**R426. Health and Human Services, Population Health, Emergency Medical Services.**

**R426-10. Air Ambulance Licensure and Operations.**

**R426-10-1. Authority and Purpose.**

(1) Section 26B-4-102 authorizes this rule.

(2) This rule provides department requirements for air ambulance provider licensure and operations.

**R426-10-2. Definitions.**

For the purposes of this rule:

(1) "Air ambulance provider" means a state-licensed entity providing air ambulance services.

(2) "Base location" means the physical address where the crew, medical equipment, supplies, and the air ambulance are located.

(3) "Deemed status" means an air ambulance provider has received accreditation from a department-approved accreditation service.

(4) "Department" means the Department of Health and Human Services.

(5) "PSAP" means the public safety answering point for 911 calls.

**R426-10-3. Air Ambulance Provider Requirements.**

(1) A person in any capacity, including as an owner or agent, may furnish, operate, conduct, maintain, advertise, or otherwise be engaged in providing emergency medical care using an air ambulance only when licensed by the department.

(2) The department may conduct air ambulance provider investigations.

(3) A person from another state may only provide emergency medical services (EMS), including patient care, aboard an air ambulance within the state if that person complies with the requirements under this rule.

(4)(a) An air ambulance provider shall have a medical director who shall be responsible for medical direction and oversight regarding credentialing air medical providers, clinical practice, and patient care.

(b) An air ambulance provider shall report a personnel change in the medical director position to the department within 30 days.

(5) An air ambulance provider shall get a deemed status or receive state certification by state-approved auditors of the required criteria to meet national standards for patient safety and quality of care.

(6) Air ambulance permits and licenses are not transferable.

(7) An air ambulance provider may get a replacement air ambulance permit or license by submitting a written request to the department certifying that the original permit or license has been lost, destroyed, or made unusable.

(8) Each air ambulance provider shall get a new air ambulance inspection and subsequent permit from the department before returning an air ambulance to service following a modification, change, or any renovation that results in a change to the stretcher placement or seating in the air ambulance interior configuration.

(9) An air ambulance provider shall file an amended list of aircraft that are used to provide service within the state to the department within 30 days after an air ambulance is added to or removed permanently from service.

(10) The licensure period for an air ambulance provider shall be four years.

(11) An air ambulance provider may only use an air ambulance to provide emergency medical care. State licensure does not constitute authority to provide non-medical air transportation.

(12) An air ambulance provider shall comply with other statutes, rules, or regulations in effect for medical personnel and EMS, involving:

(a) licensing and authorizations;

(b) insurance;

(c) prescribed and proscribed acts; and

(d) penalties.

(13) The department may verify and inspect equipment and documentation to ensure compliance.

(14) An air ambulance provider seeking deemed status shall allow a department representative to be present during a site visit conducted by an accreditation organization.

**R426-10-4. Air Ambulance Provider Licensure Application.**

(1) An applicant for an air ambulance license desiring to get or to renew a license shall submit the following to the department:

(a) the applicable fees and application on the department-approved forms;

(b) a copy of the air ambulance service licenses concurrently issued and on file with other states;

(c) information about individual aircraft that will be used while providing medical care for physical inspection of medical compliance, as referenced in Section R426-10-10;

(d) results from the prior ten years of any investigations, disciplinary actions, or exclusions with the potential to impact the quality of medical care provided to patients. Such investigations, disciplinary actions, or exclusions apply to:

(i) current and prior legal names of the entity;

(ii) other names used by the entity to provide health care services; and

(iii) any person or entity who had direct or indirect ownership of at least 50% interest in the air ambulance service within the prior 10-year period;

(e) the name of the air ambulance service medical director pursuant to requirements found in Sections R426-5-2500 and R426-5-2600;

(f) proof of deemed status or state certification by state-approved auditors;

(g) emergency contact information, which the department may use to provide effective communications and resource management in the event of a statewide or localized disaster or emergency situation;

(h) a roster of medical personnel including level of certification or licensure to ensure there is sufficient trained and certified staff that meets the requirements in Section R426-10-22;

(i) the air ambulance provider's policies and procedures based on state or nationally accepted emergency medical dispatch standards and state or nationally accepted EMS clinical guidelines to aid in directing the daily operation of the air ambulance communications center as referenced in Section R426-10-12;

(j) a copy of the air ambulance provider's plan to send significant clinical data to hospital or emergency patient receiving facility medical personnel before arrival;

(k) a copy of the air ambulance provider's quality improvement program that assesses and improves patient care provided by the air ambulance services, as referenced in Section R426-10-21;

(l) an integrated medical transport plan, as established in Section R426-10-17; and

(m) the air ambulance provider's insurance requirements as referenced in Section R426-10-8.

