

Indiana EMS Commission

Non-Rule Policy

Background of Policy:

This policy addresses **836 IAC 2-2-1(h)(4)** which requires:

(4) During transport of the patient, the following are the minimum staffing requirements:

(A) If paramedic level advanced life support treatment techniques have been initiated or are needed:

(i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and

(ii) a paramedic shall be in the patient compartment.

This Rule has generated a significant number of ambulance service provider waivers for both surge capacity as well as some for general staffing on a temporary basis. Nearly all ambulance service provider organizations will experience instances where they have a paramedic available but no EMT available. Some agencies will elect to activate a mutual aid agreement. Other agencies will see a provider transport BLS and forego ALS care & treatment even if ALS care is warranted. And some agencies will see the provider elect to provide ALS care to the patient despite not having an EMT during transport, which would be a rule violation potentially for both the individual provider and the organization. There is a need for clarification of the rule and clarification of the scope of the rule.

Non-Rule Policy

Whereas, the intent of 836 IAC 2-2-1(h)(4) is to provide more comprehensive care with an EMT / paramedic team for ALS transports;

Whereas, all EMS provider organizations are prone to fluctuating run volume, all providers will experience periods of surge capacity where the demands for ALS ambulances exceed the availability of the ALS ambulances;

Whereas, the Rule is intended to protect the public with quality care and not inhibit ALS care when needed due a technicality;

Whereas, clarification of the Rule is necessary for effective usage of the rule;

The Indiana EMS Commission adopts this non-rule policy to clarify 836 IAC 2-2-1(h)(4):

1. This non-rule policy is targeting incidental instances where an agency faces an unplanned staffing shortage due to unforeseen circumstances.
 - a. "Incidental" should be a rare event or series of events that is not regularly experienced (eg. sporadic) or can be managed with pre-planning. Examples include:
 - i. Multiple casualty incidents (events with multiple patients that overwhelm the provider resources).
 - ii. Call volume that is irregularly higher than normal for the agency and all resources are depleted due to simultaneous responses.
 - b. This policy does not cover pre-scheduled non-emergent or immediate interfacility transfers given that the patient is at a medical facility and there are many alternate means for transfer in those instances. Again, the policy should never be used for non-emergent inter-facility transfers.
 - c. This policy is not intended to cover frequent usage of the policy due to staffing or scheduling issues with the provider agency. At no time does this policy authorize an agency provider to schedule in advance or fill a regularly scheduled shift with a non-EMT, even in the event of an absence of the scheduled EMT.
2. This policy should not be utilized if there are alternate means of addressing the situation such as a mutual aid agreement or other ambulance provider with an estimated response time of less than 10 minutes.
3. In an event of a surge capacity period where a paramedic is readily available, there is an ALS patient that needs ALS care, but there is no EMT available to ride on the ambulance during transport, the paramedic may function as an ALS provider using his or her paramedic skills and treatments fully to treat the patient.
 - a. The preferred order for non-EMT drivers or assisting personnel are as follows:
 - i. Emergency Medical Responder certified provider;
 - ii. Individuals with EVOG training or experienced driving emergency vehicles, including but not limited to fire department personnel or law enforcement personnel;
 - iii. Individuals with some basic level first aid or CPR training.
 - iv. All drivers must still have a valid Indiana driver's license to the best knowledge of the paramedic.
 - b. If the patient is critical and may require additional manpower, the paramedic should consider additional personnel to assist with patient care, such as certified emergency medical responders.
 - c. Usage of this non-rule policy alone does not place the care-providing paramedic below the standard of care for ALS treatment/transport because of the exigent

circumstances. Furthermore, this exception to 836 IAC 2-2-1(h)(4) should not be a factor in determining whether the standard of care has been met.

- d. Because, the ambulance provider agency is responsible for tracking usage of this non-rule policy, the individual paramedic that acts in good faith under this non-rule policy to provide ALS care for a patient that needs ALS care will not be subject to disciplinary sanctions by the EMS Commission for violating 836 IAC 22-1(h)(4).
4. Reporting of instances of usage of this exception shall be made for every occurrence and shall be submitted in writing (email is acceptable) to the EMS District Manager for the EMS district in which the affected provider agency is in with the following information:
 - a. Date / time of incident
 - b. Incident or response number
 - c. Type of emergency response
 - d. Description of the exigent or surge capacity incident that led to not having an EMT available for the paramedic transport
 - e. Description of mutual aid or other agencies in the area availability and explanation why not utilized, if they were available
 - f. Type of driver utilized for the transport (from the list above)
5. Because this is a non-rule policy authorizes limited instances where a paramedic may function on an ALS call without an EMT on board, the transport is considered an ALS transport and may be billed in accordance with other billing rules and regulations.
6. Because this is a special exception to the Rule, the IDHS EMS Section is authorized to investigate any usages of this non-rule policy and the ambulance provider agency must comply with all requests for additional information or allow staff to be questioned.
7. Upon recommendation of the IDHS staff, violations or abuse of this policy by determination of the EMS Commission may result in an agency being excluded from this non-rule policy by written order of the EMS Commission. A violation or abuse may be a single incident or pattern of incidents.
8. Both requests for more regular or frequent usage and requests for scheduled staffing substitutions that result in non-compliance with 836 IAC 2-2-1(h)(4) should be addressed with a Waiver request to the EMS Commission.

Adopted by the Indiana EMS Commission on September 12, 2018