

CHAPTER 4690
EMERGENCY MEDICAL SERVICES
REGULATORY BOARD
AMBULANCE SERVICES

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NOTE: Minnesota Statutes, section 144.804 was repealed by Laws 1997, chapter 199, section 15. Comparable language was added as section 144E.16 by Laws 1997, chapter 199, section 11.

AMBULANCE SERVICE RULES

4690.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 4690.0100 to 4690.8300, the following terms have the meanings given them.

Subp. 2. **Air ambulance.** "Air ambulance" means an ambulance that is designed and manufactured to travel by air. It includes fixed wing aircraft and helicopters.

Subp. 3. **Base of operation.** "Base of operation" means the address at which the physical plant housing ambulances, related equipment, and personnel is located.

Subp. 4. **Basic cardiac life support.** "Basic cardiac life support" means cardiopulmonary resuscitation by one and two persons, infant resuscitation, and management of the obstructed airway in conscious and unconscious persons.

Subp. 4a. **Board.** "Board" means the emergency medical services regulatory board.

Subp. 5. **Change.** "Change" means an action or occurrence by which a situation relevant to licensure has become distinctly and materially different such that it can reasonably be expected that the licensee will not meet the conditions of its current license.

Subp. 6. **Change in type of service.** "Change in type of service" means any change in the schedule of:

A. level of service when the change is from basic life support to advanced life support;

B. hours during which service will be available; or

C. the group of individuals for whom services will be exclusively provided such that a new type of license is required.

Subp. 7. **Change of base of operation.** "Change of base of operation" means the relocation of vehicles, related equipment, and personnel housed at one location to another location such that it is no longer possible for the service making the change to meet the conditions of its license regarding its designated primary service area.

Subp. 8. **City of the first class and city of the second class.** "City of the first class" and "city of the second class" have the meanings given to them in Minnesota Statutes, section 410.01.

Subp. 9. **Commissioner.** "Commissioner" means commissioner of health.

Subp. 10. **Communications base.** "Communications base" means the composite collection of radio base station equipment which is used for two-way radio communications between ambulances and medical facilities.

Subp. 11. **Disaster.** "Disaster" means a sudden occurrence or other temporary condition causing or likely to cause such widespread damage and such mass casualties or threats to the health and safety of members of the public that available ambulance services cannot reasonably be considered adequate to respond to the emergency needs of the affected public.

Subp. 12. **Drug.** "Drug" means all medicinal substances and preparations recognized by the United States Pharmacopoeia National Formulary, issued by the United States Pharmacopoeial Convention (Rockville, Maryland) or by any revision of that publication. It also means all substances and preparations intended for external and internal use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals, and all substances and preparations, other than food, intended to affect the structure or any function of the body of humans or other animals.

Subp. 13. **Emergency medical technician.** "Emergency medical technician" means a person certified under parts 4690.3900 to 4690.5100 to provide basic life support service.

Subp. 14. **Full operating condition and good repair.** "Full operating condition and good repair" means a condition in which all systems, parts, elements, and components are completely workable, operational, and reliable.

Subp. 15. **Intermediate emergency medical technician.** "Intermediate emergency medical technician" means a person who is certified under parts 4690.3900 to 4690.6400 to provide basic life support service and who may, under the medical direction of a physician, perform advanced life support procedures using intravenous infusions, medical antishock trousers, and esophageal obturator airways.

Subp. 16. **Intravenous infusion.** "Intravenous infusion" means the introduction of a fluid other than blood into a vein.

Subp. 17. **Intravenous therapy.** "Intravenous therapy" means the establishment of an intravenous line and the administration of intravenous fluids and drugs.

Subp. 18. **Land ambulance.** "Land ambulance" means an ambulance that is designed and manufactured to travel on land.

Subp. 19. **Medical adviser.** "Medical adviser" means a physician who:

- A. provides advice on training and orientation of personnel;
- B. provides advice on upgrading and purchasing equipment;
- C. provides triage, treatment, and transporting protocols to assure that patients requiring care are transported to appropriate medical facilities; and
- D. helps to develop and operate an internal quality assurance mechanism that includes a review of services provided.

Subp. 20. **Medical control.** "Medical control" means the direction by a physician of out of hospital emergency medical care that is provided, through direct oral communication by radio or telephone.

Subp. 21. **Medical director.** "Medical director" has the following meanings:

A. "Medical director" means a physician who accepts responsibility for the quality of care provided by drivers and attendants of an advanced ambulance service and who:

- (1) provides standards for training and orientation of personnel;
 - (2) provides standards on upgrading and purchasing equipment;
 - (3) prescribes any standing orders for the provision of life support care;
 - (4) provides triage, treatment, and transporting protocols to assure that patients requiring care are transported to appropriate medical facilities;
 - (5) assists with the development and operation of an internal quality assurance mechanism that includes a review of services provided;
 - (6) provides written procedures for the storage and administration of drugs;
- and
- (7) provides written standards for medical equipment and supplies used to provide advanced ambulance services.

B. With respect to a basic ambulance service that has been granted a variance to perform a restricted treatment or procedure listed in part 4690.0800, subpart 2, "medical director" means a physician who accepts responsibility for the quality of care given in the course of providing the restricted treatment or procedure who provides:

- (1) standards for training and continuing education with respect to the restricted treatment or procedure for which the variance was granted;
- (2) standards for the purchase of medical equipment and supplies necessary for the restricted treatment or procedure;
- (3) standing orders for performing the restricted treatment or procedure; and
- (4) regular review of the quality of care provided under the variance.

