RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Minimum Licensing Standards for
Emergency Medical Transportation Services
(LAC 48:I.Chapter 60)

The Department of Health and Hospitals, Bureau of Health Services Financing has adopted LAC 48:I.Chapter 60 in the Medical Assistance Program as authorized by R.S. 36:254, R.S. 40:1231 and R.S.40:1235.1-1236.7, and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Health Standards
Chapter 60. Emergency Medical Transportation Services
Subchapter A. General Provisions
§6001. Definitions

Advanced Life Support (ALS)—emergency medical care administered to at least the level of an emergency medical technician-paramedic's scope of practice.

Air Ambulance—any aircraft, either fixed-winged or rotary-winged, designed and operated as a part of a regular course of conduct or business to transport a sick or injured individual, or which is advertised or otherwise held out to the public as such.

Air Ambulance Service—any person, firm, association, or government entity owning, controlling, or operating any business or service which furnishes, operates, conducts, maintains, advertises, engages in, proposes to engage in, or professes to engage in the business or service of transporting, in air ambulances, individuals who may need medical attention during transport.

Ambulance—any authorized emergency vehicle, equipped with warning devices, designed and operated as a part of a regular course of conduct or business to transport a sick or injured individual or which is advertised or otherwise held out to the public as such.

1. For purposes of these provisions, ambulance shall not mean a hearse or other funeral home vehicle utilized for the transportation of the dead.

Ambulance Service or Ambulance Provider—any person, firm, association, or government entity owning, controlling, or operating any business or service which furnishes, operates, conducts, maintains, advertises, engages in, proposes to engage in, or professes to engage in the business or service of transporting, in ambulances, individuals who may need medical attention during transport.

1. Ambulance services/providers shall not include any of the following:

a. an agency of the federal government;

b. a volunteer nonprofit organization or municipal nonprofit organization operating an invalid coach or coaches;

c. an entity rendering assistance to a licensed ambulance or ambulances in the case of a major disaster;

d. a licensed hospital providing nonemergency, noncritical, inter-hospital transfer and patient transportation for diagnostic and therapeutic purposes when such transportation originates at a licensed hospital;

e. an entity operating an ambulance(s) from a location outside of the state to transport patients from a location outside of the state to a location inside the state or to transport a patient(s)from a medical facility inside of the state to a location outside of the state; or

f. an entity providing transportation to employees, who become sick or injured during the course of their employment, from a job site to the nearest appropriate medical facility.

Auto-Injector—a spring-loaded needle and syringe with a single dose of epinephrine that will automatically release and inject the medicine.

Basic Life Support (BLS)—emergency medical care administered to the EMT-basic scope of practice.

Bureau—the Department of Health and Hospitals, Office of Public Health, Bureau of Emergency Medical Services.

Certified Emergency Medical Technician—an individual who is certified as any one of the following:

1. a certified emergency medical technician-basic;

2. a certified emergency medical technician-intermediate; or

3. a certified emergency medical technician-paramedic.

Certified Emergency Medical Technician-Basic—an individual who has successfully completed the emergency medical technician-basic training program adopted by the bureau, who is nationally registered and who is certified by the bureau.

Certified Emergency Medical Technician-Intermediate—an individual who has successfully completed the emergency medical technician-intermediate training program adopted by the bureau, who is nationally registered and who is certified by the bureau.

Certified Emergency Medical Technician-Paramedic—an individual who has successfully completed the emergency medical technician-paramedic training program adopted by the bureau, who is nationally registered and who is certified by the bureau.

Certified First Responder—an individual who has successfully completed a training course adopted by the bureau for first responders and who is certified by the bureau.

Change of Ownership (CHOW)—the sale or transfer (whether by purchase, lease, gift or otherwise) of an ambulance service by a person/entity with controlling interest that results in a change of ownership, or control of 30 percent or greater of either the voting rights or assets of a provider, or that results in the acquiring person/corporation holding a 50 percent or greater interest in the ownership or control of the provider.

Commission—the Louisiana Emergency Medical Services Certification Commission.

Department—the Louisiana Department of Health and Hospitals (DHH).

Emergency Medical Personnel or Emergency Service Person—an individual who is a certified first responder or a certified emergency medical technician.

Emergency Medical Response Vehicle—a marked emergency vehicle with fully visual and/or audible warning signals, operated by a certified ambulance service, whose primary purpose is to respond to the scene of a medical emergency to provide emergency medical stabilization or support, command, control, and communications, but which is not an ambulance designed or intended for the purpose of transporting a victim from the scene to a medical facility, regardless of its designation.

1. Included are such vehicles referred to, but not limited to, the designation as "sprint car", "quick response vehicle", "special response vehicle", "triage trucks", "staff cars", "supervisor units", and other similar designations.

2. Emergency medical response vehicles shall not include fire apparatus and law enforcement patrol vehicles which carry first aid or emergency medical supplies, and which respond to medical emergencies as part of their routine duties.

Emergency Medical Services (EMS)—a system that represents the combined efforts of several professionals and agencies to provide pre-hospital emergency care to the sick and injured.

EMS Professional—an individual who is a certified first responder or certified emergency medical technician.

EMS Task Force—individuals appointed by the assistant secretary of the Office of Public Health who advise and make recommendations to the office and the department on matters related to emergency medical services.

Emergency Vehicle—a vehicle that meets the definition of emergency vehicle in the Louisiana Highway Regulatory Act (R.S. 32:1).

First Aid Certificate—a certificate in the emergency response course issued by the American Red Cross or other certificate in a first aid course approved by the bureau and issued to any individual who has successfully completed the required training and met the established standards of such organizations.

Headquarters—an ambulance service's center of operation and control.

Industrial Ambulance—any vehicle owned and operated by an industrial facility and used for transporting any employee who becomes sick, injured or otherwise incapacitated in the course and scope of his employment from a job site to an appropriate medical facility.

Intermediate Life Support (ILS)—emergency medical care administered to the EMT-Intermediate scope of practice.

Moral Turpitude—an act of baseness, vileness, or depravity in the duties which one person owes another, or to society in general, which is contrary to the usual, accepted and customary rule of right and duty which a person should follow.

Municipal Nonprofit Organization—an organization owned by a parish, municipality or entity of a parish or municipality which in its regular course of business responds to a call for help and renders medical treatment and whose attendants are emergency medical personnel, a registered nurse or a physician.

Operational—for an ambulance service to be considered operational, it must have a functional communications center (either owned and operated, or contracted) on duty 24 hours a day, 365 days a year. There must also be at least one staffed ambulance at the service's level of care on duty and able to respond to requests for service 24 hours a day, 365 days a year within the provider's service area unless excepted under other provisions of this Chapter.

Physician—a physician licensed to practice medicine by the Louisiana State Board of Medical Examiners.

V-MED 28—the National Emergency Medical Services Mutual Aid (radio) frequency of 155.340 MHZ in the VHF broad band frequency spectrum.

Volunteer Nonprofit Organization—an organization which in its regular course of business responds to a call for help and renders medical treatment, whose attendants are emergency medical personnel, a registered nurse, or a physician and which is chartered as a nonprofit organization under Section 501c of the United States Internal Revenue Code, as a volunteer fire department by the Louisiana State Fire Marshal's Office, or as a nonprofit organization by the Louisiana Secretary of State.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1231.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:466 (March 2009).

§6003. Licensing Requirements and Types of Licenses

A. All ambulance services shall be licensed by the Department of Health and Hospitals (DHH). It shall be unlawful to operate or maintain an ambulance service in the state of Louisiana without possessing a license from the department. The Department of Health and Hospitals is the only licensing agency for ambulance services in the state of Louisiana.

B. No person, firm, corporation, association or government entity shall conduct, manage, operate, or maintain an ambulance service in Louisiana without a valid current license from the department.

1. Exception. No license shall be required for any hospital that operates a vehicle solely for the purpose of moving its own patients between parts of its own campus, provided that all of the following conditions are met:

a. the parts of the hospital's campus are not more than 10 miles apart;

b. at the time of transport, the patient is attended by at least two individuals who are an emergency medical technician, a licensed practical or registered nurse, or a physician; and

c. the vehicle utilized by the hospital for transport contains the same equipment as is required for a licensed ambulance.

C. Ground ambulance services shall be licensed separately from air ambulance services. In those air ambulance services that are joint ventures, the license shall be issued to the provider of medical care and services.

D. A separately licensed ambulance service shall not use a name which is substantially the same as the name of another ambulance service licensed by the department unless the applicant is part of the same corporation or is chain affiliated.

E. A license issued to an ambulance service shall:

1. be issued to the person or entity named in the license application;

2. be valid only for one service's headquarters and its substations to which it is issued, and only for the specific geographic address of that headquarters;

3. be valid for one year from the date of issuance, unless revoked, suspended, modified or terminated prior to that date or unless a provisional license is issued;

4. expire on the last day of the twelfth month after the date of issuance, unless timely renewed by the service;

5. not be subject to sale, assignment, donation or other transfer, whether voluntary or involuntary; and

6. be posted in a conspicuous place in the ambulance service's headquarters at all times.

