

DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES

CHAPTER 104

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Subchapter 1

General Provisions

37.104.101 DEFINITIONS The following definitions apply in subchapters 1 through 4:

- (1) "Advanced life support (ALS)" means an advanced life support provider as defined in ARM 24.156.2701.
- (2) "Advanced life support service" means an ambulance service or nontransporting medical unit that has the capacity and is licensed by the department to provide care at the EMT-Paramedic equivalent level 24 hours a day, seven days a week:
- (3) "Advanced life support (ALS) kit" means equipment and supplies necessary to support the level of care and endorsements authorized by the service medical director.
- (4) "Advisory committee" means the department advisory committee specified in 50-6-324, MCA.
- (5) "Ambulance service" means an emergency medical service that utilizes an ambulance.
- (6) "Authorization" means the authorization for an ambulance service or nontransporting medical unit to provide limited advanced life support as provided in ARM 37.104.109.
- (7) "Automated external defibrillator (AED)" means a medical device heart monitor and defibrillator that is approved by the U.S. Food and Drug Administration.
- (8) "Basic equipment kit" means the equipment and supplies required by ARM 37.104.204.
- (9) "Basic life support (BLS)" means a basic life support level of care as defined in ARM 24.156.2701.
- (10) "Basic life support service" means an ambulance service or nontransporting medical unit capable of providing care at the basic life support level and licensed as a provider under ARM 37.104.109.
- (11) "Board" means the Montana Board of Medical Examiners of the Department of Labor and Industry, more commonly referred to as BME or BOME.
- (12) "Emergency medical technician-basic (EMT-B)" means an individual who is licensed by the board as an EMT-B.

(13) "Emergency medical technician-basic (EMT-basic) equivalent" means one of the following:

- (a) an EMT-basic;
- (b) any licensed EMT provider above EMT-B, including endorsements; or
- (c) a registered nurse with supplemental training.

(14) "Emergency medical technician-first responder (EMT-F)" means an individual who is licensed by the board as an EMT-F.

(15) "Emergency medical technician-first responder equivalent" means one of the following:

- (a) an EMT-F;
- (b) any licensed EMT provider above EMT-F, including endorsements; or
- (c) a registered nurse with supplemental training.

(16) "Emergency medical technician-intermediate (EMT-I)" means an individual who is licensed by the board as an EMT-I.

(17) "Emergency medical technician-intermediate (EMT-I) equivalent" means one of the following:

- (a) an EMT-intermediate;
- (b) any licensed EMT provider above EMT-I, including endorsements; or
- (c) a registered nurse with supplemental training.

(18) "Emergency medical technician-paramedic (EMT-P)" means an individual who is licensed by the board as an EMT-P.

(19) "Emergency medical technician-paramedic (EMT-P) equivalent" means one of the following:

- (a) an EMT-paramedic;
- (b) an EMT provider with an endorsement above EMT-P; or
- (c) a registered nurse with supplemental training.

(20) "FAA" means the federal aviation administration.

(21) "First responder with an ambulance endorsement" means an individual licensed by the board as an EMT-F ambulance (EMT-F3) as listed in ARM 24.156.2751.

(22) "Grandfathered advanced first aid" means a person:

- (a) certified in American Red Cross emergency response;
- (b) certified in cardiopulmonary resuscitation according to current American Heart Association standards; and
- (c) who was continuously a member of a licensed emergency medical service and was certified in American Red Cross advanced first aid and emergency care from July 1, 1992 through December 31, 1992.

- (23) "Level of service" means basic life support, intermediate life support or advanced life support services.
- (24) "Nontransporting medical unit (NTU)" means a nontransporting unit as specified in ARM 37.104.111.
- (25) "Online medical direction" means online medical direction as defined in ARM 24.156.2701.
- (26) "Permit" means the sticker affixed to a ground ambulance or a certificate placed in an air or ground ambulance indicating the ambulance vehicle has met the requirements of these rules.
- (27) "Statewide protocol" means the statewide protocols defined in ARM 24.156.2701.
- (28) "Provisional license" means an emergency medical service license which is granted by the department and is valid for a maximum of 90 days.
- (29) "Safety and extrication equipment kit" means the equipment and supplies required in ARM 37.104.205.
- (30) "Service medical director" means a person who meets the requirements of a service medical director as provided in ARM 24.156.2701.
- (31) "Service plan" means a written description of how an ambulance service or NTU service plans to provide response within its normal service area.
- (32) "Stipulations" mean those conditions specified by the department at the time of licensing which must be met by the applicant in order to be licensed as an emergency medical service.
- (33) "Supplemental training" means a training program for registered nurses utilized by an emergency medical service that complements their existing education and experience and results in knowledge and skill objectives comparable to the level of EMT training corresponding to the license level at which the service is licensed or authorized.
- (34) "Temporary permit" means a written authorization of limited duration indicating an ambulance vehicle may be used by a licensed ambulance service until a permit can be issued.
- (35) "Transportation equipment kit" means the equipment and supplies required in ARM 37.104.206.
- (36) "Type of service" means either an air ambulance fixed wing, air ambulance rotor wing, ground ambulance, or nontransporting medical unit. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2006 MAR p. 229, Eff. 12/23/05; AMD, 2006 MAR p. 2420, Eff. 10/6/06.)

Rules 37.104.102 through 37.104.104 reserved

37.104.105 LICENSE TYPES AND LEVELS (1) A license will be issued for, and authorize performance of, emergency medical services of a specific type and at a basic or advanced life support level.

(2) Except as specifically provided in this chapter, an emergency medical service may be licensed at an advanced life support level only if they can reasonably provide such service 24 hours a day, seven days a week. (History: 50-6-323, MCA; IMP, 50-6-306, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.106 LICENSE APPLICATION REQUIREMENTS (1) An application for a license to conduct an emergency medical service, including the renewal of a license, must be made on forms specified by the department, accompanied by the license fee, and received by the department not less than 30 days prior to the commencement of a new emergency medical service or the expiration of the license, in the case of an application for renewal.

(2) Within 30 days from receipt of an emergency medical service license application or, if the department requests additional information about the application, within 30 days from receipt of that information, the department shall:

- (a) issue the license;
- (b) issue the license with stipulations;
- (c) issue a provisional license; or
- (d) deny the license.

(3) The department may deny an emergency medical services license if:

- (a) the application does not provide all of the requested information; or
- (b) there is evidence that the applicant is not complying with these rules.

(4) If the department does not take action on the application within 30 days after its receipt, the emergency medical services license must be issued unless the applicant is known to be in violation of these rules.

(5) The department shall inspect each emergency medical service prior to issuing a license. If an inspection cannot be conducted, the department may issue a provisional license until an inspection can be completed.

(6) To establish staggered terms of licensing:

- (a) When the department receives a completed license application for a new emergency medical service, it will assign that service a number; and
- (b) if it grants the license:
 - (i) an odd numbered service will be issued a license expiring December 31 of the year in which it was issued; and
 - (ii) an even numbered service will be issued a license expiring December 31 of the year following the year in which it was issued.

(7) If an emergency medical service from another state identifies Montana as part of its service area, and if it regularly provides an initial emergency medical services response into Montana, the emergency medical service must obtain a Montana emergency medical services license as provided by these rules, unless the other state's licensing standards are essentially comparable to those of Montana, in which case the department may license these services through a reciprocal agreement with the other state.

(8) An emergency medical service responding into Montana to transfer patients from a Montana medical facility to a non-Montana medical facility is not required to obtain a Montana license if it is licensed in its state of origin.

(9) If a licensed emergency medical service is not reasonably available, the occasional and infrequent transportation by other means is not prohibited.

(10) In a catastrophe or major emergency when licensed ambulances are insufficient to render services required, nonlicensed emergency medical services may be used. (History: 50-6-323, MCA; IMP, 50-6-306, 50-6-313, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.107 WAIVERS (1) A request for a waiver of any licensing requirement, pursuant to 50-6-325, MCA, must be submitted to the department on a form specified by the department.

(2) An emergency medical service that is issued a waiver must notify the department of any change in the circumstances which originally justified the waiver. (History: 50-6-323, MCA; IMP, 50-6-325, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.108 ADVERTISING RESTRICTIONS (1) Except as otherwise specifically provided in this chapter, no person may:

(a) advertise the provision of an emergency medical service without first having obtained a license from the department; or

(b) advertise, allow advertisement of, or otherwise imply provision of emergency medical services at a level of care higher than that for which the service is licensed. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.109 BASIC LIFE SUPPORT SERVICE LICENSING (1) An ambulance service or nontransporting medical unit (NTU) capable of providing service only at the basic life support level will be licensed at the basic life support level.

(a) An ambulance service or NTU that provides advanced life support but cannot reasonably provide it 24 hours per day, seven days per week due to limited personnel, will receive a basic life support license.

(b) Ambulance services or NTUs shall request authorization for (1)(a) by submitting a service plan on forms provided by the department. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05; AMD, 2006 MAR p. 2420, Eff. 10/6/06.)