Subp. 22. **Nonbreakable.** "Nonbreakable" means not easily broken and not liable to be broken through normal use and minor abuse such as dropping.

Subp. 23. **Osteopath.** "Osteopath" means a person licensed to practice osteopathy under Minnesota Statutes, sections 148.11 to 148.16 prior to 1963 or licensed to practice medicine under Minnesota Statutes, chapter 147.

Subp. 24. **Paramedic.** "Paramedic" means a paramedic emergency medical technician certified under parts 4690.6500 to 4690.7600 to provide advanced life support service under the medical control of a physician and under protocols and standing orders of the licensee's medical director.

Subp. 25. **Parenteral.** "Parenteral" means not through the alimentary canal, but rather by injection, through some other route.

Subp. 26. **Physician.** "Physician" means a person licensed to practice medicine under Minnesota Statutes, chapter 147.

Subp. 27. **Program coordinator.** "Program coordinator" means a person who serves as the administrator of an emergency care training program and who is responsible for the following:

- A. planning, conducting, and evaluating the program;
- B. selecting the students;
- C. selecting qualified instructors;
- D. documentation and maintaining of records;
- E. developing a curriculum; and
- F. helping to coordinate examination sessions and clinical training.

Subp. 28. **Program medical director.** "Program medical director" means a physician who accepts responsibility for the following elements of an emergency medical care training program:

- A. ensuring an accurate and thorough presentation of the medical content of an emergency care training program;
- B. certifying that each student has successfully completed the training course; and
- C. in conjunction with the program coordinator, planning the clinical training that takes place in the hospital and ambulance.

Subp. 29. **Registered nurse.** "Registered nurse" means a person licensed to practice professional nursing under Minnesota Statutes, sections 148.171 to 148.285.

Subp. 30. **Scheduled ambulance service.** "Scheduled ambulance service" means basic or advanced ambulance service that restricts its services to specified periods of time or to a specified group of people, or restricts the type of services it provides to a specified medical category.

Subp. 31. **Single service.** "Single service" means designed and manufactured to be used once and then disposed of, not to be reused.

Subp. 32. **Sterile.** "Sterile" means free from microorganisms.

Subp. 33. **Substation.** "Substation" means the location from which ambulances and personnel operate to provide ambulance service which is supplementary to that provided from the base of operation and which enables the licensee to serve all points in its primary service area in accordance with the requirements in parts 4690.3400 to 4690.3700.

Subp. 34. **Telemetry.** "Telemetry" means the direct transmission of electronic signals indicating measurement of patient physiological vital signs.

Subp. 35. **Treatment.** "Treatment" means the use of the skills or equipment required by parts 4690.0100 to 4690.8300 for the management and care of an ill or injured person or of a pregnant woman for the purpose of combating disease, minimizing disability, preventing death, or preserving health.

Subp. 36. **Triage.** "Triage" means the sorting out and classification of ill or injured persons to determine priority of need and place of treatment.

Subp. 37. **Variance.** "Variance" means permission to comply in a manner other than that specified by parts 4690.0100 to 4690.8300.

Subp. 38. **Waiver.** "Waiver" means permission not to comply with parts 4690.0100 to 4690.8300.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; 14 SR 519; 17 SR 1279; L 1996 c 324 s 6*

APPLICATIONS FOR LICENSURE

4690.0200 CONTENTS OF ALL APPLICATIONS.

Subpart 1. **Specific information required.** An application for license renewal, or for licensure of a new service, expansion of primary service area, change of base of operation, or type of service provided must be made on a form provided by the board and must include, at a minimum, the following categories of information to allow a determination of compliance with the requirements of Minnesota Statutes, sections 144E.001 to 144E.17 and 144E.30 and to provide sufficient information for local and regional reviews prescribed in Minnesota Statutes, section 144E.10:

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- A. identification, location, and pertinent telephone numbers for the proposed service and the name of the individual responsible for accuracy of the application;
- B. the addresses of the base of operation and substations;
- C. the names, addresses, and telephone numbers of the medical adviser or medical director of the service and the base hospital or affiliated medical facility, if any, for the service;
- D. the location of the communications base and a description of the communications equipment on the licensee's ambulances and at its communications base;
- E. whether the application is for a new license, license renewal, expansion of primary service area, change of base of operations, or change in type of service provided;
- F. the type and identification of ownership;
- G. the type and identification of the entity responsible for operation, if different from ownership;
- H. backup coverage, including reserve ambulances owned by applicant, backup services, and copies of signed mutual aid agreements with neighboring providers;
- I. other licensed providers in the primary service area;
- J. a description of the population to be served;
- K. type of service to be licensed;
- L. actual past and estimated future utilization of the service;
- M. basic actual or estimated financial data, including actual and in kind revenue or income, actual or projected patient charges, sources of revenue by type, and actual and imputed expenses by category and projected capital costs and operating costs;
- N. qualifications of personnel, including number of and credentials of attendants and drivers and names and addresses of key personnel;
- O. a listing and description of all ambulances to be used by the service if licensed;
- P. a description of any proposed new service, change of base of operation, expansion of primary service area, or change in type of service; and
- Q. a justification of the need for any proposed new service or modification in service; and
- R. a declaration of the proposed primary service area, including a description of the geographic features of the primary service area that have a direct bearing on the proposed service or modified service.

Subp. 2. **Other information required.** Applicants shall furnish other information that may be needed by the board to clarify incomplete or ambiguous information presented in the application.

