

TITLE 7 HEALTH
CHAPTER 27 EMERGENCY MEDICAL SERVICES
PART 2 LICENSING OF EMERGENCY MEDICAL SERVICES PERSONNEL

7.27.2.1 ISSUING AGENCY: New Mexico Department of Health, Division of Epidemiology and Response, Emergency Medical Systems Bureau.
[7.27.2.1 NMAC - Rp, 7.27.2.1 NMAC, 12/15/2008]

7.27.2.2 SCOPE: These rules apply to New Mexico emergency medical services, including the service directors and medical directors of those services; approved New Mexico EMS training programs and graduates of approved New Mexico EMS training programs; New Mexico licensed EMS personnel including those previously licensed; persons trained, certified or licensed in another state or territory seeking to acquire licensure in New Mexico; EMS licensing commission; national registry of emergency medical technicians; and any other entity associated with the licensing of emergency medical services personnel in New Mexico.
[7.27.2.2 NMAC - Rp, 7.27.2.2 NMAC, 12/15/2008]

7.27.2.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: 1) the New Mexico Department of Health Act, Subsection E of Section 9-7-6 NMSA 1978, which authorizes the secretary of the department of health to “make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions,” and; 2) the Emergency Medical Services Act, Subsection A of Section 24-10B-5 NMSA 1978, which authorizes the department to adopt and enforce licensure requirements by regulation, and Paragraph (3) of Subsection B of Section 24-10B-5 NMSA 1978 which authorizes the department to establish a schedule of reasonable fees for application, examination, licensure and regular renewal thereof.

A. Administration: Administration and enforcement of these rules is the responsibility of the emergency medical systems bureau of the division of epidemiology and response, department of health.

B. Guidelines: In the absence of specific direction in the law or these rules as to the standard of practice, the current national standard for emergency cardiac care (ECC), the national highway traffic safety administration of the United States department of transportation standard curriculum, and the EMT code of ethics, as adopted in 1978 by the national association of emergency medical technicians, shall serve as guidelines.

C. Other law and regulations: These rules are subject to the provisions of the department of health’s 7 NMAC 1.3, “Health Records.”

D. Use of certain terms prohibited: The use of “licensed emergency medical dispatchers”, “licensed emergency medical dispatch instructors”, “licensed emergency medical services first responder”, “licensed emergency medical technician (EMT)-basic”, “licensed EMT-intermediate”, or “licensed EMT-paramedic”, or display of the “star of life” except as allowed in the United States department of transportation (US-DOT) trademark specifications, or similar terms or emblems connoting expertise in basic or advanced life support by any person not licensed hereunder is hereby prohibited. See Emergency Medical Services Act, Paragraph (1) of Subsection C of 24-10B-5 NMSA 1978.

[7.27.2.3 NMAC - Rp, 7.27.2.3 NMAC, 12/15/2008]

7.27.2.4 DURATION: Permanent.
[7.27.2.4 NMAC - Rp, 7.27.2.4 NMAC, 12/15/2008]

7.27.2.5 EFFECTIVE DATE: 12/15/2008, unless a later date is cited at the end of a section.
[7.27.2.5 NMAC - Rp, 7.27.2.5 NMAC, 12/15/2008]

7.27.2.6 OBJECTIVE: These rules will inform the emergency medical services community of licensure requirements for emergency medical services personnel. It is the purpose of these rules to provide for the licensure of emergency medical dispatchers, emergency medical dispatch-instructors, emergency medical services first responders and emergency medical technicians, and to assist in the provision of a comprehensive system of emergency medical services in the state of New Mexico.

[7.27.2.6 NMAC - Rp, 7.27.2.6 NMAC, 12/15/2008]

7.27.2.7 DEFINITIONS:

- A.** “**Academy**” means a separately funded emergency medical services training program administered through the department of emergency medicine of the university of New Mexico school of medicine.
- B.** “**Act**” means the Emergency Medical Services Act, Section 24-10B-1, et seq., NMSA 1978.
- C.** “**Advance directive**” means a written instruction, such as a living will, durable power of attorney for health care, or emergency medical services do not resuscitate form recognizable under state law and relating to the provision of health care when an individual is incapacitated.
- D.** “**Advisory committee**” means the statewide emergency medical services advisory committee appointed by the secretary of health.
- E.** “**Ambulance service**” means any provider of ambulance service subject to the jurisdiction of the department of health pursuant to and subject to the jurisdiction of the New Mexico public regulation commission, pursuant to the Ambulance Standards Act, Section 65-6-1, et seq., NMSA 1978, Article XI of the New Mexico Constitution, the Municipal Transit Law Section 3-52-1, et seq., NMSA 1978, and other laws.
- F.** “**Applicant**” means a person who has indicated an intention to gain licensure as an EMS first responder, emergency medical dispatcher, emergency medical dispatcher instructor or an EMT in the state of New Mexico, as evidenced by submission of the proper fees, documentation, and bureau approved application form.
- G.** “**Approved emergency medical services training program**” means an emergency medical services training program that is sponsored by a post-secondary educational institution, accredited by a national educational accrediting organization for emergency medical services or active in the accreditation process and is approved by the joint organization on education committee and participates in the joint organization on education committee.
- H.** “**Basic emergency medical technician**” or “**EMT-B**” means a provider who has been licensed by the department to provide patient care according to the current scopes of practice.
- I.** “**Bureau**” means the emergency medical systems bureau of the epidemiology and response division of the New Mexico department of health.
- J.** “**Bureau approved**” means any course, form, or official document that has received the approval of the bureau for use in a training or licensure context.
- K.** “**Cardio-pulmonary resuscitation (CPR)**” means training required for licensure that meets the intent of the current national emergency cardiac care (ECC) guidelines for professional rescuers, as approved by the bureau.
- L.** “**Certified emergency medical service**” means an organization that meets minimum standards to provide emergency services and is approved by the bureau, including emergency medical dispatch agencies, pre-hospital or inter-facility care services and special event services organized to provide emergency medical services.
- M.** “**Contact hour**” means a unit of measurement of between fifty (50) and sixty (60) minutes of bureau-approved organized learning experience which is designed to meet educational objectives for continuing education.
- N.** “**Commission**” means the New Mexico emergency medical services licensing commission appointed by the secretary of health.
- O.** “**Continuing education**” or “**CE**” means EMS training that is approved by the bureau and is required every two years for renewal of licensure.
- P.** “**Curriculum**” means a program of study utilizing approved minimum curricula content based on the national standard curriculum for EMS as published by the national highway and traffic safety administration (NHTSA) and approved by the joint organization on education for formal training courses required for EMS first responder, EMT-basic, EMT-intermediate and EMT-paramedic.
- Q.** “**Department**” means the New Mexico department of health.
- R.** “**Distributive education**” means training and education accomplished outside the classroom though computer-based-training, self study modules, web-casts via the internet and other methods of out-of-classroom didactic education that includes an evaluation component. Distributive education is synonymous with distance education.
- S.** “**Emergency medical dispatcher**” or “**EMD**” means a person who is trained and licensed pursuant to Subsection G of Section 24-10B-4 NMSA 1978 to receive calls for emergency medical assistance, provide pre-arrival medical instructions, dispatch emergency medical assistance and coordinate its response.
- T.** “**Emergency medical dispatch agency**” or “**EMDA**” means any organization, or a combination of organizations working cooperatively, that routinely accepts calls for emergency medical assistance and employs emergency medical dispatch priority reference system (EMDPRS) techniques.
- U.** “**Emergency medical dispatch priority reference system**” or “**EMDPRS**” means a medically approved reference system used by an emergency medical dispatch agency (EMDA) to dispatch aid to medical

emergencies, which includes systematized caller interrogation; systematized pre-arrival instructions to the caller based upon protocols matching the dispatcher's evaluation of injury or illness severity; and prioritized vehicle response.

V. "Emergency medical services" or "EMS" means the services rendered by licensed providers in response to an individual's need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.

W. "Emergency medical services first responder" or "EMSFR" means a person who is licensed by the department, and who functions within the emergency medical services system to provide initial emergency aid according to the current scopes of practice.

X. "Emergency medical services instructor/coordinator" or "EMT-I/C" means an individual approved by an EMS training institution and registered by the bureau to conduct and instruct EMS education programs.

Y. "Emergency medical technician" or "EMT" means a provider who has been licensed by the department to provide patient care according to the current scopes of practice.

Z. "EMT skill evaluator" means a health care provider trained and approved by the bureau to participate in EMT licensing examinations to observe and evaluate the performance of an applicant's skills for licensure as an EMT.

AA. "Examination attempt" means an attempt to successfully complete the New Mexico EMT licensing examination. An attempt constitutes taking a written or practical examination. Retests of either a written or practical examination are considered an examination attempt.

BB. "Fully licensed" means an individual licensed to practice medical patient care at a specified level

CC. "Graduate license" means a license issued to in-state and out-of-state graduates of a bureau approved EMS training program used for performing EMS duties under supervision and direct observation prior to full licensure. The graduate license shall be valid for a period of up to six (6) months from the date of course completion or until failure of any part of the licensing examination.

DD. "Initial licensure" means the first time a person is licensed in New Mexico as an EMD, EMD instructor, EMS first responder, EMT, or subsequent licensure of a previously licensed New Mexico EMT, who has either established residence in another state or has retaken a full curriculum or accomplished re-entry procedures to regain an expired license.

EE. "Intermediate emergency medical technician" or "EMT-I" means a provider who has been licensed by the department to provide patient care according to the current scopes of practice.

FF. "License" means a full, temporary or graduate license issued by the department to all EMD's, first responders, and EMT's pursuant to the Emergency Medical Services Act, Section 24-10B-5 NMSA 1978.

GG. "Medical control" means supervision provided by or under the direction of physicians to providers by written protocols or direct communication.

HH. "Medical direction" means guidance or supervision provided by a physician to a provider or emergency medical services system and which includes authority over and responsibility for emergency medical dispatch, direct patient care and transport of patients, arrangements for medical control and all other aspects of patient care delivered by a provider.

II. "Medical direction committee" means a committee of physicians and EMT's, appointed by the secretary of health to advise the bureau on all matters relating to medical control and medical direction.

JJ. "Medical director" means a physician who is responsible for all aspects of patient care provided by an EMS system or EMS provider service, in accordance with 7.27.3 NMAC.

KK. "Moral turpitude" means conduct contrary to justice, honesty, modesty or good morals including such acts as domestic abuse, drunk driving or other similar convictions.

LL. "National registry" means the national registry of emergency medical technicians based in Columbus, Ohio.

MM. "Offline medical control" means performing EMS actions or medication administration under standing orders or protocols.

NN. "Online medical control" means direct voice contact with a medical control physician.

OO. "Out-of-state transition course" means a standardized training course required and approved by the bureau for an out-of-state EMT applicant seeking licensure in New Mexico.

PP. "Paramedic" or "EMT-P" means a provider who has been licensed by the department to provide patient care according to the current scopes of practice.

QQ. "Physician" means a doctor of medicine or doctor of osteopathy who is licensed or otherwise authorized to practice medicine or osteopathic medicine in New Mexico.

RR. “Protocol” means a predetermined, written medical care plan approved by the medical director and includes standing orders.

SS. “Provider” means a person who has been licensed by the department to provide patient care pursuant to the Emergency Medical Services Act.

TT. “Re-entry” means a process for a person, whose license has been expired for less than three years, to accomplish a given set of requirements to re-enter a previously held level of licensure.

UU. “Regional office” means an emergency medical services planning and development agency formally recognized and supported by the bureau.

VV. “Re-instatement” means a process for those persons who have completed the renewal requirements before the December 31st deadline, but fail to renew licensure by March 31st, to renew licensure between April 1st and May 31st of the expiration year.

WW. “Renewal” means re-licensure every two years, including completion of all requirements for specified levels by December 31st that occurs prior to expiration of licensure. Renewal applications shall be received by the bureau by the last day of February prior to expiration of licensure and may be postmarked and submitted by March 31 prior to expiration of licensure for a higher fee.

XX. “Retest” means a written or practical examination given after failure of the applicant’s initial examination.

YY. “Secretary” means the New Mexico secretary of health.

ZZ. “Special skills” means a set of procedures or therapies that are beyond the usual scope of practice of a given level of licensure and that have been approved by the medical direction committee for use by a specified provider.

AAA. “Standing orders” means strictly defined written orders for actions, techniques or drug administration, signed by the medical director, to be utilized when communication has not been made with an on-line medical control physician.

BBB. “State emergency medical services medical director” means a physician designated by the department to provide overall medical direction to the statewide emergency medical services system, whose duties include serving as a liaison to the medical community and chairing the medical direction committee.

CCC. “Temporary license” means a license issued by the department to applicants that are fully licensed in another state or certified with the national registry of EMTs, as determined by the bureau. The temporary license shall be valid for a period of up to six months from the date issued, or until failure of any part of the licensing examination.

[7.27.2.7 NMAC - Rp, 7.27.2.7 NMAC, 12/15/2008]

7.27.2.8 GENERAL LICENSURE:

A. Authorizations to practice: No person shall function as, or represent themselves as an emergency medical services provider or offer, whether or not for compensation, any services included in these rules, unless currently licensed as an emergency medical dispatcher (EMD), emergency medical dispatcher instructor (EMD-I), EMS first responder or EMT under these rules. This provision is enforceable by civil action as provided by law.

B. Licensing agency: As provided by law, the agency responsible for the licensure of an EMD, EMD-I, EMS first responder and EMT’s in New Mexico is the emergency medical systems bureau of the epidemiology and response division of the department of health.

C. Eligibility: Initial licensure as an EMD, EMD-I, EMS first responder or EMT is open to all persons who have met the requirements prescribed in these rules, whether or not they are affiliated with an ambulance service, fire department, rescue service, or other emergency medical service in New Mexico, and irrespective of their monetary remuneration for such service.

D. Establishment of the New Mexico registry of emergency medical services personnel: The New Mexico registry of emergency medical services personnel is established and maintained at the bureau. The registry is open to all persons who have met the requirements for licensure as an EMS provider as prescribed by these rules.

E. Authorized classifications: There are six (6) classifications of fully licensed EMS provider that are recognized in the New Mexico registry of emergency medical services personnel. Generally, licensure as an emergency medical dispatcher-instructor shall also include licensure as an emergency medical dispatcher. Licensure as an EMT-paramedic shall also include licensure as an EMT-intermediate; and licensure as an EMT-intermediate shall also include licensure as an EMT-basic. The highest level of provider licensure will be shown on the person’s certificate and licensure card. This section does not apply to a graduate license.

- (1) emergency medical dispatcher (EMD);
- (2) emergency medical dispatcher instructor (EMD- I);
- (3) emergency medical services first responder (EMSFR);
- (4) emergency medical technician - basic (EMT-B);
- (5) emergency medical technician - intermediate (EMT-I);
- (6) emergency medical technician - paramedic (EMT-P).