F. The department has the authority to issue the following types of licenses.

1. A full license is issued only to those applicants that are in substantial compliance with all applicable federal, state, and local laws, regulations, and policies. The license shall be valid until the expiration date shown on the license, unless the license is modified, revoked, suspended or terminated.

2. A provisional license may be issued to those providers or applicants that do not meet the criteria for full licensure. The license shall be valid for a period not to exceed six months.

a. The department may conduct a follow-up inspection prior to the expiration of the provisional license. If at the follow-up inspection, the provider or applicant has corrected all non-compliance or violations, the department may issue a full license. The full license will be valid until the ambulance service's license anniversary date.

b. For an applicant applying for initial licensure, if the follow-up inspection reveals that the ambulance service failed to correct all violations, the service shall be required to begin the initial licensing process again by submitting a new initial licensing packet and fee in order to become licensed.

c. For an existing ambulance provider, if the follow-up inspection reveals that the provider has failed to correct all violations, the department may re-issue a provisional license or allow the provisional license to expire.

d. A provisional license may be issued by the department for the following nonexclusive reasons:

i. the applicant or service has more than five violations of ambulance service regulations during one inspection;

ii. the applicant or service has more than three valid complaints in a one-year period;

iii. the department, medical director, or the quality improvement program have identified medical care that places patient(s) at risk;

iv. the applicant or service fails to correct violations within 60 days of being cited, or at the time of a follow-up inspection, whichever occurs first;

v. the applicant fails to submit assessed fees after notification by the department; or

vi. there is documented evidence that the applicant has bribed, intimidated or harassed someone to use the services of any particular ambulance service.

3. If an existing licensed ambulance provider has been issued a notice of license revocation, suspension, modification or termination and the provider's license is due for annual renewal, the department shall issue a renewal license subject to the pending license revocation, suspension, modification or termination if a timely administrative appeal has been filed. The license renewal letter and the renewal license shall state that the license is being renewed subject to the pending license revocation, suspension, modification or termination. The renewal of such a license does not affect in any manner the license revocation, suspension, modification or termination; the renewal of such a license does not render any such license revocation, suspension, modification or termination moot. This type of license is valid for the pendency of the administrative appeal, provided that the renewal fees are timely paid.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:467 (March 2009).

§6005. Initial Licensing

A. All requirements of the application process for licensing shall be completed by the applicant before the application will be processed by the department. No application will be reviewed until the application fee is paid.

B. An application packet shall be obtained from the Department of Health and Hospitals. A completed application packet for an ambulance service shall be submitted to, and approved by, the department prior to an applicant providing ambulance services.

C. The license application shall be submitted to the department on forms provided for that purpose. The application shall provide documentation that the applicant meets the appropriate requirements for an ambulance provider as specified by regulations established by the department. An incomplete application shall be returned to the applicant.

D. An applicant seeking a license as an ambulance provider shall:

1. apply to provide the level of care consistent with its equipment and personnel and in accordance with the United States Department of Transportation National Highway Traffic Safety Administration's National Standard Emergency Medical Services (EMS) Curriculum and the Louisiana EMS Certification Commission's rules; this is the highest level of care that the service may function:

a. applicants must be able to provide at least one unit at the level of care for which they apply for 24 hours a day, 365 days a year;

b. ambulance services that serve more than one parish, must be able to provide at least one unit at the highest level of care for 24 hours a day, 365 days a year in each parish served;

c. the minimum level of care for an air ambulance service shall be at least at the EMT paramedic level. The department may require the submission of work schedules and individual credentials to verify this;

2. in the initial application only, petition the department for hours of operation other than 24 hours a day, 365 days a year;

3. submit a completed application to the department on the designated forms with the required information and the following supporting documentation:

a. a notarized certificate of insurance verifying that the provider has the legally mandated insurance coverage;

b. proof that the provider has a medical director and that such director is a physician licensed to practice medicine by the Louisiana State Board of Medical Examiners;

c. all medical protocols signed by the physician/medical director with their prescribed approvals by the parish or component medical society, and/or the Louisiana Emergency Response Network (LERN) as applicable;

d. copies of personnel certifications:

i. the department may inspect and review these certifications at an applicant's office(s) by prior agreement between the applicant and the department;

e. for those providers providing advanced life support, verification that the provider possesses a Louisiana Controlled Substance License and a United States Drug Enforcement Administration Controlled Substance Registration;

f. proof that the service holds a Clinical Laboratory Improvement Act waiver;

g. a Federal Aviation Administration (FAA) Part 135 Commercial Air Taxi Certificate (where applicable); and

h. documentation that the provider is in compliance with the criminal history check requirements of R.S. 40:1300.51-1300.56;

4. submit to a background investigation which includes, but is not limited to, fingerprinting and a criminal history check; and

5. be a United States citizen or a legal alien with appropriate documentation from the U.S. Department of Homeland Security.

E. The applicant must be prepared to be fully operational for an initial inspection within 90 days after payment of the application fee. If the applicant is unable to do so, the application will be closed.

1. If the application is closed and the applicant is still interested in becoming an ambulance service provider, he/she shall submit a new initial application packet, including a new initial fee to start the licensing process.

F. Prior to the initial license being issued to the provider, an initial licensing inspection shall be conducted on-site at the ambulance provider to assure compliance with licensing standards and appropriate federal, state or local statues, laws, ordinances, rules and regulations.

G. Until the initial license is issued to the provider by the department, no patient shall be provided ambulance services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:468 (March 2009).

§6007. Service Areas

A. An ambulance provider's service area is that territory which the ambulance provider renders services, has vehicles posted or domiciled, and is legally authorized by the local governing body(ies) to provide services.

B. Upon initial application, an applicant for an EMS license shall declare his service area in writing. The department may require the applicant to provide a map of the service area. The applicant shall also provide copies of all necessary local licenses and permits to operate within the service area, or other legal clearances.

C. If an ambulance provider wishes to expand into additional service areas, he must notify the department at least 72 hours in advance.

1. This notification must include:

a. a description of the territory added;

b. the unit numbers and vehicle identification numbers of vehicles assigned to the area; and

c. the address and telephone number of any substations within the designated service area.

2. The provider shall also provide a copy of all necessary local permits and licenses or other legal clearances.

D. Within 90 days of moving into a new territory, the ambulance service shall furnish the department with a copy of the necessary protocol approvals by the appropriate parish or component medical society in accordance with RS 40:1234.E.1.

E. If an ambulance service withdraws from a territory, it must notify the department at least 30 days in advance. It must provide the department with evidence that it has notified the appropriate local authorities that it will no longer be providing ambulance service in the area.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:469 (March 2009).

§6009. Fees

A. Any remittance submitted to the department in payment of a required fee must be in the form of a company or certified check or money order made payable to the Department of Health and Hospitals.

B. Fee amounts shall be determined by the department.

C. Fees paid to the department are not refundable.

D. A fee is required to be submitted with:

1. an initial application;
2. a renewal application;
3. a change of controlling ownership; and
4. a change of name or physical address.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.3.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:469 (March 2009).

§6011. Inspections

A. Initial Inspections. An applicant must successfully complete an initial inspection by the department which includes:

1. an inspection of all vehicles to determine that they are safe and in working order and that they are equipped with all of the prescribed medical equipment as required by these provisions and R.S. 40:1235, 40:1235.1 or 40:1236.2:

a. what is safe and working order shall be determined pursuant to the provisions of R.S. 32 and the Louisiana Motor Vehicle Inspection Manual, in addition to the provisions of this Chapter and R.S. 40:1235 and 1235.1;

b. for aircraft, the safe and working order shall be determined by the rules of the FAA;

c. each vehicle successfully completing the inspection shall receive a permit authorizing it to be operated as part of the applicant's service;

2. an inspection of all personnel credentials to verify that they meet the requirements of law;

3. an inspection, and when deemed necessary by the department, verification of the information required in this Chapter and that such information remains current;

4. verification that the provider has complied with all applicable federal, state, and local statutes, and rules, and

that the provider has obtained all necessary and applicable licenses, permits, and certifications, including certificates of need or certificates of public convenience and necessity; and

5. for those providers rendering advanced life support, verification that the provider possesses a Louisiana controlled substance license and a U.S. Drug Enforcement Administration controlled substance registration.

B. Other Inspections. The department may conduct the following types of inspections.

1. Licensing Inspection. Licensing inspection is a periodic onsite visit conducted as necessary to assure compliance with ambulance licensing standards.

2. Follow-Up Inspection. An onsite follow-up may be conducted whenever necessary to assure correction of violations. When applicable, the department may clear violations at an exit interview and/or by mail.

3. Complaint Inspection. A complaint inspection shall be conducted to investigate allegations of noncompliance. Complaint inspections are unannounced.

C. Vehicle Inspections

1. Fleet Addition Inspections

a. Any ambulance service adding an ambulance, air ambulance or sprint vehicle to their fleet must provide written notification to the department in advance of the addition. The notification must include:

i. the vehicle identification number;

ii. a copy of the certificate of registration from the Office of Motor Vehicles or the Federal Aviation Administration;

iii. proof of commercial automobile or aircraft liability insurance; and

iv. the vehicle certification fee.

b. All ambulances, air ambulances, and emergency medical response vehicles must be inspected as soon as possible after they are placed in service. They will be inspected for the requirements of the Louisiana Motor Vehicle Inspection Act, FAA Part 135 rules, and this Chapter.

c. Any vehicle borrowed, leased or rented by the service for less than 90 days shall not be subject to a vehicle inspection fee. However, all vehicles shall be subject to compliance with this Chapter.

