

AMBULANCE STANDARDS

The Louisiana Department of Health, Office of Public Health, Bureau of EMS has the responsibility of licensing EMS providers, practitioners, and vehicles functioning in the State of Louisiana that are subject to licensing statutes. Emergency Medical Services providers (ambulance services) are licensed by the Louisiana Department of Health, Office of Public Health, Bureau of EMS. This includes both ground and air ambulance services. In addition, all emergency medical vehicles (ground ambulances, air ambulances, emergency medical response and sprint vehicles) are required to be licensed by LDH.

The mission of the Ambulance Standard section of the Bureau of EMS is to enforce regulatory compliance of EMS agencies within the State of Louisiana. This is accomplished through periodic surveys/inspections of the providers that are licensed and/or certified to operate in Louisiana. All inspectors have earned, or are in the process of earning, certification from the Council on Licensure, Enforcement, and Regulation (CLEAR).

The Bureau of EMS also investigates complaints received regarding allegations of abuse, neglect, exploitation, and extortion, and noncompliance with federal and/or state regulations, which fall under the purview of the state survey agency.

§701 Initial Licensure of the EMS Provider

- A. Emergency Medical Services providers shall be licensed by the Louisiana Department of Health (LDH). LDH is the only licensing authority for EMS providers in the State. It shall be unlawful to operate as an EMS Provider without possessing a current, valid license issued by LDH.
- B. A completed initial license application packet for an EMS provider shall be submitted to, and approved by, LDH prior to an applicant functioning as an Emergency Medical Services provider.
- C. An initial licensing packet includes the following:
 - 1. Completed Emergency Medical Services Provider licensure application.
 - 2. Non-refundable licensing fee of \$150 plus \$75 per vehicle (ambulance, sprint, or aircraft).
 - 3. Written declaration of the service area and a map of the service area.
 - 4. Attach copies of all pertinent municipal and parish licenses and permits including Certificates of Need if they apply.
 - 5. List of all ambulance stations - include complete geographical address including zip code.
 - 6. List of all EMS Practitioners and/or employees that are certified or licensed personnel, including National Certification number and expiration, Louisiana license number and expiration date, driver's license number and expiration date,

- CPR type and expiration date, pilot's license number and expiration date, if applicable.
7. List name of medical director and evidence that such director is a physician licensed to practice medicine by the Louisiana State Board of Medical Examiners.
 8. List of all vehicles: ambulance and sprint vehicles include VIN, make, year, model, type, license plate number, unit (fender) number.
 9. Certificates of Insurance: Medical Malpractice, Automobile Liability, General Liability - We do not accept Louisiana Automobile Insurance Identification Cards.
 10. Copy of current medical protocols signed by the physician/medical director accompanied by a cover letter from the appropriate parish or component medical society or societies for use in their service area. An electronic copy may be submitted.
 11. A copy of the standard operating procedures. An electronic copy may be submitted.
 12. A copy of the services current equipment and supply checklist.
 13. Attach a copy of your current appropriate CLIA Waiver certificate, Louisiana CDS license, and United States Drug Enforcement Administration Controlled Substance registration.
 14. Attach a copy of the Articles of Incorporation.
 15. Attach a copy of the Act of Sale or other Act of Transfer.
 16. Copy of the applicant's criminal background check from the Louisiana State Police or approved background agency, and proof of United States or legal resident alien status from the United States Department of Homeland Security.
 17. For air ambulance services only:
 - a. FAA Part 135 Certificate.
 - b. FAA Aircraft Certificate of Registration*. (*denotes that one is required for each aircraft).
 - c. FAA Certificate of Airworthiness*. (*denotes that one is required for each aircraft).
 - d. FAA pilot's license (for each pilot).
- D. The applicant must be prepared to be operational for an initial inspection within 90 days after payment of the application fee. If the applicant is unable to do so, the application will be closed.
- E. Prior to the initial license being issued to the provider, an initial licensing inspection shall be conducted on-site at the ambulance provider's location to assure compliance with licensing standards and appropriate federal, state or local statutes, laws, ordinances, rules, and regulations.
- F. Inspection Procedure
1. All submitted paperwork will be reviewed prior to the inspection date. Any questions, concerns will be addressed on the day of the inspection.
 2. All vehicles will be inspected for:

- a. Siren
- b. Emergency lights
- c. Load lights, if applicable
- d. Exterior integrity
- e. Seat belts
- f. Driver compartment integrity
- g. Motor vehicle inspection sticker
- h. License plate
- i. Functional air conditioner in patient compartment
- j. Functional heater in patient compartment
- k. Functional lighting in patient compartment
- l. Supplies and equipment required as outlined in agency protocol and/or standing operating procedures; types of protocols must include adult, geriatric and pediatric patients:
 - i. Active seizure
 - ii. Acute coronary syndrome (bradydysrhythmias, supraventricular tachycardia, suspected cardiogenic chest pain or suspected myocardial infarction, ventricular tachycardia)
 - iii. Anaphylactic reactions
 - iv. Cardiac arrest
 - v. Hospital patient destination
 - vi. Hypoglycemia
 - vii. Hypovolemic shock
 - viii. Injuries from weapons of mass destruction
 - ix. Mass casualty incidents
 - x. Mental health
 - xi. Patient with advanced directives
 - xii. Prehospital diversion
 - xiii. Respiratory failure or respiratory arrest
 - xiv. Stroke or suspected stroke
 - xv. Sepsis
 - xvi. STEMI
 - xvii. Suspected drug overdose
 - xviii. Treatment induced unconsciousness, altered mental status, hypotension or respiratory depression from physician ordered or protocol appropriate paramedic administered narcotics
 - xix. Unconsciousness or altered mental status
 - xx. Traumatic injuries
- m. Medical directive for drug shortages, if applicable
- n. Two-way radio communication for day-to-day operations
- o. Two-way radio communication with state interoperability channels for disaster response

- p. Proof of dispatch facility
- q. Verification of Director of Operation’s requirements
- r. Verification of Medical Director’s requirements
- s. Verification of Personnel requirements
 - i. Proof of defensive driving
 - ii. National Registry Certification
 - iii. Louisiana Driver’s License
 - iv. CPR Provider/Instructor
 - v. Criminal background check
- t. Ability to communicate with a physician and/or hospital
- u. Infection Control equipment and supplies (gloves, face and eye protection/shield, disinfectants, waterless hand cleaners, sharps containers and biohazard waste trash bags)
- v. DEA registration and Louisiana CDS license
 - i. Dispenser log and perpetual inventory
- w. Random audit of patient care reports; verifying the following information for every patient encounter:
 - i. Demographic information
 - ii. Location of response
 - iii. Date and time of response
 - iv. Patient’s chief complaint
 - v. Signs and symptoms
 - vi. Narrative that includes an initial and complete assessment of the patient
 - vii. Vital signs
 - viii. Past medical history
 - ix. Interventions or treatment
 - x. Transport destination and arrival time, if applicable
 - xi. Any other significant information that pertains to the patient
- x. Verification that patient records are stored in accordance with HIPAA regulations
- y. Verification of an emergency preparedness plan; the plan shall include:
 - i. All hazards plan on file that has been approved by the local OHSEP
 - ii. Terrorist incidents and WMD
 - iii. ICS that is compliant with NIMS and the US Department of Homeland Security
 - iv. Mutual aid agreements with all services that are within the same LDH established region
- z. Verification of an ongoing Quality Assurance process that is included in the standard operating procedures manual; this process must include:
 - i. Goals and objectives of the program
 - ii. Identity of the person responsible for the QA program

- iii. Annual reports, if applicable
 - iv. Method of evaluation (i.e., patient care reports, unit checklists, etc.)
 - v. Method for resolving problems identified in the QA process
 - vi. Method for implementing practices to improve patient care
 - vii. Annual review and revisions by Medical Director and Director of Operations
- G. Until the initial license is issued to the provider by the department, no patient shall be provided ambulance services.

