

CHAPTER 33-11-01.2
NORTH DAKOTA GROUND AMBULANCE SERVICES

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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 life support ambulance service" means an emergency medical services operation licensed under and meeting all requirements of chapter 33-11-03.
2. "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 ill or injured, including canceled calls, no transports, and standby events where medical care may be rendered.
3. "Department" means the department of health and human services.
4. "Designated trauma center" means a licensed hospital with a trauma designation as defined in section 33-38-01-06.
5. "Dispatch center" means a 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.
6. "Driver's license" means the license as required under sections 39-06-01 and 39-06-02 of the North Dakota Century Code.

7. "Emergency medical service vehicle operator" means an individual who operates an ambulance or other emergency medical service vehicle and has had emergency vehicle operation training.
8. "Emergency medical technician" means an individual certified by the national registry of emergency medical technicians as an emergency medical technician. An emergency medical technician is eligible for licensure as an emergency medical technician upon completion of a license application and approval by the department.
9. "Equivalent" means qualifications reasonably comparable to those specifically listed as required for training, certification, licensure, credentialing, or recognition.
10. "Headquarters ambulance service" means the base of operations for an ambulance service that operates subordinate substation ambulances.
11. "Industrial site ambulance service" means an ambulance service that serves a private organization and not the general public.
12. "Licensed health care facilities" means facilities licensed under chapter 23-16 of the North Dakota Century Code.
13. "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.
14. "Paramedic" means an individual certified by the national registry of emergency medical technicians as a paramedic. A paramedic is eligible for licensure as a paramedic upon completion of a license application and approval by the department.
15. "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.
16. "Personnel" means an individual maintained on an emergency medical service agency roster.
17. "Public safety answering point" means a government-operated call center that receives 911 calls from the public and dispatches public safety resources.
18. "Revocation" means the official cancellation of a license.
19. "Sanction" means to impose a penalty for disobeying a law or rule.
20. "Service area" means the geographic area that a basic or advanced life support ground ambulance service is obligated to provide emergency medical transportation services. This includes emergency and nonemergency responses and medically appropriate patient transfers between hospitals or other medical facilities.
21. "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 paramedic.

22. "State radio" means the North Dakota department of emergency services division of state radio.
23. "Substation ambulance service" means a subordinate operation of a headquarters ambulance service.
24. "Suspension" means the temporary withdrawal of a license during the period of the suspension.
25. "Trauma patient" means any patient meeting the red or yellow criteria of the American college of surgeons national guideline for the field triage of injured patients.

History: Effective January 1, 2008; amended effective July 1, 2010; April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

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

1. A person, as an owner, agent or otherwise, may not operate, conduct, maintain, advertise, or otherwise engage in or profess to be engaged in operating a basic life support ambulance service or advanced life support ambulance service in this state unless that person holds a license as a basic life support ambulance service or advanced life support ambulance service or is exempt from these requirements.
2. The license shall expire midnight on October thirty-first of the even year following issuance. The department shall relicense for a two-year period, expiring on October thirty-first, a basic life support or advanced life support ambulance service successfully meeting the requirements of the North Dakota ambulance service licensure program.
3. A license is valid only for the entity for which it is issued. A license may not be sold, assigned, or transferred.
4. The license decal shall be displayed in a conspicuous place inside the patient compartment of the ambulance vehicle.
5. The nonrefundable biennial license fee shall be fifty dollars for each ground ambulance service, including headquarters, substations, and industrial ambulance services.
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 emergency medical services to the general public or render acute medical care.

History: Effective January 1, 2008; amended effective April 1, 2024.

General Authority: NDCC 23-27-01

Law Implemented: NDCC 23-27-01

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

An application for a basic life support ambulance service or advanced life support ambulance service license shall be submitted on a form or through an electronic process, as prescribed by the department. The application must contain the following information as well as additional information and documents that may be solicited by the application form:

1. The name and mailing address of the applicant and a primary contact individual and telephone number and electronic mail address at which that individual can be reached.

