

9-7-2018 Ready for BEMS /DHSS to review

19 CSR 30-40.308 Application and Licensure Requirements Standards for the Licensure and Relicensure of Air Ambulance & Ground Ambulance Services and Emergency Medical Response Agencies.

PURPOSE: This rule provides the requirement and standards related to the licensure and relicensure of air ambulance & ground ambulance services and emergency medical response agencies.

(1) Application Requirements for Air Ambulance, Ground Ambulance Service and Emergency Medical Response Agency Licensure that provide Advanced Life Support.

(A) Each applicant for a license or relicensure shall submit an application for licensure to the Emergency Medical Services (EMS) Bureau no less than thirty (30) days or no more than one hundred twenty (120) days prior to their desired date of licensure or relicensure.

(B) An application shall include the following information: type of license applied for (rotary wing, fixed wing, ground or emergency medical response agency); trade name of service; location of vehicles; number of vehicle(s); name, address, telephone numbers, and email address (if applicable) of operator of the ambulance service; name, address, telephone numbers, and email address (if applicable) of manager; name, address, whether a medical doctor or doctor of osteopathy, telephone numbers, email address (if applicable), and signature of medical director and date signed; certification by the medical director that they are aware of the qualification requirements and the responsibilities of a service medical director and agree to serve as medical director; name, address, telephone numbers, and email address (if applicable) of proposed licensee of service; name of licensee's chief executive officer; all service licensure and related administrative licensure actions taken against the service or owner by any state agency in any state; and certification by the applicant that the application contains no misrepresentations or falsifications and that the information given by them is true and complete to the best of their knowledge and that the service has both the intention and the ability to comply with the regulations promulgated under the Comprehensive Emergency Medical Service Systems Act, Chapter 190, RSMo.

(C) Each ambulance service and emergency medical response agency that meets the requirements and standards of the statute and regulations shall be licensed and relicensed for a period of five (5) years. Air Ambulances services based inside or outside Missouri that do intra-Missouri transports shall be licensed in the state of Missouri and shall be held to the same standards.

(D) Ground Ambulance services which are currently accredited by the Commission on Accreditation of Ambulance Services (CAAS); or, Ground or Air ambulance services which are currently accredited by the Commission on Accreditation of Medical Transportation Services (CAMTS), and have the required liability insurance coverage shall be considered to be compliant with the rules for ambulance services. Accredited ambulance services shall attach to their application evidence of accreditation and proof of their liability insurance coverage. Ambulance Services that lose their CAAS or CAMTS accreditation shall notify the Bureau of EMS within five (5) business days. The Bureau of EMS may conduct periodic site reviews as necessary to verify compliance.

(E) A political subdivision or corporation that is licensed as an ambulance service cannot be licensed as an emergency medical response agency.

(F) Each ambulance service and emergency medical response agency shall display a copy of their service license in a public area of the general office of the service.

(G) Each ambulance service and emergency medical response agency shall have the capability to communicate by voice with local hospital(s), trauma centers, stroke centers, STEMI centers and the service's own dispatching agency.

(H) Each ambulance service and emergency medical response agency shall ensure prompt response to all requests to that service for emergency care twenty-four (24) hours per day, each and every day of the year, and shall provide patients with

medically necessary care and transportation in accordance with that ambulance service's protocols, scope of care, and capabilities. If a scene request for emergency services is made to an ambulance service or EMRA which is not the 911 provider or recognized emergency provider for a specific geographic area, then the 911 provider or the recognized emergency provider of the specific geographic area shall be notified immediately by the ambulance service or EMRA receiving the request.

Air

(F) Fixed wing air ambulances shall meet the requirements stated in this regulation except (6)(D), (6)(F), and (7).