F. General training standards: New Mexico EMS training programs shall meet the training standards for approval by the bureau. The bureau shall provide an aggregate report on pass/fail rates of graduates that complete a state EMS licensing examination. The bureau shall distribute this report in May and November of each year to each bureau approved New Mexico EMS training program. The bureau shall periodically evaluate the training standards in each bureau approved EMS training program, which may include an on-site inspection and review for compliance with the standards outlined in this section. The bureau approved New Mexico EMS training program shall:

- (1) submit an annual report to the bureau that provides an overview of EMS education and training; this report shall be submitted to the bureau no later than February 1 of any given year;
- (2) submit an addendum report to the bureau that supplements the annual report; this report shall be submitted to the bureau no later than September 1 of any given year; the annual and addendum reports shall contain the following elements:
 - (a) number of courses that were instructed by the training program by level of education, i.e. EMS first responder, EMT-basic, EMT-intermediate, EMT-paramedic, EMS instructor-coordinator;
 - (b) pass/fail rate of each course of instruction where students are enrolled to receive course completion certificates, including the name of the course and the name of the instructor-coordinator;
 - (c) aggregate pass/fail rate of each level of EMS instruction where students are enrolled to receive course completion certificates;
 - (d) list of current instructor-coordinators employed with the bureau approved training program;
 - (e) list of new instructor-coordinators employed with the training program over the time period of the report;
 - (f) any changes in the status of any instructor-coordinator;
 - (g) any changes to the EMS curriculum at any level of instruction;
 - (h) summary of any quality improvement activities accomplished during the time period of the report;
 - (i) list of clinical skills required for course completion by level, if applicable;
 - (j) list of satellite campuses; and
 - (k) contact information of key staff with the training program;
- (3) be accredited by a national education accrediting organization for emergency medical services;
- (4) utilize approved minimum curricula content based on the national standard curriculum for EMS as published by the national highway and traffic safety administration (NHTSA) and approved by the joint organization for education committee (JOE);
- (5) have, at a minimum, an administrative director, an EMS medical director, and a course instructor-coordinator;
- (6) ensure that an instructor-coordinator is in attendance at all didactic and practical training sessions, with substitution permissible on an excused absence basis only;
- (7) inform the bureau if an instructor/coordinator is terminated due to inappropriate conduct or negligence; the bureau shall be notified by the training program of the termination within ten (10) working days;
- (8) develop and utilize an instructional quality assurance program to review course and instructor effectiveness; a copy of the quality assurance program shall be provided to the bureau; the following measures may initiate a quality assurance review by the bureau:
 - (a) failure of an approved New Mexico training program to maintain an aggregate state licensure examination pass rate of seventy percent (70%) or better of students attempting to pass their initial state written or practical EMS examination for each level of licensure, as determined over a period of time of six (6) months or greater;
 - (b) failure of an approved New Mexico training program instructor-coordinator to maintain an aggregate state licensure examination pass rate of seventy percent (70%) or better of students attempting to pass their initial state written or practical EMS examination for each level of licensure, as determined over a period of time of six (6) months or greater;

(c) failure of an approved New Mexico training program to maintain an aggregate course pass rate of seventy percent (70%) or better of students completing a core EMS course of instruction;

(d) failure of an approved New Mexico training program instructor-coordinator to maintain an aggregate course pass rate of seventy percent (70%) or better of students completing a core EMS course of instruction;

(e) complaints, reports or course trends indicating the possible need for a quality assurance review by the bureau;

(9) submit to the bureau for approval, refresher course curricula that follow the New Mexico refresher course blueprints as outlined in 7.27.2.10 NMAC of these rules, whether the course is conducted by the training program or through a service training agreement, which has been approved by the training program;

(10) use distributive education for initial formal training courses as deemed necessary by the approved EMS training program, based on the distributive education guidelines provided by the joint organization on education committee;

(11) review and approve any formal EMS courses and course content that will allow graduates to apply for EMS licensure in the state of New Mexico or with the national registry of EMTs, prior to delivery by an instructor-coordinator;

(12) submit a bureau approved course registration form, along with completed license application forms for all students enrolled in an initial course of instruction; course registration and license application forms shall be submitted to the bureau for processing within thirty (30) days from the start of the course;

(13) ensure that all affiliated instructor-coordinators are registered with the bureau on the appropriate form;

(14) notify the bureau within ten (10) working days if an instructor-coordinator resigns or is terminated due to inappropriate conduct or negligence;

(15) ensure that a formal preceptor program is developed and utilized for all field and clinical training; the preceptor program shall include the following standards:

(a) EMS providers functioning as preceptors within an EMS service have written approval from the EMS service director, the EMS service medical director, the training program service director and the training program medical director; preceptors shall be licensed as a provider at or above the student's level of training; preceptors shall ensure that only approved skills, commensurate with the student's scope of training, are performed by the student under direct observation by the approved preceptor;

(b) students practicing in a field training environment shall function under a formal field preceptorship agreement between the EMS service and the training program;

(c) students performing field or clinical skills as part of a bureau approved EMT-intermediate or EMT-paramedic training program must be fully licensed or certified at the EMT-basic level;

(d) only students from approved New Mexico or CoAEMSP (committee on accreditation of educational programs for the EMS professions) accredited training programs may participate in a field training environment within the state of New Mexico.

G. Training program instructor-coordinator standards: Approved New Mexico EMS training programs shall maintain instructor-coordinator standards to ensure quality of instruction. Instructor-coordinators shall:

(1) be affiliated with an approved EMS training program;

(2) be registered with the bureau by the training program;

(3) successfully complete an instructor-coordinator training course that meets or exceeds the national standard curriculum for EMS instructor-coordinators as published by NHTSA and approved by the bureau;

(4) be currently licensed as a New Mexico EMS provider or higher, medical professional level; and

(5) shall meet the qualifications for instructor-coordinators as established by the joint organization on education committee.

H. Scope of practice: The scope of practice for each level of licensure is found in 7.27.2.14 NMAC, appendix A to these rules, and shall be updated at least annually and issued by the bureau in accordance with the EMS Act, Section 24-10B-7.C(4) NMSA 1978. Licensed EMD's, EMSFR's and EMT's shall only perform those skills, techniques, medications, and procedures found within the New Mexico scope of practice and as authorized by the service medical director (also see EMS medical direction rule 7.27.3 NMAC).

I. Training required: As outlined in the New Mexico scopes of practice, prior to utilizing any new skill, technique, medication, or procedure designated as "service medical director approved", it shall be documented by the service director, medical director, or bureau approved EMS training program that the EMS provider has been appropriately trained to perform the skills, techniques, medications, or procedures. Additionally, each EMS

provider must have a signed authorization from the services medical director on file at the EMS services headquarters or administrative offices.

J. Medical direction approval/control required: Medical control is required for certain skills and medications at all levels of EMS as outlined in the New Mexico scopes of practice. Those EMS personnel who function without medical direction shall only perform those skills, techniques and procedures that do not require medical director approval. Any person who is issued a temporary or graduate license shall only perform the skills, techniques, medications, and procedures for the approved level, as established by the medical direction committee and found in Appendix A, 7.27.2.14 NMAC of these rules.

K. Special skills: Special skills, which are all considered advanced life support, are skills outside the usual scope of practice for a level of licensure. EMS services or systems that wish to apply for special skills authorization, shall submit a written application as set forth in Appendix C, 7.27.2.16 NMAC of these rules. Services or systems may apply for any skill at any level. Personnel who successfully complete a special skills program shall be authorized to utilize advanced skills and drugs only with medical director approval and under the medical control of the EMS system that received the program approval.

L. Licensing application procedures: Persons seeking New Mexico licensure in any of the six (6) classifications shall apply using the appropriate forms as provided by the bureau and present the required documentation, which shall remain in the person's licensure file. Applications and forms can be obtained from the bureau.

M. Licensure periods: Licensure periods are twenty-seven (27) months in length except for the initial period, which varies according to the date of the initial license. The second or subsequent period of licensure will be for a full twenty-seven (27) month period, regardless of the date of application for renewal, or the date for processing of the renewal license. This period will begin on January 1 of the renewal year. Requirements for renewal of licensure shall be completed by the December 31st that occurs prior to expiration of licensure.

N. Expiration dates: The expiration date for a license is established as March 31 of a given year. The year of initial expiration will depend on what month during the year a person was originally licensed.

(1) The initial licensure period shall begin on January 1 for persons who are licensed during the first six (6) months of a given year. The expiration date for this license will be twenty-seven (27) months later or March 31. For example: a person is licensed by the bureau on February 10, 2006. The person's expiration date will be March 31, 2008. All subsequent renewal periods will be for a full twenty-seven (27) month period running from January 1 for twenty-seven (27) months, and ending on March 31.

(2) For persons who are initially licensed during the last six (6) months of a given year, the expiration date shall be counted from January 1 of the following year. For example: A person is licensed on August 10, 2006. The person's expiration date will be March 31, 2009. All subsequent renewal periods will be for a full twenty-seven (27) month period, running from January 1 and ending on March 31.

O. New Mexico state licensing examinations: All EMS candidates must successfully complete the state of New Mexico licensing examination.

(1) The initial state licensing examination shall be completed within nine (9) months based from the date of course completion. Successful completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four (24) months based from the date of course completion. Should a candidate fail to become licensed within twenty-four (24) months, completion of a new EMSFR or EMT initial training course will be required. The bureau may approve an initial licensing testing extension on a case by case basis.

(2) Normally, state licensing examinations are conducted by the bureau. When needed, regional offices and other representatives may be designated to conduct licensing examinations. In any case, all examination sites will be conducted using the "bureau examination standard operating procedures".

(3) Applications for the state licensing examinations, at any classification, shall be made on the appropriate forms as provided by the bureau. Applications must be received by the bureau prior to the application deadline set forth in the annual schedule of licensure examinations, issued by the bureau.

(4) Persons applying for examination and licensing at any level, upon submission of the appropriate documentation as indicated in these rules, shall be allowed a maximum of three (3) examination attempts at the level for which the applicant has applied. Upon failure of the third (3rd) examination attempt, the person must successfully complete a New Mexico approved EMS refresher course for the appropriate level. Following this, the person will be allowed a fourth and final examination attempt. A person that fails four (4) times shall complete the entire training program again before any other testing is allowed at that level. If a person has an unexcused absence from a scheduled examination, as determined by the bureau, it shall count as one (1) examination attempt.

(5) Any applicant who has failed the state licensing examination at an advanced life support level as described in these rules may be allowed to take the state licensing examination at a lower level. Applicants under this section shall be allowed to attempt the state licensing examination at a lower level of licensure no more than two (2) times. Further examinations shall not be allowed until successful completion of an approved EMS training course is documented.

(6) Applicants for examination shall pay the examination and licensing fees upon submission of application to the bureau. Also, additional examination fees will be assessed for each subsequent examination attempt. These additional fees shall be submitted to the bureau with the retest application. See 7.27.2.12 NMAC for a complete description of licensing and examination fees.

(7) There will be no refund of fees, except in unusual circumstances as determined by the bureau.

(8) An examination candidate who fails to attend a scheduled test site or does not provide a written or verbal notice of cancellation at least forty-eight (48) hours from the scheduled test date, shall forfeit one (1) examination retest attempt. Future requests for a retest attempt must be accompanied by a retest application and appropriate retest fee.

P. Graduate license for all EMT levels: The role of the EMS graduate license is to grant in-state and out-of-state graduates of a bureau approved EMS training program authorization to practice skills commensurate with their scope of training in the field setting under the direct observation and supervision of an EMS provider licensed at or above the graduate's training program level. The graduate license shall only be used under approved medical direction. The EMS service director and the EMS service medical director shall identify and maintain a list of approved preceptors. The graduate licensee shall be fully supervised by the preceptor when performing patient care. The preceptor will be responsible for all patient care including patient care activities in the patient compartment when transporting to a medical facility. This will necessitate a vehicle driver in addition to the licensed EMT preceptor and the graduate licensee. During a mass casualty incident, the graduate licensee shall only provide assessment and treatment at the level for which the graduate licensee is fully licensed; if the graduate licensee is not fully licensed at a lower level, they shall only provide non-medical assistance. The EMS graduate license shall remain in effect for a period of six (6) months after the course completion date or until failure of any portion of the state or national licensing examination. All applicants for graduate licensure shall:

- (1) submit a completed bureau approved license application form;
- (2) provide evidence of current bureau approved CPR certification;
- (3) provide evidence of current bureau approved ACLS certification (paramedic only);
- (4) provide a course completion certificate from a bureau approved EMS training program; and
- (5) pay all examination and licensure fees as required by these rules.

Q. Americans With Disabilities Act: When requested by an applicant who otherwise meets the minimum qualifications, the department shall reasonably accommodate the qualified person with disabilities in the examination process, in accordance with the Americans With Disabilities Act and other applicable state and federal laws. Persons requiring accommodations must make an advance request of at least ten (10) calendar days prior to the scheduling request postmark deadline, as found in the bureau examination site schedule, for an examination site. The request for accommodation shall be forwarded to the bureau for consideration of such an accommodation, to include supporting documentation from the applicant's health care provider and a medical or professional diagnosis.

R. Recognition of out-of-state licensure for emergency incidents: During emergency situations, the secretary may waive initial licensure requirements for out-of-state EMS personnel based on the following:

- (1) an individual or agency must be responding to a specific emergency incident;
- (2) an individual or agency shall contact the EMS bureau prior to beginning EMS operations in New Mexico;
- (3) the individual or agency shall provide evidence (copies) of individual certification or licensure from another state or the national registry;
- (4) if wildland fire, an individual or agency shall provide a national wildland fire "request for recognition" form;
- (5) an individual or agency shall provide evidence of written medical protocols and scope of practice; the bureau may restrict the provided scope of practice;
- (6) the individual or agency shall contact the local EMS system for coordination of services; and
- (7) the maximum approved time for out-of-state licensure for a specific emergency incident is thirty (30) days and may be renewed on a case by case basis.

[7.27.2.8 NMAC - Rp, 7.27.2.8 NMAC, 12/15/2008]

7.27.2.9 INITIAL LICENSURE:

A. General: This section specifies requirements for initial licensure. This section applies to all applicants who are graduates of bureau approved EMS training programs. Any person applying for New Mexico licensure from out-of-state, other programs, or with national registry certification shall be considered for licensure under this section. Specific time periods apply for EMS licensing examinations, according to Subsection O of 7.27.2.8 NMAC.

B. Recognition: Each out-of-state applicant shall be assessed on a case-by-case basis for recognition of initial licensure requirements. The bureau may legally recognize other states, programs, or the national registry of emergency medical technicians requirements, where accreditation, EMS scope of practice, training standards, certification or licensure standards meet or exceed those of New Mexico.

C. Licensed emergency medical dispatcher (EMD): Licensure as an emergency medical dispatcher in New Mexico is mandatory for all persons who provide pre-arrival medical instructions to the emergency and non-emergency caller.

(1) An applicant for licensure as an EMD shall:

- (a) be eighteen (18) years of age, and be of good character;
- (b) provide evidence of a current bureau approved CPR certification; or, if physically unable to be CPR certified, provide written documentation of current knowledge and practical applications of CPR, as defined in these rules;

(c) successfully complete an EMD training course, which has been approved by the bureau, that meets or exceeds the U.S. department of transportation (USDOT) standards for EMD, within the previous twelve (12) months;

(d) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and

(e) submit the required application and licensure fees as required by these rules.

(2) Persons who do not have a certificate of completion from a New Mexico approved EMD training program but are currently certified or licensed in another state as an EMD, or have successfully completed an equivalent out-of-state EMD training course as determined by the bureau, within the previous twelve (12) months, may apply for licensure by submitting an application along with documentation of current out-of-state certification or licensure, or an out-of-state EMD course completion certificate.

(3) Upon recognition by the bureau, the person may be fully licensed as an EMD.

D. Licensed EMD-instructor: An applicant for licensure as an EMD-instructor shall:

(1) be a licensed EMT-basic, or higher level of licensure; or, if physically unable to be licensed as an EMT-basic, provide verification of successful course completion from an EMT-B training program;

(2) have graduated from high school or possess a GED;

(3) be eighteen (18) years of age, and be of good character;

(4) provide evidence of a current bureau approved CPR certification; or, if physically unable to be certified for CPR, provide written documentation of current knowledge and practical applications of CPR, as defined by these regulations;

(5) be currently licensed as an EMD;

(6) have successfully completed an EMD-instructor training course from an EMD program which is approved by the bureau;

(7) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and

(8) submit the required application and licensure fees as required by these rules.