2. The name under which the applicant shall hold itself out to the public in conducting its emergency medical service operations and the address of its primary location in this state out of which it shall conduct its emergency medical service operations. If the applicant seeks to conduct emergency medical service agency operations out of more than one location, the address of its primary operational headquarters and each other location out of which it intends to operate must be provided. If the applicant holds itself out to the public under different fictitious names for the emergency medical service operations it conducts at different locations, the fictitious name under which it intends to operate at each location must be provided.
3. The manner in which the applicant is organized.
4. The tax status of the applicant.
5. The geographic area for which the applicant intends to provide service. If the service is a type of service that is dispatched by a public safety answering point, the applicant shall detail the geographic area, if any, in which it plans to routinely respond to emergency dispatches.
6. A personnel roster.
7. The number and types of emergency medical service vehicles to be operated by the applicant and identifying information for each emergency medical service vehicle.
8. The communication access and capabilities of the applicant.
9. A full description of the emergency medical service agency services that the applicant intends to provide out of each location and how it intends to respond to emergency calls if it will not conduct operations out of a fixed location or locations.
10. The names, titles and summary of responsibilities of individuals who will be staffing the emergency medical service operation as officers, directors, or other emergency medical service agency officials.
11. A statement attesting to the veracity of the application, which shall be signed by the principal official of the applicant.

History: Effective January 1, 2008; amended effective July 1, 2010; April 1, 2024.

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 may issue a license and designate its service area. The department may designate a new ambulance service to operate in a service area if the following conditions are present:
 - a. The existing ambulance service has not complied with the performance standards outlined in section 33-11-01.2-14 or 33-11-01.2-17 or chapter 33-11.2-15; or
 - b. The county commission or city commission having governing authority within an ambulance service area has petitioned the department requesting another ambulance service to operate in their area due to poor performance. Ambulance service performance issues must be documented, quantifiable, and persistent.

2. A service may request that the department consider it in compliance with this chapter if it is fully accredited by an ambulance accreditation agency recognized by the department.
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.

History: Effective January 1, 2008; amended effective July 1, 2010; April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-05. Waivers.

1. Based on each individual case, the department may waive any provisions of this chapter.
2. The waiver provision must only be used for a specific period in specific instances, provided such a waiver does not adversely affect the health and safety of the individual transported, and then only if a nonwaiver would result in unreasonable hardship upon the ambulance service.

History: Effective January 1, 2008; amended effective April 1, 2024.

General Authority: NDCC 23-27-01

Law Implemented: NDCC 23-27-01

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

Repealed effective April 1, 2024.

33-11-01.2-06.1. Headquarter and substation ambulance requirements.

In addition to requirements as listed in the remainder of chapter 33-11-01.2, the following items apply to headquarter ambulance services and substations:

1. Application for licensure by a headquarter ambulance service shall be made as described in section 33-11-01.2-03 and shall include all information regarding all substations under the control of the headquarters ambulance service.
2. A substation ambulance operation and all of its operational assets must be fully owned or leased and operated by a headquarters ambulance service. A substation ambulance may not establish a separate business structure independent of the headquarters service.
3. A substation ambulance service may not have its own governing board separate from a governing board of the headquarters ambulance service.
4. 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.
5. 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.
6. A substation ambulance service may not be established in a city that has a licensed ambulance service based in that city.

7. A substation ambulance service may be available intermittently. The headquarters ambulance service is responsible for responding when the substation ambulance is unavailable. In lieu of responding, the headquarters ambulance service may request that the quickest available ambulance to respond be dispatched when the substation is unavailable. The headquarters ambulance service must inform its dispatching entity as to the time of availability of its substation ambulance service.

History: Effective April 1, 2024.

General Authority: NDCC 23-27-01

Law Implemented: NDCC 23-27-01

33-11-01.2-07. Ground ambulance service requirements.

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.
3. All drivers of ambulance or emergency medical 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.
4. All licensed ambulance services shall keep the ambulance vehicle and other equipment clean and in proper working order.
5. All supplies 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.
6. When a vehicle has been utilized to transport a patient known to have a communicable disease, the vehicle and all exposed equipment must be disinfected before the transport of another patient.
7. Each ambulance run must be reported to the department electronically via the North Dakota emergency medical services data repository.
8. All ambulance services shall give the receiving health care facility a detailed patient report at the time of patient transfer.
9. All ambulance services shall submit a trauma, stroke, cardiac, and other time-critical condition transport plan to the department upon request.
10. All licensed ambulance services shall keep either an electronic or paper copy of each patient care report on file for a minimum of seven years.
11. All licensed ambulance services shall 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 shall keep inactive protocols for a period of seven years after deactivating the protocol.
12. All ambulance services shall report any collision involving an ambulance that results in property damage of four thousand dollars or greater, or personal injury. The report must be made within thirty days of the event and on a form or in a manner provided by the department.

History: Effective January 1, 2008; amended effective April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-08. Driver's license required.

Repealed effective April 1, 2024.

33-11-01.2-09. Number of personnel required.

