

TITLE 18 TRANSPORTATION AND HIGHWAYS
CHAPTER 3 MOTOR CARRIER GENERAL PROVISIONS
PART 14 AMBULANCE SERVICES

18.3.14.1 ISSUING AGENCY: New Mexico Public Regulation Commission (NMPRC).
[18.3.14.1 NMAC - Rp, 18.3.14.1 NMAC, 2-13-15]

18.3.14.2 SCOPE:
A. This rule applies to all ambulance services subject to the jurisdiction of the commission and is in addition to all other applicable requirements of these rules.
B. In addition to the exemptions stated in 65-2A-38 and 65-6-6 NMSA 1978, this rule does not apply to:
 (1) agencies of the United States government or
 (2) ambulance services authorized in another state or country that are engaged in interstate transportation of patients into or out of New Mexico.
C. The director shall determine, on a case-by-case basis, whether this rule applies to New Mexico state agencies operating ambulance services.
[18.3.14.2 NMAC - Rp, 18.3.14.2 NMAC, 2-13-15]

18.3.14.3 STATUTORY AUTHORITY: Sections 65-2A-4 and 65-6-4 NMSA 1978.
[18.3.14.3 NMAC - Rp, 18.3.14.3 NMAC, 2-13-15]

18.3.14.4 DURATION: Permanent.
[18.3.14.4 NMAC - Rp, 18.3.14.4 NMAC, 2-13-15]

18.3.14.5 EFFECTIVE DATE: February 13, 2015, unless a later date is cited within a section.
[18.3.14.5 NMAC - Rp, 18.3.14.5 NMAC, 2-13-15]

18.3.14.6 OBJECTIVE: The purpose of this rule is to establish requirements for ambulance services.
[18.3.14.6 NMAC - Rp, 18.3.14.6 NMAC, 2-13-15]

18.3.14.7 DEFINITIONS: In addition to the definitions in Sections 24-10B-3 and 65-6-2, and 7.27.2 NMSA 1978 and 18.3.1 NMAC, as used in this rule:

A. **advanced levels** means emergency medical services above the New Mexico Emergency Medical Technician (EMT) basic level including EMT intermediate, EMT paramedic, and special skills which include enhanced emergency medical services and critical care transport;

B. **critical care transport (CCT)** means the inter-facility ambulance transportation of patients whose needs require the continuation of critical care and medical interventions or equipment ordered by a licensed physician. CCT may be provided only by an ambulance agency that has received special skill approval by the department of health (DOH) emergency medical services (EMS) bureau and EMS medical direction committee for CCT. Examples of critical care include specialized ventilators, multiple medications being monitored via intravenous (IV) pumps, intra-aortic balloon pumps, external pacemakers and other medications and procedures as determined by the department of health EMS bureau and the EMS medical direction committee.

C. **emergency medical technician basic (EMT basic)** means the pre-hospital and inter-facility care and treatment prescribed in the EMS scope of practice found in 7.27.11 NMAC, Supplemental Licensing Provisions, that can be performed by all licensed emergency medical technicians;

D. **emergency medical technician intermediate (EMT intermediate)** means certain advanced pre-hospital and inter-facility care and treatment prescribed in the EMS scope of practice found in 7.27.11 NMAC, Supplemental Licensing Provisions, that may be performed only by a person licensed by the EMS bureau as an EMT intermediate and only under medical direction;

E. **emergency medical services paramedic (EMT paramedic)** means advanced pre-hospital assessment, and inter-facility care and treatment prescribed in the EMS scope of practice found in 7.27.11 NMAC, Supplemental Licensing Provisions, that may be performed only by a person licensed by the EMS bureau as an EMT paramedic and only under medical direction;

F. **emergency** means the sudden occurrence or onset of what reasonably appears to be a traumatic or medical condition that manifests itself by symptoms of sufficient severity, which may include severe pain, that the

absence of immediate medical attention could reasonably be expected by a lay person to result in;

- (1) jeopardy of the person's physical and or mental health;
- (2) serious impairment of bodily functions;
- (3) serious dysfunction of any bodily organ or part; or
- (4) disfigurement to the person.

G. EMS means emergency medical services.

H. EMS bureau is the emergency medical systems bureau in the New Mexico department of health.

I. inter-facility transfer means the transportation of a person between health care facilities with the concurrence of a sending and a receiving physician;

J. mutual aid means a written agreement between one municipality, county or emergency medical service and other municipalities, counties or emergency medical services for the purpose of ensuring that adequate emergency medical services exist throughout the state;

K. NEMSIS means the national emergency medical services information system, the federal EMS data collection system administered by the United State department of transportation national highway traffic safety administration (NHTSA).