37.104.110 SERVICE OPERATION (1) An emergency medical service may not be operated in a manner that presents a risk to, threatens, or endangers the public health, safety, or welfare. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.111 NONTRANSPORTING MEDICAL UNIT (1) A nontransporting medical unit is an aggregate of persons who hold themselves out as providers of emergency medical services who:

(a) do not routinely provide transportation to ill or injured persons; and
(b) routinely offer to provide services to the general public beyond the boundaries of a single recreational site, work site, school, or other facility.

(2) A nontransporting EMS service must have an agreement with a licensed ambulance service to ensure continuity of care and adequate transportation for its patients. An ambulance service is not required to approve of or enter into an agreement with a nontransporting EMS service.

(3) A law enforcement agency, fire department, search and rescue unit, ski patrol, or mine rescue unit which does not hold itself out as a provider of emergency medical care to the public shall not be considered a nontransporting service solely because members of that unit or department provide medical care at the scene of a medical emergency to which they were dispatched for other purposes. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.112 STANDARD OF CARE (1) All emergency medical personnel must provide care which conforms to the general standard of care promulgated by the Board of Medical Examiners. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

Rule 37.104.113 reserved

37.104.114 LICENSE RENEWALS (1) License renewals will be for two year periods and will expire on December 31 of the second year of the period. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.115 APPEAL FROM ORDER (1) An order issued by the department may be appealed to the department if the person named in the order submits a written request for a hearing before the department.

(2) In order for the hearing request to be effective, the written request must be received by the department within 30 calendar days after the date a notice of violation and order is served upon the person requesting the hearing. (History: 50-6-323, MCA; IMP, 50-6-323, 50-6-327, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 37.104.116 through 37.104.119 reserved

37.104.120 ADVISORY COMMITTEE (1) An advisory committee will consist of a physician appointed by the department and one representative of each type and level of service licensed, selected from a group of individuals who have expressed an interest in serving on the committee and who have completed and returned the forms specified by the department, with adequate consideration to demographics and geographics.

(2) Members of the committee shall serve two or three year terms with the initial terms of membership randomly assigned.

(3) The committee may conduct its business by a meeting or, when appropriate, by a telephone conference call. (History: 50-6-323, MCA; IMP, 50-6-324, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

Subchapter 2

Licensing of Ambulance Service

37.104.201 COMMUNICATIONS (1) A ground ambulance must have a VHF mobile radio, and an air ambulance must have a VHF portable radio, each with a minimum of the following:

- (a) dual tone multi-frequency encoder;
- (b) frequency 155.280 mHz;
- (c) frequency 155.340 mHz;
- (d) frequency 155.325 mHz;
- (e) frequency 155.385 mHz; and
- (f) frequency 153.905 mHz.

(2) A nontransporting unit must have the capability of providing at least one radio at every emergency medical scene with a minimum of the following:

- (a) frequency 155.280 mHz;
- (b) frequency 155.340 mHz; and
- (c) frequency 153.905 mHz.

(3) An emergency medical service must have current legal authorization to use each of the frequencies required in (2). (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.202 SAFETY: GENERAL REQUIREMENTS (1) All ambulance vehicles and all emergency medical services equipment must be maintained in a safe and operating condition.

(2) Each emergency medical service must establish written policies and procedures for, and maintain written documentation of, the preventive maintenance of ambulances and emergency medical equipment.

(3) All oxygen cylinders must be secured so that they will not roll, tip over, or become projectiles in the event of a sudden vehicular maneuver.

(4) Emergency medical services personnel must be alert and capable during an emergency response. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.203 EQUIPMENT (1) A basic equipment kit must be in each ground ambulance and available to each nontransporting unit and air ambulance on every call.

(2) When a transportation equipment kit or safety and extrication kit is required, it must be physically in each ground ambulance at all times and available to each air ambulance on every call.

(3) An advanced life support kit does not need to be permanently stored on or in an ambulance or nontransporting unit, but may be kept separately in a modular, prepackaged form, so long as it is available for rapid loading and easy access at the time of an emergency response. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.204 BASIC EQUIPMENT KIT (1) A basic equipment kit must include all of the following equipment and supplies:

- (a) two air occlusive dressings;
 - (b) one blood pressure manometer with adult, extra large adult, and pediatric cuffs;
 - (c) one stethoscope;
 - (d) five dressings (assorted);
 - (e) two pairs of exam gloves;
 - (f) one pair of safety glasses to provide splash protection for the emergency care provider;
 - (g) one surgical mask;
 - (h) one oral glucose;
 - (i) one flashlight;
 - (j) four soft roller bandages;
 - (k) four rolls of adhesive tape of assorted sizes;
 - (l) four triangular bandages;
 - (m) four oropharyngeal airways of assorted child and adult sizes;
 - (n) one mouth to mask resuscitator with one-way valve, oxygen inlet and oxygen connecting tubing;
 - (o) one bulb syringe or equivalent suction apparatus;
 - (p) one portable oxygen system containing at least 200 liters of oxygen and with regulator and flowmeter;
 - (q) one adult and one pediatric oxygen mask;
 - (r) one nasal oxygen cannula;
 - (s) one pair of scissors;
 - (t) one pair of heavy leather gloves;
 - (u) one helmet for personnel that is capable of protection from head injury;
- and
- (v) paper and pen or pencil. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.205 SAFETY AND EXTRICATION KIT (1) A safety and extrication kit must include the following equipment and supplies:

- (a) a total of five pounds of ABC fire extinguisher, except for an extinguisher in an air ambulance, which must meet FAA standards;
- (b) one short immobilization device with patient securing materials;
- (c) three rigid cervical collars of assorted sizes;
- (d) one Phillips screwdriver;
- (e) one straight blade screwdriver;
- (f) one spring loaded center punch;
- (g) one crescent wrench;
- (h) one pair pliers; and
- (i) one hacksaw and blade. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.206 TRANSPORTATION EQUIPMENT KIT (1) A transportation and equipment kit must include the following equipment and supplies:

- (a) one suction unit, either portable or permanently installed, which operates either electrically or by engine vacuum and includes all necessary operating accessories;
- (b) an oxygen supply administration system containing a minimum of 1,000 liters of oxygen;
- (c) one sterile disposable humidifier;
- (d) one rigid pharyngeal suction tip;
- (e) one long spinal immobilization device with patient securing materials;
- (f) one lower extremity traction device;
- (g) two lower extremity rigid splints;
- (h) two upper extremity rigid splints;
- (i) one ambulance cot with at least two restraining straps and, with the exception of an air ambulance litter, four wheels and the capability of elevating the head; and
- (j) clean linen for the primary cot and for replacement. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

Rule 37.104.207 reserved

37.104.208 SANITATION (1) Each emergency medical service must develop and adhere to a written service sanitation policy that includes at least a method to dispose of contaminated materials meeting the minimum requirements set out in (2), as well as the following standards:

- (a) Products for cleaning shall contain a recognized, effective germicidal agent;
- (b) Disposable equipment must be disposed of after its use;
- (c) Any equipment that has come in contact with body fluids or secretions must be cleaned with a recognized germicidal/viricidal product;
- (d) Linen must be changed after every use;
- (e) Oxygen humidifiers must be single service and disposable; and
- (f) Needles must not be recapped, bent, or broken, and must be disposed of in a container that provides protection to personnel from a needle puncture.

(2) Each emergency medical service must do at least the following in disposing of infectious waste:

(a) Each service shall store, transport off the premises, and dispose of infectious waste as defined in 75-10-1003, MCA and in accordance with the requirements set forth in 75-10-1005, MCA; and

(b) Used sharps shall be properly packaged and labeled as provided in 75-10-1005, MCA and as required by the Occupational Safety and Health Administration (OSHA).

(3) The interior of an ambulance, including all storage areas, must be kept clean and free from dirt, grease and other offensive matter. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 37.104.209 through 37.104.211 reserved

- 37.104.212 RECORDS AND REPORTS (1) Each emergency medical service must maintain a trip report for every run in which patient care was offered or provided, which contains at least the following information:
- (a) identification of the emergency medical services provider;
 - (b) date of the call;
 - (c) patient's name and address;
 - (d) type of run;
 - (e) identification of all emergency medical services providers, riders, trainees, or service personnel officially responding to the call;
 - (f) the time:
 - (i) the dispatcher was notified;
 - (ii) the emergency medical service was notified;
 - (iii) the emergency medical service was enroute;
 - (iv) of arrival on the scene;
 - (v) the service departed the scene or turned over the patient to an ambulance service; and
 - (vi) of arrival at receiving hospital, if applicable;
 - (g) history of the patient's illness or injury, including the findings of the physical examination;
 - (h) treatment provided or offered by the emergency medical services personnel, including, when appropriate, a record of all medication administered, the dose, and the time administered;
 - (i) record of the patient's vital signs, including the time taken, if applicable;
 - (j) utilization of online medical control, if applicable; and
 - (k) destination of the patient, if applicable.
- (2) Trip reports may be reviewed by the department.
- (3) Copies of trip reports must be maintained by the service for a minimum of seven years.
- (4) Each emergency medical service must provide the department with a quarterly report, on a form provided by the department, that specifies the number and types of runs occurring during the quarter, the type of emergency, and the average response times.
- (5) Immediately or as soon as possible upon arrival at a receiving facility, but no later than 48 hours after the end of the patient transport, an ambulance service must provide a copy of the trip report to the hospital that receives the patient. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.213 PERSONNEL REQUIREMENTS (1) Each emergency medical service must meet the following personnel standards:

(a) All personnel functioning on the emergency medical service must have current certificates, licenses, proof of training, or evidence of legal authorization to function;

(b) Emergency medical services personnel may use only that equipment and perform those skills for which they are trained, certified, or licensed and legally permitted to use;

(c) When functioning under the conditions defined in ARM 24.156.2771, a licensed service may use EMTs licensed in another state to provide basic life support; and

(d) EMTs on licensed services may carry and administer auto-injectors as provided for in ARM 24.156.2771.

