

ARTICLE 33-11
LICENSING OF EMERGENCY MEDICAL SERVICES

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

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SECTION 1. Section 33-11-01.1-01 is amended as follows:

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~~ and human services.
- ~~3.2.~~ "Driver" means an individual who operates a quick response unit vehicle.
- ~~4.3.~~ "Driver's license" means the license as required under sections 39-06-01 and 39-06-02 of the North Dakota Century Code.
- ~~5.4.~~ "Emergency medical responder" means ~~a person~~ an individual who is certified as an emergency medical responder by the department.
- ~~6.5.~~ "Emergency medical technician" means ~~a person~~ an individual who is licensed as an emergency medical technician by the department.
- ~~7.6.~~ "Equivalent" means training of equal or greater value which accomplishes the same results as determined by the department.
- ~~8.7.~~ "Patient care provider" means a qualified individual on the quick response unit crew responsible for the care of the patient.
- ~~9.8.~~ "Personnel" means qualified patient care providers, or drivers, or both, within a quick response unit service.
- ~~10.9.~~ "Quick response unit run" means the response of a quick response unit vehicle and personnel to an emergency or nonemergency for the purpose of rendering medical care to someone sick or incapacitated, including canceled calls, no transports, and standby events where medical care may be rendered.
- ~~11.~~ "State health council" means the ~~council as defined in title 23 of the North Dakota Century Code.~~
- ~~12.10.~~ "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; amended effective July 1, 2010; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

**CHAPTER 33-11-01.2
NORTH DAKOTA GROUND AMBULANCE SERVICES**

Section

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33-11-01.2-11	Out-of-State Operators
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SECTION 2. Section 33-11-01.2-01 is amended as follows:

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 care paramedic with additional training" means an individual who has provided sufficient 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 advanced care paramedic's medical director.

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 injured, 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. ~~4. "Department" means the state department of health as defined in chapter 23-01 of the North Dakota Century Code and human services.~~
8. ~~5. "Designated trauma center" means a licensed hospital with a trauma designation as defined in section 33-38-01-06.~~
9. ~~6. "Dispatch center" means an ambulance's own 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.~~
10. ~~7. "Driver's license" means the license as required under sections 39-06-01 and 39-06-02 of the North Dakota Century Code.~~
8. "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.
11. ~~9. "Emergency medical technician" means a person who is licensed as an~~

~~emergency medical technician~~ 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 a primary care paramedic upon completion of a license application and approval by the department.

~~42.10.~~ "Equivalent" means training of equal or greater value which accomplishes the same results as determined by the department qualifications reasonably comparable to those specifically listed as required for training, certification, licensure, credentialing, or recognition.

~~43.11.~~ "Headquarters ambulance service" means the base of operations for an ambulance service that operates subordinate substation ambulances.

~~44.12.~~ "Industrial site ambulance service" means an ambulance service that primarily serves ~~an~~ private organization and ~~may or may not offer service to the general public~~ not the general public.

~~45.13.~~ "Licensed health care facilities" means facilities licensed under chapter 23-16 of the North Dakota Century Code.

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

~~47.14.~~ "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.

~~48.15.~~ "Paramedic" means a ~~person who is certified as an emergency medical technician-paramedic by the national registry of emergency medical technicians and licensed~~ an individual licensed by the department as a primary care paramedic, intermediate care paramedic, or advanced care paramedic.

~~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.

- ~~20-16.~~ "Personnel" means qualified primary care providers, or drivers, or both, within an ambulance service or an individual maintained on an emergency medical service agency roster.
- ~~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.
- ~~22-17.~~ "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.
- ~~23-19.~~ "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. Sanction" means to impose a penalty for disobeying a law or rule.
- ~~24-20.~~ "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 non-emergency responses and medically appropriate patient transfers between hospitals or other medical facilities.
- ~~24-21.~~ "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 emergency medical technician-advanced care paramedic.
- ~~25.~~ "State health council" means the council as defined in title 23 of the North Dakota Century Code.
- ~~26-22.~~ "State radio" means the North Dakota department of emergency services division of state radio located at Fraine barracks in Bismarck, North Dakota.
- ~~27-23.~~ "Substation ambulance service" means a subordinate operation of a headquarters ambulance service located in a separate municipality.
- ~~28-24.~~ "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. 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; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 3. Section 33-11-01.2-02 is amended as follows:

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.~~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. ~~License renewal shall be on a biennial basis.~~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 ~~service~~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. ~~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 non-refundable biennial license fee, including special licenses, shall be fifty dollars for each headquarters~~ground ambulance service location and fifty dollars for each substation location 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 services to the general public or render acute medical care.

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

General Authority: NDCC 23-27-01
Law Implemented: NDCC 23-27-01

SECTION 4. Section 33-11-01.2-03 is amended as follows:

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. Application for the license shall be made in the manner prescribed by the department. The name and mailing address of the applicant and a primary contact individual and telephone number and email address at which that individual can be reached.
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. 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. 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 licenseholder. 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; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 5. Section 33-11-01.2-04 is amended as follows:

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~~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, chapter 33-11.2-15, or section 33-11-01.2-17; 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 ~~the commission on accreditation of~~

~~ambulance services or its equivalent~~ 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; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 6. Section 33-11-01.2-05 is amended as follows:

33-11-01.2-05. ~~Special licenses and waivers~~ 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.~~
- 3.2. 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 ~~person~~ individual transported, and then only if a nonwaiver would result in unreasonable hardship upon the ambulance service.

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

General Authority: NDCC 23-27-01

Law Implemented: NDCC 23-27-01

SECTION 7. Section 33-11-01.2-06 is repealed.