L. patient catchment area means an area outside the territory authorized by the operating authority issued by the commission that an ambulance service is permitted to serve in emergencies or pursuant to mutual aid agreements;

M. pre-hospital response time means the period in minutes that measures from the time a dispatch agency has the necessary information to dispatch an ambulance service until the time an EMS crew arrives at the scene of the emergency;

N. special event ambulance means an ambulance staffed with a minimum of two (2) licensed EMT's, working under agreement or contract, in dedicated stand-by status at a special event such as a football game, concert, wildland fire event, rodeo, movie set, or other event that will, under their public regulation commission ((PRC) granted emergency transport authority for the territory/catchment area, transport event participants, attendees, or workers.

[18.3.14.7 NMAC - Rp, 18.3.14.7 NMAC, 2-13-15]

18.3.14.8 DUTY TO PROVIDE SERVICE:

A. It shall be unlawful for an ambulance service, or any of its personnel or agents, to refuse to provide service to a person in need of emergency medical treatment or transportation, or to require advance payment prior to rendering such service. An ambulance service and its personnel or agents may accept a refusal for treatment or transport from a patient who has been informed of the potential consequences of such a refusal.

B. When ambulance transport is requested or determined to be necessary, an ambulance service shall transport a patient requiring medical treatment to the closest appropriate facility capable of providing definitive care and treatment, as determined by the service's medical director through local EMS system protocol.

C. An ambulance service shall give priority to emergency response calls.

D. An ambulance service shall be available twenty four (24) hours a day, three hundred sixty five (365) days a year.

[18.3.14.8 NMAC - Rp, 18.3.14.8 NMAC, 2-13-15]

18.3.14.9 MUTUAL AID: Ambulance services shall develop mutual aid plans with all appropriate entities that may be implemented anytime an ambulance service cannot respond to a call or if a disaster or emergency occurs. Mutual aid may be provided:

A. in an emergency or disaster situation when requested by state or local authorities;

B. when requested by another EMS service, an EMT, or healthcare facility during an emergency and in accordance with established mutual aid agreements;

C. when requested by a law enforcement agency or officer; or

D. when requested by an official of a political subdivision of the state.

[18.3.14.9 NMAC - Rp, 18.3.14.9 NMAC, 2-13-15]

18.3.14.10 OPERATIONS PLAN: Each ambulance service shall have a written operations plan setting forth its policies and procedures. The plan shall be periodically updated and shall be available for inspection by the EMS bureau and the commission at all times. Such a plan shall include at a minimum:

A. copies of all operational guidelines and medical protocols;

B. a quality assurance plan;

- C. personnel requirements, to include a policy on drug and alcohol testing for employees reporting for duty impaired or who have been involved in a vehicle accident or other work related event;
- D. copies of all mutual aid agreements;
- E. a disaster or mass casualty plan;
- F. infection control procedures;
- G. a description of emergency medical dispatch capabilities;
- H. standards for personnel duty time and assuring a rested and fit-for-duty-staff; and
- I. anticipated pre-hospital response times in the ambulance service's territory or patient catchment area, and a discussion of factors that can cause delays in meeting anticipated response times. Such factors may include:

- (1) the geography of the territory;
- (2) whether the service uses volunteer or paid drivers;
- (3) whether the territory is urban or rural or both;
- (4) stationing points for ambulances and crews;
- (5) weather.

[18.3.14.10 NMAC - Rp, 18.3.14.10 NMAC, 2-13-15]

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, 2-13-15]

18.3.14.12 VEHICLE LIST:

A. Each ambulance service shall maintain at its operating location a list of ambulances used in its authorized operations. The list shall identify each ambulance by type (I, II, III), manufacturer, serial number, registration number, and other descriptive information sufficient for identification, and shall state whether the ambulance is leased or owned.

B. An ambulance service may only use ambulances on the vehicle list for its regulated operations, unless the service is temporarily utilizing a borrowed vehicle due to unusual and unforeseen circumstances (repair of vehicles or other situations).

C. An ambulance service shall update the list and submit it to the commission within ten (10) days of the date on which an ambulance is either put into service or taken out of service.

[18.3.14.12 NMAC - Rp, 18.3.14.12 NMAC, 2-13-15]

18.3.14.13 VEHICLE STANDARDS: All ambulances purchased, acquired, or placed into service by an authorized EMS service after the effective date of this rule shall meet or exceed the General Services Administration (GSA) standards for operation, crash performance and safety as defined in a national standard approved by the commission.