**R426-10-5. Exceptions to Air Ambulance Provider Licensure.**

This rule does not apply to the following:

(1) an entity providing air ambulance services operated by an agency of the United States Government;

(2) services that provide rescue and evacuation equipment and aircraft owned and operated by a governmental entity other than one that includes transporting patients by air ambulance in its primary role and receives payment for such services; and

(3) evacuation and rescue equipment used and owned by the Department of Public Safety in air, ground, or water evacuation.

**R426-10-6. Department-Approved Accreditation Service.**

To be recognized as a department-approved accreditation service, a service must meet the following criteria:

(1) provide evidence of timely reviews of applications from air ambulance providers seeking accreditation;

(2) publish standards that address the components of medical transport impacting quality of patient care and provider safety;

(3) outline procedures for random site visits, audits, and other strategies utilized to ensure an accredited provider or a provider seeking accreditation is adhering to accreditation standards;

(4) publish policies for the initial accreditation requirements, including:

(a) the tenure of accreditation, not to exceed three years;

(b) the requirements for reaccreditation; and

(c) the accreditation decision-making process;

(5) use trained personnel, including site surveyors, with experience in medical transport at the level of accreditation and licensure;

(6) utilize a formal training program that educates accreditation personnel, including site surveyors, in consistent interpretation of standards and policies of the accreditation provider;

(7) publish the required qualifications for accreditation personnel who conduct site surveys that demonstrate experience with and knowledge of the air ambulance industry;

(8) demonstrate that accreditation standards are updated to comply with national standards in healthcare and air medical transportation;

(9) have a multi-disciplinary board of directors representing medical transport organizations;

(10) clearly outline and enforce a conflict of interest policy that excludes board members or other accreditation agency representatives from participating in accreditation decisions, site surveys, or other processes when a real or potential conflict of interest exists;

(11) publish fees for providers seeking accreditation;

(12) utilize and provide documentation of an open process that encourages and accepts comments on changes to its accreditation standards;

(13) explain the procedure for a corrective action plan, which assures that air ambulance providers will implement corrective actions for any identified deficiencies;

(14) demonstrate a continuous quality improvement process that reviews the application process, site surveys, accreditation decisions, and accreditation standards;

(15) maintain and be able to present current certificates of insurance to include:

(a) general liability; and

(b) medical professional liability; and

(16) allow a department representative to be present during site surveys, investigations, and any other on-site visit.

**R426-10-7. Air Ambulance Provider Change of Ownership and Management.**

(1) When an air ambulance provider anticipates a change of ownership, the air ambulance provider shall notify the department 30 calendar days before the change of ownership.

(2) The conversion of an air ambulance provider's legal structure, or the legal structure of an entity that has a direct or indirect ownership interest in the air ambulance provider, is a change of ownership if the conversion includes a transfer of at least 50% of the air ambulance provider's direct or indirect ownership interest to any new owner.

(3) A change of ownership of a licensed air ambulance provider requires a new license if:

(a) the change of ownership's transfer is for at least 50% of the ownership interest from a sole proprietor to another individual, regardless of whether the transaction affects the title to real property;

(b) the dissolution of a partnership and conversion into any other legal structure includes a transfer of at least 50% of the direct or indirect ownership from a partnership to any new owner;

(c) the consolidation of two or more corporations resulting in the creation of a new corporate entity includes a transfer of at least 50% of the direct or indirect ownership to any new owner;

(d) the formation of a corporation from a partnership, a sole proprietorship, or a limited liability company includes a transfer of at least 50% of the direct or indirect ownership to any new owner;

(e) the transfer, purchase, or sale of shares in a corporation result in a shift of at least 50% of the direct or indirect ownership of the corporation to any new owner;

(f) there is a transfer of at least 50% of the direct and indirect ownership interest in a limited liability company;

(g) the termination or dissolution of a limited liability company and the conversion into any other entity includes a transfer of at least 50% of the direct or indirect ownership to any new owner;

(h) any transfer of ownership interest between an existing person or entity in a limited liability company involves the acquisition of ownership interest by a new person or entity with an ownership interest; or

(i) the air ambulance provider enters into a lease arrangement or management agreement whereby the air ambulance provider keeps no authority or responsibility for the operation and management of service.