§703 Licensure Renewal of Emergency Medical Services Provider

- A. An ambulance service license must be renewed annually. In order to renew a license, the Emergency Medical Services provider shall submit a completed license renewal application packet to the department at least 30 days prior to the expiration of the existing current license.
- B. The license renewal application packet shall include:
1. A completed EMS Provider license renewal application.
 2. A non-refundable licensing fee of \$100 plus \$75 per vehicle (ground ambulance, sprint, or aircraft).
 3. List of all EMS Practitioners and/or employees that are certified or licensed personnel, including National Certification number and expiration (if applicable), Louisiana license number and expiration date, driver's license number and expiration date, CPR type and expiration date, pilot's license number and expiration date, if applicable.
 4. List of all ambulance stations - include complete geographical address including zip code.
 5. List of all vehicles: ambulance and sprint vehicles include VIN, make, year, model, type, license plate number, unit (fender) number.
 6. Certificates of Insurance: Medical Malpractice, Automobile Liability, General Liability- We do not accept Louisiana Automobile Insurance Identification Cards.
 7. A copy of current medical protocols, signed by the physician/medical director and accompanied by a cover letter from the appropriate parish or component medical society or societies for use in their service area. An electronic copy may be submitted.
 8. A current copy of the standard operating procedures. An electronic copy may be submitted.
 9. For air ambulance services only:
 - a. FAA Part 135 Certificate.
 - b. FAA Aircraft Certificate of Registration*. (*denotes that one is required for each aircraft)
 - c. FAA Certificate of Airworthiness*. (*denotes that one is required for each aircraft)
 - d. FAA pilot's license (for each pilot)

- e. A copy of their standard operating procedures. An electronic copy may be submitted.
- 10. A copy of the services current equipment and supply checklist;
- C. Inspections will occur during the month of the license expiration. A random list of unit numbers will be supplied the morning that the inspection begins.
- D. Inspection Procedure
 - 1. All submitted paperwork will be reviewed prior to the inspection date. Any questions, concerns will be addressed on the day of the inspection.
 - 2. All vehicles will be inspected for:
 - a. Siren
 - b. Emergency lights
 - c. Load lights, if applicable
 - d. Exterior integrity
 - e. Seat belts
 - f. Driver compartment integrity
 - g. Motor vehicle inspection sticker
 - h. License plate
 - i. Functional air conditioner in patient compartment
 - j. Functional heater in patient compartment
 - k. Functional lighting in patient compartment
 - l. Supplies and equipment required as outlines in agency protocol and/or standing operating procedures; protocols must include adult, geriatric and pediatric:
 - i. Active seizure
 - ii. Acute coronary syndrome (bradydysrhythmias, supraventricular tachycardia, suspected cardiogenic chest pain or suspected myocardial infarction, ventricular tachycardia)
 - iii. Anaphylactic reactions
 - iv. Cardiac arrest
 - v. Hospital patient destination
 - vi. Hypoglycemia
 - vii. Hypovolemic shock
 - viii. Injuries from weapons of mass destruction
 - ix. Mass casualty incidents
 - x. Mental health
 - xi. Patient with advanced directives
 - xii. Pre-hospital diversion
 - xiii. Respiratory failure or respiratory arrest
 - xiv. Stroke and suspected stroke
 - xv. Sepsis
 - xvi. STEMI
 - xvii. Suspected drug overdose

- xviii. Treatment induced unconsciousness, altered mental status, hypotension or respiratory depression from physician ordered or protocol appropriate paramedic administered narcotics
- xix. Unconsciousness or altered mental status
- xx. Traumatic injuries
- m. Medical directive for drug shortages, if applicable
- n. Two-way radio communication for day-to-day operations
- o. Two-way radio communication with statewide interoperability channels for disaster response
- p. Proof of dispatch facility
- q. Verification of Director of Operation's requirements
- r. Verification of Medical Director's requirements
- s. Verification of Personnel requirements
 - i. Proof of defensive driving
 - ii. National Registry Certification
 - iii. Louisiana Bureau of EMS license
 - iv. CPR Provider/Instructor
 - v. Criminal background check
- t. Ability to communicate with a physician and/or hospital
- u. Infection control equipment and supplies (gloves, face and eye protection/shield, disinfectants, waterless hand cleaners, sharp containers and biohazard waste trash bags)
- v. DEA registration and Louisiana CDS license
 - i. Dispenser log and perpetual inventory
- w. Random audit of patient care reports; verifying the following information for every patient encounter:
 - i. Demographic information
 - ii. Location of response
 - iii. Date and time of response
 - iv. Patient's chief complaint
 - v. Signs and symptoms
 - vi. Narrative that includes an initial and complete assessment of the patient
 - vii. Vital signs
 - viii. Past medical history
 - ix. Interventions or treatment
 - x. Transport destination and arrival time, if applicable
 - xi. Any other significant information that pertains to the patient
- x. Verification that patient records are stored in accordance with HIPAA regulations
- y. Verification of an emergency preparedness plan; the plan shall include:
 - i. All hazards plan on file that has been approved by the local OHSEP

