

CHAPTER 33-11-02

BASIC LIFE SUPPORT GROUND AMBULANCE LICENSE

Section

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33-11-02-00.1. Purpose.

An emergency medical service agency that operates a basic life support ambulance service employs one or more basic life support ambulances staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment, and transportation of patients who require emergency medical services at or below the skill level of an emergency medical technician or equivalent.

History: Effective April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-02-01. Standards for emergency medical service vehicle operator.

The emergency medical service vehicle operator shall have a current driver's license, cardiopulmonary resuscitation certification, and emergency vehicle operators training.

History: Effective March 1, 1985; amended effective January 1, 1986; August 1, 2003; July 1, 2010; April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-02-02. Staffing.

The primary care provider must have current emergency medical technician license or its equivalent and must have current cardiopulmonary resuscitation certification.

1. The minimum staffing for a basic life support ambulance crew when responding to a call to provide emergency medical services and transporting a patient is:
 - a. An emergency medical service provider at or above the emergency medical technician level; and
 - b. An emergency medical service vehicle operator.
2. For the purposes of this section, an emergency medical service provider at or above the emergency medical technician level includes an emergency medical technician, advanced emergency medical technician, or paramedic or a physician assistant, nurse practitioner, or registered nurse that has been authorized by the emergency medical service agency medical director to function as an emergency medical service provider.
3. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the required minimum staffing level before transporting a patient.

4. Providing emergency medical service when dispatched with a higher-level emergency medical service vehicle crew. If a basic life support ambulance and a higher-level emergency medical service vehicle crew are dispatched to provide emergency medical services for a patient, the following shall apply:
 - a. Basic life support ambulance crew members shall begin providing emergency medical services to the patient at their skill levels, including transportation of the patient to a receiving facility if the ambulance crew determines transport is needed, until a higher level of emergency medical services is afforded by the arrival of a higher-level emergency medical service provider.
 - b. Upon the arrival of a higher-level emergency medical service vehicle crew, the basic life support ambulance shall continue transporting the patient or release the patient to be transported by the higher-level emergency medical service vehicle crew, consistent with local emergency medical service protocols, as directed by the emergency medical service provider exercising primary responsibility for the patient.
 - c. The basic life support ambulance crew shall reassume primary responsibility for the patient if that responsibility is relinquished back to that ambulance crew by the emergency medical service provider of the higher-level emergency medical service vehicle crew who had assumed primary responsibility for the patient.
 - d. A basic life support ambulance and its ambulance crew may transport from a receiving facility a patient who requires emergency medical services above the skill level at which the ambulance is operating, if the sending or a receiving facility provides a registered nurse, nurse practitioner, physician assistant, or physician to supplement the ambulance crew, that individual brings on board the ambulance equipment and supplies to provide the patient with emergency medical services above the emergency medical service level at which the basic life support ambulance is operating to attend to the emergency medical services needs of the patient during the transport, and that individual attends to the patient during the patient transport.
5. Application. For purposes of this section, the term "higher-level of emergency medical service" means the emergency medical service vehicle crew of a basic life support ambulance performing advanced life support interventions as defined in section 33-11-02-06, an advanced life support ambulance, or air ambulance.

History: Effective March 1, 1985; amended effective January 1, 1986; August 1, 1994; August 1, 2003; January 1, 2006; April 1, 2024.

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Law Implemented: NDCC 23-27-04

33-11-02-03. Minimum equipment requirements.

In addition to a vehicle as described in section 33-11-01-15, the ambulance shall have the following, unless otherwise approved by the department:

1. Patient transport:
 - a. Mounted ambulance cot with retaining straps.
 - b. Stretchers with retaining straps. Vehicle design dictates quantity.
2. Spinal stabilization:
 - a. One adult long backboard, with retaining straps.

- b. One seated spinal immobilization device, with retaining straps.
 - c. One pediatric-safe transport device.
 - d. One adult cervical collar.
 - e. One pediatric cervical collar.
3. Oxygen delivery:
- a. Piped oxygen system - with appropriate regulator and flow meter, or two "E" size bottles for minimum oxygen supply with regulator and flowmeter.
 - b. Portable oxygen unit with carrying device, including one "D" size bottle with another "D" bottle in reserve.
 - c. Three adult cannulas.
 - d. Three pediatric nasal cannulas.
 - e. Three adult nonrebreather oxygen masks.
 - f. Three pediatric nonrebreather oxygen masks.
 - g. Three sets of oxygen supply tubing.
 - h. Noninvasive positive pressure ventilation device.
 - i. Nebulizer with tubing.
4. Suction:
- a. Wall-mounted suction capable of achieving a minimum of four hundred millimeters of mercury vacuum within four seconds or less after clamping the suction tube.
 - b. Portable suction capable of achieving a minimum of four hundred millimeters of mercury vacuum within four seconds or less after clamping the suction tube.
 - c. One rigid tonsil tip suction catheter.
 - d. One flexible suction catheter between size six and ten french.
 - e. One flexible suction catheter between twelve and sixteen french.
5. Airway adjuncts:
- a. One set of adult sizes nasopharyngeal airways.
 - b. One set of pediatric sizes nasopharyngeal airways.
 - c. One set of adult sizes oropharyngeal airways.
 - d. One set of child sizes oropharyngeal airways.
 - e. One set of infant sizes oropharyngeal airways.
 - f. Alternative airway devices such as a supraglottic airway as approved by local medical direction.
6. Bag valve masks:

- a. One adult bag valve mask resuscitation unit with face mask.
 - b. One child bag valve mask resuscitation unit with face mask.
 - c. One infant bag valve mask resuscitation unit with face mask.
7. Splinting:
- a. Adult commercial fracture splints usable for open and closed fractures, or padded boards.
 - b. Pediatric commercial fracture splints usable for open and closed fractures, or padded boards.
 - c. Adult lower extremity traction splint.
 - d. Pediatric lower extremity traction splint.
8. Environmental:
- a. Four cold packs.
 - b. Four hot packs.
9. Bandaging and bleeding control:
- a. Two sterile burn sheets or equivalent.
 - b. Three triangular bandages or commercial slings.
 - c. Two trauma dressings - approximately ten inches [25.4 centimeters] by thirty-six inches [91.44 centimeters].
 - d. Twenty-five sterile gauze pads - approximately four inches [10.16 centimeters] by four inches [10.16 centimeters].
 - e. Twelve soft roller self-adhering type bandages - approximately five yards [4.57 meters] long.
 - f. Two sterile occlusive dressings approximately three inches [76.2 millimeters] by nine inches [228.6 millimeters].
 - g. Two commercial "tactical" tourniquets.
10. Diagnostic:
- a. Adult blood pressure cuff.
 - b. Large adult blood pressure cuff.
 - c. Child blood pressure cuff.
 - d. Stethoscope.
 - e. Pulse oximeter.
 - f. Glucose measuring device.
 - g. Penlight.

- h. Thermometer.
11. Medications:
- a. Three oral doses of glucose or glucose.
 - b. One small bottle, chewable aspirin.
 - c. Epinephrine, auto-injector for adult and pediatric doses or intramuscular, including syringes and needles for intramuscular delivery, if approved by medical director.
 - d. Naloxone, auto-injector (0.8 mg) or intranasal (4 mg - nasal spray, or syringe and atomizer).
12. Personal protective equipment:
- a. One size small box of nitrile gloves.
 - b. One size medium box of nitrile gloves.
 - c. One size large box of nitrile gloves.
 - d. Box of surgical masks.
 - e. N95 masks, in small, medium, and large sizes and at least one per crew member.
 - f. Four nonabsorbent gowns.
 - g. Four pairs of protective eyewear.
13. Cleaning and biological:
- a. Three red biohazard bags.
 - b. Biological fluid cleanup kit.
 - c. One sharps container, that is less than half full.
 - d. Medical grade disinfectant.
 - e. One gallon [3.79 liters] of distilled water or saline solution.
 - f. One bedpan.
 - g. One emesis basin.
 - h. One urinal.
 - i. One container of nonwater hand disinfectant.
14. Safety:
- a. Two reflective vests.
 - b. A minimum set of three reflectorized flares.
 - c. Two flashlights.
 - d. A minimum of two dry chemical, mounted, five-pound [2.27-kilogram] fire extinguishers located in patient compartment and in either cab or exterior compartment.

- e. Helmet, protective safety glasses or goggles eyewear, and leather or extrication gloves per crew member.
 - f. Two window and glass punches located in patient compartment and in cab.
15. Communications:
- a. Radio, compatible with local communications system.
 - b. Portable, hand-held radio, rechargeable, battery-operated, compatible with local communications system.
16. Other:
- a. Automated external defibrillator.
 - b. Twenty-five triage tags.
 - c. Pediatric reference material for equipment sizing and medication dosing.
 - d. Four assorted sizes rolls of tape.
 - e. Two blunt shears.
 - f. Cot-mounted or ceiling hooks intravenous fluid holder.
 - g. Two blankets.
 - h. Four sheets.
 - i. Four towels.
 - j. Disposable or sterilizable that includes an infant bulb suction and receiving blanket with head cover obstetrical kit.
 - k. One current edition of the Emergency Response Guidebook.
 - l. Alcohol or iodine swabs.
 - m. Water-soluble lubricant.
 - n. Razor.

History: 33-11-01-11; redesignated effective March 1, 1985; amended effective February 1, 1989; August 1, 1994; August 1, 2003; January 1, 2006; July 1, 2010; April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-02-04. Medical direction.

1. Each ground ambulance service shall have a signed agreement on file with the department with a North Dakota licensed physician who shall serve as official medical director and whose duties include establishing written medical protocols, recommending optional equipment, oversight of a quality assurance program, and maintaining current training requirements for personnel.
2. Each ambulance service must have written treatment protocols for adult and pediatric medical conditions approved by the medical director and available for reference when providing patient care.

3. Ambulance services must have a written process for accessing adult and pediatric online medical control that includes contacting a medical practitioner at a hospital that has continual in-house emergency room coverage or having the ability to directly contact the on-call emergency room medical practitioner while the practitioner is not at the hospital.

History: Effective August 1, 2003; amended effective January 1, 2006; January 1, 2008; July 1, 2010.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-02-05. Basic life support ambulance performing advanced life support interventions.

Basic life support ambulance services may provide advanced life support interventions on an as-needed basis if the following requirements are met:

1. The primary care provider is licensed to provide the level of care required.
2. The service complies with the equipment list as set forth by its medical director.
3. A North Dakota licensed physician has authorized advanced life support interventions by verbal or written order.

History: Effective January 1, 2006.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04