Subp. 3. **Documentation of information.** Applicants shall retain in their files documentation of all statements made in applications for licensure.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6; L 1997 c 199 s 14*

4690.0300 CONTENTS OF APPLICATIONS BY HEALTH CARE FACILITIES.

Applicants for life support licensure that are health care facilities as defined in Minnesota Statutes, section 145.833, subdivision 2, shall submit sufficient information on the form described in part 4690.0200, subpart 1, to allow the commissioner to determine the need for a certificate of need review as prescribed in Minnesota Statutes, section 145.834.

Applicants for life support licensure that are determined to be subject to certificate of need review by the commissioner shall provide additional information as required by Minnesota Statutes, section 145.836. The information must be submitted on forms provided by the commissioner and must meet all criteria specified in rule and statute for certificate of need applications.

Statutory Authority: *MS s 144.804; 144E.16*

BASIC AMBULANCE SERVICES

4690.0400 PERSONNEL QUALIFICATIONS IN GENERAL.

Except for persons functioning as pilots of air ambulances, no person may function as an attendant or driver or represent himself or herself as an attendant or driver of a basic ambulance service ambulance unless that person:

- A. possesses a current American Red Cross advanced first aid certificate; or
- B. until two years after January 3, 1980, possesses a current emergency care certificate issued by the commissioner under Minnesota Statutes, section 214.13; or
- C. possesses a current certificate issued under parts 4690.3900 to 4690.7600.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; 17 SR 1279*

4690.0500 PERSONNEL QUALIFICATIONS FOR AIR AMBULANCE ATTENDANTS.

No person may act as an attendant of an air ambulance unless that person:

- A. possess a current certificate issued under parts 4690.3900 to 4690.7600; and
- B. has received training approved by the licensee's medical adviser which includes instruction in the physiological changes due to decreased atmospheric pressure, acceleration, vibration, and changes in altitude; instructions in the medical conditions requiring special precautions; and contraindications to air transport.

The medical adviser must sign and file with the licensee a statement that each attendant has successfully completed such training.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.0600 STAFFING STANDARDS.

Subpart 1. **Attendants; drivers.** Each basic ambulance service licensee shall employ or have on its staff a minimum of five persons qualified under part 4690.0400 and shall maintain a current roster, including the name, address, and qualification of those persons; and files documenting personnel qualifications.

Subp. 2. **Medical adviser.** Each licensee that operates air ambulances and by July 1, 1985, each licensee that operates land ambulances shall have a physician medical adviser.

Subp. 3. **File documents.** The licensee shall maintain in its files the name and address of the medical adviser and a written statement signed by the medical adviser indicating acceptance of the responsibilities defined in part 4690.0100, subpart 19.

Subp. 4. **Operational requirement.** An attendant shall be in the patient compartment while transporting a patient except as allowed by Minnesota Statutes, section 144E.16, subdivision 2. If an ambulance service finds it impossible to arrange for an attendant to accompany a driver in responding to a medical emergency, the driver may proceed to the site of the emergency and transport the patient to a health care facility without an accompanying attendant. Under these conditions the service shall:

A. make all reasonable efforts to arrange for an attendant to be present at the site of the emergency and en route to a health care facility;

B. document each case in which it was impossible to arrange for an attendant to be present at the site of the emergency and to accompany the driver during transport of the patient and explain what reasonable efforts were made to arrange for an attendant to be present; and

C. maintain this documentation in its files.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1997 c 199 s 14*

4690.0700 QUALITY OF LIFE SUPPORT TREATMENT.

Subpart 1. **Quality control.** Each licensee shall:

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A. assure that attendants and drivers that it employs or has on its staff have current certificates issued by the board or an American Red Cross advanced first aid certificate;

B. assure that its attendants and drivers use only equipment that they are trained to use; and

C. assure that its attendants and drivers provide care that conforms to the general standard of care expected of persons who are trained and certified as those attendants and drivers are trained and certified.

Subp. 2. **Complaints.** Each licensee shall establish and implement a procedure for responding to complaints about its ambulance service.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6*

4690.0800 RESTRICTED TREATMENTS AND PROCEDURES.

Subpart 1. **Medical antishock trousers.** Basic ambulance services may use medical antishock trousers only as allowed under part 4690.1000.

Subp. 2. **Other medical procedures.** Except as authorized under part 4690.8300, basic ambulance services may not offer or provide the following:

A. use of an esophageal obturator airway;

B. use of a cardiac monitor or defibrillator; and

C. establishment of intravenous therapy or establishment or maintenance of intravenous infusions.

Subp. 3. **Transfer of patients.** Basic ambulance services may transport patients who are receiving intravenous therapy only when the following conditions are met:

A. transportation is provided only between health care facilities; and

B. the intravenous therapy was established by the facility from which the patient is transported; and either

C. a physician, registered nurse, or paramedic accompanies the patient and rides in the patient compartment; or

D. the patient's physician provides written information and precautions to the ambulance service attendants about the intravenous therapy which the patient is receiving, the service maintains a copy of the written information in its files, and the attendant is certified under parts 4690.3900 to 4690.5100 and has completed training approved by the medical adviser in the maintenance of intravenous therapy equipment.

Subp. 4. **Drugs.** Basic ambulance services may not administer drugs other than oxygen, syrup of ipecac, and nonprescription drugs.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.0900 MINIMUM EQUIPMENT STANDARDS.

Subpart 1. **Equipment standards.** All ambulances must carry equipment that complies with the following standards.