E. Licensed emergency medical services first responder: An applicant for licensure as an EMS first responder shall:

(1) be of good character; and

(2) be at least eighteen (18) years of age; or

(3) be at least sixteen (16) years of age and meet the following requirements:

(a) be affiliated with a service, and shall submit a letter of support from the service director;

(b) shall notify the bureau, in writing, of any change of service affiliation; and

(c) shall submit a notarized parental or guardian consent;

(4) all applicants shall meet the following requirements:

(a) submit a completed, bureau approved license application form;

(b) provide evidence of current bureau approved CPR certification;

(c) present a certificate of completion from an EMSFR course completed at a bureau approved

EMS training program;

(d) successfully complete the New Mexico EMSFR licensing examination; the initial state licensing examination shall be completed within nine (9) months from the date of course completion; successful

completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four (24) months from the date of course completion;

- (e) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and
- (f) pay all examination and licensure fees as required by these rules;

(5) all persons who do not have a certificate of completion from a New Mexico approved EMSFR training program, but are currently certified or licensed in another state at the first responder level, or have successfully completed an approved equivalent out-of-state EMS first responder course as determined by the bureau, within the previous twelve (12) months, may apply to the bureau in writing for New Mexico licensure in accordance with Subsection B of this section.

F. Emergency medical technician basic (EMT-B): An applicant for licensure as an EMT-B shall meet the following requirements:

- (1) shall be of good character; and
- (2) be at least eighteen (18) years old; or
- (3) be at least seventeen (17) years of age and meet the following requirements:
 - (a) be affiliated with a service and shall submit a letter of support from the service director;
 - (b) shall notify the bureau, in writing, of any change of service affiliation; and
 - (c) shall submit a notarized parental or guardian consent;

(4) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing, which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC of these rules;

- (5) all applicants applying to be licensed, shall meet the following requirements:

- (a) submit a completed, bureau approved license application form;
- (b) provide evidence of current bureau approved CPR certification;
- (c) present a certificate of completion from an EMT-B course completed at a bureau approved EMS training program, and accomplished within the previous nine (9) months;

(d) successfully complete the New Mexico EMT-B licensing examination; the initial state licensing examination shall be completed within nine (9) months based on the date of course completion; successful completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four (24) months based on the date of course completion;

- (e) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;
- (f) pay all examination and licensure fees as required by these rules;

(g) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC of these rules;

(6) persons who do not have a certificate of completion from a bureau approved EMT-B training program, but are currently licensed or certified in another state or certified with the national registry at the EMT-B level, may apply for New Mexico licensure as provided below:

(a) submit an application along with documentation of current out-of-state certification or licensure, or national registry certification;

- (b) provide evidence of current bureau approved CPR certification;
- (c) pay all examination and licensure fees as required by these rules;

(d) successfully complete a bureau approved out-of-state transition course, as determined by the bureau;

(e) successfully complete the New Mexico EMT-B licensing examination; the initial state licensing examination shall be completed within nine (9) months based on the date of application; successful completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four (24) months based on the date of course application;

- (f) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(g) upon approval by the bureau, the person may be fully licensed as an EMT-B for the remainder of the previous certification/licensing authority's certification/licensure period, as determined by the bureau;

(h) the person may be granted a temporary license to practice as an EMT-B for a period of up to six (6) months or until failure of an EMT-B licensure examination, whichever occurs first; while under a temporary license, those applicants seeking full New Mexico licensure shall complete an out-of-state transition course approved by the bureau and complete the New Mexico EMT-B licensure examination; the temporary license also facilitates licensure of an out-of-state seasonal EMT-B and shall only be issued once in a twelve (12) month

period, as determined by the bureau; in this case, the seasonal license is valid for six (6) months from the date of issue and may be issued again, but only once in every subsequent twelve (12) month period;

(i) temporary licensure commences on the issue date of the temporary license from the bureau;

(ii) a temporary license may be issued only upon application and payment of required fees;

(7) persons holding a temporary license shall be fully licensed when they have:

(a) successfully completed the New Mexico EMT-B licensure written and practical examination; and

(b) remit payment of all required fees.

G. Emergency medical technician-intermediate (EMT-I): An applicant for licensure as an EMT-I shall meet the following requirements:

(1) be eighteen (18) years old, and be of good character;

(2) submit a completed, bureau approved license application form;

(3) provide evidence of current bureau approved CPR certification;

(4) be fully licensed as an EMT-basic;

(5) present a certificate of completion from an EMT-I course completed at a bureau approved EMS training program, and accomplished within the previous nine (9) months;

(6) successfully complete the New Mexico EMT-I licensing examination; the initial state licensing examination shall be completed within nine (9) months based on the date of course completion; successful completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four (24) months based on the date of course completion;

(7) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(8) pay all examination and licensure fees as required by these rules;

(9) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC;

(10) persons who do not have a certificate of completion from a bureau approved EMT-I training program, but are currently certified or licensed in another state or certified with the national registry at the EMT-I level, may apply for licensure as provided below:

(a) submit an application along with documentation of current out-of-state certification/license or national registry certification;

(b) provide evidence of current bureau approved CPR certification;

(c) pay all examination and licensure fees as required by these rules;

(d) successfully complete a bureau approved out-of-state transition course, as determined by the bureau;

(e) successfully complete the New Mexico EMT-I licensing examination; the initial state licensing examination shall be completed within nine (9) months based on the date of application; successful completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four (24) months based on the date of application;

(f) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(g) upon approval by the bureau, the person may be fully licensed as an EMT-I for the remainder of the previous certification/licensure authority's certification/licensure period, as determined by the bureau;

(h) the person may be granted a temporary license to practice as an EMT-I for a period of up to six (6) months or until failure of an EMT-I licensure examination, whichever occurs first; while under a temporary license, those applicants seeking full New Mexico licensure may be required to complete an out-of-state transition course approved by the bureau and complete the New Mexico EMT-I licensure examination; the temporary license also facilitates licensure of an out-of-state seasonal EMT-I and shall only be issued once in a twelve (12) month period, as determined by the bureau; in this case, the seasonal license is valid for six (6) months from the date of issue and may be issued again, but only once in every subsequent twelve (12) month period;

(i) temporary licensure commences on the issue date of the temporary license from the bureau;

(ii) a temporary license may be issued only upon application and payment of required fees;

(11) persons holding a temporary license shall be fully licensed when they have:

- (a) successfully completed the New Mexico EMT-I licensure written and practical examination; and
- (b) remit payment of all required fees;
- (12) upon failure of the initial state EMT-I examination or the expiration of the graduate or temporary licensure period, the applicant:
 - (a) if from out-of-state, may apply to the bureau in writing for a temporary license at the EMT-B level for up to sixty (60) days, provided the applicant is qualified to be licensed as an EMT-B in New Mexico;
 - (b) during this time the applicant may apply for full EMT-B licensure and will be evaluated based upon their credentials according to these rules; the application must be in writing; and
 - (c) at the end of the 60 days, the applicant will no longer be licensed at any level unless evidence of meeting the requirements at some level has been submitted and approved.

H. Emergency medical technician paramedic (EMT-P): All applicants applying to be licensed at the EMT-P level shall meet the following requirements:

- (1) be eighteen (18) years old, and be of good character;
- (2) present, at a minimum, a high school diploma or GED;
- (3) be fully licensed as an EMT-B or EMT-I;
- (4) submit a completed bureau approved license application form;
- (5) provide evidence of current bureau approved CPR certification;
- (6) present proof of current bureau approved training which meets or exceeds the current national standard for advanced cardiac life support (ACLS) on emergency cardiac care (ECC);
- (7) pay all examination and licensure fees as required by these rules;
- (8) graduates of an accredited training program: applicants who have graduated after January 1, 2006 from a bureau approved, CoAEMSP (committee on accreditation of educational programs for the EMS professions) nationally accredited in-state or out-of-state EMS training program shall:
 - (a) present a certificate of completion from an nationally accredited EMT-P course completed at a bureau approved, CoAEMSP accredited EMS training program or equivalent, nationally accredited out-of-state EMT-P training program as determined by the bureau; successful completion of the EMT-P training program must be accomplished within the previous twenty-four (24) months;
 - (b) successfully complete the New Mexico EMT-P licensing examination;
 - (c) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and
 - (d) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC;
- (9) graduates of a non-accredited training program: applicants who have graduated from a non-accredited, out-of-state EMS training program after January 1, 2006 shall:
 - (a) submit a copy of the initial paramedic course completion certificate, if available, or identify the EMS training program where the individual graduated along with the date of graduation; the training program will be evaluated for recognition in accordance with Subsection B of 7.27.2.9 NMAC of these rules; successful completion of the EMT-P training program must be accomplished within the previous twenty-four (24) months;
 - (b) successfully complete the New Mexico EMT-P licensing examination and other examinations as determined by the bureau;
 - (c) meet all other general licensing requirements found in 7.27.2.8 NMAC of these rules;
 - (d) upon approval by the bureau, the person may be fully licensed as an EMT-P for the remainder of the previous certification/licensure authority's certification/licensure period, as determined by the bureau; or
 - (e) the person may be granted a temporary license to practice as an EMT-P for a period of up to six (6) months from the date of application or until failure of an EMT-P equivalency examination, whichever occurs first;
- (10) out of state applicants licensed or certified prior to January 1, 2006: applicants who are currently certified or licensed in another state or who are certified with the national registry of EMTs prior to January 1, 2006 may apply for licensure as follows:
 - (a) submit documentation of current out-of-state certification or licensure, or national registry certification;
 - (b) successfully complete the New Mexico EMT-P licensing examination, as determined by the bureau; and
 - (c) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(d) upon approval by the bureau, the person may be fully licensed as an EMT-P for the remainder of the previous certification/licensure authority's certification/licensure period, as determined by the bureau; or

(e) the person may be granted a temporary license to practice as an EMT-P for a period of up to six (6) months or until failure of the New Mexico EMT-P licensing examination, if applicable;

(11) out of state applicants licensed or certified after January 1, 2006: applicants who are currently certified or licensed in another state or who were certified with the national registry of EMTs after January 1, 2006 may apply for licensure as follows:

(a) applicants shall submit documentation of current out-of-state certification or licensure, or national registry certification;

(b) submit a copy of the initial paramedic course completion certificate, if available, or identify the EMS training program where the individual graduated along with the date of graduation; the training program will be evaluated for recognition in accordance with Subsection B of 7.27.2.9 NMAC of these rules;

(c) successfully complete the New Mexico EMT-P licensing examination and other applicable examinations, as determined by the bureau;

(d) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(e) upon approval by the bureau, the person may be fully licensed as an EMT-P for the remainder of the previous certification/licensure authority's certification/licensure period, as determined by the bureau; or

(f) the person may be granted a temporary license to practice as an EMT-P for a period of up to six (6) months or until failure of the New Mexico EMT-P licensing examination, if applicable;

(12) upon failure of the New Mexico EMT-P examination or equivalency exam, or upon expiration of the temporary or graduate license period, the following condition will apply:

(a) if previously New Mexico state licensed, the licensee shall maintain the original level of licensure (EMT-B or EMT-I), and the applicant may practice at that level until expiration of licensure; or

(b) if from out-of-state, the applicant may apply to the bureau in writing for temporary licensure at a lower level (EMT-B or EMT-I) for up to sixty (60) days, provided that the applicant is qualified to be licensed as an EMT-B or EMT-I in New Mexico;

(i) during this time the applicant may apply for full EMT-B or EMT-I licensure in accordance with these rules;

(ii) at the end of the sixty (60) days, the applicant will no longer be licensed at any level. [7.27.2.9 NMAC - Rp, 7.27.2.9 NMAC, 12/15/2008]

7.27.2.10 LICENSURE RENEWAL: New licensing renewal fees, as outlined in 7.27.2.12 NMAC, shall be effective July 1, 2006. Individuals renewing their New Mexico EMS provider's license shall submit a bureau approved refresher course completion certificate from an in-state or out-of-state training institution that is equivalent to the refresher course blueprints found in this section; or, use the alternative to a refresher course as outlined for each level of EMSFR and EMT in this section. Carded courses, such as ACLS or PALS, received as part of a bureau approved refresher course shall not be used to fulfill any CE hour requirements.

A. Receipt of licensure renewal from the EMS bureau: Licensure renewal is the responsibility of each individual licensee. If an individual licensee fails to notify the bureau of a change of address within one (1) year from the date of relocation, as determined by the bureau, a bad address fee may be assessed by the bureau. For individuals who have submitted their complete licensure renewal packet to the bureau in a timely manner, the bureau will review the renewal requests in the order they are received.

(1) If there is a delay in notification from the bureau about the status of the licensure renewal beyond the expiration of the license, the individual shall remain licensed until:

(a) notified by the bureau by certified, return receipt requested mail that the license application has been denied or the license expired without renewal; or

(b) they receive their license from the bureau.

(2) If an individual's renewal packet is incomplete, the individual shall be notified by the bureau by certified, return receipt requested mail.

(3) If an individual licensee is notified by certified mail that a renewal problem exists with their license, and the license has expired, the individual shall not remain licensed.

B. Renewal deadlines: Specific renewal requirements must be completed no later than the December 31 that occurs prior to licensure expiration. CPR and ACLS certifications are exempt from the December 31 deadline and must be current at the time of renewal. Renewal applications must be received by the bureau by the

last day of February prior to expiration of licensure but may be postmarked and submitted by March 31 prior to expiration of licensure for a higher fee.

(1) The applicant may submit the complete renewal application to the bureau as soon as requirements are complete, but the complete renewal application shall be postmarked no later than the final month of licensure. A normal renewal fee is assessed for renewal applications postmarked prior to the final month of licensure.

(2) Renewal applications received during the final month of licensure will be accepted, but will be assessed a higher renewal fee due to the requirement for speedier processing.

(3) Applications for renewal of licensure shall be postmarked no later than the last day of licensure (March 31).

C. Mandatory updates: The bureau may require mandatory updates to training in any given year of licensure. Mandatory updates may include required content hours during refresher courses, required continuing education, or mandatory classes.

D. Downgrading to a lower level of licensure: EMS personnel may petition the bureau to downgrade to a lower level of licensure if:

(1) they are in good standing at the current level of licensure;

(2) the eligibility requirements have been met for the lower EMS level (i.e., current refresher course, CE, CPR, etc.); and

(3) if the provider requests that the downgraded license be upgraded to the original or EMT-intermediate level of licensure, the provider must meet the re-entry or re-licensure requirements to upgrade to the original level of licensure in accordance with Subsection L of 7.27.2.10 NMAC of these rules.

E. Waivers: The licensing commission may, for good cause shown, waive portions of these rules pertaining to licensure renewal pursuant to 7.27.2.13 NMAC of these rules. Persons requesting waivers for licensure renewal shall submit requests in writing to the EMS licensing commission, in care of the bureau.

F. Licensed emergency medical dispatcher (EMD): Renewal for a licensed EMD is required within each licensure period. Documentation must show that all renewal requirements have been completed before the December 31 that occurs prior to expiration of licensure. CPR certification is exempt from the December 31 deadline and must be current at the time of renewal. If the EMD is concurrently licensed as an EMT-B, EMT-I or EMT-P, the renewal dates for EMD licensure may be adjusted by the bureau to match the renewal dates for the EMT-B, EMT-I, or EMT-P license. The following requirements are necessary for a person to renew their EMD license:

(1) submit copies of course completion certificates or verification showing a minimum of twenty-four (24) contact hours of continuing education activity; of which at least twelve (12) hours shall be medical subjects/skills of bureau approved continuing education activity and twelve (12) hours of dispatch related subjects/skills, unless the EMD is also licensed at the EMT-B, EMT-I or EMT-P level; the EMD may then use those contact hours of continuing education activity obtained during the renewal period for the EMT-B, EMT-I or EMT-P licensure toward the medical renewal requirements;

(2) provide evidence of current bureau approved CPR certification; or, if physically unable to be certified for CPR, provide written documentation of current knowledge and practical applications of CPR; and

(3) submit required application and payment of all license renewal fees as required by 7.27.2.12 NMAC of these rules.

