

1 16 DEPARTMENT OF PUBLIC SAFETY  
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 3 163 MAINE EMERGENCY MEDICAL SERVICES SYSTEM  
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 5 CHAPTERS 1-19: MAINE EMERGENCY MEDICAL SERVICES SYSTEM RULES  
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**16 DEPARTMENT OF PUBLIC SAFETY**

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

**CHAPTER 1: MISSION, VISION, GOALS AND CORE VALUES OF THE MAINE EMS SYSTEM**

**§1. Mission**

The Legislature of the State of Maine created the EMS Act to "promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care...with standards for all providers...." The Maine EMS system consists of emergency medical dispatchers, out-of-hospital and hospital patient care providers, system planners, and system coordinators. It is their mission to provide emergency patient care, enforce minimum baseline standards and encourage optimum standards. Maine EMS system personnel in every capacity and position in the system, whether paid or volunteer, will be respected as professionals and judged by professional standards for that capacity or position.

**§2. Vision**

Maine EMS' vision is to ensure the successful operation of the Maine EMS system through planning, evaluation, coordination, facilitation, and only as a last resort, regulation. To this end, Maine EMS and its regional councils will coordinate and facilitate the establishment of standards by consensus of EMS system personnel and will promote and enforce those standards. Maine EMS will strive to facilitate the operation of this system and its personnel through the coordination of provider services and personnel, promotion of the system and recognition of the importance of volunteers to the system. Maine EMS will develop resources to improve the professional capabilities of team members and to make EMS work safe, healthful, and satisfying.

**§3. Goals and Core Values**

1. Maine EMS will fulfill its mission and pursue its vision in accordance with the Maine EMS work plan and the following core values:

- A. Excellence in out of hospital care;
- B. Support and guidance to system providers and organizations;
- C. Collaboration and coordination with the overarching health care system; and
- D. Integrity, transparency, and fairness.

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

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982

112 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
113 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
114 11.1067  
115 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
116 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
117 September 1, 1986  
118 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
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**16 DEPARTMENT OF PUBLIC SAFETY**

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

**CHAPTER 2: DEFINITIONS**

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

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

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

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

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

1. **Ground Ambulance Services** are those services licensed by the Board that treat patients and transport them in ambulance vehicles that are licensed by the Board and are designed to be operated on the roads and highways of the State.
2. **Scene Response Air Ambulance Services** are those services licensed by the Board that transport patients, utilizing aircraft licensed by the Board, from the scene of the

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

174  
 175 3. **Transfer Air Ambulance Services** are those services licensed by the Board that  
 176 transport patients utilizing aircraft licensed by the Board and that may only provide  
 177 air transfer of patients being transferred from a hospital or health care facility to  
 178 another place.

179  
 180 4. **Restricted Response Air Ambulance Services (RRAAS)** are those services  
 181 licensed by the Board and that utilize aircraft licensed by the Board to provide  
 182 limited air ambulance services in order to meet a need within the State not otherwise  
 183 fulfilled by a Scene Response Air Ambulance Service or a Transfer Air Ambulance  
 184 Service.

185  
 186 §4. **BASE LOCATION** has the following meanings dependent upon the type of service  
 187 license held:

188  
 189 1. For services licensed as Ground Ambulance Services, Scene Response Air  
 190 Ambulance Services or Restricted Response Air Ambulance Services, Base  
 191 Location means the physical location within a municipality, designated by the  
 192 service and approved by the Board, from which a service responds its ambulances.

193  
 194 Ground Ambulance Services may position ambulances within municipalities abutting the  
 195 municipality in which the Base Location is situated, for the purpose of enhancing  
 196 emergency response.

197  
 198 2. For Non-Transporting Services or Transfer Air Ambulance Services, Base Location  
 199 means that the service maintains a single phone listing for public access.

200  
 201 §5. **BASIC EMERGENCY MEDICAL TREATMENT** means those portions of  
 202 emergency medical treatment:

203 A. Defined by the board to be basic; and  
 204 B. That the board determines may be performed by persons licensed under 32 M.R.S. Chapter  
 205 2-B within a system of emergency care approved by the board when acting under the  
 206 supervision of:

207 (1) An appropriate physician; or  
 208 (2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a  
 209 hospital to supervise and direct the actions of an emergency medical services person.

210  
 211 §6. **BOARD** means the Emergency Medical Services Board established pursuant to 32  
 212 M.R.S. Chapter 2-B, § 88.

213  
 214 §7. **BOARD APPROVAL.** When no other method of gaining Board approval is specified,  
 215 the person who seeks the approval shall apply in writing to the chairperson of the Board in care

216 of the office of Maine Emergency Medical Services, stating the action to be considered, the  
 217 section in the Rules under which approval is sought and the grounds in support of the request.  
 218

219 §8. **CERTIFICATE** means a document issued as evidence that a person has completed a  
 220 course of training or a particular test or recertification.  
 221

222 §9. **CPR TRAINING** means completion of a Cardio-Pulmonary Resuscitation (CPR)  
 223 program. This is interpreted to include semiautomatic defibrillation when that module is  
 224 successfully completed.  
 225

226 §10. **DEPARTMENT** means the Maine Department of Public Safety.  
 227

228 §11. **EMERGENCY MEDICAL CALL** means any event which is perceived to threaten the  
 229 life, limb, or well-being of an individual in such a manner that a need for emergency medical  
 230 treatment is created.  
 231

232  
 233 §12. **EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM** means  
 234 a system approved by the Emergency Services Communications Bureau and the board that  
 235 includes:  
 236

- 237 1. A protocol for emergency medical dispatcher response to calls;
- 238
- 239 2. A continuous quality improvement program that measures compliance with the  
 240 protocol through ongoing random case review of each emergency medical  
 241 dispatcher; and
- 242
- 243 3. A training curriculum and testing process consistent with the protocol.  
 244

245 §13. **EMERGENCY MEDICAL DISPATCH CENTER** means any entity that holds itself  
 246 out to be a provider of emergency medical dispatch services.  
 247

248 §14. **EMERGENCY MEDICAL DISPATCH SERVICES** means any of the following  
 249 services provided in the context of an emergency call made to the E-9-1-1 system:  
 250

- 251 1. Reception, evaluation or processing of calls;
- 252
- 253 2. Provision of dispatch life support;
- 254
- 255 3. Management of requests for emergency medical assistance; and
- 256 4. Evaluation or improvement of the emergency medical dispatch process, including  
 257 identifying the nature of an emergency request, prioritizing the urgency of a request,  
 258 dispatching necessary resources, providing medical aid and safety instructions to the  
 259 caller and coordinating the responding resources as needed.  
 260

261 §15. **EMERGENCY MEDICAL DISPATCHER** means a person licensed by the Board who  
 262 provides emergency medical dispatch services as a member of an emergency medical dispatch  
 263 center licensed by the Board.

264  
 265 §16. **EMERGENCY MEDICAL SERVICES PERSON** means any person who routinely  
 266 provides emergency medical treatment to the sick or injured. The following persons are not  
 267 considered to be routinely providing emergency medical treatment for the purpose of these Rules  
 268 and may provide emergency medical treatment only as specified below when called upon.

- 269
- 270 1. Those persons as specified in 32 M.R.S. § 82(2) subject to any restrictions stated in  
 271 that section;
  - 272
  - 273 2. Any person having CPR or hemorrhage control training, for the purpose of  
 274 providing those skills within the scope of that training;
  - 275
  - 276 3. Any person who provides automatic external defibrillation in accordance with 22  
 277 M.R.S. § 2150-C;
  - 278
  - 279 4. Any student currently enrolled in a course leading to licensure may practice  
 280 procedures learned in that course when that student:
    - 281
    - 282 A. Has received permission to practice those procedures from the Maine EMS  
 283 authorized Training Center conducting the course;
    - 284
    - 285 B. Is participating in a scheduled field internship session approved by the  
 286 course's clinical coordinator;
    - 287
    - 288 C. Is practicing those procedures with a Maine EMS-licensed service that  
 289 complies with guidelines as developed by Maine EMS to conduct field  
 290 internship sessions; and,
    - 291
    - 292 D. Is supervised by a preceptor licensed to perform those procedures and who  
 293 is acting in accordance with any requirements or guidelines as approved and  
 294 published by Maine EMS.

295  
 296 If such a person is also licensed under these Rules, any emergency medical  
 297 treatment he/she provides that is within the scope of his/her license will be  
 298 considered as routine and not subject to such supervision.

299  
 300  
 301  
 302 §17. **EMERGENCY MEDICAL SERVICES VEHICLE** means a vehicle, authorized by  
 303 Maine EMS pursuant to 29-A M.R.S. § 2054, for the purpose of transporting personnel and/or  
 304 equipment to the scene of a medical emergency that is not otherwise licensed as an ambulance or  
 305 registered as a fire department vehicle. An emergency medical services vehicle must be



306 exclusively leased or owned and operated by a service licensed by Maine EMS or by an agency  
 307 designated by Maine EMS.

308  
 309 **§18. EMERGENCY MEDICAL TREATMENT** means those skills, techniques and  
 310 judgments, as defined by the Board, which are directed to maintaining, improving or preventing  
 311 deterioration of the medical condition of the patient and which are appropriate to be delivered by  
 312 trained persons at the scene of a patient's illness or injury outside the hospital and during  
 313 transportation to the hospital.

314  
 315 **§19. EMERGENCY RESPONSE MODE** means the operation of the ambulance's or  
 316 emergency medical services vehicle's warning lights and siren in accordance with the Maine  
 317 Motor Vehicle Statutes, 29-A M.R.S.

318  
 319 **§20. EMERGENCY SERVICES COMMUNICATIONS BUREAU** means the Emergency  
 320 Services Communication Bureau within the Public Utilities Commission.

321  
 322 **§21. FAA** means Federal Aviation Administration.

323  
 324 **§22. FAR** means Federal Aviation Regulations

325  
 326 **§23. FULL TIME DISPATCH** means a communications center that:

- 327  
 328           1. Operates twenty-four hours per day;  
 329           2. Records telephone and radio transmissions regarding calls for medical assistance;  
 330           3. Communicates with emergency medical services providers via two-way radio and  
 331           other methods.

332  
 333 **§24. LICENSE** means a full, temporary, provisional or conditional license issued under these  
 334 Rules.

335  
 336 **§25. LOCATED OUTSIDE THE STATE OF MAINE.** An ambulance service is located  
 337 outside the State of Maine provided that it is licensed in another state or territory, does not  
 338 maintain a base of operations in Maine, and does not routinely carry patients between points,  
 339 both of which are in Maine.

340  
 341 **§26. MAINE EMERGENCY MEDICAL SERVICES, or MAINE EMS** means the Board,  
 342 the emergency medical services director, and staff within the Department of Public Safety  
 343 responsible for carrying out the responsibilities of 32 M.R.S. § 81 et seq. and these Rules.

344  
 345 **§27. MEDICAL CONTROL** is physician supervision of pre-hospital emergency medical  
 346 care. More specifically, it is those actions taken to ensure that care provided on behalf of ill or  
 347 injured patients is medically appropriate. Medical Control includes:

- 348  
 349           1. Online Medical Control:

350

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

353  
 354 B. This physician direction may be provided by a Physician Assistant or  
 355 Advanced Practice Registered Nurse delegated by the physician(s)  
 356 charged with medical oversight, pursuant to 32 M.R.S. § 83(17-A).

357  
 358 2. Medical Direction:

359 A. The administrative medical direction of EMS personnel by a physician  
 360 as designated in these Rules. Medical Direction includes interaction  
 361 with operational and administrative aspects of EMS (for example,  
 362 education and training, quality improvement, ambulance staffing,  
 363 dispatch issues, and hospital destination).

364  
 365  
 366 **§28. MEDICAL DIRECTION AND PRACTICES BOARD** means the board consisting of  
 367 each regional medical director, an emergency physician representing the Maine Chapter of the  
 368 American College of Emergency Medicine Physicians, an at-large member, a toxicologist or  
 369 licensed pharmacist, a person licensed under 32 M.R.S. §85 to provide basic emergency medical  
 370 treatment, a person licensed under 32 M.R.S. §85 to provide advanced emergency medical  
 371 treatment, a pediatric physician, the statewide associate emergency medical services medical  
 372 director and the statewide emergency medical services medical director. The Medical Direction  
 373 and Practices Board is responsible for creation, adoption and maintenance of Maine Emergency  
 374 Medical Services protocols.

375  
 376 **§29. NON-EMERGENCY MEDICAL CALL** means a situation in which an immediate  
 377 response to a scene, hospital, health care facility or other place is not required to prevent life-or  
 378 limb-threatening medical deterioration of a person.

379  
 380 **§30. NON-EMERGENCY RESPONSE MODE** means operation of the ambulance or  
 381 emergency medical services vehicle in a non-emergency mode obeying all traffic laws.

382  
 383 **§31. NON-TRANSPORTING SERVICE** means any organization, person or persons who  
 384 hold themselves out as providers of emergency medical treatment and who do not routinely  
 385 provide transportation to ill or injured persons, and who routinely offer or provide services to the  
 386 general public beyond the boundaries of a single recreational site, business, school or other  
 387 facility. For the purposes of these Rules, a physician making house calls as a part of ordinary  
 388 medical practice is not considered to be a non-transporting service. For the purposes of this  
 389 definition, “routinely” means regularly, as part of the usual way of doing things.

390  
 391  
 392 **§32. OFFICE OR OFFICE OF EMERGENCY MEDICAL SERVICES** means the  
 393 administrative unit within the Department of Public Safety to which the Board assigns  
 394 responsibility for carrying out the purposes of 32 M.R.S. § 81, *et seq.* Responsibility for  
 395 implementation, enforcement and administration of these Rules is delegated to the Director of  
 396 the Office.

- 397  
 398 §33. **PATIENT CARE REPORT** means the report generated and filed by Ambulance  
 399 Services and Non-Transporting Services documenting each request for service or for each patient  
 400 when more than one patient is involved.  
 401
- 402 §34. **PARAMEDIC INTER-FACILITY TRANSFER (PIFT)** means a transfer of a patient  
 403 after initial assessment and stabilization from and to a health care facility, or other location  
 404 designated by medical control or a primary patient care physician, conducted in accordance with  
 405 the Maine EMS PIFT guidelines.  
 406
- 407 §35. **PARAMEDIC INTER-FACILITY TRANSFER (PIFT) SERVICE** means a Maine  
 408 EMS licensed Ambulance Service that has been approved as a PIFT Service by Maine EMS after  
 409 fulfilling the PIFT Service eligibility requirements.  
 410
- 411 §36. **PARAMEDIC INTER-FACILITY TRANSFER (PIFT) PROVIDER** means a Maine  
 412 EMS Paramedic who has completed the Maine EMS PIFT Training Program.  
 413
- 414 §37. **PROTOCOL OR MAINE EMERGENCY MEDICAL SERVICES PROTOCOL**  
 415 means the written statement approved by the Medical Direction and Practices Board and filed  
 416 with the Board, specifying the conditions under which some form of emergency medical care is  
 417 to be given by emergency medical services persons. These protocols are coordinated and  
 418 published through Maine EMS as a single, statewide common set of protocols.  
 419
- 420 §38. **PROVIDER OF EMERGENCY MEDICAL DISPATCH SERVICES** means an  
 421 Emergency Medical Dispatcher or Emergency Medical Dispatch Center licensed by the Board.  
 422
- 423 §39. **PUBLIC SAFETY ANSWERING POINT** has the same meaning as in 25 M.R.S. §  
 424 2921.  
 425
- 426 §40. **REGIONAL COUNCILS** mean those business entities recognized by the Board that  
 427 represent the various geographical areas of the state, as designated by the Board, with respect to  
 428 matters subject to 32 M.R.S., § 81 et seq. and these Rules.  
 429
- 430 §41. **REGIONAL MEDICAL DIRECTOR** means the physician designated in each EMS  
 431 region by the regional council, subject to approval by the Board, to oversee all matters of  
 432 medical control and to advise the regional council on medical matters. In approving the regional  
 433 medical director, the Board will be advised by the regional council for the region.  
 434
- 435 §41. **RESPONSE ASSIGNMENT PLAN** means a Maine EMS approved plan developed by  
 436 a Maine licensed service and its service medical director that establishes the service's response in  
 437 accordance with Maine EMS Emergency Medical Dispatch (EMD) protocol determinant codes.  
 438
- 439 §42. **SERVICE-LEVEL MEDICAL DIRECTOR** means a physician, or a nurse  
 440 practitioner who has completed the required clinical experience pursuant to 32 M.R.S. § 2102(2-  
 441 A), who assumes primary responsibility to ensure quality medical care for the service. A

442 physician assistant may assist in this role under the direct supervision of a physician; however  
 443 the supervising physician must be identified to Maine EMS as the medical director.

444  
 445 **§43. STATE LICENSURE EXAMINATIONS** mean the written (cognitive) tests and  
 446 practical (psychomotor) evaluations approved by the Board and used to determine the minimum  
 447 competency of a person seeking licensure as an EMS provider.

448  
 449 **§44. TRAINING CENTER** means an entity that meets the requirements of the Maine EMS  
 450 Training Center Standards and is authorized by Maine EMS to conduct Maine EMS-approved  
 451 EMS educational courses and training programs leading to EMS provider licensure.

452  
 453 **§45. TRAUMA** means a single or multisystem life-threatening or limb-threatening injury  
 454 requiring immediate medical or surgical intervention or treatment to prevent death or permanent  
 455 disability.

456  
 457 **§46. WILDERNESS EMERGENCY MEDICAL TECHNICIAN** means the graduate of  
 458 any wilderness emergency medical technician course who may apply the principles of care  
 459 taught in that course as defined. This is not a Maine EMS licensure level in itself but is a  
 460 certification of skills and knowledge that may be employed by those licensed by Maine EMS.

461  
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465 AUTHORITY: 32 M.R.S., §§84, 85-A, 88

466  
 467 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

468  
 469 AMENDED: April 1, 1982  
 470 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 471 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 472 11.1067

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

475 September 1, 1986

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

477 July 1, 1988

478 March 4, 1992

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487

488 16 DEPARTMENT OF PUBLIC SAFETY

489

490 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

491

492 CHAPTER 3: GROUND AMBULANCE SERVICE AND NON-TRANSPORTING  
493 SERVICE LICENSES

494

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

497

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

500

501 1. Service Type - which may be:

502

503 A. A Non-Transporting Service; or

504

505 B. An Ambulance Service

506

507 2. License Level - which may be:

508

509 A. Emergency Medical Responder (EMR) - (only if the service is licensing as a  
510 Non-Transporting Service type); or

511

512 B. Emergency Medical Technician (EMT); or

513

514 C. Advanced EMT (AEMT); or

515

516 D. Paramedic

517

518 3. Permit Level – which may be:

519

520 A. Emergency Medical Technician (EMT) (only if a service is licensing as a  
521 Non-Transporting Service type); or

522

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

524

525 C. Paramedic

526

527 4. Ownership

528

529 Upon request of the Board, an applicant for, or licensee of, a ground ambulance  
530 service or non-transporting service license must provide the Board with the  
531 identity and legal status (e.g. municipality, corporation, limited liability company,  
532 sole proprietorship) of the person or entity that holds, or is making application for

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

535  
536 5. Service Area

537  
538 A. The service area consists of the primary response area, which is any area to  
539 which the service is routinely made available when called by the public to  
540 respond to medical emergencies. In defining a primary response area, a  
541 service will be expected to meet reasonable standards in regard to distance  
542 and response times to emergency scenes. Maine EMS will determine if such  
543 standards are met using the following criteria:

- 544  
545 1. Dispatch time/availability of ambulance and crew;  
546  
547 2. Response times;  
548  
549 3. Organized/coordinated dispatch;  
550  
551 4. Public perception;  
552  
553 5. Emergency responses across jurisdictions/public safety  
554 implications;  
555  
556 6. Impact on patient care;

557  
558 B. The service receiving the request to respond to an emergency medical call  
559 outside of its primary response area shall coordinate with that area's primary  
560 EMS service to ensure the most appropriate response based upon patient  
561 status.

562  
563 C. A service area does not include areas outside the primary response area to  
564 which the service may be made available for non-emergency medical calls.

565  
566 6. Base Location.

567  
568 A service must be separately licensed for each base location from which it  
569 operates, except that a service may apply for a single license to operate from  
570 multiple locations provided it has a Service-Level Medical Director and a  
571 single Quality Assurance / Quality Improvement program that is approved by  
572 the Board and the State Medical Director.

573  
574 **§3. Change in License Factors.**

575  
576 A service must apply for and receive a new license in order to change one or more licensing  
577 factors. However, a service may apply for a new permit level on a renewal application.

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**§4. Approval of License.**

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

**§5. Licensing Standards**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, a service applicant must:
  - A. Apply on forms available from Maine EMS.
  - B. Submit a fee of \$100.00
  - C. Demonstrate to Maine EMS that:
    1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed primary service area(s). The notice must state:
      - (a) The name and legal status of the entity making application
      - (b) The name of the proposed service;
      - (c) The type of service proposed;
      - (d) The proposed license level to be provided;
      - (e) The names of the municipalities within the primary response area of the proposed service;
      - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
      - (g) The current mailing address of the Maine EMS office.
    2. The applicant possesses the equipment required by these Rules for the type of service and license level proposed.

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3. The applicant can provide personnel required by these Rules for the type of service and license level proposed.
4. The applicant, if applying for a license that includes a primary service area, has made adequate arrangements for full time dispatch.
5. The applicant possesses two-way radio communications equipment and frequencies for the proposed type of service, including, but not limited to the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules and the designated Maine EMS statewide frequency "155.385."
6. If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.
7. If the application is for a non-transporting service, the non-transporting service has either (1) entered into written agreements with the ambulance services which will transport its patients, guaranteeing continuity of care for the patient and simultaneous dispatch of the non-transporting and ambulance services, or (2) otherwise addresses these concerns in a plan approved by Maine EMS which includes as a component a written agreement of this nature with at least one ambulance service.
  - (a) An ambulance service is not required to approve of or enter into a written agreement with a non-transporting EMS service.
8. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 M.R.S. § 92-A), or has identified a Board-approved Quality Assurance/Quality Improvement committee in which the service will participate, and has submitted a quality assurance plan that is subject to Maine EMS approval.
9. The applicant meets the quality assurance/quality improvement requirements of Chapter 18 of these Rules.



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10. The applicant has designated a service director, who shall act as the point of contact for the service.
  11. The applicant has designated a person whose serves as the training and education point of contact for the service.
  12. The applicant has identified the designated infection control officer for the proposed service. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.
  13. The applicant, if applying for a license or permit to the Advanced EMT (AEMT) or Paramedic levels, has a service-specific medical director, effective January 1, 2022 .
  14. If the applicant lists a service-level medical director, the application must include a medical director agreement.
  15. The applicant has in the case of a proposed service requesting a license or permit to administer drugs/medications entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications pursuant to these Rules.
  16. If the applicant intends to provide Paramedic Inter--Facility Transfers (PIFT), a separate application must be submitted to and approved by Maine EMS before the service performs such transfers. Personnel providing PIFT treatment on behalf of the service must successfully complete a Maine EMS-approved PIFT course prior to performing such treatment.
  17. The applicant has submitted a safety program that addresses its patients, personnel, and the general public during operations.

