



IDAHO EMERGENCY MEDICAL SERVICES BUREAU

LICENSURE STANDARDS MANUAL

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Rules of the Idaho EMS Physician Commission: IDAPA 16.02.02

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I. GENERAL

- A. This manual is intended to provide guidance on the licensure of Emergency Medical Service (EMS) personnel and agencies in Idaho. This manual is the Idaho EMS Bureau's interpretation of the Rules Governing EMS (Idaho Administrative Code, IDAPA 16.02.03) and the Idaho EMS Act (Title 56, Idaho Code). The language in Rule and Code always take precedence over any material found herein.
- B. All forms required for Idaho EMS licensure are available at Appendix B of this manual, at www.idahoems.org or at the EMS Bureau.

II. PERSONNEL LICENSE REQUIREMENTS

- A. In order to practice or represent him/herself as an Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) or Paramedic in Idaho, an individual must maintain a current license issued by the Idaho EMS Bureau, be affiliated with an EMS agency licensed by the Idaho EMS Bureau and be properly credentialed and authorized by the EMS agency medical director.
- B. Licensure authorizes an individual to provide emergency medical services within the scope of practice of the corresponding licensure level, clinical designation of the licensed EMS agency as credentialed by the agency medical director.
- C. Individuals trained outside of Idaho, possessing an EMS license from a state other than Idaho must apply for reciprocity (see section X of this manual) and obtain an Idaho EMS license prior to providing EMS services in Idaho.
- D. Individuals possessing only certification with the National Registry of Emergency Medical Technicians (NREMT) must apply for and obtain an Idaho EMS license prior to providing EMS services in Idaho.
- E. There is no minimum age requirement for licensure as an Idaho EMR.
- F. The minimum age for licensure in Idaho as an EMT, AEMT or Paramedic is 17 years.

III. CERTIFICATION EXAMINATION

- A. The certification examination for individuals seeking a license to provide EMS patient care in Idaho is the NREMT examination. The NREMT examination consists of both a cognitive (computer based exam) and psychomotor (practical/hands-on) element.
- B. Candidates wishing to obtain an Idaho EMS license must successfully complete the NREMT examination within 24 months of course completion.

- C. Candidates who fail to successfully complete the NREMT examination within twenty-four months of course completion must repeat the initial training course to be eligible for the licensure examination.

IV. LENGTH OF LICENSURE PERIOD

- A. Initial EMR and EMT licenses are issued for three years or up to a maximum of 42 months from the date of successful certification examination completion (in order to align license expiration date with semiannual renewal period).
- B. Initial AEMT and Paramedic licenses are issued for two years or up to a maximum of 30 months from the date of the successful certification examination completion (in order to align license expiration date with semiannual renewal period).

V. INITIAL LICENSURE

- A. The EMS Bureau will accept applications that include all of the materials listed in V.C. below (complete application).
- B. Applicants must use the application forms from Appendix B of this manual (also available at www.idahoems.org.)
- C. A complete application packet must include the following:
 - 1. A photocopy of a valid photo ID: state driver's license or Idaho issued ID card or ID card issued by the Armed Forces of the United States.
 - 2. Clearance authorization from the Idaho Department of Health and Welfare Criminal History Unit (CHU). See Appendix A for CHU information.
 - 3. A completed Initial Personnel License Application (must have applicant and agency signatures)
 - 4. Application fee of \$35 for the AEMT and Paramedic.
 - 5. Proof of successful completion of the NREMT examination.
 - 6. Proof of affiliation with an EMS agency licensed by the EMS Bureau that functions at or above the level of licensure applied for by signature of the agency designee(s) as defined on the most recent agency license renewal application or subsequent written notification.

VI. LICENSE RENEWAL

- A. Each licensed EMS provider is responsible for meeting license renewal requirements and submitting their completed, License Renewal Application & Education Record (must include all signatures indicated on the form) to the EMS Bureau before the expiration date of their current licensure period.
- B. Renewal documents may be submitted by mail (postmarked on or before the expiration date of the current license), email (idahoems@dhw.idaho.gov) in person, or by fax (208-334-4015).

- C. Licensed personnel may submit renewal documents to the EMS Bureau up to six months prior to their current license expiration date.
- D. When a license expiration date falls on a weekend or holiday, the EMS Bureau will accept applications until the close of the next regular business day.

VII. LICENSE RENEWAL REQUIREMENTS

- A. Licensed personnel must complete all continuing education and skill proficiency requirements between the effective and expiration dates of their current license in order to renew their EMS license.
- B. Proof of affiliation with an EMS agency licensed by the EMS Bureau that functions at or above the level of licensure applied for by signature of the agency designee(s) as defined on the most recent agency license renewal application or subsequent written notification.
- C. All continuing education must be consistent with the license holder's level of licensure.
- D. Landing Zone Officer Training
 - 1. All applicants for EMS license renewal will be required to have completed Landing Zone Officer (LZO) training not later than September 30, 2010.
 - 2. LZO training is made available at the agency level by the local air ambulance service.
 - 3. EMS Personnel needing LZO training should request their agency training officer or administrator to coordinate LZO training with an air medical service.
- E. The EMS Bureau reserves the right to audit continuing education records to verify that renewal requirements have been met.
- F. To be eligible for renewal, applicants must meet the continuing education and refresher course requirements described in the Licensure Standards Manual in effect when the expiring license was issued. Listed below are requirements for licenses issued on or after the effective date of this manual.

G. EMR - In addition to meeting the requirements found in section VI and VII of this manual, the applicant must:

1. Must successfully complete one of the following:
 - a. An EMS Bureau approved EMR refresher course (see Appendix C) and an additional six hours of continuing education or
 - b. an EMS Bureau approved 24-hour EMT refresher class or
 - c. pass the NREMT EMR cognitive examination and complete an additional six hours of continuing education or
 - d. EMT bridge course completion.

H. EMT - In addition to meeting the requirements found in section VI and VII of this manual, the applicant must:

1. Must successfully complete and provide documentation demonstrating completion of the following:
 - a. EMS Bureau approved EMT refresher class (Appendix C) or
 - b. pass the NREMT EMT cognitive examination and
 - c. 24 hours of continuing education to include four hours of pediatric specific education (refresher class hours do not count towards this 24 requirement) and
 - d. demonstrated proficiency in the skills listed on the EMT License Renewal Application & Education Record (agency medical director or designee must verify skill proficiency and sign the education record)
2. The EMT's agency of affiliation is responsible for maintaining documentation of all skill verifications. Skills documentation must include:
 - a. Date of verification
 - b. Name of the person being evaluated
 - c. Individual performing the evaluation
 - d. Skill(s) being verified. Methods of verification include:
 - (1. Field performance
 - (2. Practical exam
 - (3. Clinical evaluation
 - (4. Interactive workshop

I. AEMT - In addition to meeting the requirements found in section VI and VII of this manual, the applicant must:

1. Must successfully complete and provide documentation demonstrating completion of the following:
 - a. EMS Bureau approved EMT refresher course (Appendix C) and
 - b. EMS Bureau approved AEMT refresher course (note that passing the NREMT EMT-Intermediate cognitive examination may be used to satisfy both the EMT and AEMT refresher course requirements) and
 - c. 24 hours of continuing education; four hours which must be pediatric specific education (the refresher class hours from a or b above do not count towards this requirement) and
 - d. demonstrated proficiency in the skills listed on the AEMT License Renewal Application & Education Record (Agency medical director must verify skill proficiency and sign the education record) and

2. The AEMT's agency of affiliation is responsible for maintaining documentation of all skill verifications. Skills documentation must include:
 - a. Date of verification
 - b. Name of the person being evaluated
 - c. Individual performing the evaluation
 - d. Skill(s) being verified. Methods of verification include:
 - (1. Field performance
 - (2. Practical exam
 - (3. Clinical evaluation
 - (4. Interactive workshop
3. Applicant must also remit to the EMS Bureau a \$25 license renewal fee.