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

[Repealed effective January 1, 2024]

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

SECTION 8. Section 33-11-01.2-06.1 is created as follows:

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 January 1, 2024.

General Authority: NDCC 23-27-01

Law Implemented: NDCC 23-27-01

SECTION 9. Section 33-11-01.2-07 is amended as follows:

33-11-01.2-07. Availability of ground 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 one 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 January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 10. Section 33-11-01.2-08 is repealed.

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

[Repealed effective January 1, 2024]

~~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~~

SECTION 11. Section 33-11-01.2-09 is repealed.

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

[Repealed effective January 1, 2024]

~~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 section 33-11-03-05.~~

~~**History:** Effective January 1, 2008; amended effective July 1, 2010.~~

~~**General Authority:** NDCG 23-27-04~~

~~**Law Implemented:** NDCG 23-27-04~~

SECTION 12. Section 33-11-01.2-10 is repealed.

33-11-01.2-10. Other requirements.

[Repealed effective January 1, 2024]

- ~~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~~

SECTION 13. Section 33-11-01.2-11 is amended as follows:

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 ambulance services who expect to pick up patients from within this state and transport to locations~~may not provide interfacility transfer services originating in this state without being licensed in this state and providing 911 response 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~~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 January 1, 2024.

General Authority: NDCC 23-27-01

Law Implemented: NDCC 23-27-01

SECTION 14. Section 33-11-01.2-12 is amended as follows:

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 advanced care 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~~primary care paramedic 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, advanced care 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; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 15. Section 33-11-01.2-13 is amended as follows:

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 January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 16. Section 33-11-01.2-14 is amended as follows:

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

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

1. Interfacility transports ~~shall~~ must 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~~ 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 primary percutaneous ~~catheter insertion~~ 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 that include direct medical control to refuse transport of an individual and recommend an alternative course of action.

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

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 17. Section 33-11-01.2-15 is amended as follows:

33-11-01.2-15. Required advanced life support care.

When it would not delay transport time, basic life support ambulance services ~~must~~ shall call for a rendezvous with an advanced life support ~~ground ambulance, or an advanced life support or critical care air ambulance~~ 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; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 18. Section 33-11-01.2-16 is amended as follows:

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~~shall have the following elements to their communications system:

1. They ~~must~~shall have a radio call sign issued by state radio.
2. They ~~must~~shall be dispatched directly from a public safety answering point ~~by radio or pager.~~
3. They ~~must~~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 ~~on radio frequencies determined by state radio.~~
4. During the response and transport phases of an emergency ambulance run, an ambulance ~~must~~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 ~~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~~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 ~~will allow~~allows the hospital more time to prepare for the patient's arrival.

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

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 19. Section 33-11-01.2-17 is amended as follows:

33-11-01.2-17. Response times.

- 1. Ground ambulances ~~must~~shall meet the following ~~response~~ 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:
 - a. ~~—~~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.
 - b. ~~—~~Within the city limits of Bismarck, Fargo, Grand Forks, Mandan, Minot, and West Fargo 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 interstate 94, interstate 29, United States highway 2, or United States 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 the ambulance service's response time deficiency in the format determined by the department.~~

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

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 20. Section 33-11-01.2-18 is repealed:

[Repealed effective January 1, 2024]

~~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.~~

History: Effective July 1, 2010.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 21. Section 33-11-01.2-19 is repealed.

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

[Repealed effective January 1, 2024]

~~Each licensed ambulance service must have at least one mutual aid agreement with a neighboring licensed ambulance service that can assist when its operational capacity is exceeded. A copy of each mutual aid agreement shall be maintained in the files of each licensee.~~

History: Effective July 1, 2010.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 22. Section 33-11-01.2-19.1 is created as follows:

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 healthcare facility requesting inter-facility 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 January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 23. Section 33-11-01.2-20 is amended as follows:

33-11-01.2-20. DisasterEmergency operations 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.~~ 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.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 24. Section 33-11-01.2-21 is amended as follows:

33-11-01.2-21. SanctionsDenials, 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 ~~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~~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 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 follow sanction requirements as outlined in department policy.
3. ~~Require the~~Revocation or suspension of 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: licensure.
 - a. ~~The general public. An invitation to the meeting must be made in the official county newspaper in each county to which the ambulance service provides service.~~
 - 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 to which the ambulance service routinely transports patients.~~
 - 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.~~

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

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 25. Section 33-11-01.2-22 is created as follows:

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

An operator of a ground ambulance services 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: January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 26. Section 33-11-01.2-23 is created as follows:

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 January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 27. Section 33-11-01.2-24 is created as follows:

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 twenty-one 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, 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, at least thirty days in advance, 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. Ground emergency medical service vehicles may not use emergency lights or audible warning devices unless they do so in accordance with the standards imposed under chapter 39-10 of the North Dakota Century Code and are transporting or responding to a call involving a patient who presents, or is in good faith perceived to present, a combination of circumstances resulting in a need for immediate medical intervention. Emergency lights and audible warning devices may be used on an ambulance when transporting a patient only when medical intervention is beyond the capabilities of the ambulance crew using

available supplies and equipment.

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 primary care paramedic 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.

History: Effective January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 28. Section 33-11-01.2-25 is created as follows:

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 intermediate care paramedic 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 a primary care paramedic is not authorized to

use.

History: Effective January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

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

Section

33-11-02-00.1 Purpose

33-11-02-01 ~~Training Standards for Ambulance Driver~~Emergency Medical Services Vehicle Operator

33-11-02-02 ~~Training Standards for Primary Care Provider~~Staffing

33-11-02-03 Minimum Equipment Requirements

33-11-02-04 Medical Direction

33-11-02-05 Basic Life Support Ambulance Performing Advanced Life Support Interventions

SECTION 29. Section 33-11-02-00.1 is created as follows:

33-11-02-00.1. Purpose.