[18.3.14.13 NMAC - Rp, 18.3.14.13 NMAC, 2-13-15]

18.3.14.14 REQUIRED EQUIPMENT: When an ambulance is dispatched, it shall carry and have readily available in good working order:

A. one (1) semi-automatic defibrillator for EMT basic and EMT intermediate use or one (1) semi-automatic/manual defibrillator monitor for paramedic use, as specified in the EMS scopes of practice and local medical protocol; (note: these devices require specific training and medical director approval prior to use);

B. suction systems, which include:

- (1) on-board suction unit that meets GSA standards;
- (2) portable, manual - or battery - powered suction unit;

C. oxygen delivery and patient ventilation devices, which include:

- (1) fixed, on-board oxygen supply which meets GSA specifications;
- (2) portable oxygen devices which are capable of delivering at least sixty (60) minutes of oxygen at a flow rate of 10 liters per minute, or at a minimum, two (2) D cylinders; at least one (1) cylinder will be designated primary and configured with a yoke type regulator, liter control and contents supply gauge;
- (3) ventilation devices including manual, self-filling, bag-valve-mask (BVM) ventilation devices, in adult, child, infant and neonatal sizes; the BVM shall be equipped with a sufficient supply of see through adult, child, infant, and neonatal masks; electronic or colorimetric end tidal carbon dioxide detection equipment for adults and pediatric patients are also required;

D. Splints, including as a minimum:

- (1) one (1) adult traction splint with limb supporting slings, padded ankle hitch and traction device;
- (2) two (2) sets of rigid splinting devices, or equivalents, suitable for the immobilization of upper or lower extremities, in adult, child and infant sizes;

E. spine immobilization devices, one (1) half-body device and two (2) full-body devices, with suitable strapping, and head immobilization devices; commercial devices that stabilize head, neck, and back as one (1) unit, may be substituted;

F. one (1) commercially available obstetrical kit, or equivalent;

G. one (1) sphygmomanometer in adult, child and infant sizes, or one (1) sphygmomanometer capable of accepting various sizes of cuffs (adult, child, and infant); in the latter case, a sufficient supply of cuffs in each of the identified sizes shall be available;

H. one (1) stethoscope;

I. two (2) double D-cell, or equivalent, flashlights with batteries;

J. one (1) all-purpose multi-level ambulance stretcher, with safety straps and crash-resistant locking/securing mechanism; the locking mechanism in the vehicle shall be the mechanism designed for the stretcher being used; locking mechanisms for other stretchers or locally produced mechanisms are not allowed; in addition, the mattress shall be fluid impervious;

K. one (1) minimum ten (10)-pound, or two (2) minimum five (5)-pound 1A20BC, or equivalent, fire extinguisher; a current inspection tag will be displayed on all fire extinguishers;

L. one (1) two-way mobile radio capable of direct communication between the EMT and the receiving medical facility, on ultra-high frequency, on federal communications commission-designated emergency medical radio service (EMRS) frequencies, and which is compatible with the state emergency medical services radio communications system (EMSCOM), and is approved by the emergency medical services bureau (EMSB) and a copy of the EMSB/DOH “EMS communications system (EMSCOM) manual;”

M. scene safety protective equipment including:

- (1) six (6) highly visible lighted electric or chemical warning devices suitable for nighttime use;
- (2) reflective apparel meeting American National Standards Institute standards for all personnel;
- (3) a current edition of the “North American emergency response guidebook,” a guidebook for first responders during the initial phase of a hazardous materials/dangerous goods incident;

N. uniforms or other apparel or means of identification of a distinct design or fashion to be worn by ambulance service personnel when on duty to identify them as EMS providers and to identify the level of EMS care for which the providers are licensed.

[18.3.14.14 NMAC - Rp, 18.3.14.14 NMAC, 2-13-15]

18.3.14.15 REQUIRED SUPPLIES: When an ambulance is dispatched, it shall carry adequate quantities of readily available equipment and supplies to ensure the level of care described in the ambulance service protocols signed by the physician medical director, including but not limited to:

- A.** twelve (12) sterile bandages, soft roller, self-adhering type, or equivalent to a total length of 24 yards;
- B.** six (6) triangular bandages or equivalent product or substitute;
- C.** one (1) box adhesive bandages;
- D.** one (1) pair trauma shears and one (1) penlight (either in the ambulance or on the EMT’s person);
- E.** one (1) pair sterile scissors used for cutting the umbilical cord during a delivery; commercially available sterile cutting devices may be substituted;
- F.** six (6) sterile trauma dressings in large and small sizes;
- G.** fifty (50), or adequate supply, sterile 4" x 4", or larger, sponges;
- H.** four (4) rolls of adhesive tape;
- I.** four (4) cold packs and four (4) heat packs;
- J.** two (2) sterile burn sheets, individually wrapped;
- K.** four (4) sterile burn dressings;
- L.** two (2) sets of oropharyngeal airways in sizes zero (0) through five (5) (infant through adult), and one (1) set of nasopharyngeal airways (28FR, 32FR, 34FR, and 36FR, all for adult use);
- M.** three (3) sterile suitable occlusive dressings;
- N.** two (2) sets of rigid cervical collars of plastic, not foam, construction in various sizes for adult, child and infant; commercially available immobilization devices are allowed;
- O.** a sufficient quantity of appropriate airborne and blood-borne infection control supplies, as recommended by the centers for disease control and prevention, including gloves, masks, gowns, caps, eye protection, sharps containers, and other equipment to protect all patient care providers dispatched with the ambulance; in addition, appropriate hand-washing supplies and disinfectant shall be available on the vehicle;
- P.** at least two (2) disposable high-concentration oxygen masks and two (2) disposable nasal cannulas in adult and child sizes and at least two (2) packages of oxygen supply tubing;
- Q.** appropriate large and small bore tip suction catheters (6f-14f), rigid tip suction catheter, and hoses;
- R.** one (1) bulb suction device;
- S.** one (1) emesis basin or large plastic bag;
- T.** two (2) liters of sterile water, normal saline, or other appropriate irrigation solution; and
- U.** two (2) clean sets of linen, including at least two (2) blankets and pillows (or suitable pillow substitutes) at all times.

[18.3.14.15 NMAC - Rp, 18.3.14.15 NMAC, 2-13-15]

18.3.14.16 MEDICATIONS: An ambulance service shall adhere to the appropriate EMS scopes of practice for EMS personnel regarding approved medications, provided the medications are listed in the service’s treatment guidelines or protocols and approved by the local physician medical director for use by the ambulance service. In some cases the medical direction committee may authorize special skills that allow unique medications not found in

the scopes of practice. In such cases, these medications are allowed on the vehicle for use by the authorized personnel, as specified by the special skills approval letter provided by the EMS medical direction committee and the EMS bureau. In all cases, medications shall only be administered under medical direction, as specified in the scopes of practice and any special skills approval letters.

[18.3.14.16 NMAC - Rp, 18.3.14.16 NMAC, 2-13-15]

18.3.14.17 PORTABLE MEDICAL KITS: In addition to the equipment and supplies required by this rule, every ambulance shall carry at least one (1) or more portable medical kits, consistent with medical protocol. Each portable medical kit shall contain the items listed below, or their appropriate equivalent, although an ambulance service may add other items based on training levels and local protocols.

A. One (1) sphygmomanometer in adult, child and infant sizes, or one (1) sphygmomanometer capable of accepting various sizes of cuffs (adult, child, and infant). In the latter case, a sufficient supply of cuff in each of the identified sizes shall be available.

B. one (1) stethoscope;

C. four (4) soft roller, self-adhering type bandages;

D. three (3) triangular bandages or equivalent product/substitute;

E. two (2) trauma dressings;

F. ten (10) 4" x 4" gauze sponges;

G. one (1) roll adhesive tape;

H. one (1) pair of trauma shears (either in the ambulance or on the EMT's person);

I. one (1) penlight (either in the ambulance or on the EMT's person);

J. two (2) sterile burn dressings;

K. one (1) adult-size bag-valve-mask (BVM) ventilation device. Neonate, infant and child BVM must be incorporated in the kit or readily available aboard the vehicle;

L. One (1) set of oropharyngeal airways, sizes 0 through 6 (neonatal through adult);

M. Two (2) sterile, petroleum gel-impregnated gauze dressings, or other suitable occlusive dressings;

N. Multiple pair of disposable assessment and treatment gloves;

[18.3.14.17 NMAC - Rp, 18.3.14.17 NMAC, 2-13-15]

18.3.14.18 SPECIAL SKILLS; Critical Care Transport (CCT), and PRC certified services providing Advanced Practice/Community EMS: An ambulance service wishing to provide special skills of EMS shall:

A. For special skills, submit a special skills application to the EMS bureau, as provided in 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel; if the special skills application is approved and changes the potential level of reimbursement sought, for example when a basic EMT ambulance service will now perform an advanced level medical intervention, the service must file an application for a change in tariff with the commission if it seeks reimbursement for advanced levels service. Personnel performing special skills for an ambulance service must be an employee or a volunteer for the service and listed as an employee or volunteer on the annual service report.