Subp. 2. **Splinting equipment.** They must carry splinting equipment that includes:

A. one lower-extremity traction splint fashioned so as to permit determination of distal pulse, sensitivity, and range of movement after the application of the splint;

B. fixation splints for fractures of both legs and both arms; and

C. one short and one long backboard with head immobilization gear and patient fixation straps.

Subp. 3. **Ventilation assistance and airway maintenance equipment.** They must carry ventilation assistance and airway maintenance equipment that includes:

A. one portable oxygen system complying with the following specifications:

(1) high-pressure tank regulated to 50 pounds per square inch at flowmeter;

(2) calibrated to deliver to the patient two to 15 liters of oxygen per minute;

(3) minimum of 20 minutes supply at a rate of 15 liters per minute;

(4) single-service tubing from regulator valve outlet to patient, except for oxygen-powered, manually cycled valves;

(5) equipment for the administration of low concentrations of oxygen that consists of either one venturi-type face mask capable of a minimum flow of 24 percent oxygen or one single-service nasal cannula;

(6) equipment for the administration of high concentrations of oxygen that consists of one each of pediatric and adult partial rebreather or nonrebreather face masks; and

(7) capability for use as an oxygen source as described in item C;

B. one oxygen system for use in the ambulance that complies with item A, sub-items (1), (2), and (4) to (7) and that is capable of delivering a minimum of 60 minutes supply at a rate of 15 liters per minute and a minimum of 30 minutes uninterrupted supply;

C. one clear-domed mask for infant, child, and adult patients with a 15/22 millimeter adapter and oxygen inlet port for mouth-to-mask or mechanical device mask ventilation; or one each of infant, child, and adult masks with an oxygen-powered manually cycled valve connected to an oxygen source capable of delivering a minimum of 30 minutes oxygen supply at 15 liters per minute;

D. portable suction apparatus with catheter or oral suction equipment that:

(1) uses a nonbreakable bottle for collection of the aspirated material, and

(2) is capable of producing a vacuum of 150 millimeters of mercury with an air flow rate of 15 liters per minute for a period of at least five minutes; except that if the power source is oxygen, this requirement is in addition to the time requirement for the administration of oxygen to the patient; and

E. one set of oropharyngeal airways suitable in use in adult, child, and infant patients.

Subp. 4. **Dressings, bandages, and bandaging equipment.** They must carry dressings, bandages, and bandaging equipment that includes, at a minimum:

A. two universal or multitrauma dressings approximately ten inches by 30 inches;

B. twelve sterile gauze pads or twelve sterile abdominal pad dressings;

C. two rolls of adhesive tape three-quarters of an inch to three inches wide;

D. six soft rolled bandages, approximately three to six inches wide and five yards long; and

E. blunt tip shears capable of cutting through heavy clothing.

Subp. 5. **Poison treatment kit.** They must carry one poison treatment kit that includes: two ounces of syrup of ipecac and one quart drinking liquid in a nonbreakable container.

Subp. 6. **Emergency obstetric kit.** They must carry one emergency obstetric kit that includes:

A. three sterile towels and two sterile drapes;

B. bulb syringe;

C. four sterile pads or sterile sanitary napkins;

D. plastic bag or basin;

E. two sterile cord clamps or ties;

F. one 18-inch by 25-foot roll of aluminum foil in an unopened original package or one reflective blanket, either of which must be clean and wrapped, or a clean blanket designed for keeping premature infants warm;

G. sterile shears or scalpel; and

H. single-service sterile gloves.

Subp. 7. **Equipment to determine vital signs.** They must carry equipment for determination of vital signs that includes: one stethoscope and one sphygmomanometer with cuffs for use with child and adult patients.

Subp. 8. **Current map.** They must carry a detailed current map for use in locating all points in the primary service area.

Subp. 9. **Extrication equipment.** They must carry extrication equipment that includes either one 24-inch wrecking bar or a commercial extrication device.

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Subp. 10. **Other equipment.** They must carry other equipment that includes:

- A. one stretcher 72 to 84 inches long and 18 to 24 inches wide;
- B. two sheets, two blankets, and one pillow;
- C. emesis container;
- D. one flashlight;
- E. one fire extinguisher, five-pound dry-chemical type with A:B:C rating; and
- F. three bidirectional reflective triangles or three flares.

Statutory Authority: *MS s 144.804; 144E.16*

4690.1000 AUTHORIZATION FOR USE OF MEDICAL ANTISHOCK TROUSERS.

Medical antishock trousers may be carried and used by basic ambulance services only if:

A. attendants and drivers who will use the equipment have been trained in its use and are certified under parts 4690.3900 to 4690.5100;

B. use of such equipment has been authorized by the licensee's medical adviser; and

C. documentation of items A and B is retained in the licensee's files.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.1100 VARIANCE FOR CERTAIN PERSONNEL.

Basic ambulance service licensees that use drivers and attendants who possess only an American Red Cross advanced first aid certificate must obtain a variance in the manner required in part 4690.8300, subpart 1 to authorize those drivers and attendants to use equipment listed in part 4690.0900 for which no training was provided in the advanced first aid course.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.1200 EQUIPMENT STORAGE.

All equipment carried in an ambulance must be stored so that the patient, attendant, and driver are not injured or inconvenienced in the event of a sudden stop or movement of the ambulance during transport.

All equipment required by part 4690.0900 must be permanently stored and kept on or in the ambulance unless otherwise provided for in part 4690.1300.

Statutory Authority: *MS s 144.804; 144E.16*

4690.1300 AIR AMBULANCE EQUIPMENT.

Subpart 1. **Air ambulances.** Air ambulances licensed to provide basic ambulance service must carry all equipment listed in part 4690.0900 with the exception of the equipment in part 4690.0900, subparts 9 and 10, items E and F.

