CHAPTER 33-11-01.1
NORTH DAKOTA QUICK RESPONSE UNITS

33-11-01.1-01. Definitions. Words defined in North Dakota Century Code chapter 23-27 shall have the same meaning in this chapter. For purposes of this chapter:

1. "Cardiopulmonary resuscitation" means the American heart association health care provider standards or its equivalent which includes the skills adult one-person and two-person cardiopulmonary resuscitation, adult obstructed airway, child one-person and two-person cardiopulmonary resuscitation, child obstructed airway, infant cardiopulmonary resuscitation, infant obstructed airway, and automated external defibrillator.

2. "Department" means the state department of health as defined in chapter 23-01 of the North Dakota Century Code.

3. "Driver" means an individual who operates a quick response unit vehicle.

4. "Driver's license" means the license as required under sections 39-06-01 and 39-06-02 of the North Dakota Century Code.

5. "Emergency medical technician" means a person who is licensed as an emergency medical technician by the department.

6. "Equivalent" means training of equal or greater value which accomplishes the same results as determined by the department.

7. "Personnel" means qualified ~~primary~~ patient care providers, or drivers, or both, within a quick response unit service.

8. "~~Primary~~ Patient care provider" means a qualified individual on the quick response unit crew responsible for the care of the patient.

9. "Quick response unit run" means the response of a quick response unit vehicle and personnel to an emergency or nonemergency for the purpose of rendering medical care to someone sick or incapacitated, including canceled calls, no transports, and standby events where medical care may be rendered.

10. "State health council" means the council as defined in title 23 of the North Dakota Century Code.

11. State Radio means the North Dakota Department of Emergency Services' Division of State Radio located at Fraine Barracks in Bismarck, North Dakota.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-02. License required.

~~1. Quick response unit licensure, as defined in chapter 23-27 of the North Dakota Century Code, is optional.~~

~~2.~~1. The license shall expire midnight on June thirtieth of the odd year following issuance. License renewal shall be on a biennial basis.

~~3.~~2. A license is valid only for the service for which it is issued. A license may not be sold, assigned, or transferred.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-02
Law Implemented: NDCC 23-27-02

33-11-01.1-03. Application for license. Application for the license shall be made in the manner prescribed by the department.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-04. Issuance and renewal of licenses.

1. The department or its authorized agent may inspect the service. If minimum standards are met, the department shall issue a license.

2. If minimum standards are not met, the department will allow the quick response unit thirty days to comply with the standards. The department will work with the quick response unit to obtain compliance.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-05. Availability of quick response unit. ~~A quick response unit shall be available twenty-four hours per day and seven days per week, except as exempted through waiver by the department~~.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-06. Driver's license required. All drivers of quick response unit vehicles shall have a current valid driver's license pursuant to requirements under sections 39-06-01 and 39-06-02 of the North Dakota Century Code.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-07. Number of personnel required. The minimum personnel required on each quick response unit run shall be one ~~primary~~ patient care provider who may function as the driver and is certified as ~~a first responder~~ an emergency medical responder or its equivalent.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-08. Minimum equipment requirements. The quick response unit shall have the following:

1. Automated external defibrillator.

2. Blood pressure manometer, cuff in child, adult, and large adult sizes; and stethoscope.

3. Disposable gloves - four pair of each size small, medium, and large.

4. One blunt shears.

5. One portable suction device with catheter.

6. One portable oxygen unit size "D" with variable flowmeter.

7. Two nasal cannulas and two nonrebreather masks with supply tubing.

8. Nasopharyngeal airways in adult and child sizes.

9. Oropharyngeal airways in adult, child, and infant sizes.

10. Two cold packs.

11. Four hot packs.

12. Two space blankets.

13. Twelve four-by-four sterile gauze pads.

14. Three sterile soft roller self-adhering bandages.

15. Four rolls of tape.

16. Two sterile occlusive dressings.

17. One sterile multitrauma dressing approximately ten inches [25.4 centimeters] by thirty-six inches [91.44 centimeters].

18. One sterile burn sheet or its equivalent.

19. Equipment case.

20. Equipment storage - readily accessible and safe from the elements.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-09. Other requirements.

1. Personnel must be able to identify and locate all equipment items required to be carried in a quick response unit.

2. All licensed quick response unit agencies shall keep the quick response unit vehicle and other equipment clean and in proper working order.

3. All linens, airways, oxygen masks, nasal cannulas, and other equipment coming in direct contact with the patient must be either a single-use disposable type or cleaned, laundered, or disinfected after each use.

4. All licensed quick response units must either be affiliated with a licensed ambulance service, as defined in chapter 33-11-02.1, that provides medical oversight for the quick response unit, or upon approval by the department, have their own medical director not affiliated with an ambulance service.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-10. Quick response units performing advanced life support interventions. Quick response units 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.

4. The transporting ambulance's primary care provider is licensed to provide or maintain any advanced life support intervention provided by the quick response unit.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-11. Transporting of patients.

1. Except as otherwise provided in subsection 2, quick response units may not transport patients.

2. Notwithstanding subsection 1, quick response units may transport patients during a major catastrophe or mass casualty incident if all of the following conditions are met:

   a. An incident command system has been established and the incident commander has authorized the use of quick response units to transport patients.

   ~~a~~ b. The ambulance services that normally provide service or mutual aid in the area of the catastrophe or mass casualty incident are insufficient or unavailable to transport.

   ~~b~~ c. The primary care provider on the quick response unit must be an emergency medical technician or its equivalent.

   d. The quick response unit must rendezvous with a licensed ambulance service if one becomes available during transport.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.1-12. Communications. To ensure responder safety and a seamless integration with the broader public safety response system, quick response units must have the following elements to their communications system: special events exceptions.

1. They must have a radio call sign issued by State Radio.

2. They must be dispatched directly from a public safety answering point by radio or pager.

3. They must have a radio capable of transmitting and receiving voice communications with the local public safety answering point, law enforcement responders, fire responders and other public safety agencies on radio frequencies determined by State Radio.

CHAPTER 33-11-01.2
NORTH DAKOTA GROUND AMBULANCE SERVICES

33-11-01.2-01. Definitions. Words defined in chapter 23-27 of the North Dakota Century Code shall have the same meaning in this chapter. For purposes of this chapter:

1. "Advanced first-aid ambulance attendant" means a person who meets the requirements of the advanced first-aid ambulance attendant program and is certified by the department.

2. "Advanced life support ambulance service" means an emergency medical services operation licensed under and meeting all requirements of chapter 33-11-03.

3. "Ambulance driver" means an individual who operates an ambulance vehicle.

4. "Ambulance run" means the response of an ambulance vehicle and personnel to an emergency or nonemergency for the purpose of rendering medical care or transportation, or both, to someone sick or incapacitated, including canceled calls, no

transports, and standby events where medical care may be rendered.

5. "Cardiopulmonary resuscitation" means the American heart association health care provider standards or its equivalent which includes the skills adult one-person and two-person cardiopulmonary resuscitation, adult obstructed airway, child one-person and two-person cardiopulmonary resuscitation, child obstructed airway, infant cardiopulmonary resuscitation, infant obstructed airway, and automated external defibrillator.

6. "Commission on accreditation of ambulance services" means the commission on accreditation of ambulance services located in Glenview, Illinois.

7. "Department" means the state department of health as defined in chapter 23-01 of the North Dakota Century Code.

8. "Designated trauma center" means a licensed hospital with a trauma designation as defined in section 33-38-01-06.

9. "Dispatch center" means an ambulance's own dispatching service that operates on a continual basis with dedicated personnel and receives ambulance run requests from a public safety answering point and radio dispatches ambulances.

~~9.~~10. "Driver's license" means the license as required under sections 39-06-01 and 39-06-02 of the North Dakota Century Code.

~~10.~~11. "Emergency medical technician" means a person who is licensed as an emergency medical technician by the department.

~~11.~~12. "Equivalent" means training of equal or greater value which accomplishes the same results as determined by the department.

~~12.~~13. "Headquarters ambulance service" means the base of operations for an ambulance service that operates subordinate substation ambulances.

~~13.~~14. "Industrial site ambulance service" means an ambulance service that primarily serves an organization and may or may not offer service to the general public.

~~14.~~15. "Licensed health care facilities" means facilities licensed under chapter 23-16 of the North Dakota Century Code.

~~15.~~16. "Major trauma patient" means any patient that fits the trauma triage algorithm as defined in chapter 33-38-01.

~~16.~~17. "Nonemergency health transportation" means health care transportation not provided by a licensed ambulance service that takes place on a scheduled basis by licensed health care facilities to their own patients or residents whose impaired health condition requires special transportation considerations, supervision, or handling but does not indicate a need for medical treatment during transit or emergency medical treatment upon arrival at the final destination.

~~17.~~18. "Paramedic" means a person who is certified as an emergency medical technician-paramedic by the national registry of emergency medical technicians and licensed by the department.

~~18.~~19. "Paramedic with additional training" means evidence of successful completion of additional training and appropriate periodic skills verification in such topics as management of patients on ventilators, twelve-lead electrocardiograms or other critical care monitoring devices, drug infusion pumps, and cardiac or other critical care medications, or any other specialized procedures or devices determined at the discretion of the paramedic's medical director.

~~19.~~20. "Personnel" means qualified primary care providers, or drivers, or both, within an ambulance service.

~~20.~~21. "Primary care provider" means a qualified individual on the ambulance crew responsible for the care of the patient and supervision of all ambulance personnel while on the ambulance run.

22. "Public safety answering point" means a government operated call center that receives 9-1-1 calls from the public and dispatches public safety resources.

~~21.~~23. "Scheduled basic life support transfer" means transfers provided on a scheduled basis by an advanced life support service to patients who need no advanced life support procedures en route.

~~22.~~24. "Specialty care transport" means interfacility transportation, including transfers from a hospital to an aeromedical intercept site, of a critically injured or ill patient by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician-paramedic.

~~23.~~25. "State health council" means the council as defined in title 23 of the North Dakota Century Code.

26. State Radio means the North Dakota Department of Emergency Services' Division of State Radio located at Fraine Barracks in Bismarck, North Dakota.

~~24.~~27. "Substation ambulance service" means a subordinate operation of a headquarters ambulance service located in a separate municipality.

~~25.~~28. "System status management" means strategically positioning ambulances in geographic locations during various times of the day based on historical data that can aid in predicting operational demands.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-02. License required - Fees.

1. No ground ambulance services, as defined in chapter 23-27 of the North Dakota Century Code, shall be advertised or offered to the public or any person unless the operator of such service is licensed by the department.

2. The license shall expire midnight on October thirty-first of the even year following issuance. License renewal shall be on a biennial basis.

3. A license is valid only for the service for which it is issued. A license may not be sold, assigned, or transferred.

4. The license shall be displayed in a conspicuous place inside the patient compartment of the ambulance vehicle. An operator operating more than one ambulance unit out of a town, city, or

municipality will be issued duplicate licenses for each unit at no additional charge.

5. The biennial license fee, including special licenses, shall be fifty dollars for each headquarters ambulance service location and fifty dollars for each substation location.

6. Entities solely providing nonemergency health transportation services are not required to obtain a license under chapter 23-27 of the North Dakota Century Code as long as they do not advertise or offer services to the general public.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-01
Law Implemented: NDCC 23-27-01

33-11-01.2-03. Application for license.

1. Application for the license shall be made in the manner prescribed by the department.

2. The application must be for a headquarters ambulance service or substation ambulance service at either the basic life support level as defined in chapter 33-11-02.2, or for the advanced life support level as defined in chapter 33-11-02.3.

3. New operators applying for an ambulance service license for an operation that will be based in a city already served by a licensed advanced life support ambulance service must apply for advanced life support ambulance licensure. In addition, new operators must also provide service to the same geographic response area and be able to meet the response time performance standards commensurate with the existing license holder.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-04. Issuance and renewal of licenses.

1. The department or its authorized agent may inspect the service. If minimum standards for either basic life support ground ambulance services or advanced life support ground ambulance services are met, the department shall issue a license.

2. A service may request that the department consider it in compliance with this chapter if it is fully accredited by the commission on accreditation of ambulance services or its equivalent.

3. Services requesting their compliance with this chapter to be verified through an accrediting agency shall submit to the department a copy of the entire accrediting agency survey report. Subsequent accreditation or revisit documentation must be submitted prior to license renewal.

~~4. If minimum standards for either basic life support ambulance services or advanced life support ambulance services are not met, the department will allow the ambulance service thirty days to comply with the standards. The department will work with the ambulance service to obtain compliance.~~

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-05. Special licenses and waivers.

1. An operator of a ground ambulance service intended for industrial site use may be issued a special license by the department.

2. Based on each individual case, the department may waive any provisions of this chapter.

3. The waiver provision shall only be used for a specific period in specific instances provided such a waiver does not adversely affect the health and safety of the person transported, and then only if a nonwaiver would result in unreasonable hardship upon the ambulance service.

—

History: Effective January 1, 2008.
General Authority: NDCC 23-27-01
Law Implemented: NDCC 23-27-01

33-11-01.2-06. Other requirements for substation ambulance operation.

1. A substation ambulance operation and all of its assets must be fully owned and operated by a headquarters ambulance service. A substation ambulance may not establish a separate business structure independent of the headquarters service.

2. A substation ambulance service may not have its own governing board separate from a governing board of the headquarters ambulance service.

3. All logos, vehicle lettering, personnel uniforms, and signage on any substation building must reflect the name of the headquarters ambulance service. However, a logo, vehicle lettering, personnel uniforms, or signage on a substation building may include the name of the substation.

4. A licensed advanced life support ambulance service meeting the requirements of chapter 33-11-03 may operate a substation ambulance that meets the basic life support ambulance standards outlined in chapter 33-11-02.

5. A substation ambulance service may not be established in a city that has a licensed ambulance service based in that city.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-01
Law Implemented: NDCC 23-27-01

33-11-01.2-07. Availability of ground ambulance service.

1. A headquarters ambulance service shall be available twenty-four hours per day and seven days per week, except as exempted through waiver by the department.

2. A substation ambulance service may be available intermittently. When the substation ambulance is not available it is the responsibility of the headquarters service to respond to calls within that area if no closer ambulance can respond. The headquarters ambulance service must inform its dispatching entity as to the time of availability of its substation ambulance service.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-08. Driver's license required. All drivers of ambulance service vehicles shall have a current valid driver's license pursuant to requirements under sections 39-06-01 and 39-06-02 of the North Dakota Century Code.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-09. Number of personnel required. The minimum personnel required on each ambulance run shall be one driver and one primary care provider. Basic life support ambulance services must maintain a file that identifies at least two qualified ambulance service personnel on a written call schedule. Advanced life support ambulances must maintain a file that identifies at least two qualified ambulance service personnel on a written call schedule for each staffed ambulance as required in chapter 33-11-03-05.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-10. Other requirements.

1. Personnel must be able to identify and locate all equipment items required to be carried in an ambulance.

2. All licensed ambulance services shall keep the ambulance vehicle and other equipment clean and in proper working order.

3. All linens, airways, oxygen masks, nasal cannulas, and other equipment coming in direct contact with the patient must be either a single-use disposable type or cleaned, laundered, or disinfected after each use.