2. Spot Check Inspections

a. A vehicle compliance inspection may be performed at any time that the vehicle is not in route to a call or transporting a patient. This may include verification of staff credentials.

D. The department may issue appropriate sanctions including, but not limited to, civil fine(s) and license revocation for violations or findings of non-compliance found during an inspection.

E. DHH surveyors and staff shall be given access to all areas of the provider and all relevant files during any inspection. DHH surveyors and staff shall be allowed to interview any person with ownership interest, staff or patient, as necessary or required to conduct the inspection.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:469 (March 2009).

§6013. Changes

A. The Department of Health and Hospitals shall be notified, in writing, within five working days of the occurrence of any changes in:

1. physical address of the headquarters;
2. agency name;
3. phone number;
4. 24-hour contact procedure;
5. ownership;
6. address or phone number of any substation or the addition of any substation;
7. administrators (a completed key personnel change form obtained from department is required);
8. director of operations (a completed key personnel change form is required);
9. medical directors;
10. insurance coverage;
11. cessation of business; or
12. change in the service area.

B. Change of Ownership (CHOW)

1. Actions which constitute a change of ownership include, but are not limited to the following.

a. Unincorporated Sole Proprietorship. Transfer of title and property to another party constitutes a change of ownership.

b. Corporation/Limited Liability Corporation (LLC). The merger of the provider corporation into another corporation, or the consolidation of two or more corporations, resulting in the creation of a new corporation constitutes a change of ownership. Transfer of corporate stock or the merger of another corporation into the provider corporation does not constitute a change of ownership.

c. Partnership. In the case of a partnership, the removal, addition or substitution of a partner, unless the partners expressly agree otherwise, as permitted by applicable state law, constitutes a change of ownership.

d. Leasing. The lease of all or part of a provider facility constitutes a change of ownership of the leased portion.

2. Change of Ownership packets may be obtained from the department. Only an agency with a full license shall be approved to undergo a change of ownership. An ambulance service license is not transferable from one entity or owner to another.

3. The following information must be submitted within five working days after the act of sale:

a. a new license application and the current licensing fee:

i. the purchaser of the agency must meet all criteria required for initial licensure as an ambulance services provider;

b. any changes in the name and/or address of the ambulance service;

c. any changes in administrative personnel (administrator, medical director, director of operations);

d. disclosure of ownership forms; and

e. a copy of the Bill of Sale and Articles of Incorporation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:470 (March 2009).

§6015. License Renewal

A. An ambulance service license must be renewed annually.

B. An ambulance service seeking a renewal of its license shall:

1. request a renewal packet from the department if one is not received at least 45 days prior to license expiration;

2. complete all forms and attachments and return to the department at least 30 days prior to license expiration; and

3. submit the current annual licensing fees with the packet. An application is not considered to have been submitted unless the licensing fees are received.

C. The department may issue a full renewal license to an existing licensed provider that is in substantial compliance with all applicable federal, state departmental and local statutes, laws, ordinances, rules, regulations and fees. The license shall be valid until the expiration date shown on the license, unless the license is revoked, suspended, denied, or modified.

D. Failure to submit to the department a completed license renewal application packet prior to the expiration of the current license or prior to the expiration of deadlines established by the department shall result in the voluntary non-renewal of the license.

E. The renewal of a license does not in any manner affect any sanction, civil monetary penalty or other action imposed by the department against the provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.E.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:471 (March 2009).

§6017. Denial, Revocation or Suspension of a License

A. Denial of a License. An applicant may be denied a license for one of the following nonexclusive reasons:

1. the background investigation indicates that the applicant has a felony conviction;

2. has had any license pertaining to the provision of emergency medical services revoked in any jurisdiction;

3. failure to comply with applicable federal, state, and local laws, statutes, rules or regulations;

4. intentional falsification of material information provided pursuant to this Chapter; or

5. conviction, guilty plea or plea of nolo contendre of a felony by the following, as shown by a certified copy of the record of the court of the conviction:

a. administrator;

b. director of operations;

c. members or officers; or

d. the person(s) designated to manage or supervise the ambulance service if the applicant is a firm or corporation.

B. Revocation or Denial of License Renewal. An ambulance service's license may be revoked or may be denied renewal for any one of the following:

1. failure to be in substantial compliance with the ambulance service licensing standards;

2. failure to be in substantial compliance with other required statutes, laws, ordinances, rules or regulations;

3. failure to comply with the terms of a settlement agreement or education letter;

4. failure to uphold patient rights whereby violations may result in harm or injury;

5. failure of the agency to protect patients/persons in the community from harmful actions of the agency employees; including, but not limited to:

a. health and safety;

b. coercion;

c. threat;

d. intimidation; and

e. harassment;

6. failure to notify proper authorities of all suspected cases of neglect, criminal activity, or mental or physical abuse which could potentially cause harm to the patient;

7. failure to employ qualified personnel and maintain an adequate quality insurance program that identifies poorly performing staff and remediates or terminates them for deficiencies;

8. failure to remain fully operational at any time for any reason other than a disaster, unless specifically excepted by the department;

9. failure to submit fees including, but not limited to:

a. renewal fee;

b. change of agency address or name; or

c. any fines assessed by the department;

10. failure to allow the department to conduct an investigation, inspection or survey, or to interview staff or participants, or to allow access to any relevant records during any inspection;

11. failure to remedy a situation where patients were not protected from unsafe, skilled and/or unskilled care by any person employed by the ambulance service;

12. failure to correct violations after being issued a provisional license;

13. ambulance provider staff or owner has knowingly, or with reason to know, made a false statement of a material fact in:

a. application for licensing;

b. data forms;

c. clinical records;

d. matters under investigation by the department;

e. information submitted for reimbursement from any payment source;

f. the use of false, fraudulent or misleading advertising;

g. ambulance service staff being misrepresented or was fraudulent in conducting ambulance service business; or

h. convictions of a felony by an owner, administrator, director of operations or medical director as shown by a certified copy of the record of the court of conviction; or if the applicant is a firm or corporation, of any of its members or officers, or of the person designated to manage or supervise the ambulance service agency;

14. failure to comply with all reporting requirements in a timely manner; or

15. cessation of operations for any reason other than a man-made or natural disaster.

C. If an ambulance provider's license is revoked or denied renewal by the department, other than for cessation of business or non-operational status, any owner, officer, member, manager or administrator of such service is

prohibited from owning, managing, directing or operating another service for a period of two years from the date of the final disposition of the revocation or denial action.

D. The secretary of the department may immediately suspend the license of an ambulance provider in accordance with the provisions of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:471 (March 2009).

§6019. Sanctions

A. Any person or provider violating the provisions of this Chapter when such violation poses a threat to the health, safety, rights, or welfare of a patient or client may be liable to civil fines and other penalties, to be assessed by the department, in addition to any criminal action which may be brought under other applicable laws.

B. Class A Violations. If an ambulance or emergency medical response vehicle is found to have been operated in violation of any of the requirements of this Chapter concerning the number of personnel, the qualifications of personnel or failure to provide a qualified attendant to the patient, the ambulance, emergency medical response vehicle, or air ambulance shall be immediately taken out of service until it meets those requirements. The ambulance service shall be subject to a civil fine of not more than $500 for the first violation and not more than $1,000 per day for each repeat violation.

C. Class B Violations. If an ambulance service is found to have been operating in violation of any of the requirements of this Chapter concerning insurance coverage, its license shall be immediately suspended until it meets those requirements. The ambulance service shall be subject to a civil fine of not more than $500 for the first violation and not more than $1,000 per day for each repeat violation.

D. Class C Violations. If an ambulance, emergency medical response vehicle or air ambulance is found to have been operated without undergoing any inspection required under the provisions of this Chapter, the ambulance or emergency medical response vehicle shall be immediately taken out of service until it meets those requirements. The ambulance service shall be subject to a civil fine of not more than $500 for the first violation and not more than $1,000 per day for each repeat violation.

E. Class D Violations. If an ambulance or emergency medical response vehicle is found to have been operated in violation of any of the requirements of this Chapter concerning medical and safety equipment, the ambulance, emergency medical response vehicle or air ambulance shall be immediately taken out of service until it meets those requirements. The ambulance service shall be subject to a civil fine of not more than $100 for the first violation and not more than $500 per day for each repeat violation.

F. Class E Violations. If an ambulance or emergency medical response vehicle is found to have been operated in violation of any of the requirements of Chapter 7 of Title 32 of the Louisiana Revised Statutes, the ambulance, emergency response vehicle or air ambulance shall be immediately taken out of service until it meets those requirements. The ambulance service shall be subject to a civil fine of not more than $100 for the first violation and not more than $500 per day for each repeat violation.

G. Repeat and Egregious Violations. Those providers who commit multiple or egregious violations may be subject to suspension of their license to operate an ambulance service.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:472 (March 2009).