B. For a service with EMS bureau and EMS medical direction approval to provide CCT, the ambulance service must file an application with the commission for the appropriate tariff(s) to seek reimbursement for CCT.

[18.3.14.18 NMAC - Rp, 18.3.14.18 NMAC, 2-13-15]

18.3.14.19 ADDITIONAL REQUIREMENTS FOR ADVANCED LEVEL SERVICES:

A. Additional requirements. An ambulance service shall meet the following additional requirements before it provides any advanced level treatments or procedures, including special skills.

(1) If an ambulance service represents itself or labels its vehicles as a provider of service at any level above EMT basic, that advanced level of care and treatment shall be appropriately provided twenty four (24) hours a day, three hundred sixty five (365) days a year, except in those unusual situations where there are overlapping calls, disasters, or similar unforeseen circumstances.

(2) When advanced level care and treatment is provided by an ambulance service, at least one (1) person trained and licensed at that advanced level shall respond to the scene; an advanced provider may be one (1) of the two (2) minimum EMT responders to the emergency, and an advanced level provider must accompany the patient in the patient compartment of the ambulance during transport.

(3) If advanced level services are to be provided, the ambulance shall, in addition to other requirements, carry supplies and equipment appropriate to the level of service and consistent with the relevant EMS

scopes of practice and medical director approved local protocols.

B. Additional supplies and equipment. The following additional items are required for advanced level ambulance services:

- (1) one (1) semi-automatic monitor-defibrillator for EMT intermediate or manual/semi automatic monitor - defibrillator for EMT paramedic, as specified in the EMS scopes of practice and local medical protocol; (note: these devices require specific training and medical director approval prior to use);
- (2) assorted arm boards in infant, child and adult sizes;
- (3) assorted intravenous catheters in sizes 14-24 gauge;
- (4) assorted macro-drip IV devices to infuse intravenous fluids into adults (fifteen (15) drop per cc or better);
- (5) assorted micro-drip IV devices to manage IV administration to infants and children; these may be burettes, micro-drip tubing or in-line volume controllers;
- (6) two (2) intra-osseous access devices;
- (7) one (1) pediatric drug dosage chart or tape; this may include charts listing the drug dosages in milliliters or milligrams per kilogram, pre-calculated doses based on weight, or a tape that generates appropriate equipment sizes and drug doses based on the patient's height or weight;
- (8) assorted intravenous (IV) fluids that comply with the EMS scopes of practice; these fluids shall be stored within the manufacturers recommended temperature range at all times until use;
- (9) one (1) laryngoscope with straight or curved blades in infant, child and adult sizes; spare bulbs and batteries shall be readily available;
- (10) two (2) adult stylets for endotracheal tubes; if service has special skill approval for pediatric (under age 12) intubation, two (2) pediatric stylets must be in stock;
- (11) one (1) each pediatric and adult Magill forceps;
- (12) assorted endotracheal tubes in sizes: uncuffed 2.5-6.0 if service has special skill approval for pediatric (under age twelve (12)) intubation and cuffed 6.0-8.0;
- (13) assorted medications and resuscitation medications that are allowed in the EMS scopes of practice and local medical protocol; these medications shall be stored within the manufacturer's recommended temperature range at all times;
- (14) adult and pediatric sized supraglottic/laryngeal airways, and multi-lumen airways as approved by service medical director.

[18.3.14.19 NMAC - Rp, 18.3.14.19 NMAC, 2-13-15]

18.3.14.20 NON-EMERGENCY AND SCHEDULED AMBULANCE TRANSPORT SERVICE: An ambulance service may provide scheduled pre-hospital or inter-facility transport of patients, including physically or mentally impaired patients or non-ambulatory patients, who cannot be transported by common means of transportation and who require the attending care of qualified medical personnel. Vehicles that are capable of transporting gurneys, but are not certified ambulances, shall not transport recumbent patients requiring medical monitoring. An ambulance service providing such service shall:

- A.** transport patients in ambulances that meet the requirements of this rule; and
- B.** provide, at a minimum, one (1) EMT of the appropriate level for the transport and one qualified driver; the EMT shall be in the patient compartment attending the patient whenever a patient is being cared for or transported.

C. Stretcher vans; wheelchair vans: use; restrictions: A stretcher van may transport a person who:

- (1) Needs routine transportation to or from a medical appointment or service if that person is convalescent or otherwise non-ambulatory and does not require medical monitoring en route to the destination facility, or aid, care or treatment during transport.
- (2) Is an inpatient at a facility and needs transportation to another hospital for diagnostic tests if that person's physician authorizes the use of a stretcher van.