4. When a vehicle has been utilized to transport a patient known to have a communicable disease other than a common cold, the vehicle and all exposed equipment shall be disinfected before the transport of another patient.

5. Each ambulance run must be reported to the department in the manner and in the form determined by the department.

6. All ambulance services must give the receiving licensed health care facility a copy of the run report.

7. All equipment must be stowed in cabinets or securely fastened when not in use.

8. All ambulance services must submit a trauma transport plan to the department upon request.

9. All licensed ambulance services must keep either an electronic or paper copy of each run report on file for a minimum of seven years.

10. All licensed ambulance services must have current written protocols developed and signed by their medical director. The current version of the protocols must be kept on file with ambulance service management. The ambulance service manager must keep inactive protocols for a period of seven years after deactivating the protocol.

11. All ambulance services must report any collision involving an ambulance that results in property damage of one thousand dollars or greater, or personal injury. The report must be made within thirty days of the event and on a form provided by the department.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-11. Out-of-state operators.

1. Operators licensed in another state may pick up patients within this state for transportation to locations within this state under the following circumstances:

   a. When there is a natural disaster, such as a tornado, earthquake, or other disaster, which may require all available ambulances to transport the injured; or

   b. When an out-of-state ambulance is traveling through the state for whatever purpose comes upon an accident where immediate emergency ambulance services are necessary.

2. Out-of-state ambulance services who expect to pick up patients from within this state and transport to locations within this state must meet the North Dakota state standards and become licensed under chapter 23-27 of the North Dakota Century Code and this chapter.

3. Out-of-state fire units responding to North Dakota for the purposes of forest fire or grassland fire suppression may bring their own emergency medical personnel to provide emergency medical treatment to their own staff. The emergency medical personnel must be certified by the national registry of emergency medical technicians and have physician oversight.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-01
Law Implemented: NDCC 23-27-01

33-11-01.2-12. Specialty care transport.

1. Specialty care transport is necessary when a patient's condition requires ongoing care that must be provided by one or more health care professionals in an appropriate specialty area, for example, nursing, emergency medicine, respiratory care, cardiovascular care, or paramedic with additional training.

2. Qualifying interventions for specialty care transports are patients with:

   a. One of the following:

      (1) Intravenous infusions;

      (2) Vasopressors;

      (3) Vasoactive compounds;

      (4) Antiarrhythmics;

      (5) Fibrinolytics;

      (6) Paralytics; or

      (7) Any other pharmaceutical unique to the patient's special health care needs; and

   b. One or more of the following special monitors or procedures:

      (1) Mechanical ventilation;

      (2) Multiple monitors;

(3) Infusion pumps;

(4) Cardiac balloon pump;

(5) External cardiac support such as a ventricular assist device;

(6) Rapid sequence intubation;

(7) Surgical airways; or

(8) Any other specialized devices or procedures unique to the patient's health care needs.

3. Minimum required staffing shall be one emergency medical technician or its equivalent and at least one of the following critical care providers: physician, physician assistant, nurse practitioner, registered nurse with special knowledge of the patient's needs, paramedic with additional training, respiratory therapist, or any licensed health care professional designated by the transferring physician.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-13. Ground ambulance service vehicle requirements.

1. All ground ambulances must have a vehicle manufactured to be an ambulance.

2. All ground ambulance service vehicles must be equipped with a siren and flashing lights as described for class A emergency vehicles in subsection 2 of section 39-10-03 of the North Dakota Century Code.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-14. Transporting of patients. Ambulance services must transport patients to the nearest appropriate licensed health care facility according to their hospital transport plan except for:

1. Interfacility transports shall be made in accordance with the referring or accepting physician's orders.

2. In the following specific instances transport must be made to a licensed health care facility with specific capabilities or designations. This may result in bypassing a closer licensed health care facility for another located farther away. An ambulance service may deviate from these rules contained in this section on a case-by-case basis if online medical control is consulted and concurs.

    a. Major trauma patients must be transported to a designated trauma center as per article 33-38.

    b. A patient suffering acute chest pain that is believed to be cardiac in nature or an acute myocardial infarction determined by a twelve-lead electrocardiograph must be transported to a licensed health care facility capable of performing percutaneous catheter insertion or thrombolytic therapy.

    c. In cities with multiple hospitals an ambulance service may bypass one hospital to go to another hospital with equal or greater services if the additional transport time does not exceed ten minutes.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-15. Required advanced life support care. When it would not delay transport time, basic life support ambulance services must call for a rendezvous with an advanced life support ground ambulance, or an advanced life support or critical care air ambulance if the basic life support ambulance is unable to provide the advanced life support interventions needed to fully treat a patient exhibiting:

1. ~~Major trauma~~ Traumatic injuries that meet the trauma code activation criteria as defined in 33-38-01-03.

2. Cardiac chest pain or acute myocardial infarction.

3. Cardiac arrest.

4. Severe respiratory distress or respiratory arrest.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-01.2-16. Communications. To ensure responder safety and a seamless integration with the broader public safety response system, ground ambulance services must have the following elements to their communications system:

1. They must have a radio call sign issued by State Radio.

2. They must be dispatched directly from a public safety answering point by radio or pager.

3. They must have a radio capable of transmitting and receiving voice communications with the local public safety answering point, law enforcement responders, fire responders and other public safety agencies on radio frequencies determined by State Radio.

4. During the response and transport phases of an emergency ambulance run, an ambulance must notify their dispatch center or public safety answering point when:

    a. They are enroute to the scene.

    b. They have arrived at the scene.

    c. They have left the scene.

    d. They have arrived at the transport destination.

    e. They are available for the next ambulance run.

5. An ambulance may respond to the scene of an emergency with a fragmented crew if:

    a. Any crewmember that is responding to the scene separately from the ambulance has a handheld radio capable of transmitting and receiving radio traffic on frequencies designated for ambulances by state radio.

    b. The crewmembers communicate with each other by radio to ensure that a full crew will ultimately arrive at the scene of an emergency and be able to treat and transport patients.

6. During the transport phase of an emergency ambulance run, the ambulance must give a report on the patient's condition to the receiving hospital as soon as it is practical. Early notification to the

receiving hospital will allow them more time to prepare for the patient's arrival.

33-11-01.2-17. Response times.

1. Ground ambulances must meet the following response time standards ninety percent of the time:

   a. The time of dispatch to the time that the ambulance is enroute must not exceed ten minutes.

   b. Within the city limits of Bismarck, Fargo, Grand Forks and Minot the time from dispatch to the arrival on scene must not exceed nine minutes.

   c. In rural areas as defined by the United States Census and frontier area ambulance services that respond to I-94, I-29, U.S. Highway 2, or U.S. Highway 83 between Bismarck and Minot, the time from dispatch to the arrival on scene must not exceed twenty minutes.

   d. In frontier areas as defined by the United States Census, the time from dispatch to the arrival on scene must not exceed thirty minutes.

2. Failure to meet response time standards when calculated in the two year licensure period will require the ambulance service to develop a comprehensive plan of correction approved by the department which would include:

   a. An analysis of the barriers to achieving the response time standard.

   b. A plan to remove or minimize all barriers that have been identified.

   c. Placing a notice in the official county newspaper notifying the public of their response time deficiency in the format determined by the department.

33-11-01.2-18. Strike team designation. No ambulance service licensed under this chapter may hold itself out as an ambulance strike team unless it is so designated by the department.

33-11-01.2-19. Mutual aid agreements. Each licensed ambulance service must have at least one mutual aid agreement with a neighboring licensed ambulance service that can assist when their operational capacity is exceeded. A copy of each mutual aid agreement shall be maintained in the files of the licensee.

33-11-01.2-20. Disaster plan. Each licensed ambulance service must complete the disaster plan template as published by the department with appropriate local information. A copy of the completed disaster plan must be placed in each ambulance and one copy must be sent to the department. The disaster plan may include specialized equipment or supplies as required in the state emergency medical services disaster plan as published by the department.

33-11-01.2-21. Sanctions. Failure to meet standards outlined in article 33-11 may result in sanctions based on the severity of the noncompliance with standards. Based on each individual case the department may impose the following sanctions on licensed ambulance services:

1. Require the ambulance service to submit a detailed plan of correction that identifies the deficiencies and outlines the steps needed to become fully compliant with standards.

2. Require the ambulance service to place a public notice in the official county newspaper in each county in which the ambulance service operates outlining the operational deficiencies of the ambulance service. The notice must be approved by the department prior to its publication.

3. Require the ambulance service to host a public meeting with stakeholders of the local emergency medical services system to discuss the operational deficiencies and develop a plan of correction and submit that plan to the department. Stakeholders must be notified at least thirty days prior to the meeting. The following groups must be invited to attend:

   a. The general public. An invitation to the meeting must be made in the official county newspaper in each county in which the ambulance service provides service to.

   b. City and county government officials. An invitation letter must be mailed to each city and county government leaders within the ambulance service's normal service area.

   c. All neighboring emergency medical service agencies. An invitation letter must be mailed to each quick response unit within the ambulance service's area and to each bordering ambulance service.

   d. Hospital officials. An invitation letter must be sent to the hospitals that the ambulance service routinely transports patients to.

   e. Medical director. An invitation letter must be sent to the ambulance service's medical director.

f. Regional trauma committee. An invitation letter must be sent to the regional trauma committee as defined in article 33-38.

g. The department. An invitation letter must be sent to the North Dakota Department of Health, Division of Emergency Medical Services and Trauma.

CHAPTER 33-11-02
BASIC LIFE SUPPORT GROUND AMBULANCE LICENSE

33-11-02-01. Training standards for ambulance driver. By July 1, 2011 drivers must have successfully completed an emergency vehicle operation's course as defined in article 33-36-01. After July 1, 2011 new drivers must complete the emergency vehicle operations course within one year of joining the ambulance service. In addition, ~~The~~ the driver shall have a current cardiopulmonary resuscitation certification, unless there are two primary care providers as defined in section 33-11-02-02 or one primary care provider plus one other person with a current cardiopulmonary resuscitation certification providing care to the patient.

History: Effective March 1, 1985; amended effective January 1, 1986; August 1, 2003.

General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-02-02. Training standards for primary care provider. The primary care provider must have current emergency medical technician license or its equivalent and must have current cardiopulmonary resuscitation certification.

History: Effective March 1, 1985; amended effective January 1, 1986; August 1, 1994; August 1, 2003; January 1, 2006.
General Authority: NDCC 23-27-04
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:

1. Mounted ambulance cot with retaining straps.

2. Stretchers with retaining straps. Vehicle design dictates quantity.

3. Piped oxygen system - with appropriate regulator and flow meter, or two "E" size bottles for minimum oxygen supply with regulator and flowmeter.

4. Portable oxygen unit with carrying case. To include one "D" size bottle with another "D" bottle in reserve.

5. Three nasal cannulas, three nonrebreather oxygen masks in adult and pediatric sizes, and three sets of oxygen supply tubing.

6. Suction - wall-mounted and portable - capable of achieving 400 mmhg/4 seconds or less~~.~~ with one rigid tonsil tip suction catheter, one flexible suction catheter between size six and ten french, and one flexible suction catheter between twelve and sixteen French.

7. Bag valve mask resuscitation units in infant child and adult sizes with ~~appropriate-sized~~ face masks ~~or pocket masks with oxygen inlet in pediatric and adult sizes~~ in adult, child, infant and neonate sizes.

8. Spine boards - one ~~full-size~~ adult long backboard and one seated spinal immobilization device, with retaining straps. In addition, by July 1, 2011 each ambulance shall have one pediatric long backboard.

9. Commercial fracture splints usable for open and closed fractures, or padded boards usable for pediatric and adult patients.

10. Cold packs - four minimum.

11. Fire extinguisher - dry chemical, mounted, five pound [2.27 kilogram] minimum.

12. Head-to-board immobilization ~~device~~ devices in adult and pediatric sizes.

13. Obstetrical kit - disposable or sterilizable that includes an infant bulb suction device and a receiving blanket with head cover.

14. Activated charcoal.

15. Two sterile burn sheets or equivalent.

16. Three triangular bandages or commercial slings.

17. Two trauma dressings - approximately ten inches [25.4 centimeters] by thirty-six inches [91.44 centimeters].

18. Twenty-five sterile gauze pads - four inches [10.16 centimeters] by four inches [10.16 centimeters].

19. Twelve soft roller self-adhering type bandages - five yards [4.57 meters] long.

20. One set of nasopharyngeal airways in adult and child sizes.

21. One set of oropharyngeal airways in adult, child, and infant sizes.

22. Two sterile occlusive dressings approximately three inches [76.2 millimeters] by nine inches [228.6 millimeters].

23. Four rolls of tape - assorted sizes.

24. Shears - blunt - two minimum.

25. Bedpan, emesis basin, urinal.

26. One gallon [3.79 liters] of distilled water or saline solution.

27. Intravenous fluid holder - cot mounted or ceiling hooks.

28. Flashlights - two minimum.

29. One sharps container less than half full.

30. Three red biohazard bags.

31. Cervical collars in adult, child, and infant sizes.

32. Two blankets, four sheets, two pillows, four towels.

33. Phenol disinfectant product, such as lystophene or amphyl.

34. Reflectorized flares for securing scene - set of three minimum.

35. Automatic defibrillator.

36. Blood pressure manometer, cuff in child, adult, and large adult sizes, and stethoscope.

37. ~~Lower~~ One adult lower extremity traction splint. In addition, by July 1, 2011 each ambulance shall have one pediatric lower extremity traction splint.

38. Radio with the capability of meeting state emergency medical services standards as determined by the department.

39. Glutose or glucose - one dose for oral use.

40. Disposable gloves - one box each of small, medium, and large sizes.

41. Four disposable hot packs.

42. Personal protection equipment ~~such as~~ including fitted ~~mask~~ masks, nonabsorbent ~~gown~~ gowns, and protective eyeware - minimum of four.

43. Biological fluid cleanup kit.

44. Twenty-five triage tags.

45. Pulse oximeter.

46. Appropriate pediatric reference material or pediatric weight and length based equipment sizing and drug dosage chart or tape.

47. Reflective vests – minimum of two.

History: 33-11-01-11; Redesignated effective March 1, 1985; amended effective February 1, 1989; August 1, 1994; August 1, 2003; January 1, 2006.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-02-04. Medical ~~director~~ 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.

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

CHAPTER 33-11-03
ADVANCED LIFE SUPPORT GROUND AMBULANCE LICENSE

33-11-03-01. Minimum standards for personnel.

1. The driver must be a licensed emergency medical technician or its equivalent. By July 1, 2011 drivers must have successfully completed an emergency vehicle operation's course as defined in article 33-36-01. After July 1, 2011 new drivers must complete the emergency vehicle operations course within one year of joining the ambulance service.

2. The primary care provider, whose duties include an assessment of each patient, must be a licensed paramedic or its equivalent, or be a licensed registered nurse currently licensed as an emergency medical technician or its equivalent who has a current American heart association advanced cardiac life support certification or its equivalent, with the following exceptions:

   a. If, based on the paramedic's, or its equivalent's, assessment findings, a patient's condition requires only basic life support, an emergency medical technician or its equivalent may assume primary care of the patient.

   b. For scheduled basic life support transfers, the driver and the primary care provider must be at least licensed emergency medical technicians or its equivalent.