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

History: Effective January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 30. Section 33-11-02-01 is amended as follows:

33-11-02-01. Training standards~~Standards for ambulance driver~~emergency medical services vehicle operator.

~~By July 1, 2011, drivers must have successfully completed an emergency vehicle operations course as defined in chapter 33-36-01. After July 1, 2011, new drivers must complete the~~The emergency medical service vehicle operations course within one year of joining the ambulance service. ~~In addition, the driver~~operator shall have a current driver's license and 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; July 1, 2010; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 31. Section 33-11-02-02 is amended as follows:

33-11-02-02. Training standards for primary care provider Staffing.

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

1. The minimum staffing for a basic life support ambulance crew when responding to a call to provide emergency medical services and transporting a patient is:
 - a. An emergency medical service provider at or above the primary care paramedic level; and
 - b. An emergency medical service vehicle operator.
2. For the purposes of this section, an emergency medical service provider at or above the primary care paramedic level includes a primary care paramedic, intermediate care paramedic, or advanced care paramedic or a physician assistant, nurse practitioner, or registered nurse that has been authorized by the emergency medical service agency medical director to function as an emergency medical service provider.
3. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the required minimum staffing level before transporting a patient.
4. Providing emergency medical service when dispatched with a higher-level emergency medical service vehicle crew. If a basic life support ambulance and a higher-level emergency medical service vehicle crew are dispatched to provide emergency medical services for a patient, the following shall apply:
 - a. Basic life support ambulance crew members shall begin providing emergency medical services to the patient at their skill levels, including transportation of the patient to a receiving facility if the ambulance crew determines transport is needed, until higher-level of emergency medical services is afforded by the arrival of a higher-level emergency medical service provider.
 - b. Upon the arrival of a higher-level emergency medical service vehicle crew, the basic life support ambulance shall continue transporting the patient or release the patient to be transported by the higher-level emergency medical service vehicle crew, consistent with local emergency medical service protocols, as directed by the emergency medical service provider exercising primary responsibility for the

patient.

c. The basic life support ambulance crew shall reassume primary responsibility for the patient if that responsibility is relinquished back to that ambulance crew by the emergency medical service provider of the higher-level emergency medical service vehicle crew who had assumed primary responsibility for the patient.

d. A basic life support ambulance and its ambulance crew may transport from a receiving facility a patient who requires emergency medical services above the skill level at which the ambulance is operating, if the sending or a receiving facility provides a registered nurse, nurse practitioner, physician assistant, or physician to supplement the ambulance crew, that individual brings on board the ambulance equipment and supplies to provide the patient with emergency medical services above the emergency medical service level at which the basic life support ambulance is operating to attend to the emergency medical services needs of the patient during the transport, and that individual attends to the patient during the patient transport.

5. Application. For purposes of this section, the term “higher-level of emergency medical service” means the emergency medical service vehicle crew of a basic life support ambulance performing advanced life support interventions as defined in section 33-11-02-06, an advanced life support ambulance, or air ambulance.

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

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 32. Section 33-11-02-03 is amended as follows:

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. Patient transport:

a. Mounted ambulance cot with retaining straps.

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

2. Spinal stabilization:

- a. One adult long backboard, with retaining straps.
 - b. One seated spinal immobilization device, with retaining straps.
 - c. One pediatric safe transport device.
 - d. One adult cervical collar.
 - e. One pediatric cervical collar.
3. Oxygen delivery:
- a. Piped oxygen system —with appropriate regulator and flow meter, or two "E" size bottles for minimum oxygen supply with regulator and flowmeter.
4. b. Portable oxygen unit with carrying case. ~~To include,~~ including one "D" size bottle with another "D" bottle in reserve.
5. c. ~~Three adult nasal cannulas, three nonrebreather oxygen masks in adult and pediatric sizes, and three sets of oxygen supply tubing.~~
- d. Three pediatric nasal cannulas.
 - e. Three adult nonrebreather oxygen masks.
 - f. Three pediatric nonrebreather oxygen masks.
 - g. Three sets of oxygen supply tubing.
 - h. Continuous positive airway pressure device.
 - i. Nebulizer with tubing.
- 6.4. Suction— ~~wall-mounted and portable~~ :
- a. Wall-mounted suction capable of achieving 400 mmhg/4 seconds or less with ~~one~~ a minimum of four hundred millimeters of mercury vacuum within four seconds or less after clamping the suction tube.
 - b. Portable suction capable of achieving a minimum of four hundred millimeters of mercury vacuum within four seconds or less after clamping the suction tube.
 - c. One rigid tonsil tip suction catheter, ~~2~~

d. ~~one~~One flexible suction catheter between size six and ten french, and.

e. ~~one~~One flexible suction catheter between twelve and sixteen french.

5. Airway adjuncts:

a. One set of adult sizes nasopharyngeal airways.

b. One set of pediatric sizes nasopharyngeal airways.

c. One set of adult sizes oropharyngeal airways.

d. One set of child sizes oropharyngeal airways.

e. One set of infant sizes oropharyngeal airways.

f. Alternative airway devices such as a supraglottic airway as approved by local medical direction.

7.6. Bag valve masks:

a. ~~One adult bag valve mask resuscitation units in infant child and adult sizes with face masks in adult, child, infant, and neonate sizes~~unit with face mask.

b. One child bag valve mask resuscitation unit with face mask.

c. One infant bag valve mask resuscitation unit with face mask.