(2) Air ambulance services shall meet the following operation and maintenance standards:

(A) Air ambulance services shall possess or contract for a valid Federal Aviation Administration Title 14 CFR part 135 Certificate and comply with 14 CFR section 119, a regulation from the Federal Aviation Administration and be authorized to conduct helicopter air ambulance operations in accordance with Federal Aviation Regulation part 135 and this operations specification;

(B) Each air ambulance program shall have established information that is made available to each emergency service in the area in which they operate to include the following:

1. Aircraft capabilities;
2. Appropriate utilization of air ambulances;
3. Education and skills of the crew; and
4. Safety considerations;

(C) The aviation crew of an air ambulance shall meet all requirements of the Federal Aviation Administration Title 14 CFR part 135, and the medical crew responding to scenes shall be able to demonstrate successful completion and maintenance of the following:

1. Each medical crew member shall meet the educational requirements and maintain the specific medical training certifications as determined by the air ambulance service medical director to accomplish the specific mission of the air ambulance service.
2. Each medical crew member must hold a current and valid Missouri license as required for their level of practice.

(3) Each aircraft, when operated as an air ambulance, shall meet the following equipment requirements:

(A) Documentation that each aircraft is equipped with pediatric and/or adult medical supplies and equipment as required by the air ambulance service medical director for the various advanced life support procedures or protocols for the patient care activities they provide. Each service shall be able to produce these records for inspection during normal business hours;

(B) All medical equipment, except disposable items, shall be so designed, constructed, and of such material that under normal conditions and operations, it is durable and capable of withstanding repeated cleaning and being stored in a secure and protected manner; and

(4) Each aircraft operated as an ambulance shall be staffed by personnel selected by each air ambulance program to meet the mission and scope of that program, and at a minimum—

(A) On scene flights, there shall be at least two (2) air medical crew members. The primary crew member shall be a registered nurse or physician and the secondary crew member shall be an EMT-Paramedic, registered nurse, or physician; and

(B) On all transports other than scenes, there shall be at least two (2) air medical crew members, one (1) of whom will be a registered nurse or physician, and a secondary crew member who is approved by the medical director to provide critical care;

(C) Education is required annually for each crew member to include safety, crew resource management, survival, and flight physiology; and

(D) The medical flight crew members will receive training designed by the medical director and clinical registered nurse supervisor to provide knowledge and skills needed to carry out advanced life support procedures and written protocols. The unique flight and pre-hospital environment will be addressed during training.

(5) Each air ambulance service shall have medical control policies, procedures, and standing orders that have been approved by their medical director and clinical registered nurse supervisor—

(A) The protocols will include authorization for standing orders;

(B) The written protocols will be provided to the EMS Bureau upon request; and

(C) The medical director will ensure the air medical personnel are provided appropriate training to meet standards established by the program.

(6) Air Ambulance Communication Centers and Communication Specialists.

(A) Training shall be provided regarding aircraft capabilities, operational limitations, navigation, and map coordination to the communication specialists.

(B) Information pertinent to each call shall be logged in order to retrieve complete activity review reports.

(C) Communication specialists shall be responsible for flight following based on requirements of the program and Federal Aviation Administration Title 14 CFR part 135.

(D) A system shall be in place to assure emergency requests are answered, the phone calls and radio traffic are recorded, and a back-up power source is available. The system shall include means to provide the crew the ability to communicate by voice with the communications center, hospitals and emergency agencies.

(E) The hospital emergency ambulance radio system shall not be used for flight following.

(F) The communication center shall:

1. Have a least one (1) dedicated telephone line for the purpose of receiving requests and the coordination of the air ambulance service;

2. Have a system for recording all incoming and outgoing telephone and radio transmissions with time recording and playback capabilities. Recordings shall be kept for a minimum of thirty (30) days;

3. Have the capability to immediately contact the aviation staff, medical crew, and online medical direction (through page, radio, or telephone, etc.);

4. Maintain all equipment in full operating condition and in good repair;

5. Have a back-up emergency power source for communications or a policy delineating methods for maintaining communications during power outages and in disaster situations; and

6. Have a communications policy and procedures manual to include: A. A pre-arranged emergency plan to cover situations in which the aircraft is overdue, communications cannot be established, or an aircraft location cannot be verified.