§6021. Notices, Informal Reconsideration and Appeals

A. Following an inspection, the department will issue a notice of violations if any violations are found. The notice of violations will list the department's findings at the inspection and the statutes, laws, and/or regulations that were violated.

B. If the department decides to impose a civil fine upon a provider, the department shall issue written notice of the civil fine to the provider detailing the amount of the fine and the violation(s) which is the basis of the fine. This notice may be issued subsequent to the notice of violations.

C. Informal Reconsideration. Upon notice of a violation of any of the rules in this Chapter or any applicable statute, notice of a denial, suspension, revocation of a license or license non-renewal, notice of the expiration of a provisional license due to non-compliance or of the imposition of a civil fine, or other sanction, the ambulance service provider may request an informal reconsideration.

1. A request for an informal reconsideration must be submitted in writing to the department within 15 days of receipt of the notification.

2. The reconsideration shall be conducted by a designated official(s) of the department who did not participate in the initial decision to impose the action taken.

3. The provider shall have the right to appear in person at the informal reconsideration and may be represented by counsel.

4. Reconsideration shall be made based on the documents before the official(s). The provider may present documents at the informal reconsideration.

5. Correction of a violation shall not be the basis for reconsideration.

6. There is no right to an informal reconsideration of the department's decision to issue a provisional license or for a license that has been voluntarily surrendered.

D. Administrative Appeal of a Decision to Deny, Suspend, Revoke or Deny Renewal of a License. Any ambulance service provider whose license has been revoked, suspended, denied or denied renewal by the department shall have the right to have the proceedings of the department reviewed by an administrative law judge, provided that such appeal is made within 30 days after the notice of the decision of the department.

1. An appeal of a decision to deny, revoke or deny renewal of a license is suspensive, and the decision will not be implemented until a decision affirming the department's decision is rendered on judicial review, or there is no request for judicial review within the applicable time limits.

2. An appeal of a suspension of a license is devolutive. The provider must cease providing services upon receipt of notification of the suspension of its license.

3. An ambulance provider has the right to a judicial review of an administrative appeal affirming a denial, suspension, revocation or non-renewal of a license in

accordance with the Administrative Procedures Act. Judicial review shall be by trial de novo.

F. Administrative Appeal of a civil fine or other sanction. An ambulance service provider has the right to submit an administrative appeal of a notice of a civil fine(s). Such appeal is suspensive and must be submitted within 30 days of the notice of the results of the informal reconsideration contesting the civil fine(s). If the administrative appeal decision is adverse to the provider, the provider may request a judicial review of the decision in accordance with the Administrative Procedures Act.

G. Administrative appeal of an expired provisional license due to non-compliance at the follow-up inspection. A provider with a provisional license that expires due to non-compliance or deficiencies cited at the follow-up inspection may request an administrative appeal of the expiration.

1. The appeal is limited to whether the violations or findings of non-compliance were properly cited at the follow-up inspection.

2. The provider has 15 days from the notice of the results of the follow-up inspection to request an administrative appeal.

3. The provider's appeal is devolutive; the provider must cease providing services unless an administrative tribunal issues a stay of the expiration. To request a stay, an application for a stay must be filed by the provider at the time the administrative appeal is filed. The stay may be granted by the administrative tribunal; only after a contradictory hearing and only upon a showing that there is no potential harm to the patient(s) being served by the provider.

H. If an ambulance provider fails to submit an administrative appeal within 30 days of receiving the notification of which the provider may appeal, the department's decision becomes final and enforceable against the provider.

I. There is no right to an administrative appeal of the department's decision to issue a provisional license or for a license that has been voluntarily surrendered.

J. Correction of a violation or finding of non-compliance after the applicable inspection shall not be the basis for an administrative appeal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:472 (March 2009).

Subchapter B. Provider Responsibilities

§6031. General Provisions

A. Insurance Coverage

1. Each ambulance provider shall continuously have in effect the following minimum amounts of insurance:

a. general liability insurance in the amount of $500,000 per occurrence and $500,000 in the aggregate;

b. automobile or aircraft liability insurance in the amount of $500,000; and

c. medical malpractice liability insurance in the amount of $500,000.

2. Participation in the Louisiana Patients' Compensation Fund will be accepted as medical malpractice insurance.

3. An ambulance service shall provide an original notarized certificate of insurance as proof that it has sufficient insurance coverage.

B. Infection Control and Laboratory Testing

1. An ambulance service must have and comply with a written infection control plan in accordance with 29 CFR 1910.120.

2. Ambulance services conducting blood glucose or other laboratory testing in the field must have the appropriate Clinical Laboratory Improvement Act (CLIA) permits or waivers.

C. Communications

1. All ambulance services shall have a dispatch facility. They may either own and operate their own facility or contract their dispatching to an appropriate emergency communications agency. All dispatch facilities must have 24 hour emergency power.

2. In addition to 911, the ambulance service will provide the department with a conventional seven digit telephone number for their dispatch facility that may be reached 24 hours a day, 365 days a year.

3. All ambulance services shall have a Federal Communications Commission (FCC) type accepted two-way dispatching communications system. They may either own or lease the system.

a. All dispatch center(s) and/or point(s) of dispatch shall have a proper FCC licensed radio system or an agreement with an FCC licensed communication provider that does not allow for transmission by unauthorized users, but will provide the capability for the dispatcher, with one transmission, to be heard simultaneously by all of its ambulances/emergency medical response units within that defined geographic service area.

b. Services that utilize multiple transmitters/tower sites shall have simultaneous communications capabilities with all units utilizing a specific transmitter/tower site.

4. Ambulance services may not dispatch their day-to-day ambulance operations over a commercial wireless telephone, pager system, FMRS, or GMRS radio system, or Voice over Internet Protocol radio system.

5. All ambulance services must be compliant with the Louisiana EMS Communications Plan.

6. All ambulance services shall be compliant with any applicable mandates of the FCC, the U.S. Department of Homeland Security, the Governor's Office of Homeland Security and Emergency Preparedness, and other applicable governmental agencies.

7. Any ambulance encountering a patient outside of its service area must make radio or telephone with the local 911 communications center.

D. Scanner Usage

1. No commercial ambulance shall make any emergency run based solely on information intercepted by use of a radio communication scanner or similar device except in cases where human life is threatened, unless that commercial ambulance has been specifically requested to respond to such an emergency. Nothing in this Section shall be construed to prohibit service to a subscriber of a commercial ambulance service.

a. No person certified under this Chapter or certified or licensed pursuant to any provision of Louisiana law shall operate a commercial ambulance in violation of this provision.

b. An ambulance service that violates this provision shall have its license to operate an ambulance service in Louisiana suspended for a period of six months.

E. Cessation of Business

1. If at any time the ambulance service is no longer operational, for any reason other than man-made or natural disaster, the license shall be deemed to be invalid and shall be returned to the department within five working days.

2. The agency owner shall be responsible for notifying the department of the location of all records and a contact person.

3. All emergency vehicles no longer in use shall have all audible and visible warning signals and markings indicating their emergency status removed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:473 (March 2009).

§6033. Personnel

A. Director of Operations

1. The director of operations (DOO), or equivalent job title, shall be designated, in writing, to supervise:

a. all aspects of patient care;

b. all activities of professional staff and allied health personnel; and

c. responsible for compliance with regulatory requirements.

2. The DOO, or alternate, shall be on site or immediately available to be on site at all times during operating hours, and additionally as needed. If the DOO is unavailable he/she shall designate a certified EMT or paramedic to be responsible during his/her absence.

3. The director of operations shall be at least a nationally registered EMT, or above, and must be currently certified to practice in the state of Louisiana:

a. with at least three years experience as an EMT; and

b. be a full-time employee of only one ambulance service facility. The director of operations is prohibited from simultaneous/concurrent employment.

4. The department may exempt the director of operations from the requirements of this §6133.A.3.a-b if services are primarily staffed and operated by volunteers.

5. The director of operations shall supervise all patient care activities to assure compliance with current standards of accepted EMS practice including, but not limited to, the following:

a. supervise the employee health program and implement policies and procedures that establish and support quality patient care;

b. assure compliance with local, state, and federal laws, and promote health and safety of employees, patients and the community, using the following nonexclusive methods:

i. resolve problems;

ii. perform complaint investigations;

iii. provide orientation and in-service training to employees to promote effective ambulance services and safety of the patient, and to familiarize staff with regulatory issues, and agency policy and procedures;

iv. orient new direct health care personnel;

v. perform timely annual performance evaluations of health care personnel;

vi. assure participation in regularly scheduled appropriate continuing education for all health professionals;

viii. assure that the care provided by the health care personnel promotes effective emergency medical care and the safety of the patient; and

ix. assure that the ambulance service polices are enforced.

6. The director of operations shall be responsible for compliance with all regulations, laws, policies and procedures applicable to the ambulance service facility specifically and to Medicare/Medicaid issues when applicable.