Subp. 2. **Air ambulance services.** Ambulance services provided by air ambulances must comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

Subp. 3. **Equipment storage.** Equipment required in subpart 1 that is not permanently stored on or in an air ambulance must be kept separate from the air ambulance in a modular prepackaged form so as to be available for rapid loading and easy access aboard the aircraft at the time of response to a call.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.1400 MAINTENANCE, SANITATION, AND TESTING OF EQUIPMENT.

Maintenance, sanitation, and testing:

A. All equipment must be maintained in full operating condition and in good repair.

B. All equipment and containers used for storage of equipment must be kept clean so as to be free from dirt, grease, and other offensive matter.

C. Sheets and pillowcases must be changed after each use.

D. Single-service equipment must be wrapped, stored, and handled so as to prevent contamination and must be disposed of after use.

E. Reusable equipment must be cleaned after each use so as to be free from dirt, grease, and other offensive matter.

F. Equipment, soiled or otherwise not free from dirt, grease, and other offensive matter, must be kept in plastic bags or securely covered containers until disposed of or prepared for reuse.

G. Procedures for the periodic performance testing of mechanical equipment listed in part 4690.0900, subparts 3 and 7, item B must be developed, maintained, and followed; and records of performance testing must be kept in the licensee's files. Testing must occur at the intervals suggested by the manufacturer of the equipment.

Statutory Authority: *MS s 144.804; 144E.16*

AMBULANCE STANDARDS

4690.1500 LAND AMBULANCES.

Subpart 1. **Land ambulances purchased after June 30, 1981.** All new land ambulances purchased by a licensee after June 30, 1981, must comply with the following standards:

A. the size of the patient compartment must be a minimum of 116 inches long and 52 inches high from floor to ceiling and must provide in width not less than 69 inches wall to wall; or attendant walkway of not less than 12 inches between the stretcher and fixed bench and between stretchers;

B. the door opening to the patient compartment must be a minimum of 30 inches wide and 42 inches high and the door to the patient compartment must be operable from inside the ambulance, and must be capable of being fully opened and held open by a mechanical device;

C. the interior storage areas must provide a minimum of 30 cubic feet of storage space to accommodate all required equipment and other equipment carried and must be located to provide easy access to all equipment;

D. the interior lighting in the patient compartment must include overhead or dome lighting, be designed so that no glare can be reflected to the driver's line of vision while the ambulance is transporting the patient; and provide sufficient lighting to allow visual determination of patient vital signs;

E. environmental equipment must include a heater for the patient compartment that has a minimum output of 21,000 Btu's;

F. the ambulance must:

(1) have an overall height, including roof-mounted equipment except for radio antenna, of 110 inches or less;

(2) have fuel capacity to provide no less than 175-mile range;

(3) have ground clearance of at least six inches when loaded to gross vehicle weight rating; and

(4) be capable of full performance at ambient temperatures of minus 30 degrees Fahrenheit to 110 degrees Fahrenheit; and

G. the ambulance must be marked to show the name of the service as shown in the current license issued by the board, in letters not less than three inches in height and in a position and color to allow identification of the service from the sides and rear of the vehicle.

Subp. 2. **Compliance with General Services Administration standards.** Land ambulances that comply with the standards issued by the General Services Administration in

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Federal Specification KKK-A-1822 A for Emergency Medical Care Surface Vehicle dated April 1, 1980, with the exception of sections 3.14, 3.15, and 3.16, are deemed to comply with the standards contained in subparts 1, 3, and 4.

Subp. 3. Ambulances in service before June 30, 1981. All ambulances originally put into service by the licensee on or before June 30, 1981, and all ambulances other than land or air ambulances must substantially comply with the standards contained in subpart 1 as determined by the board according to the following considerations:

A. size of the patient compartment must allow adequate space for administering life support services;

B. dimensions of door openings to the patient compartment and the operation of the doors to the patient compartment must allow easy access;

C. design and location of interior storage areas must allow adequate storage and easy access;

D. design and operation of interior lighting in the patient compartment must provide adequate illumination for administering life support services;

E. design and operation of environmental equipment must provide proper heating; and

F. design, operation, and suspension must provide safe and stable transport.

Subp. 4. Siren and light. All land ambulances must be equipped with a siren capable of emitting sound that is audible under normal conditions from a distance of not less than 500 feet and at least one light capable of displaying red light that is visible under normal atmospheric conditions from a distance of 500 feet from the front of the ambulance.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.1600 AIR AMBULANCES.

Ambulance services provided by air ambulances must comply with the regulations of the Federal Aviation Administration and the rules of the Minnesota Department of Transportation, Aeronautics Division.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.1700 RESTRAINING DEVICES.

All ambulances must be equipped with restraining devices for the stretcher and all seating places in the patient compartment for patient and attendant.

Statutory Authority: *MS s 144.804; 144E.16*

4690.1800 MAINTENANCE AND SANITATION OF AMBULANCES.

Maintenance and sanitation:

A. Each ambulance must be maintained in full operating condition and in good repair and documentation of maintenance must be kept in the licensee's file.

B. The interior of the ambulance, including all storage areas, must be kept clean so as to be free from dirt, grease, and other offensive matter.

C. If an ambulance has been used to transport a patient who is known or should be known by the attendant or driver to have a transmissible infection or contagious disease, other than a common cold, liable to be transmitted from person to person through exposure or contact, surfaces in the interior of the ambulance and surfaces of equipment and materials that come in contact with such patient must, immediately after each use, be cleaned so as to be free from dirt, grease, and other offensive matter and be disinfected or disposed in a secure container so as to prevent the presence of a level of microbiologic agents injurious to health.