(G) All helicopter air ambulance services shall have flights coordinated by designated communication specialists assigned and available twenty-four (24) hours per day to receive and coordinate the request for an air ambulance.

1. The communication specialists must advise the requesting caller of an accurate estimated time of arrival of the responding aircraft for all flight requests.

2. The communication specialists shall have training commensurate with the scope of responsibility of the communications center personnel and it shall include:

A. Federal Communications Commission regulations and appropriate provisions of the certificate holder's operations specifications and operations manual;

B. General safety rules, emergency procedures, and flight following procedures;

C. Map reading, aeronautical chart interpretation, basic navigation, and flight planning;

D. Weather terminology and procedures for flight service weather advisories;

E. Types of radio frequency bands used; and

F. Annual training that includes at least a review of the program's PostAccident/Incident Plan (PAIP) and competency in the areas included in subsections (6)(A)–(G).

(7) Crew members of helicopters will wear helmets and protective clothing that meets CAMTS requirements.

Ground

(8) Each vehicle operated as a ground ambulance, except for (9) shall meet the following vehicle design, specification, operation, and maintenance standards:

(A) Vehicle Design and Specification Standards. In providing the transportation of patients, ground ambulance services shall utilize only vehicles specifically designed, manufactured, and equipped for use as an ambulance and which meet current (at date of vehicle manufacture) standards/specifications set forth by the U.S. Department of Transportation KKA-1822, the Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances v.1.0 edition or the National Fire Protection Association 1917 Standard for Automotive Ambulances 2016 Edition. The Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances v.1.0 edition is incorporated by reference in this rule as published in 2016 and is available at the Ground Vehicle Standard, 1926 Waukegan Road Suite 300, Glenview IL 60025-1770. This rule does not incorporate any subsequent amendments or additions. The National Fire Protection Association 1917 Standard for Automotive Ambulances 2016 Edition is incorporated by reference in this rule as published in 2016 and is available at the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471. This rule does not incorporate any subsequent amendments or additions. Exceptions to these standards/specifications may include the following:

1. Image elements (such as paint) may be altered to the agency's preference;

2. Variation of warning lights is allowed beyond the list of standard lights. Additional warning lights beyond the U.S. Department of Transportation KKA-A-1822, National Fire Protection Association 1917 Standard for Automotive Ambulances 2016 edition or the Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances v.1.0 edition specifications is allowed;

3. Power supply and equipment in the patient compartment may be altered to the agency's preference; and

4. Other variations may be allowed by the Bureau of EMS;

(B) Operational Standards ground ambulance

1. Ground ambulance services shall provide the quantity of ambulance vehicles, medical supplies and personnel to meet the emergency call volume which can be reasonably anticipated for their ambulance service area.

(C) Maintenance Standards. The ground ambulance service shall have a policy to provide for the effective maintenance of all its ambulances and maintain records that demonstrate compliance with such policy.

(9) Ground patient transportation vehicles, commercially designed and built for the care and conveyance of five or more littered patients will be eligible for licensure by BEMS as a ground ambulance as an exception to (8).

(10) Each vehicle operated as a ground ambulance shall meet the following staffing requirements:

(A) When transporting a patient, at least one (1) licensed EMT, registered nurse, or physician shall be in attendance with the patient in the patient compartment at all times; and

(B) When an ambulance service provides advanced life support care under its protocols, the patient shall be attended by an EMT Paramedic, registered nurse, or physician.

(11) An existing ground ambulance service licensee may apply for and be granted by Bureau of EMS a reduction in their primary service area if they meet the following requirements:

(A) Submit a completed application for licensure, requesting a reduction of their ambulance service area and include a detailed description of the affected area that will no longer be included in their primary service area; and

(B) Provide written documentation of an agreement with another licensed ambulance service, stating the service has agreed to provide ambulance service to the vacated service area through an expansion of their services, by either contract or mutual aid agreement or provide public notice to residents of the affected area.