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2. Except as provided in paragraph 3, below, a service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month and prorate the licensing fee if it is determined that such a change is in the best interest of the service and the system.
  3. Effective July 1, 2021, initial and renewal service applications will be issued/renewed with a November 30, 2021 expiration date in order to establish a common month of expiration for all services. Maine EMS will prorate service and vehicle fees during the transition period.
  4. Notwithstanding the notice requirements of §5(1)(C)(1), Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the primary service area(s) listed in the applicant's application.

728 **§6. Renewal of Service License**

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- A licensee shall submit an application for renewal prior to the expiration date of the license.
5. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
  6. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. A service with an expired license cannot act as an ambulance or non-transporting service until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.
  7. In order to obtain a license renewal, a service must:
    - A. Apply on forms available from Maine EMS.
    - B. Submit a fee of \$100.00.
    - C. If the applicant intends to provide Paramedic Inter-Facility Transfers (PIFT), a separate application must be submitted to and approved by Maine EMS before the service performs such transfers. Personnel providing PIFT treatment on behalf of the service must successfully complete a Maine EMS-approved PIFT course prior to performing such treatment.

756 The applicant has submitted an agency safety plan that addresses patient,  
757 provider, and public safety.

758 D. Demonstrate, as may be required by Maine EMS, that it meets the licensure  
759 requirements called for in these Rules.

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764 **§7. Personnel Requirements for Ground Ambulance Service or Non-Transporting**  
765 **Service Licensees**

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A ground ambulance service or non-transporting service will be licensed at the level at which it agrees to provide, on all emergency medical calls, at least one emergency medical services person who is licensed and able to provide care at or above the service license level, except:

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when the service’s response is in accordance with a Maine EMS-approved Response Assignment Plan.

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The phrase “able to provide care” means that the EMS person who is licensed at or above the service license level must be in the ambulance. If the higher-level EMS person is in the ambulance, he or she is able to render care. The higher-level EMS person must assess the patient prior to transport and determine that the lower-level EMS person can appropriately provide care during transport. In addition, the higher-level EMS person who is driving the vehicle needs to have the ability to communicate constantly with the lower-level EMS person who is caring for the patient. If the patient’s needs change, the higher-level EMS person must switch roles with the lower-level EMS person.

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1. A ground ambulance service or non-transporting service must notify Maine EMS of the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from its service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail.

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2. A ground ambulance service or non-transporting service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must:

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A. Apply on forms available from Maine EMS.

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- B. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.
  - C. Show that it can satisfy the requirements of these Rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is affiliated with the applicant service).
  - D. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements set forth in these Rules.
  - E. Apply for new permission to provide a higher level of care by notifying Maine EMS.
3. A ground ambulance service or non-transporting service shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. A board permit to provide a higher level of care is not a license for advertising purposes. The Board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.
4. A ground ambulance service or non-transporting service shall not allow persons less than 18 years of age to participate in medical response operations or medical response observation, except when Maine EMS has approved the service's supervision plan for such persons and in accordance with Maine Department of Labor rules governing employment for minors.
5. A ground ambulance service or non-transporting service shall meet the following requirements regarding service personnel:
- A. The person whose job description includes operating an ambulance in an emergency mode or transporting a patient must possess within 6 months of being employed, certification of successful completion of a basic ambulance vehicle operator course, or a course that has been approved by the Board as an equivalent (32 M.R.S. §85(6)). Services will maintain a record of such training and make it available to Maine EMS upon request.

845 **§8. Availability for Emergency Response**  
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- 847 1. Any ground ambulance service offering response to emergency medical calls in the  
848 service's primary response area must be available twenty-four hours a day, every  
849 day, with full-time dispatch capability, and written mutual aid arrangements as  
850 necessary, and must also provide a detailed plan to its primary dispatch agency  
851 indicating its mutual aid agencies and the order of contact of those mutual aid  
852 agencies.  
853
- 854 a. Failure of a ground ambulance service to comply with these emergency  
855 response requirements will be reviewed by Maine EMS to determine if  
856 corrective action is required. Maine EMS shall notify the service of any  
857 required corrective action and shall set a reasonable amount of time for the  
858 service to carry out this action.  
859
- 860 2. A non-transporting service providing response to emergency medical calls must  
861 submit with its initial license application a letter of understanding if the service's  
862 hours of availability will be other than twenty-four hours a day, every day. This  
863 letter of understanding must be approved by Maine EMS and signed by an  
864 authorized representative of the non-transporting service, and an authorized  
865 representative of the transporting service. Changes to the letter of understanding  
866 may be accomplished by written agreement of the aforementioned parties.  
867
- 868 3. Non-transporting services must have a full-time dispatch capability, written mutual  
869 aid arrangements as necessary and assure an annual average response time during  
870 their hours of availability of twenty minutes or less from the "call for emergency  
871 medical assistance" to "arrival at scene" and shall not deny treatment resulting from  
872 an emergency medical call if treatment is indicated.  
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874 **§9. Patient Care Report**  
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876 For each request for service, or for each patient when more than one patient is involved in a call,  
877 a service must complete and submit an electronic Maine EMS patient care report, as specified by  
878 Maine EMS, within twenty-four hours.  
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884 **§10. Pilot Projects**  
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886 For the purpose of evaluating the workability and appropriateness of incorporating a particular  
887 emergency medical treatment technique or a type of equipment into any licensure level, the  
888 Board may elect to exempt a service from the requirements of the relevant licensure level so as  
889 to permit the service to utilize the designated techniques or equipment on an experimental basis.

890 Such authorizations may be continued at the discretion of the Board. Such authorizations should  
891 not be construed as levels of licensure.

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893 **§11. Vehicles - General**

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895 1. Except as otherwise exempted by 32 M.R.S. § 82, no vehicle shall be operated as an  
896 ambulance (from within Maine) or emergency medical services vehicle unless it is  
897 licensed or authorized in accordance with these Rules.

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899 2. An vehicle license or authorization is valid for a period of one year, starting from  
900 the month the service license is issued.

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902 Maine EMS will prorate the vehicle licensing fee for a service licensing a new  
903 vehicle within its one-year service license period to ensure concurrent expiration  
904 dates for service and vehicle licenses.

905  
906 3. A vehicle license or authorization is issued to a particular service and for a  
907 particular vehicle, except as permitted in Chapter 3 §12 of these Rules. If a service  
908 is required to relicense under Chapter 3 §2 because of a change of ownership, then  
909 all of the service's vehicle licenses and authorizations end, and the service must  
910 apply for new vehicle licenses and/or authorizations. The fee for licensing a vehicle  
911 is \$60.00.

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913 4. When a service acquires a new or used vehicle under Chapter 3 §12 of these Rules,  
914 it shall apply to Maine EMS on forms available from Maine EMS and shall pay the  
915 applicable vehicle licensing fee. Within 45 days, Maine EMS shall issue, or decline  
916 to issue, a license for the vehicle.

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918 5. Vehicles licensed under this chapter must:  
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920 A. Display the name of the service operating the vehicle on the left (driver) and  
921 right (passenger) side of the vehicle in letters no less than 6 inches high or  
922 display a logo that adequately identifies the service. Vehicles temporarily  
923 transferred to a service under the provision of Chapter 3 §12 are exempt  
924 from this requirement;

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926 B. Be exclusively leased or owned and operated by a service licensed by Maine  
927 EMS or by an agency designated by Maine EMS.

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931 6. Upon request by Maine EMS, a licensed service shall make its licensed and/or  
932 authorized vehicle(s) available for inspection to ensure that each vehicle is safe,  
933 clean, and otherwise in conformity with these Rules. If a licensed or authorized  
934 vehicle does not pass inspection and its continued operation presents a hazard to

935 health or safety, the Board may suspend its license to provide emergency medical  
936 services at once consistent with Maine Law (See 5 M.R.S. §10004 and 4 M.R.S.  
937 §184). Alternatively, if the continued operation of the licensed and/or authorized  
938 vehicle at the level which the service is permitted pursuant to Chapter 3§7(3) of  
939 these rules presents a hazard to health or safety, the Board may immediately  
940 suspend the licensed and/or authorized the service’s permit consistent with Maine  
941 Law (*see* 5 M.R.S. §10004 and 4 M.R.S §184) and allow the service to operate at  
942 the next lowest level for which it is properly equipped. If the deficiencies are not  
943 such as to require the vehicle’s immediate removal from service or the immediate  
944 suspension of the service’s permit, then Maine EMS shall notify the service of the  
945 deficiencies and set a reasonable amount of time in which the service may continue  
946 to provide emergency medical services while bringing it into conformity with the  
947 law and Rules. If the licensed and/or authorized vehicle is not brought into  
948 conformity within the time set, Maine EMS may refuse to renew, or seek revocation  
949 of, the licensed and/or authorized vehicle’s license to provide emergency medical  
950 services.

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954 **§12. Ground Vehicles – Licensing and Authorization Requirements**

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956 1. Ground Ambulance Vehicles

957 If control of a ground ambulance vehicle passes from one ambulance service to  
958 another, or from an ambulance manufacturer or its representative to an  
959 ambulance service, through any means, the ground ambulance vehicle must be  
960 licensed to the recipient service prior to the recipient service’s operation of that  
961 vehicle as an ambulance. If temporary control of a licensed ground ambulance  
962 vehicle, which is owned by a licensed service, is passed to another ambulance  
963 service, the ground ambulance vehicle transferred under this subsection will be  
964 considered licensed pursuant to these Rules.

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967 2. Emergency Medical Services Vehicles

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969 A. Any vehicle operated by a licensed service that is not already licensed as a  
970 fire department vehicle or ambulance, may be authorized by Maine EMS as  
971 an emergency medical services vehicle, consistent with 29-A M.R.S. §2054  
972 provided that vehicle:

- 973  
974 a. Is operated in emergency response mode on public ways solely for  
975 the purpose of carrying personnel and equipment to the scene of  
976 an emergency medical call.  
977  
978 b. Meets Maine’s periodic motor vehicle inspection requirements.  
979

- 980 c. Is operated in accordance with all applicable Maine Laws,  
981 including, but not limited to Title 29-A.
- 982
- 983 d. Is made available for inspection when requested by Maine EMS in  
984 order to ensure conformity with the Rules.
- 985
- 986 e. Displays the name of the service operating the vehicle on the left  
987 (driver) and right (passenger) side of the vehicle in letters no less  
988 than 6 inches high or displays a logo that adequately identifies the  
989 service. Vehicles temporarily transferred to a service are exempt  
990 from this requirement.
- 991
- 992 f. Is exclusively leased or owned, and operated by a service licensed  
993 by Maine EMS or by an agency designated by Maine EMS.
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996 **§13. Ground Ambulance Design Requirements**

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998 1. A ground ambulance vehicle must meet the following standards to be licensed:

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- 1001 A. Federal/state safety requirements. It must meet the applicable federal and  
1002 Maine safety requirements including the State's periodic motor vehicle  
1003 inspection requirements listed in the current edition of the Maine State  
1004 Police Motor Vehicle Inspections Manual.
- 1005
- 1006 B. Interior size. It must meet the chassis manufacturer's specifications, and  
1007 must have a minimum inside height of 60 inches at the center of the patient  
1008 compartment, a minimum width of 48 inches at the center of the patient  
1009 compartment, a walkway parallel to the length of the primary cot adequate  
1010 to allow an attendant to walk from head to foot of the cot; and a minimum  
1011 inside patient compartment length of 122 inches at the cot level.
- 1012
- 1013 C. Interior storage accommodations. The interior of the patient compartment  
1014 must provide adequate stowage space for medical supplies, devices and  
1015 installed systems. For purposes of this paragraph, "stowage" is defined as  
1016 the storing, packing, or arranging of ambulance contents in a secure manner  
1017 so as to protect the contents from damage and the personnel from injury.  
1018 Interior compartment doors, latches and operating mechanisms must operate  
1019 in accordance with the manufacturer's design.
- 1020
- 1021 D. Seat belts. Seat belts shall be provided in all permanent seat positions in the  
1022 vehicle, including the squad bench. For purposes of this paragraph, "squad  
1023 bench" is defined as a permanent, non-removable seat that is located in the



- 1024 patient compartment and which can serve as a seat for crew members or as a  
1025 surface on which a patient may lie down.  
1026
- 1027 E. Patient restraint. The ambulance must be equipped with a multilevel patient  
1028 stretcher designed for ambulances, mounted in, and detachable from the  
1029 vehicle. The head of the stretcher must elevate. At least three strap-type  
1030 restraining devices (chest, hip, lower extremity), not less than 2 inches wide,  
1031 shall be provided for each stretcher, cot or litter. Additionally, the head of  
1032 the cot shall be furnished with upper torso (over the shoulder) restraints  
1033 designed to prevent motion of the patient during severe braking or in an  
1034 accident. Restraining straps shall incorporate metal-to-metal quick release  
1035 buckles. The use of all lateral and shoulder straps is required while  
1036 transporting a patient.  
1037
- 1038 F. Stretcher fasteners. The installed stretcher fastener device(s) for wheeled  
1039 stretchers shall meet the performance requirements of the following two  
1040 standards, which this rule incorporates by reference:  
1041
- 1042 a. *Ambulance Litter Integrity, Retention, and Patient Restraint*  
1043 *Fasteners*, (J3027), July 14, 2014 edition, which is available at  
1044 cost from SAE International, 400 Commonwealth Drive,  
1045 Warrendale, PA 15096; and  
1046
- 1047 b. Chapter 6 (6.22) “Patient Cot Retention” of *Standard for*  
1048 *Automotive Ambulances* (NFPA 1917), 2019 edition, published  
1049 May 24, 2018, which is available at cost from the National Fire  
1050 Protection Association, 1 Batterymarch Park, Quincy, MA.  
1051
- 1052 Provision shall be made for the required portable stretchers to be secured in  
1053 safe positions for transport. Stretcher fasteners must be installed according  
1054 to the stretcher fastener manufacturer’s directions. All ambulances licensed  
1055 after July 1, 2030 will need to meet these requirements.  
1056
- 1057 G. Patient compartment environmental equipment. The patient compartment  
1058 shall be adequately heated, air-conditioned, and ventilated to provide for  
1059 patient comfort.  
1060
- 1061 H. Communications equipment shall be adequate to allow the vehicle to contact  
1062 on the regional radio frequency the hospitals to which it regularly takes  
1063 patients. The ambulance shall also be able to maintain two-way  
1064 communications contact with a full-time dispatching facility. All vehicles  
1065 licensed or authorized by Maine EMS shall be capable of communications  
1066 utilizing the designated Maine EMS statewide frequency, 155.385  
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- I. Attendants/driver communication. The driver and the attendants, in their working positions, must be able to speak to one another.
  - J. Warning devices. All ambulances shall be equipped with a functional siren and with functional emergency warning lights, rotating or flashing, visible from 360 degrees at all times. Colors of ambulance lights are fixed by 29-A M.R.S. § 2054.
  - K. Patient compartment illumination. Normal white illumination shall be provided in the patient area so as to provide a minimum of 35-foot candles of illumination measured on at least 90 percent of the cot's surface area.
  - L. Name of service. Ground vehicles must display the name of the service licensing the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12 are exempt from this requirement.
  - M. Main oxygen supply. The ambulance shall have a hospital type piped medical oxygen system capable of storing and supplying a minimum of 3,000 liters ("M" size tank). The oxygen pressure regulator must be a medical oxygen pressure reducing and regulator valve with an inlet filter at the cylinder and shall have a line relief valve set at 1378 kPa (200 psi) maximum, and a gauge range of 0 to 17225 kPa (0 to 2500 psi). The flow meter must be a pressure compensated type.
  - N. Suction aspirator, permanently mounted. The ambulance vehicle shall have an electrically or (engine) vacuum-powered suction unit capable of providing a free air flow of at least 20 L.P.M. and achieving a minimum of 300 mm Hg within 4 seconds after the suction tube is closed.
  - O. Exterior compartments and doors. Exterior compartments, exterior compartment doors and exterior patient/passenger doors must be equipped with latches, gaskets and operating mechanisms which operate in accordance with the manufacturer's design.
2. All ambulances newly manufactured after July 1, 2021 must at a minimum comply with one of the following standards, which this rule incorporates by reference;
- A. National Fire Protection Agency (NFPA) NFPA 1917 (2019)
    - a. *Standard for Automotive Ambulances* (NFPA 1917), 2019 edition, published May 24, 2018, which is available at cost from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA.

- 1112 B. Federal Specification for Star-Of-Life Ambulances (KKK-A-1822F through  
1113 Change notices 13) July 2020
- 1114 a. Federal Specifications for Star-Of-Life Ambulances (KKK-A-  
1115 1822F (August 2007) with change notices; #8 July 2015, #9 July  
1116 2016, #10 July 2017, #11 July 2018, #12 July 2019, & #13 July  
1117 2020), which is available at cost from the Office of Motor Vehicle  
1118 Management, Vehicle Publishing Division
- 1119 C. Commission on Accreditation of Ambulance Services, Ground Vehicle  
1120 Standards 2.0 (July 1, 2019)
- 1121 a. Commission on Accreditation of Ambulance Services, Ground  
1122 Vehicle Standards 2.0 (July 1, 2019) is available at cost from  
1123 Commission on Accreditation of Ambulance Services  
1124 1926 Waukegan Road – Suite 300, Glenview, IL 60025.  
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1127 **§14. Ground Ambulance Vehicle Equipment Requirements**  
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- 1129 1. A ground ambulance service must possess, at a minimum, the equipment listed in  
1130 Chapter 17 of these Rules and must maintain a system to ensure the availability of  
1131 this equipment on any call.  
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- 1133 A. All medical equipment and medical supplies required must be latex free.  
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- 1135 B. Each ground ambulance vehicle must carry the equipment and medical  
1136 supplies listed in Chapter 17 of these rules.  
1137
- 1138 C. The Emergency Medical Technician (EMT) set of equipment is the  
1139 minimum set of required equipment for a Ground Ambulance Service.  
1140
- 1141 D. If a ground ambulance service is licensed at the Advanced EMT or  
1142 Paramedic level, any ground ambulance vehicle of that service responding  
1143 on an emergency medical call will be equipped on those calls with the  
1144 equipment and supplies required by these Rules.  
1145
- 1146 E. If a ground ambulance service is permitted to a given level, it must possess  
1147 at least one set of equipment and supplies required for that level pursuant to  
1148 these Rules.  
1149
- 1150 2. Upon request of Maine EMS, a ground ambulance service shall make its equipment  
1151 available for inspection in order to ensure conformity with the Rules.  
1152

1153 **§15. Vehicle Operation**  
1154

- 1155 1. A licensed ground ambulance vehicle or authorized emergency medical services  
1156 vehicle shall operate in a non-emergency response mode to a location to which the  
1157 ambulance or emergency medical services vehicle has been dispatched except when:  
1158
- 1159 A. Dispatch or responding personnel do not have adequate information to  
1160 determine the existence or condition of persons at a scene who may require  
1161 emergency medical treatment, or;  
1162
- 1163 B. The ambulance or emergency medical services vehicle is responding in  
1164 accordance with a Maine-EMS-approved Response Assignment Plan.  
1165
- 1166 2. A licensed ambulance shall operate in a non-emergency response mode from the  
1167 scene of a call to a hospital or during the transfer of a patient from a hospital or  
1168 healthcare facility to another place unless the EMS provider responsible for the care  
1169 of the patient determines that a threat to the patient's life or limb exists and  
1170 necessitates emergency response mode.  
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1174 **§16. Non-Transporting Service Requirements**  
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- 1176 1. A non-transporting service must possess, at a minimum, the equipment listed in  
1177 Chapter 17 of these Rules and must maintain a system to ensure the availability of  
1178 this equipment on any call.  
1179
- 1180 A. All medical equipment and medical supplies required must be latex free.  
1181  
1182
- 1183 B. The Emergency Medical Responder (EMR) set of equipment is the  
1184 minimum set of required equipment for a non-transporting service.  
1185
- 1186 C. If a non-transporting service is licensed at the Emergency Medical  
1187 Technician (EMT), Advanced EMT or Paramedic level, that service, while  
1188 responding on an emergency medical call will be equipped on those calls  
1189 with the equipment and supplies required by these Rules.  
1190
- 1191 D. If the service is permitted to a given level, it must possess at least one set of  
1192 equipment and supplies required for that level pursuant to these Rules.  
1193
- 1194 2. Upon request of Maine EMS, a non-transporting service shall make its equipment  
1195 available for inspection in order to ensure conformity with the Rules.  
1196

1197 **§17. Termination of Service**  
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- 1199 1. Any ground ambulance service or non-transporting service intending to terminate its  
 1200 operations must make written notification to Maine EMS at least 30 days prior to  
 1201 the service termination date. The service shall notify the public at least 30 days  
 1202 prior to the service termination date by placing an advertisement in the most widely  
 1203 circulated newspaper(s) serving the primary service area(s). The notice must state:  
 1204  
 1205 A. The name of the service;  
 1206  
 1207 B. The date of service termination; and  
 1208  
 1209 C. The names of the municipalities affected by the service's termination.  
 1210

1211 **§18. Duty to Report**  
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- 1213 2. A licensee or an applicant for licensure under this chapter shall notify the Board in  
 1214 writing within 10 days of a:  
 1215  
 1216 A. Change of name or address;  
 1217 B. Criminal conviction;  
 1218 C. Revocation, suspension or other disciplinary action taken in this or any other  
 1219 jurisdiction against any occupational or professional license held by the  
 1220 applicant or licensee; or,  
 1221 D. Material change in the conditions or qualifications set forth in the original  
 1222 application for licensure submitted to the Board.  
 1223  
 1224

1225 AUTHORITY: 32 M.R.S., Chapter 2-B.  
 1226  
 1227 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 1228  
 1229 AMENDED: April 1, 1982  
 1230 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 1231 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 1232 11.1067  
 1233 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 1234 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 1235 September 1, 1986  
 1236 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 1237 July 1, 1988  
 1238 March 4, 1992  
 1239 September 1, 1996  
 1240 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
 1241 REPEALED AND REPLACED: July 1, 2000  
 1242 July 1, 2003  
 1243 October 1, 2009

1244

May 1, 2013

1245 16 DEPARTMENT OF PUBLIC SAFETY

1246

1247 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

1248

1249 CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

1250

1251 §1. A provider of emergency medical dispatch services must be licensed by the Board in  
1252 accordance with 32 M.R.S. §85-A and these Rules.

