing:~~
- 5939
- 5940 ~~(a) 1 tracheostomy tube~~
- 5941 ~~(b) 1 tracheal retractor~~
- 5942 ~~(c) 1 Kelley clamp~~
- 5943 ~~(d) 6 sterile 4 inches by 4 inches sterile sponges~~
- 5944 ~~(e) 2 #11 scalpel blades~~
- 5945 ~~(f) 1 scalpel blade handle~~
- 5946 ~~(g) 2 pair, size 7 1/2 sterile surgical gloves~~
- 5947 ~~(h) 1 10 ml syringe~~
- 5948 ~~(i) 1 transtracheal inflation tubing~~
- 5949 ~~(j) 2 14 ga. 2 inch IV catheters~~
- 5950 ~~(k) 2 14 ga 3.25 inch IV catheters~~
- 5951 ~~(l) 4 betadine swabs or any equivalent surgical antiseptic.~~
- 5952 ~~(m) 2 20 ml syringes~~
- 5953 ~~(n) 2 one way type valve assemblies, or Maine EMS approved~~
- 5954 ~~equivalent.~~
- 5955
- 5956 ~~41. **2 Tape, Adhesive, Roll** – 1 inch minimum width.~~
- 5957
- 5958 ~~42. **2 Towels**~~

5959

5960 ~~§5. — **Advanced Life Support Equipment List**~~

5961

- 5962 ~~1. — As of August 1, 2004, all medical equipment and medical supplies required in this~~
- 5963 ~~section must be natural rubber latex free.~~
- 5964

5965 ~~A. **The Advanced Life Support equipment list for the Advanced**~~

5966 ~~**Emergency Medical Technician (AEMT) level follows:**~~

5967

- 5968  
5969  
5970  
5971  
5972  
5973  
5974  
5975  
5976  
5977  
5978  
5979  
5980  
5981  
5982  
5983  
5984  
5985  
5986  
5987  
5988  
5989  
5990  
5991  
5992  
5993  
5994  
5995  
5996  
5997  
5998  
5999  
6000  
6001  
6002  
6003  
6004  
6005  
6006  
6007  
6008  
6009  
6010  
6011  
6012
- ~~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.~~

- 6013 ~~5. 1 Foreceps, McGill large~~
- 6014
- 6015 ~~6. 1 Foreceps, McGill small~~
- 6016
- 6017 ~~7. Laryngoscope Blades—sizes 0, 1, 2, 3, 4~~
- 6018
- 6019 ~~8. 1 Laryngoscope handle~~
- 6020
- 6021 ~~9. 1 Logbook, for the Drug Storage Container—Must meet the~~
- 6022 ~~logbook requirements of Chapter 6 of the Rules.~~
- 6023
- 6024 ~~10. 1 each stylet capable of use with ET tubes sizes 2.5-8~~
- 6025

~~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**

|      |          |                 |         |
|------|----------|-----------------|---------|
| 6051 | Region 1 | Southern Maine  | 155.325 |
| 6052 |          |                 |         |
| 6053 | Region 2 | Tri County      | 155.340 |
| 6054 |          |                 |         |
| 6055 | Region 3 | Kennebec Valley | 155.400 |
| 6056 |          |                 |         |
| 6057 | Region 4 | Northeast       | 155.355 |

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

|             |   |   |                              |
|-------------|---|---|------------------------------|
| <b>6058</b> |   |   |                              |
| <b>6059</b> | Region 5                                | Aroostook   | 155.340                      |
| <b>6060</b> |   |   |                              |
| <b>6061</b> | Region 6                                | Mid-Coast   | 155.340                      |
| <b>6062</b> |   |   |                              |
| <b>6063</b> | "Statewide Net"                         |   | 155.385                      |
| <b>6064</b> |   |   | (Maine EMS mobile-to-mobile) |
| <b>6065</b> |   |   |                              |
| <b>6066</b> | AUTHORITY:                              | 32 <u>M.R.S.A-M.R.S.</u> , Chapter 2-B.                             |                              |
| <b>6067</b> |   |   |                              |
| <b>6068</b> | EFFECTIVE DATE:                         | July 3, 1978 (EMERGENCY)  |                              |
| <b>6069</b> |   |   |                              |
| <b>6070</b> | AMENDED:                                | April 1, 1982   |                              |
| <b>6071</b> |   | December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73           |                              |
| <b>6072</b> |   | January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and |                              |
| <b>6073</b> | 11.1067                                 |   |                              |
| <b>6074</b> |   | April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11   |                              |
| <b>6075</b> |   | January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103         |                              |
| <b>6076</b> |   | September 1, 1986   |                              |
| <b>6077</b> |   | August 25, 1987 - Sec. 5, 6.011 and 12 (added)                      |                              |
| <b>6078</b> |   | July 1, 1988  |                              |
| <b>6079</b> |   | March 4, 1992   |                              |
| <b>6080</b> |   | September 1, 1996   |                              |
| <b>6081</b> | EFFECTIVE DATE (ELECTRONIC CONVERSION): | July 1, 2000  |                              |
| <b>6082</b> | REPEALED AND REPLACED:                  | July 1, 2000  |                              |
| <b>6083</b> |   | July 1, 2003  |                              |
| <b>6084</b> |   | January 1, 2010   |                              |
| <b>6085</b> |   | May 1, 2013   |                              |

6086 16 DEPARTMENT OF PUBLIC SAFETY

6087

6088 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

6089

6090 CHAPTER 18: QUALITY ASSURANCE AND IMPROVEMENT

6091

6092 §1. Definitions

6093

6094 1. *Emergency Medical Services (EMS) Quality Assurance Committee* means a quality  
 6095 assurance committee approved by the Board pursuant to 32 ~~M.R.S.A.~~M.R.S. §92-A,  
 6096 including but not limited to service-level quality assurance committees.