History: Effective March 1, 1985; amended effective January 1, 1986; August 1, 1994; August 1, 2003; January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-03-02. Minimum equipment standards. The ambulance must contain all the equipment requirements as found in section 33-11-02-03, except oral glutose or glucose, plus the following:

1. Manual cardiac monitor defibrillator with transcutaneous pacer and pediatric capabilities.

2. Portable radio. Rechargeable battery operated capable of reaching law enforcement and hospitals.

3. Nebulizer with tubing.

4. Endotracheal airway equipment in pediatric and adult sizes.

5. Laryngoscope with straight blade sizes zero, one, two, and three or four. Also curved blade sizes two and three or four.

6. Stylettes, one pediatric and one adult.

7. Meconium aspirator adaptor.

8. Magill forceps; one pediatric and one adult.

~~5.~~9. Intravenous therapy equipment. Catheters, intraosseouss needles, tubing solutions, for both pediatric and adult patients as approved by medical director.

~~6.~~10. Glucose measuring device.

~~7.~~11. Syringes and needles.

~~8.~~12. Alcohol swabs. Betadine swabs.

~~9.~~13. Electrocardiogram supplies. Rolls of electrocardiogram paper, monitor electrodes and defibrillator pads.

~~10.~~14. Pediatric weight and length based drug dosage chart or tape.

History: Effective March 1, 1985; amended effective August 1, 1994; August 1, 2003; January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-03-03. Minimum medication requirements. The ambulance must carry the following functional classification of medications in pediatric and adult dosages:

1. Alkalinizer.

2. Bronchodilator - adrenergic intravenous or subcutaneous.

3. Antidysrhythmic.

4. Anticholinergen parasympatholitic.

5. Opioid antagonist.

6. Coronary vasodilator, antianginal.

7. Antianxiety.

8. Caloric.

9. Anticonvulsant.

10. Bronchodilator.

11. Narcotic.

History: Effective March 1, 1985; amended effective August 1, 1994; August 1, 2003.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-03-04. Medical ~~director~~ 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 March 1, 1985; amended effective August 1, 2003; January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-03-05. Number of ambulances staffed. Unless the advanced life support ambulance service has a system status management program as defined in this chapter in place that is approved by the department, the number of advanced life support ambulances staffed, either by on call or in-house staff, by the licensed ambulance service is dependent upon the population of the city in which the ambulance is based.

1. For cities with a population less than fifteen thousand, one advanced life support ambulance must be staffed. Additional ambulances may be required to meet the response time standards as defined in chapter 33-11-01.2-17 and may be staffed and equipped at the basic life support level.

2. For cities with populations between fifteen thousand one and fifty-five thousand, two advanced life support ambulances must be staffed. Additional ambulances may be required to meet the response time standards as defined in chapter 33-11-01.2-17 and may be staffed and equipped at the basic life support level.

3. For cities with populations greater than fifty-five thousand, three advanced life support ambulances must be staffed. Additional ambulances may be required to meet the response time standards as defined in chapter 33-11-01.2-17 and may be staffed and equipped at the basic life support level.

History: Effective March 1, 1985; amended effective January 1, 1986; August 1, 1994; August 1, 2003; January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-03-06. Advertising restrictions. No ambulance service may advertise itself as an advanced life support ambulance service unless it is so licensed.

History: Effective March 1, 1985.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

CHAPTER 33-11-04
NORTH DAKOTA AIR AMBULANCE SERVICES

33-11-04-01. Definitions.

1. "Air ambulance run" means the response of an aircraft and personnel to an emergency or nonemergency for the purpose of rendering medical care or transportation or both to someone who is sick or injured. Includes canceled calls, no transports, and standby events where medical care may be rendered.

2. "Aircraft" means either an airplane also known as a fixed-wing, or a helicopter also known as a rotor-wing.

3. "Cardiopulmonary resuscitation" means the American heart association health care provider standards or its equivalent, which includes the following skills: adult one-person and two-person cardiopulmonary resuscitation, adult obstructed airway, child one-person and two-person cardiopulmonary resuscitation, child obstructed airway, infant cardiopulmonary resuscitation, infant obstructed airway, and automated external defibrillator.

4. "Commission on accreditation of medical transport systems" means the commission on accreditation of medical transport systems located in Anderson, South Carolina.

5. "Department" means the state department of health as defined in North Dakota Century Code chapter 23-01.

6. "Emergency medical technician" means a person who meets the requirements of the state emergency medical technician program and is licensed by the department.

7. "Equivalent" means training or equipment of equal or greater value which accomplishes the same results as determined by the department.

8. "Paramedic" means a person who is certified by the national registry of emergency medical technicians and licensed by the department as a paramedic.

9. "Personnel" means qualified primary care providers within an air ambulance service.

10. "Primary care provider" means a qualified individual responsible for care of the patient while on an air ambulance run.

History: Effective August 1, 2003; amended effective January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-02. License required - Fees.

1. No air ambulance service as defined in North Dakota Century Code chapter 23-27 shall be advertised or offered to the public or any person unless the operator of such air ambulance service is licensed by the department.

2. The license shall expire midnight on October thirty-first of the even year following issuance. License renewal shall be on a biennial basis.

3. A license is valid only for the service for which it is issued. A license may not be sold, assigned, or transferred.

4. The license shall be displayed in a conspicuous place inside the patient compartment of the aircraft. An operator operating more than one aircraft out of a town, city, or municipality will be issued duplicate licenses for each aircraft at no additional charge.

5. The biennial license fee shall be fifty dollars for each air ambulance service operated.

History: Effective August 1, 2003; amended effective January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-03. Application for license.

1. Application for the license shall be made in the manner prescribed by the department.

2. The application must be made for either basic life support air ambulance service as defined in chapter 33-11-05, advanced life support air ambulance service as defined in chapter 33-11-06, or for critical care air ambulance service as defined in chapter 33-11-07.

History: Effective August 1, 2003; amended effective January 1, 2006.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-04. Issuance and renewal of licenses.

1. The department or its authorized agent may inspect the air ambulance service. If minimum standards for either basic life support air ambulance services, advanced life support air ambulance services, or critical care air ambulance services are met, the department shall issue a license.

2. A service may request that the department consider it in compliance with this chapter if it is fully accredited by the commission on accreditation of medical transport systems or its equivalent.

3. Services requesting their compliance with this chapter be verified through an accrediting agency shall submit to the department a copy of the entire accrediting agency survey report. Subsequent accreditation or revisit documentation must be submitted prior to license renewal.

History: Effective August 1, 2003; amended effective January 1, 2006.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-05. Availability of air ambulance services. Basic life support air ambulance services may be available as needed per licensee's discretion. Advanced life support air ambulance services and critical care air ambulance services shall be available twenty-four hours per day and seven days per week, except as limited by weather or aircraft maintenance or by unscheduled pilot duty limitations in accordance with federal aviation administration regulations.

History: Effective August 1, 2003; amended effective March 24, 2004; January 1, 2006.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-06. Number of personnel required. For a licensed basic life support air ambulance service, the minimum number of personnel required is one primary care provider as defined in chapter 33-11-05. For a licensed advanced life support air ambulance service, the minimum number of personnel required is one primary care provider as defined in chapter 33-11-06, except when either the transferring or receiving physician believes the patient's status requires a minimum of two providers. For a licensed critical care air ambulance service, the minimum number of personnel required is two providers as defined in chapter 33-11-07.

History: Effective August 1, 2003; amended effective March 24, 2004; January 1, 2006.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-07. Out-of-state operators.

1. Operators from another state may pick up patients within this state for transportation to locations within this state when there is a natural disaster such as a tornado, flood, or other disaster which may require available air ambulances to transport the injured.

2. Out-of-state air ambulance services that expect to pick up patients from within this state and transport to locations within this state shall meet the North Dakota standards and become licensed under North Dakota Century Code chapter 23-27 and this chapter.

History: Effective August 1, 2003.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-08. Required certificate of airworthiness. An air ambulance service must have a certificate of airworthiness from the federal aviation administration for each aircraft it uses as an air ambulance, which is maintained current by compliance with all required federal aviation administration inspections as defined by federal aviation administration regulation 14 CFR 135.

History: Effective August 1, 2003.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-09. Securing of equipment. All equipment and materials used in an air ambulance must be secured in accordance with federal aviation administration regulation title 14 Code of Federal Regulations.

History: Effective August 1, 2003.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-10. Aircraft doors. Aircraft doors must accommodate passage of a patient lying on a stretcher with no more than thirty degrees rotation or forty-five degrees pitch.

History: Effective August 1, 2003.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-11. Required lighting. Lighting of at least forty foot-candles of illumination must be available in the patient care area to afford observation by medical personnel. Lighting must be shielded from the pilot of the aircraft so as not to interfere with operation of the aircraft.

History: Effective August 1, 2003.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-12. Required power source. The aircraft will be equipped with a federal aviation administration approved electrical power source that will accommodate commonly carried medical equipment, both AC and DC powered, and that is not dependent upon a portable battery.

History: Effective August 1, 2003.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-13. Required radio communication. The aircraft must have a radio communication system that will allow the communications between the aircraft and medical facilities, between the medical crew and the pilot, and between the medical crew on board the aircraft.

History: Effective August 1, 2003.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-14. Medical ~~director~~ direction.

1. Each air 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 air 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. Air ambulance services must have a written process for accessing adult and pediatric online medical control.

History: Effective August 1, 2003; amended effective January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-04-15. Other requirements.

1. The aircraft shall have sufficient space to accommodate at least one patient on a stretcher, two medical personnel, and the medical equipment required.

2. The aircraft must be configured to allow medical personnel to have a good patient view and access to equipment and supplies in order to initiate both basic and advanced life support.

3. All licensed air ambulance services shall keep the aircraft and other equipment clean and in proper working order.

4. All linens, and all equipment and supplies coming in direct contact with the patient, must be either a single-use disposable type or cleaned, laundered, or disinfected after each use.

5. When an aircraft has been utilized to transport a patient known to have a communicable disease other than a common cold, the aircraft and all exposed equipment shall be disinfected before the transport of another patient.

6. Each air ambulance run must be reported to the department in the manner and in the form determined by the department.

History: Effective August 1, 2003.

General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

CHAPTER 33-11-07
CRITICAL CARE AIR AMBULANCE LICENSE

33-11-07-01. Training standards for care providers.

1. Both care providers' training shall be consistent with the definition of ~~specialty care transport~~ critical care providers in section 33-11-01.2-12(3).

2. Notwithstanding subsection 1, elective transports for patients that are in stable condition who do not require specialized interventions or equipment as described in section 33-11-01.2-12 may be staffed at lesser level that meets the patient's care requirements and is at least at the level of basic life support air ambulance defined in section 33-11-05-01.

History: Effective January 1, 2006; amended effective April 1, 2009.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-07-02. Minimum equipment requirements. All equipment required for a basic life support air ambulance as found in section 33-11-05-02 and all equipment required for an advanced life support air ambulance found in section 33-11-06-02 plus the following equipment must be available at the base station:

1. Ventilator.

2. Intravenous infusion pumps.

3. Any specialized equipment ordered by a physician.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

33-11-07-03. Advertising restrictions. No air ambulance service may advertise itself as a critical care air ambulance service unless it has been issued a critical care air ambulance license by the department.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04
Law Implemented: NDCC 23-27-04

ARTICLE 33-36
EMERGENCY MEDICAL SERVICES PERSONNEL

CHAPTER 33-36-01
EMERGENCY MEDICAL SERVICES PERSONNEL TRAINING, TESTING, CERTIFICATION, AND LICENSURE

33-36-01-01. Definitions. Words defined in North Dakota Century Code chapter 23-27 have the same meaning in this chapter.

1. "Accrediting agency" means the commission on accreditation on allied health education programs or its equivalent.

~~1.~~2. "Cardiopulmonary resuscitation", initial and refresher, means the American heart association health care provider standards or its equivalent which includes the following skills: adult one-person and two-person cardiopulmonary resuscitation, adult obstructed airway,

child one-person and two-person cardiopulmonary resuscitation, child obstructed airway, infant cardiopulmonary resuscitation, infant obstructed airway, and automated external defibrillator.

3. "Certification scope enhancement programs" means those certification programs which add additional skills to or refresh existing skills obtained from the primary certification programs.

~~2.~~4. "Continuing education coordinator" means an individual that is licensed to conduct limited courses including; continuing education courses, refresher courses and scope enhancement courses.

~~3.~~5. "Department" means the state department of health.

6. "Emergency medical services instructor" means an individual that is licensed to conduct the full scope of courses including continuing education courses, refresher courses and scope enhancement courses, as well as initial primary education courses that include; emergency medical responder, emergency medical technician, emergency medical technician – intermediate/85, advanced emergency medical technician, emergency medical technician - intermediate/99, and paramedic.

~~4.~~7. "Equivalent" means training of equal or greater value which accomplishes the same results as determined by the department.

~~5.~~8. "Field internship preceptor" means a qualified person designated by an emergency medical services instructor to supervise a student during field internship training.

9. "National registry" means the national registry of emergency medical technicians located in Columbus, Ohio.

~~6.~~10. "On-call" means that an individual is expected to be available for emergency response when called by radio or pager and report after notification.

~~7.~~11. "Prehospital emergency medical services personnel" are those persons certified or licensed under the programs defined in this chapter.

~~8.~~12. "Primary certification programs" means those certification programs which integrate a broad base of skills necessary to perform within a level of the emergency medical services system as determined by the department.

History: Effective April 1, 1992; amended effective August 1, 2003; January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-01-02. Emergency medical services training courses. The department shall establish training, testing, and certification requirements for the following emergency medical services courses:

1. Primary certification courses:
   a. ~~First responder~~ Emergency medical responder;
   b. Emergency medical technician;
   c. Emergency medical technician-intermediate/85;
   d. Emergency medical technician-intermediate/99;
   ~~d.~~e. Advanced emergency medical technician;
   ~~e.~~f. Advanced first-aid ambulance attendant;
   ~~f.~~g. Emergency vehicle operations;
   ~~g.~~h. Emergency medical dispatch; and
   ~~h.~~i. Automobile extrication.
2. Certification scope enhancement courses:
   ~~a. Manual defibrillation;~~
   ~~b.~~a. Intravenous maintenance;
   ~~c.~~b. Automobile extrication instructor;
   ~~d.~~c. Emergency medical services instructor;
   ~~e.~~d. Epinephrine administration;
   ~~f.~~e. Dextrose administration;
   ~~g.~~f. Bronchodilator/nebulizer administration;
   ~~h.~~g. Limited advanced airway insertion; ~~and~~

h. Emergency vehicle operations instructor; and.

i. Continuing education coordinator.

3. Certification refresher courses:

a. ~~First responder~~Emergency medical responder-refresher;

b. Emergency medical technician-basic refresher;

c. Emergency medical technician-intermediate/85 refresher;

d. Emergency medical technician-intermediate/99 refresher; ~~and~~

e. Advanced emergency medical technician refresher; and

~~e.~~f. Paramedic refresher.