1253

1254 §2. **Licensing Factors** – The license issued under this chapter is for an Emergency Medical  
1255 Dispatch Center.

1256

1257 1. Ownership

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1259 Upon request of the Board, an applicant or licensed Emergency Medical  
1260 Dispatch Center must provide the Board with the identity and legal status (e.g.  
1261 municipality, corporation, limited liability company, sole proprietorship) of the  
1262 person or entity that holds, or is making application for the license. Failure to  
1263 provide this information will result in an application being treated as incomplete.

1264

1265 2. Physical address or location

1266

1267 A license is issued for a specific physical address or location.

1268

1269 §3. **Change in Licensing Factors.**

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1271 An Emergency Medical Dispatch Center must receive Board approval to change any of the  
1272 licensing factors.

1273

1274 §4. **Standards**

1275

1276 1. An application will not be accepted as complete unless it includes all materials  
1277 required to be evaluated for licensure. To obtain a new license, an EMD Center  
1278 applicant must:

1279

1280 A. Apply on forms available from Maine EMS; and

1281

1282 B. Demonstrate to Maine EMS that:

1283

1284 1. The applicant complies with the requirements of 32 M.R.S. §85-A,  
1285 the Rules, and the Maine EMS-approved Emergency Medical  
1286 Dispatch Priority Reference System;

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1288 2. The applicant can provide the facilities, equipment, and personnel  
1289 required by these Rules;

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3. The applicant has an electronic version of the Maine EMS-approved emergency medical dispatch protocol on each computer used by an emergency medical dispatcher while engaged in emergency medical dispatch. . . In the event of power loss, software failure or as part of continuing education, card sets or other back-up tools, approved by Maine EMS, may be used.
  4. The applicant complies with the Quality Assurance/Quality Improvement requirements as set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System; and
  5. The applicant has designated a director of Emergency Medical Dispatch, who shall act as the point of contact for the Emergency Medical Dispatch Center.
  6. The applicant must provide a policy addressing situations where an EMS agency is notified of an emergency medical call but does not immediately respond. This policy must include procedures for the Emergency Medical Dispatcher to follow in these situations.
2. An Emergency Medical Dispatch Center license is issued for a period of 24 months unless earlier suspended or revoked. A license may be issued for a shorter period of time if approved by the Board.
  3. An Emergency Medical Dispatch Center must demonstrate ongoing compliance with these Rules in order to maintain its license.

1319 **§5. Renewal**

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1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
  2. An Emergency Medical Dispatch Center may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. An Emergency Medical Dispatch Center with an expired license cannot provide emergency medical dispatch services. An application submitted more than 90 days after expiration shall be considered a new application and subject to all requirements governing new applications.
  3. In order to obtain a license renewal, an Emergency Medical Dispatch Center must:
    - A. Apply on forms available from Maine EMS; and
    - B. Demonstrate, as may be required by Maine EMS, that it meets the licensing requirements of 32 M.R.S. §85-A and these Rules.

1338 **§6. Personnel Requirements for Emergency Medical Dispatch Centers**



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1. An Emergency Medical Dispatch Center must use Maine EMS licensed Emergency Medical Dispatchers to receive, evaluate and process all calls for medical assistance, except that a dispatcher-in-training, under direct supervision of a Maine EMS licensed emergency medical dispatcher designated by the EMD Center director, may process calls using the emergency medical dispatch protocol after the dispatcher-in-training has attended the Maine EMS approved certification course for emergency medical dispatch. For purposes of this paragraph, direct supervision means that the designated licensed emergency medical dispatcher is contemporaneously listening to the call for medical assistance being processed by the dispatcher-in-training and is able to assume control of the call and provide emergency medical dispatch, if the dispatcher-in-training is unable to process the call in accordance with protocol.
2. An Emergency Medical Dispatch Center director must notify Maine EMS when Emergency Medical Dispatchers are employed or terminated from employment by the Center. Notification must be made electronically or by mail within five days of the employment or termination of employment of an Emergency Medical Dispatcher.

**§7. Response Standards for Emergency Medical Dispatch Centers**

1. Emergency Medical Dispatch Centers must provide Emergency Medical Dispatch Services twenty-four hours a day, every day, with full-time dispatch capability to ensure that all calls for medical assistance received are processed in accordance with 32 M.R.S. §85-A, the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and these Rules.
2. Emergency Medical Dispatch services must be implemented within the first 10 seconds of when a 9-1-1 call is received in at least ninety percent of the calls received.
3. Effective June 1, 2020, licensed Emergency Medical Dispatch Centers at a minimum must provide the Emergency Medical Dispatch Determinant level and chief complaint to responders as part of the emergency medical services dispatch to a call for medical treatment or transport on all calls received through the E-911 system.
  - 1.(Chief Complaint, as defined in the International Academy of Emergency Dispatch EMD Course Manual Edition 25, is 'the primary reason the patient is seeking medical care (in some cases only the mechanism of injury).
  - 2.Determinant Levels: 'A categorization of Determinant Descriptors for each Chief Complaint that reflects the general priority of the incident (OMEGA, ALPHA, BRAVO, CHARLIE, DELTA and ECHO).'
  - 3.These definitions are incorporated into these rules by reference:

1384 a. Copies of these definitions from the International Academy of  
1385 Emergency Dispatch, Emergency Medical Dispatch Manual  
1386 Edition 25, (September 2015) is available at cost from Maine  
1387 Emergency Medical Services, 45 Commerce Drive, Augusta,  
1388 Maine 04330.

1389 1.

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1391 **§8. Termination of Center License**

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1393 1. Any Emergency Medical Dispatch Center intending to terminate its operations must  
1394 make written notification to Maine EMS and the Emergency Services  
1395 Communications Bureau at least 30 days prior to the termination date. The  
1396 Emergency Medical Dispatch Center shall notify the public at least 30 days prior to  
1397 the service termination date by placing an advertisement in the most widely  
1398 circulated newspaper(s) serving the dispatch area(s). The notice must state:

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1400 A. The name of the Emergency Medical Dispatch Center;

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1402 B. The date of termination;

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1404 C. The names of the municipalities affected by the termination; and

1405

1406 D. The plan in place for 9-1-1 service and Emergency Medical Dispatch  
1407 coverage for municipalities affected by the termination.

1408

1409 **§9. Statewide Emergency Dispatch Protocol**

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1411 1. All licensed Emergency Medical Dispatch Centers in Maine must exclusively use  
1412 Board approved statewide Emergency Medical Dispatch protocols.

1413

1414 AUTHORITY: 32 M.R.S. §84, 85-A, 88

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1416 EFFECTIVE DATE: September 1, 2006 (NEW)

1417 REPEALED AND REPLACED: October 1, 20009

1418 May 1, 2013

1419 16 DEPARTMENT OF PUBLIC SAFETY

1420

1421 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

1422

1423 CHAPTER 4: AIR AMBULANCE SERVICE LICENSES

1424

1425 §1. No air ambulance service shall administer emergency medical services unless it is duly  
 1426 licensed by the Board under these Rules. Licensure under this Chapter authorizes the licensee  
 1427 only to provide emergency medical care using an air ambulance, and does not constitute  
 1428 authority to provide air transportation. Such authority must be obtained from the Federal  
 1429 Aviation Administration and the United States Department of Transportation.

1430

1431 §2. License Factors – an air ambulance service license is issued for a specific:

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1433 1. Type of service - which may be:

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1435 A. Scene Response Air Ambulance Service;

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1437 B. Transfer Air Ambulance Service; or

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1439 C. Restricted Response Air Ambulance Service (RRAAS). In order to be  
 1440 licensed as a Restricted Response Air Ambulance Service, an applicant must  
 1441 demonstrate to the Board that the limited scope of the proposed service will  
 1442 fulfill a unique and/or unmet need regarding the air transport of patients in  
 1443 the state.

1444

1445 a. Only Ground Ambulance Services may apply for this type of  
 1446 license.

1447

1448 1. Notwithstanding the requirements of this Chapter, in order to  
 1449 receive a license as a RRAAS, an applicant must comply with any  
 1450 and all restrictions or modifications placed upon the licensee by the  
 1451 Board, including, but not limited to:

1452

1453 (a) The primary service area to which the service may provide  
 1454 emergency medical services; and

1455

1456 (b) The type and medical condition of patients that may be  
 1457 transported by the licensee. RRAAS is limited to response to  
 1458 non-emergency medical calls unless a Scene Response Air  
 1459 Ambulance Service or Transfer Air Service is unavailable to  
 1460 respond to emergency medical calls in the RRAAS response  
 1461 areas or unless the applicant has a plan, approved by the Maine  
 1462 EMS Board.

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1464 2. Level of care

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- A. Scene Response Air Ambulance Services and Transfer Air Ambulance Services must be licensed at the Paramedic level.
- B. Restricted Response Air Ambulance Services will be licensed and permitted at the same levels as their Ground Ambulance Service license.

3. Ownership

- A. Upon request of the Board, an applicant for or licensee of an air ambulance service license must provide the Board with the identity and legal status (e.g., municipality, corporation, Limited Liability Company, sole proprietorship) of the person or entity that holds or is making application for the license. Failure to provide this information may result in the application being treated as incomplete.
- B. The air ambulance service license will be issued in the name of the operator, individual or organization directly responsible for the medical care aspects of the service.

4. Base Location for Scene Response Air Ambulance & Transfer Air Ambulance Services

- A. Unless otherwise approved by Maine EMS, a service must be separately licensed for each base location from which it operates; or
- B. A service may apply for a single license to operate from multiple base locations provided it has a Service Medical Director and a single Quality Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

**§3. Change in License Factors**

A service must receive a new license before changing any licensing factors.

**§4. Approval of License**

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

**§5. Licensing Standards**

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1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:
  - A. Apply on forms available from Maine EMS.
  - B. Submit a fee of \$100.00.
  - C. Demonstrate to Maine EMS that:
    1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed service area(s). The notice must state:
      - (a) The name and legal status of the entity making application.
      - (b) The name of the proposed service;
      - (c) The type of service proposed;
      - (d) The level of care to be provided;
      - (e) The names of the municipalities within the primary response area of the proposed service;
      - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
      - (g) The current mailing address of the Maine EMS office.
    2. The applicant has made a detailed manual of policies and procedures available for reference in the flight coordination office and available for inspection by Maine EMS to assist with EMS system planning and resource coordination efforts. Personnel shall be familiar and comply with policies contained within the manual, which shall include, but not be limited to:
      - (a) A written policy and procedure specifying the:
        - (i) Service's mission statement;

- 1555 (ii) Scope of care to be provided by the service in
- 1556 accordance with Medical Direction and Practices
- 1557 Board-approved protocols; and
- 1558 (iii) Education, clinical experience and competency
- 1559 requirements of the medical crew commensurate
- 1560 with the scope of care to be provided.
- 1561
- 1562 (b) Notification phone numbers and access dispatch
- 1563 procedure, including identification of those who may
- 1564 request a mission and those who will approve missions;
- 1565
- 1566 (c) Capabilities of medical transport personnel;
- 1567
- 1568 (d) Type of aircraft vehicle(s) used and operational
- 1569 protocols specific to type;
- 1570
- 1571 (e) Coordination of medical protocols and operating
- 1572 practices with hospital and pre-hospital providers and
- 1573 other public safety agencies;
- 1574
- 1575 (f) Response and coverage area for the service;
- 1576
- 1577 (g) Preparation and stabilization of the patient;
- 1578
- 1579 (h) A safety program of policies and procedures specific to
- 1580 patient care.
- 1581
- 1582 (i) Coordination of medical protocols and operating
- 1583 practices with those of the hospital and pre-hospital
- 1584 providers and public safety agencies with whom the
- 1585 service will interact;
- 1586
- 1587 (j) Ongoing familiarization for those ambulance and non-
- 1588 transporting services, public safety agencies, and
- 1589 hospital personnel with whom the air ambulance service
- 1590 may interact routinely.
- 1591
- 1592 (k) Scene Response Services must have ongoing safety
- 1593 communications program consisting of integration with
- 1594 Public Safety Answering Points and other emergency
- 1595 dispatch facilities in the state.
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- 1599 (l) Procedures for acceptance of requests, referrals, and/or
- 1600 denial of service for medically related reasons.

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- 1603 (m) Geographical boundaries and features for the service
- 1604 area.
- 1605
- 1606 (n) Service area maps shall be readily available.
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- 1609 (o) Scheduled hours of operation.
- 1610
- 1611 (p) Criteria for the medical conditions and indications or
- 1612 medical contraindications for flight.
- 1613
- 1614 (q) Field triage criteria for all trauma patients that include
- 1615 anatomic, physiologic, and situational components
- 1616 identified in order to risk-stratify injury severity and
- 1617 guide decisions as to activation, destination, and
- 1618 transport modality.
- 1619
- 1620 (r) Procedures for call verification and advisories to the
- 1621 requesting party.
- 1622
- 1623 (s) Acceptable destinations and landing areas.
- 1624
- 1625 (t) Procedures for medical crew assignments and
- 1626 notification including rosters of medical personnel.
- 1627
- 1628
- 1629 (u) Written policy that ensures that air medical personnel
- 1630 shall not be assigned or assume cockpit duties
- 1631 concurrent with patient care duties and responsibilities.
- 1632
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- 1635 (v) Communications procedures.
- 1636
- 1637 (w) On-ground communications.
- 1638
- 1639 (x) Flight cancellation procedures.
- 1640
- 1641 (y) Mutual aid procedures.
- 1642
- 1643 (z) Written plan that addresses the actions to be taken
- 1644 in the event of an emergency or patient crisis during
- 1645 transport operations.
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- (aa) Procedures for informing requesting party of flight procedures, anticipated time of helicopter arrival, and termination of flight.
  - (bb) Patient tracking procedures that shall assure air/ground position reports at intervals not to exceed ten (10) minutes (inflight).
  - (cc) Scene Response Services must have provisions for contemporaneous flight following and during all operations and a readily accessible post-accident incident plan as they relate to patient care.
  - (dd) Services that respond to incident scenes and/or support disaster response shall provide Helicopter Safety and Landing Zone Procedures in a written format to all public safety/law enforcement agencies and hospital personnel who interface with the medical service that includes but is not limited to the following:
    1. The identification, designation and preparation of appropriate landing zones
    2. Ground personnel safety in and around the aircraft
    3. Ground to air communications
    4. Victim recovery procedures in the post-crash or unanticipated incident
3. The applicant possesses the equipment, required by these Rules for the type of service and level of care proposed.
  4. The applicant can provide personnel required by these Rules for the type of service and level of care proposed.
  5. An applicant for a Scene Response Air Ambulance Service or Restricted Response Air Ambulance Service must demonstrate full time dispatch capabilities.
  6. The applicant possesses two-way radio communications equipment and frequencies for the proposed type of service, including, but not limited to the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules and the designated Maine EMS statewide frequency "155.385."



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7. Applicants for licensure must demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the service or medical crew. A license holder should immediately notify Maine EMS and cease operations if the coverage required by this section is cancelled or suspended. Maine EMS will not issue an air ambulance service license to an air ambulance service unless the applicant for a license or the licensee has:
  - a. Evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property.
  - b. Worker’s compensation coverage is required as defined by individual state regulating bodies.
  
8. The applicant meets the quality assurance/quality improvement requirements of Chapter 18 of these Rules.
  
9. The applicant has a physician medical director who is:
  - (a) Licensed and authorized to practice as a physician in Maine and is board certified in a specialty consistent to the mission of the service and actively practices in the care and management of critically ill or injured adult and pediatric patients;
  - (b) Experienced in both air and ground emergency medical services and is familiar with the national consensus criteria of appropriate utilization of air medical and ground inter-facility critical care services;
  - (c) Responsible for supervising and evaluating the quality of medical care provided by the medical personnel and the program;
  - (d) Actively involved in the selection, training and recurrent education and practice of the flight medical crew and has expertise with the flight environment, including flight physiology and the management of diseases affected by altitude;
  - (e) Actively involved in the Quality Assurance / Quality Improvement (QA/QI) program for the service,

- 1739 including the review of all missions by a qualified  
 1740 physician and in administrative decisions affecting  
 1741 medical care provided by the service;  
 1742
- 1743 (f) Familiar with Maine EMS Protocols, the Maine Trauma  
 1744 System and the capabilities of referring and receiving  
 1745 hospitals;  
 1746
- 1747 (g) Knowledgeable of the capabilities and limitations of the  
 1748 aircraft used in the service; and,  
 1749
- 1750 (h) Responsible to ensure that appropriate aircraft, medical  
 1751 crew and equipment are provided for each mission based  
 1752 on a system of preflight patient evaluation for inter-  
 1753 hospital transports and an established protocol consistent  
 1754 with types of scene responses anticipated if so licensed.  
 1755
- 1756 (i) Has established a plan for on-line medical direction if  
 1757 needed during transport.  
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- 1760
- 1761 10. If the application is for a new service or a change of service  
 1762 ownership: the applicant, if an individual is of good  
 1763 character, and if a partnership or corporation, its partners or  
 1764 principal officers are of good character. Four character  
 1765 references, written within the past year, must be submitted  
 1766 as a condition of meeting this requirement; none may be  
 1767 from a relative or employee of the applicant.  
 1768
- 1769 11. If the application is for a restricted air ambulance service,  
 1770 the service has either (1) guaranteed continuity of care for  
 1771 the patient by entering into written agreements with the  
 1772 ambulance services that will transport its patients or (2)  
 1773 otherwise addressed these concerns in a plan approved by  
 1774 Maine EMS that includes as a component a written  
 1775 agreement of this nature with at least one ambulance  
 1776 service.  
 1777
- 1778 12. The applicant has submitted a quality assurance plan that is  
 1779 subject to Maine EMS approval and that includes review of  
 1780 all flights by a qualified physician pursuant to these Rules.  
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- 1782 13. The applicant has established a service level Quality  
 1783 Assurance/Quality Improvement Committee (for approval  
 1784 under 32 M.R.S. § 92-A).

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14. The applicant has designated a service director, who shall act as the point of contact for the service.
15. The applicant has designated a person who serves as the training and education point of contact for the service.
16. The applicant demonstrates that all medical crew members are appropriately trained and qualified.
17. The applicant has identified the designated infection control officer for the proposed service. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to Maine EMS, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.
18. The applicant complies with the drugs and medication requirements in Chapter 6 of these Rules.

2. Except as provided in paragraph 3, below, a service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month and may prorate the licensing fee; if it is determined that such a change is in the best interest of the service and the system.
3. Effective January 1, 2020, initial and renewal service applications will be issued/renewed with a November 30, 2020 expiration date in order to establish a common month of expiration for all services. Maine EMS will prorate service and vehicle fees during the transition period.
4. Notwithstanding the notice requirements of §5(C) (1), Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the primary service area(s) listed in the applicant’s application.

**§6. Licensing Standards for Restricted Response Air Ambulance Services**

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1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:
  - A. Apply on forms available from Maine EMS.
  - B. Demonstrate to Maine EMS that:
    1. The applicant has made a detailed manual of policies and procedures available for reference, which shall include, but not be limited to:
      - (a) Education, clinical experience, and competency requirements of the medical crew commensurate with the scope of care to be provided;
      - (b) Notification phone numbers and access dispatch procedure, including identification of those who may request a mission and those who will approve missions;
      - (c) Type of aircraft vehicle(s) used and operational protocols specific to type;
      - (d) Coordination of operating practices with hospital and pre-hospital providers and other public safety agencies;
      - (e) Preparation and stabilization of the patient;
      - (f) A safety program of policies and procedures specific to patient care;
      - (g) Procedures for acceptance of requests, referrals, and/or denial of service for medically-related reasons;
      - (h) Criteria for the medical conditions and indications or medical contraindications for flight;
      - (i) Acceptable destinations and landing areas;
      - (j) Written policy that ensures that air medical personnel shall not be assigned or assume cockpit duties concurrent with patient care duties and responsibilities; and
      - (k) Written plan that addresses the actions to be taken in the event of an emergency or patient crisis during transport operations.
    2. Applicants for licensure must demonstrate liability coverage for injuries to persons and for loss or property damages resulting

1877 from negligence by the service or medical crew. A license  
 1878 holder should immediately notify Maine EMS and cease  
 1879 operations if the coverage required by this section is cancelled or  
 1880 suspended. Maine EMS will not issue a Restricted Response Air  
 1881 Ambulance service license unless the applicant for a license or the  
 1882 licensee has:  
 1883

- 1884 a. Evidence of medical professional liability insurance that  
 1885 requires the insurer to compensate for injuries to persons  
 1886 or unintentional damage to property.  
 1887
- 1888 b. Worker’s compensation coverage is required as defined  
 1889 by individual state regulating bodies.

- 1890 3. The applicant meets the quality assurance/quality improvement  
 1891 requirements of Chapter 18 of these Rules.  
 1892
- 1893 4. The service has either (1) guaranteed continuity of care for the  
 1894 patient by entering into written agreements with the ambulance  
 1895 services that will transport its patients or (2) otherwise addressed  
 1896 these concerns in a plan approved by Maine EMS that includes as a  
 1897 component a written agreement of this nature with at least one  
 1898 ambulance service.  
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- 1900
- 1901 2. Except as provided in paragraph 3 below, a service license is issued for a  
 1902 period of 12 months. Maine EMS may issue a license that expires prior to  
 1903 the twelfth month if it is determined that such a change is in the best interest  
 1904 of the service and the system.  
 1905
- 1906
- 1907 3. Maine EMS may issue a temporary service license for up to 60 days to an  
 1908 applicant if Maine EMS determines that issuance of the temporary license  
 1909 will avert the disruption of emergency medical services in the primary service  
 1910 area(s) listed in the applicant’s application.  
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1916 **§7. Renewal of Service License**

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- 1918 1. Renewal of a service license must be obtained each year, not later than the twelfth  
 1919 month after the license is issued. If Maine EMS and the service agree, a license  
 1920 may be renewed in less than a year, and the licensing fee prorated in order to shift  
 1921 the service's licensing anniversary.  
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2. A licensee shall submit an application for renewal prior to the expiration date of the license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. An air ambulance service with an expired license cannot provide emergency medical services until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.
  
3. In order to obtain and maintain a license renewal, a service must, for each base location:
  - A. Apply on forms available from Maine EMS;
  
  - B. Submit a fee of \$100.00;
  
  - C. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules;
  
  - D. Scene Response and Transfer Air Ambulance Services must be fully accredited by a national or international accreditation service as recognized by the State, provided the accreditation service meets the following minimum standards:
    - a. Provides accreditation for no more than three consecutive years without an updated inspection and reaccreditation.
    - b. Has a multi-disciplinary Board of Directors representing medical transport organizations.
    - c. Uses trained site-surveyors with experience in medical transport at the level of accreditation and license.
    - d. Assures services that have identified standards deficiencies will implement corrective action or improvement plans to correct any deficiencies.
    - e. Has an open process that encourages and accepts comments on changes to its accreditation standards.
    - f. Provides transparency to the public on its standards, accreditation process, list of accredited programs, and policies and procedures.
  