D. A stretcher van or wheelchair van shall not transport a person who:

- (1) Is being administered intravenous fluids.
- (2) Needs oxygen unless that person's physician has prescribed oxygen as a self-administered therapy.
- (3) Needs suctioning.
- (4) Demonstrates signs of a visible injury and has not yet been evaluated by a physician.
- (5) Is experiencing an acute condition or the exacerbation of a chronic condition.

(6) Needs to be transported from one hospital to another hospital if the destination hospital is the same level or a higher level as the hospital of origin.

(7) Is being medically monitored at the sending facility and will continue to be medically monitored at the destination facility.

[18.3.14.20 NMAC - Rp, 18.3.14.20 NMAC, 2-13-15]

18.3.14.21 SPECIAL EVENT AMBULANCE:

A. A dedicated special event ambulance working under agreement or contract with the event organizer or event command at an event such as a football game, concert, wildland fire event, rodeo, movie set or other event must be staffed with a minimum of two (2) licensed EMT's and be properly equipped as described in this rule; the ambulance may, under their commission granted emergency transport authority for the territory/catchment area, transport event participants, attendees, or workers. Transports from these events are emergency transports, and may not be considered inter-facility transfers unless the inter-facility transfer definition is met. Dedicated stand-by status ambulances shall not respond to emergency calls off site of the event except in cases of disaster or other unusual medical circumstance where mutual aid is requested and granted. An EMS agency without commission granted emergency transport authority providing stand-by EMS for an event shall work with the area's approved PRC emergency transport ambulance provider to ensure proper transport of patients, or transport only in the circumstances found in Paragraph (2) of Subsection B of 7.27.10.16.

B. Non-dedicated stand-by status units may respond to emergency calls off site of the event.
[18.3.14.21 NMAC - Rp, 18.3.14.21 NMAC, 2-13-15]

18.3.14.22 ANNUAL SERVICE REPORT AND LOCAL FUNDING PROGRAM APPLICATION: The EMS bureau will mail an EMS annual service report form including an EMS Fund Act local funding program application to all ambulance services on November 1 each year. Each ambulance service shall complete the form and return it to the EMS bureau no later than January 15 of the following year. The EMS bureau will distribute a copy of the annual service report from each ambulance service to the commission. The annual service report shall contain:

A. the names of all individuals serving as EMS personnel, including employed or volunteer status as appropriate, this will include their licensure level and expiration date and the completion date of the emergency vehicle operator's course required by this rule;

B. the names of all non-EMT drivers and the completion date of the driving course required by this rule;

C. the name and physician license number of the service's medical director; if an ambulance service has not previously submitted the physician's credentials to the EMS bureau, it shall include them with the annual report; any substantial change in these credentials shall be forwarded to the EMS bureau for review by the state EMS medical director;

D. the name of the service's training coordinator;

E. a description of all ambulances currently being used to transport patients, including their dates of manufacture, makes, license plate numbers and mileage;

F. other information as may be required by the EMS bureau or the commission;

G. a certification of an annual safety inspection of all ambulances including the date, name and location of the certified mechanic performing the inspection, as outlined in 18.3.4.14 NMAC.

[18.3.14.22 NMAC - Rp, 18.3.14.22 NMAC, 2-13-15]

18.3.14.23 MAINTENANCE, PRESERVATION, AND RETENTION OF RECORDS: In addition to the requirements in 18.3.7.14 NMAC, every ambulance service shall maintain accurate and separate records of its services in New Mexico, including but not limited to:

A. driver records including current licenses, history of department of transportation (DOT) physical examinations, approved firefighter fitness exam certification, or other approved physician certifications, and emergency vehicle operator training history; ambulance services staffed primarily by volunteers may apply for an exemption to the physical examination requirement if proof of financial hardship is provided to the commission;

B. EMS personnel licensure;

C. statement of employment or volunteer status, including employment start and stop dates;

D. records of equipment, such as reports, repair and maintenance records, equipment lists, vehicle titles, and registration certificates;

E. complete accounts;

F. organized records of all ambulance runs, including a copy of the patient care record.
[18.3.14.23 NMAC - Rp, 18.3.14.23 NMAC, 2-13-15]

18.3.14.24 QUALITY ASSURANCE: Each ambulance service shall have a written quality assurance program, which shall provide for.