8. ~~Spine boards - one 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.~~

9.7. Splinting:

a. ~~Commercial~~Adult commercial fracture splints usable for open and closed fractures, or padded boards ~~usable for pediatric and adult patients.~~

b. Pediatric commercial fracture splints usable for open and closed fractures, or padded boards.

c. Adult lower extremity traction splint.

d. Pediatric lower extremity traction splint.

40.8. Environmental:

a. ~~Gold~~Four cold packs—four minimum.

b. Four hot packs.

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

~~12. Head-to-board immobilization 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.~~

45.9. Bandaging and bleeding control:

a. Two sterile burn sheets or equivalent.

~~16.~~ b. Three triangular bandages or commercial slings.

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

~~18.~~ d. Twenty-five sterile gauze pads—approximately four inches [10.16 centimeters] by four inches [10.16 centimeters].

~~19.~~ e. Twelve soft roller self-adhering type bandages—approximately 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.~~ f. Two sterile occlusive dressings approximately three inches [76.2 millimeters] by nine inches [228.6 millimeters].

g. Two commercial “tactical” tourniquets.

~~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. 10. Diagnostic:

- a. Blood ~~Adult blood pressure manometer, cuff in child, adult, and large adult sizes, and stethoscope.~~
 - b. Large adult blood pressure cuff.
 - c. Child blood pressure cuff.
 - d. Stethoscope.
 - e. Pulse oximeter.
 - f. Glucose measuring device.
 - g. Penlight.
 - h. Thermometer.
- 37. ~~One adult lower extremity traction splint. In addition, by July 1, 2011, each ambulance shall have one pediatric lower extremity traction splint.~~
 - 38. ~~Radio with the capability of meeting state emergency medical services standards as determined by the department.~~

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

11. Medications:

- a. Activated charcoal.
- b. Three oral doses of glutose or glucose.
- c. One small bottle, chewable aspirin.
- d. Epinephrine, auto-injector for adult and pediatric doses or intramuscular, including syringes and needles for intramuscular delivery, if approved by medical director.
- e. Naloxone, auto-injector (0.8 mg) or intranasal (4mg - nasal spray, or syringe and atomizer).

~~40-12. Disposable~~Personal Protective Equipment:

- a. One size small box of nitrile gloves~~— one box each of small,~~
- b. One size medium, and box of nitrile gloves.
- c. One size large sizes~~box~~ of nitrile gloves.

~~41. Four disposable hot packs.~~

- ~~42.~~ d. Personal protection equipment including fitted Box of surgical masks,
- e. N-95 masks, in small, medium, and large sizes and at least one per crewmember.
 - f. Four nonabsorbent gowns, and
 - g. Four pairs of protective eyewear~~— minimum of four.~~

~~43-13. Cleaning and biological:~~

- a. Three red biohazard bags.
- b. Biological fluid cleanup kit,
- c. One sharps container, that is less than half full.
- d. Medical grade disinfectant.

- e. One gallon [3.79 liters] of distilled water or saline solution.
- f. One bedpan.
- g. One emesis basin.
- h. One urinal.
- i. One container of non-water hand disinfectant.

14. Safety:

- a. Two reflective vests.
- b. A minimum set of three reflectorized flares.
- c. Two flashlights.
- d. A minimum of two dry chemical, mounted, five pound [2.27 kilogram] fire extinguishers located in patient compartment and in either cab or exterior compartment.
- e. Helmet, protective safety glasses or goggles eyewear, and leather or extrication gloves per crew member.
- f. Two window and glass punches located in patient compartment and in cab.

15. Communications:

- a. Radio, compatible with local communications system.
- b. Portable, handheld radio, rechargeable, battery-operated, compatible with local communications system.

16. Other:

- a. Automated external defibrillator.
- 44. b. Twenty-five triage tags.
- 45. Pulse oximeter.
- 46. c. ~~Appropriate pediatric~~Pediatric reference material ~~or pediatric weight-based and length-based~~for equipment sizing and drug

~~dosage chart or tape~~ medication dosing.

d. Four assorted sizes rolls of tape.

e. Two blunt shears.

f. Cot-mounted or ceiling hooks intravenous fluid holder.

g. Two blankets.

h. Four sheets.

i. Four towels.

j. Disposable or serializable that includes an infant bulb suction and receiving blanket with head cover obstetrical kit.

k. One current edition of the Emergency Response Guidebook.

l. Alcohol or iodine swabs.

m. Water-soluble lubricant.

n. Razor.

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; July 1, 2010; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

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

Section

<u>33-11-03-00.1</u>	<u>Purpose</u>
33-11-03-01	Minimum Standards for Personnel <u>Staffing</u>
33-11-03-02	Minimum Equipment Standards
33-11-03-03	Minimum Medication Requirements
33-11-03-04	Medical Direction
33-11-03-05	Number of Ambulances Staffed
33-11-03-06	Advertising Restrictions

SECTION 33. Section 33-11-03-00.1 is created as follows:

33-11-03-00.1. Purpose.

An emergency medical service agency that operates an advanced life support ambulance service employs one or more advanced life support ambulances staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment, and transportation of patients who require emergency medical services above the skill level of an intermediate care paramedic.