G. Licensed emergency medical dispatcher-instructor: Renewal of a licensed EMD-instructor is required within each licensure period. Documentation must show that all renewal requirements have been completed before the December 31 that occurs prior to expiration of licensure. CPR certification is exempt from the December 31 deadline and must be current at the time of renewal. The following requirements are necessary for a person to renew their EMD-I license:

(1) submit verification from a bureau approved EMD training program showing that the EMD-instructor is current and in good standing with the approved EMD training program;

(2) submit documentation showing completion of all EMD continuing education renewal requirements;

(3) submit a copy of current licensure at the EMT-B or higher level;

(4) provide evidence of current bureau approved CPR certification; or, if physically unable to be certified for CPR, provide written documentation of current knowledge and practical applications of CPR; and

(5) submit the required application and payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules.

H. Emergency medical services first responder: Renewal of the EMSFR license is required within each licensure period. Documentation must show that all renewal requirements have been completed on or before

the December 31 that occurs prior to expiration of licensure. CPR certification is exempt from the December 31 deadline and shall be current at the time of renewal. The following requirements are necessary for a person to renew their license:

- (1) submit a completed renewal application;
- (2) submit documentation showing a minimum of eight (8) contact hours of bureau approved continuing education activity, of which two (2) contact hours shall consist of pediatric content;
- (3) submit a copy of a course completion certificate from a bureau approved EMSFR refresher course that includes a minimum of sixteen (16) contact hours, as outlined in the refresher course blueprint below; or
 - (a) preparatory, one (1) hour
 - (b) airway and ventilation, two (2) hours
 - (c) patient assessment, two (2) hours
 - (d) medical emergencies, four (4) hours
 - (e) trauma emergencies, four (4) hours
 - (f) special considerations, two (2) hours
 - (g) operations, one (1) hour
- (4) as an alternative to a formal refresher course, submit a total of sixteen (16) contact hours of additional bureau approved CE that adheres to the refresher course blueprint above; the medical content shall be at the basic life support level;
- (5) provide evidence of current bureau approved CPR certification;
- (6) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMSFR skills listed in 7.27.2.14 NMAC, current scopes of practice, that require medical direction; and
- (7) submit payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules.

I. Emergency medical technician basic (EMT-B): Renewal of the EMT-B license is required within each licensure period. Documentation must show that all renewal requirements have been completed on or before the December 31 that occurs prior to expiration of licensure. CPR certification is exempt from the December 31 deadline and shall be current at the time of renewal. The following requirements are necessary for an EMT-B to renew their license:

- (1) submit a completed renewal application;
- (2) submit documentation showing a minimum of twenty-four (24) contact hours of bureau approved continuing education activity, of which four (4) contact hours shall consist of pediatric content;
- (3) submit a copy of a course completion certificate from a bureau approved EMT-basic refresher course that includes a minimum of twenty-four (24) contact hours, as outlined in the refresher course blueprint below; or
 - (a) preparatory, one (1) hour
 - (b) airway and ventilation, two (2) hours
 - (c) patient assessment, three (3) hours
 - (d) medical emergencies, six (6) hours
 - (e) trauma emergencies, six (6) hours
 - (f) special considerations, four (4) hours
 - (g) operations, two (2) hours
- (4) as an alternative to a formal refresher course, submit a total of twenty-four (24) contact hours of bureau approved CE that adheres to the refresher course blueprint above; the medical content shall be at the basic life support level;
- (5) provide evidence of current bureau approved CPR certification;
- (6) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMT-basic skills listed in 7.27.2.14 NMAC, current scopes of practice, that require medical direction;
- (7) submit payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules; and
- (8) applicants who have completed a bureau approved EMT-I or EMT-P course or completed appropriate sections of the EMT-I or EMT-P course, as determined by the bureau, may fulfill the refresher and continuing education requirement.

J. Emergency medical technician intermediate (EMT-I): Renewal of the EMT-I license is required within each licensure period. Documentation must show that all renewal requirements have been met on or before the December 31 that occurs prior to expiration of licensure. CPR certification is exempt from the December

31 deadline and shall be current at the time of renewal. The following requirements are necessary for an EMT-I to renew their license:

- (1) submit a completed renewal application;
- (2) submit documentation showing a minimum of thirty (30) contact hours of bureau approved continuing education activity, of which five (5) contact hours shall consist of pediatric content;
- (3) submit a copy of a course completion certificate from a bureau approved EMT-intermediate refresher course that includes a minimum of twenty-four (24) contact hours, as outlined in the refresher course blueprint below; or
 - (a) preparatory, one (1) hours
 - (b) airway and ventilation, two (2) hours
 - (c) patient assessment, three (3) hours
 - (d) medical emergencies, six (6) hours
 - (e) trauma emergencies, six (6) hours
 - (f) special considerations, four (4) hours
 - (g) operations, two (2) hours
- (4) as an alternative to a formal refresher course, submit a total of twenty-four (24) contact hours of bureau approved CE that adheres to the refresher course blueprint above; the medical content shall be at the advanced life support level;
 - (5) provide evidence of current bureau approved CPR certification;
 - (6) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMT-intermediate skills listed in 7.27.2.14 NMAC, current scopes of practice, that require medical direction; persons who are not currently providing care through an EMS provider service and do not have a service medical director, may for good cause, petition the bureau for an exception of this requirement;
 - (7) submit payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules; and
 - (8) applicants who have completed a bureau approved EMT-P course or completed appropriate sections of the EMT-P course, as determined by the bureau, may fulfill the refresher and continuing education requirement.

K. Emergency medical technician paramedic (EMT-P): Renewal of the EMT-P license is required within each licensure period. Documentation must show that all renewal requirements have been completed on or before the December 31 that occurs prior to the expiration of licensure. CPR and ACLS certifications are exempt from the December 31 deadline and shall be current at the time of renewal. The following requirements are necessary for an EMT-P to renew their license:

- (1) submit a completed renewal application;
- (2) submit documentation showing a minimum of twenty-four (24) contact hours of bureau approved continuing education activity at any level, of which six (6) contact hours shall consist of pediatric content;
- (3) submit a copy of a course completion certificate from a bureau approved EMT-paramedic refresher course that includes a minimum of forty-eight (48) contact hours, as outlined in the refresher course blueprint below; or
 - (a) preparatory, three (3) hours
 - (b) airway and ventilation, four (4) hours
 - (c) patient assessment, four (4) hours
 - (d) medical emergencies, eighteen (18) hours
 - (e) trauma emergencies, ten (10) hours
 - (f) special considerations, six (6) hours
 - (g) operations, three (3) hours
- (4) as an alternative to a formal refresher course, submit a total of forty-eight (48) contact hours of bureau approved CE that adheres to the refresher course blueprint above; the medical content shall be at the advanced life support level;
 - (5) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMT-paramedic skills listed in 7.27.2.14 NMAC, current scopes of practice, that require medical direction; persons who are not currently providing care through an EMS provider service and do not have a service medical director, may for good cause, petition the bureau for an exception of this requirement;
 - (6) submit proof of current bureau approved training which meets or exceeds the current national standards for advanced training which is equivalent to or exceeds the advanced cardiac life support (ACLS) certification on emergency cardiac care;
 - (7) provide evidence of current bureau approved CPR certification; and

(8) submit payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules.

L. Late renewal for all categories: The bureau provides three (3) methods for expired licensees to regain their licensure; reinstatement, re-entry, and re-licensure.

(1) **Reinstatement:** Those persons who have completed the renewal requirements on or before the December 31 cutoff, but failed to renew licensure by March 31, may renew between April 1 and May 31 of the expiration year. A complete renewal application for reinstatement must be received at the bureau by May 31. Paperwork postmarked after March 31 will be assessed with an additional late fee. See Fees, 7.27.2.12 NMAC of these rules.

(2) **Re-entry:** A person whose license is expired, who does not meet the circumstances of Paragraph (1) of Subsection L of 7.27.2.10 NMAC above, but whose date of expiration of the previously held certification or license is less than three (3) years, may re-enter EMS at the previously held or lower level if the person left EMS in good standing and successfully completes the following:

(a) complete a bureau approved refresher training course at the appropriate level (except EMD or EMD-I);

(b) provide evidence of current bureau approved BLS CPR training;

(c) successfully complete the New Mexico licensing examination and other examinations, as determined by the bureau, at the appropriate provider licensure level (maximum of two (2) examination attempts allowed), if applicable;

(d) if EMD or EMD-I applicant, provide verification of a minimum of twenty-four (24) contact hours of bureau approved continuing education activity, of which twelve (12) hours shall be medical subjects/skills and twelve (12) hours shall be dispatch related subjects/skills of bureau approved continuing education activity;

(e) if an EMT-P applicant, provide evidence of current advanced cardiac life support training;

and
(f) submit required application and payment of licensure fees as identified for the appropriate level in 7.27.2.12 NMAC of these rules.

(3) **Re-licensure:** A person whose license has been expired for more than three (3) years from the date of expiration shall be considered an initial licensure applicant. To become licensed, a person must complete the requirements of 7.27.2.9 NMAC of these rules.

M. Expiration of licensure: All New Mexico EMS personnel, whose licensure expires on March 31 of any given year, shall be removed from the New Mexico active registry of emergency medical services personnel on the first business day of April of that given year. The bureau will send a notice to the address of record notifying the former licensee of removal from the New Mexico registry of EMS personnel.

N. Continuing education: Continuing education (CE) credit may be granted for any training that has been approved in advance by the bureau. All individuals or EMS services wishing to grant continuing education credit to licensed EMD's, EMD-I's, EMSFRs and EMT's in New Mexico shall submit the appropriate documentation to the bureau at least thirty (30) days in advance. CE's submitted to the bureau after training has been completed is discouraged and will be reviewed for approval or disapproval on a case-by-case basis. Application for continuing education approval shall be made utilizing the bureau's "notification of intent to conduct a continuing education program" application form available from the bureau. More detailed information about New Mexico's EMS continuing education program may be found in the "EMS continuing education user's guide", available from the bureau.

(1) **Purpose:** Continuing education is designed to meet three main objectives:

(a) to provide exposure to new and current trends in the area of patient care;

(b) to review areas of patient assessment and management that are not used on a frequent basis;

and
(c) to meet licensure renewal requirements.

(2) **Continuing education categories:** The EMS bureau has adopted the CE category designations published by the national highway and traffic safety administration (NHTSA) and utilized by many states and national EMS organizations. A more detailed explanation of these categories can be found in the "EMS continuing education user's guide" available from the bureau. These categories apply only to formal and alternative refresher courses. The CE categories are:

(a) preparatory topics: general topics include roles and responsibilities, well-being of the EMT, injury prevention, medical/legal issues, ethics, anatomy/physiology, principles of pathophysiology, principles of pharmacology, IV therapy and medication administration, therapeutic communications;

(b) airway and ventilation;

(c) patient assessment: general topics include history taking, techniques of the physical examination, patient assessment, clinical decision making, EMS communications, documentation;

(d) medical emergencies: general topics include pulmonary, cardiology, neurology, endocrinology, allergies and anaphylaxis, gastroenterology, urology/renal, toxicology, hematology, environmental conditions, infectious and communicable diseases, behavioral and psychiatric disorders, gynecology, obstetrics;

(e) trauma emergencies: general topics include kinematics, blunt trauma, penetrating trauma, hemorrhage and shock, soft tissue trauma, burns, head and facial trauma, spinal trauma, thoracic trauma, abdominal trauma, musculoskeletal trauma;

(f) special considerations: general topics include neonatology, pediatrics, geriatrics, abuse and neglect, patients with special challenges, acute interventions for the home health care patient; and

(g) operations: general topics include ambulance operations, medical incident command, rescue awareness and operations, hazardous materials incidents, crime scene awareness.

(3) **Forms of continuing education:** The following forms of continuing education are currently recognized by the bureau. The bureau reserves the right to approve additional forms of continuing education as necessary. More detailed information may be found in the "EMS continuing education user's guide" available from the bureau.

(a) Classroom instruction: Standard instructor-student relationship in the classroom or field setting.

(b) Pre-approved courses: This list of national and statewide recognized courses are pre-approved for CE credit. Individuals completing any of these courses need only to submit their course completion certificate or card when renewing their licenses. Courses that are approved by CECBEMS are pre-approved for credit in New Mexico.

(c) EMS related college courses: Credit may be awarded to individuals who are attending college courses relevant to EMS. Individuals who are interested in receiving credit should submit a copy of their unofficial student transcript and course syllabus.

(d) EMS video presentations: EMS video presentations may be used for continuing education. In order to do so, the "notification of intent to conduct a continuing education program" application form must be submitted, along with a list of the videos intended for presentation with their corresponding copyright dates. No more than one-half of the CE requirement for any given level may be accomplished by EMS video presentations.

(e) State skill evaluator participation: A maximum of twenty (20) hours of credit may be used for skill evaluation at state licensing examination sites; these credits cannot be applied toward refresher course blueprint requirements.

(f) Teaching bureau approved courses: Licensed individuals who teach bureau approved courses may receive the same number of CE hours as students who are taking the program; refer to the "EMS continuing education user's guide" for a more complete description.

(g) Field or clinical preceptorship: A maximum of twenty (20) hours of additional CE may be allowed for EMS preceptor activities; documentation of preceptor activities must be on letterhead from an approved New Mexico EMS training institution or EMS service director; these credits cannot be applied toward refresher course blueprint requirements.

(h) Distributive learning programs: A list of recognized internet, web-based and EMS professional journal CE programs can be found in the "EMS continuing education user's guide"; a maximum of twelve (12) hours of credit may be acquired for the additional CE component.

(4) **Record keeping:** Once approval of a CE program is obtained and the course is presented, records of attendance must be maintained. The bureau may audit the CE records of an approved CE program. Attendance records with original signatures of course participants and a copy of any course presentation material must be kept for a minimum of thirty-six (36) months by the service, for bureau audit purposes.

(a) In order for participating EMS personnel to receive credit, each individual shall be given a certificate, letter of attendance/completion, or copy of course attendance roster and advised to retain it until their licensure renewal. Many EMD Agencies (EMDA) and EMS services have computerized records of their personnel concerning CE. The EMS bureau will recognize CE summary documentation, on letterhead, from EMDA or EMS service directors, training coordinators, medical directors, or CE coordinators with appropriate original signatures.

(b) Course completion letters, certificates and course rosters shall contain the following information:

(i) location and date of the CE program;

(ii) title of the class or course;

(iii) number of actual contact hours (half hour increments are acceptable);

- (iv) CE category;
- (v) name of participant;
- (vi) CE coordinator's name with designation "CE coordinator" placed after the name;
- (vii) signature of CE coordinator;
- (viii) the statement: "reviewed and approved by the New Mexico EMS bureau for continuing education"; and
- (ix) EMS bureau approval number.

(5) **CE audits for EMS services and personnel:** The bureau may periodically perform audits of CE programs. These audits are usually provided as a way for services to evaluate their current program, identify areas in which the program excels, as well as areas that may be problematic. The following types of CE audits may be conducted by the bureau:

(a) **CE course audit:** this audit evaluates the actual class or course being conducted; the purpose of this audit is to provide written feedback to the instructor on presentation, content and participant evaluations conducted at the end of the class; this audit is usually unannounced;

(b) **CE recordkeeping audit:** this audit evaluates the CE program sponsor recordkeeping process; the bureau may audit refresher course certificates for compliance with the refresher course blueprint; records of prior classes or courses conducted are inspected for completeness and feedback is provided to the CE program sponsor that identify areas for improvement; CE program sponsors will be given at least five (5) days advance notification of these audits; records that will be inspected include:

- (i) original copies of attendance rosters with the signatures of course participants;
- (ii) course presentation materials/outlines or learning objectives;
- (iii) handouts that were given to participants;
- (iv) any evaluation tools, including written exams or practical skill forms; and
- (v) CE approval letter or approval numbers;

(c) **CE complaint audit:** this audit is a preliminary investigation conducted by the EMS bureau based on a complaint concerning falsification of the CE process.