    - g. Maintains insurance (General liability, Medical Professional Liability, Directors & Officers and Travel) and be able to present its current certificates of insurance to Maine EMS.

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

1. Medically related data from all flights discharged from receiving hospitals in less than 24 hours; and
2. Clinical performance data as requested by the MDPB.

**§8. Renewal of Service License for a Restricted Response Air Ambulance Service**

1. In order to obtain and maintain a license renewal, a service must, for each base location:

- A. Apply on forms available from Maine EMS; and
- B. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules.

**§9. Personnel Requirements for Air Ambulance Service Licensees**

1. Scene Response Air Ambulance Services and Transfer Air Ambulance Services

A. The flight medical crew must consist of at least two people medically certified/licensed by the State. One of these crew members must be licensed by Maine EMS or designated as a flight nurse pursuant to 32 M.R.S § 83 and must have:

1. Successfully completed a course based upon standards approved by the Board that includes, but is not limited to, altitude physiology;
2. Current certifications in any specialty programs as required, and published, by the Board.
3. Scene Response Air Ambulance Service must provide one crew member licensed at the Paramedic level while responding to scene requests.
4. All paramedics must have completed the Maine EMS Paramedic Interfacility Transport Program training.

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

2. Restricted Response Air Ambulance Service

A. The flight medical crew must consist of at least one EMS Person, Registered Nurse, Advanced Practice Registered Nurse, Physician, or Physician’s Assistant, licensed by the State, at or above the level to which the service is licensed.

B. Personnel in addition to the person identified in §7.(2)( A) of this chapter may be utilized consistent with the patient's needs.

3. A service must report to Maine EMS the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from the service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail.

4. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to Maine EMS, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.

**§10. Service Availability for Response for Scene Response & Transfer Air Ambulance Services**

1. An air ambulance service must provide prompt notification to the requesting agency of the air ambulance’s estimated time of arrival to the scene of a medical emergency or interfacility transfer pick-up location. Changes in estimated time of arrival will be immediately communicated to the requesting agency by the air ambulance service.
2. Failure of a service to comply with these response requirements will be reviewed by Maine EMS to determine if corrective action is required. Maine EMS shall notify



2060 the service of any required corrective action and shall set a reasonable amount of  
 2061 time for the service to carry out this action.

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 2063 **§11. Patient Care Report**

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 2065 For each request for service, or for each patient when more than one patient is involved in a call,  
 2066 an air ambulance service must complete and submit an electronic Maine EMS patient care report  
 2067 as specified by Maine EMS, within twenty-four hours. Additionally, a Restricted Response Air  
 2068 Ambulance Service must indicate in the electronic run reporting system which responses were  
 2069 air ambulance responses.

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 2071 **§12. Pilot Projects**

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 2073 For the purpose of evaluating the workability and appropriateness of incorporating a particular  
 2074 emergency medical treatment technique or a type of equipment into any licensure level, the  
 2075 Board may elect to exempt a service from the requirements of the relevant licensure level so as  
 2076 to permit the service to utilize the designated techniques or equipment on an experimental basis.  
 2077 Such authorizations may be continued at the discretion of the Board. Such authorizations should  
 2078 not be construed as levels of licensure.

2079  
 2080 **§13. Scene Response & Transfer Air Ambulance Vehicles**

- 2081  
 2082 1. Except as otherwise exempted by 32 M.R.S. § 82 and §12 of this chapter, no aircraft  
 2083 shall provide emergency medical services within Maine unless it is licensed as an  
 2084 ambulance under these Rules.  
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 2086 2. An air ambulance vehicle license is valid for a period of one year, starting from the  
 2087 month the service license is issued. Maine EMS will ensure concurrent expiration  
 2088 dates for service and vehicle licenses.  
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 2090 3. An aircraft licensed as an air ambulance must be maintained in a clean and sanitary  
 2091 condition, free from interior corrosion, dirt, or contaminating foreign matter.  
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 2093 4. An air ambulance license is issued to a particular service and for a particular  
 2094 vehicle, except as permitted in Chapter 4 §12.2 of these Rules. If a service is  
 2095 required to relicense under Chapter 4 §3 of these Rules because of a change of  
 2096 ownership, then all of the service's vehicle licenses end, and the service must apply  
 2097 for new vehicle licenses. The fee for licensing a vehicle is \$60.00.  
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 2099 5. When a service acquires a new or used air ambulance under Chapter 4 § 12 of these  
 2100 Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall  
 2101 pay the vehicle licensing fee necessary to license the vehicle . Within 45 days,  
 2102 Maine EMS shall issue, or decline to issue, a license for the vehicle.  
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 2104 6. At least once each year, Maine EMS shall inspect each air ambulance aircraft to be  
 2105 sure that it is clean and otherwise in conformity with these Rules. If a vehicle does

2106 not pass inspection and its continued operation presents a hazard to health or safety,  
 2107 the Board may suspend its license to provide emergency medical services at once  
 2108 consistent with Maine Law (See 5 M.R.S. §10004 and 4 M.R.S. §184).  
 2109 Alternatively, if the continued operation of the air ambulance aircraft at the level of  
 2110 care for which it is permitted pursuant to Chapter 4 §2(2) of these Rules presents a  
 2111 hazard to health or safety, the Board may immediately suspend the aircraft’s level of  
 2112 care permit consistent with Maine law (*see* 5 M.R.S. §10004 and 4 M.R.S. §184)  
 2113 and allow the aircraft to operate at the next lowest level of care for which it is  
 2114 properly equipped. If the deficiencies are not such as to require the immediate  
 2115 suspension of the aircraft’s license to provide emergency medical services or the  
 2116 immediate suspension of its level of care permit, then Maine EMS shall notify the  
 2117 operator of the deficiencies and set a reasonable amount of time in which the  
 2118 operator may continue to provide emergency medical services while bringing it into  
 2119 conformity with the law and Rules. If the aircraft is not brought into conformity  
 2120 within the time set, Maine EMS may refuse to renew, or seek revocation of, the  
 2121 aircraft’s license to provide emergency medical services.  
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2123 **§14. Scene Response & Transfer Air Ambulance Vehicle Licensing Requirements**  
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- 2125 1. Permanent Air Ambulance Vehicles - Any air ambulance vehicle used by a licensed  
 2126 air ambulance service for providing emergency medical services more than four  
 2127 times in any one-year period must be licensed to the respective service. An air  
 2128 ambulance vehicle may be licensed to more than one service, with each service  
 2129 independently responsible for its own licensure and use of the vehicle.  
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- 2131 2. Temporary Air Ambulance Vehicles – Any air ambulance vehicle used for patient  
 2132 transport by a licensed air ambulance service no more than four times in any one-  
 2133 year period will be considered to be duly licensed to that service by the Board if it  
 2134 meets the requirements of this chapter. Within 7 days after such a transport, the  
 2135 service must notify Maine EMS of the date, time, and origin/destination points of  
 2136 the transport as well as the type and registration number of the aircraft and the  
 2137 reason for its use instead of a “permanent” vehicle. Maine EMS will place this  
 2138 information in the service file and may inspect the aircraft.  
 2139

2140 **§15. Scene Response and Transfer Air Ambulance Vehicle Design Requirements**  
 2141

- 2142 1. Maine EMS requires that an aircraft licensed by the Board must:  
 2143
  - 2144 A. Be configured to allow medical attendants to have full-body patient view  
 2145 and access, and access to equipment and supplies in order to initiate both  
 2146 basic and advanced life support emergency procedures;
  - 2147
  - 2148 B. Be designed and configured for patient placement that allows for safe crew  
 2149 egress without compromising patient stability during loading, unloading or  
 2150 in-flight operations;  
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- C. Be configured to allow operation of the aircraft doors from the interior and that the doors be capable of being fully opened and held by a mechanical device;
  - D. Have sufficient space to accommodate at least one patient on a stretcher, two medical attendants, and the medical equipment required;
  - E. Be equipped with a patient stretcher and patient securing systems/straps capable of accommodating adult and pediatric patients. The stretcher must be designed to support effective cardiopulmonary resuscitation (CPR) or a backboard or equivalent device to achieve CPR must be readily available;
    1. Patients under 60 pounds (27 kg.) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device;
    2. All patients under 40 lbs. must be secured in a five-point safety strap device that allows good access to the patients from all sides and permits the patient's head to be raised at least 30 degrees;
    3. There must be some type of restraining device within an isolette to protect the patient in the event of air turbulence and the isolette must be capable of being opened from its secured position in order to provide full access to the infant in the event of complicated airway problems or extrication from the isolette becomes necessary;
    4. There shall be access and necessary space to ensure any on-board patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.
  - F. Be equipped with safety belts and securing restraints adequate to stabilize and secure any patient, medical attendants, and equipment. Medical attendants must be able to wear seat belts while having access to the patient's head and upper body;
  - G. Be large enough to accommodate loading of a stretcher without rotating it more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis of the patient and does not compromise functioning of monitoring systems, intravenous lines and manual or mechanical ventilation;
  - H. Be equipped with climate controls capable of preventing adverse effects on patients or medical personnel on board;

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- I. Be configured so that operational controls and communications equipment are protected from intended or accidental interference by the patient, medical transport personnel, medical equipment or medical supplies;
  - J. Be designed and configured so that the head-strike envelope for the patient and medical attendants is clear of objects or surfaces that could cause injury in the event of air turbulence or sudden hard landing. Medical crews in rotorcraft must wear helmets.
  - K. Be pressurized if an altitude is to be flown which would otherwise compromise the patient's condition.
  - L. Be equipped with an oxygen system with adequate capacity and available oxygen for every mission. Oxygen tanks must be secured to prevent movement. No oxygen tank may be secured on the area of the stretcher designed for patient placement.
    - 1. Medical transport personnel will be able to determine if oxygen is “on” by in-line pressure gauges mounted in the patient care area indicating quantity of oxygen remaining and measurement of liter flow;
    - 2. Each gas outlet will be clearly marked for identification, and oxygen flow can be stopped at or near the oxygen source from inside the aircraft or ambulance;
    - 3. Oxygen flow meters and outlets must be padded, flush mounted, or so located to prevent injury to medical transport personnel;
    - 4. There must be a back-up source of oxygen (of sufficient quantity to get safely to a facility for replacements) in the event the main system fails. This back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight and must be located and. Under no circumstances will a portable tank be located between the patient’s legs.
  - M. Be designed so that hangers/hooks are available to secure IV solutions, or a mechanism is provided for delivery of high flow fluids. IV hooks must be padded, flush mounted, or so located to prevent head trauma to the medical transport personnel in the event of a hard landing in the aircraft;
  - N. Be designed so that medications, medical supplies and equipment - consistent with the service’s scope of care and necessary for patient medical care - are accessible to the flight medical crew while they are secured in seatbelts;

- 2244 O. Be designed so that the cardiac monitor, defibrillator and external
- 2245 pacemaker displays are visible and that the equipment is secured and
- 2246 positioned to provide easy access by the flight medical crew while they are
- 2247 secured in seatbelts. Extra batteries or other power source must be
- 2248 available;
- 2249
- 2250 P. Be designed and configured so that the service's mission and ability to
- 2251 transport two or more patients does not compromise the airway or
- 2252 stabilization or the ability to perform emergency procedures on any on-
- 2253 board patient, and be designed to provide access for simultaneous airway
- 2254 management if there is a two-patient configuration;
- 2255
- 2256 Q. Be designed so that the floor, sides and ceiling in the patient compartment
- 2257 have a surface capable of being cleaned and disinfected in accordance with
- 2258 Occupational Safety and Health Administration regulations.
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- 2260 R. Have overhead illumination at the patient level sufficient for patient care.
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- 2263 S. Carry radios capable of communicating: with all Maine hospitals which may
- 2264 be over flown; Maine EMS Statewide frequency 155.385; with the flight
- 2265 service dispatch; and with personnel on the ground if scene pickups are
- 2266 routinely conducted. Headset equipment for pilot/medical crew
- 2267 communication is required if such communication would not otherwise be
- 2268 possible.
- 2269
- 2270 T. Be capable of communications utilizing the designated Maine EMS
- 2271 statewide frequency "155.385".
- 2272
- 2273 U. Be equipped with an electrical power source(s) that will accommodate
- 2274 commonly carried medical equipment (AC or DC powered) without
- 2275 compromising the operation of any aircraft electrical equipment and that is
- 2276 not dependent upon a portable battery.
- 2277
- 2278 V. Be configured and equipped so as to prevent interference with medical
- 2279 systems.
- 2280
- 2281 W. Be equipped with a suction aspirator that must be powered by the aircraft's
- 2282 electrical or engine-vacuum system and that must be capable of providing a
- 2283 free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg
- 2284 within 4 seconds after the suction tube is closed.
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**§16. Air Ambulance Service Equipment Requirements**

1. All medical equipment and medical supplies carried on an air ambulance vehicle shall be latex free.

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- A. Transfer Air Ambulance Services must utilize equipment consistent with the patient's needs and must carry as a minimum, that equipment listed in these Rules.
- B. Scene Response Air Ambulance Services must comply with the air ambulance equipment requirements included in these Rules unless an air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance. All medical equipment and supplies must be secured.
- C. Restricted Response Air Ambulance Services must carry with them on the air ambulance any equipment necessary to continue patient care.

**§17. Duty to Report**

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2. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:
- A. Change of name or address;
  - B. Criminal conviction;
  - C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
  - D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

2317 AUTHORITY: 32 M.R.S., Chapter 2-B.

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2319 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

2320

2321 AMENDED: April 1, 1982

2322 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73

2323 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and

2324 11.1067

2325 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11

2326 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

2327 September 1, 1986

2328 August 25, 1987 - Sec. 5, 6.011 and 12 (added)

2329 July 1, 1988

2330 March 4, 1992

2331 September 1, 1996

2332 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

2333 REPEALED AND REPLACED: July 1, 2000

2334 July 1, 2003

2335 October 1, 2009

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May 1, 2013

## 2338 16 DEPARTMENT OF PUBLIC SAFETY

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## 2340 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

2341

## 2342 CHAPTER 5: PERSONNEL LICENSES

2343

2344 §1. Personnel licenses are issued for the following levels of care, in ascending order:

2345

2346 1. Emergency Medical Responder (EMR)

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2348 2. Emergency Medical Technician (EMT)

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2350 3. Advanced Emergency Medical Technician (AEMT)

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2353 4. Paramedic

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2355 Scope of Practice. The U.S. Department of Transportation's National Highway Traffic Safety  
 2356 Administration's ("NHTSA") *National EMS Scope of Practice Model*, September 2018 edition,  
 2357 defines the scope of practice for Emergency Medical Responders, Emergency Medical  
 2358 Technicians, Advanced Emergency Medical Technicians, and Paramedics. Accordingly, the  
 2359 National Association of State EMS Officials. *National EMS Scope of Practice Model 2018*  
 2360 (Report No. DOT HS 812-666). Washington, DC: National Highway Traffic Safety  
 2361 Administration., is incorporated by reference, Copies are available at Maine EMS

2362

2363 §2. Licensees may perform the following treatments:

2364

2365 1. **Basic Emergency Medical Treatment:** All licensed personnel may perform basic  
 2366 emergency medical treatment within the scope of their practice as defined below, as  
 2367 permitted by protocol and in accordance with this chapter of the Rules.

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2370

2371 A. **Emergency Medical Responder** NHTSA's *National EMS Scope of*  
 2372 *Practice Model*, September 2018 edition, defines the scope of practice for a  
 2373 person licensed at the Emergency Medical Responder level. An Emergency  
 2374 Medical Responder's clinical practice is defined by Maine EMS protocol. A  
 2375 person licensed at the Emergency Medical Responder level may operate  
 2376 without the supervision of another Maine EMS licensee at the scene of a  
 2377 medical emergency until such time that a person licensed above the  
 2378 Emergency Medical Responder level arrives at the scene. Once on the  
 2379 scene, personnel licensed above the Emergency Medical Responder level  
 2380 are responsible for supervising Emergency Medical Responder licensed  
 2381 personnel, who may not operate without such supervision.

2382



2383 Patient immobilization for transport, patient loading, and patient care  
 2384 during transport must be directly supervised by personnel licensed above  
 2385 the Emergency Medical Responder level. Any basic emergency medical  
 2386 treatments not described in the scope of practice for an Emergency  
 2387 Medical Responder in NHTSA’s *National EMS Scope of Practice*  
 2388 *Model*, September 2018 edition, may only be performed while assisting,  
 2389 and in the presence of personnel licensed above the Emergency Medical  
 2390 Responder level.

2391  
 2392 One EMS provider licensed at or above the EMT level must accompany  
 2393 the patient in the patient compartment of the ambulance during transport.  
 2394

2395 B. **Emergency Medical Technician** NHTSA’s National EMS Scope of  
 2396 Practice Model, September 2018 edition, defines the scope of practice for a  
 2397 person licensed at the Emergency Medical Technician level. An Emergency  
 2398 Medical Technician’s clinical practice is defined by Maine EMS protocol.  
 2399

2400 Additions for Emergency Medical Technicians with Certification As  
 2401 "Wilderness EMT"  
 2402

2403 Any licensee certified as a Wilderness Emergency Medical  
 2404 Technician (WEMT), consistent with Chapter 2 of these Rules, may  
 2405 apply WEMT emergency medical care as allowed by the Maine EMS  
 2406 protocol.  
 2407  
 2408

2409 2. **Advanced Emergency Medical Treatment:** Advanced emergency medical  
 2410 treatments may be provided only by those licensed at, or above, the levels indicated,  
 2411 within the scope their practice as defined below, as permitted by protocol and in  
 2412 accordance with this section of the Rules:  
 2413

2414 A. **Advanced Emergency Medical Technician (AEMT):** NHTSA’s *National*  
 2415 *EMS Scope of Practice Model*, September 2018 edition, defines the scope of  
 2416 practice for a person licensed at the Advanced Emergency Medical  
 2417 Technician level. An Advanced Emergency Medical Technician’s clinical  
 2418 practice is defined by Maine EMS protocol.  
 2419

2420  
 2421 B. **Paramedic:** NHTSA’s National EMS Scope of Practice Model, September  
 2422 2018 edition, defines the scope of practice for a person licensed at the  
 2423 Paramedic level. A Paramedic’s clinical practice is defined by Maine EMS  
 2424 protocol.  
 2425

2426 C. **Paramedic Inter-Facility Transfer (PIFT)** - In order to practice as a PIFT  
 2427 provider, a Maine licensed Paramedic must:  
 2428

- 2429 (a) Complete a Maine EMS approved PIFT provider course; and,
- 2430
- 2431 (b) Be affiliated with a Maine EMS licensed service that is
- 2432 approved by the Board to provide PIFT services.
- 2433

2434 3. A licensee may perform emergency medical treatment when:

- 2435 A. The licensee practices in accordance with Maine EMS protocol, and
- 2436
- 2437
- 2438 B. The licensee acts with the approval of the ambulance crew member in
- 2439 charge of the call.
- 2440

2441 §3. Patient Care Report:

2442

2443 In addition to providing patient care, the licensee who provided primary patient care is

2444 responsible for completing and submitting an electronic Maine EMS patient care report, as

2445 specified by Maine EMS, for each request for service, or for each patient when more than one

2446 patient is involved in a call. Reports must be submitted within twenty-four hours.

2447

2448 §4. A license is valid for three years from the month of issuance unless otherwise specified in

2449 these Rules. A license issued on or after November 1, 2022, will be valid for a period of two

2450 years from the month of issuance unless otherwise specified in these Rules.

2451

2452 §5. An application will not be accepted as complete unless it includes all materials required

2453 to be evaluated for licensure. To obtain a new or renewed license, an applicant must:

- 2454 1. Provide proof of parental consent if the applicant is less than 18 years of age. No
- 2455 application for licensure by a person under 18 years of age will be approved unless
- 2456 the service(s) with which the applicant will be practicing emergency medical care
- 2457 submits and maintains a Maine EMS-approved plan for supervision. No one under
- 2458 the age of 16 may be licensed.

2459 An applicant must be at least 18 years of age in order to be eligible for

2460 licensure above the EMT level.

2461

2462 Not have received a three-year Maine EMS license at the same level within the past

2463 year. Effective November 1, 2022 – Not have received a two-year Maine EMS

2464 license at the same level within the past year.

- 2465 2. Submit the following to Maine EMS:

- 2466 A. A completed Maine EMS application signed by the applicant.
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- B. Certification of Board-approved training or training judged by Maine EMS to be equivalent. If the training was completed more than a year prior to application, a license may be issued that is valid for three years (two years after November 1, 2022) from the month of the training completion date (or from the month of the required test if that preceded training completion). Board approved training includes a Board approved initial course at the appropriate level, or a course judged by Maine EMS to be equivalent.
- C. Certification of Board-approved continuing education hours (CEH) at the appropriate level, or continuing education hours judged by Maine EMS to be equivalent, in the case of an applicant whose Maine license is current or not expired by more than two years, or who submits a history of training which Maine EMS accepts as qualifying him/her to use continuing education hours for licensure.
1. CEH must be of the type and amount appropriate to the level, and may be used to fulfill training requirements provided that:
    - (a) The applicant's Maine license is current or not expired by more than two years; and
    - (b) Certificates of continuing education hours have not been used for a previous license renewal and have been earned within the past two years. "Training completion date" for the purpose of setting a license expiration date will be the date of the most recently completed continuing education program, which is submitted for licensure.
    - (c) Continuing education hours appropriate to each level are as follows:
      - (i) Emergency Medical Responder - 32 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 2 hours in Patient Assessment; 4 hours in Medical; 4 hours in Trauma; 4 hours in Obstetrics and Pediatrics; and 8 hours in BLS Psychomotor Skills.
      - (ii) EMT - 52 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in

- 2520 Obstetrics and Pediatrics; 8 hours in BLS Psychomotor  
 2521 Skills; and 8 hours in Further Continuing Education.  
 2522
- 2523 (iii) Advanced Emergency Medical Technician (AEMT) -  
 2524 56 total hours consisting of: 2 hours in Preparatory and  
 2525 Operations; 12 hours in Airway, Breathing and Cardiac;  
 2526 4 hours in Patient Assessment; 8 hours in Medical; 6  
 2527 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4  
 2528 hours in BLS Psychomotor Skills; 4 hours in ALS  
 2529 Psychomotor Skills; and 8 hours in Further Continuing  
 2530 Education.  
 2531
- 2532 (iv) Paramedic - 72 total hours consisting of: 2 hours in  
 2533 Preparatory and Operations; 16 hours in Airway,  
 2534 Breathing and Cardiac; 4 hours in Patient Assessment;  
 2535 12 hours in Medical; 8 hours in Trauma; 8 hours in  
 2536 Obstetrics and Pediatrics; 4 hours in BLS Psychomotor  
 2537 Skills; 8 hours in ALS Psychomotor Skills; and 10  
 2538 hours in Further Continuing Education.  
 2539
- 2540 (d) For license renewals on or after November 1, 2022, continuing  
 2541 education hour requirements for a three-year license will be:  
 2542
- 2543 (i) Emergency Medical Responder - 32 total hours  
 2544 consisting of: 8 hours in BLS Skills and 24 hours in  
 2545 any of the following categories, with a minimum of 2  
 2546 hours in each category - Airway, Respiratory, and  
 2547 Ventilation, Cardiology, Medical, Trauma, and  
 2548 Operations.  
 2549
- 2550 (ii) EMT - 52 total hours consisting of: 8 hours in BLS  
 2551 Skills and 44 hours total in any of the following  
 2552 categories, with a minimum of 2 hours in each category  
 2553 - Airway, Respiratory, and Ventilation, Cardiology,  
 2554 Medical, Trauma, and Operations.  
 2555
- 2556 (iii) Advanced Emergency Medical Technician (AEMT)- 56  
 2557 total hours consisting of: 2 hours in ALS Skills and 4  
 2558 Hours in BLS Skills and 48 hours total in any of the  
 2559 following categories, with a minimum of 3 hours in  
 2560 each category - Airway, Respiratory, and Ventilation,  
 2561 Cardiology, Medical, Trauma, and Operations.  
 2562 .  
 2563
- 2564 (iv) Paramedic - 72 total hours consisting of: 8 hours in  
 2565 ALS Skills, 4 Hours in BLS Skills and 60 hours total

2566 in any of the following categories, with a minimum of 4  
 2567 hours in each category - Airway, Respiratory, and  
 2568 Ventilation, Cardiology, Medical, Trauma, and  
 2569 Operations.