History: Effective January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 34. Section 33-11-03-01 is amended as follows:

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

1. The minimum staffing requirement for an advanced life support licensed ground ambulance must consist of ~~a~~an advanced care paramedic or equivalent and ~~an emergency medical technician~~a primary care paramedic or equivalent. If the crew consists of three or more personnel, the advanced care paramedic and emergency medical technician~~primary care paramedic~~ crew may have a ~~CPR-trained driver~~an emergency medical service vehicle operator as defined in section 33-11-01.2-01 as a third crew member. ~~By July 1, 2011, drivers must have successfully completed an emergency vehicle operations course as defined in chapter 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 hold current cardiopulmonary resuscitation certification and be a licensed advanced care 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 advanced care paramedic's, or its equivalent's, assessment findings, a patient's condition requires only basic life support, an ~~emergency medical technician~~ primary care paramedic or its equivalent may assume primary care of the patient.~~
 - ~~b. For scheduled basic life support transfers with a crew of two personnel, the driver and the primary care provider must be at least licensed ~~emergency medical technicians~~ primary care paramedics or its equivalent.~~
 - ~~c. For scheduled basic life support transfers with a crew of three or more personnel, the crew may have a CPR-trained driver.~~
3. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.
 4. Providing emergency medical services when dispatched with a lower level EMS vehicle crew. If an advanced life support ambulance and a lower level emergency medical service vehicle crew are dispatched to provide emergency medical services for a patient, the following shall apply:
 - a. Upon arrival of an emergency medical service provider from the advanced life support ambulance crew who is a higher-level emergency medical service provider than the highest-level emergency medical service provider of the lower level emergency medical service vehicle crew who is present, that emergency medical service provider shall assume primary responsibility for the patient.
 - b. If the patient is assessed by the advanced life support ambulance crew to require emergency medical services above the skill level at which the lower level emergency medical service vehicle crew is operating, and requires transport to a receiving facility, the emergency medical service provider who is responsible for the overall management of the emergency medical services provided to the patient shall decide, consistent with local emergency medical service protocols, who will transport the patient. An appropriately licensed member of the advanced life support ambulance crew shall attend to the patient during the transport. If the lower level emergency medical service vehicle is used to transport the patient, that emergency medical service provider shall use the equipment and supplies on the lower level emergency medical service vehicle, supplemented with the additional equipment and supplies, including

medications, from the advanced life support ambulance.

- c. If at the scene or during patient transport by the lower level emergency medical service vehicle crew, the emergency medical service provider of the advanced life support ambulance crew who has assumed primary responsibility for the patient determines that the lower level emergency medical service vehicle crew is operating at the skill level needed to attend to the patient's emergency medical services needs, consistent with local emergency medical service protocols, that emergency medical service provider may relinquish responsibility for the patient to the lower level emergency medical service vehicle crew.

History: Effective March 1, 1985; amended effective January 1, 1986; August 1, 1994; August 1, 2003; January 1, 2006; January 1, 2008; July 1, 2010; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 35. Section 33-11-03-02 is amended as follows:

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 for having an automated external defibrillator, unless the required manual cardiac monitor is not able to function as an automated external defibrillator, plus the following:

1. ~~Manual cardiac monitor defibrillator with transcutaneous pacer and pediatric capabilities~~Oxygen delivery:
 - a. End-tidal carbon dioxide detectors with pediatric and adult capability.
 - b. Automatic transport ventilator.
2. ~~Portable radio. Rechargeable battery operated capable of reaching law enforcement and hospitals~~Suction: One meconium aspirator adaptor.
3. ~~Nebulizer with tubing~~Airway adjuncts:
 - a. Adult endotracheal airway equipment.
 - b. Pediatric endotracheal airway equipment.
 - c. One size zero straight laryngoscope blade.
 - d. One size one straight laryngoscope blade.

- e. One size two straight laryngoscope blade.
 - f. One size three or four straight laryngoscope blade.
 - g. One size two curved laryngoscope blade.
 - h. One size three or four curved laryngoscope blade.
 - i. One adult stylette.
 - j. One pediatric stylette.
 - k. One pair of adult Magill forceps.
 - l. One pair of pediatric Magill forceps.
 - m. One adult laryngoscope handle with extra batteries.
 - n. One pediatric laryngoscope handle with extra batteries.
4. ~~Endotracheal airway equipment in pediatric and adult sizes~~Diagnostic:
- a. Manual cardiac monitor defibrillator with transcutaneous pacing, waveform capnography and pediatric capabilities.
 - b. Monitor electrocardiogram paper rolls.
 - c. Monitor electrodes.
 - d. Adult defibrillator pads.
 - e. Pediatric defibrillator pads.
5. ~~Laryngoscope with straight blade sizes zero, one, two, and three or four. Also curved blade sizes two and three or four~~Medication delivery:
- a. Intravenous therapy equipment, including venous restriction device, micro and macro drip administration sets, catheters from sixteen gauge to twenty-four gauge, intraosseous needles, tubing, solutions, and intravenous arm boards for both pediatric and adult patients, as approved by local medical direction.
 - b. Syringes and needles.
6. ~~Stylettes, one pediatric and one adult.~~

- ~~7. Meconium aspirator adaptor.~~
- ~~8. Magill forceps, one pediatric and one adult.~~
- ~~9. Intravenous therapy equipment. Catheters, intraosseous needles, tubing solutions, for both pediatric and adult patients as approved by medical director.~~
- ~~10. Glucose measuring device.~~
- ~~11. Syringes and needles.~~
- ~~12. Alcohol swabs. Betadine swabs.~~
- ~~13. Electrocardiogram supplies. Rolls of electrocardiogram paper, monitor electrodes and defibrillator pads.~~
- ~~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; July 1, 2010; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 36. Section 33-11-03-03 is amended as follows:

33-11-03-03. Minimum medication requirements.

The ambulance must carry the following functional classification of medications in pediatric and adult dosages:

1. Alkalinizer agent.
2. Bronchodilator - adrenergic intravenous or subcutaneous.
3. Bronchodilator for nebulized delivery.
- ~~4.~~ Antidysrhythmic or antiarrhythmic.
- ~~4.5.~~ Anticholinergen parasymphatholitic.
- ~~5.6.~~ Opioid antagonist.
- ~~6.7.~~ Coronary vasodilator, antianginal.
- ~~7.8.~~ Antianxiety.