(4) A change of ownership may not result from:

(a) forming a corporation from a sole proprietorship with the proprietor as the sole shareholder; or

(b) the dissolution of a partnership to form a corporation with the same persons keeping the same shares of ownership in the new corporation.

(5) To report a change of ownership, each applicant shall provide:

(a) the legal name of the entity and any other names used by it to provide health care services;

(b) contact information for the entity including mailing address, telephone and fax numbers, email address, and website address, as applicable;

(c) the identity of each person and business with a controlling interest in the air ambulance provider, including:

(i) a list of the governing body and officers for a non-profit corporation;

(ii) a list of the names of the officers and stockholders who directly or indirectly own or control 5% or more of the shares of a for-profit corporation; and

(iii) proof of lawful presence in the United States in compliance with Subsection 41-1a-202(1)(b) for a sole proprietor;

(d) the name, address, and business telephone number of every person identified in this section as ownership or management and the individual designated by the applicant as the chief executive officer of the entity;

(e) an alternate address and telephone number for at least one individual for use in the event of an emergency or closure of the air ambulance provider if the addresses and telephone numbers provided are the same as the contact information for the entity itself;

(f) proof of professional liability insurance held in the name of the applicant;

(g) by-laws or equivalent documents that govern the rights, duties, and capital contributions of the business entity;

(h) the address of the entity's physical location and the name of the owner of each structure on the campus where licensed services are provided;

(i) a copy of any management agreement pertaining to operation of the entity that sets forth the financial and administrative responsibilities of each party;

(j) a statement signed and dated at the same time as the application stating whether any of the new owners have been the subject of, or a party to, any of the following events within the previous ten years, regardless of whether action has been stayed in a judicial appeal or otherwise settled between the parties:

(i) a felony or misdemeanor conviction involving crimes as described in Section R426-5-3200;

(ii) a state license or federal certification denial, revocation, or suspension by another jurisdiction; or

(iii) a civil judgment or a criminal conviction in a case brought by federal, state, or local authorities that resulted from the operation, management, or ownership of a health facility or other entity related to substandard patient care or health care fraud; and

(k) a statement signed and dated at the same time as the application that:

(i) states whether any new owner has ever been or is the subject of, or a party to debarment, suspension, a proposal for debarment, a declaration of ineligibility, or voluntarily exclusion from participation in a contract by any governmental department or agency, whether international, national, state, or local, regardless of whether action has been stayed in a judicial appeal or otherwise settled between the parties; and

(ii) certifies the applicant is compliant with Section 63G-6a-904 and OMB guidelines at 2 C.F.R. 180 (October 23, 2023) which implement Executive Order Nos. 12549 and 12689.

(6) Any statement regarding information requested in Subsection R426-10-7(5)(j) shall, if applicable, include:

(a) whether the event is the result of action by federal, state, or local authorities and, if so, the full name of the authority; its jurisdiction; the case name; the docket, proceeding, or case number by which the event is designated; and a copy of the consent decree, order, or decision;

(b) whether the event is a felony or misdemeanor conviction involving moral turpitude and, if so, the court, its jurisdiction, the case name, the case number, a description of the matter or a copy of the indictment or charges, and any plea or verdict entered by the court; and

(c) whether the event involves a civil action or arbitration proceeding and, if so, the court or arbiter, the jurisdiction, the case name, the case number, a description of the matter or a copy of the complaint, and a copy of the verdict, court or arbitration decision.

(7) If an applicant leases one or more buildings to operate as an air ambulance provider, the applicant shall also provide a copy of the lease that clearly shows which party in the agreement is to be held responsible for the physical condition of the property.

(8) The applicant shall keep any article of incorporation, article of organization, partnership agreement, or other organizing document required by the secretary of state to conduct business.

(9) The existing applicant shall be responsible for correcting rule violations and deficiencies in any current plan of correction before the change of ownership becomes effective. If the applicant cannot accomplish such corrections in the time frame specified, the prospective applicant shall be responsible for uncorrected rule violations and deficiencies including any current plan of correction submitted by the previous licensee unless the prospective licensee submits a revised plan of correction, approved by the department, before the change of ownership becomes effective.

(10) If the department issues a license to the new owner, the previous owner shall return its license to the department within five calendar days of the new owner's receipt of its license.

(11) The applicant shall maintain professional liability insurance during the license term and shall notify the department of any change in the amount, type, or provider of professional liability insurance coverage during the license term.