1. Public notice to residents of the affected area includes:

A. Publishing notice in a newspaper of the largest general circulation, that is published in the county in the area affected by the decision to withdraw ambulance coverage, a minimum of one (1) year in advance of the proposed date of discontinuation of ambulance services. A completed affidavit of publication and an original clipping of published notice must accompany the application for licensure; and

B. Providing written notice to the county commission of any county that as a whole or in part, will be affected by the discontinuation of services, a minimum of one (1) year in advance of the proposed date of discontinuation of ambulance services.

(12) Each Ambulance service and emergency medical response agency shall have a designated medical director, working under an agreement, who is trained and meets the requirements for a medical director in accordance with 19 CSR 30-40.303(1). Ambulance services and emergency medical response agencies shall notify the EMS Bureau in writing of any change in medical director within five (5) days.

(13) Operational Standards for Emergency Medical Response Agency

(A) Emergency medical response agencies shall ensure prompt response to all requests to that service for emergency care originating from their service area, in accordance with a memorandum of understanding with the local ambulance services.

(B) In accordance with the memorandum of understanding with local ambulance services, emergency medical response agencies shall provide services, personnel and supplies to meet the emergency call volume which can be reasonably anticipated.

(C) The emergency medical response agency shall have a policy and provide for the effective maintenance, storage, usage and replacement of its medical equipment, devices and medications.

(14) Each emergency medical response agency shall have a memorandum of understanding with each ambulance service that is a 911 provider or recognized emergency provider in areas not covered by 911 ambulance services in the agency's jurisdictional

boundaries and will include the following: (A) Triage protocols; (B) Do-not-resuscitate requests; (C) Air utilization requests; (D) Medical and trauma treatment protocols; (E) Quality assurance and improvement program; and (F) Response capabilities of the emergency medical response agency.

(15) Each ambulance service and emergency medical response agency shall have a medical control plan that has been approved by their medical director and service manager. The medical control plan is that portion of the medical protocols which specifically addresses the transfer of patient care between agencies and medical facilities.

(16) Each vehicle operated as an air or ground ambulance or emergency medical response vehicle shall carry the equipment and supplies commensurate with the current medical protocols of the service as defined for that vehicle and approved by the service medical director.

(17) Each air & ground ambulance service and emergency medical response agency shall have an ongoing quality improvement program designed to objectively and systematically monitor, review, and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems.

(18) Each ambulance service and emergency medical response agency shall participate as a member of a Patient Safety Organization (PSO) as identified by the AHRQ if participation can be achieved without annual enrolment cost.

(19) Ambulance services and Emergency medical Response Agencies will need public liability insurance or proof of self-insurance, conditioned to pay losses and damage caused by or resulting from the negligent operation, maintenance, or use of ambulance services under the service's operating authority or for loss or damage to property of others. Documents submitted as proof of insurance shall specify the limits of coverage and include the ambulance service license number. Public liability coverage shall meet or exceed— A. One million dollars (\$1,000,000) for bodily injury to, or death of, one (1) person; B. Five million dollars (\$5,000,000) for bodily injury to, or death of, all persons injured or killed in any one (1) accident, subject to a minimum of two hundred fifty thousand dollars (\$250,000) per person; and C. Five hundred thousand dollars (\$500,000) for loss or damage to property of others in one (1) accident, excluding cargo.

(20) Required Policies and procedures— Records and forms

(A) Each ambulance service and emergency medical response agency shall establish and maintain policies in the following areas and maintain accurate records and forms related to these policies:

1 A patient report form approved by the BEMS to record information on each emergency request for service and each ambulance response;

2 service license as issued by BEMS;

3 Disaster/multiple casualty protocols;

4 equipment maintenance policy and provide for the effective maintenance, storage, usage and replacement of its medical equipment, devices and medications as well as records to support the policy;

5 Licensed service personnel records including continuing education records;

6 Vehicle maintenance records;

7 Medical director qualifications and authorized physician-ordered treatment protocols and policies;

8 Records required by other regulatory agencies

9 Safety program, including a safety committee which shall meet regularly to assess and evaluate the safety aspects of the operation.

10 Communications procedures

11 Ground Vehicle operations and driving procedures (if applicable) ;