~~8-9.~~ Caloric.

~~9-10.~~ Anticonvulsant.

~~10.~~ Bronchodilator.

11. Narcotic.

12. Antiemetic.

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

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 37. Section 33-11-03-05 is amended as follows:

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.~~One advanced life support ambulance must be staffed. Additional ambulances may be required to meet community needs, demand, or the response time standards as defined in section 33-11-01.2-17 and may be staffed and equipped at the basic life support level.

~~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 section 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 section 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 section 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; July 1, 2010; January 1, 2024.

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 Direction
33-11-04-15	Other Requirements

SECTION 38. Section 33-11-04-01 is amended as follows:

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~~ a nationally recognized body for accreditation of air medical transportation systems.
5. ~~4. "Department" means the state department of health as defined in North~~

~~Dakota Century Code chapter 23-01 and human services.~~

- ~~6. "Emergency medical technician" means a person who meets the requirements of the state emergency medical technician program and is licensed by the department.~~
- ~~7.5. "Equivalent" means training or equipment of equal or greater value which accomplishes the same results as determined by the department qualifications reasonably comparable to those specifically listed as required for training, certification, licensure, credentialing, or recognition.~~
- ~~8. "Paramedic" means a person who is certified by the national registry of emergency medical technicians and licensed by the department as a paramedic.~~
- ~~9.6. "Personnel" means qualified primary care providers within an air ambulance service an individual maintained on an air ambulance roster.~~
- ~~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; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 39. Section 33-11-04-02 is amended as follows:

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~~The department shall relicense for a two-year period, expiring on October thirty-first, an air ambulance service successfully meeting the requirements of the North Dakota air ambulance licensure program.
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; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 40. Section 33-11-04-03 is amended as follows:

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

An application for an air 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. ~~Application for the license shall be made in the manner prescribed by the department~~Contact information:
 - a. The name, mailing address, and email address of the applicant.
 - b. A primary contact person, including telephone number, to be reached twenty-four hours per day seven days per week.
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~~The name under which the applicant will be holding 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 will be conducting its emergency medical service operations.
 - a. 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 also be provided.
 - b. If the applicant will be holding itself out to the public under different fictitious names for the emergency medical service operations it will conduct at different locations, the fictitious name under which it intends to operate at each location.
3. The manner in which the applicant is organized.
4. The tax status of the applicant.

5. An up-to-date roster of active personnel.
6. The number and types of aircraft to be operated by the applicant and identifying information for each aircraft.
7. The communication access and capabilities of the applicant.
8. A full description of the emergency medical service agency services that it intends to provide out of each location and how it intends to respond to flight transport requests.
9. 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.
10. A statement attesting to the veracity of the application, which must be signed by the principal official of the applicant.

History: Effective August 1, 2003; amended effective January 1, 2006; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 41. Section 33-11-04-04 is amended as follows:

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. 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; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 42. Section 33-11-04-05 is amended as follows:

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~~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; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 43. Section 33-11-04-06 is amended as follows:

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 3 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 and one pilot.

History: Effective August 1, 2003; amended effective March 24, 2004; January 1, 2006; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 44. Subsection 1 of Section 33-11-04-07 is amended as follows:

1. Operators ~~from~~licensed in another state may pick up patients within ~~this state~~North Dakota 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~~under the following circumstances:
 - a. When there is a disaster or incident which may require elevated response to transport the injured.
 - b. When an out-of-state air ambulance is traveling through the state for whatever purpose comes upon an accident or medical emergency where immediate emergency air ambulance services are necessary.

History: Effective August 1, 2003; amended effective January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 45. Section 33-11-04-09 is amended as follows:

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, part 135.

History: Effective August 1, 2003; amended effective January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04 4

SECTION 46. Subsection 3 of section 33-11-04-14 is amended as follows:

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

History: Effective August 1, 2003; amended effective January 1, 2006; January 1, 2008; July 1, 2010; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 47. Section 33-11-04-15 is amended as follows:

33-11-04-15. Other requirements.

1. The aircraft ~~shall~~must have sufficient space to accommodate at least one pilot, 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~~ electronically via an electronic patient care record that is compatible with the North Dakota emergency medical service data repository within seventy-two hours.

History: Effective August 1, 2003; amended effective January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 48. Chapter 33-11-05 is repealed.

**CHAPTER 33-11-05
BASIC LIFE SUPPORT AIR AMBULANCE LICENSE**

[Repealed effective January 1, 2024]

Section

~~33-11-05-01 Training Standards for Primary Care Provider~~

~~33-11-05-02 Minimum Equipment Requirements~~

~~33-11-05-01. 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 August 1, 2003; amended effective January 1, 2006.~~

~~**General Authority:** NDCC 23-27-04~~

~~**Law Implemented:** NDCC 23-27-04~~

~~33-11-05-02. Minimum equipment requirements.~~

- ~~1. Patient litter or stretcher.~~
- ~~2. One stethoscope.~~
- ~~3. One blood pressure cuff with aneroid gauge.~~
- ~~4. Manual suction device with catheter.~~
- ~~5. One set of oropharyngeal airways including six sizes, from infant through adult.~~
- ~~6. One set of nasopharyngeal airways.~~
- ~~7. Oxygen administration system, including a protective pressure gauge, a nongravity dependent flowmeter, supply tubing, a nonrebreather mask, and a nasal cannula. The unit must be capable of achieving an oxygen delivery flow rate of at least fifteen liters per minute for one hour.~~
- ~~8. Mouth-to-mask artificial ventilation device, with a supplemental oxygen inlet port such as a pocket mask, suitable for use on infant through adult patients. This may be replaced with bag valve mask devices with masks for infant, child, and adult patients.~~

~~**History:** Effective August 1, 2003.~~

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

SECTION 49. Chapter 33-11-06 is repealed.

