

This is an amendment to 18.3.14.11 NMAC, Section 11 effective 10/24/2023.

18.3.14.11 MINIMUM PERSONNEL REQUIREMENTS:

A. Ambulances:

(1) A minimum of two [~~2~~] licensed EMTs from the ambulance service shall be present at the scene of the emergency, except that two [~~2~~] EMTs need not be present at the scene for prearranged transfers of a stable patient or in those [~~unusual~~] situations where there are overlapping calls, disasters, or similar [~~unforeseen~~] circumstances which result in an insufficient number of EMTs being available.

(2) A minimum of one [~~1~~] EMT shall be in the patient compartment at all times during patient care and transport.

B. Exceptions:

(1) An EMT is required to be aboard the ambulance but is not required in the patient compartment of the ambulance when a member of a neonatal intensive care team is attending a patient in a self-contained newborn intensive care isolette.

(2) Subject to the policies of the service, additional non-EMT medical personnel, functioning within the scope of their licensure and the scope of skills and medications approved for the service by the EMS Bureau and EMS medical direction committee, may accompany a patient in an ambulance patient compartment, as long as one [~~1~~] EMT is also present in the patient compartment.

(3) For ambulances with special skill approval as critical care units, one [~~1~~] special skill critical care certified paramedic must be in the patient compartment along with at least one [~~1~~] other advanced provider; the second advanced provider may be:

(a) a special skill critical care paramedic; or

(b) a nurse with appropriate training as approved by the EMS agency medical director for the scope of skills and medications listed in the critical care special skills application; or

(c) other advanced care provider, such as a physician, certified nurse practitioner, physician assistant, respiratory therapist, or other specially trained advanced caregiver appropriate for the care being delivered, as approved by the ambulance service medical director for the scope of skills and medications listed in the critical care special skills application.

(4) For EMS bureau approved community EMS or advanced paramedic practice programs, at least one [~~1~~] caregiver with the appropriate training and certification as determined by the EMS bureau and approved by the service medical director must attend and assess the patient.

C. Training coordinator required. Each ambulance service shall designate an individual who shall coordinate the availability of appropriate training programs and continuing education for ambulance service personnel.

D. Medical director required: Each ambulance service shall designate a medical director, working under agreement or contract, who is trained and meets the requirements for a medical director prescribed in 7.27.3 NMAC, Medical Direction for Emergency Medical Services. If an ambulance service is temporarily without a medical director, it shall make arrangements to establish temporary medical direction with a local, regional or state EMS medical director. The service shall be limited to the skills and medications allowed to be administered without medical direction by the EMS scope of practice (7.27.11 NMAC) until appropriate medical direction is established. [18.3.14.11 NMAC - Rp, 18.3.14.11 NMAC, 2/13/2015; A,10/24/2023]