(12) An air ambulance provider shall notify the department within 30 days if debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any contract by any governmental entity during the tenure of a license.

**R426-10-8. Air Ambulance Provider Insurance Requirements.**

(1) An air ambulance provider applicant shall demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the service or medical crew.

(2) An air ambulance provider shall immediately notify the department and stop operations if the coverage required by this section is canceled or suspended.

(3) The department may not issue an air ambulance license to an applicant unless the applicant has evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property.

(4) An air ambulance provider applicant shall provide a copy of the current certificate of insurance demonstrating coverage for each air ambulance medical crew member that states, at a minimum, aggregate limits of $1,000,000 per claim made and a total of $3,000,000 for claims made against the provider during the policy year.

(5) An applicant shall provide proof of worker's compensation coverage as required by law.

**R426-10-9. Base Locations.**

(1) The air ambulance provider shall provide the base location to the department.

(2) The department may conduct announced and unannounced inspections at any location where an air ambulance provider operates. An inspection may occur at any time, including nights or weekends, to determine compliance.

(3) Each base location shall have and maintain security measures that protect medical supplies, pharmaceuticals, and equipment onboard the air ambulance from tampering and unauthorized access, including direct visual monitoring or closed-circuit television

(4) A base location shall provide a secured location with locked perimeter fencing or hangar for each air ambulance.

(5) The base location shall prominently display the following within the building:

(a) the state license or certificate of operation;

(b) Drug Enforcement Agency registration within base locations that store controlled substances;

(c) current Post-Accident Incident Plan; and

(d) documentation showing the professional certifications and licenses of flight crew members.

(6) The air ambulance provider shall ensure the facility is clean and free of debris and compliance with state and local building and fire codes.

(7) The base location shall maintain evidence of medical professional liability insurance.

**R426-10-10. Number and Type of Air Ambulances.**

An air ambulance provider shall provide a list of each air ambulance to be licensed and inspected for medical compliance by the department, including tail number, the N-Number, and designation of rotor or fixed wing capabilities.

**R426-10-11. Capabilities of Medical Communications.**

(1) An air ambulance provider shall have a communications network available consisting of reliable equipment designed for clear communications related to the number and condition of patients among each stakeholder within the system.

(2) The communication center shall demonstrate and maintain voice communications linkage with the radios and other allowable communication devices used in the air ambulance for the declared service area.

(3) Air ambulance providers shall have two-way communications equipment available that allows for or has the following:

(a) real-time patient tracking that shall be maintained and documented every 15 minutes including the time the air ambulance returns to service following transport;

(b) appropriate wireless communications capabilities with dispatch centers and local first responders to include fire, EMS, and law enforcement;

(c) communications with medical referral and receiving facilities to exchange patient information and consult with medical control that shall be capable of communications exclusive to the air traffic control system; and

(d) a dedicated telephone number for the air ambulance service dispatch center.

(4) The air ambulance provider base station shall use a communications network during each phase of patient treatment and transport.

(5) The air ambulance provider shall establish an emergency plan for communications during power outages and in disaster situations.

(6) The air ambulance provider shall establish a policy for delineating methods for maintaining medical communications during power outages and in disaster situations.

**R426-10-12. Coordination of Medical Communications.**

(1) An air ambulance provider shall have flights coordinated by designated medical dispatchers or communications specialists.

(2) Communication specialists are required for processing requests, initiating responses, telecommunications, and assessing the capability for utilizing emergency medical dispatch protocols approved by the department.

(3) Communication specialists shall have:

(a) certification;

(b) appropriate training pertaining to EMS and medical transportation communications related to health care; and

(c) training commensurate with the scope of responsibility given to them by the particular air ambulance provider.

(4) Air ambulance communications centers shall:

(a) establish and maintain policies and procedures based on state or nationally accepted emergency medical dispatch standards and state or nationally accepted EMS clinical guidelines to aid in directing the daily operation of the air ambulance communications center;

(b) coordinate air ambulance deployment activities and communications with primary 911 PSAP call centers and appropriate medical facilities; and

(c) require its communications specialists to satisfy performance standards that are based on state or nationally accepted emergency medical dispatch standards and state or nationally accepted EMS clinical guidelines.