**CHAPTER 33-11-06
ADVANCED LIFE SUPPORT AIR AMBULANCE LICENSE**

[Repealed effective January 1, 2024]

Section

~~33-11-06-01 Training Standards for Primary Care Provider~~

~~33-11-06-02 Minimum Equipment Requirements~~

~~33-11-06-03 Advertising Restrictions~~

~~33-11-06-01. Training standards for primary care provider.~~

~~One of the crew members must be a licensed paramedic or its equivalent.~~

History: ~~Effective August 1, 2003; amended effective January 1, 2008.~~

General Authority: ~~NDCC 23-27-04~~

Law Implemented: ~~NDCC 23-27-04~~

~~33-11-06-02. Minimum equipment requirements.~~

~~All equipment required for a basic life support air ambulance as found in section 33-11-05-02, plus the following:~~

- ~~1. A suction unit capable of providing a free airflow of at least twenty liters per minute and achieving a minimum of three hundred millimeters of mercury vacuum within four seconds after clamping the suction tube.~~
- ~~2. Intravenous equipment and supplies for both pediatric and adult patients.~~
- ~~3. Two intravenous bag holders with straps.~~
- ~~4. Endotracheal intubation equipment and supplies for both pediatric and adult patients.~~
- ~~5. Cardiac monitor-defibrillator and supplies with pediatric and adult capabilities.~~
- ~~6. A drug box that contains drugs that have been ordered by the medical director of the air ambulance service.~~

History: ~~Effective August 1, 2003.~~

General Authority: ~~NDCC 23-27-04~~

Law Implemented: ~~NDCC 23-27-04~~

~~33-11-06-03. Advertising restrictions.~~

~~No basic life support air ambulance service may advertise itself as an advanced life support air ambulance service.~~

~~**History:** Effective January 1, 2006.~~

~~**General Authority:** NDCC 23-27-04~~

~~**Law Implemented:** NDCC 23-27-04~~

**CHAPTER 33-11-07
CRITICAL CARE AIR AMBULANCE LICENSE**

Section

33-11-07-01 Training Standards for Care Providers

33-11-07-02 Minimum Equipment Requirements

33-11-07-03 Advertising Restrictions

SECTION 50. Section 33-11-07-01 is amended as follows:

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

1. ~~Both care providers shall be critical care providers as listed in subsection 3 of section 33-11-01.2-12~~33-11-01.2-09.
2. ~~Notwithstanding subsection 1, elective transports for patients that are in stable condition who do not require specialized interventions or equipment as described in section 33-11-01.2-12 may be staffed at a lesser level that meets the patient's care requirements and is at least at the level of basic life support air ambulance defined in section 33-11-05-01.~~

History: Effective January 1, 2006; amended effective April 1, 2009; July 1, 2010; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04

SECTION 51. Section 33-11-07-02 is amended as follows:

33-11-07-02. Minimum equipment requirements.

~~All equipment required for a basic life support air ambulance as found in section 33-11-05-02 and all equipment required for an advanced life support air ambulance found in section 33-11-06-02 plus the following equipment must be available at the base station~~In addition to an aircraft as described in subsection 3 of section 33-11-04-01, the air ambulance shall have the following:

1. ~~Ventilator~~Patient litter or stretcher for patient transport.
2. ~~Intravenous infusion pumps~~Spinal immobilization:
 - a. One pediatric safe transport device.
 - b. One adult cervical collar.
 - c. One pediatric cervical collar.
3. ~~Any specialized equipment ordered by a physician~~Oxygen delivery:

- a. An onboard oxygen system, with the following:
 - (1) Cylinders with a capacity of one thousand two hundred liters.
 - (2) The cylinders must have at least one thousand six hundred fifty pounds per square inch at the time of inspection.
 - (3) A flow meter with a range of zero to twenty-five liters per minute delivery.
- b. Two D size oxygen cylinders with a capacity of at least three hundred liters, with five hundred pounds per square inch yoke cylinder with a minimum total pressure of five hundred pounds per square inch.
- c. Nonsparking wrench or tank opening device.
- d. Gauge or flow meter not gravity dependent and can deliver between zero and twenty-five liters per minute.
- e. Three adult nasal cannulas.
- f. Three pediatric nasal cannulas.
- g. Three adult nonrebreather oxygen masks.
- h. Three pediatric nonrebreather oxygen masks.
- i. Three sets of oxygen supply tubing.
- j. Continuous positive airway pressure device.
- k. Nebulizer with tubing.
- l. End-tidal carbon dioxide detectors with pediatric and adult capability.
- m. Automatic transport ventilator.

4. Suction:

- a. Portable suction unit with wide-bore tubing that is capable of achieving a minimum of three hundred millimeters of mercury vacuum within four seconds or less after clamping the suction tube.
- b. One rigid tonsil tip suction catheter.

- c. One flexible suction catheter between size six and ten french.
- d. One flexible suction catheter between twelve and sixteen french.

5. Airway adjuncts:

- a. One set of adult sizes nasopharyngeal airways.
- b. One set of pediatric sizes nasopharyngeal airways.
- c. One set of adult sizes oropharyngeal airways.
- d. One set of child sizes oropharyngeal airways.
- e. One set of infant sizes oropharyngeal airways.
- f. Alternative airway devices such as a supraglottic airway as approved by local medical direction.
- g. Adult endotracheal airway equipment.
- h. Pediatric endotracheal airway equipment.
- i. One size zero straight laryngoscope blade.
- j. One size one straight laryngoscope blade.
- k. One size two straight laryngoscope blade.
- l. One size three or four straight laryngoscope blade.
- m. One size two curved laryngoscope blade.
- n. One size three or four curved laryngoscope blade.
- o. One adult stylette.
- p. One pediatric stylette.
- q. One pair of adult magill forceps.
- r. One pair of pediatric magill forceps.
- s. One adult laryngoscope handle with extra batteries.
- t. One pediatric laryngoscope handle with extra batteries.