J. Paramedic - In addition to meeting the requirements found in section VI and VII of this manual, the applicant must:

1. Must successfully complete and provide documentation demonstrating completion of the following:
 - a. Completion of 72 hours of continuing education in the categories and venues listed below:
 - (1. Categories (must complete at least four hours in each category):
 - (a. Assessment based management
 - (b. Airway management and ventilation
 - (c. Emergency pharmacology
 - (d. Trauma assessment and management
 - (e. Medical assessment and management including cardiac arrest management
 - (f. Special considerations, (e.g. geriatric patients, children with special healthcare needs, etc...)
 - (g. EMS systems general topics (e.g. Emergency Vehicle Operations Course, medical legal etc...)
 - (2. In addition to the topics listed above, eight of the 72 hours of continuing education must be in pediatrics assessment and management (including infant and newborn resuscitation.)
 - (3. Venues of continuing education (must include six of the following nine venues):
 - (a. Structured classroom sessions
 - (b. Refresher programs that revisit the original curriculum and have an evaluation component
 - (c. Nationally recognized courses (e.g. ACLS, PALS, PEPP, EPC, BTLIS)
 - (d. Regional and national conferences
 - (e. Teaching topical material
 - (f. Agency Medical Director approved self-study or directed study including the use of video, CD-ROM, and distance learning
 - (g. Case reviews and grand rounds
 - (h. Formal distance learning
 - (i. Journal article review with an evaluation instrument

2. Proficiency in the skills listed on the Paramedic License Renewal Application & Education Record: (agency medical director must verify skill proficiency and sign the renewal guide).
3. The Paramedic's agency of affiliation is responsible for maintaining documentation of all skill verifications. Skills documentation must include:
 - a. Date of verification
 - b. Name of the person being evaluated
 - c. Individual performing the evaluation
 - d. Skill(s) being verified. Method of verification include:
 - (1. Field performance
 - (2. Practical exam
 - (3. Clinical evaluation
 - (4. Interactive workshop
4. Applicant must also remit to the EMS Bureau a \$25 license renewal fee.

VIII. CONTINUING EDUCATION METHODS

- A. All continuing education must be consistent with the objectives of the initial course curriculum or be a logical progression of those objectives.
- B. Licensed personnel will meet continuing education requirements through the following methods:
 1. Structured classroom sessions on EMS specific topics
 2. Attendance at EMS conferences, seminars, nationally recognized courses
 3. Continuing Education Coordinating Board for EMS (CECBEMS) approved education, distributive learning by internet, video teleconference or electronic media, or other structured training which meet the definition of continuing education
 4. Training and practical skill practice based upon consideration of local or jurisdictional needs
 5. Participation in a self-study topic review prospectively approved by the agency Medical Director or Training Officer
 6. Structured case review and grand rounds
 7. Teaching topical material credited on an hour for hour basis for continuing education credit
 8. An EMS Bureau approved instructor functioning as the primary instructor for a refresher course at the EMR, EMT or AEMT level to satisfy their own refresher course requirements
 9. An EMS Bureau approved instructor functioning as the primary instructor for an initial course at the EMR, EMT or AEMT level may use that course to fulfill his or her own refresher requirement

IX. RECIPROCITY

- A. Reciprocity candidates must possess a current EMS license from another state at or above the level of licensure they are seeking in Idaho and complete all of the following:
 - 1. Complete the applicant portion of the Idaho Licensure Verification Request for each state in which they have ever applied for, been denied or held EMS licensure. The applicant's signature authorizes the EMS authority in the other state(s) to release the applicant's licensure information to the Idaho EMS Bureau.
 - 2. Pass the NREMT assessment (cognitive only) examination at the level for which they are seeking licensure in Idaho (unless the applicant has successfully passed an NREMT exam within the preceding 36 months for EMR and EMT or 24 months for AEMT and Paramedic).
 - 3. Comply with all other requirements listed in section V (Initial Licensure) of this manual.

X. CHANGE OF STATUS

Licensed personnel will submit an Initial Personnel License Application to the EMS Bureau within 30 days of a change in any of the following (There is no fee for change of status notification):

- A. Name
- B. Mailing address
- C. Telephone number
- D. Agency affiliation

XI. DUPLICATE WALLET CARD

A license holder may request a duplicate wallet card by contacting the EMS Bureau.

XII. REALIGNMENT OF LICENSURE EXPIRATION DATE

- A. Licensed EMS personnel may request to shorten their license period (to align with the NREMT certification expiration date or to align with agency licensure cycles.)
- B. In order to shorten a license period, the license holder must complete, sign and submit a Consent to Shorten Licensure Cycle Time Acknowledgement to the EMS Bureau.

XIII. MULTIPLE LICENSES

- A. An individual who chooses to maintain Idaho EMS licenses at more than one level must meet all renewal requirements for each license held.
- B. An individual who holds Idaho EMS licenses at more than one level and chooses to retain only one license may either surrender (see section XVII of this manual) the undesired license or take no renewal action on the undesired license and allow it to expire.

XIV. LAPSED LICENSE

- A. Any individual who fails to submit a complete renewal application, prior to the expiration date of their license cannot practice or represent himself or herself as licensed EMS personnel.
- B. Reinstatement. An individual may submit renewal documentation up to two years following the license expiration date.
 - 1. In order for a lapsed license to be reinstated, individuals must successfully pass the NREMT assessment examination (written/cognitive only) appropriate to the level being applied for and meet all other requirements for initial certification as stated in this manual.
 - 2. In addition to the requirements in XV.B.1., the reinstatement applicant must document adequate continuing education hours to meet the renewal requirements for the last license cycle plus additional continuing as stated below.
 - 3. The applicant must also complete additional continuing education hours proportionate to the amount of time since the expiration date of the lapsed licensure as follows:

(1. EMR	.16 hour per month
(2. EMT	.66 hour per month
(3. AEMT	One hour per month
(4. Paramedic	Three hours per month

XV. REVERSION

- A. An individual who holds a current Idaho EMS license may chose to relinquish it and obtain a license at a lesser level with the same expiration date as the expiration date on the current license.
- B. The relinquished license wallet card must be returned to the EMS Bureau.
- C. The individual must meet all renewal requirements of the new level prior to the expiration date.
- D. Reversion will not prevent any pending or future investigative or disciplinary action.

XVI. SURRENDER OF LICENSE

- A. Currently licensed EMS personnel may surrender an Idaho EMS license by submitting a written notice, with the license wallet card included, to the EMS Bureau.
- B. Surrender of the license will not prevent any pending or future investigative or disciplinary action.

XVII. AGENCY LICENSE REQUIREMENTS

- A. Any organization operated with the intent to provide personnel and equipment for medical treatment at an emergency scene, during transportation, or during transfer of persons experiencing physiological or psychological illness or injury who may need medical attention during transport must be licensed by the EMS Bureau as an Ambulance Service.
- B. Any organization that responds to requests for patient care and transportation from hospitals and EMS agencies using a helicopter or fixed wing aircraft must be licensed by the EMS Bureau as an Ambulance Service.
- C. Any organization operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended to be the agency that will actually transport sick or injured persons must be licensed by the EMS Bureau as a Nontransport Service.
- D. An Interstate Agreement for Ambulance Licensure allows currently licensed ambulance services based in the states of Utah and Idaho the ability to provide emergency medical services or medical transportation in either state without regard to state border.

XVIII. ELIGIBILITY

An individual or organization is eligible for EMS licensure upon demonstrated compliance with the licensure standards set forth in Idaho statute, administrative code and this manual.