D. Smoking in any portion of the ambulance is prohibited.

Statutory Authority: *MS s 144.804; 144E.16*

4690.1900 STANDARDS AND RADIO FREQUENCY ASSIGNMENTS.

Subpart 1. Ambulances. Ambulances must have a two-way very high frequency (VHF) mobile radio, with continuous tone coded squelch system (CTCSS), capable of operating on at least two VHF high band radio frequency channels.

Subp. 2. **Basic ambulance service.** Each basic ambulance service must have the capability of using a communications base that has a two-way VHF base radio, with CTCSS, capable of operating on at least two VHF high band radio frequency channels.

Subp. 3. **Assigned radio frequency.** Ambulances and communications bases must select and operate one channel at the radio frequency assigned to the district within which the communications base is located, as follows:

A. northwestern district (Kittson, Roseau, Lake of the Woods, Marshall, Beltrami, Polk, Pennington, Red Lake, Clearwater, Hubbard, Norman, and Mahnommen counties) has one channel radio frequency of 155.325 megahertz (MHz);

B. northeastern district (Koochiching, St. Louis, Lake, Cook, Itasca, Carlton, and Aitkin counties) has one channel radio frequency of 155.355 MHz;

C. west central district (Clay, Becker, Wilkin, Ottertail, Grant, Douglas, Stevens, Traverse, and Pope counties) has one channel radio frequency of 155.355 MHz;

D. central district (Cass, Wadena, Crow Wing, Todd, Mille Lacs, Isanti, Pine, Chisago, Kanabec, Morrison, Stearns, Benton, Sherburne, and Wright counties) has one channel radio frequency of 155.385 MHz;

E. southwestern district (Swift, Kandiyohi, Meeker, Lac qui Parle, Chippewa, Yellow Medicine, Renville, McLeod, Lincoln, Lyon, Redwood, Pipestone, Murray, Cottonwood, Rock, Nobles, Big Stone, and Jackson counties) has one channel radio frequency of 155.400 MHz;

F. south central district (Sibley, Le Sueur, Nicollet, Brown, Watonwan, Blue Earth, Waseca, Martin, and Faribault counties) has one channel radio frequency of 155.355 MHz;

G. southeastern district (Rice, Goodhue, Wabasha, Steele, Dodge, Olmsted, Winona, Freeborn, Mower, Fillmore, and Houston counties) has one channel radio frequency of 155.385 MHz; and

H. metropolitan district (Anoka, Hennepin, Ramsey, Washington, Carver, Scott, and Dakota counties) has one channel radio frequency of 155.325 MHz.

Subp. 4. **CTCSS tone operation.** The CTCSS tone operation on the channel assigned to the district frequency on the mobile radio must be the same as the CTCSS tone operation of the base radio for that channel and frequency.

Subp. 5. **Channel assigned to national frequency.** Ambulances and communications bases must operate one channel assigned to the national frequency at a radio frequency of 155.340 MHz and must use a CTCSS tone of 210.7 Hz for that channel.

Subp. 6. **Labeled to show use.** Each channel must be labeled to show use.

Subp. 7. **Base station.** The base station or other receiving site must be configured to receive the CTCSS tone of 210.7 Hz for operation of its speaker, but must not transmit the tone. The receiver must be operated with a digital dial decoder that bypasses the tone circuit for base to base communications on 155.340 MHz.

Subp. 8. **Ambulance radio.** The ambulance radio must be configured to transmit the CTCSS tone of 210.7 Hz on 155.340 MHz radio frequency, and the radio must be connected in a manner that allows operation of the speaker system without reception of the tone.

Subp. 9. **Use of other means of communication.** Ambulances and communications bases may communicate by telephone and means of communication other than radio when radio communications are not necessary.

Subp. 10. **Prohibition of mobile telephone services.** Mobile telephone services are not acceptable as an alternative to the required two-way radio operation.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.2000 EQUIPMENT PERFORMANCE AND REPAIR.

All communications equipment must be capable of transmitting and receiving clear and understandable voice communications to and from the licensee's communications base and all points within the licensee's primary service area. All communication equipment must be maintained in full operating condition and in good repair.

Statutory Authority: *MS s 144.804; 144E.16*

ADVANCED AMBULANCE SERVICES

4690.2100 PERSONNEL STANDARDS.

Subpart 1. **Qualifications of attendants.** Except for persons functioning as pilots of air ambulances, no person may function as an attendant or represent himself or herself as an attendant of an advanced ambulance service ambulance unless that person possesses a current certificate issued under parts 4690.6500 to 4690.7600.

Subp. 2. **Qualifications of drivers.** Except for persons functioning as pilots of air ambulances, no person may function as a driver or represent himself or herself as a driver of an advanced ambulance service ambulance unless that person: possesses a current certificate issued under parts 4690.3900 to 4690.7600.

Subp. 3. **Qualifications; air ambulance personnel.** The licensee shall maintain in its files documentation that each person who works as an attendant of an advanced life support air ambulance:

A. complies with subpart 1; and

B. has received training approved by the licensee's medical director which includes instruction in the physiological changes due to decreased atmospheric pressure, acceleration, vibration, and changes in altitude; instructions in the medical conditions requiring special precautions; and contraindications to air transport. The medical director must sign and file with the licensee a statement that each attendant has successfully completed such training.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; 17 SR 1279*

4690.2200 STAFFING STANDARDS.

Subpart 1. **Attendants; drivers.** Each advanced ambulance service shall employ or have on its staff a minimum of:

A. five persons qualified under part 4690.2100, subpart 1; or

B. three persons meeting the qualifications of attendants set forth in part 4690.2100, subpart 1 and three persons meeting the qualifications of drivers set forth in part 4690.2100, subpart 2.