6. Bag valve masks:
 - a. One adult bag valve mask resuscitation unit with face mask.
 - b. One child bag valve mask resuscitation unit with face mask.
 - c. One infant bag valve mask resuscitation unit with face mask.
7. One pelvic stabilization device for splinting.
8. Environmental:
 - a. Four cold packs.
 - b. Four hot packs.
9. Bandaging and bleeding control:
 - a. Two sterile burn sheets or equivalent.
 - b. Three triangular bandages or commercial slings.
 - c. Two trauma dressings approximately ten by thirty-six inches [25.4 by 91.44 centimeters].
 - d. Twenty-five sterile gauze pads approximately four by four inches [10.16 by 10.16 centimeters].
 - e. Twelve soft roller self-adhering type bandages approximately five yards [4.57 meters] long.
 - f. Two sterile occlusive dressings approximately three by nine inches [76.2 by 228.6 mm].
 - g. Two commercial tactical tourniquets.
10. Diagnostic:
 - a. Manual cardiac monitor defibrillator with transcutaneous pacing, waveform capnography, and pediatric capabilities.
 - b. Monitor electrocardiogram paper rolls.
 - c. Monitor electrodes.

- d. Adult defibrillator pads.
- e. Pediatric defibrillator pads.
- f. Adult blood pressure cuff.
- g. Large adult blood pressure cuff.
- h. Child blood pressure cuff.
- i. Stethoscope.
- j. Pulse oximeter.
- k. Glucose measuring device.
- l. Penlight.
- m. Thermometer.

11. Medication delivery:

- a. Four of each size and individually wrapped and sterile hypodermic needles size sixteen to eighteen gauge, twenty to twenty-two gauge, twenty-three to twenty-five gauge, and two hypodermic needles of assorted sizes, including at least one with a one milliliter volume.
- b. Intravenous therapy equipment, including venous restriction device, micro and macro drip administration sets, catheters size sixteen gauge to twenty-four gauge, intraosseous needles, tubing, solutions, and intravenous arm boards for both pediatric and adult patients, as approved by local medical direction.
- c. Two three and one-quarter inch over the needle catheter in ten, twelve, or fourteen gauge.
- d. Three Intravenous infusion pumps or one multi-channel unit capable of managing three simultaneous infusions.
- e. Two intravenous bag holders with straps.

12. Medications:

- a. Alkanilizing agent.
- b. Antianxiety.

- c. Anticholinergen parasympatholytic.
- d. Anticonvulsants.
- e. Antidysrhythmic/antiarrhythmic.
- f. Antiemetic.
- g. Antihistamine.
- h. One small bottle of chewable aspirin.
- i. Adrenergic intravenous or subcutaneous bronchodilator or sympathomimetic.
- j. Adult and pediatric doses of epinephrine administered through an autoinjector or intramuscular, if approved by medical director. If epinephrine is administered intramuscular the air ambulance shall have syringes and needles for intramuscular delivery.
- k. Bronchodilator for nebulized delivery.
- l. Caloric.
- m. Coronary vasodilator, antianginal.
- n. Corticosteroid or glucocorticoid.
- o. Opioid antagonist.
- p. Opioid agonist.
- q. Other medications may be carried as approved by the medical director.

13. Personal protective equipment:

- a. Personal infection control kit, which includes the following:
 - (1) Eye protection, clear, and disposable for each crew member.
 - (2) Gown or coat for each crew member.
 - (3) Disposable surgical cap and foot coverings, for each crew member.

- (4) Exam gloves for each crew member.
- (5) Sharps containers and red bags per infectious control plan.
- (6) N95 respirator for each crew member.
- (7) Hand disinfectant for each crew member.
- (8) Ten alcohol sponges.

14. Two liters of sterile water with normal saline for cleaning and biological.

15. Safety:

- a. Flight helmet with built-in communication for each crew member.
- b. One survival bag.
- c. One fully-charged fire extinguisher rated at least 5 B:C securely mounted where it can be reached by the pilot or crewmembers. The fire extinguisher must be intact with safety seal, have been inspected within the previous twelve calendar months, and have the appropriate inspection tag attached.

16. Communications:

- a. Two-way radio communications for the pilot to be able to communicate with hospitals, public safety answering points, and ground ambulances in areas to which the air ambulance routinely provides service.
- b. At least one headset per crew member with built-in communication among the crew when the aircraft is operating and noise levels prevent normal conversation.

17. Other:

- a. Four assorted rolls of adhesive tape, with at least one hypoallergenic roll.
- b. One bandage shears.
- c. Pediatric length-based drug dosing and equipment sizing tape, most current version available.

- d. One sterile obstetrical kit.
- e. One separate sterile bulb syringe.
- f. One silver swaddler sterile thermal blanket or one roll of sterile aluminum foil for use on infants and newborns.
- g. Appropriate patient coverings capable of maintaining body temperature based on anticipated weather conditions.
- h. Two sterile water-soluble lubrication, two cubic centimeter or larger tubes.
- i. Copy of most current version of agency protocols, as approved by medical director.

History: Effective January 1, 2006; January 1, 2024.

General Authority: NDCC 23-27-04

Law Implemented: NDCC 23-27-04