XIX. APPLICATION PROCEDURES

A. Initial License Application Procedures

- 1. Applicants (individuals or entities wishing to provide ambulance or non-transport EMS services) must submit an application for EMS licensure to the EMS Bureau.
- 2. The applicant should contact the EMS Bureau and request an application packet.
- 3. The EMS Bureau will provide a current EMS licensure application packet which includes:
 - a. Application for Initial EMS Agency Licensure
 - b. Idaho Code pertaining to EMS and Related Systems

- c. Idaho Administrative Code IDAPA 16.02.03 (Rules Governing EMS)
 - d. Idaho Administrative Code IDAPA 16.02.02 (Rules of the EMS Physician Commission)
 - e. EMS Licensure Standards Manual
 - f. EMS Physician Commission Standards Manual
 - g. EMS Education Standards Manual
 - h. EMS Grants Standards Manual
4. The applicant should complete the license application and return it with the following documents to the EMS Bureau:
- a. Infection Control Plan
 - b. Personnel Roster
 - c. Medical Supervision Plan
 - d. Geographic Coverage Description
5. Once an application is received, the following process will be followed:
- a. **Initial Review:** The EMS Bureau will review the application for completeness and compliance with Idaho Code, Rule, the EMS Physician Commission Standards Manual and this Standards Manual. After this initial review the EMS Bureau will notify (in writing) the applicant of the findings regarding the application as one of the following:
 - (1. Complete and Compliant
 - (2. Incomplete
 - (3. Complete with Concerns
 - (4. Non-Compliant
 - b. Applicants whose applications are determined to be other than complete and compliant will be given the opportunity to address the findings of the EMS Bureau initial review and resubmit documentation needed to bring the application into compliance.
 - c. The EMS Bureau will include in the notification to applicants whose applications are found to be complete and compliant an acknowledgment of eligibility for an agency inspection.
 - d. **Inspection:** Applicants eligible for agency inspection should contact the EMS Bureau to schedule an inspection. In the event that the acquisition of capital equipment and/or hiring or licensure of personnel is necessary for the inspection process, the applicant must notify the EMS Bureau when ready.
 - e. The EMS Bureau will review the findings of the agency inspection for agreement with the agency application and compliance with Idaho Code, Idaho Administrative Code the EMS Physician Commission Standards Manual and this Standards Manual. After review the EMS Bureau will notify (in writing) the applicant of the findings regarding the inspection as:
 - (1. Compliant
 - (2. Compliant with Concerns
 - (3. Non-Compliant
 - f. Applicants whose inspections are determined to be non-compliant will be given the opportunity to address the findings of the inspection. The EMS Bureau may waive physical re-inspection for documentation of corrections.

- g. **EMSAC Review:** Upon successful completion of an agency inspection, the EMS Bureau will schedule an application review with the Emergency Medical Services Advisory Committee (EMSAC) Licensure Subcommittee. The applicant may make a presentation to the subcommittee. The EMSAC Licensure Subcommittee, following their application review, will document their observations concerning the application to the EMS Bureau.
 - h. **Final Review:** The EMS Bureau will evaluate the complete application, inspection results and the EMSAC Licensure Subcommittee observations and make a decision regarding licensure.
6. After review, the EMS Bureau Chief may make any of the following decisions regarding the application:
 - (1. License
 - (2. License with conditions
 - (3. Deny
 7. The EMS Bureau will notify applicants in writing regarding the EMS Bureau's decision concerning their license application.
 8. Appeals of the EMS Bureau's decision regarding licensure shall be per the Rules Governing Contested Case Proceedings and Declaratory Rulings (IDAPA 16.05.03).

B. Annual Agency License Renewal

1. EMS agency licenses are effective for a period of one year from November 1 through October 31.
2. The EMS Bureau will provide an annual application for renewal of licensure to all licensed EMS agencies.
3. To avoid a lapse in agency licensure, the completed application must be returned to the EMS Bureau not later than the due date identified in the licensure renewal materials.
4. Agencies submitting renewal applications after the expiration date of their license may be required to comply with the requirements of initial agency license application.
5. The EMS Bureau will review the application and upon determination of compliance with all EMS licensure standards, will issue a renewed license.
6. The EMS Bureau will send written notification regarding their application disposition to any agencies found to be non-compliant to EMS licensing standards.
7. Failure to maintain a current EMS agency license can result in the loss of EMS Bureau granted vehicles, patient care equipment, training course funding and/or training equipment.

C. Changes to a Current License

1. Licenses issued by the EMS Bureau cannot be sold or transferred.
2. Agency official(s) must promptly notify the EMS Bureau of any changes to the information provided on the license application.
3. Agencies desiring to change their level of clinical sophistication or transport capability must submit an initial agency application with supporting documents. These applications will be processed as initial applications.

XX. APPLICANT REQUIREMENTS

A. Licensure Categories (applicant may request licensure as an Ambulance or Nontransport service)

1. Ambulance Service (an agency licensed by the EMS Bureau operated with the intent to provide personnel and equipment for medical treatment at an emergency scene, during transportation, or during transfer of persons experiencing physiological or psychological illness or injury who may need medical attention during transport.) The applicant for ambulance service licensure will describe the highest level of clinical capabilities using the following designations:
 - a. Basic Life Support – Emergency Medical Technician (BLS-EMT)
 - b. Intermediate Life Support – Advanced EMT (ILS)
 - c. Advanced Life Support (ALS) Any one of the following categories:
 - (1. ALS I - Prehospital ALS, ALS Transfer, and Critical Care Transfer
 - (2. ALS II - Prehospital and ALS Transfer
 - (3. ALS III - ALS Transfer and Critical Care Transfer
 - (4. ALS IV - ALS Transfer
 - (5. ALS V- ALS Prehospital
2. Non-Transport Service (a service licensed by the EMS Bureau, operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended to be the service that will actually transport sick or injured persons.) The applicant for non-transport service licensure will describe the highest level of clinical capabilities using the following designations:
 - a. Basic Life Support - Emergency Medical Responder (BLS-EMR)
 - b. Basic Life Support - EMT (BLS-EMT)
 - c. Intermediate Life Support - Advanced EMT (ILS)
 - d. Advanced Life Support- ALS V Prehospital

B. Personnel.

1. An agency licensed at a particular level of clinical capability shall have a sufficient number of personnel certified or licensed at the level of clinical designation to ensure availability corresponding to the anticipated call volume of the agency.
2. Licensed EMS agencies must notify the EMS Bureau when any personnel affiliated with the agency have been terminated for cause or subjected to a local disciplinary action or other sanction. Notification should be made within 15 days of the sanction via a Personnel Affiliation – Status Change Form.

C. Clinical Capability. Licensed EMS agencies may not represent or advertise as providing a level of clinical capability not identified on the license.

D. Vehicles

1. All vehicles routinely used in the delivery of EMS must be declared on the license application.
2. The agency will notify the EMS Bureau of any vehicle changes in writing within 10 days of the change.
3. Ambulances
 - a. All ambulances will meet or exceed federal, trade, industry specifications, or standards for ambulance vehicles as identified by the applicant.
 - b. Standards recognized by the EMS Bureau are the current KKK-1822 Specifications, National Truck Equipment Association-Ambulance Manufacturers Division Ambulance Vehicle Standards, and American Society for Testing and Materials Committee F30 Standard F-1230.
 - c. All aircraft will have a current Federal Aviation Administration Part 135/Part 91 compliance certificate and an insurance certificate.
4. Non-Transport Vehicle. All non-transport vehicles will meet or exceed standards for that type of vehicle including federal, trade, or industry specifications as identified by the applicant.
5. Uniquely Configured Vehicles
 - a. Vehicles that have been modified to meet specialized needs shall be inspected and approved by the EMS Bureau.
 - b. Documentation of modifications and inspection criteria for unique vehicles will be established on a case-by-case basis.

E. Equipment

1. The Minimum Equipment Standards for Licensed EMS Services are included at Appendix D of this manual.
2. All ambulances will carry the equipment listed in Minimum Equipment Standards for Licensed EMS Services that pertain to the type of agency and vehicle.
3. The agency must submit a list of all additional medical equipment routinely carried in the agency vehicle(s) not included in the Minimum Equipment Standards for Licensed EMS Services.
4. The EMS Bureau may grant exceptions to the minimum equipment requirements before issuance of license when operational alternatives assure that appropriate patient care will be provided for all foreseeable incidents.

F. Communications Equipment

1. Mobile and/or portable radios shall be programmed with the frequencies of 155.340 and 155.280.
2. Radios will have encoding capability to access the frequencies used by the Idaho EMS radio communications system.

- G. Personnel.** All EMS agencies must demonstrate that a sufficient number of personnel are affiliated with the service to provide twenty-four hour a day, seven (24/7) day a week response capability.