Repealed effective April 1, 2024.

33-11-01.2-10. Other requirements.

Repealed effective April 1, 2024.

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 or medical emergency where immediate emergency ambulance services are necessary.
2. Out-of-state fire units responding to this state 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; amended effective April 1, 2024.

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; amended effective July 1, 2010.

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. A ground ambulance must have a patient care compartment that is designed to carry at least one patient on a stretcher that is securely mounted to the ambulance and that enables transportation in both the supine and seated upright positions.
3. A ground ambulance must have a patient care compartment that is designed to provide sufficient access to a patient's body to perform and maintain advanced life support skills, including adequate space for one caregiver to sit superior to the patient's head to perform required advanced life support airway skills, and other emergency medical services skills required by the emergency medical service agency's emergency medical services protocols.
4. A ground ambulance must have a design that does not compromise patient safety during loading, unloading, or patient transport. A ground ambulance must be equipped with a door that will allow loading and unloading of the patient without excessive maneuvering.
5. A ground ambulance must be equipped with permanently installed climate control equipment to provide an environment appropriate for the medical needs of a patient.
6. A ground ambulance must have interior lighting adequate to enable medical care to be provided and patient status monitored without interfering with the vehicle operator's vision.

7. A ground ambulance must be designed for patient safety so that the patient is isolated from the operator's compartment in a manner that minimizes distractions to the vehicle operator during patient transport and prevents interference with the operator's manipulation of vehicle controls.
8. A ground ambulance must be equipped with appropriate patient restraints and with restraints in every seating position within the patient compartment.
9. A ground ambulance must be equipped with two-way radios capable of communication with medical command facilities, receiving facility communications centers, public safety answering points, and ambulances for the purpose of communicating medical information and assuring the continuity of resources for patient care needs.
10. A ground ambulance must carry an oxygen supply that is cable of providing high flow oxygen at twenty-five or more liters per minute to a patient for the anticipated duration of patient transport.
11. 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; amended effective April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-14. Transporting of patients.

Ambulance services shall transport patients to the nearest appropriate licensed health care facility according to their hospital transport plan except for:

1. Interfacility transports must be made in accordance with the referring 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. Trauma patients must be transported to a designated trauma center under article 33-38 or to an Indian health service facility that has entered into a memorandum of understanding with the department certifying the facility meets the requirements of a designated trauma center under 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 primary percutaneous coronary intervention or fibrinolytic therapy pursuant to the North Dakota cardiac system ST-elevation myocardial infarction, non-ST elevation myocardial infarction, and acute coronary syndrome guide.
 - c. A patient suffering a suspected stroke must be transported to a designated acute stroke ready hospital, primary stroke center, or a comprehensive stroke center pursuant to the North Dakota acute stroke treatment guidelines.
 - d. 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.

3. An officer, employee, or agent of any emergency medical services operation may refuse to transport an individual to a licensed health care facility for which transport is not medically necessary and may recommend an alternative course of action to that individual, including transportation to an alternative destination such as an urgent care center, clinic, physician's office, or other appropriate destination identified by the emergency medical services operation's medical director, if the emergency medical service operation has developed protocols to refuse transport of an individual and recommend an alternative course of action.

History: Effective January 1, 2008; amended effective July 1, 2010; April 1, 2024; August 22, 2024; January 1, 2025.

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 shall call for a rendezvous with an advanced life support capable agency, paramedic, or its equivalent if the basic life support ambulance is unable to provide the advanced life support interventions needed to fully treat a patient exhibiting:

1. Traumatic injuries that meet the trauma code activation criteria as defined in section 33-38-01-03.
2. Cardiac chest pain or acute myocardial infarction.
3. Cardiac arrest.
4. Severe respiratory distress or respiratory arrest.
5. Suspected stroke or stroke-like symptoms.

History: Effective January 1, 2008; amended effective July 1, 2010; April 1, 2024.

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 shall have the following elements to their communications system:

1. They shall have a radio call sign issued by state radio.
2. They shall be dispatched directly from a public safety answering point.
3. They shall 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.
4. During the response and transport phases of an emergency ambulance run, an ambulance shall notify its dispatch center or public safety answering point when it:
 - a. Is en route to the scene.
 - b. Has arrived at the scene.
 - c. Has left the scene.
 - d. Has arrived at the transport destination.

- e. Is 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 hand-held radio capable of transmitting and receiving radio traffic on frequencies designated for ambulances.
 - 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 shall give a radio or telephone report on the patient's condition to the receiving hospital as soon as it is practical. Early notification to the receiving hospital allows the hospital more time to prepare for the patient's arrival.