7. The director of operations shall also perform the following duties:

a. implement personnel and employment policies to assure that only qualified personnel are hired:

i. licensing and/or certification (as required by law) shall be verified prior to employment and annually thereafter and records shall be maintained to support competency of all allied health personnel;

b. implement policies and procedures that establish and support quality patient care, cost control and mechanisms for disciplinary action for infractions;

c. be on-site during business hours or immediately available by telecommunications when off-site conducting the business of the ambulance service and be available after hours as needed;

d. be responsible for and direct the day-to-day operations of the ambulance service facility;

e. act as liaison among staff, patients and the community;

f. designate, in writing, an individual who meets the qualifications of director of operations to assume the authority and the control of the ambulance service if the director of operations is unavailable; and

g. designate in advance a committee he/she chooses to establish policies governing the day-to-day provisions of the ambulance service.

8. The Director of Operations shall refer to the Louisiana Emergency Medical Services Commission, or other authority of competent jurisdiction, any certified or licensed employee who has been proven to have committed any of the following:

a. the selling, attempting to sell, falsely obtaining, or furnishing any professional certification document;

b. conviction of a crime or offense which reflects the inability of that person to provide care with due regard of the health and safety of the patient. This includes a plea of *nolo contendre* regardless of the final outcome; or

c. is guilty in the aiding and abetting of someone in violation of these regulations or the regulations of the Louisiana EMS Certification Commission.

B. Medical Director

1. The medical director must be a licensed physician, authorized to practice medicine in Louisiana and knowledgeable about emergency medical care and the emergency medical services system. The medical director is

the clinical supervisor of the ambulance service. The medical director reviews, coordinates, and is responsible for the management of clinical and medical care for all patients. The medical director may be an employee or a volunteer of the agency. The agency may also contract for the services of the medical director.

2. The medical director or his designee shall assume overall responsibility for the medical component of the patient care program including, but not limited to:

a. responsibility for all controlled dangerous substances utilized by the ambulance service;

b. developing and coordinating procedures for the provision of emergency medical care;

c. participating in the development of the protocols or procedures for providing care; and

d. acting as a liaison between the ambulance service provider and the local health care community.

3. The medical director must maintain a current list of all certified emergency medical services personnel that function under the Medical Director's supervision.

C. Certified Emergency Medical Services Personnel

1. A certified first responder must be certified by the Louisiana Bureau of Emergency Medical Services. A certified first responder may only drive the ambulance and assist the EMT. He may not attend the patient in the back of the ambulance by himself.

2. A certified emergency medical technician-basic may drive the ambulance, assist another medic and may attend the patient by himself provided the patient does not require advanced life support (ALS) services, and the assessment and interventions fall within the scope of practice of the EMT-basic.

3. A certified emergency medical technician-intermediate may drive the ambulance, assist another medic or attend the patient by himself as long as the assessment and interventions fall within the scope of the EMT-intermediate.

4. An emergency medical technician-paramedic may drive the ambulance, assist another medic or attend the patient by himself provided the medical procedures being performed are within his established scope of practice.

5. The highest ranking EMT in the ambulance is responsible for the patient's care.

D. Other Medical Personnel. Other medical personnel such as physicians, registered nurses, etc., may function in an ambulance in accordance with R.S. 40:1235 and the scopes of practice established by the appropriate boards of competent jurisdiction.

E. All medical personnel working in an ambulance shall have either a current Health Care Provider or a Professional Rescuer CPR certification from the American Heart Association or the American Red Cross.

F. All drivers must successfully complete and hold a valid current defensive driving certificate issued by the National Safety council or its equivalent as determined by the Department of Health and Hospitals. The course must be equivalent to at least the National Safety Council's DDC-6 program or emergency vehicle operation program. Pre-licensing driving courses shall not be acceptable.

G. Pilots

1. Pilots shall not participate in patient care activities, except for loading and unloading the patient, and incidental duties.

2. Pilots shall:

a. hold a valid appropriate commercial pilot's license from the Federal Aviation Administration;

b. have a valid physical examination certificate from an FAA flight surgeon. Copies of these credentials shall be made available to the department;

c. be qualified to operate the specific aircraft; and

d. have an appropriate instrument flight rating as necessary.

H. The ambulance service shall have a person (employee or contractor) charged with the following financial responsibilities:

1. ensuring that all services are correctly billed to the proper payer source; and

2. reviewing patient eligibility for Medicare and Medicaid reimbursement.

I. Identification and Credentials

1. All personnel working on an ambulance and/or sprint vehicle shall carry with them at all times while on duty a copy of their pertinent medical certifications (state license or certification) and driver's license.

2. All medical personnel working on an ambulance, air ambulance, or emergency medical response vehicle, shall have their level of certification readily identifiable to the public. This may include, but is not limited to, a badge, embroidered patch or emblem, lapel pin, photo ID card, or distinguishable shirt.

3. All ambulance services must provide their personnel with photo identification cards. All personnel working on ambulance service vehicles must carry these cards while working on duty.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:474 (March 2009).

§6035. Medications

A. All medications, including IV fluids, shall be current in accordance with the manufacturer's expiration date.

B. All ambulance services shall have a system in place to identify and remove recalled pharmaceuticals from the service's inventory.

C. Controlled Dangerous Substances

1. All paramedic ambulance services must have both a Louisiana Controlled Dangerous Substance (CDS) license and a U.S. Drug Enforcement Administration (DEA) controlled substance registration. This license and registration shall be for the services, headquarters or central location.

a. If the ambulance service is owned by a hospital that holds a CDS license and DEA registration it is exempt from this requirement.

2. All controlled dangerous substances carried on ambulances must be under the personal control of a paramedic or kept in a substantially constructed, securely locked cabinet on the vehicle. Controlled substances may not be left unattended in unlocked medication kits.

3. All controlled substances kept at the ambulance service's central location must be stored in a substantially constructed securely locked cabinet or a safe.

4. Ambulance services must maintain both a dispenser's log and a perpetual inventory of their controlled substances unless they are part of a hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2 and R.S. 40:973.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:475 (March 2009).

§6037. Medical Protocol

A. In those parishes where the parish or component medical society has established a written pre-hospital EMS protocol for use in the parish, the ambulance service must follow that protocol, and/or the protocols of the Louisiana Emergency Response Network as applicable.

B. In those parishes where the parish or component medical society have not established a written pre hospital EMS protocol for use in the parish, the EMS service must develop a protocol to be used by its personnel. The appropriate portions of this protocol must be approved by the parish or component medical society.

C. These protocols shall include protocols for the care of:

1. cardiac arrest;
2. ventricular tachycardia;
3. supraventricular tachycardia;
4. premature ventricular ectopy when greater than six per minute, multifocal, bigeminal, occurring in bursts of two or more, falling on or close to the T wave;
5. severe, unrelieved, suspected cardiogenic chest pain, or suspected myocardial infarction;
6. bradydysrhythmias;
7. hypoglycemia;
8. anaphylactic reactions;
9. hypovolemic shock;
10. unconsciousness, altered mental status, or respiratory depression from suspected drug overdose;
11. treatment induced unconsciousness, altered mental status, hypotension, or respiratory depression from physician ordered or protocol appropriate paramedic administered narcotics;
12. respiratory failure or respiratory arrest;
13. active seizure;
14. hospital patient destination;
15. pre hospital diversion;
16. patient with advanced directives;
17. mass casualty incidents; and
18. injuries from weapons of mass destruction.

D. All protocols shall:

1. meet or exceed requirements of these licensing standards and all applicable federal, state, and local laws;
2. be consistent with the National Standard EMS Scope of Practice and the rulings of the Louisiana EMS Certification Commission; and
3. be reviewed annually.

E. Ambulance services are accountable for assuring compliance with applicable protocols by their personnel. Exceptions to these protocols must be reviewed on a case-by-case basis by the physician medical director.

F. Ambulance services must produce and provide to all personnel a policy and procedures manual governing the service's operation to all personnel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1234.E.1 and 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:476 (March 2009).

§6039. Records

A. There shall be a permanent record of each patient encounter made by the ambulance service. These records may be maintained as hard copy and/or electronically. The record shall be maintained to assure that the medical treatment of each patient is completely and accurately documented. Records shall be readily available and systematically organized to facilitate the compilation and copying of such information.

B. The record of each patient encounter shall include at a minimum:

1. pertinent demographic information about the patient;
2. location of the response;
3. date and time of response;
4. situation;
5. patient's chief complaint;
6. patient's signs and symptoms;
7. a synopsis of the assessment of the patient to include both the initial and complete assessment of the patient;
8. vital signs;
9. pertinent past medical history;
10. any interventions or treatments conducted;
11. transport destination and arrival time if applicable; and
12. any other significant information that pertains to the patient or to the response.

C. Safeguards shall be established and implemented to maintain confidentiality and protection of the medical record from fire, water, or other sources of damage.

D. Safeguards shall be established and implemented to maintain the confidentiality and protection of all medical records in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.

E. The department shall have access to all business records, patient records or other documents maintained by, or on behalf of the provider, to the extent necessary to insure compliance with this Chapter. Ensuring compliance includes, but is not limited to:

1. permitting photocopying of records by the department; and
2. providing photocopies to the department of any record or other information the department may deem necessary to determine or verify compliance with this Chapter.