- ii. Terrorist incidents and WMD
- iii. ICS that is compliant with NIMS and the US Department of Homeland Security
- iv. Mutual aid agreements with all services that are within the same LDH established region
- z. Verification of an ongoing Quality Assurance process that is included in the standards operating procedures manual; this process must include:
 - i. Goals and objectives of the program
 - ii. Identity of the person responsible for the QA program
 - iii. Annual reports, if applicable
 - iv. Method of evaluation (i.e., patient care reports, unit checklists, etc.)
 - v. Method for resolving problems identified in the QA process
 - vi. Method for implementing practices to improve patient care quality
 - vii. Annual review and revisions by Medical Director and Director of Operations

§705 EMS Provider Fleet Addition or Temporary Vehicle Use

- A. Fleet Addition
 - 1. All additions to the fleet (ground, air, or sprint), whether permanent or temporary must be reported to the department and “permitted” for use prior to the vehicle being used to run calls and transport patients.
 - 2. Submit the following:
 - i. Completed Request for Inspection Form.
 - ii. Copy of the certificate of registration from the office of Motor Vehicles or the Federal Aviation Administration.
 - iii. Proof of commercial automobile or aircraft liability insurance on the vehicle.
 - iv. \$75.00 per vehicle inspection fee.
 - 3. If the fleet addition is a replacement to a current fleet vehicle, indicate the vehicle to be removed on the Request for Inspection Form.
 - 4. Once the required documents are received, a 90-day permit will be issued and an inspection date will be established.
 - 5. A full license will be issued after a successful inspection of the vehicle.
- B. Temporary Vehicles
 - 1. Any vehicle borrowed, leased or rented by the service for less than 90 days shall not be subject to a vehicle inspection fee.
 - 2. All vehicles shall be subject to compliance with the minimum licensing regulations for EMS providers and are issued a temporary notice of approval for use. The temporary approval shall be carried in the vehicle at all times.
 - 3. Submit the following:
 - a. Request to Utilize Temporary Vehicle form.
- C. Removal of a vehicle

1. If a vehicle is being removed from the fleet and is not being replaced, notify the Compliance Coordinator with 30 days of removal by completing a request for inspection and only utilize the “unit taken out of service” portion of the form.

§707 Bureau of EMS Payment Procedure

- A. All documents and payments (in the form of a money order or company check) must be mailed to the same location:
 Bureau of EMS
 Attn: Compliance Coordinator
 7273 Florida Blvd.
 Baton Rouge, LA 70806

§709 Significant Changes in Operation

- A. EMS Provider Physical Address of the Headquarters
 1. Submit the following:
 - a. A "Letter of Intent" describing the specifics of the change (address changed from and to) that has occurred and the effective date of that change.
 - b. A completed license application .
 - c. The fee of \$100.
- B. EMS Agency Name Change
 1. Submit the following:
 - a. A "Letter of Intent" describing the specifics of the change that has occurred and the effective date of that change.
 - b. A completed license application.
 - c. The fee of \$25.
 - d. A copy of the documents or articles of incorporation from the Secretary of State's Office indicating the change
- C. Substation Changes
 1. Phone number, 24-hour contact procedure, address or phone number of any substation or the addition of any substations, insurance coverage
- D. EMS Agency Key Administrative Personnel Change
 1. Any change regarding the facility's key administrative personnel shall be reported in writing to the department within five working days of the change.
 2. Key administrative personnel include the following:
 - a. Administrator
 - b. Director of Operations
 - c. Medical Director
 3. Key administrative personnel changes should be reported by completing and submitting the Key Personnel Change Form.
- E. EMS Provider Cessation of Business