History: Effective July 1, 2010; amended effective April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-17. Response times.

Ground ambulances shall meet the following time standards ninety percent of the time when dispatched to an emergency request as determined by public safety answering point protocols or to an emergency interfacility transport as determined by the transferring health care provider. The time of dispatch to the time that the ambulance is en route must not exceed ten minutes to those incidents in which the public safety answering point or transferring health care provider, as appropriate, has determined that a potential life-threat exists.

History: Effective July 1, 2010; amended effective October 1, 2010; April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-18. Strike team designation.

Repealed effective April 1, 2024.

33-11-01.2-19. Mutual aid agreements.

Repealed effective April 1, 2024.

33-11-01.2-19.1. Service areas.

To ensure reasonably adequate ambulance service coverage and to prevent competition that would impair the long-term availability of services to the public, the department shall designate service areas when requested or at the department's discretion.

1. Upon request by a licensed ambulance service the department shall designate its service area. The requesting agency shall have a base of operations within that service area, currently be providing ambulance response within that service area, and be in good standing with the department.
2. The geographic area of the service area must be defined by the department based on the reasonableness of a licensed ambulance service to respond to all requests for service within the area.

3. Service area designation may not impede the ability of the designee or health care facility requesting interfacility transportation to utilize other licensed ground ambulance services for mutual aid when the designee is unable to provide services due to capacity, level of service required exceeds what the local ambulance service can provide, or for specialty care transport that the designee cannot provide.

History: Effective April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-20. Emergency operations plan.

Each licensed ambulance service shall be aware of its role as defined by local, county, and state emergency operations plans and shall be able to access the emergency operations plan as needed.

History: Effective July 1, 2010; amended effective April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-21. Denials, suspension, or revocation of licensure.

Failure to meet standards outlined in article 33-11 may result in sanctions based on the severity of the noncompliance. 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 acknowledges the deficiencies as designated by the department and outlines the steps needed to become fully compliant with standards.
2. Require the ambulance service to follow sanction requirements as outlined in department policy.
3. Revocation or suspension of ambulance service licensure.

History: Effective July 1, 2010; amended effective April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-22. Industrial site ambulance services.

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

1. The ambulance service may not advertise or offer service to the general public.
2. The ambulance service may provide advanced life support interventions on an as-needed basis if all requirements of chapter 33-11-03 are satisfied.

History: Effective April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-23. Government agency ambulance services.

An operator of a ground ambulance service intended for federal or state government emergency operations may be issued a special license by the department.

1. The ambulance service may offer service to the general public and special populations during emergency operations.
2. The ambulance service may provide basic and advanced life support interventions as needed provided the service has met all minimum staffing and equipment requirements of chapters 33-11-02 and 33-11-03, respectively.

History: Effective April 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-01.2-24. General operating standards.

1. Documentation requirements for licensure. An applicant for an emergency medical service agency license shall have the following documents available, paper or online, for inspection by the department:
 - a. A roster of active personnel, including the emergency medical service agency medical director, with licensure numbers and dates of licensure expiration for each emergency medical service provider.
 - b. A record of the age of each emergency medical service provider and emergency medical service vehicle operator and a copy of the driver's license for each emergency medical service vehicle operator.
 - c. Documentation, if applicable, of the initial and most recent review of each emergency medical service provider's competence by the emergency medical service agency medical director and the emergency medical service provider licensure level at which each emergency medical service provider is permitted to practice.
 - d. The process for scheduling staff to ensure that the minimum staffing requirements as required by this chapter are met.
 - e. Identification of individuals who are responsible for making operating and policy decisions for the emergency medical service agency, such as officers, directors, and other emergency medical service agency officials.
 - f. Criminal, disciplinary, and exclusion information for all individuals who staff the emergency medical service agency as required under subsection 5.
 - g. Copies of the ambulance service's emergency medical services protocols.
 - h. Copies of the written policies required under this section.
 - i. Emergency medical service patient care records.
 - j. Call volume records from the previous year's operations. These records must include a record of each call received requesting the emergency medical service agency to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.
 - k. A record of the time periods for which the emergency medical service agency notified the public safety answering point, under subdivision a of subsection 6, that it would not be available to respond to a call.
2. Emergency medical service vehicles, equipment and supplies. The department shall publish in administrative rules the vehicle construction and equipment and supply requirements for emergency medical service agencies based upon the types of services they provide and the

emergency medical service vehicles they operate. Required equipment and supplies must be carried and readily available in working order.