Subp. 2. **Medical director.** Each licensee shall have a physician medical director. The medical director must have completed training in advanced cardiac life support that includes training in the following elements:

A. basic cardiac life support;

B. use of adjunctive equipment and special techniques for establishing and maintaining effective ventilation and circulation;

C. cardiac monitoring and dysrhythmia recognition;

D. establishing and maintaining an intravenous infusion line;

E. employment of therapy in the treatment of the patient with suspected or overt acute myocardial infarction during cardiac arrest, dysrhythmia and in the postarrest phase; and

F. use of drugs and defibrillation.

The advanced cardiac life support training course must be approved by the board.

Subp. 3. **Roster; files.** Each advanced ambulance service licensee shall maintain:

A. a current roster, including the name, address, and qualifications of each attendant and driver;

B. files documenting personnel qualifications; and

C. a written statement signed by the medical director stating acceptance of the responsibilities of medical director.

Subp. 4. **Operational requirement.** The requirements set forth in part 4690.0600, subpart 4 apply to advanced ambulance services.

Subp. 5. **Affiliation with medical facility.** Each advanced ambulance service must have a formal affiliation with a medical facility which agrees to provide medical control for

patient care by means of immediate two-way voice communication 24 hours a day, seven days a week. The name and address of the affiliated medical facility and a statement signed by the administrator of the medical facility and the medical director of the advanced ambulance service documenting the terms of the formal affiliation must be maintained in the files of the licensee. The terms of the formal affiliation must include a written policy on the administration of medical control for the service. The policy must address the following issues:

- A. use of telemetry and two-way radio for physician direction of attendants;
- B. patient triage;
- C. use of standing orders; and
- D. the means by which medical control will be provided 24 hours a day.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6*

4690.2300 QUALITY OF LIFE SUPPORT TREATMENT.

The quality assurance requirements set forth in part 4690.0700 apply to advanced ambulance services.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.2400 EQUIPMENT STANDARDS.

Subpart 1. **Basic ambulance standards transferred.** Equipment standards for ambulances set forth in parts 4690.0900 and 4690.1200 to 4690.1400 are applicable to advanced ambulance service ambulances.

Subp. 2. **Additional equipment.** In addition to compliance with the equipment standards in subpart 1, all advanced ambulance service ambulances must carry the following equipment:

- A. advanced cardiac care equipment that includes one portable cardiac monitor and defibrillator;
- B. airway maintenance equipment that includes one esophageal obturator airway;
- C. equipment for intravenous therapy and the administration of intravenous fluids;
- D. drugs and drug administration equipment and supplies; and
- E. one set of medical antishock trousers.

Subp. 3. **Documentation of use.** All equipment or supplies required under subpart 2, items C and D and any additional equipment and supplies used to provide advanced life support must be specified in writing by the medical director and documented in the licensee's files.

Subp. 4. **Maintenance, sanitation, and testing.** The maintenance, sanitation, and testing requirements set forth in part 4690.1400 apply to advanced ambulance services.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.2500 COMPLIANCE WITH AMBULANCE STANDARDS.

All advanced ambulance service ambulances must comply with parts 4690.1500 to 4690.1800.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

COMMUNICATIONS

4690.2600 STANDARDS AND RADIO FREQUENCY ASSIGNMENTS.

Subpart 1. **Communications bases for advanced ambulance services.** Each advanced ambulance service must have the capability of using a communications base that complies with the provisions of subpart 2 or 3.

Subp. 2. **Ambulances using telemetry.** Ambulances and their communications bases that operate telemetry must have:

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A. one two-way ultra high frequency (UHF) radio, with continuous tone coded squelch system (CTCSS), capable of operating on ten UHF voice and telemetry radio frequency channels; or

B. one two-way UHF radio, with CTCSS, capable of operating on eight UHF voice and telemetry channels and one UHF or one VHF radio, with CTCSS, capable of operating on two dispatching radio frequency channels.

Subp. 3. **Ambulances not using telemetry.** Ambulances and communications bases that do not operate telemetry shall comply with subpart 2 or part 4690.1900, subparts 1 and 2.

Subp. 4. **Ambulances using VHF.** Ambulances and communications bases using VHF shall comply with part 4690.1900, subparts 3 to 8.

Subp. 5. **Ambulances using UHF.** Ambulances and communications bases using UHF for dispatching must have the capability of using the following radio frequencies for such functions:

A. 462.950 megahertz (MHz) or 467.950 MHz for the mobile radio and 462.950 MHz for the base radio; and

B. 462.975 MHz or 467.975 MHz for the mobile radio and 462.975 MHz for the base radio.

Subp. 6. **Radio frequencies for medical control in the UHF band.** Ambulances and communications bases while operating telemetry in the UHF band must use only the following radio frequencies for medical control:

A. 468.000 MHz or 463.000 MHz for mobile radio and 463.000 MHz for base radio;

B. 468.025 MHz or 463.025 MHz for mobile radio and 463.025 MHz for base radio;

C. 468.050 MHz or 463.050 MHz for mobile radio and 463.050 MHz for base radio;

D. 468.075 MHz or 463.075 MHz for mobile radio and 463.075 MHz for base radio;

E. 468.100 MHz or 463.100 MHz for mobile radio and 463.100 MHz for base radio;

F. 468.125 MHz or 463.125 MHz for mobile radio and 463.125 MHz for base radio;

G. 468.150 MHz or 463.150 MHz for mobile radio and 463.150 MHz for base radio; and

H. 468.175 MHz or 463.175 MHz for mobile radio and 463.175 MHz for base radio.

Subp. 7. **Radio frequencies in the VHF band.** Ambulances and communications bases while operating telemetry in the VHF band may use only those radio frequencies that have been approved by the Federal Communications Commission.