1. All EMS agencies will provide a description of the anticipated staffing pattern that includes:
 - a. Duration of each shift
 - b. Vehicles assigned per shift
 - c. Number of personnel assigned per vehicle
 - d. Number of personnel assigned per shift
 - e. Number of certified personnel assigned per shift
 - f. Number of personnel certified at the level of designated clinical capability assigned per shift.
2. The agency must submit a roster identifying all certified personnel and Ambulance Based Clinicians with each application for licensure. Any change to the roster due to attrition or hiring must be reported to the EMS Bureau within thirty calendar days of the change.
3. The agency shall identify all Paramedics who have completed Critical Care Transfer training and all Ambulance-Based Clinicians who have completed out of hospital training.

H. Training Officer. The agency will designate an EMS Training Officer responsible for planning and coordinating EMS training and continuing education opportunities for agency personnel.

I. Landing Zone Officer. The agency will designate a Landing Zone Officer who is responsible for (See IDAPA 16.02.03.405-425 for complete details):

1. Landing zone preparation
2. Landing zone safety
3. Communication between ground and air agencies

J. Response Capability.

1. All EMS services intended to provide EMS in unique settings where 24/7 response capability is not required will describe their response patterns on their license application.
2. Non-transport services that cannot or do not intend to provide 24/7 response capability must request an exemption from the EMS Bureau.
3. Ambulance services that cannot or do not intend to provide 24/7 response capability must request an exemption from the Board of Health and Welfare.

K. Data Management

1. All agencies will designate a Patient Care Reporting (PCR) data collection contact.
2. All agencies will maintain a PCR for every request for EMS.
3. Records must contain the minimum data points identified in IDAPA 16.02.03.300.04 for ambulance services or IDAPA 16.02.03.301.04 for non-transport services.
4. All licensed EMS agencies must maintain PCR data in one of the following formats:
 - a. New Applicants: Agencies submitting an application for initial licensure must use either the Idaho PreHospital Electronic Record

Collection System (PERCS) or other National EMS Information Systems (NEMSIS) compliant reporting program.

- b. Current License Holders. Current license holders may elect to use any of the following:
 - (1. PERCS or other NEMSIS compliant reporting program
 - (2. The multi-page or single page "Idaho Emergency Medical Services Patient Care Report"
 - (3. EMS Data Systems KeyData program data transmitted to the EMS Bureau by the EMS agency
 - (4. Data from the agency's own data collection program that meets the minimum requirements as stated in XXI.K.3
5. Ambulance services will submit PCR data to the EMS Bureau within ten days after the end of each calendar quarter. Quarter ending months are:
 - a. March
 - b. June
 - c. September
 - d. December

L. Dispatch Services. Agencies providing prehospital 911 responses must have twenty-four hour dispatching service.

1. The EMS agency will identify the following dispatch service information on their license:
 - a. Contact person
 - b. Address
 - c. Business telephone numbers
 - d. Emergency telephone number for public access to EMS
 - e. Availability of pre-arrival instruction capability through a recognized form of emergency medical dispatching.
 - f. Description of the radio, telephone, or other means by which the agency will receive dispatch and response information.

M. Medical Supervision Plan.

1. A copy of the Medical Supervision Plan (MSP) must be submitted with initial license application.
2. Details of the MSP requirements are found in the EMS Physician Commission Standards Manual (available on-line at <http://www.healthandwelfare.idaho.gov/site/4279/default.aspx>)
3. The agency will provide immediate written notification to the EMS Bureau regarding any change in the MSP.

N. Infection Control Plan. The agency will designate an Infection Control Officer, responsible for the development of an Infection Control Plan to include infection control standards for EMS personnel, assurance of initial and continuing education for EMS personnel regarding blood-borne and air-borne pathogens and exposure management.

O. Safety and Personal Protective Equipment. The agency will maintain safety equipment and personal protective supplies for personnel as specified in the Minimum Equipment Standards for Licensed EMS Services.

P. Response Area

1. The agency will provide a map depicting their primary response area and a written description of the response area using known geopolitical boundaries or geographic coordinates.
2. The agency is responsible for determining the area to which it will respond.

XXI. INSPECTION

- A. Representatives of the EMS Bureau will perform a physical inspection of each EMS agency annually.
- B. The elements of an agency inspection include assurance of compliance to standards for the following:
 1. Ambulance and non-transport vehicles used in the delivery of EMS
 2. Personnel rosters and staffing patterns
 3. The Minimum Equipment Standards for Licensed EMS Services
 4. Data collection and submission
 5. Medical Supervision Plan
 6. Infection Control Plan
 7. Dispatch agreement and procedures

XXII. ADMINISTRATIVE LICENSE ACTION

- A. Non-Compliance with Rules. Any agency license may be subject to administrative action for any act, conduct or failure to act consistent with the standards established by Idaho Code and rule, including the Rules Governing EMS in effect at the time the act, conduct, or failure to act occurred.
- B. License Action. Any license may be suspended, revoked, retained with conditions or denied upon verification of agency non-compliance to EMS licensing standards, with conditions imposed by the Bureau Chief, for any action, conduct, or failure to act which is inconsistent with the professionalism and/or standards established by Idaho Code or Rules Governing EMS.
- C. Violations of the EMS Physician Commission Rules may also result in agency license action.

APPENDIX A
Criminal History Background Check Information

1. Who Must Complete a Criminal History Background Check?

A. All applicants for initial Idaho EMS certification must undergo a criminal history background checks (CHC). The Department of Health and Welfare Criminal History Unit (CHU) conducts all CHC's for Idaho EMS certification.

B. Applicants can begin their CHC online at www.chu.dhw.idaho.gov. Applicants with questions concerning the CHC process may contact the CHU by phone at 1-800-340-1246 or 332-7990 in the local Boise area or by e-mail at crimhist@dhw.idaho.gov.

2. How is Fingerprinting Accomplished? Applicants can submit their fingerprints during the appointment they schedule online at a CHU office or by mail.

A. When the fingerprints are captured electronically at a CHU office, a CHC with no findings requiring further investigation is typically completed within four to seven days.

B. When the fingerprints are submitted on a paper fingerprint card, a CHC with no findings requiring further investigation is typically completed within three to four weeks.

3. What Employee ID Number should a CHC applicant use?

A. EMS applicants should use the four digit number EMS Bureau Employer ID #1350 when registering for their CHC.

B. An applicant may use an employer ID number supplied by their local EMS agency or fire department; however, applicants should always include the EMS Bureau ID #1350 number in their CHC on-line application.

4. How is the EMS Bureau Notified of Criminal History Background Check Results?
Upon successful completion, the applicant can log in to their CHU account and print a copy of the Notice of Clearance Letter. A copy of this letter should be included with application materials submitted to the EMS Bureau.

5. What are the Potential Results of a Criminal History Background Check?
The applicant can be permanently denied, denied for a period of up to five years for certain offenses, conditionally denied for a period of three years or cleared.

6. When can the Applicant apply for licensure as EMS Personnel in Idaho?
The applicant is eligible to apply when the "Notice of Clearance Letter" is issued.

7. How long is a CHC Clearance Valid?
Criminal history clearance results may be used for up to three years.

8. When Is a New Criminal History Background Check Required?

- A. A new background check is required each time an EMS license holder applies for a new licensure level.
- B. A new background check is required when Idaho EMS license has lapsed and the applicant is applying for reinstatement.

9. When May a New Criminal History Background Check Become Necessary?

- A. The EMS Bureau may, at its discretion, require a licensed EMS license holder to resubmit for a CHC.
- B. An EMS license holder required to complete a CHC must complete the self-declaration application and submit fingerprints within 14 days from the date of notification.

APPENDIX B
EMS Licensure Forms

Initial Personnel License Application

Personnel License Application for Reciprocity

Idaho Licensure Verification Request

Consent to Shorten License Cycle Time Acknowledgement

EMR License Renewal Application & Education Record

EMT License Renewal Application & Education Record

AEMT License Renewal Application & Education Record

Paramedic License Renewal Application & Education Record

Personnel Affiliation – Status Change Form

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Forms of acceptable identification are a Drivers License, Idaho Identification card, or Military Identification ID card.

Acceptable documentation of successful NREMT examination completion can be obtained by logging in to your NREMT account (www.nremt.org) and printing your record of successful examination completion **OR** submitting a copy of your NREMT card.

