

#### 7.27.5.7 DEFINITIONS

**O. (6) “Critical care provider”** means the a provider licensed as a paramedic with a bureau approved critical care primary provider shall consist of at least one or flight paramedic credential, registered nurse, physician assistant, nurse practitioner and/or medical physician trained in the area of critical care.

**QUESTION: Should Respiratory Therapist be added in this section since most NICU teams utilize a Respiratory Therapist as a part of their flight team**

#### 7.27.5.15 ENFORCEMENT:

##### **C. Grounds for denial, suspension,**

**(10)** failure of a service to comply with the regional trauma advisory committee rotor wing response protocol or, the fixed/rotor wing inter-facility transportation protocol, or any other bureau protocol or patient care-related policy as outlined in these rules.;

**QUESTION; Should the AMTAC make recommendations, position paper on standards for the RETRAC’s?**

**(19)** conduct on the part of air medical transport service personnel that constitutes a significant threat to the health or safety of individuals receiving emergency care, including but not limited to the following:

- (a)** intentionally providing incorrect response time information to agencies requesting a scene response;
- (b)** repeated delay of transport of critical patients from scene responses for completion of patient care tasks when rapid evacuation to definitive care at an appropriate hospital is critical;

**(20)** unprofessional conduct on the part of the air medical transport service personnel,

**QUESTIONS: 19(A) How do you quantify intentionally providing incorrect response times? There are many variables that can happen when launching an aircraft. These can include but are not limited to maintenance, weather, staffing, fuel planning.**

**19(B) Who will determine “delay” of transport? How will it be enforced? Should this be in developed with the AMTAC. Should this include a clinical quality component rather than just time on scene.**

##### **B. Inter-facility transportation protocol (rotor wing and fixed wing):**

##### **C. General standards**

**(6)** air medical transport services shall include the bureau contact representatives in their emergency call down list (Post Accident Incident Plan).

**QUESTION: Who will be the Bureau contact? What notification does the bureau want? PAIP’s happen weekly at our program. A PAIP is instituted any time an aircraft makes an unplanned landing. This includes but is not limited to Weather, Maintenance, Clinical issues, etc. Contact the bureau for every event could be labor intensive.**

**7.27.5.17 RADIO COMMUNICATION FREQUENCIES:**

**A.** The following Radio equipment capable of transmitting and receiving medical control communications on all New Mexico emergency medical services communication (EMSCOM) system UHF medical frequencies are channels is required in all air ambulance vehicles (fixed and rotor wing).

**Comment: Fixed wing aircraft do not have UHF radios due to limited range**

**7.27.5.197.27.5.18 APPLICATION FOR AIR AMBULANCE CERTIFICATION:** All applications for certification as an air ambulance shall contain the following:

- A.** service name;
- B.** ownership structure: sole proprietor, partnership, corporation, etc.;
- C.** service mailing address;
- D.** physical location of facilities: use additional sheets as necessary;
- E.** communications; **information, to include:**
  - (1)** business telephone;
  - (2)** facsimile number; **Is this outdated?**
  - (3)** dispatch center telephone;
  - (4)** emergency point of contact;
  - (5)** operations telephone;
  - (6)** cellular telephone;
  - (7)** pager number; **Is this outdated**