2570  
 2571 (e) For license renewals on or after November 1, 2023, continuing  
 2572 education hour requirements for a two-year license will be:

2573  
 2574 (v) Emergency Medical Responder - 24 total hours in any  
 2575 of the following categories - Airway, Respiratory, and  
 2576 Ventilation (ARV), Cardiology, Medical, Trauma, and  
 2577 Operations. The licensee must also provide an  
 2578 accompanying skills competency verification.

2579  
 2580 (vi) EMT - 44 total hours in any of the following categories  
 2581 - Airway, Respiratory, and Ventilation (ARV),  
 2582 Cardiology, Medical, Trauma, and Operations. The  
 2583 licensee must also provide an accompanying skills  
 2584 competency verification.

2585  
 2586 (vii) Advanced Emergency Medical Technician (AEMT)-  
 2587 48 hours total in any of the following categories -  
 2588 Airway, Respiratory, and Ventilation (ARV),  
 2589 Cardiology, Medical, Trauma, and Operations. The  
 2590 licensee must also provide an accompanying skills  
 2591 competency verification.

2592  
 2593 (viii) Paramedic - 60 hours total in any of the following  
 2594 categories - Airway, Respiratory, and Ventilation  
 2595 (ARV), Cardiology, Medical, Trauma, and Operations.  
 2596 The licensee must also provide an accompanying skills  
 2597 competency verification.

2598  
 2599  
 2600 (f) For license renewals on or after November 1, 2024, continuing  
 2601 education requirements will be based upon a two-year licensing  
 2602 cycle and shall be in accordance with the National Registry of  
 2603 Emergency Medical Technicians' 2016 National Continued  
 2604 Competency Program Hour Requirements listed below. This  
 2605 rule incorporates by reference the National Registry of  
 2606 Emergency Medical Technicians' Agency Guide for  
 2607 Recertification (October 2017 edition). Copies of this standard  
 2608 are available from the National Registry of Medical  
 2609 Technicians, 6610 Busch Blvd., Columbus, OH 43229, or  
 2610 Maine EMS, Department of Public Safety, 45 Commerce

2611 Drive, Suite 1, 152 State House Station, Augusta, ME 04333-  
 2612 0152.

2613  
 2614 (ix) Emergency Medical Responder (EMR) - 16 Total  
 2615 Hours consisting of 8 hours in National Continued  
 2616 Competency Requirements (NCCR), 4 hours in Maine-  
 2617 EMS-approved Local Core Competency Requirements  
 2618 (LCCR), and 4 hours in Individual Core Competency  
 2619 Requirements.

2620  
 2621 (x) Emergency Medical Technician (EMT) - 40 Total  
 2622 Hours consisting of 20 hours in National Continued  
 2623 Competency Requirements (NCCR), 10 hours in  
 2624 Maine-EMS-approved Local Core Competency  
 2625 Requirements (LCCR), and 10 hours in Individual Core  
 2626 Competency Requirements.

2627  
 2628 (xi) Advanced Emergency Medical Technician (AEMT) -  
 2629 50 Total Hours consisting of 25 hours in National  
 2630 Continued Competency Requirements (NCCR), 12.5  
 2631 hours in Maine-EMS-approved Local Core  
 2632 Competency Requirements (LCCR), and 12.5 hours in  
 2633 Individual Core Competency Requirements.

2634  
 2635 (xii) Paramedic - 60 Total Hours consisting of 30 hours in  
 2636 National Continued Competency Requirements  
 2637 (NCCR), 15 hours in Maine-EMS-approved Local Core  
 2638 Competency Requirements (LCCR), and 15 hours in  
 2639 Individual Core Competency Requirements.

2640  
 2641  
 2642  
 2643  
 2644  
 2645 (g) Further Continuing Education as identified in the  
 2646 aforementioned CEH requirements is not a category but  
 2647 represents additional training in categories 1-5. Category 7  
 2648 CEH is not considered Further Continuing Education for  
 2649 purposes of this Chapter.

2650  
 2651 (h) Nationally standardized training programs may be awarded  
 2652 continuing education hours, which will be credited to an  
 2653 applicant for license renewal when that applicant provides  
 2654 proof of current certification at the time of application. Current  
 2655 certification is determined by definition of the national sponsor  
 2656 of the training program.

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- (i) In lieu of the license renewal continuing education hour requirements of this Chapter, an applicant may submit a current certification card at the license level being renewed from a national EMS certifying entity approved by the Board. Unless Maine EMS determines otherwise, a license renewal based upon a national EMS certifying entity certification shall carry an expiration that is concurrent with the applicant’s national EMS certifying entity certification’s expiration date.
- 2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, “current renewal period” means the 24-month period prior to the application date. In calculating continuing education hours completed prior to the month of application, the last day of each month shall be considered the completion date for all continuing education completed within a given month.
- 3. Applicants for license renewal will be selected by Maine EMS on a random basis for an audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit will review the continuing education hour certifications submitted by the licensee for the past two license renewals, including the current renewal period.
- 4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
- 5. Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS’s discretion, result – in accordance with 32 M.R.S. Chapter 2-B and the Maine EMS Rules - in disciplinary action to

2703 deny license renewal or may result in a decision to enter into a  
 2704 consent agreement and probation setting forth terms and conditions  
 2705 to correct the licensee's failure to complete continuing education or  
 2706 may result in any other disciplinary action available to the Board.  
 2707 Terms and conditions of a consent agreement may include  
 2708 requiring completion of increased hours of continuing education,  
 2709 civil penalties, suspension and other terms as the Board, the  
 2710 licensee and the Department of the Attorney General determine  
 2711 appropriate.  
 2712

2713  
 2714 D. Board-approved testing certification:

- 2715
- 2716 1. An applicant must demonstrate successful completion of a Board  
 2717 approved cognitive exam and practical skills evaluation - at the  
 2718 license level being sought - within two years of the application  
 2719 date.  
 2720
  - 2721 2. For applicants whose initial course completion date is on or after  
 2722 March 1, 2016 - an applicant for an initial license at any provider  
 2723 level must successfully complete the Maine-EMS-Board-approved  
 2724 cognitive test and practical skills evaluation – for the license level  
 2725 being sought - within two (2) years of the course completion date  
 2726 of the initial course.  
 2727
  - 2728 3. Notwithstanding paragraphs 1 and 2 above, an applicant is not  
 2729 required to submit testing certification as part of the license  
 2730 application process if:  
 2731
    - 2732 (a) An applicant, whose Maine EMS license has expired within  
 2733 two years prior to the application date is applying for a new or  
 2734 renewed license at the license level held within the  
 2735 aforementioned two-year period;  
 2736
    - 2737 (b) An applicant possesses a current certification or license from  
 2738 another state or territory; or,  
 2739
    - 2740 (c) An applicant is determined by Maine EMS to be eligible to  
 2741 license based upon current certification from a national EMS  
 2742 certifying entity.  
 2743
  - 2744 4. For purposes of paragraph 1, above, if the test is more than a year  
 2745 old, a license may be issued that is valid for the licensing period as  
 2746 calculated from the month of the test (or from the month of the  
 2747 required training course if that precedes the test). When practical



2748 and written portions of the test are completed in different months,  
 2749 the test date will be the month the first test was completed.

2750  
 2751 E. Continued Competency Verification

2752  
 2753 1. For an applicant or licensee renewing a license at any level, or for  
 2754 a licensee who is applying for a license within two years of license  
 2755 expiration, continued competency may be verified by:

2756  
 2757 (i) A Service Director, Training Officer or Service-Level  
 2758 Medical Director of a Maine-licensed EMS service that  
 2759 is licensed or permitted at or above the level at which  
 2760 the applicant or licensee is seeking licensure and with  
 2761 which the licensee is affiliated; or,

2762  
 2763 (ii) The Director or his or her designee of a Maine EMS  
 2764 Authorized Training Center; or,

2765  
 2766 (iii) Successful completion of a Board approved cognitive  
 2767 exam and practical skills evaluation - at the license  
 2768 level being sought - within two years of the application  
 2769 date.

2770  
 2771 2. Persons listed in paragraph 1 above as being authorized to verify  
 2772 continued competency shall base continued competency  
 2773 verifications upon the National Continued Competency Program  
 2774 Hour Requirements as provided in the National Registry of  
 2775 Emergency Medical Technicians' Agency Guide for  
 2776 Recertification (July 2019 edition), which is hereby incorporated  
 2777 by reference. Copies of this standard are available from the  
 2778 National Registry of Medical Technicians, 6610 Busch Blvd.,  
 2779 Columbus, OH 43229, or Maine EMS, Department of Public  
 2780 Safety, 45 Commerce Drive, Suite 1, 152 State House Station,  
 2781 Augusta, ME 04333-0152.

2782  
 2783 3. Persons authorized under paragraph 1 above to verify competency  
 2784 cannot verify their own continued competency.

2785  
 2786  
 2787 F. A complete history of criminal convictions as well as civil infractions for  
 2788 alcohol or drugs. Maine EMS will consider this to the extent allowed by  
 2789 Maine Law.

2790  
 2791 G. A complete history of any action taken against any emergency medical  
 2792 services certification or license or professional certification or license that  
 2793 the applicant currently holds or has ever held.

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**§6. License Expiration and Renewal**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Licensees whose licenses have lapsed as of the expiration date cannot provide emergency medical treatment until a renewed license has been issued.
3. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications

**§7. Duty to Report**

1. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:
  - A. Change of name or address;
  - B. Criminal conviction;
  - C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
  - D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

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

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 September 1, 1986  
 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 July 1, 1988  
 March 4, 1992  
 September 1, 1996

**2840**  
**2841** EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
**2842** REPEALED AND REPLACED: July 1, 2000  
**2843** July 1, 2003  
**2844** October 1, 2009  
**2845** May 1, 2013

2846 16 DEPARTMENT OF PUBLIC SAFETY

2847

2848 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

2849

2850 CHAPTER 5-A: EMERGENCY MEDICAL DISPATCHER LICENSURE

2851

2852 §1. Except as provided for in these Rules, no person shall provide emergency medical  
2853 dispatch services unless the person is licensed as an Emergency Medical Dispatcher by the Board  
2854 in accordance with 32 M.R.S. § 85-A and these Rules.

2855

2856 §2. The type of license issued under this chapter is for an “Emergency Medical Dispatcher.”

2857

2858 §3. Scope of Practice

2859

2860 1. An Emergency Medical Dispatcher may provide emergency medical dispatching in  
2861 accordance with the Maine EMS-approved Emergency Medical Dispatch Priority  
2862 Reference System, within the scope of the dispatcher’s Maine EMS-approved  
2863 training and in accordance with 32 M.R.S. § 85-A and these Rules.

2864

2865 2. An Emergency Medical Dispatcher may perform emergency medical dispatching  
2866 services when the Dispatcher:

2867

2868 A. Holds a current Emergency Medical Dispatcher license issued by the Board;

2869

2870 B. Is employed by and acts with the approval of an Emergency Medical  
2871 Dispatch Center licensed by the Board in accordance with 32 M.R.S. § 85-A  
2872 and these Rules;

2873

2874 C. Practices in accordance with the Maine EMS-approved Emergency Medical  
2875 Dispatch Priority Reference System and in accordance with 32 M.R.S. § 85-  
2876 A and these Rules;

2877

2878 §4. License

2879

2880 1. A license issued by the Board under this chapter is valid for twenty-four months  
2881 from the month of issuance unless earlier suspended or revoked or as otherwise  
2882 specified in these Rules.

2883

2884 A. The Board may issue a license valid for twenty–seven months in order to  
2885 ensure that the applicant’s license expiration date occurs three months after  
2886 the applicant’s training certification expiration from the entity that provides  
2887 the Board approved statewide emergency medical dispatch protocols. Once  
2888 the three-month separation is established, the license issued will be for a  
2889 period of twenty-four months, unless the Board determines that a license  
2890 issued for a shorter period of time is in the best interests of the system.

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2. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:
  - A. Be at least 18 years of age on the date of application;
  - B. Not have received a two-year Maine EMS Emergency Medical Dispatcher license within the past year;
  - C. Submit the following to Maine EMS:
    1. A completed Maine EMS application.
    2. Current training certification from the entity that provides the Board approved statewide emergency medical dispatch protocols.
      - (a) A current training certification or recertification cannot be used more than one time to fulfill Maine EMS Emergency Medical Dispatcher training requirements for a new or renewal license.
      - (b) If a training certification or recertification was completed more than a year prior to application, a license may be issued that is valid for two years from the certification month.
  3. Board-approved testing in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System.
  4. A complete history of criminal convictions, as well as civil infractions involving alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.
  5. A complete history of any action taken against any emergency medical dispatch certification or license or any other professional certification or license that the applicant currently holds or has ever held.

**§5. License Renewal and Expiration**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.

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2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, “current renewal period” means the 24 month period prior to the application date. In calculating continuing education hours completed prior to the month of application, the last day of each month shall be considered the completion date for all continuing education completed within a given month.
  
3. Applicants for license renewal will be selected by Maine EMS on a random basis for audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit will review the continuing education hour certifications used for the past two license renewals submitted by the licensee, including the current renewal period.
  
4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
  
5. Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS’s discretion, result – in accordance with 32 M.R.S. Chapter 2-B and the Maine EMS Rules - in disciplinary action to deny license renewal, a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the Department of the Attorney General determine appropriate.
  
6. A person may renew a license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Emergency Medical Dispatchers whose licenses have lapsed as of the expiration date cannot provide emergency medical dispatch services until a renewed license has been issued.

2981           7. An application submitted more than 90 days after the license expiration date  
2982           shall be considered an application for a new license and subject to all requirements  
2983           governing new applications.

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2987   AUTHORITY:                   32 M.R.S. 84, § 85-A, 88

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EFFECTIVE DATE:               September 1, 2006 (New)  
REPEALED AND REPLACED:      October 1, 2009  
  May 1, 2013

2992 16 DEPARTMENT OF PUBLIC SAFETY

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2994 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

2995

2996 CHAPTER 6: DRUGS AND MEDICATIONS

2997

2998 §1. GENERAL

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

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

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

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- A. Operate consistent with these Rules except when an alternative system for the supply, storage, and logging of drugs and medications has been approved by a licensed pharmacist, by the service-level medical director or the regional medical director, and by Maine EMS. Under any such system, all drugs and medications shall be properly stored with provision for climate control.

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- B. Report any instances of missing controlled drugs or medications to Maine EMS within twenty-four (24) hours upon discovery. A full report of the service's investigation of the missing drugs and any action the service may have taken regarding the incident must be sent to Maine EMS as soon as it is complete.

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§2. STORAGE

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1. Drugs and medications must:

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- A. Be stored in packaging as dispensed and/or labeled by a pharmacy.

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- B. Be properly stored with provision for reasonable climate control.

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- C. All controlled substances must be secured in a storage box unless otherwise approved by the Board. The box must be secured with a one-time, pharmacy-type, numbered seal applied. The box must have a label attached indicating the name of the earliest expiring item and its expiration date.

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- 3037 D. Non-controlled substances may be stored outside a sealed container so long
- 3038 as they are accounted for in accordance with these rules.
- 3039
- 3040
- 3041 2. A drug/medication log for each vehicle (or, in the case of a non-transporting service,
- 3042 for each drug box) must be kept by the service indicating:
- 3043
- 3044 A. Date the service received the storage box with new seals.
- 3045
- 3046 B. Seal numbers (old and new) whenever seal is broken and replaced.
- 3047
- 3048 C. Use and disposal of drugs/medications including applicable Maine EMS
- 3049 patient/run record number.
- 3050
- 3051 D. Legible signature and license number of person making the log entry.
- 3052
- 3053 E. To ensure that drugs and medications have not expired or been tampered
- 3054 with, the integrity of the seal and the expiration date must be checked at
- 3055 least daily for scheduled drugs and weekly for nonscheduled drugs, and
- 3056 recorded in the drug/medication log. Any service utilizing only one licensee
- 3057 authorized to treat with drugs and medications will ensure that this check of
- 3058 seal integrity is carried out by an authorized official of the service other than
- 3059 this licensee.
- 3060
- 3061 F. The drug/medication log will be checked at the annual service inspection, or
- 3062 as requested by the Board. Services shall maintain drug/medication logs for
- 3063 a minimum of 5 years.
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3069 AUTHORITY: 32 M.R.S., Chapter 2-B.

3070 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

3071 AMENDED: April 1, 1982

3072 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73

3073 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and

3074 11.1067

3075 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11

3076 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

3077 September 1, 1986

3078 August 25, 1987 - Sec. 5, 6.011 and 12 (added)

3079 July 1, 1988

**3082** March 4, 1992  
**3083** September 1, 1996  
**3084** EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
**3085** REPEALED AND REPLACED: July 1, 2000  
**3086** July 1, 2003  
**3087** October 1, 2009  
**3088** May 1, 2013  
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**16 DEPARTMENT OF PUBLIC SAFETY**

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

**CHAPTER 7: STATE LICENSURE EXAMINATIONS**

§1. An examination required for EMS licensure in Maine must consist of a Board approved written (cognitive) test for the level of license sought and a Board approved practical (psychomotor) evaluation of emergency medical treatment skills.

§2. Examinations required for licensure will be based upon current standards approved and published by the Board, including, but not limited to the:

1. Types of examinations;
2. Eligibility requirements for persons seeking examination; and,
3. Process and content of examinations.

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

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 September 1, 1986  
 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 July 1, 1988  
 March 4, 1992  
 September 1, 1996

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

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

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

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

§1. Training Courses

1. Training courses must be conducted in accordance with the Board-approved Training Center Standards.
2. The following training courses are approved for licensure at the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) and Paramedic levels:
  - A.
    1. For initial licensure - A Maine EMS approved course, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for the training.
    2. For renewal - Maine EMS approved continuing education hours in accordance with the licensing requirements of Chapter 5 of these Rules or any other course which is approved by the Board as including all of the required objectives for this training.
  - B. Any course (not including continuing education hour programs) leading to certification for EMS provider licensure must be supervised by an instructor/coordinator licensed by Maine EMS for that particular level and must be approved by a Maine EMS Training Center. Out-of-state courses and certifications will be judged on a case-by-case basis using a comparison of Maine EMS approved curricula.
  - C. Applicants to conduct courses leading to certification for EMS provider licensure must comply with the requirements for conducting courses as approved and published by Maine EMS.
  - D. Candidates must meet the training requirements for licensure at the level from which the course starts.

3176 §2. EMS Continuing Education Programs  
3177

3178 1. A program held in Maine or out of state may be approved for continuing education  
3179 hours (CEH) if it meets the following conditions:

3180  
3181 A. The sponsor must apply before the program is to begin. Only under unusual  
3182 circumstances, such as those set forth in Chapter 13 of these Rules, may  
3183 continuing education hour courses be approved after they have occurred;

3184  
3185 B. The topics to be taught must be relevant to EMS;

3186  
3187 C. The instructor must be qualified by knowledge and/or training in the topic  
3188 area;

3189  
3190 D. The sponsor must make known to the students those requirements the  
3191 students must meet in order to receive attendance certification;

3192  
3193 E. The sponsor or designee must submit the Maine EMS-approved attendance  
3194 roster and course evaluations, or a course evaluation summary document,  
3195 for the program to Maine EMS within ten days of the date the course was  
3196 taught. The roster must include the names and license numbers of those  
3197 attending, attendees' signatures or the course sponsor's attestation of remote  
3198 attendance, the number and type of hours approved, and the approval  
3199 number. The list must be physically or electronically signed by the sponsor  
3200 or designee as verification of attendance;

3201  
3202 F. Programs are open to the public unless otherwise approved by Maine EMS,  
3203 a regional council or a Training Center; and

3204  
3205 G. The sponsor must provide the students an opportunity to comment in writing  
3206 on the program and must make these comments available to Maine EMS  
3207 upon request within ten days after the end of the program. Sponsors of CEH  
3208 offered through publications approved by Maine EMS need not provide this  
3209 opportunity.