History: Effective April 1, 1992; amended effective October 1, 1992; August 1, 1994; August 1, 2003; August 1, 2004; January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-01-03. Training, testing, certification, and licensure standards for primary certification courses. The department shall authorize the conduct of courses, the testing of students, and the certification or licensure of personnel when application has been made on forms requested from and provided by the department prior to conducting the course and in the manner specified by the department contingent on the following requirements:

1. ~~First responder~~Emergency medical responder:

a. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

b. Textbooks. The department shall approve textbooks.

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor and must be currently certified as an ~~first responder~~ emergency medical responder or its equivalent.

d. A ~~first responder~~ emergency medical responder emergency medical responder student may practice all of the skills defined in the core scope of practice for ~~first responder~~ emergency medical responder while in the classroom and during field internship while under direct supervision of an instructor or field internship preceptor and if registered with the department as a ~~first responder~~ emergency medical responder student.

e. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department or the national registry cognitive knowledge examination and pass all stations of a practical examination conducted by the course coordinator. The practical examination must consist of no less than one medical, one cardiopulmonary resuscitation, and one trauma station.

f. Initial certification. The department shall issue initial certification to persons who meet the physical requirements described in the functional job analysis for ~~first responder~~ emergency medical responder as published by the national highway traffic safety administration and are over the age of sixteen who have completed an authorized course and passed the testing process, or are certified as a ~~first responder~~ emergency medical responder by the national registry. Persons passing the testing process between January first and June thirtieth shall be certified until June thirtieth of the second year, or ninety days past their national registry expiration date if they are nationally registered. Persons passing the testing process between July first and December thirty-first shall be certified until June thirtieth of the third year, or ninety days past their national registry expiration date if they are nationally registered.

g. Recertification. The department shall recertify for a two-year period expiring on June thirtieth, or ninety days past their national registry expiration date if they are nationally registered, to those persons that meet the physical requirements described in the functional job analysis for ~~first responder~~ emergency medical responder as published by the national highway traffic safety administration and who have met one of the following requirements:

(1) Completion of ~~a sixteen-hour~~ an approved North Dakota ~~first responder~~ emergency medical responder refresher course.

(2) Completion of a twenty-four hour emergency medical technician-~~basic~~ refresher course.

2. Emergency medical technician:

   a. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

   b. Textbooks. The department shall approve textbooks.

   c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor and must be currently licensed as an emergency medical technician or its equivalent.

   d. Course instructors. The primary course instructor must be licensed by the department as an emergency medical services instructor and must be currently licensed as an emergency medical technician or its equivalent. The primary instructor must teach at least fifty percent of the lecture portion of the course. Secondary instructors must be currently licensed as an emergency medical technician or its equivalent.

   e. An emergency medical technician student may practice all of the skills defined in the core scope of practice for emergency medical technician while in the classroom and during field internship while under direct supervision of an instructor or the field internship preceptor and if registered with the department as an emergency medical technician student.

   f. Testing. Students must pass the national registry cognitive knowledge examination and a practical examination specified by the department which meets the national registry's standards or its equivalent in order to be eligible for licensure. The content of the practical examination must be determined by the department, and the department shall establish policies regarding retesting of failed written and practical examinations.

   g. Emergency medical technician initial licensure. The department shall issue initial licensure as an emergency medical technician to persons that meet the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration and are over the age of sixteen who have completed an authorized course and passed the testing process or those who have requested reciprocity from another state with equivalent training. Persons passing the testing process between January first and

June thirtieth shall be licensed until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first shall be licensed until June thirtieth of the third year.

h. Relicensure of emergency medical technicians. The department shall relicense for a two-year period expiring June thirtieth those persons that meet the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration and who have met the following requirements:

(1) Completion of a twenty-four hour emergency medical technician-basic refresher course which includes a cardiopulmonary resuscitation health care provider refresher, answering correctly at least seventy percent of the questions on a written examination specified by the department and passing a local practical examination meeting the department's requirements; and

(2) Completion of forty-eight hours of continuing education as approved by the department or the national registry; or

(3) If currently licensed as an emergency medical technician, successful completion of the practical examination for emergency medical technician as established by the department. The practical examination must be administered by a licensed emergency medical services training institution in accordance with section 33-36-02-10 or by the department.

3. Emergency medical technician-intermediate/85:

a. Student prerequisite certification. Students must be licensed as an emergency medical technician or its equivalent prior to testing.

b. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

c. Textbooks. The department shall approve textbooks.

d. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor and must be currently licensed as an emergency medical technician-intermediate/85 or its equivalent.

e. Course instructors. The primary course instructor must be licensed by the department as an emergency medical services instructor and must be currently licensed as an emergency medical technician intermediate/85 or its equivalent. The primary instructor must teach at least fifty percent of the lecture portion of the course. Secondary instructors must be currently licensed as an emergency medical technician intermediate/85 or its equivalent.

f. An emergency medical technician-intermediate/85 student may practice all of the skills defined in the core scope of practice for emergency medical technician-intermediate/85 while in the classroom and during field internship while under direct supervision of an instructor or field internship preceptor and if registered with the department as an emergency medical technician-intermediate/85 student.

g. Testing. Students must pass the cognitive knowledge and practical examinations as provided by the national registry and approved by the department in order to be eligible for licensure.

h. Emergency medical technician-intermediate/85 initial licensure. A person eighteen years of age or older that meets the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration and who has completed an authorized course and passed the testing process shall obtain certification from the national registry. Persons obtaining national registry certification and in compliance with chapter 50-03-03 will be licensed by the department expiring ninety days after their national registry expiration date.

i. Relicensure of emergency medical technician-intermediate/85. Emergency medical technician-intermediate/85 must be recertified by the national registry recertification policies and meet the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration. Persons recertified by the national registry and in compliance with chapter 50-03-03 will be relicensed by the department for a two-year period expiring ninety days after their national registry expiration date.

j. Transition to new licensure level. When the national registry discontinues certifying personnel at the emergency medical technician intermediate/85 level, personnel currently licensed as an emergency medical technician intermediate/85 must transition to a

new licensure level. To remain licensed as an emergency medical services provider each person must do one of the following options:

1) Complete a state authorized transition course for emergency medical technician intermediate/85 to advanced emergency medical technician and license as an advanced emergency medical technician as described in subsection 4.

2) Complete a state authorized transition course for emergency medical technician intermediate/85 to advanced emergency medical technician, as well as completing all of the certification requirements of the national registry for advanced emergency medical technician and license as an advanced emergency medical technician as described is subsection 4.

~~1)~~3) Complete the national registry requirements for emergency medical technician and license as an emergency medical technician as described in subsection 2.

4. Advanced emergency medical technician:

a. Student prerequisite certification. Students must be licensed as an emergency medical technician or its equivalent prior to testing.

b. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

c. Textbooks. The department shall approve textbooks.

d. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor and must be currently licensed as an advanced emergency medical technician or its equivalent.

e. Course instructors. The primary course instructor must be licensed by the department as an emergency medical services instructor and must be currently licensed as an advanced emergency medical technician or its equivalent. The primary instructor must teach at least fifty percent of the lecture portion of the course. Secondary instructors must be currently licensed as an advanced emergency medical technician or its equivalent.

f. An advanced emergency medical technician student may practice all of the skills defined in the core scope of practice for advanced emergency medical technician while in the classroom and during

field internship while under direct supervision of an instructor or field internship preceptor and if registered with the department as an advanced emergency medical technician student.

g. Testing. Students must pass the cognitive knowledge and practical examinations as provided by the national registry and approved by the department in order to be eligible for licensure.

h. Advanced emergency medical technician initial licensure. Except as otherwise provided under subsection 33-36-01-03 (3)(j), a person eighteen years of age or older that meets the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration and who has completed an authorized course and passed the testing process shall obtain certification from the national registry. Persons obtaining national registry certification and in compliance with chapter 50-03-03 will be licensed by the department expiring ninety days after their national registry expiration date.

i. Relicensure of advanced emergency medical technician. Except as otherwise provided under subsection 33-36-01-03 (3)(j), advanced emergency medical technician must be recertified by the national registry recertification policies and meet the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration. Persons recertified by the national registry and in compliance with chapter 50-03-03 will be relicensed by the department for a two-year period expiring ninety days after their national registry expiration date.

j. Transitioning from emergency medical technician/85. Notwithstanding subsection 33-36-01-03 (3)(h) or 33-36-01-03 (3)(i), emergency medical technician/85 personnel may be licensed or relicensed as an advanced emergency medical technician without obtaining national registry certification if the requirements in subsection 3 have been met as well as maintaining compliance with chapter 50-03-03.

~~4.~~5. Emergency medical technician-intermediate/99:

a. Student prerequisite certification or license. A student must be licensed as an emergency medical technician or its equivalent prior to testing.

b. Curriculum. The course curriculum shall be that issued by the United States department of transportation, national highway traffic safety administration, in the addition specified by the department.

c. Textbooks. The department shall approve textbooks.

d. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor and must be currently licensed as an emergency medical technician-intermediate/99 or its equivalent.

e. Course instructors. The primary course instructor must be licensed by the department as an emergency medical services instructor and must be currently licensed as an emergency medical technician intermediate/99 or its equivalent. The primary instructor must teach at least fifty percent of the lecture portion of the course. Secondary instructors must be currently licensed as an emergency medical technician intermediate/99 or its equivalent.

f. An emergency medical technician-intermediate/99 student may practice all of the skills defined in the core scope of practice for emergency medical technician-intermediate/99 while in the classroom and during field internship while under direct supervision of an instructor or field internship preceptor and if registered with the department as an emergency medical technician-intermediate/99 student.

g. Testing. Students must pass the cognitive knowledge and practical examinations as provided by the national registry and approved by the department in order to be eligible for licensure.

h. Emergency medical technician-intermediate/99 initial licensure. A person eighteen years of age or older that meets the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration and who has completed an authorized course and passed the testing process shall obtain certification from the national registry. Persons obtaining national registry certification and in compliance with chapter 50-03-03 will be licensed by the department expiring ninety days after their national registry expiration date.

i. Relicensure of emergency medical technician-intermediate/99. An emergency medical technician-intermediate/99 must be recertified by the national registry recertification policies and meet the physical requirements described in the functional job analysis for emergency

medical technician as published by the national highway traffic safety administration. Persons recertified by the national registry and in compliance with chapter 50-03-03 will be relicensed by the department for a two-year period expiring ninety days after their national registry expiration date.

~~5.~~6. Paramedic:

a. Student prerequisite certification. Students must be certified or licensed as an emergency medical technician or its equivalent prior to testing.

b. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

c. Textbooks. The department shall approve textbooks.

d. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor and must be currently licensed as a paramedic or its equivalent. Course coordinators that are not affiliated with a licensed training institution must have their paramedic course accredited by an accrediting agency by January 1, 2012.

e. Course instructors. The primary course instructor must be licensed by the department as an emergency medical services instructor and must be currently licensed as a paramedic or its equivalent. The primary instructor must teach at least fifty percent of the lecture portion of the course. Secondary instructors must be currently licensed as a paramedic or its equivalent.

f. A paramedic student may practice all of the skills defined in the core scope of practice for paramedic while in the classroom and during field internship while under direct supervision of an instructor or field internship preceptor and if registered with the department as a paramedic student.

g. Field internship. Courses must provide field internship experience based on the curriculum requirements for patient contacts with a paramedic preceptor.

h. Testing. A student must pass the cognitive knowledge and practical examinations as provided by the national registry and approved by the department in order to be eligible for licensure.

i. Paramedic initial licensure. A person eighteen years of age or older that meets the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration and who has completed an authorized course and passed the testing process shall obtain certification from the national registry. Persons obtaining national registry certification and in compliance with chapter 50-03-03 will be licensed by the department expiring ninety days after their national registry expiration date.

j. Relicensure of paramedic. A paramedic must be recertified by the national registry recertification policies and meet the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration. Persons recertified by the national registry and in compliance with chapter 50-03-03 will be relicensed by the department for a two-year period expiring ninety days after their national registry expiration date.

~~6.~~7. Advanced first aid ambulance attendant:

a. Advanced first aid ambulance attendant initial certification. The department shall issue initial certification to persons currently certified in American national red cross advanced first aid and who demonstrate a minimum of two years experience with a North Dakota licensed ambulance service as evidenced by North Dakota ambulance service license application personnel rosters.

b. Recertification of advanced first aid ambulance attendants. The department shall recertify for a three-year period, expiring on June thirtieth, those persons who meet the physical requirements described in the functional job analysis for emergency medical technician as published by the national highway traffic safety administration and have completed a twenty-four hour emergency medical technician-basic refresher course, which includes a cardiopulmonary resuscitation refresher, answering correctly at least seventy percent of the questions on a written examination specified by the department and passing a local practical examination meeting the department's requirements.

~~7.~~8. Emergency vehicle operations:

a. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

b. Course coordinator. The course coordinator must be certified by the department as an emergency vehicle operation instructor.

c. Testing. The students must correctly answer at least seventy percent of the questions on a written examination and pass a practical examination specified by the department.

d. Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth must be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first must be certified until June thirtieth of the third year.

~~8.~~9. Emergency medical dispatch:

a. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

b. Course coordinator. The course coordinator must be approved by the department as an emergency medical dispatch instructor.

c. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department.

d. Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth must be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first must be certified until June thirtieth of the third year.

~~9.~~10. Automobile extrication:

a. Curriculum. The course curriculum must be approved by the department.

b. Course coordinator. The course coordinator must be certified by the department as an automobile extrication instructor.

c. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department.

d. Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth must be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first must be certified until June thirtieth of the third year.

History: Effective April 1, 1992; amended effective August 1, 1994; August 1, 2003; January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-01-03.1. Limited temporary certification or licensure of emergency medical services training course graduates.

1. An individual that has graduated from a department-authorized emergency medical services training course as an emergency medical technician, emergency medical technician - intermediate, advanced emergency medical technician, or paramedic and has submitted a completed application signed by a physician and an official transcript verifying program completion may be issued a limited certification or license one time. A limited temporary certification or licensure allows the graduate to be employed while awaiting results of the graduate's national registry examination. The limited temporary certification or licensure expires ninety days after the date of issue.

2. The graduate must practice under the direct supervision of a person certified or licensed at an equal or greater level. Direct supervision means close physical and visual proximity. The graduate may not be the primary care provider.

History: Effective January 1, 2006; amended effective January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-01-03.2 Continuing education. Continuing education means ongoing professional education that is based on current emergency medical services textbooks, emergency medical services educational principles, or topics that expand the professional knowledge to stay up to date with emergency medical services standards. An entity or individual that offers continuing education must:

1. Have the course approved as continuing education by:

   a. The department, or;

   b. An emergency medical services training institution licensed in accordance with chapter 33-36-02, or;

   c. The continuing education coordinating board for emergency medical services located in Dallas, Texas;

   d. A licensed continuing education coordinator in consultation with a licensed physician, or;

   e. A licensed instructor in consultation with a licensed physician, or;

   f. A licensed physician.

