

**CHAPTER 33-11-01.1**  
**NORTH DAKOTA QUICK RESPONSE UNITS**

Section	
33-11-01.1-01	Definitions
33-11-01.1-02	License Required
33-11-01.1-03	Application for License
33-11-01.1-04	Issuance and Renewal of Licenses
33-11-01.1-05	Availability of Quick Response Unit <u>[Repealed]</u>
33-11-01.1-06	Driver's License Required
33-11-01.1-07	Number of Personnel Required
33-11-01.1-08	Minimum Equipment Requirements
33-11-01.1-09	Other Requirements
33-11-01.1-10	Quick Response Units Performing Advanced Life Support Interventions
33-11-01.1-11	Transporting of Patients
<u>33-11-01.1-12</u>	<u>Communications</u>

**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 responder" means a person who is certified as an emergency medical responder by the department.
- ~~5.6.~~ "Emergency medical technician" means a person who is licensed as an emergency medical technician by the department.

~~6.7.~~ "Equivalent" means training of equal or greater value which accomplishes the same results as determined by the department.

~~7.8.~~ "Personnel" means qualified primary patient care providers, or drivers, or both, within a quick response unit service.

~~8.9.~~ "Primary Patient care provider" means a qualified individual on the quick response unit crew responsible for the care of the patient.

~~9.10.~~ "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.

~~10.11.~~ "State health council" means the council as defined in title 23 of the North Dakota Century Code.

12. 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**

Section	
33-11-01.2-01	Definitions
33-11-01.2-02	License Required - Fees
33-11-01.2-03	Application for License
33-11-01.2-04	Issuance and Renewal of Licenses
33-11-01.2-05	Special Licenses and Waivers
33-11-01.2-06	Other Requirements for Substation Ambulance Operation
33-11-01.2-07	Availability of Ground Ambulance Service
33-11-01.2-08	Driver's License Required
33-11-01.2-09	Number of Personnel Required
33-11-01.2-10	Other Requirements
33-11-01.2-11	Out-of-State Operators
33-11-01.2-12	Specialty Care Transport
33-11-01.2-13	Ground Ambulance Service Vehicle Requirements
33-11-01.2-14	Transporting of Patients
33-11-01.2-15	Required Advanced Life Support Care
<u>33-11-01.2-16</u>	<u>Communications</u>
<u>33-11-01.2-17</u>	<u>Response times.</u>
<u>33-11-01.2-18</u>	<u>Strike team designation</u>
<u>33-11-01.2-19</u>	<u>Mutual Aid Agreements</u>
<u>33-11-01.2-20</u>	<u>Disaster Plan</u>
<u>33-11-01.2-21</u>	<u>Sanctions</u>

**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 Fraire 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 each 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**

Section

33-11-02-01	Training Standards for Ambulance Driver
33-11-02-02	Training Standards for Primary Care Provider
33-11-02-03	Minimum Equipment Requirements
33-11-02-04	Medical Director <u>Direction</u>
33-11-02-05	Basic Life Support Ambulance Performing Advanced Life Support Interventions

**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. Glucose 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 eyewear - 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**

Section

33-11-03-01	Minimum Standards for Personnel
33-11-03-02	Minimum Equipment Standards
33-11-03-03	Minimum Medication Requirements
33-11-03-04	Medical Director <u>Direction</u>
33-11-03-05	Number of Ambulances Staffed
33-11-03-06	Advertising Restrictions

**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 glucose 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, intraosseous 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 parasymphatholitic.
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**

Section	
33-11-04-01	Definitions
33-11-04-02	License Required - Fees
33-11-04-03	Application for License
33-11-04-04	Issuance and Renewal of Licenses
33-11-04-05	Availability of Air Ambulance Services
33-11-04-06	Number of Personnel Required
33-11-04-07	Out-of-State Operators
33-11-04-08	Required Certificate of Airworthiness
33-11-04-09	Securing of Equipment
33-11-04-10	Aircraft Doors
33-11-04-11	Required Lighting
33-11-04-12	Required Power Source
33-11-04-13	Required Radio Communication
33-11-04-14	Medical Director <u>Direction</u>
33-11-04-15	Other Requirements

**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