3210  
3211 2. Maine EMS may grant continuing education hours for programs offered through  
3212 professional journals, audio and visual media, teleconferencing, the Internet, and  
3213 other forms of distributive learning, or for other educational programs not described  
3214 in this Chapter, when requested by the applicant. For Maine EMS to consider  
3215 granting CEH approval the applicant must submit to Maine EMS:

3216  
3217 A. An outline and description of the program, to include program handouts;

3218  
3219 B. The name and address of the program sponsor;

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- 3221 C. The names of any EMS agencies granting the program continuing education  
 3222 hours;  
 3223  
 3224 D. A contact name and telephone number for attendance verification;  
 3225  
 3226 E. A program completion certificate, or equivalent;  
 3227  
 3228 F. If applicable, approval from the Commission on Accreditation for Pre-  
 3229 Hospital Continuing Education (CAPCE), formerly known as the  
 3230 Continuing Education Coordinating Board for EMS (CECBEMS); and  
 3231  
 3232 G. Proof, if the program was not supervised, that the program required, and the  
 3233 applicant successfully completed, a knowledge test in order to receive a  
 3234 program completion certificate.  
 3235  
 3236 3. Programs that have been previously approved by Maine EMS, a regional council or  
 3237 a Training Center may be approved without further review, provided that:  
 3238  
 3239 A. Maine EMS, a regional council, or a Training Center has not rescinded the  
 3240 program's approval; and  
 3241  
 3242 B. No significant changes have been made to the program content or faculty.  
 3243  
 3244 4. Maine EMS may delegate approval of continuing education programs that meet the  
 3245 requirements of this chapter to regional councils or a Maine EMS approved Training  
 3246 Center provided that they maintain a system for assuring high quality programs and  
 3247 provide such program information in a timely manner as requested by Maine EMS.  
 3248

3249 AUTHORITY: 32 M.R.S., Chapter 2-B

3250  
 3251 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

3252  
 3253 AMENDED: April 1, 1982  
 3254 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 3255 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 3256 11.1067

3257 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 3258 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 3259 September 1, 1986  
 3260 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 3261 July 1, 1988  
 3262 March 4, 1992  
 3263 September 1, 1996

3264 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

3265 REPEALED AND REPLACED: July 1, 2000

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July 1, 2003  
October 1, 2009  
May 1, 2013

3269 16 DEPARTMENT OF PUBLIC SAFETY

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3271 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

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3273 CHAPTER 8-A: TRAINING CENTERS

3274

3275 §1. A provider of emergency medical services courses leading to licensure in Maine must be  
 3276 authorized by the Board in accordance with 32 M.R.S. §88(2)(D) and these Rules.

3277

3278 §2. **Authorization Factors** – The authorization issued under this chapter is for a Training  
 3279 Center

3280

3281 1. Ownership

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3283 Upon request of the Board, an applicant or authorized Training Center must  
 3284 provide the Board with the identity and legal status (e.g. municipality,  
 3285 corporation, limited liability company, sole proprietorship) of the person or  
 3286 entity that holds or is making application for the authorization. Failure to  
 3287 provide this information will result in an application being treated as incomplete.

3288

3289 2. Physical address or location

3290

3291 An authorization is issued for a specific physical address or location.

3292

3293 §3. **Change in Authorization Factors**

3294

3295 A Training Center must receive Board approval to change any of the authorization factors.

3296

3297 §4. **Standards**

3298

3299 1. An application will not be accepted as complete unless it includes all materials  
 3300 required to be evaluated for authorization. To obtain new authorization, a Training  
 3301 Center applicant must:

3302

3303 A. Apply in a format prescribed by Maine EMS; and,

3304

3305 B. Demonstrate to Maine EMS that the applicant complies with the  
 3306 requirements of 32 M.R.S. §88(2)(D), the Rules, and the Board-approved  
 3307 Training Center Standards.

3308

3309 2. A Training Center Authorization is issued for a period of 60 months unless earlier  
 3310 suspended or revoked. An authorization may be issued for a shorter period of time  
 3311 if approved by the Board.

3312



3313 3. A Training Center must demonstrate ongoing compliance with these Rules and the  
3314 Training Center Standards in order to maintain its authorization.

3315  
3316 **§5. Renewal**

- 3317 1. An application will not be accepted as complete unless it includes all materials
- 3318 required to be evaluated for authorization.
- 3319 2. A Training Center may apply for a renewal authorization for up to ninety (90) days
- 3320 after the date of expiration. The ninety-day period does not postpone the expiration
- 3321 date. A Training Center with an expired authorization cannot provide education and
- 3322 training courses pursuant to the Training Center Standards. An application
- 3323 submitted more than 90 days after expiration shall be considered a new application
- 3324 and subject to all requirements governing new applications.

- 3325 3. In order to obtain an authorization renewal, a Training Center must:
- 3326 A. Apply electronically; and,
- 3327 B. Demonstrate, as may be required by Maine EMS, that it meets the licensing
- 3328 requirements of 32 M.R.S. §88(2)(D), these Rules and the Training Center
- 3329 Standards.

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3335 **§6. Termination of Training Center Authorization**

3336 Any Training Center intending to terminate its operations must make written notification to  
3337 Maine EMS at least 30 days prior to the termination date.

3338 AUTHORITY: 32 M.R.S. §84, §88

3339 EFFECTIVE DATE: May 1, 2013 (NEW)

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## 3345 16 DEPARTMENT OF PUBLIC SAFETY

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## 3347 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

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## 3349 CHAPTER 9: INSTRUCTOR COORDINATOR LICENSE

3350

## 3351 §1. Licenses are issued for the following levels of Instructor Coordinators (I/C):

3352

3353 1. I/C- EMT - a person licensed at the I/C - EMT level may act as the lead instructor in  
3354 courses leading to licensure at the Emergency Medical Responder, and EMT license  
3355 levels.3356 2. I/C- Advanced Emergency Medical Technician (AEMT) - a person licensed at the  
3357 I/C - AEMT level may act as the lead instructor in courses leading to licensure at the  
3358 Emergency Medical Responder, EMT and Advanced Emergency Medical  
3359 Technician (AEMT) license levels.

3360

3361 3. I/C- Paramedic - a person licensed at the I/C- Paramedic level may act as the lead  
3362 instructor in courses leading to licensure at the Emergency Medical Responder, ,  
3363 EMT, Advanced Emergency Medical Technician (AEMT), and Paramedic license  
3364 levels.

3365

3366 §2. Licensed Instructor Coordinators are responsible for EMS licensure program criteria as  
3367 approved by the Board. Instructor Coordinator licenses are valid for a period of two years, or as  
3368 otherwise determined by Maine EMS.

3369

3370 §3. To obtain and maintain a new or renewed Instructor Coordinator license, the  
3371 applicant must:

3372

3373 1. Be at least 18 years of age.

3374

3375

3376 2. Submit the following to Maine EMS:

3377

3378 A. A completed Maine EMS Instructor Coordinator application signed by the  
3379 applicant.

3380

3381 B. Proof of education consistent with current Maine EMS Education Standards  
3382 at the:

3383

3384 1. EMT level, if applying for an I/C-EMT license.

3385

3386 2. Advanced Emergency Medical Technician (AEMT) level, if  
3387 applying for an I/C – AEMT license.

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3389 3. Paramedic level, if applying for an I/C – Paramedic license.

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C. Training Certification, which may be:

1. A Board-approved instructor coordinator training program completed within two years of license application at the appropriate level taught by a Maine EMS licensed I/C following the guidelines set forth by the Training Center or a program judged by Maine EMS to be equivalent; or,
2. For licensees whose Maine Instructor Coordinator license is current or not expired by more than two years - Maine EMS-approved continuing education hours - 16 hours of Maine EMS approved continuing education specifically designed to address educational issues and approved by Maine EMS, provided that:
  - (a) Certificates of continuing education hours have not been used for a previous license renewal and have been earned within the past two years.
  - (b) No more than 6 hours of continuing education received by the applicant for instructing Maine EMS licensing courses may be used towards fulfilling license renewal requirements.

D. A complete history of criminal convictions as well as civil infractions for alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.

E. A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

**§4. License Renewal and Expiration**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, “current renewal period” means the 24-month period prior to the application date. In calculating continuing education hours completed prior to the month of application, the last day of each month shall

- 3434 be considered the completion date for all continuing education completed within a  
 3435 given month.  
 3436  
 3437 3. Applicants for license renewal will be selected by Maine EMS on a random basis  
 3438 for audit of continuing education compliance. In addition, an individual licensee  
 3439 may be selected for an audit as part of an investigation or if there is reasonable  
 3440 cause to believe the licensee has provided a false certification concerning the  
 3441 completion of continuing education requirements. An audit will review the last two  
 3442 continuing education hour certifications submitted by the licensee, including the  
 3443 current renewal period.  
 3444  
 3445 4. Licensees selected for audit will be notified to submit documentation of the  
 3446 continuing education hours that were certified by the licensee at the time of renewal.  
 3447 Licensees will have ten (10) days from the date of notification to submit all  
 3448 requested documentation. Continuing education hours that cannot be documented  
 3449 in accordance with the documentation requirements determined by the Board or that  
 3450 do not satisfy the requirements for continuing education contained in these Rules  
 3451 will be disallowed.  
 3452  
 3453 5. Applicants for license renewal must present proof of satisfactory completion of  
 3454 continuing education in accordance with these Rules. Failure to comply with the  
 3455 continuing education rules may, at Maine EMS’s discretion, result – in accordance  
 3456 with 32 M.R.S. § Chapter 2B and the Maine EMS Rules - in disciplinary action to  
 3457 deny license renewal or may result in a decision to enter into a consent agreement  
 3458 and probation setting forth terms and conditions to correct the licensee's failure to  
 3459 complete continuing education or may result in any other disciplinary action  
 3460 available to the Board. Terms and conditions of a consent agreement may include  
 3461 requiring completion of increased hours of continuing education, civil penalties,  
 3462 suspension and other terms as the Board, the licensee and the Department of the  
 3463 Attorney General determine appropriate.  
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 3466 6. A person may apply for a renewal license for up to ninety (90) days after the date of  
 3467 expiration. The ninety-day period does not postpone the expiration date of the  
 3468 license.  
 3469  
 3470 7. Licensees whose licenses have expired cannot act in an Instructor Coordinator  
 3471 capacity in any class leading to licensure until a renewed license has been issued.  
 3472  
 3473 8. An application submitted more than ninety (90) days after the license expiration  
 3474 date shall be considered an application for a new license and subject to all  
 3475 requirements governing new applications.  
 3476

3477 **§5. Duty to Report**  
 3478

- 3479 1. A licensee or an applicant for licensure under this chapter shall notify the Board in  
 3480 writing within 10 days of a:  
 3481
- 3482 A. Change of name or address;
  - 3483 B. Criminal conviction;
  - 3484 C. Revocation, suspension or other disciplinary action taken in this or any other  
 3485 jurisdiction against any occupational or professional license held by the  
 3486 applicant or licensee; or,
  - 3487 D. Material change in the conditions or qualifications set forth in the original  
 3488 application for licensure submitted to the Board.
- 3489 AUTHORITY: 32 M.R.S., Chapter 2-B.  
 3490
- 3491 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 3492
- 3493 AMENDED: April 1, 1982  
 3494 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 3495 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 3496 11.1067  
 3497 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 3498 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 3499 September 1, 1986  
 3500 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 3501 July 1, 1988  
 3502 March 4, 1992  
 3503 September 1, 1996
- 3504 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
 3505 REPEALED AND REPLACED: July 1, 2000  
 3506 July 1, 2003  
 3507 October 1, 2009  
 3508 May 1, 2013

3509 16 DEPARTMENT OF PUBLIC SAFETY

3510

3511 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3512

3513 CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS  
3514 AND CONTINUING EDUCATION PROGRAMS

3515

3516 §1. Emergency Medical Dispatch Training Courses

3517

3518 1. Training courses for certification leading to licensure or license renewal as a Maine  
3519 Emergency Medical Dispatcher must meet the requirements set forth in the Maine  
3520 EMS approved Emergency Medical Dispatch Priority Reference System.

3521

3522 2. Applicants to conduct courses leading to Emergency Medical Dispatcher licensure  
3523 must comply with requirements set forth in the Maine EMS approved Emergency  
3524 Medical Dispatch Priority Reference System.

3525

3526 §2. Emergency Medical Dispatch Instructors

3527

3528 Any course leading to certification for licensure must be supervised by an instructor that  
3529 meets the requirements set forth in the Maine EMS approved Emergency Medical  
3530 Dispatch Priority Reference System.

3531

3532 §3. Emergency Medical Dispatcher Continuing Education Programs

3533

3534 1. Emergency Medical Dispatcher continuing education training programs shall be  
3535 conducted in accordance with the requirements of the Maine EMS Board-approved  
3536 certifying entity.

3537

3538 2. The Board may require specific continuing education programs for Maine licensed  
3539 Emergency Medical Dispatchers, based upon an educational or training need  
3540 identified by Maine EMS.

3541

3542 AUTHORITY: 32 M.R.S. § 84, 85-A, 88

3543

3544 EFFECTIVE DATE: September 1, 2006 (New)

3545 REPEALED AND REPLACED: October 1, 2009

3546 May 1, 2013

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3549 16 DEPARTMENT OF PUBLIC SAFETY

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3551 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3552

3553 CHAPTER 10: RECIPROCITY

3554

3555 §1. Any ambulance service, vehicle or person licensed in another state or territory to provide  
 3556 emergency medical treatment and entering Maine in response to a call to assist in a mass-  
 3557 casualty situation, is exempt from the provisions of these Rules requiring licensure in Maine.

3558

3559 §2. If a person holds a valid license or certificate entitling him/her to practice as an EMS  
 3560 provider in another state or territory, he/she may receive reciprocal licensing provided he/she  
 3561 satisfies all the requirements of Chapter 5. Licensure and license expiration date will be based  
 3562 on materials supplied by the applicant which demonstrate the following:

3563

- 3564 1. Certification of training history.
- 3565 2. Certification of testing history.
- 3566 3. Certification/licensure in another state or territory.
- 3567
- 3568 4. History of criminal convictions and actions taken against professional licenses in  
 3569 accordance with Chapter 5 of these rules. Maine EMS will consider this to the  
 3570 extent allowed by Maine law.

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3572

3573

3574 AUTHORITY: 32 M.R.S., Chapter 2-B.

3575

3576 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

3577

3578 AMENDED: April 1, 1982

3579 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73

3580 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and

3581 11.1067

3582 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11

3583 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

3584 September 1, 1986

3585 August 25, 1987 - Sec. 5, 6.011 and 12 (added)

3586 July 1, 1988

3587 March 4, 1992

3588 September 1, 1996

3589 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

3590 REPEALED AND REPLACED: July 1, 2000

3591 July 1, 2003

3592 October 1, 2009

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**16 DEPARTMENT OF PUBLIC SAFETY**

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

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

§1. The Board may refuse to issue or renew a license, or may modify, suspend, or revoke a license, if an applicant or licensee engages, or attempts to engage in any of the following, which shall be considered unprofessional conduct:

1. Obtaining a license or certification by fraud, by deceit, by misrepresentation, or by concealing material facts.
2. Violating a lawful order, rule or consent agreement of the Board.
3. Violating any of the provisions of 32 M.R.S.A, Chapter 2-B.
4. Any criminal conviction, subject to the limitations of Maine statute.
5. Acting in ways that are dangerous or injurious to the licensee or other persons.
6. Renting, selling, bartering or lending a license to another person.
7. Responding to the scene of a call while under the influence of drugs or alcohol, whether or not the use of such substances is habitual.
8. Initiating the transport of a person, knowing that the person does not need to be transported, or treating a person knowing the person does not need to be treated, when the primary purpose of the action is to collect a fee or charge.
9. Obtaining a fee by fraud, deceit or misrepresentation.
10. Responding to the scene of an accident or incident to which the licensee has not been dispatched, when there is reason to believe that another licensee has been or will be called to that scene and refusing to turn over the care of the patient to the responsible service when it arrives.
11. Failing to provide patient information to a hospital or other health care facility in response to an authorized request.



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12. Disclosing or causing to be disclosed confidential patient information to an unauthorized person or using confidential patient information for personal or unauthorized financial benefit.
  13. Engaging in conduct prohibited by law, other than conduct that falls within the following categories and is not related to the practice: minor traffic violations; minor civil violations; and conduct that could be charged as Class E crimes under Maine law.
    - a. Possession of a useable amount of marijuana in violation of 22 M.R.S.A § 2383 is not considered a minor civil violation.
  14. Violation of any standard established in the profession.
  15. Inaccurate recording of material information or falsifying or improperly altering a patient or healthcare provider record.
  16. Exploiting the provider-patient relationship for the purpose of personal or financial gain by the licensee or by a third party including, but not limited to, promoting or selling services, goods, appliances or drugs.
  17. Diverting drugs, supplies or property of patients, patient's families, services, or healthcare providers.
  18. Possessing, obtaining, furnishing or administering prescription drugs, equipment or supplies to any person, including one's self, except as directed by a person authorized by law to prescribe such items.
  19. Impersonating another licensed practitioner.
  20. Impersonating any applicant or licensee or acting as proxy for the applicant or licensee in any licensing exam.
  21. Acting negligently or neglectfully when caring for or treating a patient.
  22. Losing certification or license, when the certification or license is a necessary condition of licensure. For instance, a person licensed in Maine on the basis of training obtained in another state would lose his Maine license if the other state revoked his or her certification or license.
  23. Acting negligently or neglectfully in conducting an ambulance service.
  24. Acting negligently or neglectfully in conducting a Maine EMS continuing education program or licensure program.

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25. Altering or falsifying documents used or intended to be used to obtain a course card or certificate.
  26. Operating an ambulance or EMS vehicle that is not licensed or authorized by the Board.
  27. Using or attempting to use as a valid license one that has been purchased, counterfeited materially altered, or obtained by fraud, deceit or misrepresentation.
  28. Transferring a license from one vehicle to another without the consent of the Board.
  29. Willfully making a false statement in an application for a license or renewal of a license, or in any activity or documents intended to be used to satisfy a requirement for licensure.
  30. Providing treatment or emergency medical dispatch services at a level for which a person is not licensed or for which a service is not licensed or permitted.
  31. The practice of fraud, deceit, misrepresentation, or the concealment of material facts in connection with service rendered within the scope of the license issued.
  32. Misuse of drugs, including alcohol, or other substances, the use of which has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients or students.
  33. Aiding or abetting the practice of emergency medical treatment by a person not duly licensed under 32 M.R.S.A., Chapter 2-B.
  34. Delegation of practice, skills, treatment or educational instruction to a person who is not licensed or qualified to perform said practice, skills or treatment.
  35. Abandonment or neglect of a patient.
  36. Causing physical or emotional injury to a patient as a result of a violation of the applicable standard of care.
  37. Failing to safeguard the patient's dignity and right to privacy in providing services regardless of race, creed, color, sexual orientation, gender or socio-economic status.
  38. Sexual misconduct as defined in Chapter 14 of these Rules.
  39. Providing instruction at a level for which a person is not licensed.

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

- 3728  
3729 40. Providing instruction at a level for which a Training Center is not authorized or  
3730 licensed to provide.  
3731  
3732 41. Aiding or abetting the practice of instruction by a person not duly licensed as a  
3733 Maine EMS Instructor Coordinator, when a licensed Instructor Coordinator is  
3734 required.  
3735  
3736 42. Violating any of the requirements of the Training Center Standards.  
3737  
3738 43. Failure to provide program or course documentation when required or requested by  
3739 Maine EMS.  
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3742 44. Inaccurate recording of material information or falsifying or improperly altering an  
3743 emergency medical dispatch record.  
3744  
3745 45. Acting negligently or neglectfully in the provision of emergency medical dispatch  
3746 services to a caller or patient.  
3747  
3748 46. Acting negligently or neglectfully in conducting an Emergency Medical Dispatch  
3749 Center.  
3750 47. Providing emergency medical treatment or emergency medical dispatch services  
3751 when not licensed to do so.  
3752  
3753 48. Aiding or abetting the practice of emergency medical dispatch services by a person  
3754 not duly licensed as a Maine EMS Emergency Medical Dispatcher.  
3755  
3756 49. Failing to participate in Maine EMS approved quality assurance activities.  
3757  
3758 50. Failure to comply with continuing education requirements for license renewal.  
3759

3760  
3761 AUTHORITY: 32 M.R.S., Chapter 2-B.  
3762  
3763 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
3764  
3765 AMENDED: April 1, 1982  
3766 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
3767 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
3768 11.1067  
3769 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
3770 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
3771 September 1, 1986  
3772 August 25, 1987 - Sec. 5, 6.011 and 12 (added)

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

**3773** July 1, 1988  
**3774** March 4, 1992  
**3775** September 1, 1996  
**3776** EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
**3777** REPEALED AND REPLACED: July 1, 2000  
**3778** July 1, 2003  
**3779** May 1, 2013  
**3780**

3781 16 DEPARTMENT OF PUBLIC SAFETY

3782

3783 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

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3785 CHAPTER 12: PROCEDURES FOR LICENSING ACTIONS AND BOARD ACTIONS

3786

3787

3788 §1. Disciplinary Actions

3789

3790 1. Investigation of Complaints

3791

3792 The Board, its subcommittee or staff shall investigate complaints in accordance with  
3793 32 M.R.S. § 90-A (1).

3794

3795 2. Notice of Complaints and Response

3796

3797 A. Notice

3798

3799 The Board or staff shall notify an individual or organization of the content of a  
3800 complaint filed against the individual or organization not later than 60 days after  
3801 receipt of the initial pertinent information, in accordance with 32 M.R.S. § 90-A  
3802 (2). Notice shall be in writing. Service of the notice is complete upon mailing to  
3803 the party, the party's attorney, or upon in-hand delivery to the party or the party's  
3804 office in accordance with 5 M.R.S. § 8051 (2).

3805

3806 B. Response

3807

3808 If the licensee wishes to contest the complaint or dispute the information that  
3809 forms the basis of the complaint, the licensee must respond to the Board in  
3810 writing. For this response to be considered timely, it must be received by Maine  
3811 EMS within thirty (30) days of receipt of the Board's notice in accordance with  
3812 32 M.R.S. § 90-A (2). Service of the licensee's response is complete when the  
3813 Board or the Board's staff receives the response by mail, in-hand delivery, fax, or  
3814 e-mail in accordance with 5 M.R.S. § 8051 (1).

3815

3816 C. Additional Information

3817

3818 The Board, its subcommittee or staff may request additional information from the  
3819 licensee. If the licensee's response to the complaint satisfies the Board, its  
3820 subcommittee or staff that no further action is warranted on the complaint, the  
3821 complaint may be dismissed. Notice of the dismissal must be sent to any  
3822 complainants.