2. Maintain the continuing education course records for at least two years.

3. Issue certificates to attendees that lists the title of the course, date, number of hours awarded rounded to the nearest half-hour, location, name of instructor, and the name of the person or entity that approved the course.

33-36-01-04. Training, testing, and certification standards for certification scope enhancement courses. The department shall authorize the conduct of courses, the testing of students, and the certification or licensure of personnel when application has been made on forms provided prior to conducting the course and in the manner specified by the department contingent on the following requirements:

~~1. Manual defibrillation:~~

   ~~a. Student prerequisite certification. A student must be licensed as an emergency medical technician or its equivalent.~~

   ~~b. Curriculum. The course curriculum must be that issued by the department entitled "Manual Defibrillator/Monitor Curriculum".~~

   ~~c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor and must be currently certified by the American heart association in advanced cardiac life support or its equivalent.~~

~~d. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department and pass all portions of a practical examination specified by the department. The practical examination must consist of the manual defibrillation of a simulated cardiac arrest patient and correctly identify eleven out of thirteen static cardiac strips.~~

~~e. Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth shall be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first shall be certified until June thirtieth of the third year.~~

~~2.~~1. Intravenous therapy maintenance:

a. Student prerequisite certification. A student must be licensed as an emergency medical technician or its equivalent.

b. Curriculum. The course curriculum must be that issued by the department entitled "EMT IV Maintenance Module".

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator, and currently certified in intravenous therapy maintenance, or its equivalent.

d. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department and pass all portions of a practical examination specified by the department. The practical examination must consist of performing intravenous maintenance skills on a mannequin.

e. Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth shall be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first shall be certified until June thirtieth of the third year.

~~3.~~2. Automobile extrication instructor:

a. Curriculum. The course curriculum must be approved by the department.

b. Student prerequisite. The candidate for this course must be currently certified in automobile extrication with at least two years of certified automobile extrication experience.

c. Course coordinator. The department shall designate the course coordinator.

d. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department.

e. Initial certification. The department shall issue initial certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth shall be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first shall be certified until June thirtieth of the third year.

f. Recertification. The department shall recertify for a two-year period those persons who have satisfactorily conducted an automobile extrication course or have audited eight hours of an automobile extrication instructor course before the expiration date of their certification.

~~4.~~3. Emergency medical services instructor:

a. Student prerequisite. An individual must be at least eighteen years of age and certified or licensed for at least two years as a patient care provider at the level the individual will instruct at, in order to be licensed.

b. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department or its equivalent.

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor.

d. Initial licensure. The department shall issue initial licensure to persons who have completed an authorized course. Persons completing the course between January first and June thirtieth shall

be licensed until June thirtieth of the second year. Persons completing the course between July first and December thirty-first shall be licensed until June thirtieth of the third year.

e. Relicensure. The department shall relicense for a two-year period those persons ~~who~~ that have participated in at least one initial training course as a course coordinator or primary instructor, and:

(1) Completed the department's eight-hour relicensure course;

(2) Those persons that are employed or affiliated with a licensed training institution, may submit documentation of eight hours of adult education training to satisfy the relicensure requirements;

(3) Within the current two-year licensure period the instructor has had at least a seventy percent pass rate in both cognitive and practical examinations for the following primary certification courses; emergency medical technician, emergency medical technician - intermediate/85, advanced emergency medical technician, emergency medical technician - intermediate/99, or paramedic; and

(4) In addition, failure to achieve a seventy percent pass rate for these courses would require the instructor to retake the entire initial licensure process for emergency medical services instructor or require the instructor to be affiliated with a licensed training institution for a period of two years.

4. Continuing education coordinator:

a. Student prerequisite. An individual must be at least eighteen years of age and certified or licensed for at least two years as a patient care provider at the level the individual will instruct at.

b. Curriculum. The course curriculum must be that issued by the division of emergency medical services and trauma.

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor.

d. Initial licensure. The department shall issue initial licensure to persons who have completed an authorized course. Persons completing the course between January first and June thirtieth shall be licensed until June thirtieth of the second year. Persons

completing the course between July first and December thirty-first shall be licensed until June thirtieth of the third year.

e. Relicensure. The department shall relicense for a two-year period those persons who have:

(1) Completed the department's relicensure course or;

(2) Those persons that are employed or affiliated with a licensed training institution, may submit documentation of continued affiliation with licensed training institution.

5. Epinephrine administration:

a. Student prerequisite certification. A student must be certified as a ~~first responder~~ emergency medical responder or its equivalent.

b. Curriculum. The course curriculum must be that issued by the department entitled "Epinephrine Administration Module".

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator and must be currently certified in epinephrine administration or its equivalent.

d. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department and pass all portions of a practical examination specified by the department. The practical examination must consist of performing subcutaneous injection of epinephrine with the use of a preloaded, self-injecting device such as the epipen trainer.

e. Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth shall be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first shall be certified until June thirtieth of the third year.

6. Dextrose administration:

a. Student prerequisite licensure. A student must be licensed as an emergency medical technician-intermediate or its equivalent.

b. Curriculum. The course curriculum must be that issued by the department entitled "EMT-I – 50% Dextrose Administration Module".

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator and must be licensed as a paramedic or its equivalent.

d. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department and pass all portions of a practical examination specified by the department. The practical examination must consist of administration of the drug by aseptic injection into intravenous administration tubing.

e. Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth shall be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first shall be certified until June thirtieth of the third year.

7. Bronchodilator/nebulizer administration:

a. Student prerequisite licensure. A student must be licensed as an emergency medical technician or its equivalent.

b. Curriculum. The course curriculum must be the general pharmacology and the respiratory emergencies sections of the curriculum issued by the United States department of transportation, national highway traffic safety administration, for emergency medical technicians-basic, in the edition specified by the department, or its equivalent.

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator and be licensed as a paramedic or its equivalent.

d. Testing. The student must correctly answer at least seventy percent of the questions on a written examination and pass a practical examination specified by the department.

e. Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth shall be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first shall be certified until June thirtieth of the third year.

8. Limited advanced airway insertion:

a. Student prerequisite licensure. A student must be licensed as an emergency medical technician or its equivalent.

b. Curriculum. The course curriculum must be that issued by the department entitled "Limited Advanced Airway Module".

c. Course coordinator. The course coordinator must be licensed as an emergency medical services instructor or continuing education coordinator and must be currently licensed as a paramedic or its equivalent.

d. Testing. The student must correctly answer at least seventy percent of the questions on a written examination and pass a practical examination specified by the department.

e. Certification. The department shall issue a certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth shall be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first shall be certified until June thirtieth of the third year.

9. Emergency vehicle operations instructor:

a. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

b. Course instructor. The department shall designate the course instructor.

c. Testing. The students must correctly answer at least seventy percent of the questions on a written examination and pass a practical examination specified by the department.

d. Initial certification. The department shall issue initial certification to persons who have completed an authorized course and passed the testing process. Persons passing the testing process between January first and June thirtieth shall be certified until June thirtieth of the second year. Persons passing the testing process between July first and December thirty-first shall be certified until June thirtieth of the third year.

e. Recertification. The department shall recertify for a two-year period those persons who have satisfactorily conducted an emergency vehicle operations course or have audited eight hours of an emergency vehicle operator's course.

History: Effective April 1, 1992; amended effective October 1, 1992; August 1, 1994; August 1, 2003; August 1, 2004; January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-01-04.1. Training, testing, and certification standards for certification refresher courses. The department shall authorize the conduct of courses, the testing of students, and the certification of personnel when application has been made on forms requested from and provided by the department prior to conducting the course and in the manner specified by the department contingent on the following requirements:

1. ~~First responder~~Emergency medical responder:

   a. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

   b. Textbooks. The department shall approve textbooks.

   c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator and must be currently certified as a ~~first responder~~ emergency medical responder or its equivalent.

   d. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department and pass all stations of a practical examination conducted by the course coordinator. The practical examination must consist of no less than one medical, one cardiopulmonary resuscitation, and one trauma station.

2. Emergency medical technician refresher:

a. Curriculum. The course curriculum must be that issued by the United States department of transportation, national highway traffic safety administration, in the edition specified by the department.

b. Textbooks. The department shall approve textbooks.

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator and must be currently licensed as an emergency medical technician or its equivalent.

d. Testing. The student must correctly answer at least seventy percent of the questions on a written examination specified by the department and pass all stations of a practical examination conducted by the course coordinator.

3. Emergency medical technician-intermediate/85 refresher:

a. Curriculum. The course coordinator shall select topics consistent with the reregistration requirements of the national registry.

b. Textbooks. The department shall approve textbooks.

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator and must be currently licensed as an emergency medical technician-intermediate/85 or its equivalent.

4. Emergency medical technician-intermediate/99 refresher:

a. Curriculum. The course coordinator shall select topics consistentwith the reregistration requirements of the national registry.

b. Textbooks. The department shall approve textbooks.

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator and must be currently licensed as an emergency medical technician-intermediate/99 or its equivalent.

5. Paramedic refresher:

a. Curriculum. The course curriculum must be consistent with the reregistration requirements of the national registry.

b. Textbooks. The department shall approve textbooks.

c. Course coordinator. The course coordinator must be licensed by the department as an emergency medical services instructor or continuing education coordinator and must be currently licensed as a paramedic or its equivalent.

History: Effective August 1, 2003; amended effective January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-01-05. Denial, suspension or revocation of certification or licensure. The department may deny, suspend or revoke the certification or licensure for a period of time determined by the department of a person who:

1. Has misrepresented to others that the person is a physician, nurse, or health care provider other than the highest level for which they are certified or licensed.

2. Is incapable of properly performing the skills for which the individual has been certified or licensed.

3. Performs a skill which exceeds those allowed by the individual's level of certification or licensure.

4. ~~Has been charged or~~ Is under indictment for or has been convicted of a felony which has a direct bearing upon the person's ability to serve the public in a capacity certified or licensed by this chapter, or has been convicted of a crime that requires the person to register as a sex offender in any state. Persons certified or licensed who ~~have been charged~~ are under indictment for or have been convicted of a felony or required to register as a sex offender in any state must report the information to the department.

5. Has been found by a court of law to be mentally incompetent.

6. Failure to follow examination policies as a student, instructor, or course coordinator.

7. Diversion of drugs for personal or unauthorized use.

8. Performance of care in a manner inconsistent with acceptable standards or protocols.

9. Has attempted to obtain by fraud or deceit a certification or license or has submitted to the department any information that is fraudulent, deceitful, or false.

10. Has had the person's national registry or other health care certification or license encumbered for any reason. Persons certified or licensed as described in this chapter must report any encumbrance of their national registry or other health care certification or licensure to the department.

11. Has misrepresented to others that the person is an employee, volunteer, or agent of an ambulance service, quick response unit, or rescue squad to offer emergency medical services.

12. Unprofessional conduct, which may give a negative impression of the emergency medical services system to the public, as determined by the department.

13. As an instructor has failed to have emergency medical services training authorized as required in section 33-36-01-03, 33-36-01-04, or 33-36-01-04.1.

14. Providing emergency medical services without authorization from a physician.

15. Has been found to be under the influence of alcohol or mind altering drugs while on-call or during an emergency medical response or interfacility transfer.

16. Neglect by failing to respond to an emergency while on-call. The failure to respond must be caused by the individual's willful disregard and not caused by a good faith error or circumstances beyond the individual's control as determined by the department.

History: Effective April 1, 1992; amended effective August 1, 2003; January 1, 2006; January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-01-05.1. Criminal history background checks. The department may perform criminal history background checks on any applicant requesting a certification or license or a person requesting to be listed on an ambulance service or quick response unit's roster as a driver. A driver may be denied participation in any emergency medical services operation based on the driver's criminal background history or any occurrence listed in section 33-36-01-05.

History: Effective January 1, 2008.
General Authority: NDCC 12-60-24.2, 23-27-04.3
Law Implemented: NDCC 12-60-24.2, 23-27-04.3

33-36-01-06. Revocation process. The department may revoke an individual's certification or license after making a diligent effort to:

1. Inform the individual by the department of the allegations.
2. Inform the individual of the department's investigation results.
3. Inform the individual of the department's intent to revoke and provide a notice of right to request hearing.
4. Provide the individual opportunity to request a hearing and rebut the allegations.

History: Effective April 1, 1992; amended effective August 1, 2003; January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-01-07. Hearing. A request for hearing must be received by the department no later than twenty days following the individual's receipt of the allegations against the individual. If a hearing is requested, the department will apply to the office of administrative hearings for appointment of a hearing officer. The department will notify any complainants and the accused of the date set for the hearing. The hearing officer will conduct the hearing and prepare recommended findings of fact and conclusions of law as well as a recommended order for the department. The department shall notify the individual of its findings in writing after receiving the attorney general's finding of fact, conclusion of law, and recommended order.

History: Effective April 1, 1992.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-01-08. Waivers. Based on each individual case, the department may waive any provisions of this chapter that may result in unreasonable hardship upon the individual or the individual's emergency medical service agency, provided such a waiver does not adversely affect the health and safety of patients. The department will consider waivers for the following situations and conditions:

1. A person had completed all the requirements for recertification or relicensure and a good-faith effort was made by that person to recertify

with the national registry and by no fault of the person recertification was not granted.

2. A person who was current in the person's certification or license was called to active duty in the United States armed forces and deployed to an area without the resources to maintain the person's certification or license resulting in a lapse of the person's certification or license.

3. Other reason as determined by the department.

~~3.~~4. A waiver may be granted for a specific period of time not to exceed one year and shall expire on June thirtieth of each year.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

CHAPTER 33-36-02
LICENSING OF EMERGENCY MEDICAL SERVICES TRAINING INSTITUTIONS

33-36-02-01. Definitions. Words defined in North Dakota Century Code chapter 23-27 have the same meaning in this chapter.

1. "Acceptable criminal background requirements" means that a student's criminal background is acceptable by the department and the national registry for entry into the profession.

2. "Accrediting agency" means the commission on accreditation on allied health education programs or its equivalent.

3. "Candidate" means a person that has completed a primary training course and is in the testing process.

4. "Certifying examination" means a national registry test.

5. "Department" means the North Dakota state department of health.

6. "Emergency medical services equipment" means automated external defibrillator, long back board, Kendrick extrication device, oxygen delivery equipment, rigid splints, traction splint, suction equipment, bandages, and other equipment needed to accomplish training.

7. "National registry" means the national registry of emergency medical technicians located in Columbus, Ohio.

8. "Physician" means a person licensed by the North Dakota board of medical examiners to practice medicine.

9. "Primary education course" means the initial or refresher training course for emergency medical responder, emergency medical technician, emergency medical technician – intermediate and paramedic.

~~9.~~10. "Student" means a person that is actively in a primary training course and has not yet completed the course.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-02. License required - Fees.

1. No North Dakota emergency medical services training institution, as defined in North Dakota Century Code chapter 23-27, shall be advertised or offered to the public or any person as a licensed training institution unless the operator of such service is licensed by the department.

2. The license shall expire midnight on October thirty-first of the third year following issuance. License renewal shall be on a three-year basis.

