

7.27.5.13 CERTIFICATION PROCESS AND PROCEDURES:

C. Certification evaluation team (CET): The CET shall typically consist of the membership listed below. The bureau shall convene the membership of the CET as necessary to perform either the initial, temporary service inspections, or whenever the bureau deems necessary.

(1) The CET membership is composed of the following individuals, as determined by the bureau:

(a) bureau representative - team leader;

(b) state EMS medical director or a designated physician;

(c) state aviation representative;

(d) EMS communications representative;

(e) ~~other members as deemed necessary by the bureau.~~ **Representative from the air medical transport advisory committee.**

I. Inspection checklists: Each air ambulance operator shall ensure that all medical equipment is used in conjunction appropriate to the air medical service's ~~scope and mission~~ **level of licensure** and maintained in working order according to the manufacturer's recommendations. Medical equipment shall be available on the aircraft to meet the local/state protocols for EMS providers in which the service intends to operate and in line with the initial certification application standards when applying for renewal to update the bureau on the mission of the air ambulance service. Inspection standards and requirements for medical equipment, EMS training and licensing.

Certification teams should include active members of the Air Medical Transport Advisory Committee. The current rule does not include representation by any active air medical experts.

7.27.5.16 Standards

A. Rotor wing response protocol

This section preempts the Federal Air Line Deregulation Act of 1978, which prevents the EMS Bureau from placing restrictions on an air carriers operations, routes, services. The Bureau is limited to regulating staff licensure and medical equipment.

C. General standards

(3) air ambulance services shall report **all** aviation incidents and accidents to the cooperative network

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(4) a clinical care supervisor shall be an EMT-P or higher level of licensure.

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(7) all air ambulance services shall enter and maintain their operational status in a web - based program designated by the NMDOH bureau of health emergency management, e.g. "EM Systems" or "ReadyOp."

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7.27.5.18 APPLICATION FOR AIR AMBULANCE CERTIFICATION:

J. level of service requested:

- (1) advanced life support;
- (2) critical care; or
- (3) specialty care;

“or” should be removed. This section limits certification to a single level of certification.

7.27.5.15 ENFORCEMENT:

B. Investigations:

- (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;

This section preempts the Federal Air Line Deregulation Act of 1978, which prevents the EMS Bureau from placing restrictions on an air carriers operations, routes, services. The Bureau is limited to regulating staff licensure and medical equipment.

C. Grounds for denial, suspension

- (26) providing false or misleading claims or advertising to clients or the public regarding the service;
- (27) failure to notify the bureau of any incidents or accidents occurring within the course of business;

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7.27.5.2019 AIRCRAFT EQUIPMENT STANDARDS:

A. Medical equipment shall be available on the aircraft that meets the local/state protocols for EMS providers for the area in which the service intends to operate, and in line with ~~mission~~ level of certification of the air ambulance service. The medical equipment shall include, but is not limited to, the following:

- (c) complete set of intubation equipment-adult, pediatric, and infant;
- (8) extra batteries and bulbs;
- (9) syringes, assorted sizes;
- (10) stylets (adult, pediatric and infant);
- (11) magill forceps (adult and pediatric);
- (12) booted hemostat or device appropriate clamp;
- (13) adult endotracheal tubes;
- (17) laryngoscope handle;

(18) laryngoscope blades, curved and straight, sizes 0-1-2-3;

(19) end-tidal carbon dioxide (CO2) monitor;

(20) advanced airway procedure kit, as applicable;

(14) pediatric/infant endotracheal tubes a. 2 sizes of each tube that corresponds to the pediatric weight-based tape, chart or wheel. Medical directors can choose tube sizes based on protocol and evidence based guidelines;

(23) electrocardiogram (ECG) monitor/defibrillator and appropriate adult and infant pads, including external pacemaker pads (secure positioning of cardiac monitors, defibrillators, and external pacers so that displays are visible to medical personnel);

(24) pulse oximeter (adult and pediatric)

(32) soft tip suction catheters set:

(a) adult sizes;

(b) pediatric sizes;

(51) obstetrical kit;

Remove the requirement to carry age specific equipment. Intubation equipment is only required for personnel licensed at or above the ALS level. Requiring this equipment for non ALS is unnecessary and creates an unneeded financial burden. A service that does not treat adult or pediatric patients should not be required to carry equipment they are not going to use or be trained on how to use.