Evidence of successful CHU clearance can be obtained from the Criminal History Unit website: www.chu.dhw.idaho.gov. See Appendix A of the Licensure Standards Manual for CHU information.



Application for Personnel License Reciprocity

Idaho Emergency Medical Services Bureau

Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or Fax to 208-334-4015



Level Applied For: [] Emergency Medical Responder [] EMT [] Advanced EMT - (\$35 fee) [] Paramedic - (\$35 fee) [] Direct Bill my Agency - Agency Name _____

Additional documents needed: [] Copy of ID [] Documentation of completed NREMT assessment examination [] Evidence of successful CHU clearance [] Return of License Verification from state/(s) of previous certificate/license [] Applicant Signature [] Affiliating Agency Official Signature

Applicant Information:

Social Security # _____ Date of Birth ____/____/____ Drivers License # _____ DL State _____
Name _____ Gender [] F [] M
Last Name First Name Middle Name/Initial
Mailing Address _____
City _____ State _____ Zip _____ County _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____
E-Mail Address _____ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____
Agency Chief/Director/President _____
Signature Printed Name
Additional Licensed EMS Affiliations: _____
Check all circumstances in which you will use this certification: Volunteer Career
[] True [] Full Time
[] Compensated [] Part Time

Have you ever applied for, been denied or received an EMS certification or license in any other state? Yes [] No []
If yes, complete an Idaho EMS License Verification Request form for each state in which you have ever applied for, been denied or held an EMS certification /license.

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant _____ Date signed _____

For Bureau Use Only

Received in Bureau Received by Licensure Program
Cert. Fee Rcvd Date _____
[] Cash - Receipt # _____
[] Check # _____
[] M.O. # _____
[] DB - Agency _____

Copy of ID-Drivers License, Idaho Identification card, or Military Identification

NREMT completion documentation-Log into your National Registry account and print your records of successful completion of exams.

Criminal History Unit-Accessible on line at www.chu.dhw.idaho.gov.

Idaho EMS Bureau Employer ID #1350

Create new registration and complete application using Idaho EMS Bureau ID# and schedule fingerprinting appointment. Criminal History check must be cleared before the Idaho EMS Bureau can issue a state license, which must be obtained to practice EMS in the State of Idaho.

IDAHO EMS LICENSE VERIFICATION REQUEST

Have you ever applied for, been denied, received, or had revoked an EMS certificate/license in any other state?
 Yes – complete this form for each state in which you have ever applied for, held or been denied an EMS certificate/license.
 No – completion of this form is not required

Authorization to release information to the IDAHO EMS BUREAU (Please Print)

Name: _____ Also Known As: _____
Last First M.I. Alias, Maiden, or Nicknames

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Mailing Address: _____
Street City State Zip

I hereby authorize the state of _____ EMS licensing agency to furnish the information requested.

Certificate/License Number EMS Level

Signature of Applicant Date signed

THIS PORTION MUST BE COMPLETED BY THE STATE EMS LICENSING AUTHORITY

1. STATUS OF CERTIFICATION/LICENSURE

EMS LEVEL: _____

CERTIFICATION / LICENSE #: _____

EXPIRATION DATE: _____

2. HAS YOUR STATE TAKEN ANY DISCIPLINARY ACTION AGAINST THIS PERSON RESULTING IN A SUSPENSION, PROBATION, REVOCATION OR DENIAL FOR EMS CERTIFICATION OR LICENSURE?

YES NO

IF YES, PLEASE DESCRIBE (Use Attachment if needed)

3. IS THIS INDIVIDUAL CURRENTLY UNDER INVESTIGATION BY YOUR AGENCY?

YES NO

IF YES, UPON COMPLETION OF INVESTIGATION, PLEASE NOTIFY THE IDAHO EMS BUREAU OF THE OUTCOME AND ANY DISCIPLINARY ACTION.

I hereby certify that the above information is true and correct recorded by this office.

Signature

Name (print)

Title

Agency Name

Date

Please fax to 208-334-4015 or mail to:
Idaho EMS Bureau
PO Box 83720
Boise, ID 83720-0036
Attn: Personnel Licensing

State Board or Seal



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Consent to Shorten License Cycle Time Acknowledgement

Idaho Emergency Medical Services Bureau



Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or
Fax to 208-334-4015

Applicant Information:

Social Security # _____ - - _____ Date of Birth _____ / _____ / _____ Drivers License # _____ DL State _____

Name _____ Gender F M

Last Name First Name Middle Name/Initial

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-Mail Address _____

I request to shorten the license cycle time on license # _____ .

By shortening my license period, I acknowledge that the same license renewal requirements are in place had I not chosen to shorten my time frame. All continuing education hours for license renewal upon expiration of the shortened license cycle must be completed between the effective and expiration dates on the newly issued EMS license and submitted prior to the expiration date.

I agree to return any and all other Idaho EMS licenses I hold prior to receiving my new EMS license with the effective shortened licensure renewal cycle.

Date _____

Signature _____

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Emergency Medical Responder (EMR) License Renewal Application

Idaho Emergency Medical Services Bureau



Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or
Fax to 208-334-4015

Completion checklist: Application Completed continuing education record Applicant Signature Affiliating Agency Official Signature

Supporting Documentation: LZO Course Completion Documentation Refresher Course Completion Documentation CPR Proficiency

Applicant Information:

Social Security # _____ - - Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____

Name _____ Gender F M

Last Name First Name Middle Name/Initial

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-Mail Address _____ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____

Agency Chief/Director/President _____

Signature

Printed Name

Additional Licensed EMS Affiliations: _____

Check all circumstances in which you will use this certification: Volunteer True Compensated Career Full Time Part Time

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant

Date signed

For Bureau Use Only

Received in Bureau

Received by Licensure Program

**EMERGENCY MEDICAL RESPONDER (EMR)
License Renewal Education Record**

Applicant Name: _____

All license renewal requirements must be completed between the effective date and the expiration date of the current license.

A. First Responder/EMR Refresher Course Options (Complete one of three) – Attach proof of completion

- 1) An EMS Bureau approved EMR Refresher Course **and** six hours of continuing education
EMR Refresher Course Approval Number _____ Completion Date _____ Instructor _____
- 2) An EMS Bureau approved EMT Refresher Course
EMT-Basic Refresher Course Approval Number _____ Completion Date _____ Instructor _____
- 3) Successful completion of NREMT First Responder/EMR cognitive exam **and** complete six hours of continuing education

B. Additional Continuing Education (must complete prior to September 30, 2010)

- Landing Zone Officer (LZO) training

C. Required Continuing Education

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
CPR Proficiency One and Two Rescuer Adult/Child/Infant				Landing Zone Officer			
Total				Total			



Emergency Medical Technician-EMT License Renewal Application



Idaho Emergency Medical Services Bureau

Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or
Fax to 208-334-4015

Completion checklist: Application Completed continuing education record

Required Signatures: Applicant Signature Affiliating Agency Official Signature Skills Verification Signature (Medical Director or Training Officer)

Supporting Documentation: LZO Course Completion Documentation Refresher Course Completion Documentation Pediatric Specific CEU's

Applicant Information:

Social Security # _____ - - Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____

Name _____ Gender F M
Last Name First Name Middle Name/Initial

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-Mail Address _____ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____

Agency Chief/Director/President _____
Signature Printed Name

Additional Licensed EMS Affiliations: _____

Check all circumstances in which you will use this certification: **Volunteer** True Compensated **Career** Full Time Part Time

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant

Date signed

For Bureau Use Only

Received in Bureau

Received by Licensure Program

**EMT
License Renewal Education Record**

Applicant Name: _____

All license renewal requirements must be complete and submitted between the effective date and the expiration date of the current license. Renewal requires an EMS Bureau approved EMT refresher option, 24 hours of continuing education and verification of skills.