3. A license is valid only for the training institution for which it is issued. A license may not be sold, assigned, or transferred.

4. The license shall be displayed in a conspicuous place.

5. The three-year license fee shall be seventy-five dollars which is nonrefundable.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-03. Application for license. An application for licensure as an emergency medical services training institution may be submitted on a form provided by the department or an alternate format which includes the following information:

1. Applicant information:

   a. Name of the training institution;

b. Mailing address;

c. Telephone number;

d. Name of program coordinator;

e. Name of training institution medical director; and

f. E-mail address of contact person;

2. A copy of the written agreement with the physician medical director;

3. A copy of the written agreement with the hospitals, clinics, ambulance services, and physicians' offices that will provide field internship training;

4. A listing of the names of the persons or organizations that have financial interest in the institution;

5. A copy of the student handbook for the institution; and

6. A signed statement attesting to the accuracy of the application and all of its attachments.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-04. Issuance and renewal of licenses.

1. The department or its authorized agent shall inspect the training institution. If minimum standards are met, the department shall issue a license.

2. A training institution may request that the department consider it in compliance with this chapter if it is fully accredited by the commission on accreditation of allied health education programs or its equivalent. The training institution must provide any additional information to the department that is required of licensed emergency medical services training institutions but not evaluated in the accreditation process.

3. Training institutions requesting their compliance with this chapter to be verified through an accrediting agency shall submit to the department appropriate documentation to include the site visit survey report and official letter from the accrediting agency citing any deficiencies.

Subsequent accreditation or revisit documentation must be submitted prior to license renewal.

4. Training institutions that offer paramedic training shall have the paramedic course accredited by an accrediting agency by January 1, 2010.

History: Effective January 1, 2006; amended effective January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-05. Training institution director requirements. Each licensed training institution must have a director who serves as the administrator of the training institution and who is responsible for:

1. Planning, conducting, and evaluating the program;
2. Selecting students and instructors;
3. Documenting and maintaining records;
4. Developing a curriculum; and
5. Acting as or appointing the test site coordinator for practical examinations if applicable.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-06. Training institution medical director requirements. Each licensed training institution shall have an agreement on file at the department with a physician whose responsibilities include:

1. Ensuring an accurate and thorough presentation of the medical content of each training program;
2. Certifying that each candidate has successfully completed the training course;
3. In conjunction with the training program director, planning the clinical training;
4. Being available for practical test site consultations; and

5. Acting as a liaison between the training institution and the medical community.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-07. Course instructors. Primary course instructors must be licensed as an instructor coordinator as defined in section 33-36-01-04 and hold a certificate or license in or above the discipline that they are teaching ~~and teach at least fifty percent of the course content. The remaining fifty percent may be taught by guest lecturers approved by the training institution director or medical director.~~

History: Effective January 1, 2006; amended effective January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-08. Training institution policies, records, and quality assurance. North Dakota licensed emergency medical services training institutions must:

1. Publish a student handbook which includes at least the following information:

   a. The full name and address of the school;

   b. Names of owners and officers, including governing boards;

   c. A description of each educational service offered, including tuition, fees, and length of courses;

   d. Enrollment procedures and entrance requirements, including late enrollment if permitted;

   e. A description of the institution's tuition assistance. If no assistance is offered, the institution must state this fact;

   f. Attendance policy, including minimum attendance requirements;

   g. A policy explaining satisfactory student progress which includes:

      (1) How progress is measured and evaluated, including an explanation of any system of grading used;

      (2) The conditions under which the student may be readmitted if terminated for unsatisfactory progress; and

(3) Explanation of any probation policy;

h. A description of the system used to make progress reports to students; and

i. An explanation of the refund policy which also includes the training agency's method of determining the official date of termination.

2. Maintain as a minimum, the following records for emergency medical services courses taught:

   a. Student records ~~that~~ must be maintained for five years and include:

      (1) Name and address for each student enrolled in an emergency medical services course;

      (2) Grades for each written examination;

      (3) Copies of each student's documentation of entrance requirements to each course, including a copy of the individual's cardiopulmonary resuscitation certification and criminal history statement; and

      (4) Field internship student evaluation forms from each field or clinical internship session. The form must include the evaluator's printed name, contact information, and signature. Student records must be maintained for five years.

      ~~Student records must be maintained for five years.~~

   b. Instructor and course records that include:

      (1) Names and qualifications of the primary instructors;

      (2) Names and qualification of guest instructors;

      (3) Instructor evaluation records completed by students and training institution personnel; and

      (4) Names of the practical examination evaluators.

3. Have at least seventy percent of the candidates who successfully complete a primary training course certified or licensed by the department or certified by the national registry within two years of course completion.

4. Develop and implement a quality assurance program for instruction. The quality assurance program must:

   a. Establish and implement policies and procedures for periodic evaluation of all instructors, field internship sites, equipment, and other training resources;

   b. Establish and implement a mentoring program for each new instructor. Each new instructor will be assigned a mentor who has a background in the course being taught or in teaching. The assigned mentor will complete an evaluation of the assignee at least once;

   c. Establish and have completed student evaluations during and after each course taught; and

   d. Establish and implement a remediation plan for all noted instructor deficiencies. Documentation of remediation shall be maintained for five years.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-09. Other training institution requirements. North Dakota licensed emergency medical services training institutions must:

1. Have adequate classroom and laboratory space to conduct emergency medical services training.

2. Have appropriate dedicated emergency medical services equipment for training.

3. Determine the eligibility of prospective students in regard to age, minimum prior training requirements, and acceptable criminal background requirements.

4. Maintain a written agreement with a licensed medical facility and licensed ambulance service designating a field internship site.

5. After each primary training class is complete, notify the department of the starting date and number of students initially enrolled and the number of students fully completing the course.

6. Provide proof of liability insurance that covers the training institution and primary instructors.

7. Notify the department prior to conducting primary education courses in a format determined by the department.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-10. Practical examination administration. A licensed training institution may conduct practical examinations under the following conditions:

1. The institution must be designated by the department to conduct practical examinations.

2. The facility must have adequate room to accommodate a test. Each test station must be well away from others so that the privacy of the candidate and the security of the test are maintained. There must be a separate monitored room for candidates to wait. The designated department representative may shut down or cancel a test because of inadequate facilities.

3. Test site dates must be approved by the department. For an advanced life support test site, the test site coordinator must notify the department eight weeks prior to the test date and submit a roster of probable candidates for the practical test. For a basic life support test site, the test site coordinator must notify the department two weeks prior to the test date and submit a roster of probable candidates for the practical test. The test site coordinator may accept candidates from other licensed training institutions or department-authorized courses or qualified candidates from other states if the test site coordinator has verified the eligibility of the candidate.

4. The test site coordinator is responsible for all logistics of the test site. The test site coordinator must remain at the test site for the duration of the test.

5. A national registry representative approved by the department or a designated department representative must oversee the test site. The national registry or department representative's only duties are to ensure the integrity of the test site and submit results to the national registry or the department. The designated department representative may not have an affiliation with the training institution.

6. The training institution must provide an adequate number of qualified evaluators for the number of students to be tested. For every eight candidates there must be at least one evaluator. The evaluators may not evaluate a candidate in a practical station for which the evaluator had been a guest lecturer, or had been the training institution coordinator or the primary instructors of the candidates. Evaluators must use and adhere to the department's testing evaluation forms.

7. An emergency medical technician candidate must pass all stations of a practical test site within two years of course completion. The required practical stations are:

   a. Patient assessment management - trauma;

   b. Patient assessment management - medical;

   c. Cardiac arrest management/automated external defibrillator;

   d. Spinal immobilization, seated or supine;

   e. Bag valve mask, apneic patient with a pulse; and

   f. One of the following random skills chosen by the department:

      (1) Long bone immobilization;

      (2) Joint dislocation immobilization;

      (3) Traction splinting;

      (4) Bleeding control and shock management;

      (5) Upper airway adjuncts and suction;

      ~~(6) Mouth to mask with supplemental oxygen; or~~

      ~~(7)~~(6) Supplemental oxygen administration.

8. A candidate may fail no more than three stations at any one test site. The candidate may retest those failed stations one time on the same day at the discretion of the test site coordinator. If a candidate fails four or more stations, the candidate must retest all stations at a later date.

9. All emergency medical technician practical test results must be reported to the department within one week of the practical test by the department representative. The department will determine the eligibility of the candidates to retest according to department policy.

10. Retesting candidates that have failed all or part of the emergency medical technician practical test will be done in accordance with department policy. The number of times a candidate may retest all or part of the emergency medical technician practical test is determined by department policy.

11. An advanced level practical test site must be approved by the department and comply with national registry rules and policies.

History: Effective January 1, 2006; amended effective January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

~~**33-36-02-11. Continuing education.** Continuing education courses for emergency medical services personnel must be approved by the department, licensed training institution, the national registry, or physician medical director. A licensed training institution may conduct continuing education courses, utilizing appropriate instructors, under the following conditions:~~

~~1. A number is assigned for each continuing education course. The numbering system must be approved by the department;~~

~~2. Continuing education units will be awarded for actual time rounded to the nearest quarter hour;~~

~~3. A certificate must be awarded or available upon request by the participant or the department. The certificate must list the title of the course, course number, date, hours awarded, location, instructor, and training institution name; and~~

~~4. The licensed training institution must keep records of the continuing education for two years. The records must include the course name, number, date, hours awarded, location, instructor, attendees, and attendee's state-issued license numbers.~~

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-~~12~~11. Denial, Suspension or Revocation of licensure. The department may deny, suspend or revoke the license of a training institution or license of an individual to instruct or practice under the following circumstances:

1. Negligence in performing or instructing emergency medical care.

2. Fraud, forgery, or misrepresentation of facts in procuring or attempting to procure licensure as an emergency medical service training institution.

3. Violation of this chapter promulgated to regulate emergency medical services training institutions.

4. Falsely passing candidates or discrimination of candidates at a practical test site.

5. Grossly immoral or dishonorable conduct.

6. Diversion of drugs for personal or unauthorized use.

7. The licensed training institution receives adverse accreditation action from a national accrediting agency.

8. Failing to submit required course documentation to the department either prior to the conduct of the course, for those courses that require prior authorization, or within a reasonable amount of time after the course is complete, for those courses that require course completion documentation submission.

History: Effective January 1, 2006; amended effective January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-~~13~~12. Suspension or Revocation process. The department may suspend or revoke a training institution's or individual's license after making a diligent effort to:

1. Inform the training institution or individual by the department of the allegations.

2. Inform the training institution or individual of the department's investigation results.

3. Inform the training institution or individual of the department's intent to suspend or revoke and provide a notice of right to request hearing.

4. Provide the training institution or individual opportunity to request a hearing and rebut the allegations.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-~~14~~13. Hearing. A request for hearing must be received by the department no later than twenty days following the training institution's or individual's receipt of the allegations. If a hearing is requested, the department will apply to the office of administrative hearings for appointment of a hearing officer. The department will notify any complainants and the accused of the date set for the hearing. The hearing officer will conduct the hearing and prepare

recommended findings of fact and conclusions of law as well as a recommended order for the department. The department shall notify the training institution or individual of its findings in writing after receiving the hearing officer's finding of fact, conclusion of law, and recommended order.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-02-~~15~~14. Waivers. Based on each individual case, the department may waive any provisions of this chapter.

History: Effective January 1, 2006.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

CHAPTER 33-36-03
SCOPE OF PRACTICE FOR UNLICENSED EMERGENCY MEDICAL SERVICES PERSONNEL

33-36-03-01. Definitions. Words defined in chapter 23-27 of the North Dakota Century Code have the same meaning in this chapter. For purposes of this chapter:

1. "Advanced first-aid ambulance attendant" means a person that has fulfilled the training, testing, and certification process for advanced first-aid ambulance attendant as required in chapter 33-36-01.

2. "Airway adjuncts" means oxygen and oxygen delivery equipment, oropharyngeal airways, nasopharyngeal airways, bag-valve-mask ventilator, or any other mechanical ventilator or respiratory care equipment.

3. "Cardiopulmonary resuscitation" means the American heart association health care provider standards or its equivalent which includes the skills adult one-person and two-person cardiopulmonary resuscitation, adult obstructed airway, child one-person and two-person cardiopulmonary resuscitation, child obstructed airway, infant cardiopulmonary resuscitation, infant obstructed airway, and automated external defibrillator.

4. "Driver" means a person that is registered with the department as an uncertified crew member of a basic life support ambulance.

5. ~~"First responder"~~"Emergency medical responder" means a person that has fulfilled the training, testing, and certification process for ~~first~~ emergency medical responder as required in chapter 33-36-01.

6. "Primary care provider" means a qualified individual responsible for the care of the patient and supervision of all ambulance personnel while on the ambulance run.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-03-02. Scopes of practice. Each level of emergency medical

services provider has a scope of practice that includes the scopes of practice of all subordinate emergency medical services providers. The hierarchy of emergency medical services providers is listed sequentially in this section.

1. Driver.

a. Scope. The driver's minimum scope of practice primarily focuses on driving the basic life support ambulance and assisting the other emergency medical services personnel on the ambulance crew with nonpatient care issues. The driver's maximum scope of practice is limited to providing cardiopulmonary resuscitation without mechanical resuscitation equipment or airway adjuncts but including the use of an automated external defibrillator if the driver is certified in cardiopulmonary resuscitation. A major difference between the layperson and the driver is the "duty to act" as part of an organized emergency medical services response.

b. Curriculum. The driver must hold a valid operator's license under chapter 39-06 of the North Dakota Century Code.

c. Occupational setting. Drivers may only participate in the emergency medical services system as part of a crew of a basic life support ambulance service or quick response unit. At no time may a driver respond without other higher level emergency medical services personnel.

d. Medical oversight. Because transport is an important part of the patient care continuum, a driver functions with physician oversight through protocol.

e. Supervision. A driver is supervised by the primary care provider.

2. ~~First responder~~ Emergency medical responder.

a. Scope. The ~~first responder's~~ emergency medical responder core scope of practice includes simple, noninvasive skills focused on lifesaving interventions for critical patients based on assessment findings. The ~~first responder~~ emergency medical responder renders onscene emergency care while awaiting additional emergency medical services response and may serve as part of the transporting crew, but not as the primary care provider. ~~A first responder~~ An emergency medical responder is not prepared to make decisions independently regarding the appropriate disposition of patients. ~~A first responder~~ An emergency medical responder must function with an emergency medical technician or higher level personnel during the transportation of patients. The ~~first responder's~~

emergency medical responder's scope includes all of the skills included in the driver's scope. A major difference between a driver and ~~a first responder~~ an emergency medical responder is the training and skills to provide immediate lifesaving interventions.

b. Curriculum. The educational requirements include successful completion of a state-authorized ~~first responder~~ emergency medical responder training program and continued educational requirements as defined in chapter 33-36-01.

c. Scope enhancements. ~~First responders~~ emergency medical responders may provide enhanced treatments beyond the core scope if they have successfully completed training as defined in section 33-36-01-04 and have authorization to perform those skills from their medical director.

d. Skills. Specific skills for the ~~first responder~~ emergency medical responder are defined by the department. Local medical directors may limit the specific skills that a ~~first responder~~ emergency medical responder may provide and they may not exceed those specific skills defined by the department.

e. Occupational setting. ~~First responders~~ Emergency medical responder may participate in the emergency medical services system as a sole responder in a quick response unit or as part of the crew of a basic life support ambulance service but not as the primary care provider. ~~First responders~~ emergency medical responder may also provide services to a private company or organization as part of a response team that is not offered to the public.

f. Medical oversight. ~~A first responder~~ An emergency medical responder provides medical care with physician oversight. A physician credentials the ~~first responder~~ emergency medical responder and establishes patient care standards through protocol.

g. Supervision. ~~A first responder~~ An emergency medical responder may be the highest trained person on a quick response unit and may supervise other ~~first responders~~ emergency medical responders or drivers. As part of a basic life support ambulance crew, ~~a first responder~~ an emergency medical responder is supervised by the primary care provider.