[7.27.2.10 NMAC - Rp, 7.27.2.10 NMAC, 12/15/2008]

7.27.2.11 IDENTIFICATION OF EMS PERSONNEL: Licensed EMD's, EMD- I's, EMSFR's, and EMT's will be issued: one license certificate, one license wallet card, and one uniform patch (if available).

A. The bureau shall charge a reasonable fee for replacement of lost cards or certificates. The bureau shall also charge a reasonable fee for additional uniform patches, pursuant to 7.27.2.12 NMAC of these rules.

B. Licensed EMD's, EMD-I's, EMSFR's, and EMT's shall carry their current New Mexico state license wallet card, or bureau approved equivalent form of identification, while participating in a patient care situation. All EMS personnel must present upon demand, proof of licensure.

C. Licensed EMD's, EMD-I's, EMSFR's, and EMT's shall promptly notify the bureau of any changes of name, address or EMS employment/affiliation status.

[7.27.2.11 NMAC - Rp, 7.27.2.11 NMAC, 12/15/2008]

7.27.2.12 FEES:

A. Examination, licensure, renewal and assorted fees: The bureau shall charge reasonable fees for the examination, licensure, and renewal of licensed EMS providers in New Mexico, according to the following schedule. For persons taking national registry examinations, additional fees will be required.

(1) In-state: includes individuals who are residents of the state of New Mexico or who have completed an EMS course of instruction at a New Mexico EMS training program.

(2) Out-of-state: includes individuals who are residents of another state or who have completed an EMS course of instruction at an out-of-state EMS training program.

B. Initial license fees (testing and re-license):

DESCRIPTION	IN-STATE APPLICATION FEE	OUT-OF-STATE APPLICATION FEE	OUT-OF-STATE TRANSITION COURSE FEE
initial license fees (testing and re-license)			
licensed EMD	\$25.00	\$50.00	
licensed EMD-instructor	\$35.00	\$70.00	
licensed EMS first responder	\$25.00	\$50.00	\$25.00

licensed EMT-basic	\$65.00	\$130.00	\$50.00
licensed EMT-intermediate	\$75.00	\$150.00	\$75.00
licensed EMT-paramedic	\$85.00	\$170.00	

C. National registry (additional state examination fee):

DESCRIPTION	IN-STATE APPLICATION FEE	OUT-OF-STATE APPLICATION FEE
National registry (additional state examination fee)		
first responder examination fee	\$10.00	\$50.00
EMT-basic examination fee	\$25.00	\$75.00
EMT-intermediate examination fee	\$75.00	\$150.00
EMT-paramedic examination fee	\$100.00	\$200.00

D. Examination re-test fees, which may be assessed for same day re-test:

DESCRIPTION	IN-STATE APPLICATION FEE	OUT-OF-STATE APPLICATION FEE
Examination re-test fees, which may be assessed for same day re-test		
first responder examination fee	\$25.00	\$25.00
EMT-basic examination fee	\$30.00	\$30.00
EMT-intermediate written/practical	\$35.00	\$35.00
EMT-paramedic written/practical	\$40.00	\$40.00

E. Licensure renewal fees:

DESCRIPTION	FEE TYPE	FEE
Licensure renewal fees		
licensed EMD	normal fee	\$20.00
	March renewal fee	\$60.00
licensed EMD-instructor	normal fee	\$25.00
	March renewal fee	\$75.00
licensed EMS first responder	normal fee	\$20.00
	March renewal fee	\$60.00
licensed EMT-basic	normal fee	\$30.00
	March renewal fee	\$90.00
licensed EMT-intermediate	normal fee	\$40.00
	March renewal fee	\$120.00
licensed EMT-paramedic	normal fee	\$50.00
	March renewal fee	\$150.00

F. Reinstatement fees:

DESCRIPTION	FEE
Reinstatement fees	
licensed EMD	\$120.00
licensed EMD-instructor	\$150.00
licensed EMS first responder	\$120.00
licensed EMT-basic	\$180.00
licensed EMT-intermediate	\$240.00
licensed EMT-paramedic	\$300.00

G. Re-entry fees-same as March renewal fees:

DESCRIPTION	FEE
Re-entry fees-same as March renewal fees	
licensed EMD	\$60.00
licensed EMD-instructor	\$75.00
licensed EMS first responder	\$60.00
licensed EMT-basic	\$90.00
licensed EMT-intermediate	\$120.00
licensed EMT-paramedic	\$150.00

H. Miscellaneous fees:

DESCRIPTION	FEE
Miscellaneous fees	
additional patches-each	\$3.00
replacement licensure card-each occurrence	\$10.00
bad check fee-each occurrence	\$20.00
national healthcare practitioner query fee-each occurrence as determined by the bureau	\$15.00
bad address fee-each occurrence, as determined by the bureau	\$20.00

I. Use of fees: Fees collected by the bureau under these rules shall be used expressly for licensing operations. This includes but is not limited to payment of approved EMS skill evaluators, for their participation at state licensing examinations; examination and licensing supplies and equipment, including processing equipment; facility rental costs associated with the examination and licensing process; processing and handling of licenses; operation of examination sites; expenses encountered in the enforcement of these rules.

J. Payment of fees: State fees shall be made payable to the bureau by check, money order or other bureau approved method of payment. Licensure and examination fees are due and payable at the time of licensure application. Licensure applications will not be processed until payment of the required fees.

K. Waiver of fees: Applicants for licensure under these rules who, for good cause, are unable to pay the licensure fees may petition the bureau for a waiver. Applications for fee waiver under these rules shall be submitted to the bureau in the form of a written letter, and shall document the exact nature of the applicant's inability to pay. Waiver requests shall be submitted to the EMS program manager or designee for approval. [7.27.2.12 NMAC - Rp, 7.27.2.12 NMAC, 12/15/2008]

7.27.2.13 ENFORCEMENT:

A. EMS licensing commission:

(1) **Statutory basis:** The emergency medical services licensing commission is established pursuant to Section 24-10B-5.1 NMSA 1978 of the act.

(2) **Duties:** The duties of the commission are to:

(a) provide a forum for the receipt of public comment regarding emergency medical services licensing matters;

(b) oversee the bureau's licensing and enforcement functions;

(c) receive complaints, direct investigations and authorize the initiation of actions by the bureau regarding contemplated refusal to grant initial licensure and for disciplinary actions against licensees; and

(d) grant waivers, for good cause shown, of regulations pertaining to licensure renewal.

(3) **Organization:** Members of the commission are appointed by the secretary as provided by law.

(a) Commission members shall serve until their successors have been appointed by the secretary.

(b) In the event of a vacancy on the commission by resignation or removal, the bureau shall immediately notify the secretary so as to expedite the appointment of a new commission member. The secretary shall appoint such vacancies.

(c) The commission may recommend to the secretary removal of any commission member for the following reasons:

(i) failing to attend or otherwise participate in two (2) consecutive meetings without a valid reason; or

(ii) any other good cause.

(d) The commission shall elect a chair and vice-chair annually. The term of office begins with the meeting at which the officer is elected.

(e) The bureau shall serve as staff for the commission.

(4) **Commission meetings:** The commission shall meet as needed, but not less than semi-annually.

(a) Commission meetings for receipt of public comment regarding emergency medical services licensing functions and oversight of the bureau's licensure function shall be subject to the Open Meetings Act, Section 10-15-1, et seq., NMSA 1978.

(b) Meetings pertaining to the issuance, suspension, renewal or revocation of a license, or other personnel matters, are closed meetings as provided by the Open Meetings Act.

(c) A meeting notice resolution, consistent with the provisions of the Open Meetings Act, shall be adopted by the commission and shall be reviewed in November of each year at a regularly scheduled meeting of the commission.

(d) Minutes of meetings shall be taken and maintained in accordance with the Open Meetings Act.

(5) **Receipt of public comment:** There shall be an opportunity for receipt of public comment regarding licensure matters, in writing or orally, at each open commission meeting.

(a) Written public comment intended for consideration by the commission shall be mailed to the bureau. The comments must include the person's name, address, and telephone number, if available. Unidentified comments may or may not be considered by the commission.

(b) The commission, upon receipt of public comments, may make an appropriate recommendation to the bureau to take action based on those comments.

(6) **Oversight:** During each regularly scheduled meeting, the bureau will provide a report of its licensure functions to the commission. Commission members may, at any time, request information about licensure functions from the bureau.

B. Complaint/incident procedures: Any person may communicate a written complaint or knowledge of an incident to the bureau or the commission.

(1) When the bureau has knowledge of a complaint that may affect a person's license, it shall notify the chair of the commission as soon as practicable.

(2) Similarly, when the commission has knowledge of a complaint or incident affecting licensure, it shall notify the bureau.

(3) Other complaints, which would not affect licensure, will be directed to, and examined by the bureau.

(4) The bureau shall communicate to the chair or designee its opinion as to whether or not an investigation of the complaint should be initiated.

(5) Upon knowledge of a complaint, the chair, or designee, after consultation with other members of the commission, as feasible, shall authorize that an investigation be conducted.

(6) The chair or designee shall direct the course of the investigation through periodic communication with the bureau as necessary.

(7) If an investigation indicates that the complaint may affect a person's license, the licensee shall be notified that the bureau is conducting an investigation, unless extenuating circumstances reasonably preclude notification.

(a) At the conclusion of the bureau's investigation, the bureau shall report its findings to the commission in a closed meeting at which a majority of commission members participate, either in person or by means of a conference telephone or other similar communications equipment.

(b) The commission, after consideration of the bureau's report, may authorize the initiation of an action by the bureau regarding contemplated refusal to grant initial licensure, or for disciplinary action against a licensee, by a majority vote of commission members participating in the closed meeting. The commission may immediately authorize a cease and desist order or immediate suspension of license, subject to expedited hearing rights as outlined in Paragraph (5) of Subsection G of 7.27.2.13 NMAC, if it determines that the health and safety of the public would be jeopardized unless the bureau takes action as soon as possible.

(c) The chair of the commission may immediately authorize the initiation of an action by the bureau regarding contemplated refusal to grant initial licensure, or for disciplinary action against a licensee, without consulting the other members of the commission. This immediate action may be used if the chair makes a good faith judgment that the health and safety of the public would be jeopardized unless the bureau takes action as soon as possible. Actions may include cease and desist orders or immediate suspension, subject to expedited hearing rights pursuant to Paragraph (5) of Subsection G of 7.27.2.13 NMAC of these rules. If the chair authorizes the initiation of

an action by the bureau, the bureau shall notify each commission member in writing of such action within ten (10) working days of the initiation of the action.

(d) Upon receipt of authorization from the commission to initiate an action, the bureau may deny, suspend or revoke licensure or take other disciplinary action, in accordance with the provisions of the Act, Section 24-10B-5.B.(2), NMSA 1978 and the Uniform Licensing Act, Sections 61-1-1, et seq., NMSA 1978.

C. Conduct of investigations: Investigations shall normally be conducted by the bureau.

(1) **Preliminary investigations:** When the bureau receives information that might form the basis for disciplinary action against a person, it shall begin a preliminary investigation. This is a fact finding, information gathering investigation that will attempt to determine for the commission whether justification exists for the commission to authorize the bureau to initiate an action or to conduct a formal investigation. The results of the preliminary investigation will be presented to the commission.

(2) **Formal investigations:** Formal investigations are authorized by the commission for the purpose of obtaining additional information to allow the commission to determine if it will authorize the bureau to initiate an action. The results of the formal investigation will be presented to the commission. Notice will be given to the person who is the subject of the formal investigation unless extenuating circumstances exist which would reasonably preclude notification.

D. Subpoena authority: In accordance with Subsection C of Section 24-10B-5.1 NMSA 1978 of the EMS Act and Subsection A of Section 61-1-4 of the Uniform Licensing Act, the EMS licensing commission or the bureau, pursuant to the commissions authorization may, subject to the rules of privilege and confidentiality recognized by law, require the furnishing of information, the attendance of witnesses, and the production of books, records, papers or other objects necessary and proper for the purposes before it, and may take sworn statements of witnesses, including parties.

E. Waivers: The commission, upon good cause or for extenuating circumstances shown by a licensee, may grant a waiver of a specific regulation or regulations pertaining to licensure renewal for that licensee.

(1) A licensee shall demonstrate good cause to the commission by submitting written justification that identifies any extenuating circumstances, to the bureau. The licensee shall include any reasonable supporting documentation to relevant to the request.

(2) The bureau shall distribute the submitted written justification and supporting documentation to the members of the commission prior to their next meeting.

(3) The commission, as soon as practicable, shall determine if good cause exists to grant a waiver by a majority vote of commission members meeting in a closed meeting. To accomplish this, the commission shall evaluate the documentation and, if necessary, review other pertinent documentation requested from the licensee.

(4) The commission may also meet with the licensee at a closed meeting of the commission prior to rendering its decision as to whether good cause exists to grant a waiver.

(5) If the commission grants the waiver to the licensee, it shall direct the bureau to take appropriate action to implement the terms and conditions of the waiver.

(6) A licensee applying for a waiver shall be notified by the bureau of the commission's decision in writing within twenty (20) calendar days of receipt of the commission's decision.

(7) The chair or his designee, with a recommendation from the bureau, may authorize a temporary waiver for licensure renewal, where they feel it may be justified, i.e., loss of employment, pecuniary interests, etc., subject to subsequent commission review and approval.

F. Impaired practitioner program: An EMT who voluntarily self-identifies to the bureau or the impaired practitioner committee that he is experiencing a physical or mental impairment shall be considered for the impaired practitioner program ("diversion program"). Consideration may not result in participation in the diversion program. Also, any impaired-EMT who the bureau, with the advice of the commission, determines may benefit from the impaired practitioner program may be referred to the impaired practitioner committee.

(1) The bureau, with the advice of the commission, may appoint an impaired-EMT rehabilitation committee to organize and administer a program that will:

(a) serve as a diversion program to which the bureau may refer licensees in lieu of, or in addition to, other disciplinary action taken by the bureau under these regulations; and

(b) be a source of referral for EMT's who, on a voluntary basis, desire to avail themselves of treatment for behavioral health based or chemical-dependence impairments.

(2) **The impaired practitioner committee shall be composed as a minimum of:**

(a) one bureau staff member;

(b) one regional director;

(c) one commission member;

- (d) one mental health specialist; and
 - (e) one physician.
- (3) **The impaired practitioner committee shall:**
- (a) arrange evaluations for EMT's who request participation in the diversion program;
 - (b) review and designate treatment facilities and services to which EMT's in the diversion program may be referred;
 - (c) receive and review information concerning the status and progress of participants in the diversion program;
 - (d) publicize the diversion program in coordination with EMS professional organizations and the bureau; and
 - (e) prepare and provide reports as needed to the bureau and the commission.

(4) **Each EMT entering the diversion program shall be informed of the procedures applicable to the diversion program, of the rights and responsibilities associated with participation in the diversion program and of the possible consequences of failure to participate in the diversion program:** Failure to comply with any treatment requirement of the diversion program may result in termination of the diversion program participation. The bureau shall report termination of diversion program participation to the commission. Participation in the diversion program shall not be a defense against, but may be considered in mitigating any disciplinary action authorized by the commission and taken by the bureau. The commission is not precluded from authorizing the bureau to commence a disciplinary action against an EMT who is participating in the diversion program or has been terminated from the diversion program.