1. If at any time the ambulance service is no longer operational, for any reason other than man-made or natural disaster, the license shall be deemed to be invalid and shall be returned to the department within five working days.
 2. The agency owner shall be responsible for notifying the department of the location of all records and a contact person.
 3. All emergency vehicles no longer in use shall have all audible and visible warning signals and markings indicating their emergency status removed.
- F. EMS Provider Change in Service Area
1. Expansion of Service Areas
 - a. An ambulances service area is that territory which the ambulance provider renders services, has vehicles posted or domiciled, and is legally authorized by the local governing body(ies) to provide services.
 - b. If an ambulance provider wishes to expand into additional service areas, he must notify the department at least 72 hours in advance.
 - c. The provider shall also provide a copy of all necessary local permits and licenses or other legal clearances.
 - d. Within 90 days of moving into a new territory, the ambulance service shall furnish the department with a copy of the necessary protocol approvals by the appropriate parish or component medical society in accordance with RS 40:1234E.1.
 2. Withdrawal from a Service Area
 - a. If an ambulance service withdraws from a territory, it must notify the department at least 30 days in advance.
 - b. It must provide the department with evidence that it has notified the appropriate local authorities that it will no longer be providing ambulance service in the area.

§711 Change of Ownership of the EMS Provider Information

- A. Providers must complete this document when they have a change in their ownership structure. This document would be used for both a change of ownership (CHOW) as defined by state and/or federal regulations, or a change of ownership information (CHOI) that does not meet the state and/or federal regulations CHOW definition.
- B. Change in Ownership Information, submit the following documents:
 1. Letter of Intent (including d/b/a and entity name of the previous and the new owner, the effective date of transfer of ownership, address and phone number).
 2. A diagram showing the ownership structure “before” and “after” the change.
 3. Copy of the executed Bill of Sale.
 4. Initial License Application
- C. Change of Ownership, submit the following documents:
 1. All documents listed in B.1-4.
 2. Licensing fee.
 3. Service Area description including map.

4. Certificate of insurance verifying proof of required automobile or aircraft liability insurance (Medical Malpractice, automobile and general liability).
 - a. Insurance cards are NOT acceptable.
5. A copy of all medical protocols signed by the physician/medical director with their prescribed approvals by the parish or component medical society, and/or the LERN (electronic copies are acceptable).
6. Proof that the provider has a Medical Director and such director is a physician licensed to practice by the LSBME and who has responsibility and authority to ensure quality of care and provide guidance for all medical aspects of EMS.
7. Copies of key personnel certifications and professional licensure(s), inclusive of the director of operations and the medical director.
8. For providers of advanced life support, verification that the provider possesses a LA controlled substance license and a U.S. DEA controlled substance registration.
9. List of all units: Ambulance and Sprint Vehicles include VIN, make, year model, type, license plate number, unit (fender) number, and mileage.
10. For ground transportation providers, a copy of the certification of registration from the Office of Motor Vehicles.
11. For air ambulances provider, a copy of the FAA Part 135 Commercial air Taxi Certificate.
12. List of all ambulance stations: include complete geographical address, including zip code.
13. Proof that the ambulance holds a CLIA certificate commensurate with the level of testing performed.
14. Documentation that the applicant is in compliance with the criminal history check requirements of R.S. 40:12031-12035.
15. A copy of all necessary local permits and licenses to operate in a service area.
16. A copy of the services current equipment and supply checklist.

§713 Complaints

- A. Complete the Complaint Form

§715 Inspection of Vehicles

- A. All fleet additions will be inspected within 90 days of the in-service date.
- B. Only vehicles with a DPS/OMV license will be inspected.
- C. Annual inspections will take place during the month of license expiration.