F. The provider shall keep patient records for a period of six years after the patient encounter. The patient records shall:

1. remain in the custody of the provider;
2. remain in the headquarters for at least one year from the date of the last patient encounter; and
3. not be disclosed or removed unless authorized by law or regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:476 (March 2009).

§6041. Emergency Preparedness

A. All ambulance services shall have an all hazards disaster plan on file that has been approved by their local Office of Emergency Preparedness and/or Homeland Security.

B. This plan shall include terrorist incidents and Weapons of Mass Destruction events.

C. This plan shall include an incident command system that is compliant with the National Incident Management System as established by the U.S. Department of Homeland Security.

D. All ambulance services shall have disaster mutual aid agreements with all ambulance services that are located in the same DHH established region(s) that the ambulance service operates in.

E. All ambulance services shall have appropriate medical protocols as a part of their disaster plan.

F. All ambulance services shall have an emergency communications plan. This plan should be triple redundant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:477 (March 2009).

§6043. Quality Assurance

A. The ambulance service shall have an on-going comprehensive, integrated, self-assessment quality improvement process which provides assurance that patient care is provided at all times in compliance with accepted standards of professional practice.

B. The ambulance service shall have written plans, policies and procedures addressing quality assurance.

C. The ambulance service shall monitor and evaluate its resource allocation regularly to identify and resolve problems with the utilization of its services, facilities and personnel.

D. The ambulance service shall follow a written plan for continually assessing and improving all aspects of operations which include:

1. goals and objectives;
2. the identity of the person responsible for the program;
3. a system to ensure systematic, objective regular reports are prepared and distributed to the governing body and any other committees as directed by the governing body;
4. the method for evaluating the quality and the appropriateness of care;
5. a method for resolving identified problems; and
6. a method for implementing practices to improve the quality of patient care.

E. The plan shall be reviewed at least annually and revised as appropriate by the medical director and director of operations.

F. Quality assessment and improvement activities shall be based on the systematic collection, review, and evaluation of data which, at a minimum, includes:

1. services provided by professional and volunteer staff;
2. audits of patient charts;
3. reports from staff, volunteers and clients about services;
4. concerns or suggestions for improvement in services;
5. organizational review of the ambulance service program;
6. patient/family evaluations of care; and
7. high-risk, high volume and problem-prone activities.

G. When problems are identified in the provision of ambulance care, there shall be:

1. evidence of corrective actions, including ongoing monitoring;
2. revisions of policies and procedures; and
3. educational intervention and changes in the provision of services.

H. The effectiveness of actions taken to improve services or correct identified problems shall be evaluated.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:477 (March 2009).

Subchapter C. Emergency Vehicles—Ground Transportation

§6053. General Provisions

A. All emergency vehicles utilized by ambulance services must be in compliance with the Louisiana Motor Vehicle Regulatory Act.

B. All emergency vehicles must be insured in accordance with R.S. 40:1236.4.

C. An ambulance service may rent or borrow a vehicle for up to 90 days without having it inspected or pay certification fees. However, the vehicle will be subject to spot check inspection if necessary. The vehicle must be in compliance with R.S. 32:1 et seq., and this Chapter.

D. Unless an ambulance or a sprint vehicle is obtained for less than 90 days, it must be registered in the ambulance service's name.

E. All emergency vehicles must have permanent signage indicating the name of the provider and the unit number. All numbering and lettering shall be reflective and be at least 3 inches high or greater. If a logo is used it must be 6 inches or greater in size. This shall appear on the rear and on both sides of the vehicle.

1. Vehicles borrowed or rented for less than 90 days are exempt from this permanent signage requirement.

F. Any equipment provided to ambulance services for their vehicles with grants from the U.S. Department of Health and Human Services must be stocked on the vehicle in accordance with the provisions of the grant.

G. Emergency Warning Lights. These lights shall be mounted as high and as widely spaced laterally apart as practicable. There must be two alternating flashing red lights on the front of the vehicle mounted at the same level. There must be two alternating flashing red lights on the rear of the vehicle mounted at the same level. These front and rear lights shall have sufficient intensity to be visible at 500 feet in normal sunlight. The following exceptions apply:

1. Any authorized emergency vehicle may be equipped with a large revolving red light on the roof instead of alternating flashing red lights on the front. This light must

be discernible in all directions and have sufficient intensity to be visible at 500 feet in normal sunlight.

2. Authorized emergency medical response vehicles of organized fire companies may be equipped with a large red and white light on the roof encased in a clear dome, instead of the large red light on the roof. This light must be discernible in all directions and have sufficient intensity to be visible at 500 feet in normal sunlight.

H. Audible Warning Signals. Each emergency medical response vehicle must have a siren, exhaust whistle, or bell capable of giving an audible signal sufficient to warn motorists of its approach (audible up to 500 feet).

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:477 (March 2009).

§6055. Emergency Medical Response Vehicles (Sprint Vehicles)

A. Emergency Medical Response Vehicle Qualifications. The vehicle may be on either an automobile or truck chassis, have four or more wheels and must have the following external markings:

1. all numbering and lettering shall be reflective;

2. the unit number shall be displayed in numerals 3 inches high or greater on the rear and both sides of the vehicle;

3. the agency's name shall appear on both sides of the vehicle in lettering 3 inches high or greater, or with a logo that is 6 inches or greater in size;

4. the agency's name or logo shall appear on the trunk or rear door in lettering 3 inches high. Agency logos must be specific to the agency and on file with the department; and

5. the vehicle's markings shall indicate its designation as an emergency medical response vehicle such as sprint car, supervisor, chief, special services, etc. No markings on the vehicle may imply that it is an ambulance.

B. Equipment and Supplies

1. All vehicle units must have a FCC type accepted two-way radio communication system for day-to-day communications. The emergency medical response vehicle's dispatch center(s) and/or point(s) of dispatch must be capable of interactive two-way radio communications within all of the service's defined area.

2. In addition to the day-to-day communication system, all emergency medical response vehicles must have a two-way radio with disaster communications capability on the very high frequency (VHF) broadband frequency designated by the FCC to be V-MED 28 or the national EMS mutual aid frequency, also known as the Hospital Emergency Activation Radio (HEAR) system (155.340) MHz with carrier squelch, ENCODER optional.

a. Direct communication with a physician and hospital must be conducted through:

i. HEAR;

ii. wireless telephone;

iii. Radio Telephone Switch Station (RTSS); or

iv. Med. 10 System, etc.

3. All emergency medical response vehicles must be equipped with at least the following:

a. one fire extinguisher, 10 B:C (secured and identified);

b. one set of three triangle reflectors (or cyalume light sticks or traffic cones);

c. one flashlight, two "C" minimum;

d. one current USDOT Hazardous Materials Guidebook;

e. per each crew member, one hard hat and safety goggles (ANZI spec) or fire fighter's helmet with face shield; and

f. per each crew member, one pair of leather or nomex gauntlet gloves.

4. All emergency medical response vehicles must have the following basic life support medical supplies:

a. one portable suction unit;

b. one suction tubing, wide bore (if required);

c. one rigid pharyngeal/tonsillar wide bore suction;

d. one suction catheter 5 or 6 or 5/6;

e. one suction catheter, 14 or larger;

f. one portable oxygen cylinder, D, Jumbo D, or E, appropriate color:

i. maximum of 2000 to 2200 psi, minimum of 500 psi;

g. one variable flow regulator for portable oxygen cylinder with wrench;

h. one oxygen nonrebreather mask with tubing, adult;

i. one oxygen nonrebreather mask with tubing, pediatric;

j. one oxygen nasal prongs with tubing;

k. one bag valve mask, adult;

l. one bag valve mask, pediatric;

m. one oral airway, adult;

n. one oral airway, child;

o. one oral airway, infant;

p. one extremity splint device, long;

q. one extremity splint device, short;

r. one long spine immobilization device with at least 3 points of confinement:

i. a clamshell device may be used;

s. one cervical immobilization device;

t. one extrication-type cervical collar, pediatric, small;

u. one extrication-type cervical collar, pediatric, medium;

v. one extrication-type cervical collar, pediatric, large;

w. one extrication-type cervical collar, adult, small;

x. one extrication-type cervical collar, adult, medium;

y. one extrication-type cervical collar, adult, large;

z. one burn sheet, sterile;

aa. ten small sterile dressings 4" x 4", at least 2 per packet;

bb. four large sterile dressings at least 5" x 9";

cc. one multi-trauma dressing (at least 10" x 30") or 1" x 24" military ABD dressing;

dd. two triangular bandages, manufactured;

ee. four complete rolls of roller bandage, soft gauze, at least 2 inches wide;

ff. one roll each of Hypoallergenic medical adhesive tape, 1" and 2";

gg. two occlusive dressings, 3" x 8" or larger or commercial chest seal;

hh. one liter normal saline for irrigation in plastic container;

ii. one supra glottis airway approved by Louisiana EMS Certification Commission;

jj. one tube of oral glucose gel or paste, 12.5 grams, cake icing will suffice;

kk. one epinephrine auto-injector, adult, .30 mg;

ll. one epinephrine auto-injector, pediatric, .15 mg;

mm. one 5 grain (325 mg) aspirin tablet or four 81 grain pediatric aspirin tablets;

nn. one Albuterol, 2.5 mg with appropriate delivery device;

oo. one two-way radio communication device, EMS Disaster (VMED 28);

pp. one two-way radio communications device, EMT to physician;

qq. one two-way radio communication device, EMT to dispatch;

rr. one disposable OB kit;

ss. one roll of aluminum foil or a silver swaddler;

tt. one stethoscope;

uu. one blood pressure cuff, adult;

vv. one blood pressure cuff, pediatric;

ww. one pair EMT shears, either issued to vehicle or individual;

xx. one blanket;

yy. twenty-five triage tags;

zz. one sharps container, 1 quart; and

aaa. one Supraglottic airway, approved by the Louisiana EMS Certification Commission.