(2) All ambulances must have at least one of the required personnel as set forth in ARM 37.104.316, 37.104.319, 37.104.326, 37.104.329, 37.104.401, and 37.104.404 attending the patient, and, when providing care at an advanced life support level, the person certified at the corresponding level must attend the patient. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 37.104.214 through 37.104.217 reserved

37.104.218 MEDICAL CONTROL: SERVICE MEDICAL DIRECTOR

(1) Each emergency medical service that provides service at the advanced life support level shall have a service medical director.

(2) The requirements and responsibilities of the service medical director shall be as defined in ARM 24.156.2701.

(3) As provided in ARM 24.156.2701, a designated service medical director must be a physician or physician assistant who is responsible professionally and legally for overall medical care provided by a licensed ambulance service. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05; AMD, 2006 MAR p. 2420, Eff. 10/6/06.)

37.104.219 MEDICAL CONTROL: EMT-DEFIBRILLATION (REPEALED)

(History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.220 MEDICAL CONTROL: EMT-INTERMEDIATE (REPEALED)

(History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.221 MEDICAL CONTROL: ADVANCED LIFE SUPPORT

(1) An advanced life support service must have a two-way communications system, approved by the department, with either:

(a) a 24-hour physician staffed emergency department; or

(b) a physician approved by the service medical director. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05; AMD, 2006 MAR p. 2420, Eff. 10/6/06.)

Subchapter 3

Specific Ambulance Licensure Requirements

37.104.301 AMBULANCE (1) No ambulance may be utilized by an emergency medical service until the department has inspected the ambulance; found it is, at the time of inspection, in compliance with these rules; and issued a permit to the emergency medical service for the ambulance. The department may issue a temporary permit, by mail or otherwise, until an inspection can be completed.

(2) The ambulance permit must be displayed either on or in the ambulance as the department directs.

(3) The department may revoke the ambulance permit at any time if the vehicle is no longer in compliance with these rules.

(4) The decision to deny or revoke an ambulance permit may be appealed to the department if the emergency medical service submits a written request for an informal reconsideration to the department within 30 days after the service receives written notice of the decision to revoke or deny the permit.

(a) If a timely request for an informal reconsideration is received, the reconsideration will be conducted within 30 days following the receipt of the request. Such informal reconsideration shall be conducted in accordance with the procedures specified for informal reconsiderations in ARM 37.5.311, and is not subject to the contested case provisions of the Montana Administrative Procedure Act, Title 2, chapter 4, MCA or, except as provided in this rule, the provisions of ARM 37.5.304, 37.5.305, 37.5.307, 37.5.310, 37.5.311, 37.5.313, 37.5.316, 37.5.318, 37.5.322, 37.5.325, 37.5.328, 37.5.331, 37.5.334, and 37.5.337.

(5) The decision of the department after an informal reconsideration conducted pursuant to this rule is a final agency decision. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 2000 MAR p. 1653, Eff. 6/30/00; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 37.104.302 through 37.104.304 reserved

37.104.305 AMBULANCE SPECIFICATIONS: GENERAL (1) A new ambulance, except one that was in service in Montana in a licensed ambulance service on or before January 1, 1990, must have the following:

(a) a patient envelope, available at all times for the primary patient, above the upper torso and head and providing a minimum rectangle of space above the stretcher that is free of all projections and encumbrances, with an allowance for the curvature of the fuselage of an aircraft and the following dimensions:

- (i) 18 inches wide;
- (ii) 28 inches high;
- (iii) 30 inches long;

(b) additional contiguous space above the lower extremities which provides a minimum rectangle of space above the stretcher with the following dimensions:

- (i) 18 inches wide;
- (ii) 18 inches high;
- (iii) 42 inches long;

(c) space available for the attendant above the stretcher, free of all projections and encumbrances, with the following dimensions:

- (i) 14 inches wide;
- (ii) 18 inches long;
- (iii) 28 inches above the patient cot;

(d) attendant space available at the head or either side of the patient envelope;

(e) a patient compartment isolated throughout the medical mission so that:

(i) the medically related activities do not interfere with the safe operation of the ambulance;

(ii) the vehicle controls and radios are physically protected from any intended or accidental interference by the secured patient; and

(iii) the driver or pilot's out-of-ambulance vision is protected from the reflections of cabin lighting by a blackout curtain, a permanently installed partition, or lighting in blue or red, none of which may interfere with the safe operation of the ambulance.

(2) All ambulances must be equipped with:

(a) seat belts for the driver, attendants, and seated patients; and safety belts to secure the patient to the cot;

(b) a mechanism of securing the cot;

(c) interior lighting in the patient compartment sufficient to allow visual determination of the patient's condition and vital signs. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.306 AMBULANCE SPECIFICATIONS: GROUND AMBULANCES

- (1) All ground ambulances must have the following markings and emblems:
 - (a) The word "ambulance" must be affixed in mirror image in reflectorized lettering, centered above the grill on the front of the vehicle; and
 - (b) The word "ambulance" must be affixed to the rear of the vehicle in reflectorized lettering.
- (2) The required markings may not appear on nonlicensed ambulances, with the exception of those ambulances temporarily in transit within the state.
- (3) An ambulance must be equipped with operational emergency lighting and siren.
- (4) All new ambulances, except those in service in Montana on or before January 1, 1990, must be equipped with audible backup warning devices. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.307 AMBULANCE SPECIFICATIONS: AIR AMBULANCE

- (1) A rotor wing air ambulance must be fitted with an FAA-approved, externally mounted, searchlight of at least 300,000 candle power, capable of being controlled by the pilot without removing his hands from the flight controls, with a minimum motion of 90 degrees vertical and 180 degrees horizontal.
- (2) The stretcher for the air ambulance must be secured by an FAA-approved method and must meet FAA static test load factors.
- (3) The entrance in an ambulance for patient loading must be constructed so that under normal circumstances the stretcher does not require excessive tilting or rotation around the pitch or roll axis. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 37.104.308 through 37.104.310 reserved

37.104.311 SAFETY: GROUND AMBULANCE SERVICES (1) Except as provided in (3), an emergency medical service must take measures to assure that the carbon monoxide level in a ground ambulance does not exceed ten parts per million accumulation at the head of the patient stretcher. The service must continuously maintain in the patient compartment:

(a) a disposable carbon monoxide detector, approved by the department, which is capable of immediately detecting a dangerous rise in the carbon monoxide level; or

(b) an electronic carbon monoxide monitor.

(2) Services that use a disposable carbon monoxide detector must also:

(a) write on the detector the date of its placement; and

(b) keep replaced detectors for a period of three years.

(3) An emergency medical service is not required to maintain a carbon monoxide detector in a diesel powered ambulance.

(4) Windshields must be free from all cracks within the windshield wiper coverage area.

(5) Tires must have at least 4/32 inch of tread depth, measured at two points not less than 15 inches apart in any major tread groove at or near the center of the tire.

(6) No one may smoke in a ground ambulance. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.312 SAFETY: AIR AMBULANCE (1) Each stretcher support must have, as a minimum, FAA-approved provisions for securing a 95th percentile adult American male patient, consisting of individual restraints across the chest and legs, and, with the exception of rotor wing ambulances, a shoulder harness that meets FAA technical service order standards.

(2) In rotor wing ambulances, high pressure containers and lines for medical gases may not be positioned in the scatter zone of the engine turbine wheels, unless adequate protection is provided to prevent penetration by turbine blade and wheel parts.

(3) Survival gear applicable to the needs of the area of operation and the number of occupants must be carried on board and appropriately maintained.

(4) Any modifications to the interior of an aircraft to accommodate medical equipment must have FAA approval and be maintained to FAA standards.

(5) No one may smoke in an air ambulance.

(6) An emergency medical service must take measures to assure that the carbon monoxide level does not exceed ten parts per million accumulation at the head of the patient stretcher or in the pilot's compartment, including the following:

(a) continuously maintaining, in the patient compartment and in the pilot's compartment, disposable or electronic carbon monoxide detectors, approved by the department, which are capable of immediately detecting a dangerous rise in the carbon monoxide level;

(b) writing on each of the disposable detectors the date of its placement, and replacing it prior to the expiration date;

(c) keeping replaced disposable detectors for a period of three years after the date of their replacement. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 37.104.313 through 37.104.315 reserved

37.104.316 PERSONNEL REQUIREMENTS: BASIC LIFE SUPPORT GROUND AMBULANCE SERVICE (1) A basic life support ground ambulance service must ensure that at least two of the following individuals are on board the ambulance when a patient is loaded or transported, with the proviso that having only two EMT-Fs with ambulance endorsements on a call is not allowed:

- (a) a grandfathered person certified in advanced first aid;
- (b) an EMT-basic equivalent; or
- (c) a physician.