A. patient care records retention: an ambulance service shall retain pre-hospital patient care records for seven (7) years, as approved by local medical protocol;

B. reporting: ambulance services shall complete a patient run report for each patient contacted during an emergency response or inter-facility transport; the minimum data elements from these reports, as identified by the EMS bureau, shall be compiled to the extent possible and submitted to the pre-hospital data collection system at the EMS bureau as prescribed in 7.27.4 NMAC, Emergency Medical Services Fund Act;

C. minimum patient information required upon patient delivery to the destination facility: pursuant to ambulance service protocol, an ambulance service shall communicate, electronically or in writing, clinical patient information to the intercepting ambulance or receiving facility at the time of patient transfer or delivery, if available:

- (1) ambulance unit number, EMT name and level of licensure;
- (2) patient age and sex;
- (3) patient's chief complaint or EMT's primary impression;
- (4) a brief history of the present illness, including scene assessment and mechanism of injury;
- (5) major past illnesses;
- (6) patient's mental status;
- (7) patient's baseline vital signs;
- (8) pertinent findings of the physical examination;
- (9) description of emergency medical care that has been provided for the patient, including that provided by any first response units; and
- (10) the patient's response to the emergency medical care received.

D. completed patient care records: an ambulance service shall deliver an electronic or written copy of the completed pre-hospital patient care record to the receiving facility emergency department for inclusion in the patient's permanent medical record upon delivery of the patient to the hospital; in the event the unit is dispatched on another call, the patient care record shall be delivered as soon as possible after that call, but not later than the end of a shift or twenty four (24) hours after the transportation and treatment of the patient;

E. medical protocols and operational guidelines: the ambulance service medical director shall develop and approve medical protocols and operational guidelines which should include procedures for obtaining on-line medical direction; service medical protocols shall not exceed the New Mexico EMS scope of practice, unless a special skill has been granted; medical protocols and operational guidelines should be developed in collaboration with receiving hospitals and EMS agencies within the territory or patient catchment area; adult and pediatric patient protocols shall be on the unit at all times, in electronic or hard copy form;

F. medical director review of patient care: an ambulance service medical director shall review patient care records at least quarterly to determine whether appropriate medical care is being provided; the medical director shall document the steps taken during the review; subsequent reviews will include an evaluation of whether appropriate follow-up has been accomplished; receiving hospitals and other EMS agencies within the patient catchment area should be invited to participate in these reviews when appropriate;

G. confidentiality of medical records: an ambulance service may only release patient care records as provided by state and federal law, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA).

[18.3.14.24 NMAC - Rp, 18.3.14.24 NMAC, 2-13-15]

18.3.14.25 REISSUANCE OF CERTIFICATE: Sixty (60) days prior to expiration of its certificate, an ambulance service shall submit to the director an application for reissuance of its ambulance certificate containing the information required by Paragraphs (1) through (10) of Subsection A of 18.3.2.13 NMAC. The director shall prepare a notice of application as provided in 18.3.2.15 NMAC. The director shall reissue the certificate for the period of time prescribed in Section 65-6-5 NMSA 1978 unless staff or an interested person objects. If there is an objection, the director shall process the application in accordance with 18.3.2.16 NMAC.

[18.3.14.25 NMAC - Rp, 18.3.14.25 NMAC, 2-13-15]

18.3.14.26 TRANSITION TO NEW EQUIPMENT REQUIREMENTS: Ambulance services utilizing equipment that does not meet the requirements of this rule shall have thirty (30) days from the effective date of this rule to meet the equipment requirements of this rule or apply for a variance from or waiver of such requirements. [18.3.14.26 NMAC - Rp, 18.3.14.26 NMAC, 2-13-15]

HISTORY OF 18.3.14 NMAC:

