

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

Section

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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 parasympatholitic.
5. Opioid antagonist.
6. Coronary vasodilator, antianginal.
7. Antianxiety.
8. Caloric.
9. Anticonvulsant.
10. Bronchodilator.
11. Narcotic.

History: Effective March 1, 1985; amended effective August 1, 1994; August 1, 2003.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

33-11-03-04. Medical director direction.

1. Each ground ambulance service shall have a signed agreement on file with the department with a North Dakota licensed physician who shall serve as official medical director and whose duties include establishing written medical protocols, recommending optional equipment, oversight of a quality assurance program, and maintaining current training requirements for personnel.
2. Each ambulance service must have written treatment protocols for adult and pediatric medical conditions approved by the medical director and available for reference when providing patient care.
3. Ambulance services must have a written process for accessing adult and pediatric online medical control that includes contacting a medical practitioner at a hospital that has continual in-house emergency room coverage or having the ability to directly contact the on-call emergency room medical practitioner while the practitioner is not at the hospital.

History: Effective March 1, 1985; amended effective August 1, 2003; January 1, 2006; January 1, 2008.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

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

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

History: Effective March 1, 1985; amended effective January 1, 1986; August 1, 1994; August 1, 2003; January 1, 2006; January 1, 2008.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

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

History: Effective March 1, 1985.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04