(2) A basic life support ambulance service may be authorized as provided in ARM 37.104.320 to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.317 PERSONNEL: EMT-DEFIBRILLATION GROUND AMBULANCE SERVICE (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.318 PERSONNEL: EMT-INTERMEDIATE GROUND AMBULANCE SERVICE (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.319 PERSONNEL: ADVANCED LIFE SUPPORT GROUND AMBULANCE SERVICE (1) An advanced life support ground ambulance service must:

- (a) meet the personnel requirements of a basic life support ground ambulance service contained in ARM 37.104.316; and
- (b) when transporting a patient at the advanced life support level, ensure that one of the required personnel is an advanced life support EMT. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.320 AUTHORIZATION (1) In order for a basic service to be authorized at a higher level of service, it must:

- (a) apply on forms provided by the department; and
- (b) have an approved service medical director. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 37.104.321 through 37.104.324 reserved

37.104.325 PERSONNEL: AIR AMBULANCE, GENERAL (1) All air ambulance personnel who are added to the roster of the service after January 1, 1993, must be certified by their local medical director as having completed the knowledge and skill objectives of an aeromedical training program approved by the department, with the exception that a new employee may function as an air ambulance attendant for a maximum of one year without this aeromedical training.

(2) During inter-facility transfers by air ambulance, the service medical director may specify the level of training personnel in attendance must have in order to match the medical needs of the patient, with the proviso that (1) above must still be complied with. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.326 PERSONNEL: BASIC LIFE SUPPORT AIR AMBULANCE SERVICE (1) A basic life support air ambulance must meet the personnel requirements of a basic life support ground ambulance contained in ARM 37.104.316, with the exception that only one person is required in addition to the pilot. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.327 PERSONNEL: EMT-DEFIBRILLATION LIFE SUPPORT AIR AMBULANCE SERVICE (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.328 PERSONNEL: EMT-INTERMEDIATE LIFE SUPPORT AIR AMBULANCE SERVICE (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.329 PERSONNEL: ADVANCED LIFE SUPPORT AIR AMBULANCE SERVICE (1) In addition to the pilot, one advanced life support EMT is required. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.330 EMT LEVEL OF CARE LIMITATIONS (1) With the exception of a physician or the circumstances described in ARM 37.104.335(3), individual personnel shall not provide a level of care higher than the level and type for which the emergency medical service is licensed. The service must be licensed or authorized to operate at the highest level it plans to allow individuals to provide care. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 37.104.331 through 37.104.334 reserved

37.104.335 OTHER REQUIREMENTS: AMBULANCE SERVICES

- (1) If an ambulance service publicly advertises a telephone number to receive calls for emergency assistance, that telephone number must be answered 24 hours a day, seven days per week.
- (2) An ambulance service may transport patients who are receiving care at a higher level than the level for which the service is licensed if:
 - (a) The higher level of care is initiated by a licensed emergency medical service authorized to perform that level of care; and
 - (b) The personnel and the equipment of the emergency medical services licensed at the higher level accompany the patient in the ambulance.
- (3) An ambulance service may perform inter-facility (including between a physician's office and hospital) transfers at a higher level of care than the level to which the service is licensed if personnel trained and legally authorized to provide the higher level of care, as well as appropriate equipment, accompany the patient in the ambulance to assure continuity of patient care.
- (4) Ambulance services may use only those vehicles which have received either a permit or a temporary permit from the department. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.336 OTHER REQUIREMENTS: AIR AMBULANCE SERVICE

- (1) An air ambulance service must be licensed under current FAA regulations. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Subchapter 4

Specific Nontransporting Services License Requirements

37.104.401 PERSONNEL: BASIC LIFE SUPPORT NONTRANSPORTING

UNIT (1) At least one of the following individuals must be on each call:

- (a) a person with a grandfathered advanced first aid training;
- (b) an EMT-first responder (EMT-F);
- (c) an EMT-first responder equivalent; or
- (d) a licensed physician. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.402 PERSONNEL: EMT-DEFIBRILLATION LIFE SUPPORT

NONTRANSPORTING UNIT (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.403 PERSONNEL: EMT-INTERMEDIATE LIFE SUPPORT

NONTRANSPORTING UNIT (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.404 PERSONNEL: ADVANCED LIFE SUPPORT

NONTRANSPORTING UNIT (1) An advanced life support nontransporting unit must:

(a) meet the personnel requirements of a basic life support nontransporting unit contained in ARM 37.104.401; and

(b) when responding at the advanced life support level, ensure that at least one advanced level EMT is on the call. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 37.104.405 through 37.104.409 reserved

37.104.410 OTHER REQUIREMENTS: NONTRANSPORTING SERVICES

(1) A nontransporting unit must:

(a) assure that patients are not transported by a nonlicensed ambulance service, unless a licensed service is not reasonably available;

(b) assure either that the patient is always transported by an ambulance service licensed to provide at least the same level of patient care commenced by the nontransporting service or that the ambulance service carries the personnel and equipment of the nontransporting service with the patient to the hospital if a level of care has commenced which the ambulance service cannot legally continue;

(c) have a written dispatch policy and procedure coordinated with a licensed ambulance service. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

Subchapter 5 reserved

Subchapter 6

Automated External Defibrillators (AED)

37.104.601 DEFINITIONS The following definitions apply to this chapter, in addition to the definitions contained in 50-6-501, MCA:

(1) "Automated external defibrillators (AED) training program" means a course of instruction approved by the department which provides the initial education in the use of the AED and which has requirements for continued assurance of the competency of individuals in using an AED.

(2) "CPR" means cardiopulmonary resuscitation. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-501, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 02 and 03 reserved

37.104.604 WRITTEN PLAN (1) An entity wishing to use or allow the use of an AED shall develop, update as changes are made, and adhere to a written plan that:

(a) for a stationary location specifies the physical address where the AED will be located;

(b) for a mobile location specifies the geographic area in which the AED will be used and specifies how the AED will be transported to the scene of a cardiac arrest;

(c) includes the names of the individuals currently authorized to use the AED;

(d) describes how the AED use will be coordinated with each licensed emergency medical service providing coverage in the area where the AED is located, including how emergency medical services will be activated every time that an AED is attached to a patient;

(e) specifies the name, telephone number(s) and address of the Montana licensed physician who will be providing medical supervision to the AED program and how the physician, or the physician's designee, will supervise the AED program;

(f) specifies the name, telephone number(s) and address of the physician's designee, if any, who will assist the physician in supervising the AED program;

(g) specifies the maintenance procedures for the AED, including how it will be maintained, tested and operated according to the manufacturer's guidelines;

(h) requires that written records of all maintenance and testing performed on the AED be kept;

(i) describes the records that will be maintained by the program; and

(j) describes how the required reports of AED use will be made to the physician supervising the AED program, or their designee, and to the department. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-501 and 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.605 WRITTEN NOTICE (1) Prior to allowing any use of an AED, an entity must provide the following, in addition to a copy of the plan required by ARM 37.104.604, to each licensed emergency medical service and public safety answering point or emergency dispatch center in the area where the AED is located:

(a) a written notice, on a form provided by the department, that includes the following information:

(i) the name of the entity that is establishing the AED program;

(ii) the business address and telephone number, including physical location, of the entity;

(iii) the name, telephone number and address of the individual who is responsible for the onsite management of the AED program;

(iv) the starting date of the AED program; and

(v) where the AED is physically located. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-502 and 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.606 REPORTS (1) Every time an AED is attached to a patient, its use must be reported to the supervising physician or the physician's designee and the report must include the information required by the supervising physician.

(2) Every time an AED is attached to a patient, the supervising physician or their designee shall provide to the department, on a form provided by the department, the following information:

- (a) the name of the entity responsible for the AED;
- (b) the name, address and telephone number of the supervising physician;
- (c) the date of the call;
- (d) the age of the patient;
- (e) the gender of the patient;
- (f) location of the cardiac arrest;
- (g) estimated time of the cardiac arrest;
- (h) whether or not CPR was initiated prior to the application of the AED;
- (i) whether or not the cardiac arrest was witnessed;
- (j) the time the first shock was delivered to the patient;
- (k) the total number of shocks and joules delivered;
- (l) whether or not there was a pulse after the shocks and whether or not the pulse was sustained; and
- (m) whether or not the patient was transported, and if so, the name of the transporting agency and the location to which the patient was transported. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-502 and 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 07 through 09 reserved

37.104.610 TRAINING (1) In order to be authorized by an AED program plan to use an AED, an individual must:

(a) have current training in adult cardiopulmonary resuscitation that meets the standards of the American heart association and must renew this training at intervals not to exceed 2 years;

(b) complete one of the approved AED training programs listed in (2) below and renew the training at intervals not to exceed 2 years.