3823

3824 D. Further Communications with Complainant

3825

3826 The Board, its subcommittee or staff may provide the complainant with a copy of  
3827 the licensee's response or portions thereof, as the members or staff determines to  
3828 be necessary to facilitate the investigation. The Board, subcommittee or staff may  
3829 request additional information from the complainant in support of the original  
3830 complaint or in response to the licensee's response. The complainant must  
3831 provide this additional information to the Board, subcommittee or staff within  
3832 thirty (30) days of being requested to do so or indicate why the information  
3833 cannot be obtained within that time.  
3834

3835 E. Resolution of Complaints Without Discipline  
3836

3837 Upon the written information provided by the complainant, licensee and any  
3838 others in support of the complaint and responses, the Board, its subcommittee or  
3839 staff may take any of the following actions, which do not constitute discipline.  
3840

- 3841 1. Issue a letter of guidance or concern pursuant to 32 M.R.S. § 88(4);  
3842
- 3843 2. Dismiss the complaint and refer it to the Regional Medical Director for  
3844 resolution to the extent that the complaint alleges conduct that relates  
3845 solely to clinical practice issues. A complaint may be referred both to the  
3846 Regional Medical Director for review of clinical practice issues and for  
3847 further disciplinary procedures in accordance with these Rules, if the  
3848 complaint alleges both clinical practice issues and issues appropriate for  
3849 discipline by the Board; or  
3850
- 3851 3. Dismiss the complaint upon a finding that the complaint is factually  
3852 unfounded or alleges conduct that is not a violation of EMS Rules or  
3853 statutes.  
3854

3855  
3856 3. Informal Conferences  
3857

- 3858 A. If, in the opinion of the Board, its subcommittee or staff, the factual basis of  
3859 the complaint is or may be true and the complaint is of sufficient gravity to  
3860 warrant further action, the licensee may be requested to participate in an  
3861 informal conference in accordance with 32 M.R.S. § 90-A. The licensee shall  
3862 be provided with at least seven days written notice of the conference and of the  
3863 issues to be discussed, unless the licensee waives such right to notice or  
3864 extraordinary circumstances warrant a shorter period of notice.  
3865
- 3866 B. If, after the informal conference, the Board, subcommittee or staff determines  
3867 that resolution without discipline is appropriate, the matter may be resolved by  
3868 referral to the Regional Medical Director, a letter of guidance or concern, or  
3869 dismissal as appropriate, and in accordance with EMS statutes and these Rules.  
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4. Sanctions

A. If, upon review of the written information provided by the complainant, licensee and any others in support of the complaint and responses, or after an informal conference, the Board, its subcommittee or staff determines that the complaint is true, that a current or former licensee has violated Maine EMS statutes or Rules, and the violation is of sufficient gravity to warrant further action, any of the following may occur:

1. The Board, its subcommittee or staff may enter into a consent agreement with the licensee in accordance with 32 M.R.S. §88(3)(E) and §90-A (4)(A). Any remedy, penalty or fine, or cost recovery that is otherwise available by law may be achieved by consent agreement, including long-term suspension and permanent revocation of a license.
2. The Board, its subcommittee or staff may negotiate the voluntary surrender of a license by means of a consent agreement, in accordance with 32 M.R.S. 90-A (4)(B).

B. If the Board, its subcommittee or staff concludes that modification, nonrenewal, or suspension or other discipline within the Board’s authority pursuant to 32 M.R.S. § 88(3) (civil penalty; warning censure or reprimand; probation; suspension of up to 90 days per violation) is in order, the process is as follows:

1. The board shall notify the licensee in writing of the licensee’s right to request an adjudicatory hearing concerning any proposed action of the Board.
2. The licensee must file a written request for hearing within thirty (30) days of receipt of the notice of opportunity for hearing. The request is considered filed when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1). The Board may extend this period for good cause shown.
3. If the licensee makes a timely request for hearing, that hearing must be held by the Board in accordance with the Maine Administrative Procedure Act, Title 5, Chapter 375, Subchapter IV.
4. Failure to make a timely request for hearing shall be a waiver of any right to hearing and may result in a hearing being held or the proposed action of the Board becoming final without further hearing.
5. If, after hearing, the Board concludes that the licensee committed one or more violations and imposes sanctions, this decision constitutes final

3916 agency action appealable pursuant to 32 M.R.S. 90-A (4)(C) and the  
3917 Maine Administrative Procedure Act, 5 M.R.S.A, Chapter 375,  
3918 Subchapter VII.  
3919

3920 C. Except in the specific circumstances where 5 M.R.S. § 10004, Action without  
3921 hearing, may be invoked, if the Board or staff concludes that suspension  
3922 beyond the authority conferred by 32 M.R.S. § 88 or revocation is in order, the  
3923 Board or staff may request the Attorney General to file a complaint in the  
3924 District Court.  
3925

3926 Time limits in these Rules may be modified as necessary to address emergency  
3927 license suspensions, consistent with the Maine Administrative Procedure Act.  
3928

3929 **§2. Initial License Applications**  
3930

3931 1. Issuance Subject to Letter of Guidance or Consent Agreement  
3932

3933 A. A license may be issued in conjunction with a letter of guidance pursuant to 32  
3934 M.R.S. §88(4). The purpose of the letter is to educate the applicant, reinforce  
3935 knowledge regarding legal or professional obligations, and express concern  
3936 over action or inaction by the applicant that does not rise to the level of  
3937 misconduct sufficient to merit denial of the application or negotiation of a  
3938 consent agreement.  
3939

3940 B. A license may be issued subject to a consent agreement with the applicant in  
3941 accordance with 32 M.R.S. §88(3)(E) and 90-A (4)(A) if the applicant has  
3942 engaged in conduct actionable under Maine EMS statutes or Rules and the  
3943 terms of the consent agreement, in the opinion of the Board, subcommittee or  
3944 staff, are adequate to protect the public health and safety and to rehabilitate or  
3945 educate the licensee.  
3946

3947 2. Denial  
3948

3949 A. The staff or a subcommittee of the Board may deny an initial license  
3950 application if done so in a written decision that reflects the reasons for the  
3951 denial and informs the applicant of the right to appeal the decision to the Board.  
3952

3953 B. A person or organization aggrieved by a subcommittee or staff decision to deny  
3954 a license may appeal the decision to the Board for a final decision in  
3955 accordance with 32 M.R.S. § 91-A.  
3956

3957 C. If the applicant wishes to appeal the denial, the applicant must notify the Board  
3958 in writing. The notice must be received by the Board within thirty (30) days of  
3959 the applicant's receipt of notice of the denial. Service of the notice of appeal is



- 3960 complete when received by Maine EMS by mail, in-hand delivery, fax, or e-  
3961 mail in accordance with 5 M.R.S. § 8051 (1).  
3962  
3963 D. The staff's or subcommittee's decision stands until the Board issues a decision  
3964 to uphold, modify or overrule the challenged decision.  
3965  
3966 E. The Board may, in its discretion, entertain additional evidence or argument  
3967 from the parties, but need not conduct a full or formal adjudicatory hearing  
3968 unless otherwise required by law.  
3969  
3970 F. The decision of the Board shall be in writing or stated on the record and contain  
3971 or reflect the Board's reasoning in a manner sufficient to inform the parties and  
3972 the public of the basis for the Board's decision.  
3973  
3974 G. The Board's decision constitutes final agency action, appealable to the Superior  
3975 Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.  
3976 Chapter 375, Subchapter VII.  
3977

3978 §3. License Renewals  
3979

3980 **The staff or a subcommittee of the Board may recommend to the Board that it**  
3981 **refuse to renew a license. Before presenting the recommended decision to the Board**  
3982 **for consideration, staff shall mail or hand-deliver to the applicant/licensee written**  
3983 **notice of the recommended decision and the reasons therefore with notice of**  
3984 **applicant/licensee's right to request a hearing in accordance with the Administrative**  
3985 **Procedure Act. Service is complete upon mailing to the applicant/licensee or the**  
3986 **applicant/licensee's attorney, or upon in-hand delivery to the recipient or the**  
3987 **recipient's office in accordance with 5 M.R.S. § 8051 (2).**  
3988

- 3989 1. If the applicant/licensee wishes to request a hearing, the applicant/licensee must  
3990 submit a written request for a hearing to the Board. The written request must be  
3991 received by the Board within thirty (30) days of the applicant/licensee's receipt of  
3992 notice of the proposed decision/opportunity to request hearing. Service of request is  
3993 complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in  
3994 accordance with 5 M.R.S. § 8051 (1). Failure to submit a request within this period  
3995 shall be deemed a waiver of the right to hearing, and the Board may adopt the  
3996 recommended decision without further hearing.  
3997

3998 The decision of the Board shall be in writing or stated on the record and reflect  
3999 the Board's reasoning in a manner sufficient to inform the parties and the public  
4000 of the basis for the Board's decision.  
4001

- 4002 2. The Board's decision constitutes final agency action, appealable to the Superior  
4003 Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.  
4004 Chapter 375, Subchapter VII.

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**§4. Other Staff/Board Actions**

1. A person or organization aggrieved by the decision of Maine EMS staff or a subcommittee of the Board in taking any non-disciplinary action pursuant to the Board’s statutes and Rules, including waiving the application of any rule, or in interpreting statutes or Rules governing the EMS system, may appeal the decision to the Board for a final decision in accordance with 32 M.R.S. §91-A.
2. In order to appeal such a decision, the person or organization must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant’s receipt of notice of the challenged decision. Service of the notice of appeal is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1).
3. The staff’s or subcommittee’s decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.
4. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing.
5. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board’s reasoning in a manner sufficient to inform the parties and the public of the basis for the Board’s decision.
6. The Board’s decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S. Chapter 375, Subchapter VII.

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

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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

**4050** EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
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**4052** July 1, 2003

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**16 DEPARTMENT OF PUBLIC SAFETY**

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

**CHAPTER 13: WAIVER OF RULES**

§1. Upon the request of an individual, organization or on the Board's own initiative, the Board may waive any of these Rules by a two-thirds majority vote of those present and voting and by no less than a majority of the appointed and currently serving members, if it determines that such a waiver would avert a significant injustice while preserving the public safety and the integrity of the statutory and regulatory components of the State's EMS system.

§2. When determining whether to waive a rule, the Board will consider a number of factors including, but not necessarily limited to, the following:

1. Whether the person or organization seeking the waiver took reasonable steps to ascertain the rule and comply with it;
2. Whether the person or organization seeking the waiver was given inaccurate information by an agent or employee of the State EMS program;
3. Whether the person or organization seeking the waiver, or any other individual or group, would be significantly injured or harmed if the rule were not waived;
4. Whether waiver of the rule in the particular case would pose a health or safety risk to the public at large or a particular individual or community; and
5. Whether waiver of the rule in the particular case would establish a precedent that would unduly hinder the Board or office of EMS in its administration of Maine's EMS system.

§3. A waiver is to be granted only under extraordinary circumstances. This means that the Board must find a number of the above factors weighing in favor of a waiver before it is granted.

§4. The Board shall notify any person or organization requesting a waiver of its decision to grant or deny this request. The notice shall include a brief summary of the reasons for the Board's decision.

§5. Any decision by the Board to deny a waiver may be appealed by the person or organization seeking the waiver, in the manner prescribed in Chapter 12 of the Rules.

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

- 4098 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 4099  
 4100 AMENDED: April 1, 1982  
 4101 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 4102 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 4103 11.1067  
 4104 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 4105 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 4106 September 1, 1986  
 4107 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 4108 July 1, 1988  
 4109 March 4, 1992  
 4110 September 1, 1996  
 4111 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
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 4113 July 1, 2003

4114 16 DEPARTMENT OF PUBLIC SAFETY

4115

4116 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4117

4118 CHAPTER 14: SEXUAL MISCONDUCT

4119

4120 §1. Definitions

4121

4122 1. “EMS Provider” is an individual who is licensed or certified according to the  
4123 provisions of 32 M.R.S. §81 et seq. and the Maine EMS Rules.

4124

4125 2. “Sexual misconduct” is behavior that exploits the EMS Provider-patient relationship  
4126 in a sexual way. This behavior is non-diagnostic and/or non-therapeutic, may be  
4127 verbal or physical, and may include expressions or gestures that have a sexual  
4128 connotation or that a reasonable person would construe as such. Sexual misconduct  
4129 is considered unprofessional conduct pursuant to 32 M.R.S. § 90-A(5)(F) and  
4130 Chapter 11 of the Maine EMS Rules. There are two levels of sexual misconduct:  
4131 sexual violation and sexual impropriety. Behavior listed in either category may be  
4132 the basis for disciplinary action.

4133

4134 3. “Sexual violation” is any conduct by an EMS Provider with a patient that is sexual  
4135 or may be reasonably interpreted as sexual, even when initiated by or consented to  
4136 by a patient, including but not limited to:

4137

4138 A. Sexual intercourse, genital to genital contact;

4139

4140 B. Oral to genital contact;

4141

4142 C. Oral to anal contact or genital to anal contact;

4143

4144 D. Kissing in a sexual manner;

4145

4146 E. Any touching of a body part for any purpose other than appropriate  
4147 examination or treatment.

4148

4149 F. Encouraging the patient to masturbate in the presence of the EMS Provider or  
4150 masturbation by the EMS Provider while the patient is present; and,

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4152 G. Offering to provide practice-related services, such as drugs, in exchange for  
4153 sexual favors.

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4. “Sexual impropriety” is behavior, gestures, or expressions by the EMS Provider that are seductive, sexually suggestive, or sexually demeaning to a patient, including but not limited to:
    - A. Kissing;
    - B. Disrobing, draping practices or touching of the patient’s clothing that reflect a lack of respect for the patient’s privacy; deliberately watching a patient dress or undress, instead of providing privacy for disrobing;
    - C. Examination or touching of genitals without a reported, suspected or obvious injury;
    - D. Inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient’s body or underclothing; making sexualized or sexually demeaning comments to a patient, criticizing the patient’s sexual orientation, making comments about potential sexual performance during an examination or consultation, requesting details of sexual history or requesting information on sexual likes or dislikes;
    - E. Using the EMS Provider-patient relationship to solicit a date or initiate romantic relationship;
    - F. Initiation by the EMS Provider of conversation regarding the sexual problems, preferences, or fantasies of the EMS Provider, the sexual preferences or fantasies of the patient, or sexual problems of the patient that are not relevant to emergency medical treatment.

4186 **§2. Sanctions**

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4201
1. If the Board finds that an EMS Provider has engaged in sexual misconduct as defined in §1 of this chapter, the EMS Provider shall be disciplined in accordance with Maine statutes and these Rules.
    - A. All disciplinary sanctions under 32 M.R.S. §§ 88 and 90-A are applicable.
    - B. Sexual Violation – Finding of a sexual violation is egregious enough to warrant revocation of an EMS Provider’s license. The Board may, at times, find that mitigating circumstances do exist and may impose a lesser sanction.
    - C. Sexual Impropriety – Finding of a sexual impropriety will result in harsh sanction, which may include license revocation.

- 4202  
 4203 2. Special consideration should be given to at least the following when determining an  
 4204 appropriate sanction for sexual misconduct:  
 4205  
 4206 A. Patient harm;  
 4207  
 4208 B. Severity of conduct;  
 4209  
 4210 C. Motive and intent of licensee;  
 4211  
 4212 D. Inappropriate termination of EMS Provider-patient relationship;  
 4213  
 4214 E. Age of patient;  
 4215  
 4216 F. Physical and mental capacity of patient;  
 4217  
 4218 G. Frequency and duration of behavior;  
 4219  
 4220 H. Number of patients involved;  
 4221  
 4222 I. Evaluation/assessment results.  
 4223

4224  
 4225 AUTHORITY: 32 M.R.S., Chapter 2-B.  
 4226  
 4227 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 4228  
 4229 AMENDED: April 1, 1982  
 4230 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
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 4237 July 1, 1988  
 4238 March 4, 1992  
 4239 September 1, 1996  
 4240 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
 4241 REPEALED AND REPLACED: July 1, 2000  
 4242 July 1, 2003  
 4243 October 1, 2009



4244 16 DEPARTMENT OF PUBLIC SAFETY

4245

4246 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4247

4248 CHAPTER 15: MAINE EMS REGIONS AND REGIONAL COUNCILS

4249

4250 §1. Composition of Councils

4251

4252 A Regional Council shall, at least, provide adequate representation for ambulance and rescue

4253 services, emergency physicians and nurses, each hospital and the general public. A Regional

4254 Council shall be structured to adequately represent each major geographical part of its region.

4255 Regional Councils will identify and publicize names of representatives and their constituencies

4256 in order that constituents are able to effectively communicate with their representatives.

4257

4258 §2. Regional Council Activities

4259

4260 1. Only one Regional Council shall be recognized in any region. Any organization  
 4261 proposing to serve, as a Regional Council must state this intention in writing  
 4262 delivered to Maine EMS no later than 120 days before the start of the fiscal year in  
 4263 which the contract is to be written. The Board will select the organization which  
 4264 best demonstrates an ability to carry out those functions specified in the service  
 4265 contract for the upcoming fiscal year. The Board will then negotiate a price for  
 4266 carrying out the service contract with the organization selected to be the Regional  
 4267 Council. The Board may elect to enter into a 2-year contract consistent with the  
 4268 biennial budget process.

4269

4270 2. Regional Council activities specified in the service contract will include, but are not  
 4271 limited to those activities listed in 32 M.R.S., Chapter 2-B, §89. By December 31,  
 4272 following the year the contract was in effect, each Regional Council will submit to  
 4273 Maine EMS a final report for the previous fiscal year detailing its performance in  
 4274 carrying out the provisions of the service contract, and which includes an  
 4275 independently prepared financial report. Maine EMS will use financial reports for  
 4276 the purpose of monitoring the general activities of each Council and for setting  
 4277 reasonable prices for future service contracts. Because Regional Councils depend  
 4278 largely on Maine EMS for operational revenue, Maine EMS will endeavor to  
 4279 maintain a schedule of payments to the Region that provides operational funds in  
 4280 advance of the period in which the funds will be employed. Any regional personnel  
 4281 handling the disbursement of its funds shall be bonded at a minimum of \$10,000.

4282

4283 §3. Designation of Regions

4284

4285 1. The Board shall delineate regions within the State in accordance with 32 M.R.S.  
 4286 Chapter 2-B §89(1).

4287

4288

4289

- 4290 2. Service Affiliation with Regions  
 4291  
 4292 A. Services that respond only to cities, towns, townships, and territories within  
 4293 a single region will be affiliated with that region.  
 4294  
 4295 B. Services that respond to cities, towns, townships and territories in more than  
 4296 one region will be affiliated with the region as determined by the initial  
 4297 hospital destination of a simple majority of the patients treated by the  
 4298 service as defined in §3.1 of this chapter.  
 4299  
 4300 3. Changes to Service affiliation within Regional designations are made by Maine  
 4301 EMS when they are approved by the Board and published in a document distributed  
 4302 to all service chiefs. The Board will seek advice from the services and Regional  
 4303 Councils affected regarding any disruption of patient service or EMS system caused  
 4304 by the proposed change in designation.  
 4305

4306 **§4. Medical Control and Delegation**  
 4307

- 4308 1. Regional Medical Directors acting within the provision of these Rules and 32  
 4309 M.R.S. Chapter 2-B are agents of Maine EMS. Regional Medical Directors may  
 4310 designate, with the approval of Maine EMS, licensed and qualified physicians to  
 4311 serve as their assistants in carrying out these provisions. These assistants will  
 4312 similarly be considered agents of Maine EMS.  
 4313  
 4314 2. A Regional Medical Director may impose conditions upon a licensee's ability to  
 4315 practice in that Director's region with the licensee's consent. In all cases, the  
 4316 Regional Medical Director must inform Maine EMS of this action as soon as  
 4317 possible and forward to Maine EMS a copy of the executed agreement. If a  
 4318 Regional Medical Director wishes to take action to modify a licensee's ability to  
 4319 practice at his or her license level or modify approval to practice and the licensee  
 4320 does not consent to the modification, the Regional Medical Director will  
 4321 immediately inform Maine EMS.  
 4322

4323 AUTHORITY: 32 M.R.S., Chapter 2-B.  
 4324

4325 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 4326

4327 AMENDED: April 1, 1982  
 4328 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
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 4333 September 1, 1986  
 4334 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 4335 July 1, 1988

4336 March 4, 1992  
4337 September 1, 1996  
4338 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
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4340 July 1, 2003  
4341 October 1, 2009  
4342 May 1, 2013  
4343

4344 16 DEPARTMENT OF PUBLIC SAFETY

4345

4346 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4347

4348 CHAPTER 16: DEATH BENEFITS FOR EMERGENCY MEDICAL SERVICES

4349 PERSONS WHO DIE IN THE LINE OF DUTY.

4350

4351 **Summary:** This chapter outlines the procedures governing the award of death benefits to the  
4352 child, spouse or parent of an emergency medical services person who dies while in the line of  
4353 duty.

4354

4355 §1. Definitions

4356

4357 1. “Child” means any natural born or unborn child, legally adopted child or stepchild  
4358 of an emergency medical services person who, at the time of the emergency medical  
4359 services person’s death, is:

4360

A. Conceived or less than 19 years of age;

4361

B. 19 or more years of age, but less than 25 years of age, and accepted for  
4362 admission or enrolled in a full-time postsecondary educational institution; or

4363

4364

4365

C. 19 or more years of age and is incapable of self-support because of a physical  
4366 or mental disability.

4367

4368

4369 2. “Died while in the line of duty” means to cease to be alive or to sustain an injury or  
4370 illness that results in death as a result of the performance of an emergency medical  
4371 services person’s official duty.

4372

4373 3. “Director” means the Director of Maine Emergency Medical Services as defined in  
4374 32 M.R.S. §83, sub-§10-A.

4375

4376 4. “Emergency medical services person” has the same meaning as in 20-A M.R.S. Sec  
4377 12552, § 1-C with "25 M.R.S. Sec 1611, § 3 ..

4378

4379 5. “Official duty” means an action that an emergency medical services person is  
4380 authorized or obligated by law, rule, regulation or condition of employment or  
4381 service to perform.

4382

4383 6. “Parent” means the natural or adoptive mother or father, or the stepmother or  
4384 stepfather, whose parental rights have not been terminated and who contributed  
4385 significantly to the upbringing of an emergency medical services person.

4386

4387 7. “Spouse” means a person who is legally married to an emergency medical services  
4388 person at the time of the emergency medical services person’s death.

4389  
4390 8. “Under the influence” means under the influence of alcohol, a drug other than  
4391 alcohol, a combination of drugs or a combination of alcohol and drugs or having a  
4392 blood alcohol level of .08% or more.

4393  
4394 **§2. Death Benefit – Amount and Receipt**

4395  
4396 1. If the Director determines that an emergency medical services person died while in  
4397 the line of duty, the State shall pay a benefit of such an amount as pursuant to  
4398 M.R.S. 25 §1612 as follows:

4399  
4400 A. If there is no surviving child of the emergency medical services person, to the  
4401 surviving spouse;

4402  
4403 B. If there is a surviving child or children and a surviving spouse of the emergency  
4404 medical services person, 1/2 to the surviving child or children in equal shares  
4405 and 1/2 to the surviving spouse;

4406  
4407 C. If there is no surviving spouse of the emergency medical services person, to the  
4408 child or children in equal shares; or

4409  
4410 D. If there is no surviving child or spouse, to the parent or parents of the  
4411 emergency medical services person, in equal shares.