6097

6098 2. *Maine EMS Quality Assurance and Improvement Committee* mean the standing  
 6099 committee established by the Board pursuant to 32 ~~M.R.S.A.~~M.R.S. §88(2)(J).

6100

6101 3. *Quality Improvement Initiative* means review and assessment of Maine EMS system  
 6102 data by Maine-EMS-approved quality assurance committees for the purpose of  
 6103 improving patient care.

6104

6105 4. *Quality Improvement Marker* means a measurable standard within a Maine EMS  
 6106 protocol established by an emergency medical services quality assurance committee.

6107

6108 §2. Maine EMS Quality Assurance and Improvement Committee

6109

6110 1. The Maine EMS Quality Assurance and Improvement Committee is authorized by  
 6111 the Board to perform EMS system quality assurance and improvement, including,  
 6112 but not limited to:

6113

A. Creating statewide quality improvement markers;

6114

B. Conducting Quality Improvement Initiatives, as approved by the Board;

6115

C. Receiving and interpreting results of quality marker reports;

6116

D. Responding, in concert with regional medical directors and regional  
 6121 coordinators, to requests for assistance regarding local services' sub  
 6122 regional quality assurance and improvement plans;

6123

E. Publishing and updating the Maine EMS Quality Assurance and  
 6125 Improvement Manual;

6126

F. Leading or participating in state-based quality management education;  
 6128 and,

6129

6130 G. Reviewing quality assurance and improvement management of Board-  
6131 approved pilot projects when requested by the Board, the Medical  
6132 Direction and Practices Board or the pilot project participant(s).  
6133

6134 **§3. Service-Level Emergency Medical Services Quality Assurance Committees**  
6135

6136 1. A ~~Maine-EMSBoard~~-approved emergency medical services quality assurance  
6137 committee ~~shall~~must participate in EMS quality assurance activities, including, but  
6138 not limited to:

6139 A. Gathering and submitting data as part of a Maine EMS Quality  
6140 Assurance and Improvement Committee Quality Improvement Initiative;  
6141 and,  
6142

6143 B. Conducting a program of quality assurance and improvement in  
6144 accordance with 32 M.R.S.A Chapter 2-B, and these Rules.  
6145  
6146

6147 **§4. Emergency Medical Services Persons and EMS Services**  
6148

6149 Licensed emergency medical services personnel and licensed EMS services shall participate in  
6150 Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these  
6151 Rules.  
6152

6153 **§5. Emergency Medical Dispatchers and Emergency Medical Dispatch Centers**  
6154

6155 Emergency Medical Dispatchers and Emergency Medical Dispatch Centers shall participate in  
6156 Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these  
6157 Rules.  
6158

6159  
6160 AUTHORITY: 32 ~~M.R.S.A~~M.R.S., §§84(1), 88(2)(J) & 92-A(1).  
6161

6162 EFFECTIVE DATE: February 1, 2015  
6163

6164 ADOPTED: December 3, 2014  
6165  
6166  
6167  
6168  
6169  
6170  
6171  
6172  
6173  
6174  
6175

6176  
 6177  
 6178  
 6179  
  
 6180  
  
 6181  
 6182  
 6183  
 6184  
 6185  
 6186  
 6187  
 6188  
 6189  
 6190  
 6191  
 6192  
 6193  
 6194  
 6195  
 6196  
 6197  
 6198  
 6199  
 6200  
 6201  
 6202  
 6203  
 6204  
 6205  
 6206  
 6207  
 6208  
 6209  
 6210  
 6211  
 6212  
 6213  
 6214  
 6215  
 6216  
 6217  
 6218  
 6219  
 |

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE

EMS) CHAPTER 19: Community Paramedicine

§1. Definitions

1. “*Community Paramedicine*” means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice, and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician pursuant to 32 M.R.S. §84(4).

§2. How to Apply

1. To obtain a new or renewed Community Paramedicine designation an emergency medical services provider, including but not limited to an ambulance service or non-transporting emergency medical service, must apply to Maine EMS for approval. In order to obtain this designation, the provider must:
  - A. Apply on forms available from Maine EMS;
  - B. Provide a description of the intended Community Paramedicine plan to be approved by the Board or Maine EMS staff;
  - C. Have a quality assurance and quality improvement plan that directly addresses Community Paramedicine;
  - D. Identify a primary care medical director with whom it plans to work; and
  - E. Demonstrate to Maine EMS that it has designated an emergency medical services medical director.
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.
3. All designations will be issued with an expiration date of November 30.

6220  
6221  
6222  
6223  
6224  
6225  
6226  
6227  
6228  
6229  
6230  
6231  
6232  
6233  
6234  
6235  
6236  
6237  
6238  
6239  
6240  
6241  
6242  
6243  
6244

§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: To Be Determined

ADOPTED: To Be Determined