G. Denial, suspension, and revocation: A license may be denied, suspended, or revoked in accordance with the following:

(1) upon authorization by the commission, the bureau may suspend, revoke, or refuse to issue any license, or take other disciplinary action, in accordance with the provisions of the EMS Act, Subsection B, Section 24-10B-5, NMSA 1978 and the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978, for any of the reasons outlined below;

(2) if final disciplinary action is taken against a licensed EMS provider by the bureau, upon authorization from the commission, the bureau may publish the action in a periodical or other medium that has statewide distribution;

- (3) grounds for denial, suspension, or revocation are:
- (a) misconduct in obtaining licensure;
 - (b) fraud, deceit, misrepresentation in obtaining licensure, including, but not limited to, cheating on an examination or attempting to subvert the initial or renewal licensing process;
 - (c) unprofessional conduct, to include but not limited to, the following:
 - (i) dissemination of a patient's health information to individuals not entitled to such information and where such information is protected by law from disclosure;
 - (ii) falsifying or altering patient records or personnel records;
 - (iii) misappropriation of money, drugs or property;
 - (iv) obtaining or attempting to obtain any fee for patient services for one's self or for another through fraud, misrepresentation, or deceit;
 - (v) aiding, abetting, assisting or hiring an individual to violate the EMS Act or these duly promulgated rules;
 - (vi) failure to follow established procedure and documentation regarding controlled substances;
 - (vii) failure to make or keep accurate, intelligible entries in records as required by law, policy and standards for the practice of pre-hospital emergency care;
 - (viii) failure to report an EMS provider who is suspected of violating the New Mexico Emergency Medical Services Act or these rules;
 - (ix) intentionally engaging in sexual contact with or toward a patient;
 - (d) conviction of a felony or misdemeanor, or conviction of a misdemeanor involving abuse, neglect, exploitation, or moral turpitude, as shown by a certified copy of the record of the court conviction;
 - (e) negligence in the delivery of emergency medical services to include, but not limited to:
 - (i) practicing outside the standard of care, scope of licensure or without appropriate medical direction;
 - (ii) malpractice;

(iii) incompetence, in performing pre-hospital emergency medical functions, whether direct patient care or the administration/management of that care, an EMS provider is under legal duty to possess and to apply the knowledge, skill and care that is ordinarily possessed and exercised by other EMS providers of the same licensure status and required by the generally accepted standards of the profession; the failure to possess or to apply to a substantial degree such knowledge, skill and care constitutes incompetence for purposes of disciplinary proceedings; it shall not be necessary to show that actual harm resulted from the act or omission or series of acts or omissions, so long as the conduct is of such a character that harm could have resulted to the patient or to the public;

(iv) patient abandonment: patient abandonment occurs when the EMS provider has accepted the patient assignment thus establishing a provider-patient relationship and then severs the relationship without giving reasonable notice to a qualified person who can make arrangements for the continuation of care;

(f) unauthorized disclosure of medical or other confidential information;

(g) physical or mental incapacity which could result or has resulted in performance of emergency medical service duties in a manner which endangers the health and safety of the patient or others;

(h) any demonstrated pattern of alcohol or other substance abuse; or any single instance of alcohol or substance abuse in the performance of emergency medical services duties;

(i) failure to successfully complete the impaired practitioner program; or failure to meet the terms and conditions of an impaired practitioner agreement;

(j) failure to meet licensure requirements;

(k) dispensing, administering, distributing or diversion of controlled substances, other than those authorized in the scope of practice, as defined in the New Mexico Controlled Substance Act, Section 30-31-1, et seq., NMSA 1978;

(l) failure to report revocation, suspension, denial, or other adverse actions taken in any other state or jurisdiction affecting the ability to practice emergency medical services;

(m) misrepresentation of the level of licensure or certification;

(n) performing duties as a licensed EMT without being licensed by the bureau to perform the authorized scope of practice for a level of licensure, including practicing after expiration of a license;

(o) any false, fraudulent, or deceptive statement in any document connected with the practice of emergency medical services, including, but not limited to, documents associated with:

(i) initial licensure;

(ii) renewal licensure;

(iii) licensure certificates, wallet cards; or

(iv) continuing education;

(p) failure to cooperate with an investigation, including but not limited to, failure to furnish the commission or bureau with information requested, or to appear for an interview as requested;

(q) inappropriate conduct or negligence by a licensed EMT who is also a registered instructor coordinator;

(r) failure to comply with a judgment and order for child support issued by a district or tribal court as defined in the Parental Responsibility Act (Laws of 1995, Chapter 25);

(4) procedures for enforcement of the Parental Responsibility Act:

(a) the New Mexico human services department (HSD) shall issue to the bureau a certified list of obligor's (meaning persons who have been ordered to pay child support pursuant to a judgment and order for support issued by a district or tribal court) not in compliance with their judgment and order of support;

(b) upon determination by the bureau that the name and social security number of an applicant for licensure, a licensed person, or licensee, appears on the certified list, the bureau shall require that applicants for licensure:

(i) provide a statement of compliance from HSD to the bureau no later than forty eight (48) hours prior to scheduled attendance at a state EMS examination site; or

(ii) provide a statement of compliance from HSD to the bureau no later than the close of business, sixty (60) days from the date of the letter of notification; or

(iii) if the applicant fails to provide a statement of compliance, the bureau shall be authorized by the commission to issue a notice of contemplated action to deny the application;

(iv) that persons currently licensed shall provide the bureau with a statement of compliance from HSD by the earlier of the application for licensure renewal or a specified date not to exceed sixty (60) days;

(v) if the licensed person fails to provide the statement of compliance, the bureau shall be authorized by the commission to issue a notice of contemplated action to take appropriate action;

(c) upon authorization by the commission to issue a notice of contemplated action, the bureau shall serve upon an applicant for licensure or licensee a notice of contemplated action in accordance with the Uniform Licensing Act stating that:

(i) the bureau has grounds to take such action, and that the bureau shall take such action unless the applicant or licensed person;

(ii) mails a letter (certified mail, return receipt requested) within 20 days after service of the notice requesting a hearing; or

(iii) provides the bureau, within thirty (30) days of receipt of the notice of contemplated action, a statement of compliance from HSD; and

(iv) if the applicant or licensed person disagrees with the determination of non-compliance, or wishes to come into compliance, the applicant or licensed person should contact the HSD child support enforcement division;

(d) in any hearing under this section, relevant evidence is limited to the following:

(i) a statement of non-compliance is conclusive evidence that requires the bureau to take appropriate action, unless:

(ii) the applicant or licensee provides the bureau with a subsequent statement of compliance, which shall preclude the bureau from taking any further action under this section;

(iii) when an action is taken against an applicant or licensee solely because the applicant or licensed person is not in compliance with a judgment and order for support, the order shall state that the application, license shall be reinstated upon presentation to the bureau of a subsequent statement of compliance;

(e) the bureau may also include in the order any other conditions necessary to comply with its requirements for reapplication and re-issuance of licensure, including, but not limited to requiring a surcharge fee of fifty dollars (\$50), in addition to any other applicable fees;

(5) right to a hearing: in accordance with the provisions of the Uniform Licensing Act, Sections 61-1-1, et seq., NMSA 1978, every applicant or person licensed, shall be afforded notice and opportunity for a hearing, before the department shall have authority to take action, the effect of which would be to deny permission to take an examination for licensure for which application has been duly made, or to deny, suspend, or revoke a certification or license, or take other disciplinary action; exception:

(a) right to expedited hearing for an immediate suspension of a persons license: the person whose license is immediately suspended may request a hearing before a hearing officer appointed by the secretary to contest the action, by mailing a certified return receipt letter addressed to the bureau within twenty (20) days after service of the notice;

(b) expedited hearing for a person whose license has been immediately suspended: upon receipt of a timely request for a hearing, the department shall appoint a hearing officer and schedule a hearing, to be held in Santa Fe, New Mexico, within twenty (20) working days of receipt of the timely request for a hearing;

(6) records management: a licensing record is maintained for every licensed EMT in New Mexico; any request for records maintained by the bureau will be processed in accordance with the Inspection of Public Records Act; if the bureau begins a preliminary or formal investigation, a separate confidential record will be created containing all investigatory material;

(a) confidentiality: the commission and the bureau will take every precaution to insure that preliminary and formal investigations are conducted in a confidential manner; if the commission authorizes the bureau to initiate an action, all records not exempt from disclosure under the Inspection of Public Records Act, Sections 14-2-1, et seq., NMSA 1978, will be placed in the licensee's licensing record, if one exists;

(b) records confidentiality: any files or records in the possession of the bureau, a regional office or a provider containing identifying information about individuals requesting or receiving treatment or other health services and any unsubstantiated complaints received by the bureau regarding any provider shall be confidential and not subject to public inspection; such files, records and complaints may be subject to subpoena for use in any pending cause, in any administrative proceeding, or in any of the courts of this state, unless otherwise provided by state or federal law.

H. Enforcement of training standards.

(1) Process for non-compliance: The bureau will make every attempt to resolve non-compliance of training standards at the lowest level possible. The following process shall be utilized:

(a) the bureau will notify the approved New Mexico training program, in writing, of any suspected or reported non-compliance of training standards received by complaint, report or course trends;

(b) the approved New Mexico training program will provide a plan to correct items of non-compliance and will submit the plan to the bureau in writing within thirty (30) days;

(c) the bureau will re-evaluate the plan and progress reports for compliance of the training standards in three (3) month increments until the problem is resolved; and

(d) if the bureau determines that non-compliance has not been adequately resolved, the bureau may initiate an enforcement action against the training program or the licensed EMT who is an instructor-coordinator.

(2) **Complaint/incident procedures:** Any person may communicate a complaint or knowledge of an incident to the bureau. Complaints shall be submitted in signed written form to the bureau. The bureau may begin an investigation if there is sufficient cause.

(a) When a complaint is received by the bureau, written acknowledgment shall be made within ten (10) working days and the bureau staff shall decide whether or not a preliminary or formal investigation of the complaint shall be initiated.

(b) Approved New Mexico EMS training programs being formally investigated shall receive written notification within ten (10) working days after a decision is made to begin a formal investigation.

(c) At the conclusion of the bureau's formal investigation, the bureau may report its findings to the investigated training program in written form. If the bureau investigation warrants an enforcement action, the training program will be given a notice of contemplated action.

(d) If no investigation is warranted, the training program or person filing a complaint will be notified, as determined by the bureau.

(3) **Investigations:** The bureau shall normally conduct preliminary and formal investigations.

(a) **Preliminary investigations:** When the bureau receives information that forms the basis for an enforcement action, it shall begin a preliminary investigation. This is a fact finding, information gathering investigation that will attempt to determine for the bureau whether justification exists to initiate an action or to conduct a formal investigation.

(b) **Formal investigations:** Formal investigations are for the purpose of obtaining additional information to allow the bureau to determine if it will initiate an action. Notice will be given of the formal investigation, unless extenuating circumstances exist which would reasonably preclude notification.

(c) **Confidentiality:** The bureau will take every precaution to insure that preliminary and formal investigations are conducted in a confidential manner.

(d) **Records:** An official record is maintained for every approved New Mexico EMS training program. If the bureau begins a preliminary or formal investigation, a separate confidential record will be created containing all investigation material. If the bureau initiates an action, all records not exempt from disclosure under the Inspection of Public Records Act, sections 14-2-1, et seq., NMSA 1978, will be placed in the training program's official record. Any request for records maintained by the bureau will be processed in accordance with the Inspection of Public Records Act.

(4) **Grounds for enforcement actions:** Enforcement actions may result in an action taken against an approved New Mexico EMS training program or an instructor-coordinator affiliated with the training program. These enforcement actions may result in the following actions:

(a) probation or suspension of the training program for a specified period of time;

(b) non-recognition of a training program course;

(c) withdrawal of approval status of a training program by the bureau;

(d) under 7.27.2.13 NMAC, a licensing action may be initiated against an instructor-coordinator when the bureau determines that there may be inappropriate conduct or negligence; grounds for enforcement actions include, but are not limited to the following:

(i) failure to comply with law or rules; failure to comply with the training standards or non-compliance with a training standard found in these rules;

(ii) falsifying documents to include use of any false, fraudulent, or deceptive statement in any document;

(iii) failure to cooperate with an investigation to include failure to furnish the bureau with requested information, as provided by law;

(iv) failure of students or instructors to function within the approved New Mexico scopes of practice, New Mexico treatment guidelines and the training medicine formulary, as approved by the medical direction committee;

(v) failure to report required documentation including patient care data and annual training reports.

(5) **Right to appeal:** Any approved New Mexico EMS training program may appeal a decision by the bureau to take an enforcement action.

(6) **Notice of contemplated action:** When the bureau contemplates taking any action specified in this section, it shall serve upon the approved New Mexico EMS training program a written notice containing a statement of the grounds or subject upon which the proposed action is based and the rule(s) violated.

(7) **Right to hearing:** The approved New Mexico EMS training program may request a hearing before a hearing officer appointed by the secretary to contest the proposed enforcement action, by mailing a certified return receipt letter addressed to the bureau within twenty (20) days after service of the notice.

(8) **Hearing:** Upon receipt of a timely request for a hearing, the department of health shall appoint a hearing officer and schedule a hearing, to be held in Santa Fe, New Mexico, within forty-five (45) working days of receipt of the timely request for a hearing.

(9) **Notice of hearing:** The department shall notify the approved New Mexico EMS training program of the date, time, and place of the hearing, the identity of the hearing officer, and the subject matter of the hearing, not less than thirty (30) days prior to the date of the hearing.

(10) **Hearing officer duties:** The hearing officer shall preside over the hearing, administer oaths, take evidence and decide evidentiary objections and rule on any motions or other matters that arise prior to the hearing.

(11) **Discovery:** Upon written request to another party, any party is entitled to:

(a) obtain the names and addresses of witnesses who will or may be called by the other party to testify at the hearing; and

(b) inspect and copy any documents or items, which the other party will or may introduce in evidence at the hearing.

(12) **Conduct of hearing:** Hearings are open to the public unless either party makes a request for closed meeting.

(13) **Hearing officer written report and recommendation(s):** The hearing officer shall make a written report and recommendation(s) to the secretary containing a statement of the issues raised at the hearing proposed findings of fact, and conclusions of law, and a recommended determination. The hearing officer or designee shall record the hearing by means of a mechanical sound recording device provided by the department for a record of the hearing. The hearing officer written report shall be submitted to the secretary no later than thirty (30) working days after the close of the hearing.

(14) **Secretary's determination:** The secretary shall render a final determination within ten (10) working days of the submission of the hearing officer's written report. A copy of the final decision shall be mailed to the appealing party by certified mail, return receipt requested. A copy shall be provided to legal counsel for the bureau.

[7.27.2.13 NMAC - Rp, 7.27.2.13 NMAC, 12/15/2008]

7.27.2.14 APPENDIX A: SCOPES OF PRACTICE FOR FULLY LICENSED EMERGENCY MEDICAL SERVICES PERSONNEL:

A. Medical director means a physician functioning as the service EMS medical director as defined and described in 7.27.3 NMAC, medical direction for emergency medical service. Medical control means supervision provided by or under the direction of a physician.

B. Prior to accomplishing a new skill, technique, medication, or procedure, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications, or procedures.

C. Service medical director approved: All service medical director approved skills, technique, medication, or procedure are considered advanced life support. Prior to utilizing any skill, technique, medication or procedure designated as service medical director approved, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform the skills, techniques, medications or procedures. Additionally, each EMS provider must have a signed authorization from the service's medical director on file at the EMS service's headquarters or administrative offices.

D. Any device designed and utilized to facilitate successful completion of a skill or other treatment modality, including but not limited to CPR devices, intraosseous placement devices, positive pressure ventilation devices, must be approved by the service medical director.

E. Only personnel with full, unrestricted licensure may utilize items designated as service medical director approved.

F. Utilization of pharmacological agents for the primary purpose of sedation, induction, or muscle relaxation to facilitate placement of an advanced airway requires medical direction committee special skills approval.

G. Licensed emergency medical dispatcher (EMD).

(1) Medical direction is required for all items in the EMD scope of practice.

(2) The following allowable skills may be performed by EMDs who are licensed by the EMS bureau and functioning with a New Mexico emergency medical dispatch agency utilizing protocols and any EMD priority reference system approved by the EMS bureau and service medical director.