3. Use of individuals under eighteen years of age. The emergency medical service agency shall comply with chapter 34-07 of the North Dakota Century Code, relating to child labor; chapter 46-02-07; the Fair Labor Standards Act of 1938 [Pub. L. 75-718; 52 Stat. 1060; 29 U.S.S. 201 et seq.], and rules or regulations adopted pursuant to chapter 34-07 of the North Dakota Century Code or Fair Labor Standards Act of 1938 [Pub. L. 75-718; 52 Stat. 1060; 29 U.S.S. 201 et seq.] when it is using individuals under eighteen years of age to staff its operations. The emergency medical service agency shall also ensure that an emergency medical service provider under eighteen years of age, when providing emergency medical services on behalf of the emergency medical service agency, is directly supervised by an emergency medical service provider who is at least eighteen years of age who has the same or higher-level of emergency medical service provider licensure and at least one year of active practice as an emergency medical service provider.
4. Emergency medical service agency medical director. An emergency medical service agency shall have an emergency medical service agency medical director.
5. Responsible staff. An emergency medical service agency shall ensure that individuals who staff the emergency medical service agency, including its officers, directors and other members of its management team, emergency medical service providers, and emergency medical service vehicle operators, are responsible individuals. In making that determination, an emergency medical service agency shall require each individual who staffs the emergency medical service agency to provide it with the information and documentation related to criminal convictions, disciplinary sanctions, and exclusions and require each emergency medical service vehicle operator to provide it with the information and documentation related to his or her driving record and to update that information if and when additional convictions, disciplinary sanctions, and exclusions occur. The emergency medical service agency shall consider this information in determining whether the individual is a responsible individual. An emergency medical service agency shall also provide the department with notice of any change in its management personnel to include as a new member of its management team an individual who has reported to it information required under this subsection.
6. Communicating with public safety answering points.
 - a. Responsibility to communicate unavailability. An emergency medical service agency shall apprise the public safety answering point in its area, in advance, as to when it will not be in operation due to inadequate staffing or for another reason and when its resources are committed in a manner that it will not be able to respond with an emergency medical service vehicle, if applicable, and required staff, to a request to provide emergency medical services.
 - b. Responsibility to communicate delayed response. An emergency medical service agency shall apprise the public safety answering point as soon as practical after receiving a dispatch call from the public safety answering point, if it is not able to have an appropriate emergency medical service vehicle, if applicable, or otherwise provide the requested level of service, including having the required staff en route to an emergency within the time as may be prescribed by a public safety answering point for that type of dispatch.
 - c. Responsibility to communicate with public safety answering point generally. An emergency medical service agency shall provide a public safety answering point with information, and otherwise communicate with a public safety answering point, as the public safety answering point requests to enhance the ability of the public safety answering point to make dispatch decisions.

- d. Response to dispatch by public safety answering point. An emergency medical service agency shall respond to a call for emergency assistance as communicated by the public safety answering point, provided it is able to respond as requested. An emergency medical service agency is able to respond as requested if it has the staff and an operational emergency medical service vehicle, if needed, capable of responding to the dispatch. An emergency medical service agency may not refuse to respond to a dispatch based upon a desire to keep staff or an emergency medical service vehicle in reserve to respond to other calls to which it has not already committed.
- 7. Patient management. All aspects of patient management are to be handled by an emergency medical service provider with the level of licensure necessary to care for the patient based upon the condition of the patient.
- 8. Use of lights and other warning devices. An emergency medical services operation utilizing a class A authorized emergency vehicle must submit a warning lights and sirens use policy to the department.
- 9. Explosives. Explosives may not be carried aboard an emergency medical service vehicle. This subsection does not apply to law enforcement officers who are serving in an authorized law enforcement capacity.
- 10. Accident, injury, and fatality reporting. An emergency medical service agency shall report to the department, in a form or electronically, as prescribed by the department, an emergency medical service vehicle accident that is reportable under chapter 39-08 of the North Dakota Century Code and an accident or injury to an individual that occurs in the line of duty of the emergency medical service agency that results in a fatality or medical treatment by a licensed health care practitioner. The report shall be made within twenty-four hours after the accident or injury. The report of a fatality shall be made within eight hours after the fatality.
- 11. Safety and quality improvement. An emergency medical service agency shall have a mechanism to address safety issues and quality improvement. This may be in the form of a committee or committees or other format that meets the need of the emergency medical service agency.
- 12. Emergency medical service provider credentialing. The emergency medical service agency shall maintain a record of the emergency medical service agency medical director's assessments and recommendations for emergency medical service provider credentialing. An emergency medical service agency may not permit an emergency medical service provider at or above the emergency medical technician level to provide emergency medical services at the emergency medical service provider's licensure level if the emergency medical service agency medical director determines that the emergency medical service provider has not demonstrated the knowledge and skills to competently perform the skills within the scope of practice at that level or the commitment to adequately perform other functions relevant to an emergency medical service provider providing emergency medical services at that level. Under these circumstances, an emergency medical service agency may continue to permit the emergency medical service provider to provide emergency medical services for the emergency medical service agency only in accordance with the restrictions as the emergency medical service agency medical director may prescribe. The emergency medical service agency shall notify the department within ten days after it makes a decision to allow an emergency medical service provider to practice at a lower level based upon the assessment of the emergency medical service provider's skills and other qualifications by the emergency medical service agency medical director, or a decision to terminate the emergency medical service agency's use of the emergency medical service provider based upon its consideration of the emergency medical service agency medical director's assessment.