(2) AED training programs developed by the following organizations are approved by the department:

(a) American heart association;

(b) American national red cross;

(c) national safety council;

(d) EMP international, inc. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-502 and 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 11 through 14 reserved

37.104.615 MEDICAL PROTOCOL (1) A medical protocol for defibrillation use must be consistent with the energy requirements for defibrillation set out on pages 2211 through 2212 of "Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care, Recommendations of the 1992 National Conference" published in the Journal of the American Medical Association on October 28, 1992, Volume 268, Number 16, or with the 1998 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care.

(2) The department hereby adopts and incorporates by reference the energy requirements for defibrillation referred to in (1), which set standards for proper defibrillation. A copy of the documents referred to in (1) above may be obtained from the Department of Public Health and Human Services, Health and Human Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951. (History: 50-6-503, MCA; IMP, 50-6-502, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.616 REQUIREMENTS OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED) (1) An AED used by an AED program must be a unit approved by the U.S. food and drug administration. (History: 50-6-503, MCA; IMP, 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Subchapter 7 reserved

Subchapter 8

Notification of Exposure to Infectious Disease

37.104.801 TRANSMITTABLE INFECTIOUS DISEASES (1) The following infectious diseases are designated as having the potential of being transmitted to emergency services providers through an exposure described in ARM 37.104.804:

- (a) human immunodeficiency virus infection (AIDS or HIV infection);
- (b) hepatitis B;
- (c) hepatitis C;
- (d) hepatitis D;
- (e) communicable pulmonary tuberculosis;
- (f) meningococcal meningitis; and
- (g) any disease attributed to a specific bacterial, parasitic, or other agent recognized by "The Control of Communicable Diseases Manual" as transmittable person to person by any of the exposures listed in ARM 37.104.804.

(2) For purposes of the reporting requirements of 50-16-702(2), MCA, communicable pulmonary tuberculosis and meningococcal meningitis are considered airborne infectious diseases.

(3) For the purpose of (1)(g) above, the department hereby adopts and incorporates by reference the "The Control of Communicable Diseases Manual" published by American Public Health Association, 16th edition, 1995, which contains a list of transmission and control measures for communicable diseases. A copy of the manual may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: 50-16-701, 50-16-705, MCA; IMP, 50-16-701, 50-16-705, MCA; NEW, 1989 MAR p. 2229, Eff. 12/22/89; EMERG, AMD, 1994 MAR p. 1704, Eff. 6/24/94; AMD, 1999 MAR p. 1127, Eff. 5/21/99; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 37.104.802 and 37.104.803 reserved

37.104.804 REPORTABLE EXPOSURE (1) The types of exposures that a designated officer shall report to a health care facility upon the request of an emergency services provider are:

(a) any person to person contact in which a co-mingling of respiratory secretion (saliva and sputum) of the patient and the emergency services provider may have taken place;

(b) transmittal of the blood or bloody body fluids of the patient onto the mucous membranes of the emergency services provider (mouth, nose, eyes) and/or into breaks in the skin of the emergency services provider;

(c) transmittal of other body fluids (semen, vaginal secretion, amniotic fluid, feces, wound drainage, or cerebral spinal fluid) onto the mucous membranes of the emergency services provider;

(d) any non-barrier protected contact of the emergency services provider with the mucous membranes or non-intact skin of the patient. (History: 50-16-705, MCA; IMP, 50-16-701, 50-16-705, MCA; NEW, 1989 MAR p. 2229, Eff. 12/22/89; EMERG, AMD, 1994 MAR p. 1704, Eff. 6/24/94; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.805 EXPOSURE FORM (1) A report of exposure must be filed with the health care facility by the designated officer on a form developed and approved by the department, entitled "Report of Exposure".

(2) The report form will require the following, at a minimum:

(a) name, address, and phone numbers of the emergency services provider who sustained an exposure;

(b) date and time of the exposure;

(c) a narrative description of the type of exposure that occurred, a detailed description of how the exposure took place, and a description of any precautions taken;

(d) the name and, if available, the date of birth of the patient;

(e) the name of the health care facility receiving the patient and the health care facility's infectious disease control officer;

(f) the name of the emergency services organization with which the health care provider was officially responding;

(g) the names and phone numbers of the designated officer and the alternate;

(h) the address of the designated officer to which the written notification required by 50-16-702(2)(c), MCA, is to be sent; and

(i) the signature of the designated officer filing the report.

(3) A copy of the required form is available from the Department of Public Health and Human Services, Public Health and Safety Division, Emergency Medical Services and Trauma Systems Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, telephone: (406)444-3895.

(4) An emergency service provider should, but is not required to, notify his designated officer within 72 hours after the exposure if he wishes a report of exposure to be filed.

(5) It is the department's interpretation that the information in 50-16-702(2)(c), MCA requires a health care facility to provide to a designated officer in response to the filing with the facility of a report of exposure is limited to information related to the health care facility stay directly resulting from the incident that generated the exposure, and not to any subsequent emergency transport to that facility involving the same patient and the same emergency medical service. This interpretation is advisory only and not binding upon anyone. (History: 50-16-705, MCA; IMP, 50-16-702, 50-16-705, MCA; NEW, 1989 MAR p. 2229, Eff. 12/22/89; EMERG, AMD, 1994 MAR p. 1704, Eff. 6/24/94; AMD, 1999 MAR p. 1127, Eff. 5/21/99; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 37.104.806 through 37.104.809 reserved

37.104.810 RECOMMENDED MEDICAL PRECAUTIONS AND TREATMENT (1) At a minimum, a health care facility that notifies the designated officer of the emergency services provider who attended a patient prior to or during transport or who transported a patient who has been diagnosed as having one of the infectious diseases listed in ARM 37.104.801 must recommend that the exposed emergency services provider take the medical precautions and treatment:

- (a) specified in "The Control of Communicable Diseases Manual", published by the American Public Health Association, 16th Edition, 1995; and
- (b) other additional medical precautions and treatment recommended by the health care facility.

(2) The designated officer must then forward these recommendations to the emergency medical services provider(s) who was/were exposed.

(3) The department hereby adopts and incorporates by reference "The Control of Communicable Diseases Manual", published by the American Public Health Association, 16th Edition, 1995, which lists and specifies control measures for communicable diseases. A copy of "The Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: 50-16-705, MCA; IMP, 50-16-703, 50-16-705, MCA; NEW, 1989 MAR p. 2229, Eff. 12/22/89; EMERG, AMD, 1994 MAR p. 1704, Eff. 6/24/94; AMD, 1999 MAR p. 1127, Eff. 5/21/99; TRANS, from DHES, 2001 MAR p. 2305.)

Subchapters 9 through 29 reserved

Subchapter 30

Trauma Facility Designation

37.104.3001 DEFINITIONS In addition to the definitions in 50-6-401, MCA, the following definitions apply to this subchapter:

(1) "Appendix I of the State Trauma Plan" means the appendix of the 2006-2010 Montana Trauma System Plan that contains the requirements for a facility to meet in order to be designated as a particular type of trauma care facility. The department adopts and incorporates by reference Appendix I of the department's 2006-2010 Montana Trauma System Plan, which sets forth the facility requirements for designation of trauma facilities. A copy of Appendix I of the 2006-2010 Montana State Trauma Plan may be obtained from the Department of Public Health and Human Services, Public Health and Safety Division, Emergency Medical Services and Trauma Systems Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(2) "Appendix J of the State Trauma Plan" means the appendix of the 2006-2010 Montana Trauma System Plan that contains the criteria for including a patient in the state trauma register, the format specified by the department for a health care facility trauma registry, and the requirements for collection of state trauma register and health care facility registry data. The department adopts and incorporates by reference Appendix J of the department's 2006-2010 Montana Trauma System Plan. A copy of Appendix J of the 2006-2010 Montana Trauma System Plan may be obtained from the Department of Public Health and Human Services, Public Health and Safety Division, Emergency Medical Services and Trauma Systems Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(3) "Application" means the submission of written information by a health care facility, on forms required by the department, requesting designation as a specific level of trauma facility and providing information regarding its compliance with the criteria in Appendix I of the State Trauma Plan concerning the resources a facility must have to qualify as that level of trauma facility.

(4) "Area trauma hospital" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in Appendix I of the State Trauma Plan.

(5) "Community trauma facility" means a health care facility that is designated by the department as having met the standards for a community trauma facility as described in Appendix I of the State Trauma Plan.

(6) "Corrective action plan" means the specific actions that are required of a health care facility by the department in order to be in compliance with trauma facility requirements and that are included in a plan written by the health care facility and approved by the site review team.

(7) "Designated facility" refers to a health care facility that has been determined by the department to satisfy the requirements of one of the four categories of trauma facilities as described in Appendix I of the State Trauma Plan.

(8) "Designation" means a formal determination by the department that a health care facility has met the requirements for a level of trauma facility as described in Appendix I of the State Trauma Plan.

(9) "Designation subcommittee" means members of the State Trauma Care Committee's Performance Improvement Subcommittee that are selected by the Trauma Care Committee's chairperson to evaluate a site review team's report and who make recommendations to the department concerning a health care facility's designation.