(a) Process calls for medical assistance in a standardized manner, eliciting required information for evaluating, advising, and treating sick or injured individuals, and dispatching an appropriate EMS response.

(b) Provide pre-arrival instructions to the patient through the caller when possible and appropriate to do so while functioning in compliance with an emergency medical dispatch priority reference system (EMDPRS).

H. EMS first responders (EMSFR):

(1) **The following allowed skills, procedures, and drugs may be performed without medical direction:**

- (a) basic airway management;
- (b) use of basic adjunctive airway equipment;
- (c) suctioning;
- (d) cardiopulmonary resuscitation, according to current ECC guidelines;
- (e) obstructed airway management;
- (f) bleeding control via direct pressure;
- (g) spine immobilization;
- (h) splinting (medical direction required for femoral traction splinting);
- (i) scene assessment, triage, scene safety;
- (j) use of statewide EMS communications system;
- (k) emergency childbirth;
- (l) glucometry;
- (m) oxygen;
- (n) other non-invasive procedures as taught in first responder courses adhering to DOT

curricula.

(2) **The following require service medical director approval:**

(a) **allowable skills:**

- (i) mechanical positive pressure ventilation;
- (ii) femoral traction splinting;
- (iii) application and use of semi-automatic defibrillators;
- (iv) insertion of laryngeal and supraglottic airway devices;
- (v) acupressure;

(b) **allowable drugs:**

- (i) oral glucose preparations;
- (ii) aspirin PO for adults with suspected cardiac chest pain;
- (iii) IM auto-injection of atropine and pralidoxime for treatment of chemical and nerve

agent exposure;

- (iv) albuterol (including isomers) via inhaled administration;
- (v) ipratropium via inhaled administration, in combination with or after albuterol

administration;

- (vi) epinephrine via auto-injection device;

(c) **patient's own medication that may be administered:** bronchodilators using pre-measured or metered dose inhalation device.

(3) **Wilderness protocols:** he following skills shall only be used by providers who have a current wilderness certification from a bureau approved wilderness first responder course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport time is required), and are authorized by their medical director to provide the treatment:

- (a) minor wound cleaning and management;
- (b) cessation of CPR;
- (c) field clearance of the cervical-spine;
- (d) reduction of dislocations resulting from indirect force of the patella, digit, and anterior

shoulder.

I. EMT-BASIC (EMT-B):

(1) The following allowed skills, procedures, and drugs may be performed without medical direction:

- (a) basic airway management;
- (b) use of basic adjunctive airway equipment;
- (c) suctioning;
- (d) cardiopulmonary resuscitation, according to current ECC guidelines;
- (e) obstructed airway management;
- (f) bleeding control;
- (g) spine immobilization;
- (h) splinting;
- (i) scene assessment, triage, scene safety;
- (j) use of statewide EMS communications system;
- (k) childbirth (imminent delivery);
- (l) glucometry;
- (m) oxygen;
- (n) other non-invasive procedures as taught in EMT-B courses adhering to DOT curricula;
- (o) wound management.

(2) The following require service medical director approval:

(a) allowable skills:

- (i) mechanical positive pressure ventilation;
- (ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA);
- (iii) pneumatic anti-shock garment;
- (iv) application and use of semi-automatic defibrillators;
- (v) acupressure;
- (vi) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;

(b) allowable drugs:

- (i) oral glucose preparations;
- (ii) aspirin PO for adults with suspected cardiac chest pain;
- (iii) activated charcoal PO;
- (iv) acetaminophen PO in pediatric patients with fever;
- (v) IM auto-injection of atropine and pralidoxime for treatment of chemical and nerve agent exposure;

- (vi) albuterol (including isomers), via inhaled administration;
- (vii) ipratropium, via inhaled administration, in combination with or after albuterol administration;

- (viii) epinephrine via auto-injection device;
- (ix) administration of naloxone by SQ, IM, or IN route;
- (x) administration of epinephrine, 1:1000, no single dose greater than 0.3 ml, subcutaneous or intramuscular injection with a pre-measured syringe or 0.3 ml TB syringe for anaphylaxis or status asthmaticus refractory to other treatments under on-line medical control; when on-line medical control is unavailable, administration is allowed under off-line medical control if the licensed provider is working under medical direction using approved written medical protocols;

(c) patient's own medication that may be administered:

- (i) bronchodilators using pre-measured or metered dose inhalation device;
- (ii) sublingual nitroglycerine for unrelieved chest pain, with on line medical control only.

(3) Wilderness protocols: the following skills shall only be used by providers who have a current wilderness certification from a bureau-approved wilderness first responder course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport time is required), and are authorized by their medical director to provide the treatment:

- (a) minor wound cleaning and management;
- (b) cessation of CPR;
- (c) field clearance of the cervical-spine;

(d) reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder.

(4) **Immunizations and biologicals:** administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances: in the event of a disaster or emergency, the state EMS medical director or chief medical officer of the department of health may temporarily authorize the administration of pharmaceuticals or tests.

J. EMT-INTERMEDIATE (EMT-I):

(1) **The following allowed skills, procedures, and drugs may be performed without medical direction:**

- (a) basic airway management;
- (b) use of basic adjunctive airway equipment;
- (c) suctioning;
- (d) cardiopulmonary resuscitation, according to ECC guidelines;
- (e) obstructed airway management;
- (f) bleeding control;
- (g) spine immobilization;
- (h) splinting;
- (i) scene assessment, triage, scene safety;
- (j) use of statewide EMS communications system;
- (k) childbirth (imminent delivery);
- (l) glucometry;
- (m) oxygen;
- (n) wound management.

(2) **The following require service medical director approval:**

- (a) **allowable skills:**
 - (i) mechanical positive pressure ventilation;
 - (ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA);
 - (iii) pneumatic anti-shock garment;
 - (iv) application and use of semi-automatic defibrillators;
 - (v) acupressure;
 - (vi) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;
 - (vii) peripheral venous puncture/access;
 - (viii) blood drawing;
 - (ix) pediatric intraosseous tibial access;
 - (x) adult intraosseous access;
- (b) **administration of approved medications via the following routes:**
 - (i) intravenous;
 - (ii) intranasal;
 - (iii) nebulized inhalation;
 - (iv) sublingual;
 - (v) intradermal;
 - (vi) intraosseous;
 - (vii) endotracheal (for administration of epinephrine only, under the direct supervision of an EMT-paramedic, or if the EMS service has an approved special skill for endotracheal intubation);
 - (viii) oral (PO);
 - (ix) intramuscular;
- (c) **allowable drugs:**
 - (i) oral glucose preparations;
 - (ii) aspirin PO for adults with suspected cardiac chest pain;
 - (iii) activated charcoal PO;
 - (iv) acetaminophen PO in pediatric patients with fever.
 - (v) IM auto-injection of atropine and palidoxime for treatment of chemical and nerve agent exposure;
 - (vi) albuterol (including isomers) via inhaled administration;

administration;

- (vii) ipratropium, via inhaled administration, in combination with or after albuterol
- (viii) naloxone;
- (ix) I.V. fluid therapy (except blood or blood products);
- (x) 50% dextrose – intravenous;
- (xi) epinephrine via auto-injection device;
- (xii) epinephrine (1:1000), SQ or IM for anaphylaxis and known asthmatics in severe respiratory distress (no single dose greater than 0.3 cc);
- (xiii) epinephrine (1:10,000) in pulseless cardiac arrest for both adult and pediatric patients; epinephrine may be administered via the endotracheal tube in accordance with ACLS and PALS guidelines;
- (xiv) nitroglycerin (sublingual) for chest pain associated with suspected acute coronary syndromes; must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable;
- (xv) morphine, fentanyl, or dilaudid for use in pain control with approval of on-line medical control;
- (xvi) diphenhydramine for allergic reactions or dystonic reactions;
- (xvii) glucagon, to treat hypoglycemia in diabetic patients when intravenous access is not obtainable;
- (xviii) promethazine and anti-emetic agents, for use as an anti-emetic;
- (xix) methylprednisolone for reactive airway disease/acute asthma exacerbation;
- (xx) hydroxycobalamine.

(d) **patient’s own medication that may be administered:**

- (i) bronchodilators using pre-measured or metered dose inhalation device;
- (ii) sublingual nitroglycerine for unrelieved chest pain; must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable;

(e) **wilderness protocols:** the following skills shall only be used by providers who have a current wilderness certification from a bureau approved wilderness first responder course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport time is required), and are authorized by their medical director to provide the treatment:

- (i) minor wound cleaning and management;
- (ii) cessation of CPR;
- (iii) field clearance of the cervical-spine;
- (iv) reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder;

(f) **drugs allowed for monitoring during transport:** monitoring IV solutions that contain potassium during transport (not to exceed 20 mEq/1000cc or more than 10 mEq/hour);

(g) **immunizations and biologicals:** administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances:

- (i) to the general public as part of a department of health initiative or emergency response, utilizing department of health protocols; the administration of immunizations is to be under the supervision of a public health physician, nurse, or other authorized public health provider;
- (ii) administer vaccines to EMS and public safety personnel;
- (iii) TB skin tests may be applied and interpreted if the licensed provider has successfully completed required department of health training;
- (iv) in the event of a disaster or emergency, the state EMS medical director or chief medical officer of the department of health may temporarily authorize the administration of pharmaceuticals or tests not listed above.

K. EMT-PARAMEDIC (EMT-P):

(1) **The following allowed skills, procedures, and drugs may be performed without medical direction:**

- (a) basic airway management;
- (b) use of basic adjunctive airway equipment;
- (c) suctioning;
- (d) cardiopulmonary resuscitation, according to current ECC guidelines;

- (e) obstructed airway management;
 - (f) bleeding control;
 - (g) spine immobilization;
 - (h) splinting;
 - (i) scene assessment, triage, scene safety;
 - (j) use of statewide EMS communications system;
 - (k) childbirth (imminent delivery);
 - (l) glucometry;
 - (m) oxygen;
 - (n) wound management.
- (2) **The following require service medical director approval:**
- (a) **allowable skills:**
 - (i) mechanical positive pressure ventilation;
 - (ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, Combi-tube, King Airway, LMA);
 - (iii) pneumatic anti-shock garment;
 - (iv) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;
 - (v) application and use of semi-automatic defibrillators;
 - (vi) acupressure;
 - (vii) peripheral venous puncture/access;
 - (viii) blood drawing;
 - (ix) I.V. fluid therapy;
 - (x) direct laryngoscopy;
 - (xi) endotracheal intubation;
 - (xii) thoracic decompression (needle thoracostomy);
 - (xiii) surgical cricothyroidotomy;
 - (xiv) insertion of nasogastric tubes;
 - (xv) cardioversion and manual defibrillation;
 - (xvi) external cardiac pacing;
 - (xvii) cardiac monitoring;
 - (xviii) use of infusion pumps;
 - (xix) initiation of blood and blood products with on-line medical control;
 - (xx) intraosseous access;
 - (b) **administration of approved medications via the following routes:**
 - (i) intravenous;
 - (ii) intranasal;
 - (iii) nebulized inhalation;
 - (iv) sublingual;
 - (v) intradermal;
 - (vi) intraosseous;
 - (vii) endotracheal;
 - (viii) oral (PO);
 - (ix) intramuscular;
 - (x) topical;
 - (xi) endotracheal;
 - (xii) rectal;
 - (xiii) IV drip;
 - (c) **allowable drugs:**
 - (i) acetaminophen;
 - (ii) activated charcoal;
 - (iii) adenosine;
 - (iv) albuterol (including isomers);
 - (v) amiodarone;
 - (vi) aspirin;
 - (vii) atropine sulfate;

- (viii) benzodiazepines;
- (ix) bretylium tosylate;
- (x) calcium preparations;
- (xi) corticosteroids;
- (xii) dextrose;
- (xiii) diphenhydramine;
- (xiv) dopamine hydrochloride;
- (xv) epinephrine;
- (xvi) furosemide;
- (xvii) glucagon;
- (xviii) hydroxycobalamine;
- (xix) ipratropium;
- (xx) lidocaine;
- (xxi) magnesium sulfate;
- (xxii) naloxone;
- (xxiii) narcotic analgesics;
- (xxiv) nitroglycerine;
- (xxv) oral glucose preparations;
- (xxvi) oxytocin;
- (xxvii) phenylephrine nasal spray;
- (xxviii) pralidoxime, IM auto-injection for treatment of chemical and nerve agent

exposure;

- (xxix) promethazine and anti-emetic agents, for use as an anti-emetic;
- (xxx) sodium bicarbonate;
- (xxxi) thiamine;
- (xxxii) topical anesthetic ophthalmic solutions;
- (xxxiii) vasopressin.

(3) **Wilderness protocols:** The following skills shall only be used by providers who have a current wilderness certification from a bureau approved wilderness first responder course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport time is required), and are authorized by their medical director to provide the treatment:

- (a) minor wound cleaning and management;
- (b) cessation of CPR;
- (c) field clearance of the cervical-spine;
- (d) reduction of dislocations resulting from indirect force of the patella, digit, and anterior

shoulder.

(4) **Drugs allowed for monitoring in transport** (requires an infusion pump when given by continuous infusion unless otherwise specified):

- (a) potassium (no infusion pump needed if concentration not greater than 20mEq/1000cc);
- (b) anticoagulation type blood modifying agents (such as fibrolytic drugs, heparin, glycoprotein IIb-IIIa inhibitors/antagonists);
- (c) procainamide;
- (d) mannitol;
- (e) blood and blood products (no pump required);
- (f) aminophylline;
- (g) antibiotics and other anti-infective agents;
- (h) dobutamine;
- (i) sodium nitroprusside;
- (j) insulin;
- (k) terbutaline;
- (l) norepinephrine;
- (m) octreotide;
- (n) nutritional supplements;
- (o) beta blockers;
- (p) diltiazem;

- (q) nesiritide;
- (r) propofol in patients that are intubated prior to transport;
- (s) proton pump inhibitors and H2 antagonists.

(5) **Immunizations and biologicals:** administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances:

(a) to the general public as part of a department of health initiative or emergency response, utilizing department of health protocols; the administration of immunizations is to be under the supervision of a public health physician, nurse, or other authorized public health provider;

(b) administer vaccines to EMS and public safety personnel;

(c) TB skin tests may be applied and interpreted if the licensed provider has successfully completed required department of health training;

(d) in the event of a disaster or emergency, the state EMS medical director or chief medical officer of the department of health may temporarily authorize the administration of other pharmaceuticals or tests not listed above.

(6) **Skills approved for monitoring in transport:**

(a) internal cardiac pacing;

(b) chest tubes.

(7) **Medications for administration during patient transfer:**

(a) retavase (second dose only);

(b) protamine sulfate;

(c) non-depolarizing neuromuscular blocking agents in patients that are intubated prior to transport;

(d) acetylcysteine.

(8) **Patient's own medication that may be administered:**

(a) epoprostenol sodium;

(b) bronchodilators using pre-measured or metered dose inhalation device;

(c) sublingual nitroglycerine for unrelieved chest pain; must have intravenous access

established prior to administration or approval of online medical control if IV access is unavailable.

[7.27.2.14 NMAC - Rp, 7.27.2.14 NMAC, 12/15/2008]

7.27.2.15 APPENDIX B: APPROVED TRAINING PROGRAMS: "Approved emergency medical services training program" means a New Mexico emergency medical services training program that is sponsored by a post-secondary educational institution, is accredited by the national accrediting organization for emergency medical services or active in the accreditation process, and is approved by the joint organization on education (JOE) and participates in the joint organization on education. Currently, there are three approved EMS training programs:

A. Emergency medical services academy. University of New Mexico, [2700 Yale SE., Albuquerque, New Mexico 87106, Tel: 505-272-5757]. The EMS academy is designated as the lead training agency for providers in New Mexico as stated in Section 24-10B-12 NMSA 1978. The EMS academy teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses.