A. EMT Refresher Options (Complete one of five) – Attach proof of completion

- Traditional EMS Bureau approved Refresher # _____ Completion Date _____ Instructor _____
- CECBEMS Approved Refresher Education Online Vendor _____ Completion Date _____
- Successfully complete the NREMT EMT cognitive exam. Date Complete _____
- Completion of an agency sponsored Ongoing Training Education Plan (OTEP) approved by the EMS Bureau
- Completion of a Paramedic Program

B. Additional Continuing Education – Attach proof of completion

- Landing Zone Officer training (must complete prior to September 30, 2010)
- Four hours Pediatric specific continuing education (included in the 24 hours required)

C. Continuing Education (24 hours required)

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
Landing Zone Officer							
Total				Total			

Skills Verification - This is to confirm that this applicant for license renewal has completed skills verification and has performed satisfactorily to be deemed competent in the following skills:

- *Trauma and Medical Patient Assessment and Management*
- *Cardiac Arrest Management including CPR/AED Skills*
- *Ventilatory Management and Oxygen Administration to include upper airway adjuncts, suction, and Bag-valve-mask*
- *Hemorrhage Control/Shock Management*
- *Splinting Procedures to include traction splinting*
- *Assisted Medication Administration*
- *Childbirth Skills to include care of the newborn*
- *Spinal Immobilization, both seated and supine, including application of the cervical collar*

Signature of Agency Medical Director or Designee

Date

Printed Name of Agency Medical Director or Designee



AEMT License Renewal Application

Idaho Emergency Medical Services Bureau

Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or
Fax to 208-334-4015



Completion checklist: \$25 renewal fee Application Completed continuing education record

Required Signatures: Applicant Signature Affiliating Agency Official Signature Medical Director Skills Verification Signature

Supporting Documentation: LZO Course Completion Documentation Refresher Course Completion Documentation Pediatric Specific CEU's

Applicant Information:

Social Security # _____ - - _____ Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____

Name _____ Gender F M
Last Name First Name Middle Name/Initial

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-Mail Address _____ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____

Agency Chief/Director/President _____

Signature

Printed Name

Additional Licensed EMS Affiliations: _____

Check all circumstances in which you will use this license:

Volunteer

Career

True

Full Time

Compensated

Part Time

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant _____

Date signed _____

For Bureau Use Only

Received in Bureau

Received by Licensure Program

Cert. Fee Rcvd Date _____

Cash - Receipt # _____

Check # _____

M.O. # _____

DB - Agency _____

ADVANCED EMT

License Renewal Education Record

Applicant Name: _____

All license renewal requirements must be complete and submitted between the effective date and the expiration date of the current license.

A. Advanced EMT Refresher Options (Complete one) – Attach proof of completion

- Successfully pass the NREMT Intermediate-85 cognitive exam (If you select this option, complete the necessary information in section C and D.)
- AEMT Refresher (If you select this option, you are required to select an option from section B, and complete the necessary information in section C and D.)
 Course # _____ Completion Date _____ Instructor: _____
- Completion of a Paramedic Program (If you select this option, complete the necessary information in section C and D.)

B. EMT Refresher Options (Complete one) - Attach proof of completion

- Traditional EMS Bureau approved Refresher # _____ Completion Date _____ Instructor _____
- CECEBEMS Approved EMT Refresher Education Online Vendor _____ Completion Date _____
- Successfully pass the NREMT EMT cognitive exam.
- Completion of an agency sponsored Ongoing Training Education Plan (OTEP) approved by the EMS Bureau

C. Additional Continuing Education – Attach proof of completion

- Landing Zone Officer training (must complete prior to September 30, 2010)
- Four hours Pediatric specific continuing education (included in the 24 hours required)

D. Continuing Education (24 hours required)

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
Landing Zone Officer							
Total		Total					

Skills Verification - As the Physician Medical Director for the above named EMS Agency, I attest to the competence of the applicant named on this form in all of the Assurance of Knowledge and Skills Proficiency categories listed on this page and recommend license renewal of this individual.

- *Trauma and Medical Patient Assessment and Management*
- *Cardiac Arrest Management including CPR/AED Skills*
- *Ventilatory Management and Oxygen Administration to include upper airway adjuncts, suction, and Bag-valve-mask*
- *Advanced Airway Management*
- *Intravenous Therapy*
- *Hemorrhage Control/Shock Management*
- *Splinting Procedures to include traction splinting*
- *Assisted Medication Administration*
- *Childbirth Skills to include care of the newborn*
- *Spinal Immobilization, both seated and supine, including application of the cervical collar*

Signature of Agency Medical Director or Designee

Date

Printed Name of Agency Medical Director or Designee

**Paramedic
License Renewal Education Record**

Applicant Name: _____

Additional Continuing Education (Must be completed prior to September 30, 2010) – Attach proof of completion

Landing Zone Officer training Date _____ Instructor _____

Record the number of hours accumulated during the current certification period in each category based on the method utilized. Total all hours across and down. Renewal requires 6 of 9 venues and at least 4 hours in all categories and an additional four hours in Pediatric specific, with a minimum of 72 hours total.

Assurance of Knowledge Categories	Classroom Sessions	Refresher Program	Nationally Recognized Courses	Regional and National Conferences	Teaching Topical Material	Approved Self-study or Directed Study	Case Reviews or Grand Rounds	Formal Distance Learning	Journal Article Review	Total Hours in Each Category
Landing Zone Officer										
Assessment Based Management										
Airway Management/Ventilation										
Emergency Pharmacology										
Trauma										
Medical										
Pediatrics (At least eight hours)										
Special Considerations										
EMS Systems										
Total hours in each venue:										Grand Total

Skills Verification- As the Physician Medical Director for the above named ALS Agency, I attest to the competence of the applicant named on this form in all of the Assurance of Knowledge and Skills Proficiency categories listed on this page and recommend license renewal of this individual.

- *Cardiac Rhythm Interpretation including the ability to correctly interpret oscilloscopic and hard copy electrocardiograms*
- *History Taking*
- *Medical Assessment and Management*
- *Trauma Assessment and Management*
- *Advanced Cardiac Arrest Management*
- *Pediatric and Infant Resuscitation to include airway obstruction*
- *Basic Airway Management to include bag-valve-mask and bag-valve tube ventilation*
- *Advanced Airway Management to include endotracheal intubation*
- *Emergency Medical Systems Medical Communications involving voice and ECG telemetry communications procedures including actions during communications failures*
- *Fracture Immobilization including traction splinting*
- *Intravenous Therapy*
- *Parenteral Drug Administration*
- *CPR proficiency/AED awareness*
- *Spinal Immobilization seated and supine including application of the cervical collar*
- *Obstetrics Delivery Procedures to include care of the newborn*

Signature of Agency Medical Director or Designee

Date

Printed Name of Agency Medical Director or Designee

Idaho EMS Agency Name _____ License # _____

Personnel Affiliation - Status Change Form

Provider Name	Provider license #	Address (City, State, Zip)	Add	Remove	Terminated for Cause or LDA *

* IDAPA 16.02.03.515 authorizes the Idaho Emergency Medical Services (EMS) Bureau to investigate any action, conduct, or failure to act which is inconsistent with the professionalism, and/or standards established by the Rules Governing of EMS. In accordance with this responsibility, please notify the EMS Bureau when a licensed EMS provider is terminated for cause or is the subject of local disciplinary action (LDA). This includes a medical director sanction of a limited scope of practice, restriction or withdrawal of medical director approval to function, per IDAPA 16.02.02.200.03. Disclosure of the circumstances will result in an initial review and may lead to a request for further information and full investigation by the EMS Bureau. Local disciplinary action must be reported within fifteen (15) days per Idaho Code 39-1393.

Details and copies of associated documentation for terminations for cause and LDA's should be sent by certified mail to: Idaho EMS Bureau, Attn: Standards & Compliance - Investigations, PO Box 83720, Boise, ID 83720-0036



Attesting Officer Name:	Date:
Signature:	Title:

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APPENDIX C
EMS Bureau Approved Refresher Classes

The following options meet the minimum requirements for the EMT Refresher education.