4412  
4413 **§3. Limitation on Benefit**

4414  
4415 1. Notwithstanding a determination by the Director that an emergency medical  
4416 services person died while in the line of duty, a benefit may not be paid:

4417  
4418 A. If the death or the injury or illness that resulted in the death was caused by the  
4419 intentional misconduct of the emergency medical services person or by the  
4420 emergency medical services person’s intention to bring about the death or the  
4421 injury or illness that resulted in the death;

4422  
4423 B. If the emergency medical services person was voluntarily under the influence at  
4424 the time of the death or the injury or illness that resulted in the death and being  
4425 under the influence was a substantial contributing factor in the death or the  
4426 injury or illness that resulted in the death;

4427  
4428 C. If the emergency medical services person was performing in a grossly negligent  
4429 manner at the time of the death or the injury or illness that resulted in the death;

4430

4431 D. To any person who would otherwise be entitled to a benefit pursuant to 25  
4432 M.R.S. c. 195-A and this chapter, if the person's actions were a substantial  
4433 contributing factor to the death of the emergency medical services person; or  
4434

4435 E. If the potentially eligible child, spouse or parent dies prior to actual receipt of  
4436 this death benefit.  
4437

4438 **§4. Filing Request for Benefit**  
4439

4440 1. A person who is potentially eligible to receive these benefits, or a person authorized  
4441 to request benefits acting as an agent of a potentially eligible person, must forward a  
4442 written request to the Director for a State of Maine Application for Line of Duty  
4443 Death Benefit within 90 days of the emergency medical services person's death.  
4444 The 90 day period may be extended by the Director for good cause shown.  
4445

4446 2. Upon receipt of the written request for a State of Maine Application for Line of  
4447 Duty Death Benefit, the Director shall provide an application package and  
4448 questionnaire that must be completed and returned within 30 days of receipt by the  
4449 applicant. The 30 day period may be extended by the Director for good cause  
4450 shown.  
4451

4452 **§5. Determination of Eligibility for Benefit**  
4453

4454 1. Upon receipt of a completed State of Maine Application for Line of Duty Death  
4455 Benefit, the Director shall appoint a review panel consisting of at least three, but not  
4456 more than five, persons knowledgeable in the emergency medical services person's  
4457 official duties.  
4458

4459 2. The review panel shall convene to review the application, investigate the  
4460 circumstances surrounding the death and make a written recommendation to  
4461 approve or deny the application to the Director within 30 days. If the Director  
4462 determines that further investigation is necessary, the Director may extend the  
4463 review period.  
4464

4465 3. The Director, after review of the recommendation, shall make the determination to  
4466 approve or deny the application in a timely manner. The Director's determination is  
4467 the final agency decision.  
4468

4469 **§6. Interim Benefits**  
4470

4471 The Director may make interim benefits payments in accordance with and subject to the  
4472 limitations outlined in 25 M.R.S. §1612.  
4473

4474 **§7. Appeal**

4475  
4476 An appeal of the final agency decision may be filed in accordance with the Administrative  
4477 Procedures Act, 5 M.R.S. Chapter 375 Subchapter VII.  
4478  
4479 AUTHORITY: 25 M.R.S., Chapter 195-A.  
4480  
4481 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
4482  
4483 AMENDED: April 1, 1982  
4484 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
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**16 DEPARTMENT OF PUBLIC SAFETY**

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

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

Maine EMS may accept other equipment or supplies that it judges to be equivalent to these listed, however, specific approval from Maine EMS must be obtained before such a substitution is made.

**§1. Required Equipment List for Non-Transporting Services, Ground Ambulance Services, Transfer Air Ambulance Services and Scene Response Air Ambulance Services.**

1. Any Non-Transporting Service, Ground Ambulance Service, Transfer Air Ambulance Service or Scene Response Air Ambulance Service must possess, at a minimum, the equipment listed in this section and must maintain a system to ensure the availability of this equipment on any call.
  - A. All medical equipment and medical supplies required in this section must be latex free.
  - B. Each ground ambulance vehicle must carry the equipment and medical supplies listed in this chapter.
  - C. The Emergency Medical Technician (EMT) set of equipment is the minimum set of required equipment for a Ground Ambulance Service.
  - D. The Emergency Medical Responder (EMR) set of equipment is the minimum set of required equipment for a Non-Transporting Service.
  - E. If a Ground Ambulance Service is licensed at the Advanced Emergency Medical Technician (AEMT) or Paramedic level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to these Rules.
  - F. If a Ground Ambulance Service is permitted to a given level, it must possess at least one set of equipment and supplies required for that level pursuant to these Rules.



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

4542  
4543  
4544

**§2. Airway management supplies**

<b>§2. Airway Management</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
Airways, Nasal	20 French	1	1	1	1	1	1
Airways, Nasal	22 French	1	1	1	1	1	1
Airways, Nasal	24 French	1	1	1	1	1	1
Airways, Nasal	26 French	1	1	1	1	1	1
Airways, Nasal	28 French	1	1	1	1	1	1
Airways, Nasal	30 French	1	1	1	1	1	1
Airways, Nasal	32 French	1	1	1	1	1	1
Airways, Oral	40 mm	1	1	1	1	1	1
Airways, Oral	50 mm	1	1	1	1	1	1
Airways, Oral	60 mm	1	1	1	1	1	1
Airways, Oral	70 mm	1	1	1	1	1	1
Airways, Oral	80 mm	1	1	1	1	1	1
Airways, Oral	90 mm	1	1	1	1	1	1
Airways, Oral	100 mm	1	1	1	1	1	1
Airways, Oral	110 mm	1	1	1	1	1	1
Aspirator, Bulb	Small	1	1	1	1	1	1
Meconium Aspirator					1	1	1
Bag Valve Mask <sup>1</sup>	Adult, Child, Infant	1	1	1	1	1	1
Bougie	Adult & Pediatric				1	1	1
Continuous Positive Airway Pressure (CPAP) Device <sup>2</sup>				1	1	1	1
Endotracheal Tube, 1 Set	Cuffed, 1 of Each Size (2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5)				1	1	1
Gastric Tubes, One set	1 of Each Size (5, 6, 8, 10, 12, 14, 18)				1	1	1
Magill Forceps	Large & Small				1	1	1
Laryngoscope Handle	Large & Small				1	1	1

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

<sup>2</sup> CPAP Device Requirements: Full face mask, continuous flow device, capable of adjusting FiO<sub>2</sub>, capable of regulating Positive End Expiratory Pressure (PEEP), latex-free, and the ability to attach a nebulizer.

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

Laryngoscope Blades - Straight	1 Each Size (0, 1, 2, 3, 4)				1	1	1
Laryngoscope Blades - Curved	1 Each Size (1, 2, 3, 4)				1	1	1
Lubricating Jelly				1	1	1	1
<b>§2. Airway Management Continued</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
Nebulizers <sup>3</sup>				2	2	2	2
Oxygen Masks	Adult non- rebreather	2	2	2	2	2	2
Oxygen Masks	Adult Nasal Cannula	2	2	2	2	2	2
Oxygen Masks	Pediatric non- rebreather	2	2	2	2	2	2
Oxygen Masks	Pediatric Nasal Cannula	2	2	2	2	2	2
Oxygen Masks	Infant non- rebreather	2	2	2	2	2	2
Stylet	Pediatric				1	1	1
Suction Apparatus <sup>4</sup>	Manual	1					
Suction Catheter, Flexible, one set	Flexible all sizes (6, 8, 10, 12, 14) Fr		1	1	1	1	1
Suction Catheter	Rigid Tip		1	1	1	1	1
Suction Device	Portable <sup>5</sup>		1	1	1	1	1
<b>Surgical Airway Set<sup>6,7</sup></b>							
Tracheostomy Tube					1	1	1
Tracheal retractor					1	1	1
Kelly Clamp					1	1	1
4" X 4" Sterile Sponges					6	6	6
#11 Scalpel Blade					2	2	2
Scalpel Blade Handle					1	1	1
Sterile Surgical Gloves, Pair					2	2	2
10 mL Syringe					1	1	1
Transtracheal inflation tubing					1	1	1

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

<sup>4</sup> Portable unit to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters

<sup>5</sup> Capable to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle and be equipped with rigid pharyngeal suction tip and appropriate catheters. The unit must be electrically powered - capable of operating from its own (internal) battery.

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

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

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

14 ga. 2" IV Catheters					2	2	2
<b>§2. Airway Management Continued</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
Chest Decompression Set <sup>8</sup>							
14 ga. 3.25" IV Catheters					2	2	2
Surgical Antiseptic Swabs					4	4	4
20 mL Syringe					2	2	2
One-way Type Valve Assembly					2	2	2
One set of option "A" or option "B"							
Option A							
Periglottic devices, one set <sup>9</sup>	All Sizes (1, 1.5, 2, 2.5, 3, 4, 5)			1	1	1	1
Option B							
Transglottic Device, one set <sup>10</sup>	All Sizes (0, 1, 2, 2.5, 3, 4, 5)			1	1	1	1

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**§1. Diagnostic and Monitoring Equipment**

<b>§3 Diagnostic &amp; Monitoring</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
Automatic External Defibrillator (AED)		1	1				
AED Pads	Adult	2	2				
AED Pads	Pediatric	2	2				
Cardiac Monitor/Defibrillator capable of & including:							
Pediatric and adult defibrillation				1			
Cardioversion							
Pacing						1	
Manually selectable joule settings							
12 Lead Electrocardiogram (ECG) Monitoring				1			

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

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

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

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

Paper strip ECG recordings							
ECG Electrodes						30	
Defibrillator Pads, Adult						2	
Defibrillator Pads, Pediatric						1	
<b>§3 Diagnostic &amp; Monitoring continued</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
Disaster Tags		24	24	24	24	24	24
Doppler						1	1
End Tidal CO2 monitor				1	1	1	1
End Tidal CO2 Tubing/Adapters	Adult			2	2	2	2
End Tidal CO2 Tubing/Adapters	Pediatric & Infant			2	2	2	2
Glucometer			1	1	1	1	1
Glucometer Test Strips			1	1	1	1	1
Pulse Oximeter <sup>11</sup>		1	1	1	1	1	1
Thermometer	Non-Glass	1	1	1	1	1	1
Sphygmomanometer	Infant Size	1	1	1	1	1	1
Sphygmomanometer	Child Size	1	1	1	1	1	1
Sphygmomanometer	Adult Size	1	1	1	1	1	1
Sphygmomanometer	Large Adult Size	1	1	1	1	1	1
Stethoscope	Adult	1	1	1	1	1	1
Stethoscope	Pediatric	1	1	1	1	1	1

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4552 **§4. Dressing and bandages**

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<b>§4 Dressings &amp; Bandages</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
Aluminum Foil <sup>12</sup>		1	1	1	1	1	1
Adhesive Bandages	Assorted Sizes	1	1	1	1	1	1
Bandages	Triangular	4	4	4	4	4	4
Bandages <sup>13</sup>	Roller	4	4	4	4	4	4
Burn Sheet	Sterile	2	2	2	2	2	2
Universal Dressing	8" X 30" Minimum	3	3	3	3	3	3

<sup>11</sup> Suitable for use with adult and pediatric patients

<sup>12</sup> Acceptable Alternative - An occlusive dressing as well as a device for wrapping a newborn, such as a space blanket, must be present.

<sup>13</sup> Roller Bandages must be self-adhering and 3 inches minimum width.

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

Surgical Dressings	Minimum 5" X 9"	4	4	4	4		4
Hemostatic Agent <sup>14</sup>	Gauze Format	1	1	1	1		1
<b>§4 Dressings &amp; Bandages continued</b>		<b>Required Quantities for Service License or Permit Level</b>					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
<b>Obstetrical Kit</b>		1					
Sterile Gloves, Pair		2					
Scissors		1					
Umbilical Cord Clamp		2					
Sterile Dressings		2					
Towel		1					
Small Bulb Aspirator		1					
Plastic Bag		1					
Receiving Blanket		1					
Trauma Shears		2	2	2	2	2	2
Sterile Sponge	4" X 4"	12	12	12	12	12	12
Adhesive Tape	Assorted Sizes	2	2	2	2	2	2
Tourniquet <sup>15</sup>		2	2	2	2	2	2

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**§5. Fluids and medications**

<b>§5 Fluids &amp; Medications</b>		<b>Required Quantities for Service License or Permit Level</b>					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Drug Storage Container <sup>16</sup>		1	1	1	1	1	1
Log Book	Drug Storage Container	1	1	1	1	1	1

<sup>14</sup> Must support wound packing

<sup>15</sup> Must be a commercially manufactured device in its original packaging, be a minimum of one inch wide, be latex free, and use a windlass or mechanical advantage to tighten the device.

<sup>16</sup> As necessary to secure drugs in a manner consistent with Chapter 6 of these Rules.

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

Saline, Sterile <sup>17</sup>		2	2	2	2	2	2
Intraosseous Needles <sup>18</sup>	15 ga. Or equivalent			2	2	2	2
Intravenous Administration Set	Macro-Drip			2	2	2	2
IV Fluid	D5W				1	1	1
IV Fluid,	Volume Replacement			6000 mL	6000 mL	6000 mL	6000 mL
IV Needle Catheter <sup>19</sup>	Size 14			2	2	2	2
<b>§5 Fluids &amp; Medications continued</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
IV Needle Catheter	Size 16			2	2	2	2
IV Needle Catheter	Size 18			2	2	2	2
IV Needle Catheter	Size 20			2	2	2	2
IV Needle Catheter	Size 22			2	2	2	2
IV Needle Catheter	Size 24			2	2	2	2
Oxygen	“D” Cylinder (410 Liters)	2	2	2	2	See Chapter 4	
Mucosal Atomization Device	For IN medication administration	1	1	1	1	1	1
Pump <sup>20</sup>	Intravenous				1	1	1
Administration Set	Intravenous			2	2	2	2
Pressure Bag	IV			2	2	2	2

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**§6. Immobilization**

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

<sup>17</sup> Must be unexpired, in commercially sealed container(s), and total no less than 500 ml (multiple smaller size containers are acceptable).

<sup>18</sup> Suitable for use with adult and pediatric patients

<sup>19</sup> All IV catheters must be "over the needle" type catheters.

<sup>20</sup> Pump must be: U.S. Food and Drug Administration approved, have a customizable drug library, use latex-free tubing, have needle-free tubing/ports, and have both an AC and battery power source.

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

Restraints, one set <sup>21</sup>	Soft		1	1	1	1	1
Rigid Extrication Collar <sup>22</sup>	Adjustable to small, medium, and large		2	2	2	2	2
Rigid Extrication Collar	Pediatric Size		2	2	2	2	2
Immobilization Device	Head		1	1	1	1	1
<b>§ 6. Immobilization continued</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
Spinal immobilization Device <sup>23</sup>	Long		1	1	1	1	1
Spinal Immobilization device	Short		1	1	1		
Splint, Traction <sup>24</sup>	Adult Size		1	1	1		1
Splints, Padded Board <sup>25</sup>	3" X 36"		4	4	4		2
Splints, Padded Board	3" X 15"		4	4	4		2

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**§7. Patient Comfort**

<b>§7. Patient Comfort</b>		<b>Required Quantities for Service License or Permit Level</b>				
<b>Item</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Service</b>	<b>Scene Response Air Ambulance</b>
Blankets	2	2	2	2	2	2
Emesis Basins	2	2	2	2	2	2
Pillows	2	2	2	2		
Sheets	2	2	2	2		
Towels	4	4	4	4		

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<sup>21</sup> Commercially available

<sup>22</sup> Soft collars are not acceptable

<sup>23</sup> A rigid Flight Frame is an acceptable alternative to a long and short spinal immobilization device

<sup>24</sup> Pediatric size is recommended

<sup>25</sup> Similar splints such as cardboard, plastic, wire-ladder, or canvas with rigid inserts of like length and width may be carried in place of the 36" and 15" boards. Air splints or vacuum splints may be carried in place of one of the required padded board splints of each length.

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

§8 Personal Protective & Safety Equipment		Required Quantities for Service License or Permit Level					
Item	Description	EMR	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Fire Extinguisher <sup>26</sup>		1	1	1	1		
Flashlight		1	2	2	2	2	2
Gloves <sup>27</sup>	Non-latex	10	10	10	10	10	10
Protective Goggles	Pair	4	4	4	4	4	4
Gowns/Overalls <sup>28</sup>		4	4	4	4	4	4
Masks	Pocket	1	1	1	1	1	1
Masks	Surgical	4	4	4	4	4	4
Sharps Container			1	1	1	1	1

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**§9. Transporting Equipment**

§9. Transporting Equipment		Required Quantities for Service License or Permit Level				
Item	Description	EMT	AEMT	Paramedic	Air Transfer Ambulance	Scene Response Air Ambulance
Sharps Container		1	1	1	1	1
Stretcher <sup>29</sup>	Folding	1	1	1		
Straps <sup>30</sup>		3	3	3	3	3

<sup>26</sup> A-B-C or B-C five-pound size or larger, must be secured in vehicle, and professionally inspected on an annual basis

<sup>27</sup> Small, Medium, Large & Extra-Large Sizes

<sup>28</sup> Material and design must provide a protective barrier against contact with patient's body fluids.

<sup>29</sup> Any of the following are acceptable: Stair chair, army D-ring stretcher, ambulance folding stretcher, scoop stretcher.

<sup>30</sup> 9' Length, 2" wide with buckles. Quick-clip and other commercial straps are acceptable; however, at least three 9-foot straps are required.



**CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL  
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Ventilator <sup>31</sup>				1	1
Reflective Safety Vest	2	2	2		

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**§10. Regional Hospital Frequencies**

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Region 1	Southern Maine	155.325
Region 2	Tri County	155.340
Region 3	Kennebec Valley	155.400
Region 4	Northeast	155.355
Region 5	Aroostook	155.340
Region 6	Mid-Coast	155.340
"Statewide Net"		155.385
		(Maine EMS mobile-to-mobile)

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

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982  
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
11.1067  
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
September 1, 1986  
August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
July 1, 1988

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<sup>31</sup> Must have external continuous waveform end-tidal Carbon Dioxide monitoring.

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

4627	March 4, 1992	
4628	September 1, 1996	
4629	EFFECTIVE DATE (ELECTRONIC CONVERSION):	July 1, 2000
4630	REPEALED AND REPLACED:	July 1, 2000
4631		July 1, 2003
4632		January 1, 2010
4633		May 1, 2013

4634 16 DEPARTMENT OF PUBLIC SAFETY

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4636 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

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4638 CHAPTER 18: QUALITY ASSURANCE AND IMPROVEMENT

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4640 §1. Definitions

4641

4642 1. *Emergency Medical Services (EMS) Quality Assurance Committee* means a quality  
4643 assurance committee approved by the Board or Maine EMS pursuant to 32 M.R.S.  
4644 §92-A, including but not limited to service-level quality assurance committees.

4645

4646 2. *Maine EMS Quality Assurance and Improvement Committee* mean the standing  
4647 committee established by the Board pursuant to 32 M.R.S. §88(2)(J).

4648

4649 3. *Quality Improvement Initiative* means review and assessment of Maine EMS system  
4650 data by Maine-EMS-approved quality assurance committees for the purpose of  
4651 improving patient care.

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4653 4. *Quality Improvement Marker* means a measurable standard within a Maine EMS  
4654 protocol established by an emergency medical services quality assurance committee.

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4656 §2. Maine EMS Quality Assurance and Improvement Committee

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4658 1. The Maine EMS Quality Assurance and Improvement Committee is authorized by  
4659 the Board to perform EMS system quality assurance and improvement, including,  
4660 but not limited to:

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A. Creating statewide quality improvement markers;

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

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C. Receiving and interpreting results of quality marker reports;

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D. Responding, in concert with regional medical directors and regional  
4665 coordinators, to requests for assistance regarding local services' sub  
4666 regional quality assurance and improvement plans;

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E. Publishing and updating the Maine EMS Quality Assurance and  
4668 Improvement Manual;

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F. Leading or participating in state-based quality management education;  
4670 and,

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4678 G. Reviewing quality assurance and improvement management of Board-  
4679 approved pilot projects when requested by the Board, the Medical  
4680 Direction and Practices Board or the pilot project participant(s).  
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4682 **§3. Emergency Medical Services Quality Assurance Committees**  
4683

4684 1. A Board or Maine EMS -approved emergency medical services quality assurance  
4685 committee must participate in EMS quality assurance activities, including, but not  
4686 limited to:

4687 A. Gathering and submitting data as part of a Maine EMS Quality  
4688 Assurance and Improvement Committee Quality Improvement Initiative;  
4689 and,  
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4691 B. Conducting a program of quality assurance and improvement in  
4692 accordance with 32 M.R.S.A Chapter 2-B, and these Rules.  
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4695 **§4. Emergency Medical Services Persons and EMS Services**  
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4697 Licensed emergency medical services personnel and licensed EMS services shall participate in  
4698 Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these  
4699 Rules.  
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4701 **§5. Emergency Medical Dispatchers and Emergency Medical Dispatch Centers**  
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4703 Emergency Medical Dispatchers and Emergency Medical Dispatch Centers shall participate in  
4704 Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these  
4705 Rules.  
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4707  
4708 AUTHORITY: 32 M.R.S. §§84(1), 88(2)(J) & 92-A(1).  
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4710 EFFECTIVE DATE: February 1, 2015  
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4712 ADOPTED: December 3, 2014  
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4724 16 DEPARTMENT OF PUBLIC SAFETY

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4726 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE

4727 EMS) CHAPTER 19: Community Paramedicine

4728 §1. Definitions

4729

4730 1. “*Community Paramedicine*” means the practice by an emergency medical  
 4731 services provider primarily in an out-of-hospital setting of providing episodic  
 4732 patient evaluation, advice, and treatment directed at preventing or improving a  
 4733 particular medical condition, within the scope of practice of the emergency  
 4734 medical services provider as specifically requested or directed by a physician  
 4735 pursuant to 32 M.R.S. §84(4).

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4738 §2. How to Apply

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4741 1. To obtain a new or renewed Community Paramedicine designation an emergency  
 4742 medical services provider, including but not limited to an ambulance service or  
 4743 non-transporting emergency medical service, must apply to Maine EMS for  
 4744 approval. In order to obtain this designation, the provider must:

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4748 A. Apply on forms available from Maine EMS;  
 4749 B. Provide a description of the intended Community Paramedicine  
 plan to be approved by the Board or Maine EMS staff;

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4751 C. Have a quality assurance and quality improvement plan that directly  
 4752 addresses Community Paramedicine;

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4754 D. Identify a primary care medical director with whom it plans to work;  
 4755 and

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4757 E. Demonstrate to Maine EMS that it has designated an emergency  
 4758 medical services medical director.

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4761 2. Once an application for a new or renewed Community Paramedicine designation  
 4762 has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or  
 4763 conditionally grant the designation with 70 days.

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4765 3. All designations will be issued with an expiration date of November 30.

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§3. Scope of Practice

1. A Maine EMS approved Community Paramedicine Provider may provide care consistent with its license level as described in these rules.

§4. Education Requirements

1. A Maine EMS approved Community Paramedicine Provider must ensure training of its staff in line with its proposed Community Paramedicine plan.

§5. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, a Maine-EMS approved Community Paramedicine Provider must complete and submit an electronic Maine EMS patient care report, as specified by Maine EMS, within twenty-four hours from the time it arrived at patient’s location.

AUTHORITY: 32 M.R.S. §§84(1) & 84(4).

EFFECTIVE DATE: August 26, 2019

ADOPTED: August 7, 2019