(5) At a minimum, the air ambulance communications center's performance standards shall measure a communication specialist's ability to:

(a) deploy the appropriate medical resources within the prescribed timeframe established by the communications center's standard operating procedures; and

(b) provide pertinent information to the appropriate 911 PSAP call center and receive updated information about the incident from the responding units or medical facilities.

(6) An air ambulance provider's communications center shall establish a quality assurance review process that is executed with consistency and objectivity in accordance with internal standards developed by the air ambulance provider.

**R426-10-13. Pre-arrival and Hand-Off Communications to Hospitals or Emergency Patient Receiving Facilities.**

(1) An air ambulance provider shall have a plan in place to send significant clinical data to hospital or emergency patient receiving facility medical personnel before arrival.

(2) An air ambulance provider shall start the process for transferring responsibility of patient care during patient transport to reduce the communication load on patient arrival to the facility as early as possible. Transfer of care documentation shall be part of the EMS record.

(3) Information sent to the hospital or the emergency patient receiving facility before arrival shall include:

(a) patient information;

(b) chief complaint;

(c) brief patient history;

(d) condition of the patient;

(e) treatment provided; and

(f) estimated time of arrival.

(4) Information provided to the hospital or emergency patient receiving facility during patient hand-off shall include either:

(a) a copy of the full patient care report; or

(b) an abbreviated patient encounter form containing information essential to continued patient care, including:

(i) patient information;

(ii) chief complaint;

(iii) brief patient history;

(iv) allergies, if known;

(v) time and date of onset of symptoms;

(vi) pertinent physical findings;

(vii) patient medications, if known;

(viii) vital signs;

(ix) air medical treatment, including medications administered, IV fluids, procedures performed, and oxygen delivery; and

(x) transfer of care documentation, including the legibly written name of the air medical crew member.

(5) An air ambulance provider shall provide a copy of the full patient care report to the hospital or emergency patient receiving facility within 24 hours after the end of the patient transport.

**R426-10-14. Data Collection, Submission, and Call Volume.**

(1) An air ambulance provider shall have a system in place to collect, submit, monitor, and track flight requests. The provider shall submit this information to the department.

(2) An air ambulance provider shall:

(a) report the specified state minimum data set, as required by the department, for every request that results in the dispatch of an air ambulance, whether emergency prehospital, inter-hospital transport, aborted flight, cancelation of requested service, death on scene, or refusal of care as requested by the department; and

(b) provide a yearly call volume report or EMS agency status report documenting the number of flights made within that calendar year.

(3) The yearly call volume report or EMS agency status report identified in Subsection (2)(b) shall contain the following totals:

(a) flights organized by emergency prehospital;

(b) inter-hospital transports;

(c) aborted flights;

(d) cancelation of requested services;

(e) death on scene;

(f) non-transport; and

(g) the refusal of care to assist efforts related to evaluating patient care and the improvement of the EMS system.

**R426-10-15. Temporary Air Ambulance Use.**

(1) An air ambulance provider shall notify the department when a permitted air ambulance is removed from service or is replaced with a substitute air ambulance.

(2) Upon receipt of notification, the department may issue a temporary permit for the operation of the air ambulance.

**R426-10-16. Medical Operations Policies and Procedures.**

(1) An air ambulance provider shall have a detailed manual of policies and procedures available for reference in the flight coordination office and available for department inspection to assist with EMS system planning and resource coordination efforts.

(2) An air ambulance provider's personnel shall be familiar and comply with policies contained within the manual, which shall include:

(a) procedures for acceptance of requests, referrals, and denial of service for medically related reasons;

(b) a written description of the geographical boundaries and features for the service area;

(c) a copy of the service area map;

(d) scheduled hours of operation;

(e) criteria for the medical conditions and indications or medical contraindications for flight;

(f) medical communication procedures, including:

(i) medically related dispatch protocol;

(ii) call verification; and

(iii) advisories to the requesting entity to include procedures for informing the requesting entity of flight procedures, anticipated time of aircraft patient arrival, or cancelation of flight;

(g) criteria regarding acceptable destinations based upon medical needs of the patient;

(h) non-aviation safety procedures for medical crew assignments and notification, including rosters of medical personnel;

(i) written policy that ensures air medical personnel may not be assigned or assume cockpit duties concurrent with patient care duties and responsibilities;

(j) written policy that directs air ambulance personnel to honor a patient request for a specific service or destination when the circumstances will not jeopardize patient safety;

(k) medical communications procedures;

(l) flight cancelation and referral procedures;

(m) mutual aid procedures;

(n) a written plan that addresses the actions to be taken in the event of an emergency, diversion, or patient crisis during transport operations;

(o) patient tracking procedures that shall ensure air and ground position reports at intervals not to exceed 15 minutes in-flight and 45 minutes after landing;

(p) policy for delineating methods of maintaining medical communications during power outages and in disaster situations; and

(q) written procedures governing the air ambulance provider's medical complaint resolution process and protocols.