5. All emergency medical response vehicles that are not staffed and equipped to the EMT-paramedic level must carry an automated external defibrillator (either automatic or semi-automatic) with the appropriate lead cables and at least two sets of the appropriate disposable electrodes. If the automated defibrillator is also capable of manual defibrillation, then an appropriate lock out mechanism (such as an access code, computer chip, or lock and key) to prevent unauthorized use of the device by those persons not authorized to manually defibrillate must be an integral part of the device.

6. All emergency medical response vehicles must carry infection control equipment as follows:

a. one box of gloves, non sterile exam;

b. one box of gloves, non latex;

c. one pair per crew member, full peripheral glasses with surgical face mask or fluid shields;

d. one per crew member, N-95 mask;

e. one per crew member, disposable, impervious coveralls, gown, jumpsuit;

f. one pair per crew member, disposable, impervious shoe covers;

g. one bottle or 12 towelettes, commercial, anti-microbial hand cleaner;

h. one readily identifiable bio hazard disposal bag;

i. one per crew member, chemical resistant, full coverage, hooded coverall;

j. one pair per crew member, chemical resistant footwear;

k. one roll of chemical resistant sealant tape (not duct tape);

l. one pair per crew member, chemical resistant goggles with a minimum of N-95 mask;

m. one per crew member, incident command vest with florescent trim and appropriate logos; and

n. one per crew member Mark I kits (.7 mg atropine and 2 PAM-V).

7. The following must be carried by intermediate level and paramedic level emergency medical response vehicles:

a. two bags of IV fluid for KVO lines, D5W or isotonic 0.9% NaCl in at least 250 cc bags:

i. all IV fluids must be in plastic bags or jugs, not glass bottles, unless medically indicated otherwise;

b. 1000 cc of Lactated ringers or isotonic 0.9% NaCl in at least 2 approved containers;

c. one macrodrip IV administration set

d two minidrip IV administration sets;

e. one three way stopcock extension tubing;

f. one each, over-the-needle IV catheters, 1.5" long, 14, 16, 18, 20, and 22 gauge;

g. one intraosseous needle of choice;

h. one venous tourniquet;

i. one 1 cc syringe with .1 cc graduations;

j. one 3 to 6 cc syringe;

k. one 30 cc or larger syringe;

l. one 21 to 23 gauge hypodermic needle;

m. one 24 to 26 gauge hypodermic needle; and

n. six antiseptic prep pads.

8. The following must be carried by all paramedic level emergency medical response vehicles:

a. one pair of McGill forceps, adult;

b. one pair of McGill forceps, pediatric;

c. one tube or five packets of water soluble lubricating jelly (non cellulose);

d. one endotracheal tube, uncuffed (3.0 to 3.5);

e. one endotracheal tube, uncuffed, 4.0 to 4.5;

f. one endotracheal tube, uncuffed, 5.0 to 5.5;

g. one endotracheal tube, cuffed, 6.0 to 6.5;

h. one endotracheal tube, cuffed, 7.0 to 7.5;

i. one endotracheal tube, cuffed, 8.0 to 8.5;

j. one stylette, adult;

k. one stylette, pediatric;

l. one laryngoscope handle with batteries and bulb;

m. one set of spare batteries and bulb;

n. one laryngoscope blade, straight, size 0;

o. one laryngoscope blade, straight, size 1;

p. one laryngoscope blade, straight, size 2;

q. one laryngoscope handle, straight or curved, size 4;

r. one monitor defibrillator with electrodes, lead cables, defib pads or jel;

s. one glucometer, CLIA approved;

t. one pediatric dosing chart;

u. one end title CO2 detection or monitoring device;

v. analgesics:

i. one aspirin 5 grain or four 81 mg; and

ii. morphine *, 10 mg/ml;

w. anti-arrhythmics:

i. three Adenosine, 6 mg;

ii. four Atropine, pf, 1 mg;

iii. one Calcium Chloride, 10 percent, 1 gram;

iv. three Amiodorone (pre-filled), 150 mg or four Lidocaine, 100 mg pf bolus; and

v. one Lidocaine, pm, 1 gram;

x. anti-convulsive:

i. one Valium *, 10 mg/2 ml; and

ii. one Mag Sulfate, 2 grams;

y. anti-histamine:

i. Benadryl,50 mg;

z. bronchodilators:

i. one Albuterol , 2.5 mg*, inhalation;

aa. cardio-vascular:

i. one Dopamine, pm, 200 mg; and

ii. three NTG, .4 mg Tablet or spray;

bb. diabetic control:

i. one D50W, 50 cc; and

ii. one Glucagon, 1 mg;

cc. loop diuretic:

i. one Bumex, 2 mg; or

ii. one Lasix; 80 mg;

dd. narcotic antagonist:

i. one Naloxone, 2 mg;

ee. vasopressors, 4 mg total:

i. two Epinephrine, 1 mg 1:1,000;

ii. two Epinephrine, 1 mg 1:10,000; and

iii. Vasopressin (optional), 1 mg

NOTE: Laryngoscopes may be reusable or disposable.

*-or alternative drug approved by parish or component medical society.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:478 (March 2009).

§6057. Ambulances

A. Any vehicle used as an ambulance must be designed and constructed by the manufacturer as such.

B. The following medical and safety equipment are requirements for certification of all ground ambulances operating within the state of Louisiana.

1. All ambulances must have a national standard public safety two-way radio communication (day-to-day communications). The ambulance dispatch center(s) and/or point(s) of dispatch must be capable of interactive two-way communications within all of the service's defined area.

2. Two-way radio with disaster communications must be VHF-National EMS Mutual Aid Frequency, V-MED 28, also known as the Hospital Emergency Activation Radio (HEAR) system 155.34 0 Mhz with carrier squelch, ENCODER optional.

3. Direct communication with a physician and hospital must be conducted through:

a. HEAR; or

b. wireless telephone;

c. Radio Telephone Switch Station (RTSS); or

d. Med. 10 System, etc.

4. All ambulances must carry the following basic medical supplies and equipment:

a. one suction unit capable of providing a suction of at least 300 mm Hg;

b. two wide bore tubing;

c. two rigid pharygeal tonsilar wide bore tip;

d. a second suction unit that is portable;

e. two each suction liners or refills, if required;

f. two suction catheters, 5 fr, or 6 fr, or 5/6 fr;

g. two suction catheters, 14 fr or larger;

h. one portable oxygen cylinder, at least 500 psi, 2000 psi full, appropriate color;

i. one portable oxygen regulator/ flowmeter, variable flow;

j. one fixed oxygen cylinder, "M" or "O" cylinder, at least 500 psi, 2000 psi full, appropriate color or equivalent;

k. one fixed oxygen regulator, variable flow;

l. one oxygen wrench;

m. one fixed oxygen flowmeter;

n. one humidifier;

o. four adult non-rebreather masks;

p. four pediatric non-rebreather masks;

q. four adult nasal prongs with supply tubing;

r. two adult BVM with reservoir and supply tubing;

s. two pediatric BVM with reservoir and supply tubing;

t. two oral airways, adult;

u. two oral airways, child;

v. two oral airways, pediatric;

w. one traction splint with ratchet, straps, and ankle hitch, adult;

x. two extremity splints, upper;

y. two extremity splints, lower;

z. three extrication-type cervical collars, adult;

aa. three extrication-type cervical collars–pediatric;

bb. three cervical immobilization devices;

cc. three long spine immobilization device with at least 3 points of confinement (one must be a clamshell device);

dd. one short spine immobilization device with appropriate straps and pillows;

ee. two burn sheets, sterile;

ff. fifty small sterile dressings, 4" x 4" (at least 25 packs of 2);

gg. ten large combine dressings, sterile, 5" x 9" or larger;

hh. two multi-trauma dressings, 10" x 30" or larger or 18" x 24" military abdominal dressings;

ii. eight triangle bandages, commercial;

jj. ten soft roller bandages, 2" wide, unused rolls;

kk. six rolls of hypoallergenic adhesive tape, 1" and 2" or wider (no paper tape);

ll. two occlusive dressings, 3" x 8" petroleum gauze or commercial chest seal;

mm. four chemical cold packs;

nn. two liters normal saline for irrigation in plastic containers;

oo. sterile water, 500 cc or larger in plastic container;

pp. oral glucose, 12.5 mg (cake icing may be substituted);

qq. one aspirin, 325 mg (5 grain) or four aspirin, 81 grain pediatric;

rr. one albuterol inhalation solution, 2.5 mg with appropriate delivery device;

ss. three per crew member Mark I kits (.7 mg atropine and 2 PAM-V0;

tt. radio communication , two-way disaster;

uu. radio communication, two way EMT to physician;

vv. radio communication, two way EMT to dispatch;

ww. one OB kit;

xx. one roll of aluminum or a silver swaddler;

yy. one blood pressure cuff, adult;

zz. one blood pressure cuff, pediatric;

aaa. one stethoscope;

bbb. one pair trauma shears;

ccc. one set of three triangle reflectors (or cyalume light sticks, or traffic; cones), set;

ddd. two flashlights, minimum of 2 "C" cell size with spare batteries and bulbs;

eee. twenty-five triage tags; and

fff. one supra glottis airway approved by the Louisiana EMS Certification Commission.