3. Advanced first-aid ambulance attendant.

a. Scope. The advanced first-aid ambulance attendant's scope of practice is equal to the emergency medical technician's as defined

in section 33-36-04-02.1. The advanced first-aid ambulance attendant's scope includes the skills in the first responder's scope and the driver's scope. The major difference between an advanced first-aid ambulance attendant and first responder is the knowledge and skills necessary to provide medical transportation of emergency patients.

b. Curriculum. The curriculum for advanced first-aid ambulance attendant is no longer supported. Therefore, no new advanced first-aid ambulance attendants can be trained. Continued educational requirements are defined in chapter 33-36-01.

c. Scope enhancements. Advanced first-aid ambulance attendants may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have the authorization to perform those skills from their medical director.

d. Skills. Specific skills for the advanced first-aid ambulance attendant are defined by the department. Local medical directors may limit the specific skills that an advanced first-aid ambulance attendant may provide and they may not exceed those specific skills defined by the department.

e. Occupational setting. Advanced first-aid ambulance attendants may participate in the emergency medical services system as a sole responder in a quick response unit or as a primary care provider on a basic life support ambulance service. Advanced first-aid ambulance attendants may also provide services to a private company or organization as part of a response team that is not offered to the public.

f. Medical oversight. An advanced first-aid ambulance attendant provides medical care with physician oversight. A physician credentials the advanced first-aid ambulance attendant and establishes patient care standards through protocol.

g. Supervision. An advanced first-aid ambulance attendant may be the primary care provider on a quick response unit or basic life support ambulance and may supervise other advanced first-aid ambulance attendants, first responders, or drivers.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

CHAPTER 33-36-04
SCOPE OF PRACTICE FOR EMERGENCY MEDICAL SERVICES PROFESSIONALS

Section
33-36-04-01 Definitions
33-33-04-02 Scopes of Practice

33-36-04-01. Definitions. Words defined in chapter 23-27 of the North Dakota Century Code have the same meaning in this chapter. For purposes of this chapter:

1. "Advanced emergency medical technician " means a person that has fulfilled the training, testing, certification, and licensure process for advanced emergency medical technician as required in chapter 33-36-01.

~~1.~~2. "Emergency medical technician" means a person that has fulfilled the training, testing, certification, and licensure process for emergency medical technician as required in chapter 33-36-01.

~~2.~~3. "Emergency medical technician - intermediate/85" means a person that has fulfilled the training, testing, certification, and licensure process for emergency medical technician - intermediate/85 as required in chapter 33-36-01.

~~3.~~4. "Emergency medical technician - intermediate/99" means a person that has fulfilled the training, testing, certification, and licensure process for emergency medical technician - intermediate/99 as required in chapter 33-36-01.

~~4.~~5. "Paramedic" means a person that has fulfilled the training, testing, certification, and licensure process for paramedic as required in chapter 33-36-01.

~~5.~~6. "Primary care provider" means a qualified individual responsible for the care of the patient and supervision of all ambulance personnel while on the ambulance run.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

33-36-04-02. Scopes of practice. Each level of emergency medical services professional has a scope of practice that includes the scopes of practice of all subordinate emergency medical services professionals and the scopes of all emergency medical services providers listed in chapter 33-36-03. The

hierarchy of emergency medical services professionals is listed sequentially in this section.

1. Emergency medical technician.

   a. Scope. The emergency medical technician's core scope of practice includes basic, noninvasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an advanced first-aid ambulance attendant and emergency medical technician are the educational and testing requirements required for licensure as an emergency medical technician.

   b. Curriculum. The educational requirements include successful completion of a state-authorized emergency medical technician training program and continued educational requirements as defined in chapter 33-36-01.

   c. Scope enhancements. Emergency medical technicians may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have authorization to perform those skills from their medical director.

   d. Skills. Specific skills for the emergency medical technician are defined by the department. Local medical directors may limit the specific skills that an emergency medical technician may provide and they may not exceed those specific skills defined by the department.

   e. Occupational setting. Emergency medical technicians may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Emergency medical technicians may also provide services to a private company or organization as part of a response team that is not offered to the general public.

   f. Medical oversight. An emergency medical technician provides medical care with physician oversight. A physician credentials the emergency medical technician and establishes patient care standards through protocol.

g. Supervision. An emergency medical technician may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians, ~~first responders~~ emergency medical responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service, an emergency medical technician is supervised by a paramedic.

2. Emergency medical technician - intermediate/85.

   a. Scope. The emergency medical technician's - intermediate/85 scope of practice includes basic, limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician - intermediate/85 is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician - intermediate/85 may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician and emergency medical technician - intermediate/85 are the basic, limited advanced interventions that an emergency medical technician - intermediate/85 may provide.

   b. Curriculum. The core educational requirements include successful completion of a state-authorized emergency medical technician - intermediate/85 training program and continued educational requirements as defined in chapter 33-36-01.

   c. Scope enhancements. Emergency medical technicians - intermediate/85 may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have the authorization to perform those skills from their medical director.

   d. Skills. Specific skills for the emergency medical technician - intermediate/85 are defined by department policy. Local medical directors, or hospitals if working in the hospital setting may limit the specific skills that an emergency medical technician - intermediate/85 may provide. They may not exceed those specific skills defined by department policy.

   e. Occupational setting. Emergency medical technicians - intermediate/85 may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Emergency

medical technicians - intermediate/85 may work for a hospital in a nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

f. Medical oversight. An emergency medical technician - intermediate/85 working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the emergency medical technician - intermediate/85 and establishes patient care standards through protocol. An emergency medical technician - intermediate/85 working in a hospital setting is credentialed by the hospital.

g. Supervision. An emergency medical technician - intermediate/85 may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians - intermediate/85, emergency medical technicians, first responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician - intermediate/85 may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an emergency medical technician - intermediate/85 is supervised by a paramedic. Emergency medical technicians - intermediate/85 working in a hospital setting are supervised by nursing staff.

3. Advanced emergency medical technician.

a. Scope. The advanced emergency medical technician's scope of practice includes basic, limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An advanced emergency medical technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The advanced emergency medical technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician and advanced emergency medical technician are the basic, limited advanced interventions that an advanced emergency medical technician may provide.

b. Curriculum. The core educational requirements include successful completion of a state-authorized advanced emergency medical technician training program and continued educational requirements as defined in chapter 33-36-01.

c. Skills. Specific skills for the advanced emergency medical technician are defined by department policy. Local medical directors, or hospitals if working in the hospital setting may limit the specific skills that an advanced emergency medical technician may provide. They may not exceed those specific skills defined by department policy.

d. Occupational setting. Advanced emergency medical technicians may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Advanced emergency medical technicians may work for a hospital in a nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

e. Medical oversight. An advanced emergency medical technician working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the advanced emergency medical technician and establishes patient care standards through protocol. An advanced emergency medical technician working in a hospital setting is credentialed by the hospital.

f. Supervision. An advanced emergency medical technician may be the highest trained person on a quick response unit and as the primary care provider may supervise other advanced emergency medical technicians, emergency medical technicians, first responders, or drivers. As part of a basic life support ambulance crew, an advanced emergency medical technician may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an advanced emergency medical technician is supervised by a paramedic. Emergency medical technicians working in a hospital setting are supervised by nursing staff.

~~3.~~4. Emergency medical technician - intermediate/99.

a. Scope. The emergency medical technician's - intermediate/99 scope of practice includes basic, limited advanced and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician - intermediate/99 is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician - intermediate/99 may make destination decisions in collaboration with medical oversight. The principal disposition of the

patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician - intermediate/85 and emergency medical technician - intermediate/99 are the limited pharmacological interventions that an emergency medical technician - intermediate/99 may provide.

b. Curriculum. The core educational requirements include successful completion of a state-authorized emergency medical technician - intermediate/99 training program and continued educational requirements as defined in chapter 33-36-01.

c. Scope enhancements. Emergency medical technicians - intermediate/99 may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have the authorization to perform those skills from their medical director.

d. Skills. Specific skills for the emergency medical technician - intermediate/99 are defined by department policy. Local medical directors, or hospitals if working in the hospital setting, may limit the specific skills that an emergency medical technician - intermediate/99 may provide. They may not exceed those specific skills defined by department policy.

e. Occupational setting. Emergency medical technicians - intermediate/99 may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, or as part of the crew of an advanced life support air or ground ambulance service. Emergency medical technicians - intermediate/99 may work for a hospital in a nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

f. Medical oversight. An emergency medical technician - intermediate/99 working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the emergency medical technician - intermediate/99 and establishes patient care standards through protocol. An emergency medical technician - intermediate/99 working in a hospital setting is credentialed by the hospital.

g. Supervision. An emergency medical technician - intermediate '99 may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians - intermediate/99, advanced emergency medical technicians emergency medical technicians - intermediate/85, emergency medical technicians, ~~first responders~~ emergency medical responders, or drivers. As part of a

basic life support ambulance crew, an emergency medical technician - intermediate/99 may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an emergency medical technician - intermediate/99 is supervised by a paramedic. Emergency medical technicians - intermediate/99 working in a hospital setting are supervised by nursing staff.

~~4.~~5. Paramedic.

a. Scope. The paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The paramedic may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The major difference between the paramedic and the emergency medical technician - intermediate/99 is the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

b. Curriculum. The core educational requirements include successful completion of a state-authorized paramedic training program and continued educational requirements as defined in chapter 33-36-01.

c. Skills. Specific skills for the paramedic are defined by department policy. Local medical directors, or hospitals if working in the hospital setting, may limit the specific skills that a paramedic may provide and they may not exceed those specific skills defined by department policy.

d. Occupational setting. Paramedics may participate in the emergency medical services system as a sole responder in a quick response unit, as the primary care provider of a basic life support air or ground ambulance service, as the primary care provider of an advanced life support air or ground ambulance service, or as the primary care provider of a critical care air ambulance service. Paramedics may work for a hospital in an emergency or nonemergency setting or provide services to a private company or organization as part of a response team that is not offered to the general public.

e. Medical oversight. A paramedic working in a prehospital setting provides medical care with physician oversight. In this circumstance a physician credentials the paramedic and establishes patient care standards through

protocol. A paramedic employed by and working in a hospital setting is credentialed by the hospital.

f. Supervision. A paramedic may supervise all subordinate levels of emergency medical services personnel. Paramedics working in a hospital setting are supervised by the hospital's nurse executive.

History: Effective January 1, 2008.
General Authority: NDCC 23-27-04.3
Law Implemented: NDCC 23-27-04.3

Article 33-38
State Trauma System

Chapter 33-38-01
Trauma System Regulation

33-38-01-01. Definitions. Words defined in North Dakota Century Code chapter 23-01.2 have the same meaning in this chapter. As used in this chapter:

~~1. "Advanced prehospital trauma life support" means the most current edition of the course as developed by the national association of emergency medical technicians in cooperation with the American college of surgeons – committee on trauma, or its equivalent as, determined by the department.~~

~~2.~~1. "Advanced trauma life support" means the most current edition of the course as developed by the American college of surgeons – committee on trauma, or its equivalent, as determined by the department.

~~3.~~2. "Department" means the state department of health.

~~4.~~3. "Emergency medical services" means the system of personnel who provide medical care from the time of injury to hospital admission.

~~5.~~4. "Local emergency medical services transport plans" means plans developed by emergency medical services, medical directors, and hospital officials which establish the most efficient method to transport trauma patients.

~~6.~~5. "Major trauma patient" means any patient that ~~fits the trauma triage algorithm adopted by~~ meets the criteria in steps one or two of the field triage decision scheme provided by the American college of surgeons, committee on trauma, as published by the most current edition of the Resources for Optimal Care of the Injured Patient~~: 1999, page 14~~.

~~7.~~6. "Provisional designation" means a state process of designating a facility as a ~~level I, II, or III~~ trauma center based on American college of surgeons or department standards for a period ~~of up to twenty-four months~~ determined by the department and the state trauma committee or, until an American college of surgeons verification visit or state designation visit is completed.

~~8.~~7. "Trauma" means tissue damage caused by the transfer of thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen.

~~9.~~8. "Trauma center" means a facility that has made a commitment to serve the trauma patient, has met the standards of the trauma system, and has obtained designation as a trauma center.

~~10.~~9. "Trauma code" includes the activation and assembly of the trauma team to provide care to the major trauma patient.

~~10. "Trauma nursing core course" means the most current edition of the course as developed by the emergency nurses association, or its equivalent, as determined by the department.~~

~~11.~~10. "Trauma quality improvement program" means a system of evaluating the prehospital, trauma center, and rehabilitative care of trauma patients.

~~12.~~11. "Trauma registry" includes the collection and analysis of trauma data from the trauma system.

~~13.~~12. "Trauma team" includes a group of health care professionals organized to provide care to the trauma patient.

~~14.~~13. Online Medical Control consists of directions given over the phone or by radio directly from the medical director or designated physician.

History: Effective July 1, 1997; amended effective June 1, 2001.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-02. Trauma system. A statewide trauma system shall be adopted by the state health council. The trauma system shall consist of the following:

1. Standardized definition of major trauma patient.

2. Trauma code activation protocols.
3. Local emergency medical services transport plans.
4. Trauma center designation process.
5. Revocation of trauma center designation process.
6. Statewide trauma registry.
7. Quality improvement process.
8. State trauma committee.
9. Four regional trauma committees.
10. Injury Prevention

History: Effective July 1, 1997.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-03. Activation of trauma codes for ~~major~~ trauma patients. Emergency medical services and trauma centers shall assess patients and activate a trauma code. ~~if the patient meets the major trauma definition.~~

1. Emergency Medical Services must activate a trauma code if the trauma patient meets one or more of the criteria in steps one, two, or three of the field triage decision scheme, provided by the current edition of the American College of Surgeons Resources for Optimal Care of the Injured Patient. Step four of the field triage scheme may be used as discretionary criteria for activating trauma code. The field triage scheme is used as a minimal standard and additional activation criteria may be added.
2. A level I, II, or III trauma center must follow the minimum criteria for highest level of activation set by the American College of Surgeons Committee on Trauma.
3. A level IV and V trauma center must activate a trauma code if the trauma patient meets one or more of the criteria in steps one, two, or three of the field triage decision scheme, provided by the current edition of the American College of Surgeons Resources for Optimal Care of the Injured Patient. Step four of the field triage scheme may be used as discretionary criteria for activating trauma code. The field triage scheme is used as a minimal standard and additional activation criteria may be added.