- 1.) Traditional Idaho EMS Bureau approved 24-hour EMT Refresher based on the National Highway Traffic Safety Administration (NHTSA) EMT-Basic Refresher National Standard Curriculum taught by an Idaho approved EMT instructor
 OR
- 2.) Continuing Education Coordinating Board for EMS (CECBEMS) approved EMT-Basic Refresher Education Online Course– based on the NHTSA EMT-Basic Refresher National Standard Curriculum
 OR
- 3.) Successfully pass the NREMT EMT cognitive examination
 OR
- 4.) Ongoing Training Education Plan (OTEP) refresher sponsored by an Idaho EMS Agency
 - A. The EMS agency training officer and medical director will develop an ongoing training education plan and submit the plan to the EMS Bureau for approval.
 - B. The OTEP must be based on the cognitive, affective and psychomotor objectives found in the NHTSA EMT-Basic Refresher National Standard Curriculum.
 - C. The OTEP must use Idaho approved instructor(s) for skills assessments.
 - D. Annual and certification period educational requirements must be met as outlined below:

Annual Requirements	Certification Period Requirements two hours minimum in each category
Skill verification to current AHA standards for CPR, foreign body airway obstruction and defibrillation of the infant, child and adult ventilation	Preparatory Trauma Medical Infectious Diseases Behavioral Pharmacology Pediatric Obstetrics
Airway management of the infant, child and adult to include use of airway adjuncts and bag-valve mask.	
Spinal Immobilization of the seated and supine infant, child and adult.	
Patient Assessment of the infant, child and adult trauma patient.	
Patient Assessment of the infant, child and adult medical patient.	

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APPENDIX D

Minimum Equipment Standards
for
Licensed EMS Services

Version 4.0

Adopted by the Idaho Board of Health & Welfare

November 16, 2000

This document is maintained by the Idaho Emergency Medical Services Bureau. To obtain additional copies or to verify that this is the most recent version, contact the Bureau:

208/ 334-4000
590 W. Washington Street
P O Box 83720
Boise ID 83720-0036

This is an unofficial publication of the rules contained herein. The official publication of these rules is contained in the Idaho Administrative Code or the Idaho Administration Bulletin, published by the Administrative Rules Coordinator.

Minimum Required Ambulance Equipment

- All Levels of Service

A. Ventilation and Airway Equipment:

1. Electric suction apparatus and accessories
 - Portable suction
 - Installed suction
 - Wide bore tubing (2)
 - Tonsillar suction tips (4)
 - Flexible suction catheters 5F-14F (1 ea)
2. Portable oxygen equipment
 - Portable min 300 L capacity/'D' tank (2)
 - Constant flow regulator with adjustable flow rates from at least 2 - 15 lpm (2)
3. Installed fixed oxygen equipment able to simultaneously deliver to at least two patients
 - Fixed min 3000 L capacity/ 'M'tank (1)
 - Remaining tank-pressure gauge (1)
 - Liter flowmeter with adjustable flow rate and quick disconnect (2)
 - Wall mounted standard oxygen port with quick disconnect (2)
4. Oxygen administration equipment
 - Nasal cannula
 - Adult (4)
 - Pediatric (2)
 - Infant (2)
 - Transparent non -rebreather mask
 - Adult (4)
 - Pediatric (3)
 - Oxygen tubing (6)
 - Pocket mask
 - Adult (1)
 - Pediatric (1)
5. Bag mask resuscitators
 - Adult minimum 800 ml tidal volume (2)
 - Child maximum 400 ml tidal volume (2)
 - Clear masks for use with resuscitators
 - Adult (2)
 - Child (2)
 - Infant (2)
6. Airways
 - Oropharyngeal sizes 55 mm - 115 mm (2 ea)
 - Nasopharyngeal sizes 20F - 34F (1 ea)

B. Immobilization Devices:

1. Rigid cervical collars
 - Pediatric and adult assorted sizes (1 ea, total 5)
2. Head immobilization device (2)
3. Lower extremity traction device (1)
4. Extremity immobilization devices in appropriate sizes (1 set)
5. Long backboards (2)
6. Short spine immobilization device (2)
7. Immobilization straps or cravats (1 set per board)

C. Dressings and Bandages:

1. Sterile burn sheets (2)
2. Triangular bandages (1)

3. Sterile dressings
 - 10x30" or larger (4)
 - ABD 5x9" or larger (6)
 - 4x4" (50)
4. Clean rolled bandages 4" or larger (10)
5. Sterile occlusive dressing, 3x8" or larger (4)
6. Adhesive tape
 - 2" or 3" hypoallergenic (6)

D. Radio Communication:

1. Installed mobile radio transceiver utilizing State EMS frequencies 155.340 MHZ and 155.280 MHZ

E. Obstetrical:

1. Individual sterile kits containing at least a bulb syringe, surgical gloves, sterile disposable scalpel, cord clamps, and plastic bag for placenta disposal (2)
2. Heat reflective or insulating blanket for infant

F. Miscellaneous:

1. Sphygmomanometer
 - Adult (2)
 - Child (1)
 - Infant (1)
2. Stethoscope (2)
3. Heavy bandage shears (2)
4. Flashlights (2)
5. Blankets (4)
6. Sheets (4 sets) pillowcases (4)
7. Pillows (2)
8. Fire extinguisher min. Rating 2A10BC (1)
9. Triage tags (50)
10. Ambulance cot with mounted cot fastening system (1)
11. Luminescent traffic warning devices (2)
12. Scoop stretcher (1)
13. Stair chair or equivalent seated transport device
14. Current US DOT Emergency Response Guidebook (1)

G. Infection Control:

1. Body substance isolation
 - Eye protection, gloves, gowns, masks, shoe covers (sufficient number for crew)
 - Antimicrobial hand wash
 - Standard sharps container (1)
 - Disposable trash bags (2)
 - Biohazard bags

H. Medications:

1. Activated Charcoal (2 bottles)
2. Oral Glucose (1 tube)

I. Defibrillator (if licensed at this level):

1. Semi-automatic defibrillator (1)
2. Defibrillator pads (2 sets)

Minimum Required Ambulance Equipment

- Advanced EMT-A Services

Required in addition to the equipment on the "All Levels of Service" page.

A. *Vascular Access:*

1. Minimum 6000 ml of intravenous fluids, either
 - Normal Saline and/or
 - Lactated Ringers
2. Intravenous administration sets (6)
3. Intravenous Catheters sized 14g to 24g (6 ea)
4. Tourniquet (2)
5. Antiseptic wipes (6)
6. IV pole or roof hook (1)

B. *Advanced Airway Control:*

1. EOA with mask and syringe (2 boxed sets)

(Advanced EMT-A Intubation Programs only)

1. Laryngoscope handle with extra batteries and bulbs
2. Laryngoscope blades
 - Straight size 0, 1, 2
 - Curved and/or straight 3, 4
3. Endotracheal tubes
 - Uncuffed size 3.0 mm - 5.0 mm (2 ea)
 - Cuffed size 5.5 mm - 8.0 mm (2 ea)
4. 10 ml non-Luerlock syringes (6)
5. Stylettes
 - Adult (2)
 - Pediatric size 6 Fr (1)
6. Water soluble lubricating jelly (6 pkgs or 1 tube)

(Intraosseous Programs Only)

1. Intraosseous needles (4)
2. 10 cc syringe

Minimum Required Ambulance Equipment

- Paramedic Ambulance

Required in addition to the equipment on the "All Levels of Service" page.

A. *Vascular Access:*

1. Minimum 6000 ml of intravenous fluids, either
 - Normal Saline and/or
 - Lactated Ringers
2. Intravenous administration sets (6)
3. Intravenous Catheters sized 14g to 24g (6 ea)
4. Tourniquet (2)
5. Antiseptic wipes (6)
6. IV pole or roof hook (1)
7. Intraosseous needles (4)
8. Syringes of various sizes including tuberculin
9. Needles size 14g - 24g

B. *Advanced Airway Control:*

1. Laryngoscope handle with extra batteries and bulbs
2. Laryngoscope blades
 - Straight size 0, 1, 2
 - Curved and/or straight 3, 4
3. Endotracheal tubes
 - Uncuffed size 3.0 mm - 5.0 mm (2 ea)
 - Cuffed size 5.5 mm - 8.0 mm (2 ea)

4. 10 ml non-Luerlock syringes (6)

5. Stylettes

- Adult (2)
- Pediatric size 6 Fr(1)

6. Water soluble lubricating jelly (6 pkg or 1 tube)

7. Magill forceps, adult and pediatric sizes (1 ea)

C. *Cardiac:*

1. Manual monitor/defibrillator (1)
2. Monitoring patches (2 sets)
3. Pacing patches (2 sets)

D. *Medications:*

Full disclosure of all medications utilized by the paramedic service and appropriate to the scope of practice for paramedics as defined by the Board of Medicine shall be included in the application for licensure.