(10) "Emergency department" means an area of a licensed health care facility that customarily receives patients in need of emergency evaluation or care.

(11) "Focused review" means a method established by the department to assess a health care facility's compliance with a corrective action plan to meet the resource criteria in Appendix I of the State Trauma Plan.

(12) "Nurse practitioner" means a person who is licensed as a professional registered nurse and approved by the Montana Board of Nursing as a nurse practitioner.

(13) "Peer review" means the confidential review by health care practitioners from multiple disciplines of provider performance in order to reduce morbidity and mortality and to improve the care of patients.

(14) "Physician" means a person licensed to practice medicine in Montana by the Montana Board of Medical Examiners.

(15) "Physician's assistant" means a person who is licensed to practice as a physician assistant by the Montana Board of Medical Examiners.

(16) "Practitioner" means a physician, nurse practitioner, or physician's assistant.

(17) "Provisional designation" means that a health care facility has substantially, although not completely, complied with the requirements for a given level of trauma facility, that a corrective action plan has been submitted by the facility to the department, and that the facility has been authorized by the department to serve as a trauma facility on a temporary basis.

(18) "Regional trauma center" means a health care facility that is designated by the department as having met the criteria for a regional trauma center as described in Appendix I of the State Trauma Plan.

(19) "Regional Trauma Care Advisory Committee" means a regional committee composed of representatives from each of the region's trauma facilities established pursuant to 50-6-411, MCA.

(20) "Site review team" means a group of individuals selected by the department who have expertise in trauma care and trauma program administration and that evaluates a medical facility's compliance with required trauma facility criteria.

(21) "Site survey" means the process by which the site review team visits a health care facility that has applied for trauma facility designation, reviews the compliance of the medical facility with the applicable trauma facility criteria, and makes recommendations regarding designation to the department.

(22) "Trauma diversion" means a health care facility that temporarily does not have all the resources available to optimally resuscitate a seriously injured patient, with the result that such a patient is diverted from that hospital prior to arrival there and arrangements are made simultaneously for the patient to be received and treated at another facility that can provide more readily available and appropriate medical care.

(23) "Trauma patient" means an individual suffering from a trauma as defined in 50-6-401, MCA.

(24) "Trauma receiving facility" means a health care facility that is designated by the department as having met the criteria for a trauma receiving facility as described in Appendix I of the State Trauma Plan. (History: 50-6-402, MCA; IMP, 50-6-401, 50-6-402, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

37.104.3002 TRAUMA REGIONS (1) The following regions are designated as trauma regions:

(a) the western trauma region, consisting of Beaverhead, Deer Lodge, Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Powell, Ravalli, Sanders, and Silver Bow counties;

(b) the central trauma region, consisting of Blaine, Broadwater, Cascade, Chouteau, Glacier, Hill, Jefferson, Judith Basin, Lewis and Clark, Liberty, Meagher, Pondera, Teton, and Toole counties; and

(c) the eastern trauma region, consisting of Big Horn, Carbon, Carter, Custer, Daniels, Dawson, Fallon, Fergus, Gallatin, Garfield, Golden Valley, Madison, McCone, Musselshell, Park, Petroleum, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Stillwater, Sweet Grass, Treasure, Valley, Wheatland, Wibaux, and Yellowstone counties. (History: 50-6-402, MCA; IMP, 50-6-402, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

Rules 37.104.3003 through 37.104.3005

37.104.3006 REGIONAL TRAUMA CARE ADVISORY COMMITTEES

(1) In addition to the requirements specified in 50-6-412, MCA, each Regional Trauma Care Advisory Committee must do the following:

(a) meet quarterly to identify specific regional trauma needs and to define corrective strategies;

(b) propose trauma care guidelines or protocol, backed by evidence and research showing their efficacy, to the State Trauma Care Committee;

(c) develop a Regional Trauma Plan that addresses each of the following trauma system components:

(i) prehospital trauma communications and dispatch;

(ii) medical control and treatment protocols for prehospital caregivers;

(iii) triage and transportation of trauma victims;

(iv) facility resources in the region for trauma patients;

(v) interfacility transfer of trauma patients;

(vi) rehabilitation resources;

(vii) criteria to determine what the composition of a patient's trauma team should be given the nature of the patient's trauma;

(viii) trauma performance improvement; and

(ix) disaster management; and

(d) keep minutes of each Regional Trauma Care Advisory Committee meeting and submit a copy to the State Trauma Care Committee.

(2) Each Regional Trauma Care Committee must have, as a minimum, a subcommittee structure that addresses each of the following elements:

(a) trauma performance improvement;

(b) the Regional Trauma Plan;

(c) trauma education;

(d) prehospital trauma issues; and

(e) injury prevention and control.

(3) In accordance with 50-6-415, MCA, Regional Trauma Care Advisory Committee and subcommittee meetings must be open to the public, and the information presented at such meetings is public as well, unless the committee or subcommittee determines that the meeting, or a portion thereof, will perform peer review and performance improvement activities, in which case:

(a) the meeting, or the relevant portion thereof, is limited to:

(i) members of the committee or subcommittee; and

(ii) guests who further the process of performance improvement, are invited by the performance improvement subcommittee chairperson, and are approved by the Regional Trauma Care Advisory Committee chairperson in advance;

(b) each committee or subcommittee member and guest must sign a form indicating they will not divulge any proceedings of the closed meeting, conversations during the meeting, or documents used during the meeting; and

(c) the minutes and the information presented, including all records and deliberations of the meeting, are confidential and not discoverable.

(4) If a meeting is closed pursuant to (3), the Regional Trauma Care Advisory Committee may still develop summary reports, findings, and recommendations to the State Trauma Care Committee, Regional Trauma Care Advisory Committee, an Individual Trauma Facility Trauma Program, or an individual health care practitioner. (History: 50-6-402, MCA; IMP, 50-6-402, 50-6-412, 50-6-415, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

37.104.3007 STATE TRAUMA CARE COMMITTEE (1) The State Trauma Care Committee shall:

(a) meet quarterly to identify specific statewide trauma needs and to define corrective strategies;

(b) keep minutes and provide copies of those minutes to each Regional Trauma Care Advisory Committee;

(c) advise the department in the preparation of the annual trauma system report;

(d) assist in the development and oversight of the State Trauma System Plan; and

(e) approve the State Trauma System plan.

(2) The Trauma Care Committee must, at a minimum, have a subcommittee structure that addresses each of the following:

(a) trauma performance improvement;

(b) organization and emergency preparedness;

(c) trauma education;

(d) injury prevention and control;

(e) public advocacy and legislation; and

(f) designation of trauma facilities.

(3) The subcommittee of the State Trauma Care Committee responsible for designation of trauma facilities must review the site survey report and make a recommendation to the department regarding actions to be taken on the trauma designation application of a potential trauma facility.

(4) In accordance with 50-6-415, MCA, State Trauma Care Committee and subcommittee meetings are open to the public and the information presented is considered public information unless the committee or subcommittee determines that the meeting, or a portion thereof, will perform peer review and performance improvement activities, in which case:

(a) the meeting, or the relevant portion thereof, is limited to:

(i) members of the committee or subcommittee; and

(ii) guests who further the process of performance improvement, are invited by the Performance Improvement Subcommittee chairperson, and are approved by the Trauma Care Committee chairperson in advance;

(b) each committee or subcommittee member and guest must sign a form indicating they will not divulge any proceedings of the meeting, conversations during the meeting, or documents used during the meeting; and

(c) the minutes and the information presented, including all records and deliberations of the meeting pertaining to the peer review and performance improvement activities, are confidential and not discoverable.

(5) If a meeting is closed pursuant to (4), the committee or subcommittee may still develop summary reports, findings, and recommendations to the State Trauma Care Committee, Regional Trauma Care Advisory Committee, an individual Trauma Facility Trauma Program, or an individual health care practitioner. (History: 50-6-402, MCA; IMP, 50-6-402, 50-6-415, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

Rules 37.104.3008 through 37.104.3011

37.104.3012 LEVELS OF TRAUMA FACILITIES (1) The department may designate a health care facility as belonging to one of the following four levels of trauma facilities:

- (a) regional trauma center;
- (b) area trauma hospital;
- (c) community trauma facility; or
- (d) trauma receiving facility.

(2) Requirements for each level are contained in Appendix I of the State Trauma Plan. (History: 50-6-402, MCA; IMP, 50-6-402, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

37.104.3013 TRAUMA FACILITY REQUIREMENTS (1) A designated trauma facility must:

(a) adhere to these rules;
(b) continue to be a health care facility; and
(c) continue to provide the resources required for its designated level of trauma facility, as described in Appendix I of the State Trauma Plan.

(2) If the designated facility is unable to provide the care required by (1), it must:

(a) observe the trauma diversion plan required by Appendix I of the State Trauma Plan for its facility; and

(b) immediately notify the department if the facility becomes unable to provide trauma services commensurate with its designation level for a period of more than one week.

(3) A designated facility may, without cause, terminate its trauma designation after giving 90 days written notice to the department, the State Trauma Care Committee, and the Regional Trauma Care Advisory Committee.