(3)(a) At a minimum, the air ambulance provider shall designate personnel responsible for its dispute resolution process and provide protocols it shall follow when investigating, tracking, documenting, reviewing, and resolving the complaint.

(b) The air ambulance provider's complaint resolution procedures shall emphasize resolution of complaints and problems within a specified period.

**R426-10-17. Medical Transport Plans.**

To ensure proper patient care and the effective coordination of statewide emergency medical and trauma services, an air ambulance provider shall have an integrated medical transport plan for each air ambulance permitted by the department that describes:

(1) base location;

(2) hours of operation;

(3) emergency dispatch contact information;

(4) non-emergency business contact information;

(5) description of primary and secondary service areas;

(6) medical criteria for utilization;

(7) description of medical capabilities, including availability of specialized medical transport equipment;

(8) communications capabilities including radio frequencies and talk groups;

(9) procedures for communicating with the air medical crew; and

(10) mutual aid or backup procedures when the service is not available.

**R426-10-18. Coordination with Regional and State Disaster Preparedness Plans.**

To ensure coordinated response to local, regional, or statewide disaster, an air ambulance provider shall participate in regional and state disaster preparedness advisory groups, including preparedness planning meetings and scheduled exercises.

**R426-10-19. Medically Related Dispatch Protocols.**

When air ambulance transport is indicated, requests shall be coordinated through the local PSAP or 911 call center as part of an integrated response, when possible, for the PSAP to be able to coordinate communications among entities involved in the response.

**R426-10-20. Ethical Practices and Conduct.**

(1) An air ambulance provider shall have and follow a written code of conduct that demonstrates ethical practices including business, clinical operations, marketing, and professional conduct.

(2) An air ambulance provider is subject to disciplinary action and may be denied licensure for unethical practices or conduct which includes:

(a) misrepresentation of the availability or level of medical or patient related services offered or provided; and

(b) failing to take appropriate action in safeguarding the patient from incompetent or inappropriate health care practices of EMS personnel.

**R426-10-21. Continuous Quality Improvement Program.**

(1) An air ambulance provider shall establish a quality management team and a program that shall assess and improve patient care provided by the air ambulance provider.

(2) The quality management program shall include:

(a) a development of protocols, standing orders, training, policies, and procedures;

(b) approval of medications and techniques for field use by service personnel;

(c) direct observation, field instruction, in-service training, or other means available to assess the quality of field performance; and

(d) participation in local and regional performance improvement activities.

(3) An air ambulance provider shall have a written policy that outlines a process to identify, document, and analyze sentinel events, adverse medical events, or potentially adverse events with specific goals to improve patient medical safety and the quality of patient care.

(4) Policies and procedures shall include:

(a) a review of events for the effectiveness and efficiency of the organization, its support systems, and individuals within the organization;

(b) a method of information gathering developed for when a sentinel event is identified, including outcome studies, chart review, case discussion, or other methodology;

(c) a utilization review process;

(d) findings, conclusions, recommendations, actions, and follow-up made and recorded; and

(e) training and education needs, individual performance evaluations, equipment or resource acquisition, patient medical safety, and risk management issues.

(5) An air ambulance provider shall notify the department within 72 hours of the identification of any sentinel event, a change in accreditation status, an incident, an accident, or an outside investigation for patient care, patient safety, or provider safety.

**R426-10-22. Staffing and Medical Personnel Requirements.**

(1) Acceptable medical personnel include:

(a) physicians (MD/DO);

(b) paramedics;

(c) registered nurses (RN);

(d) registered nurse practitioners;

(e) advanced practice nurses;

(f) physician assistants (PA);

(g) respiratory therapists (RRT); or

(h) other allied health professionals;

(2) At a minimum, an air ambulance provider shall have the following medical personnel:

(a) one primary medical attendant who is a licensed PA, RN, or MD/DO;

(b) a second medical attendant who is a paramedic, PA, respiratory therapist, RN, or MD/DO; and

(c) medically qualified Utah licensed or certified individuals appropriate to the scope and mission of the air ambulance provider, or EMS personnel recognized under an interstate compact of which Utah is a member.