B. Dona Ana branch community college. New Mexico state university, [Box 30001, Las Cruces, NM 88003-0001, Tel: 505-527-7530]. Dona Ana branch community college teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses.

C. Eastern New Mexico university. EMS program, [Box 6000, Roswell, NM 88202-6000, Tel: 505-624-7000]. The eastern New Mexico university teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses.

D. Santa Fe community college. EMS program, [6401 Richards Ave., Santa Fe, NM 87508-4887, Tel: 505-428-1000]. Santa Fe community college teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses.

E. Central New Mexico community college. EMS program, [5600 Eagle Rock Ave. NE, Albuquerque, NM 87113, Tel: 505-224-5200]. Central New Mexico community college teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses.

[7.27.2.15 NMAC - Rp, 7.27.2.15 NMAC, 12/15/2008]

7.27.2.16 APPENDIX C: SPECIAL SKILLS APPLICATION AND REPORTING PROCEDURES:

A. Purpose: Special skills are those skills, procedures, and medications that are requested by an EMS service to enhance emergency treatment capabilities beyond the normal scope of practice, as defined in the EMS

Act. Use the enclosed procedures for application, reporting and renewal for special skills. Applications are reviewed and approved or disapproved by the medical direction committee, and once approved, become a legally recognized addition to the service capabilities.

B. General: All levels of EMS personnel, including licensed EMS first responders and all levels of licensed EMTs are eligible for special skills consideration for any procedure, skill or medication.

C. Application procedure: The EMS service medical director, or his designee, shall coordinate with the EMS service director, and shall apply for special skills to the EMS medical direction committee.

D. Application document: The application document for a special skill must be tailored to the level of the request. While the degree of detail in each section may vary to match the nature of the skill requested, all applications should include the following elements, in order:

(1) application cover page: titled to state the requested special skill, date of application, name of service, service director name and medical director name;

(2) contact information page: must include address and contact information for the service, service director and medical director;

(3) letters of support: must include individual letters of support from the service director and medical director; additional letters of support from the local medical community or evidence of notification of the local medical community may be required; the need for letters of notification and support from the local medical community and who provides the letters must be adjusted to match the nature of the special skill requested;

(4) service description: provide a concise description of the EMS service; this includes such items as basic call demographics relevant to the applicant, level of licensure of providers and names and locations of the primary receiving medical facilities;

(5) description of the special skill: provide a description of the procedure, medication or requested skill. Include information on risks, benefits, indications and contraindications;

(6) justification and statement of need: provide a statement explaining why the special skill is needed; this should include a description of the current medical intervention or alternative practice to the special skill and a risk or benefit analysis that supports the special skill requested; the estimated number of potential interventions per year, other relevant statistical data and a statement indicating the level of current scientific information/studies to support the requested special skill; the level of scientific justification can be adjusted to match the level of the special skill requested;

(7) protocol: provide a copy of the treatment protocol; include other operational protocols relevant to the special skill, if applicable;

(8) training: provide a training syllabus; this must include learning objectives and the training hours for initial and continuing education; this section should also include a description of the instructors, how training will be completed, and a description of the method used to initially evaluate the skill;

(9) QA/QI program: provide a description of the QA/QI process for the special skill, including frequency of evaluation, names and qualifications of the personnel involved in the process; include a copy of the evaluation tool or forms that will be used, if applicable; and

(10) the application and all supporting documentation shall be submitted to the EMS bureau, attn: state EMS training coordinator.

E. Applicants may involve the EMS regional offices when preparing a special skill request and include a letter evidencing regional review. Applicants shall forward a copy of their application to their EMS regional office when completed.

F. Upon receipt, the state EMS medical director and state EMS training coordinator will review the application. The service will be notified if the application is found to be incomplete or to contain significant errors.

G. Applications must be received at the bureau at least forty-five (45) days prior to the next regularly scheduled medical direction committee meeting to be placed on the agenda of that meeting for consideration by the medical direction committee.

H. The medical direction committee shall take action on all special skills applications on the agenda at their regularly scheduled meeting. The medical direction committee may take the following actions on the application: approved with limitations or restrictions, denied or tabled with a request for a formal presentation or additional information by the requesting service medical director or their designee.

I. The medical direction committee may give an approval subject to specific conditions, limitations or restrictions. This may include a written and practical examination.

J. Within ten (10) working days following the decision of the medical direction committee, the state EMS training coordinator shall provide a written response to the applicant regarding the action of the medical direction committee.

K. Special skills may not be utilized until receipt of these special skill approval letter from the bureau. Any specific conditions or limitations will be evidenced in the approval letter from the bureau.

L. Monitoring: It is expected that EMS services with approved special skills will continuously comply with the requirements of their application and approval letter. This includes, but is not limited to, such items as training curricula, approved instructors, quality assurance, protocols and data collection. Any changes to the approved application shall be sent to the state EMS training coordinator for concurrence/coordination with the medical direction committee.

M. The medical direction committee may immediately suspend or revoke special skill privileges for an individual or service that loses medical direction, or fails to comply with the stated requirements, or for any other reason to protect the health and welfare of the people of New Mexico.

N. If a new medical director assumes control of a service with an active special skill program, the bureau shall receive a letter of support from the new medical director within thirty (30) days or the special skill approval may be withdrawn.

O. The service shall maintain a current list of all providers trained and approved to utilize the special skill. This list must be provided to the bureau upon request.

P. Reporting: The service shall provide to the state EMS training coordinator periodic written special skill reports. During the first year, the report shall be due semi-annually, occurring on June 1 and December 1. Subsequent reports shall be due annually on June 1.

Q. Report document: The written special skill report shall include the following minimum elements:

(1) report cover page: titled to state the special skill reported, date, name of service, service director and medical director;

(2) contact information page: shall include address and contact information for the service, service director and medical director;

(3) letters of support: must include individual letters of continued support from the service director and service medical director;

(4) statistics and outcome data: provide data on the utilization and patient outcomes involving the special skill; do not include patient identifiers; all adverse outcomes related to the special skill must be reported;

(5) continuing education: provide evidence of the continuing education program and refresher program;

(6) personnel list: provide a list of all personnel authorized to perform the special skill;

(7) QA/QI program: provide evidence of the ongoing QA/QI program;

(8) renewal: during a regularly scheduled meeting, the medical direction committee shall review all ongoing individual special skills programs on their three (3) year anniversary and make a determination on renewal;

(9) if the medical direction committee determines not to provide automatic renewal on an ongoing special skill program, the state EMS training coordinator shall provide a written notification to the service director and the service medical director within ten (10) working days; and

(10) the special skills program will be placed on the agenda of the next, or subsequent, regularly scheduled meeting of the medical direction committee and final determination regarding renewal will be made.

R. Special skills programs will remain active until a final determination regarding renewal has been made.

S. Special skills application:

(1) general section;

(2) EMS service name;

(3) address;

(4) service chief/director;

(5) contact phone number;

(6) physician medical director;

(7) physician/medical director contact phone number;

(8) special skill proposed;

(9) level of licensure necessary for special skill;

(10) estimated number of personnel to be trained;

(11) estimated date of initial training;

(12) training/quality assurance;

(13) describe or identify the curriculum, including learning objectives, training hours, etc.;

(14) please identify the lead instructor and provide a brief summary of their qualifications or attach a resume;

- (15) resumes required for new instructors;
- (16) if training/experience is required, provide a letter of commitment from the supporting institution;
- (17) describe or attach a proposed continuing education plan;
- (18) attach a description of quality assurance plan, including periodic case reviews, ongoing problem;
- (19) identification and steps for remedial action if necessary;
- (20) signatures; person completing the application, service chief/service director and medical

director;

(21) submit ten (10) copies of the application in its entirety to: EMS bureau, state EMS training coordinator, [2500 Cerrillos Rd., Santa Fe, NM 87505];

(22) submit one copy to the regional office.

[7.27.2.16 NMAC - Rp, 7.27.2.16 NMAC, 12/15/2008]

7.27.2.17 APPENDIX D: LICENSING APPLICATION:

A. Section I- initial application for licensure:

(1) **General:** To apply for licensure as an emergency medical dispatcher (EMD), EMD-instructor, EMS first responder, EMT-basic, EMT-intermediate, or EMT-paramedic, the licensure application form shall be used. The instructions for this form are included in the application packet, which is available at the EMS bureau.

(2) The EMS levels currently authorized for licensure in New Mexico are emergency medical dispatcher (EMD), EMD-instructor, EMS first responder, EMT-basic, EMT-intermediate and EMT-paramedic. State examinations are not required for licensure of EMD or EMD-instructor.

B. Registration for training and licensure application:

(1) **Purpose:** The form has been developed by the EMS bureau as part of the statewide EMS information management system. It serves three primary purposes towards applying for licensure. These are:

- (a) to register in-state candidates for training with a New Mexico approved EMS training program and the EMS bureau, thus establishing an EMS candidate record at the beginning of EMS instruction; or,
- (b) for use by former EMS personnel whose licensure has expired within the past three (3) years to re-enter the EMS field at the same level; or
- (c) for use by out-of-state candidates to apply for testing or licensure.

(2) This form is used to establish a person's record in the EMS registry as a candidate for licensure. Normally, for in-state EMT courses, the form is completed during the course, with the assistance of the course instructor. It is used by the approved EMS training program and the EMS bureau to register persons for training and establish them as a licensure candidate, respectively.

(3) To request a complete licensure application package, including the licensure application form, call the EMS bureau at [505-476-7701 or write the EMS bureau at: EMS bureau, attn: operations section, 2500 Cerrillos Road, Santa Fe, New Mexico 87505].

(4) A package will be sent to applicant in the mail containing all forms required.

(5) Original forms will only be accepted at the EMS bureau, as an optical scanner scans these forms.

C. Test request application form:

(1) **Purpose:** This form is used to apply for a state examination site. It is used by EMS course graduates who have already completed the registration for training and licensure application form and who are listed as a candidate in the New Mexico registry of EMS personnel. EMS course graduates will have already completed the registration for training or licensing application during their course. If, for some reason, the application was not filled out, call the bureau and an application will be mailed out.

(2) In all cases of licensure, the registration for training or licensure application is required to be scanned into the bureau's computer system prior to the test request application form.

(3) Only original forms will be accepted at the EMS bureau. To request a complete test request application package, please contact the EMS bureau.

[7.27.2.17 NMAC - Rp, 7.27.2.17 NMAC, 12/15/2008]

7.27.2.18 APPENDIX E: EMS PERSONNEL JOB DESCRIPTIONS:

A. Introduction: The bureau is providing the following general position description for the New Mexico EMS provider positions for first responder, EMT-basic, EMT-intermediate, and EMT-paramedic. It is the ultimate responsibility of an employer to define specific job descriptions within each EMS service.

B. Qualifications:

- (1) successfully complete a recognized training course from an approved EMS training institution;

- (2) possess a valid course completion certificate, and accomplish all state licensure examination application requirements;
- (3) additionally, applicants shall meet all established requirements for initial licensing as identified by the current EMS licensure regulations;
- (4) a copy of these regulations is available through the EMS bureau;
- (5) generally, the knowledge and skills required demonstrate the need for a high school education or equivalent;
- (6) ability to communicate verbally; via telephone and radio equipment;
- (7) ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance);
- (8) ability to interpret written, oral, and diagnostic form instructions;
- (9) ability to use good judgment and to remain calm in high-stress situations;
- (10) ability to work effectively in an environment with loud noises and flashing lights;
- (11) ability to function efficiently throughout an entire work shift;
- (12) ability to calculate weight and volume ratios and read small English print, both under life threatening time constraints;
- (13) ability to read and understand English language manuals and road maps;
- (14) accurately discern street signs and address numbers;
- (15) ability to interview patient, family members, and bystanders;
- (16) ability to document, in writing, all relevant information in a prescribed format;
- (17) ability to converse orally and in written form in English with coworkers and hospital staff as to status of patient;
- (18) good manual dexterity, with ability to perform all tasks related to the highest quality of patient care;
- (19) ability to assume a variety of postural positions to carry out emergency and non-emergency patient care, including light extrication; from crawling, kneeling, squatting, twisting, turning, bending, to climbing stairs and ladders, and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture; and
- (20) ability to work in low light, confined spaces and other dangerous environments.

C. Competency areas:

- (1) **Licensed EMS first responder:** Must demonstrate competency handling emergencies utilizing all basic life support equipment and skills in accordance with all behavioral objectives of the approved New Mexico curriculum of first responder, to include the ability to demonstrate competency for all skills and procedures currently approved for the first responder, as identified by the current scope of practice document.
- (2) **Emergency medical technician-basic:** Must demonstrate competency handling emergencies utilizing all basic life support equipment and skills in accordance with all behavioral objectives of the approved New Mexico curriculum of EMT-basic, and to include the ability to demonstrate competency for all skills and procedures currently approved for the EMT-basic, as identified by the current scope of practice document.
- (3) **Emergency medical technician-intermediate:** Must demonstrate competency handling emergencies utilizing all basic life support and intermediate life support equipment and skills in accordance with all behavioral objectives of the approved New Mexico curriculum of EMT-intermediate, and to include the ability to demonstrate competency for all skills and procedures currently approved for the EMT-intermediate, as identified by the current scope of practice document.
- (4) **Emergency medical technician-paramedic:** Must demonstrate competency handling emergencies utilizing all basic life support and advanced life support equipment and skills in accordance with all behavioral objectives of an approved New Mexico curriculum of EMT-paramedic, and to include the ability to demonstrate competency for all skills and procedures currently approved for the EMT-paramedic, as identified by the current scope of practice document.

D. Description of tasks for all EMS levels:

- (1) Receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive emergency vehicle to emergency site, uses most expeditious route, and observes traffic ordinances and regulations.
- (2) Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultate breath sounds, makes determination regarding patient status, establishes priority for emergency care, may administer intravenous drugs or fluid replacement as authorized by level of licensure and scope of practice.
- (3) May use equipment and other devices and procedures as authorized by level of licensure and scope of practice.

- (4) Assists in lifting, carrying, and transporting patient to an ambulance and to a medical facility.
 - (5) Reassures patients and bystanders and searches for medical identification emblem to aid in care.
 - (6) Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radio dispatcher for additional assistance or services, provides light rescue service if required and trained, provides additional emergency care following service established protocols.
 - (7) Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.
 - (8) Determines appropriate facility to which patient will be transported, report nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department staff.
 - (9) Observes patient in route and administers care as directed by physician or service- established protocols.
 - (10) Identifies diagnostic signs that require communication with facility.
 - (11) Assists in removing patient/s from ambulance and into emergency facility.
 - (12) Reports verbally, and in writing, observations about and care of patient at the scene, en-route to facility, and to the receiving facility.
 - (13) Provides assistance to emergency department staff as required.
 - (14) Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.
- [7.27.2.18 NMAC - Rp, 7.27.2.18 NMAC, 12/15/2008]

History of 7.27.2 NMAC:

Pre-NMAC History:

Material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

DOH Regulation 95-04 (CHSD), Regulations Governing the Certification and Licensing of Emergency Services Personnel, filed 10-25-95.

History of Repealed Material: 7 NMAC 27.2, Certification and Licensing of Emergency Medical Services Personnel (filed 11-26-96) repealed 09/13/01.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 08/30/01) repealed 01/01/06.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 12/16/05) repealed 12/15/2008.

Other History:

DOH Regulation 95-04 (CHSD), Regulations Governing The Certification and Licensing of Emergency Medical Services Personnel (filed 10-25-95), was renumbered and reformatted to and replaced by 7 NMAC 27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, effective 01/01/97.

7 NMAC 27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 11-26-96) was replaced by 7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, effective 09/13/01.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 08/30/01) was replaced by 7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, effective 01/01/06.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 12/16/05) was replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, effective 12/15/2008.