(4) If, following its voluntary termination of trauma designation, a health care facility wishes to be reinstated as a trauma facility, the facility must reapply for designation by completing the requirements of ARM 37.104.3021 or 37.104.3022, whichever is applicable. (History: 50-6-402, MCA; IMP, 50-6-402, 50-6-410, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

37.104.3014 TRAUMA REGISTRIES AND DATA REPORTING (1) For the purpose of improving the quality of trauma care, all Montana health care facilities, as defined in 50-6-401, MCA, must participate in the state trauma register by collecting and reporting to the department the data listed in (4), on the schedule required by (2).

(2) Within 60 days after the end of each quarter, each health care facility that provides service or care to trauma patients within Montana must submit to the department the information required by (4) concerning any trauma patient that it serves during any month of the quarter and who meets the criteria for inclusion in the trauma register that are set forth in Appendix J of the State Trauma Plan.

(3) The data must be submitted to the department's trauma register in the same format as the state register uses, unless the department allows an alternate means of submission if use of the department's prescribed format would impose a severe hardship on the reporting facility. Regional trauma centers and area trauma hospitals must submit the data electronically, and community trauma facilities, trauma receiving facilities and all other health care facilities treating trauma patients must submit the data using a paper format.

(4) The following data fields must be reported to the department:

(a) patient information that includes:

(i) a unique trauma patient identifier;

(ii) date of birth;

(iii) age;

(iv) sex;

(v) race; and

(vi) address;

(b) injury information that includes:

(i) date, time, and location of injury;

(ii) trauma injury diagnostic codes;

(iii) injury cause;

(iv) protective devices used by the patient, if any;

(v) results of alcohol or drug testing, if any; and

(vi) trauma injury diagnoses;

(c) prehospital information that includes:

(i) prehospital transport agencies;

(ii) patient extrication time;

(iii) emergency medical service (EMS) dispatch date;

(iv) EMS notification time;

(v) time of arrival at scene;

(vi) departure time from scene;

(vii) time of arrival at the facility;

(viii) triage criteria, including physiologic and anatomic conditions, injury circumstances, and comorbid factors;

(ix) EMS activation of trauma team;

(x) vital and neurologic signs;

(xi) treatment and procedures provided; and

(xii) whether a prehospital report is included in the facility patient medical record;

- (d) interfacility transfer information that includes:
 - (i) the names of the referring and receiving facilities;
 - (ii) trauma team activation;
 - (iii) patient arrival and discharge date and times from the referring facility;
 - (iv) vital and neurologic signs;
 - (v) date, time, and results of tests and procedures performed;
 - (vi) treatment at the referring facility;
 - (vii) payor source; and
 - (e) inpatient care information that includes:
 - (i) the name of the facility;
 - (ii) emergency department admission and discharge dates and times;
 - (iii) trauma team activation;
 - (iv) emergency department vital and neurologic signs;
 - (v) status of intubation and ventilation;
 - (vi) date, time, and results of tests and procedures performed;
 - (vii) post emergency department destination;
 - (viii) admitting service;
 - (ix) previous admission for the injury in question, if any;
 - (x) total days in the intensive care unit;
 - (xi) total days on ventilator;
 - (xii) date for rehabilitation consult;
 - (xiii) date nutrition addressed;
 - (xiv) substance counseling, if applicable;
 - (xv) use of blood products, if applicable;
 - (xvi) facility discharge date and time;
 - (xvii) discharge disposition;
 - (xviii) functional ability at discharge;
 - (xix) payor source;
 - (xx) hospital charges and payments received;
 - (xxi) for all deaths, if an autopsy was performed; and
 - (xxii) for all deaths, whether there was any donation of tissue or organs.
- (5) Failure of a designated trauma facility to timely and accurately report to the department all data required by these rules is grounds for revocation of designation status. (History: 50-6-402, MCA; IMP, 50-6-401, 50-6-402, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

Rules 37.104.3015 through 37.104.3019

37.104.3020 COMPOSITION OF SITE REVIEW TEAMS (1) The site review team for regional trauma centers must be composed of out-of-state surveyors, including a general surgeon and a trauma nurse coordinator, as well as department staff and any other members determined to be necessary by the department or requested by the health care facility being reviewed.

(2) The site review team for area trauma hospitals and community trauma facilities must be composed of either out-of-state or in-state surveyors from a Montana trauma region other than the one in which the facility is located and must include a general surgeon, a trauma nurse coordinator, department staff, and other members determined to be necessary by the department or requested by the health care facility being reviewed.

(3) The site review team for a trauma receiving facility must be composed of either out-of-state or in-state surveyors and must include a physician, a trauma nurse coordinator, department staff, and other members determined to be necessary by the department or requested by the health care facility being reviewed. (History: 50-6-402, MCA; IMP, 50-6-402, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

37.104.3021 DESIGNATION PROCEDURES FOR FACILITIES NOT VERIFIED BY AMERICAN COLLEGE OF SURGEONS (1) A Montana health care facility that is not currently verified by the American College of Surgeons as meeting the American College of Surgeons' criteria to qualify for verification as a trauma facility and that wishes a designation or renewal of designation as a Montana trauma facility shall submit to the department an application for trauma facility designation, supplied by the department.

(2) The application must:

(a) specify the level of designation for which the facility is applying; and
(b) provide information about the facility's compliance with the trauma facility resource criteria in Appendix I of the State Trauma Plan that are required for that level of trauma facility.

(3) The department shall review the application for completeness and shall within 30 days after receiving the application notify the health care facility that:

(a) the application is complete; or
(b) the application is incomplete and request additional information.

(4) When the application is complete, the department shall:

(a) select a site review team; and
(b) with a minimum of 60 days advance notice, notify the facility of the scheduled dates for the site survey and of the site review team members.

(5) The health care facility shall:

(a) notify the department in writing within ten working days if it objects to one or more members of the site review team due to a perceived conflict of interest, and provide documentation of clear and convincing evidence for its concern including, but not limited to, the member's past or potential financial or personal gain, past or potential employment, or gain from the use of confidential information; and

(b) prohibit its administration, faculty, medical staff, employees, and representatives from having any contact with site review members prior to the site survey, except as directed by the department.

(6) The site review team shall:

(a) review the commitment and capabilities of the applicant health care facility to meet the resource criteria described in Appendix I of the State Trauma Plan for the level of designation sought, based upon consideration of all pertinent information, including but not limited to:

(i) review of the application for designation;
(ii) inspection of the facility and required equipment;
(iii) interview with appropriate individuals;
(iv) review of medical records;
(v) review of inpatient logs and hospital emergency department logs;
(vi) review of hospital trauma registry entries and reports;
(vii) review of documentation of trauma performance improvement;
(viii) review of call rosters, staffing schedules, and meeting minutes;
(ix) review of injury prevention and education programs; and
(x) other documentation as necessary to assess the facility's compliance with

these rules;

(b) make a verbal report of its findings through an exit interview to the applicant upon completion of the site survey and prior to leaving the facility; and

(c) make a written report of its findings and recommendations to the department within 30 days following the on-site survey of the facility.

(7) The department shall review the report of the site review team and forward a copy to the designation subcommittee.

(8) The designation subcommittee shall review the report of a site review team at the next quarterly State Trauma Care Committee meeting and make a recommendation to the department regarding the trauma designation of the applicant facility.

(9) The department shall:

(a) determine the final designation of the facility based on consideration of the application, the recommendations of the site review team, and the recommendations of the designation subcommittee; and

(b) notify the applicant of its decision in writing within 30 days after receiving the recommendation from the designation subcommittee.

(10) The department shall take one of the following actions:

(a) designate the applicant as qualifying for the trauma facility level requested, providing there is compliance with the trauma facility resource criteria in Appendix I of the State Trauma Plan;

(b) issue a provisional designation to the applicant provided:

(i) there are deficiencies noted but the facility is substantially compliant with the resource criteria and any deficiencies will not have an immediate detrimental impact on trauma patient care; and

(ii) the applicant has submitted to the site review team a corrective action plan, acceptable to the team, for the correction of the identified deficiencies;

(c) designate the applicant as a trauma facility at a different level from that for which the applicant applied, provided that:

(i) the applicant meets all of the requirements of the alternative trauma facility designation level; and

(ii) the applicant agrees to be designated at the alternative trauma facility designation level; or

(d) deny any trauma facility designation if:

(i) there is substantial noncompliance with the requirements; or

(ii) the deficiencies are fundamental or may have an immediate detrimental impact on trauma patient care. (History: 50-6-402, MCA; IMP, 50-6-402, 50-6-410, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