Minimum Required Equipment

A. Ventilation and Airway Management:

1. Electric suction apparatus and accessories
 - Portable suction
 - Installed suction
 - Wide bore tubing
 - Tonsillar suction tips
 - Flexible suction catheters (6 Fr - 14 Fr)
2. Portable oxygen equipment
 - Minimum 300L capacity / 'D' tank
 - Constant flow regulator with adjustable flow rates (2 - 15 lpm)
3. Installed fixed oxygen equipment able to simultaneously deliver oxygen to at least 2 patients
 - Minimum 3000L capacity/ 'M' tank
 - Tank pressure gauge
 - Liter flowmeter with adjustable flow rate and quick disconnect
4. Oxygen administration equipment
 - Nasal cannula
 - Non -rebreather mask, adult and pediatric
 - Nebulizer
5. Bag mask resuscitators and masks
 - Adult
 - Pediatric
 - Infant
 - Neonate
6. Oral and nasopharyngeal airways
 - Assorted sizes to include 40mm - 115mm, 00-5
7. Advanced airway control
 - Laryngoscope blades, straight and curved, to include 0-4
 - Endotracheal tubes, cuffed and uncuffed (3.0 - 8.0)
 - Stylettes
 - Adult
 - Pediatric, to include size 6 Fr
 - Magill forceps
 - Adult
 - Pediatric
 - Water soluble lubricating jelly
 - 10ml non-Leurlock syringes
 - Needle and surgical airway kit
 - Heimlich valves / needle decompression kits
8. Ventilator
 - Peep valve
9. End tidal CO² monitoring device
10. Pulse oximeter

B. Vascular Access:

1. NS and/or LR
2. Intravenous administration sets
3. Intravenous catheters (24g - 14g)
4. Tourniquet
5. Antiseptic wipes
6. IV pole or hook
7. Intraosseous needles
8. Syringes of various sizes
9. Pressure bags

- Air Medical Services

C. Cardiac:

1. Manual monitor/defibrillator/pacer
2. Monitoring patches
3. Multifunction pads

D. Medications:

1. Full disclosure of all medications utilized

E. Immobilization:

1. Rigid cervical collars, adult and pediatric
2. Head immobilization devices
3. Extremity immobilization devices
4. Long backboard/ stretcher/ scoop
5. Immobilization straps
6. Pediatric immobilization device

F. Dressings and Bandages:

1. Burn dressings
2. Sterile dressings
 - 10x30" or larger
 - ABD 5x9" or larger
 - 4x4"
 - Roller type bandages
 - Occlusive dressings
3. Tape

G. Communications:

1. Installed mobile radio transceiver utilizing State EMS frequencies 155.340 and 155.280 MHZ
2. Portable radios
3. Cell phone

H. Obstetrical:

1. Sterile kit containing at least a bulb syringe, surgical gloves, sterile disposable scalpel, cord clamps, and plastic bag for placenta disposal
2. Heat reflective or insulating blanket for infant

I. Miscellaneous:

1. Sphygmomanometer, adult and pediatric, infant cuffs
2. NIBP capabilities, adult, pediatric, infant cuffs
3. Stethoscope
4. Infusion pumps
5. Doppler
6. WBG monitoring
7. Heavy bandage shears
8. Flashlights
9. Blankets
10. Sheets
11. Pillows
12. Fire extinguisher, minimum rating 2A10BC
13. Trauma bands
14. Stretcher with mounted fastening system
15. Current US DOT Emergency Response Guidebook
16. Soft restraints
17. Emesis containers
18. Temperature probes/ strips

19. Survival equipment
20. Earplugs/ headsets/ helmets
21. Disaster kit - readily available

4. Sharps container
5. Disposable trash bags
6. Biohazard bags

J. *Infection Control:*

1. Body substance isolation
2. Eye protection, gloves, gowns, masks
3. Antimicrobial hand wash

K. *Specialty Teams/ Services:*

1. Full disclosure of specialty services offered
2. Full disclosure of all equipment readily available

Rescue Extrication Equipment (if provided by this service)

A. *Hand Powered Hydraulic Set*

1. Wedge (1)
2. Spreader (1)
3. Ram (1)
4. Pumps (min 2)

B. *Come-a-long (minimum 1)*

1. 5' chain (minimum 1)
2. 12' chain (minimum 1)

C. *Air Gun Cutting Kit*

1. Air Gun (minimum 1)
2. Air Tanks (minimum 2)

D. *10-Ton Hydraulic Ram Set*

1. Pump
3. Rams (2)

E. *20-Ton Hydraulic Ram Set*

1. Pump (1)
2. Ram (1)

F. *Pneumatic Spreader Set*

1. Spreader (1)
2. Pump (1)

G. *Cribbing Set*

Minimum Required Equipment - Non-transport Service

A. Ventilation and Airway Equipment:

1. Electric portable suction apparatus
 - Wide bore tubing
 - Tonsillar suction tip (2)
2. Oxygen equipment
 - Portable minimum 300 L capacity (2)
 - Constant flow regulator with adjustable flow rates from at least 2 - 15 lpm (2)
3. Oxygen administration equipment
 - Nasal cannula
 - Adult (2)
 - Pediatric (2)
 - Infant (1)
 - Transparent non -rebreather mask
 - Adult (2)
 - Pediatric (2)
 - Oxygen tubing (2)
4. Pocket mask
 - Adult (1)
 - Pediatric (1)
5. Bag mask resuscitators
 - Adult minimum 800 ml tidal volume (1)
 - Child maximum 400 ml tidal volume (1)
 - Clear masks for use with resuscitators
 - Adult (1)
 - Child (1)
 - Infant (1)
6. Airways
 - Oropharyngeal sizes 55 mm - 115 mm
 - Nasopharyngeal sizes 20F - 34F

B. Immobilization Devices:

1. Rigid cervical collars pediatric and adult assorted sizes (1 each, total 5)
2. Head immobilization device (2)
3. Lower extremity traction device (1)
4. Extremity immobilization devices in appropriate sizes (1 set)
5. Long backboards (2)
 - Short spine immobilization device (1)
 - Immobilization straps or cravats (1 set per board)

C. Dressings and Bandages:

1. Sterile burn sheet (2)
2. Triangular bandage (1)
3. Sterile dressings
 - 10x30" or larger (2)
 - ABD 5x9" or larger (2)
 - 4x4" (50)
4. Clean rolled bandages 4" or larger
5. Occlusive dressing, sterile 3x8" or larger (10)
6. Adhesive tape
 - 2" or 3" hypoallergenic (6)

D. Radio Communication:

1. Mobile or portable radio utilizing State EMS frequencies 155.340 MHZ and 155.280 MHZ

E. Obstetrical:

1. Individual sterile kit containing at least a bulb syringe, surgical gloves, disposable scalpel, cord clamps, and plastic bag for placenta disposal. (1)
2. Heat reflective or insulating blanket for infant (1)

F. Miscellaneous:

1. Sphygmomanometer
 - Adult, child, infant sizes
2. Stethoscope (1)
3. Heavy bandage shears (1)
4. Flashlight (2)
5. Blankets (2)
6. Fire extinguisher min rating 2A10BC (1)
7. Triage tags (25)
8. Luminescent traffic warning devices (2)
9. Current US DOT Emergency Response Guidebook (1)

G. Infection Control:

1. Body substance isolation
 - Eye protection, gloves, gowns, masks, shoe covers (sufficient number for crew)
 - Antimicrobial hand wash
 - Standard sharps container (1)
 - Disposable trash bags (2)
 - Biohazard bags

H. Medications:

1. Activated Charcoal
2. Oral Glucose

I. Defibrillation (if licensed at this level):

1. Semi-automatic defibrillator
2. Defibrillator pads (2)