**R426-10-23. Air Ambulance Staffing and Personnel Qualifications.**

(1) The air ambulance provider may modify composition of the medical team for specialty missions upon credentialing and approval by the air ambulance provider's medical director.

(2) The licensed nurse shall have appropriate specialty certification within two years of hire and must have pre-hire experience in the medications and interventions necessary for the air ambulance provider's scope of care. The licensed nurse also shall have three years critical care experience, which is no less than 4,000 hours experience in an ICU or emergency department.

(3) The paramedic shall have a FP-C or CCP-C within two years of hire in addition to at least three years, a minimum of 4,000 hours, of advanced life support experience.

(4) The RRT shall have a minimum of 4,000 hours of emergency department or ICU experience and appropriate specialty certification within two years of hire.

(5) Medical personnel shall have cognitive, affective, and psychomotor abilities sufficient to meet the clinical needs for the type of patient missions served.

(6) An air ambulance provider shall have a plan to assess and document the competency and proficiency of the personnel who provide medical services.

**R426-10-24. Air Ambulance Personnel Training Requirements.**

(1) An air ambulance provider shall have a documented, structured educational program which is required for air ambulance personnel, including the medical director.

(2) The educational program under Subsection (1) shall at a minimum contain program orientation and initial and recurrent training that adheres to the services scope of care, patient population, mission statement and medical direction.

(3) Each medical crew member shall complete and document training in mission specific procedures related to patient care as established by the air ambulance provider's medical director and such federal, state, or local agencies with authority to regulate air ambulance providers. For license renewal, the department may require documentation showing completion of initial and recurrent training.

(4) Clinical experiences shall include:

(a) experiences specific to the mission statement and scope of care of the medical transport service;

(b) measurable objectives developed and documented reflecting hands-on experience versus observation only;

(c) care of patients in the air medical environment including the impact of altitude and other stressors;

(d) advanced airway management;

(e) applicable medical device specific training, this includes:

(i) Automatic Implantable Cardioverter Defibrillator;

(ii) Extracorporeal Membrane Oxygenation;

(iii) Intra-Aortic Balloon Pump;

(iv) Left Ventricular Assist Device;

(v) medication pumps; and

(vi) ventilators;

(f) cardiology;

(g) mechanical ventilation and respiratory physiology for adult, pediatric, and neonatal patients as it relates to the mission statement and scope of care of the medical transport service specific to the equipment;

(h) high risk obstetric emergencies;

(i) basic care for pediatrics, neonatal, and obstetrics;

(j) emergency and critical care for patient populations to include special needs population;

(k) hazardous materials recognition and response;

(l) management of disaster and mass casualty events;

(m) infection control and prevention; and

(n) ethical and legal issues.

**R426-10-25. Medical Staff and Patient Safety Welfare.**

(1) Medical personnel scheduling and individual work schedules shall demonstrate strategies to minimize duty-time fatigue, length of shift, number of shifts per week, and day-to-night rotation.

(2) On-site scheduled shifts for a period to exceed 24 hours are not acceptable under most circumstances.

(3) The following criteria shall be met for shifts scheduled more than 12 hours:

(a) medical personnel are not required to routinely perform any duties beyond those associated with the transport services;

(b) medical personnel are provided with access to and permission for uninterrupted rest after daily medical personnel duties are met;

(c) the physical base of operations includes an appropriate place for uninterrupted rest;

(d) medical personnel shall have the right to call "time out" and be granted a reasonable rest period if the team member, or fellow team member, determines that the team member is unfit or unsafe to continue duty, no matter the shift length;

(e) there shall be no adverse personnel action or undue pressure to continue in a "time out" circumstance;

(f) licensed air ambulance management shall monitor transport volumes and personnel's use of a "time out" policy; and

(g) shifts extended over several days may be scheduled to address long commutes at programs with low volumes.

(4) An air ambulance provider shall clearly demonstrate and document it meets criteria listed in Subsection R426-10-26(3) for shifts over 12 hours.

(5) An air ambulance provider shall ensure medical staff have at least ten hours of rest in each 24-hour period.

(6) If the base location is remote and one-way commutes are more than two hours, transportation time shall be considered.

(7) An air ambulance provider shall utilize a fatigue risk management tool that is widely recognized in the industry.

(8) An air ambulance provider shall evaluate the scheduling of on-call shifts to address fatigue in a written policy based on monitoring of duty times by managers, quality management tracking, and fatigue risk management.