- 37.104.3022 DESIGNATION PROCEDURES FOR FACILITIES VERIFIED AS A TRAUMA FACILITY BY AMERICAN COLLEGE OF SURGEONS (1) A health care facility with a current certificate of verification from the American College of Surgeons as a trauma facility qualifies as one of the following types of Montana trauma facility as set out in (2), providing it submits an application, department staff attend the on-site review conducted by the American College of Surgeons, and the facility demonstrates compliance with any requirements described in Appendix I of the State Trauma Plan that may exceed the American College of Surgeons' standards in the college's document entitled "Resources for Optimal Care of the Injured Patient: 1999". A copy of this document may be obtained as set forth in (8).
- (2) A current certificate of verification for the following levels established by the American College of Surgeons qualified a health care facility as the following type of Montana trauma facility:
- (a) a level II trauma center qualifies as a regional trauma center;
 - (b) a level III trauma center qualifies as an area trauma facility; and
 - (c) a level IV trauma center qualifies as a community trauma facility.
- (3) A Montana health care facility that is seeking verification or reverification by the American College of Surgeons as a trauma center and wishes to be designated as a Montana trauma facility must submit to the department:
- (a) an application for designation, on a form approved by the department, that:
 - (i) specifies the level of designation for which the facility is applying; and
 - (ii) includes a copy of the American College of Surgeons' prereview questionnaire;
 - (b) any additional information required by the department to verify compliance with any requirements described in Appendix I of the State Trauma Plan that exceed the American College of Surgeons' standards;
 - (c) notification of the scheduled dates of the American College of Surgeons' site survey to allow for department participation in the site review; and
 - (d) upon receipt, a copy of the American College of Surgeons' letter indicating if the facility was successfully verified as a trauma facility.
- (4) The department shall review the application for completeness and shall within 30 days after receiving the application:
- (a) notify the facility that the application is complete; or
 - (b) notify the facility that the application is incomplete and request additional information.
- (5) When the application and the site review are complete, and the American College of Surgeons' letter is received that indicates whether the facility is successfully verified as a trauma facility, the department shall provide a copy of the application and the letter to the designation subcommittee at the next quarterly State Trauma Care Committee meeting.

(6) The designation subcommittee shall review the application and American College of Surgeons' letter at the next quarterly State Trauma Care Committee meeting and make a recommendation to the department regarding the trauma designation of the applicant facility.

(7) Within 30 days after receiving a recommendation from the designation subcommittee, the department shall take one of the following actions:

(a) designate the applicant at the trauma facility level requested providing there is compliance with these rules;

(b) issue a provisional designation to the applicant provided:

(i) there are deficiencies noted but the facility is substantially compliant with the resource criteria and the deficiencies will not have an immediate detrimental impact on trauma patient care; and

(ii) the applicant has submitted to the department a corrective action plan, acceptable to the department, for the correction of the deficiencies;

(c) designate the applicant as a trauma facility at a different level from that for which the applicant applied, provided that:

(i) the applicant meets all of the requirements of the alternative trauma facility designation level; and

(ii) the applicant agrees to be designated at the alternative trauma facility designation level; or

(d) deny any designation if there is substantial noncompliance with the requirement, or the deficiencies may be a threat to public health and safety.

(8) The department adopts and incorporates by reference "Resources for Optimal Care of the Injured Patient: 1999", published by the American College of Surgeons. The document contains the trauma facility criteria used by the American College of Surgeons in its process for verification of trauma facilities. A copy may be obtained from the Department of Public Health and Human Services, Public Health and Safety Division, Emergency Medical Services and Trauma Systems Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951. (History: 50-6-402, MCA; IMP, 50-6-402, 50-6-410, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

Rules 37.104.3023 and 37.104.3024 reserved

37.104.3025 LENGTH OF DESIGNATION (1) When a trauma facility is designated as such pursuant to ARM 37.104.3021, the period of designation is for three years beginning from the date the notice of designation is issued.

(2) When a trauma facility is designated as such pursuant to ARM 37.104.3022, the expiration date of the designation shall coincide with the expiration date of the American College of Surgeons' Certificate of Verification. Upon expiration of the Certificate of Verification, the facility may be granted a Montana designation extension of up to six months if the department receives documentation that an American College of Surgeons' verification survey is anticipated.

(3) A provisional designation imposed pursuant to ARM 37.104.3030 is valid for a period determined by the department in consultation with the designation subcommittee, but not longer than 12 months. The provisional designation expires on the date set by the department unless the provisionally designated trauma facility:

(a) receives a focused review by the department in consultation with the designation subcommittee to determine if the corrective action plan has resulted in compliance with the required criteria; and

(b) the department determines that the corrective action plan has resulted in the facility successfully meeting the required criteria, in which case the department shall issue a designation as a trauma facility.

(4) A trauma facility may renew its designation by completing the requirements of ARM 37.104.3021 or 37.104.3022. (History: 50-6-402, MCA; IMP, 50-6-402, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

Rules 37.104.3026 through 37.104.3029 reserved

37.104.3030 COMPLAINT INVESTIGATION, REVOCATION, OR EMERGENCY SUSPENSION (1) The department may review, inspect, evaluate, and audit trauma patient medical records, inpatient logs, hospital emergency department logs, trauma performance improvement documentation, and any other documents relevant to trauma care by any trauma facility at any time to verify compliance with these rules.

(2) The confidentiality of such records will be maintained by the department in accordance with state and federal law.

(3) The department will investigate written complaints alleging violation of these rules in the following manner:

(a) The department will request and the designated facility shall provide information that the department determines necessary to the investigation of the complaint.

(b) The results of a department investigation will be reviewed with the designation subcommittee.

(4) Following the completion of the investigation and review, the department may:

(a) take no action;

(b) initiate an emergency suspension of the facility's trauma designation;

(c) require the designated facility to submit a corrective plan of action for any deficiencies that were noted;

(d) change the designation of a trauma facility to provisional; or

(e) revoke the designation of the designated facility.

(5) The department will suspend the designation of a designated trauma facility on an emergency basis if the violation of these rules creates a substantial threat to public health or if the designated facility ceases to be a health care facility. The designated facility may appeal the emergency suspension pursuant to 50-6-410, MCA, but the emergency suspension shall remain in effect until a final decision is made by the department.

- (6) The department may revoke a trauma facility designation if the facility:
- (a) fails to comply with these rules;
 - (b) no longer is a health care facility;
 - (c) makes a false statement of a material fact in the application for designation, in any record required by these rules, or in a matter under investigation;
 - (d) prevents, interferes with, or attempts to impede in any way, the work of a department representative in the lawful enforcement of these rules; or
 - (e) falsely advertises or in any way misrepresents the facility's ability to care for trauma patients based on its trauma designation status.
- (7) If a designated facility notifies the department that it will be temporarily noncompliant with its trauma facility designation criteria for longer than one week, the department, after consultation with the designation subcommittee, may take one or more of the following actions:
- (a) conduct a focused review;
 - (b) modify the facility's designation status to provisional and require that a plan of correction be submitted to the department outlining how the deficiency will be corrected;
 - (c) change its designation level to be consistent with the trauma facility level for which it has the required resources; or
 - (d) suspend the trauma facility's designation on an emergency basis.

(History: 50-6-402, MCA; IMP, 50-6-402, 50-6-410, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

37.104.3031 DENIAL MODIFICATION, SUSPENSION, OR REVOCATION OF DESIGNATION, AND APPEAL (1) If the department proposes to deny, modify, suspend, or revoke a facility's trauma designation, the department shall notify the health care facility of that fact by registered or certified mail at the last address shown in the department records.

(2) The notice shall state the alleged facts that warrant the action and that the facility has an opportunity to request a hearing before the department to contest the decision.

(3) If the facility wants to appeal the department's decision, it must request a hearing in writing within 30 calendar days after the date of receipt of the notice. The request must be in writing and submitted to the Department of Public Health and Human Services, Office of Fair Hearings, P.O. Box 202953, Helena, MT 59620-2953.

(4) If a hearing is requested, the hearing will be held in accordance with the informal hearing procedures described in 2-4-604, MCA, and ARM 37.5.117 and 37.5.311.

(5) If the facility does not request a hearing by the deadline cited in (3), after being sent the notice of opportunity for hearing, the facility will be deemed as to have waived the opportunity for a hearing, and the department's decision to deny, modify, or revoke a facility's trauma designation will be final.

(6) As provided in ARM 37.104.3030, suspension of a trauma designation on an emergency basis is effective immediately upon receipt by the trauma facility of the notice required by (1), and remains in effect unless the facility files an appeal with the department and the suspension is lifted after a hearing. (History: 50-6-402, MCA; IMP, 2-4-604, 50-6-402, 50-6-410, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

Rules 37.104.3032 and 37.104.3033 reserved

37.104.3034 REAPPLICATION FOR DESIGNATION (1) Six months after the denial of its request for designation, a health care facility may reapply for trauma facility designation pursuant to ARM 37.104.3021 or 37.104.3022.

(2) If a health care facility's trauma designation has been revoked, one year after the revocation was final, the facility may petition the department, in writing, to be allowed to reapply to be designated a trauma facility once again. The department may deny the opportunity to reapply if, after investigation, the department determines that the reason for the revocation continues to exist. If the application is allowed, the hospital or facility must meet the requirements of ARM 37.104.3021 or 37.104.3022, whichever is relevant. (History: 50-6-402, MCA; IMP, 50-6-402, 50-6-410, MCA; NEW, 2006 MAR p. 1896, Eff. 7/28/06.)

Chapter 105 reserved