History: Effective July 1, 1997.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-04. Emergency medical services. All emergency medical services licensed or certified by the department shall establish each of the following:

1. Trauma code activation protocols.

2. Trauma patient care protocols that have been reviewed and approved by a medical director.

3. Local emergency medical services transport plans.

History: Effective July 1, 1997.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-05. Local emergency medical services transport plans. Emergency medical services shall develop local emergency medical services transport plans for the transport of ~~major~~ trauma patients meeting the criteria in steps one, two, three, or four of the field triage decision scheme, provided by the current edition of the American College of Surgeons Resources for Optimal Care of the Injured Patient by appropriate means to the nearest designated trauma center. ~~Emergency medical services may bypass the nearest designated trauma center for a higher level trauma center provided that it does not result in an additional thirty minutes or more of transport time. If there are multiple trauma centers in the community, the major trauma patient meeting the criteria in steps one or two of the field triage decision scheme, provided by the American college of surgeons Resources for Optimal Care of the Injured Patient: 1999, page 14, should be taken to the trauma center with the highest level of designation. The plans are subject to approval by all the participating health care entities named in the plan, then submitted for review and approval to the regional trauma committee. Following approval, the local emergency medical services transport plans must be filed with the department and distributed to participating dispatch centers.~~

~~After activation of a trauma code, a dispatch center shall notify the necessary facilities and the emergency medical service unit shall transport the patient according to its local emergency medical services transport plans.~~

1. Emergency medical services may bypass the nearest designated trauma center for a higher level trauma center provided that it does not result in an additional thirty minutes or more of transport time. If the additional transport time would be greater than thirty minutes, the transporting emergency medical service personnel must contact online medical direction for permission to bypass or as defined in the transport protocol.
2. If there are multiple trauma centers in the community, the major trauma patient meeting one or more of the criteria in steps one or two of the field triage decision scheme provided by the current edition of the American College of surgeons Resources for Optimal Care of the Injured Patient, should be taken to a trauma center per local emergency medical trauma transport plans approved by the department and State Trauma Committee.

History: Effective July 1, 1997; amended effective June 1, 2001.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-06. Trauma center designation.

1. Five levels of hospital designation must be established.

2. Hospitals applying for level I, level II or level III designation shall present evidence of having current trauma center verification from the American college of surgeons. The department shall issue designation with an expiration date consistent with the American college of surgeons verification expiration date.

3. Hospitals applying for level IV and V trauma center designation must submit an application to the department. Once the application is approved by the department, an onsite verification visit shall be conducted by the department or its designee. The verification team shall compile a report. The application and report will be reviewed by the state trauma committee. If approved, the department shall issue the designation for up to three years to the facility.

4. Hospitals without trauma center designation or currently designated as a level IV or V trauma center planning to ~~applying~~ apply for a level I, II, or III trauma designation may apply for a provisional designation ~~must submit~~ by submitting an application to the department. Once the application is approved by the department an onsite visit shall be conducted by a team designated by the state trauma committee. The team shall compile a report. The application and report will be reviewed by the state trauma committee. If approved, the department shall issue a provisional designation for a maximum of twenty-four months. During these twenty-four months the facility must complete an American college of surgeons verification visit.

5. Provisional trauma center designations for level I, level II, or level III, trauma centers may be issued by the department to hospitals with deficiencies identified by the American College of Surgeons and that are partially compliant with the trauma center standards. Hospitals must submit a plan of correction within one month after notification for deficiencies that are identified by the verification team. The plan of correction will be reviewed by the state trauma committee. If approved the department may issue a provisional designation to the hospital for up to 18 months or until another American College of Surgeon verification visit is completed.

~~4.~~6. Provisional trauma center designations for level IV and level V trauma centers may be issued by the department to hospitals with deficiencies identified by the site survey team and reviewed by the state trauma committee and are partially compliant with the trauma center standards. Hospitals must submit a plan of correction within one month after notification for deficiencies that are identified by the site survey team. The plan of correction will be reviewed by the state trauma committee. If approved the department may issue a provisional designation for up to 12 months to the hospital or until another state designation visit is completed.

~~5.~~7. The health council, in establishing a comprehensive trauma system, may designate an out-of-state hospital as a trauma center within 50 miles of any border of ~~this state~~ North Dakota.

History: Effective July 1, 1997; amended effective June 1, 2001.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-07. Trauma center revocation of designation. The department may revoke designation of a trauma center if evidence exists that the facility does not meet the required trauma center standards. The department or its designee may inspect any trauma center or applicant for trauma center designation at any time for compliance with the standards. Designation must be revoked if a facility denies or refuses inspection.

~~A trauma center that fails to maintain the standards, or voluntarily relinquishes their designation, may submit a plan for correction. Once the plan is approved by the department, the trauma center may be reinstated as a designated trauma center.~~ Failure to follow an approved plan of correction or maintain trauma center designation standards ~~results~~ will result in:

1. ~~revocation~~ Revocation of the trauma center's designation.
2. A notification will be sent to the division of health facilities regarding the failure to comply with state law.
3. The department shall place a public notice in the newspapers in the area which the hospital is located to notify the public of the enforcement action to be imposed and the effective dates. The department shall notify the hospital in writing of the impending notice fifteen days prior to the publication of the notice.

History: Effective July 1, 1997.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-08. State trauma registry. The department shall establish a trauma registry including the minimum data elements. All hospitals must report the minimum data elements to the department. ~~for patients which have an international classification of diseases, ninth revision (ICD-9) code of 800-959.9 and one of the following criteria:~~

~~1. Trauma deaths.~~

~~2. Hospital admission greater than forty-eight hours.~~

~~3. Patients admitted that go to the intensive care unit or operating room~~.

~~4. Patients transferred into or out of the hospital.~~

Reporting ~~may~~ shall occur ~~electronically by downloading computer files or through completion of the North Dakota transfer form or other form~~ by a method approved by the department.

Information may not be released from the state trauma registry except as permitted by North Dakota century code sections 23-01-15 and 23-01-02.1.

History: Effective July 1, 1997.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-09. Quality improvement process. A quality improvement process shall be established by the state trauma committee. The process must include evaluation criteria that will provide guidelines for acceptable standards of care~~.~~, address system issues, and monitor patient outcomes.

The regional committees shall evaluate the trauma system within their region based upon the evaluation criteria. The regional trauma committee shall make recommendations to emergency medical services and trauma centers in the development of plans to improve the system.

History: Effective July 1, 1997.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-10. State trauma committee membership. The state trauma committee membership must include the following:

1. One member from the North Dakota committee on trauma - American college of surgeons, appointed by the committee.

2. One member from the American college of emergency physicians - North Dakota chapter, appointed by the chapter.

3. One member from the North Dakota health care association, appointed by the association.

4. One member from the North Dakota medical association, appointed by the association.

5. One member from the North Dakota EMS association - basic life support, appointed by the association.

6. One member from the North Dakota EMS association - advanced life support appointed by the association.

7. One member from the North Dakota nurses association, appointed by the association.

8. One member on the faculty of the university of North Dakota school of medicine and health sciences, appointed by the dean of the medical school.

9. One member from the North Dakota emergency nurses association, appointed by the association.

10. One member from Indian health service, appointed by the Aberdeen area director of the service.

11. One member from accredited trauma rehabilitation facilities, appointed by the state health council.

12. One member who is a hospital trauma coordinator, appointed by the trauma coordinators committee.

13. The medical director of the division of emergency ~~health~~ medical services and trauma of the department.

14. The regional trauma committee chair from each region, if not representing an association.

15. One member representing injury prevention, appointed by the state health council.

16. One member representing the public appointed by the state health council.

17. One member representing legislation appointed by the health council.

18. One member representing emergency preparedness and response appointed by the department.

~~15.~~19. One member representing pediatric physicians appointed by the North Dakota American Academy of Pediatrics.

~~16.~~20. Four additional ad hoc members, appointed by the state health council.

History: Effective July 1, 1997; amended effective June 1, 2001.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-11. Trauma regions - regional trauma committee. The state trauma committee shall establish four trauma regions. The regions must be designated northwest, northeast, southeast, and southwest. An emergency medical service or trauma center that is located within fifteen miles [24.14 kilometers] of a regional boundary may request to function within another region. This request shall be reviewed and is subject to approval by the state trauma committee.

The state trauma committee shall appoint a regional trauma committee to serve each trauma region. The regional committees may consist of members representing the following:

1. North Dakota committee on trauma - American college of surgeons.

2. North Dakota chapter of American college of emergency physicians.
3. Physician of a level IV and V trauma center.
4. Level IV or V hospital representative.
5. All Hospital trauma coordinators within the region.
6. Accredited rehabilitation facility representative.
7. Indian health service or tribal government representative.
8. North Dakota EMS association.
9. Other members, chosen by the state trauma committee.

History: Effective July 1, 1997; amended effective June 1, 2001.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-12. Trauma center name restriction. No health care facility in North Dakota may use the title "trauma center" or otherwise hold itself out as a trauma center unless the facility is designated by the department as a trauma center.

History: Effective July 1, 1997.
General authority: NDCC 23-01.2-01
Law implemented: NDCC 23-01.2-01

33-38-01-13. Level IV trauma center designation standards. The following standards shall be met to achieve level IV designation:

1. Trauma team activation plan.

2. Trauma team leader must be a ~~current~~ physician currently certified in advanced trauma life support ~~certified physician,~~ who is on call and available within twenty minutes ~~and has experience in resuscitation and care of trauma patients~~. If the trauma team leader is not current in advanced trauma life support the facility must provide a backup physician that is current in advanced trauma life support to assess and evaluate the trauma patients meeting steps one, two, or three of the field triage decision scheme, provided by the current edition of the American College of Surgeons Resources for Optimal Care of the Injured Patient when the non-certified physician is on call. If backup cannot be provided, the facility must go on diversion and notify the surrounding emergency medical services and the department.

~~3. Transfer agreements as the transferring facility to a level II trauma center for major trauma care, burn care, rehabilitation service for long term care, acute spinal cord and head injury management, and pediatric trauma management.~~

3. The facility must have transfer agreements with facilities capable of caring for major trauma patients, burn care, pediatric trauma management, acute spinal cord and traumatic brain injury management and rehabilitation services for long term care.

4. Equipment for resuscitation and life support ~~of all ages must include:~~ as determined by the department and state trauma committee.

~~a. Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, including pediatrics, bag mask resuscitator, pocket masks and oxygen.~~

~~b. Pulse oximetry.~~

~~c. End tidal CO_2 determination.~~

~~d. Suction devices.~~

~~e. Electrocardiograph, oscilloscope, and defibrillator.~~

~~f. Standard intravenous fluids and administration devices, including large bore intravenous catheters.~~

~~g. Sterile surgical sets for airway control, cricothyrotomy, vascular access and chest decompression.~~

~~h. Gastric decompression.~~

~~i. Drugs necessary for emergency care.~~

~~j. Communication with emergency medical services vehicles.~~

~~k. Spinal stabilization equipment.~~

~~l. Thermal control equipment for patients.~~

~~m. Broselow tape.~~

5. Quality improvement programs to include:

a. Focused audit of selected ~~filters~~ criteria.

b. Trauma registry in accordance with 33-38-01-08.

c. Focused audit for all trauma deaths.

d. Morbidity and mortality review.

e. Medical nursing audit, utilization review and ~~tissue~~ issue review.

6. Trauma transfer protocol to ~~include:~~ identify trauma patients whose condition may require care which exceeds current resources available.

   ~~a. Triage decision scheme.~~

   ~~b. Trauma transport plan.~~

History: Effective June 1, 2001
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-14. Level V trauma designation standards. The following standards shall be met to achieve level V designation:

1. Trauma team activation plan.

2. Trauma team leader must be on call and available within twenty minutes~~, who has experience in resuscitation and care of trauma patients~~. The trauma team leader must be one of the following:

   a. A physician who is current in advanced trauma life support.

   b. A physician assistant, whose supervising physician, has delegated to the physician assistant the authority to provide care to trauma patients ~~and who has taken the trauma nursing core course,~~ and is current in ~~advanced pre-hospital trauma life support and~~ advanced trauma life support.

   c. A nurse practitioner whose scope of practice entails the care of trauma patients~~, has taken the trauma nursing core course, is current in advanced prehospital trauma life support and~~ is current in advanced trauma life support, and whose scope of practice is approved by the North Dakota board of nursing.

   d. If the trauma team leader is not current in advanced trauma life support the facility must provide a backup team leader that is current in advanced trauma life support to assess and evaluate the trauma patients meeting steps one, two, or three of the field triage decision scheme, provided by the current edition of the American College of Surgeons Resources for Optimal Care of the Injured Patient when the non-certified provider is on call. If backup cannot be provided, the facility must go on diversion and notify the surrounding emergency medical services and the department.

3. ~~Transfer agreements as the transferring facility to a level II trauma center for major trauma care, burn care, rehabilitation service for long-term care, acute spinal cord and head injury management, and pediatric trauma management.~~The facility must have transfer agreements with facilities capable of caring for major trauma patients, burn

care, pediatric trauma management, acute spinal cord and traumatic brain injury management and rehabilitation services for long term care.

4. Equipment for resuscitation and life support ~~of all ages must include:~~ as determined by the department.

   ~~a. Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, including pediatrics, bag-mask resuscitator, pocket masks and oxygen.~~

   ~~b. Pulse oximetry.~~

   ~~c. End tidal CO_2 determination.~~

   ~~d. Suction devices.~~

   ~~e. Electrocardiograph, oscilloscope, and defibrillator.~~

   ~~f. Standard intravenous fluids and administration devices, including large bore intravenous catheters.~~

   ~~g. Sterile surgical sets for airway control, cricothyrotomy, vascular access and chest decompression.~~

   ~~h. Gastric decompression.~~

   ~~i. Drugs necessary for emergency care.~~

   ~~j. Communication with emergency medical services vehicles.~~

   ~~k. Spinal stabilization equipment.~~

   ~~l. Thermal control equipment for patients.~~

   ~~m. Broselow tape.~~

5. Quality improvement programs to include:

   a. Focused audit of selected ~~filters~~ criteria.

   b. Trauma registry in accordance with 33-38-01-08.

   c. Focused audit for all trauma deaths.

   d. Morbidity and mortality review.

e. Medical nursing audit, utilization review and ~~tissue~~ issue review.

f. Current advanced trauma life support certified physician review of all trauma codes managed by a physician assistant or ~~advanced~~ nurse practitioner within ~~forty-eight~~ seventy two hours. This may be either the consulting or transfer receiving physician.

6. Trauma transfer ~~protocol to include:~~ protocols to identify trauma patients whose condition may require care which exceeds current resources available.

~~a. Triage decision scheme.~~

~~b. Trauma transport plan.~~

~~c. Call schedule for physician, if available.~~

~~d. Immediate telephone contact with a level II trauma center.~~

History: Effective June 1, 2001
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01