(9) An air ambulance provider shall establish safety and infection control protocols that comply with the Occupational Safety and Health Administration (OSHA).

(10) An air ambulance provider shall have an appropriate dress code that addresses mission specific hazards as well as jewelry, hair, and other personal items that medical personnel may possibly use that may interfere with patient care.

**R426-10-26. Air Ambulance Provider Medical Director Qualifications.**

(1) An air ambulance provider's medical director who oversees the practice of the EMS during patient transport shall be familiar with Utah medical practices and licensing requirements.

(2) An air ambulance provider's medical director shall be a Utah licensed physician in good standing to supervise the medical care provided in an air medical environment.

(3) A medical director shall:

(a) be board certified or board-eligible in EMS, emergency medicine, or other appropriate critical care specialty that services the patient population involved;

(b) have experience in the care of patients consistent with the licensing and mission profile of the air ambulance provider's service;

(c) designate other medical physician specialists for direction outside medical director's area of practice as appropriate to the air ambulance provider's service mission profile;

(d) have access to medical specialists for consultation regarding patients whose illness and care needs are outside the medical director's area of practice;

(e) have a current DEA registration; and

(f) have current credentials achieved through active participation in patient care and continuing medical education activities appropriate for the role of an air ambulance provider's medical director.

(4) An air ambulance provider's medical director shall have familiarity in the following areas:

(a) care of patients in the air medical environment, including the impact of altitude and other patient stressors, in-flight assessment and care, monitoring capabilities, and limitations of the flight environment;

(b) hazardous materials recognition and response;

(c) management of disaster and mass casualty events;

(d) infection control and prevention;

(e) advanced resuscitation and care of adult, pediatric, and neonatal patients with both traumatic and non-traumatic diagnoses;

(f) quality improvement theories and applications;

(g) principles of adult learning;

(h) capabilities and limitations of care in air ambulance;

(i) applicable federal, state, and local law, rules, and protocols related to air ambulance providers and state trauma rule guidelines;

(j) air ambulance dispatch and communications; and

(k) ethical and legal issues related to air medical transport.

(5) An air ambulance provider's medical director roles and responsibilities shall include:

(a) oversight of medical care provided by the air medical service provider;

(b) ensure competency and currency of medical personnel;

(c) active engagement in the evaluation credentialing, initial training, and continuing education of personnel who provide patient care;

(d) development and approval of written patient care guidelines, policies and protocols, including those addressing the adverse impact of altitude on patient physiology and stressors of transport; and

(e) active engagement in quality management, utilization review, and safety reviews.

**R426-10-27. Patient Compartment General Standards.**

(1) An air ambulance provider shall ensure that a permitted air ambulance has the following:

(a) a climate control system to prevent temperature variations that would adversely affect patient care;

(b) the air ambulance shall have an adequate interior lighting system so that patient care can be given and the patient's status monitored;

(c) for each place where a patient may be positioned, at least one electrical power outlet or other power source that is capable of operating electrically powered medical equipment without compromising the operation of any electrical air ambulance equipment;

(d) a back-up source of electrical power or batteries capable of operating electrically powered life support equipment for at least one hour;

(e) an appropriate power source which is sufficient to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical air ambulance equipment;

(f) an entry that allows for patient loading and unloading without excessive maneuvering and without compromising the operation of monitoring systems, intravenous lines, or manual or mechanical ventilation;

(g) if an isolette is used during patient transport, the operator shall ensure that the isolette can be opened from its secured in-flight position to provide full access to the patient;

(h) adequate access and necessary space to maintain the patient's airway and to provide adequate ventilatory support by an attendant from the secured, seat-belted position within the air ambulance;

(i) a configuration that allows for rapid exit of personnel and patients that will not allow obstruction from stretchers and medical equipment;

(j) an interior of the air ambulance that is sanitary and in good working order during use;

(k) secure positioning of cardiac monitors, defibrillators, and external pacers so that displays are visible to medical personnel; and

(l) procedures for medications to maintain temperatures within manufacturer recommendations.

(2) An air ambulance provider may not use glass containers unless required by medication specifications and be properly vented.

(3) Each air ambulance operator shall ensure that medical equipment is appropriate to the air medical service's scope and mission and maintained in working order according to the manufacturer's recommendations.

(4) Each permitted air ambulance shall be equipped to provide patient care according to approved medical protocols.

**KEY: emergency medical services, air**

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