13. Display of license and registration certificates. The emergency medical service agency shall display its license certificate in a public and conspicuous place in the emergency medical service agency's primary operational headquarters.
14. Monitoring compliance. An emergency medical service agency shall monitor compliance with the requirements that the emergency medical services statutes and rules impose upon the emergency medical service agency and its staff. An emergency medical service agency shall file a written report with the department if it determines that an emergency medical service provider or emergency medical service vehicle operator who is on the staff of the emergency medical service agency, or who has recently left the emergency medical service agency, has engaged in conduct not previously reported to the department, for which the department may impose disciplinary action. The duty to report pertains to conduct that occurs during a period of time in which the emergency medical service provider or emergency medical service vehicle operator is functioning for the emergency medical service agency.
15. Policies and procedures. An emergency medical service agency shall maintain policies and procedures ensuring that each of the requirements imposed under this section, as well as any requirements imposed by statute, rules, or internal policy are satisfied by the emergency medical service agency and its staff.

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33-11-01.2-25. General standards for providing emergency medical services.

Regardless of the type of service through which an emergency medical service agency is providing emergency medical services, the following standards apply to the emergency medical service agency and its emergency medical service providers when functioning as an emergency medical service provider on behalf of an emergency medical service agency, except as otherwise provided in this section:

1. An emergency medical service provider who encounters a patient before the arrival of other emergency medical service providers shall attend to the patient and begin providing emergency medical services to the patient at that emergency medical service provider's skill level.
2. An emergency medical responder may not be the emergency medical service provider who primarily attends to a patient unless another higher-level emergency medical service provider is not present or all other emergency medical service providers who are present are attending to other patients. An emergency medical responder may not attend to a patient during transport unless another higher-level emergency medical service provider is present.
3. Except as set forth in subsection 2, or unless there are multiple patients and the emergency medical services needs of other patients require otherwise, among emergency medical service providers who are present, an emergency medical service provider who is certified at or above the emergency medical services skill level required by the patient shall be the emergency medical service provider who primarily attends to the patient.
4. If a patient requires emergency medical services at a higher skill level than the skill level of the emergency medical service providers who are present, unless there are multiple patients and the emergency medical services needs of other patients require otherwise, an emergency medical service provider who is licensed at the highest emergency medical services skill level among the emergency medical service providers who are present shall be the emergency medical service provider who primarily attends to the patient.

5. A member of the emergency medical service vehicle crew with the highest level of emergency medical service provider licensure shall be responsible for the overall management of the emergency medical services provided to the patient or patients by the members of that emergency medical service vehicle crew. If more than one member of the emergency medical service vehicle crew is an emergency medical service provider above the advanced emergency medical technician level, any of those emergency medical service providers may assume responsibility for the overall management of the emergency medical services provided to the patient or patients by the members of that emergency medical service vehicle crew.
6. If an emergency medical service vehicle crew needs additional assistance in attending to the needs of a patient or patients, it shall contact a public safety answering point or its emergency medical service agency dispatch center to request that assistance.
7. Except as otherwise provided in rule, a ground ambulance service shall operate twenty-four hours per day seven days per week, each type of service it is licensed to provide at each location it is licensed to operate that service.
8. A member of an emergency medical service vehicle crew who responds to a call in a personal vehicle may not transport in that vehicle medications, equipment, or supplies that an emergency medical technician is not authorized to use.

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