Pre-NMAC history: The material in this rule was previously filed with the state records center as: SCC 68-16, NM Motor Carrier Act, Rules and Regulations, Effective Sept. 1, 1967, filed 3-14-68; SCC 68-50, General Order No. 38, filed 6-13-68; SCC 71-3, General Order No. 40, Docket No. 532, filed 5-24-71; SCC 71-5, General Suspension Order No. 41, Docket No. 540, filed 8-20-71; SCC 71-6, NM Motor Carrier Act, Rules and Regulations, Effective July 1, 1971, filed 9-21-71; SCC-72-13, NM Ambulance Tariff No. 3-B Issued May 8, 1972, filed 10-2-72; SCC 73-1, NM Motor Carrier Act, Rules and Regulations, filed 6-14-73; SCC 74-1, NM Motor Carrier Act, Rules and Regulations, Effective July 1, 1973, filed 2-5-74; SCC 75-1, NM Motor Carrier Act, Rules and Regulations, Effective Jan. 1, 1975, filed 4-17-75; SCC 75-2, Second Revised General Order No. 35, In the Matter of Standards for Ambulance Operators, filed 7-11-75; SCC 75-3, NM Motor Carrier Act, Rules and Regulations (Rev.), Effective Jan. 1, 1975, filed 9-19-75; SCC 76-1, NM Motor Carrier Act, Rules and Regulations, Effective April 1, 1976, filed 4-15-76; SCC 77-1, NM Motor Carrier Act, Rules and Regulations, Effective Jan. 1, 1977, filed 1-25-77; SCC-77-4, NM Ambulance Tariff No. 3-B Issued May 8, 1972, (Reissue), filed 6-6-77; SCC 78-1, Third Revised General Order No. 35, In the Matter of Standards for Ambulance Operators, filed 9-5-78; SCCMC Rule No. 45, Ambulance Operators are Authorized to Provide the Following Service Notwithstanding Territorial Restrictions Contained in their Certificates, filed 3-5-82; SCCMC Rule No. 49, Ambulance Services - Duty to Provide Service, filed 3-5-82; SCC 84-5-TD, Standards for Ambulance Operators - Seventh Revised General Order No. 35, filed 6-28-84; SCC 92-5-TR, Ambulance Standards Rule, filed 8-18-92; SCC Rule 252, Ambulance Standard, filed 1-5-93; SCC Rule 252, Ambulance Standards, filed 10-27-93.

HISTORY OF REPEALED MATERIAL:

SCC 68-16, NM Motor Carrier Act, Rules and Regulations, Effective Sept. 1, 1967 (filed 3-14-68); SCC 68-50, General Order No. 38 (filed 6-13-68); SCC 71-3, General Order No. 40, Docket No. 532 (filed 5-24-71); SCC 71-5, General Suspension Order No. 41, Docket No. 540 (filed 8-20-71); SCC 71-6, NM Motor Carrier Act, Rules and Regulations, Effective July 1, 1971 (filed 9-21-71); SCC-72-13, NM Ambulance Tariff No. 3-B Issued May 8, 1972 (filed 10-2-72); SCC 73-1, NM Motor Carrier Act, Rules and Regulations (filed 6-14-73); SCC 74-1, NM Motor Carrier Act, Rules and Regulations, Effective July 1, 1973 (filed 2-5-74); SCC 75-1, NM Motor Carrier Act, Rules and Regulations, Effective Jan. 1, 1975 (filed 4-17-75); SCC 75-2, Second Revised General Order No. 35, In the Matter of Standards for Ambulance Operators (filed 7-11-75); SCC 75-3, NM Motor Carrier Act, Rules and Regulations (Rev.), Effective Jan. 1, 1975 (filed 9-19-75); SCC 76-1, NM Motor Carrier Act, Rules and Regulations, Effective April 1, 1976 (filed 4-15-76); SCC 77-1, NM Motor Carrier Act, Rules and Regulations, Effective Jan. 1, 1977 (filed 1-25-77); SCC-77-4, NM Ambulance Tariff No. 3-B Issued May 8, 1972, (Reissue) (filed 6-6-77); SCC 78-1, Third Revised General Order No. 35, In the Matter of Standards for Ambulance Operators (filed 9-5-78); SCCMC Rule No. 45, Ambulance Operators are Authorized to Provide the Following Service Notwithstanding Territorial Restrictions Contained in their Certificates (filed 3-5-82); SCCMC Rule No. 49, Ambulance Services - Duty to Provide Service (filed 3-5-82); SCC 84-5-TD, Standards for Ambulance Operators - Seventh Revised General Order No. 35 (filed 6-28-84); SCC 92-5-TR, Ambulance Standards Rule (filed 8-18-92); SCC Rule 252, Ambulance Standard (filed 1-5-93); SCC Rule 252, Ambulance Standards (filed 10-27-93); 18 NMAC 4.2, Ambulance and Medical Rescue Services (filed 12-16-97) repealed 1-1-05.

18.3.14 NMAC, Motor Carrier General Provisions - Ambulance Services, filed 12-16-04, repealed 2-13-15.

Other history:

SCC Rule 252, Ambulance Standards (filed 10-27-93) renumbered, reformatted and replaced by 18 NMAC 4.2, Ambulance and Medical Rescue Services, effective 1-1-98;

18 NMAC 4.2, Ambulance and Medical Rescue Services (filed 12-16-97) renumbered, reformatted and replaced by 18.3.14 NMAC, Ambulance Services, effective 1-1-05.

18.3.14 NMAC, Motor Carrier General Provisions - Ambulance Services, filed 12-16-04, repealed 2-13-15.