5. All ambulances must carry the following infection control supplies and equipment:

a. one box of non-sterile exam gloves;

b. one box of gloves, non latex;

c. two pair of full peripheral glasses with face masks, or fluid shields;

d. one per crew member jumpsuit/gown, impervious to liquid, disposable;

e. two readily identifiable trash bags, labeled for contaminated wastes;

f. one pair per crew member shoe covers;

g. one sharps container, 1 quart;

h. one bottle or 12 towelettes of commercial antimicrobial hand cleaner;

i. two biohazard trash bags;

j. four N-95 masks;

k. one set per crew member, chemical resistant, full body coverage coverall with hood;

l. one pair per crew member, chemical resistant footwear;

m. one roll per crew member, chemical sealant tape (not duct tape);

n. one pair per crew member, chemical resistant goggle with a minimum of a N-95 mask.

6. All ambulances must be equipped with the following:

a. two fire extinguishers, 2:-10:B:C;

b. two blankets;

c. one current US DOT Hazardous Materials Guidebook;

d. one set per crew member, hard hat and safety goggles (ANZ! 37.1 or NFPA approved fire fighter turn out gear);

e. one pair per crew member, leather or nomex gauntlet gloves;

f. one per crew member, incident command vest with florescent trim and appropriate logos;

g. one stretcher, wheeled, multi-level;

h. one set of stretcher straps with at least three points of confinement, including shoulder harness; and

i. all ambulances that are not staffed and equipped to the EMT Paramedic level must carry:

i. one automated external defibrillator with electrodes and leads;

ii. one epinephrine auto injector adult, .30 mg; and

iii. one epinephrine auto injector, pediatric, .15 mg.

7. The following must be carried by all ambulances that are not staffed and equipped to the EMT Paramedic level:

a. an automated external defibrillator (either automatic or semi-automatic) with the appropriate lead cables and at least two sets of the appropriate disposable electrodes. If the automated defibrillator is also capable of manual defibrillation, then an appropriate lock-out mechanism (such as an access code, computer chip, or lock and key) to prevent unauthorized use of the device by those persons not authorized to manually defibrillate must be an integral part of the device;

b. two bags of IV fluids for KVO lines, D5W or isotonic 0.9 percent NaCl, 250 cc bag minimum:

i. all IV fluids must be in plastic bags or bottles, not glass bottles, unless medically indicated otherwise;

c. 4,000 cc IV fluids for volume expansion, Ringers' Lactate or 0.9% isotonic NaCl (these bags of saline do not include the bags or bottles of saline above for irrigation purposes):

i. all IV fluids must be in plastic bags or bottles, not glass bottles, unless medically indicated otherwise;

d. four sets of minidrip tubing;

e. four sets of macrodrip tubing;

f. one set of Y-type blood tubing;

g. two extension tubings;

h. one three-way stop cock;

i. four over-the-needle IV catheters, 14 gauge;

j. four over-the-needle IV catheters, 16 gauge;

k. four over-the-needle IV catheters, 18 gauge;

l. four over-the-needle IV catheters, 20 gauge;

m. four over-the-needle IV catheters, 22 gauge;

n. two venous tourniquets;

o. two syringes, 1 cc w/ .1cc graduations;

p. two syringes, 3cc to 6 cc;

q. two syringes, 10 cc to 12 cc;

r. two syringes, 30 cc w/ leur lock

s. two hypodermic needles, 21 to 23 gauge;

t. two hypodermic needles, 25 to 27 gauge;

u. one EPA or OSHA approved sharps container for use at the patient's side;

v. ten antiseptic solution wipes;

w. one IV pole or roof hook;

x. three arm boards of various sizes; and

y. one supra glotic airway device as approved by the Louisiana EMS Certification Commission.

8. The following must be carried by all paramedic level ambulances:

a. two intra osseus needles of preference;

b. one McGill forceps, adult;

c. one McGill forceps, pediatric;

d. one tube or five packets of water soluble lubricant not containing cellulose;

e. two endotracheal tubes, uncuffed, 3.0 to 3.5;

f. two endotracheal tubes, uncuffed, 4.0 to 4.5;

g. two endotracheal tubes, uncuffed, 5.0 to 5.5;

h. two endotracheal tubes, cuffed, 6.0 to 6.5;

i. two endotracheal tubes, cuffed, 7.0 to 7.5;

j. two endotracheal tubes, cuffed, 8.0 to 8.5;

k. two stylettes, adult;

l. two stylettes, pediatric;

m one laryngoscope handle w/ 1 set of spare batteries and bulbs, or two disposable handle units;

n. one laryngoscope blade, Size 0, straight, or two disposable blades, Size 0, straight;

o. one laryngoscope blade, Size 1, straight, or two disposable blades, Size 1, straight;

p. one laryngoscope blade, Size 2, straight, or two disposable blades, Size 2, straight;

q. one laryngoscope blade, Size 3, straight or curved, or two disposable blades, Size 3, straight or curved;

r. one laryngoscope blade, Size 4, straight or curved, or two disposable, Size 4, straight or curved;

s. one cardiac monitor defibrillator with paper strip recorder;

t. two sets defib pads or gel;

u. one set of lead cables;

v. two sets of disposable monitoring electrodes;

w. one glucometer, CLIA approved;

x. two end tidal CO_2 detection or monitoring devices;

y. analgesic:

i. one aspirin 5 grain or four 81 mg;

ii. morphine *, 10 mg/ml;

z. anti-arrhythmic:

i. five Adenosine, 6 mg;

ii. four Atropine, pf, 1 mg;

iii. one Calcium Chloride, 10 percent, 1 gram;

iv. three Amiodorone (pre-filled), 150 mg or four Lidocaine,100 mg pf bolus;

v. one Lidocaine, pm, 1 gram;

aa. anti-convulsive:

i. one Valium *, 10 mg/2 ml;

ii. two Mag Sulfate, 2 grams;

bb. anti-histamine:

i. one Benadryl, 50 mg;

cc. bronco-dilators:

i. one Albuterol , 2.5 mg*;

dd. cardio-vascular:

i. two Dopamine, pm, 200 mg;

ii. three NTG, .4mg Tablet or spray;

ee. diabetic control:

i. two D50W, 50 cc;

ii. two Glucagon, 1 mg;

ff. loop diuretic:

i. two Bumex, 2 mg or two Lasix, 80 mg;

gg. narcotic antagonist:

i. Naloxone, 2mg;

hh. vasopressors, 12 mg total;

i. at least two Epinephrine, 1 mg 1:1000;

ii. at least two Epinephrine, 1 mg 1:10000; and

iii. Vasopressin, 1 mg (optional).

NOTE: *or alternative medication approved by the appropriate parish or component medical society.

C. All ambulances must have a functional air conditioner and heater in the patient compartment. They must function within the vehicle manufacturer's recommended guidelines or specifications.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:480 (March 2009).

Subchapter D. Emergency Vehicles—Aircraft Transportation

§6065. General Provisions

A. All aircraft utilized as air ambulances must provide the department with a copy of their FAA Certificate of Registrations and Certificate of Air Worthiness. Upon request, they shall make their maintenance logs available to the department.

B. All air ambulances shall be equipped with the safety equipment required by the FAA.

C. All air ambulances shall be equipped with the medical and patient care equipment as recommended by the Air Ambulance Standards Committee and promulgated into the Administrative Rules of the Department of Health and Hospitals.

D. Until a specific list of medical equipment has been prepared and required by the department, air ambulances will carry the equipment that is mandated to them in protocol by the service's medical director.

E. An air ambulance provider must indicate to the department whether his air ambulances are fixed-winged or rotary winged.

F. All air ambulances shall be staffed to at least the advanced life support (EMT-paramedic) level.

G. Any equipment provided to ambulance services for their vehicles with grants from the U.S. Department of Health and Human Services, must be stocked on the vehicle in accordance with the provisions of the grant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1235.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:482 (March 2009).

§6067. Emergency Aircraft—Rotary-Winged (Reserved)

§6069. Emergency Aircraft—Fixed (Reserved)

Alan Levine
Secretary

0903#073

RULE

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office for Citizens with Developmental Disabilities

Home and Community-Based Services Waiver
New Opportunities Waiver
Skilled Nursing Services Rate Increase
(LAC 50:XXI.14301)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities has amended LAC 50:XXI.14301 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950, et seq.