Subp. 8. **Capability of statewide VHF radio frequency.** Ambulances and communications bases must have the capability of communicating on the statewide VHF radio frequency specified in part 4690.1900, subpart 5.

Subp. 9. **Compliance with part 4690.1900.** Ambulances and communications bases must comply with the provisions of part 4690.1900, subparts 4 to 9.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.2700 EQUIPMENT PERFORMANCE AND MAINTENANCE.

Communications equipment must comply with part 4690.2000.

Statutory Authority: *MS s 144.804; 144E.16*

SCHEDULED AMBULANCE SERVICES**4690.2800 STANDARDS FOR OPERATION OF SCHEDULED AMBULANCE SERVICES.**

Subpart 1. **General standards.** Scheduled ambulance services must be either basic or advanced ambulance services.

Scheduled basic ambulance services must comply with the provisions of parts 4690.0400 to 4690.2000, and scheduled advanced ambulance services must comply with provisions of parts 4690.2100 to 4690.2700, except that such services may be exempt from compliance with those provisions that are not required for their operation as scheduled basic life support or advanced life support services in accordance with this rule.

Subp. 2. Declaration of and adherence to schedule. An applicant for licensure as a scheduled ambulance service shall declare at the time of application the specific schedule of its intended restrictions as to time, group served, and type of service provided.

A licensed scheduled ambulance service may provide only the declared schedule of services approved by the board in the granting of the license under Minnesota Statutes, section 144E.10. Any change in this schedule is subject to the provisions of Minnesota Statutes, section 144E.10.

Subp. 3. Primary service area. An applicant for licensure as a scheduled ambulance service shall comply with parts 4690.3400 to 4690.3700, with the exception of part 4690.3400, subpart 3.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6; L 1997 c 199 s 14*

4690.2900 NONPROFIT SERVICES CONTRACTED FOR SPECIAL EVENTS AND MEETINGS.

Ambulance services operated by a nonprofit entity and limited exclusively to providing service by contract for special events and meetings are scheduled ambulance services and shall comply with the provisions of part 4690.2800.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.3000 AMBULANCE SERVICES PROVIDED BY EMPLOYER FOR BENEFIT OF EMPLOYEES.

Ambulance services that are operated by or for an employer for the benefit of its employees are scheduled ambulance services and shall comply with provisions of part 4690.2800.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.3100 DISASTERS.

Parts 4690.0100 to 4690.8300 do not apply to ambulance services provided during time of disaster, mass casualty, or other public emergency. The board reserves the right to determine whether a disaster, mass casualty, or other public emergency is occurring or has occurred so as to cause parts 4690.0100 to 4690.8300 to be nonapplicable.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6*

4690.3200 ADVERTISEMENT.

No ambulance service may advertise itself, allow itself to be advertised, or otherwise hold itself out as providing services of a type different from those services that it is licensed to provide under parts 4690.0100 to 4690.8300.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.3300 ENFORCEMENT PROVISIONS.

Subpart 1. Inspections. Ambulance services may not hinder the inspection activities of authorized agents of the board under Minnesota Statutes, section 144E.18.

Subp. 2. Correction order. Violation of parts 4690.0100 to 4690.8300 or of the provisions of Minnesota Statutes, sections 144E.001 to 144E.18 and 144E.30 constitutes grounds for the issuance of a correction order. Any ambulance service licensee that is issued a correction order shall correct the violation within the time period specified in the correction order.

Subp. 3. **Time periods for correction of violations.** Violations of parts 4690.0100 to 4690.8300 or of Minnesota Statutes, sections 144E.001 to 144E.18 and 144E.30 that create a risk of serious harm to patients of the ambulance service must be corrected within time periods ranging from zero to 14 days as specified by the board or authorized agent.

All other violations of parts 4690.0100 to 4690.8300 or of Minnesota Statutes, sections 144E.001 to 144E.18 and 144E.30 must be corrected within time periods ranging from 15 to 120 days as specified by the board or authorized agent.

Subp. 4. **Noncompliance.** If, upon reinspection, it is determined that an ambulance service has not complied with the provisions of a correction order, such noncompliance constitutes grounds for the initiation of suspension, revocation, or nonrenewal proceeding under Minnesota Statutes, section 144E.30.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6; L 1997 c 199 s 14*

PRIMARY SERVICE AREA

4690.3400 DESIGNATION OF PRIMARY SERVICE AREA.

Subpart 1. **Declaration; requirements.** An applicant for a new license, for a change in type of service or base of operation, or for expansion of a primary service area must declare the primary service area that it intends to serve and seek designation of that area. A primary service area must contain one base of operation and may contain substations.

Subp. 2. **Reasonableness of primary service area.** In applying for initial designation of a primary service area or for expansion of a primary service area, an applicant must show the reasonableness of the primary service area for which designation is sought according to the following considerations:

A. the average and maximum probable response times in good and severe weather from its proposed base of operation to the most distant boundary in its proposed primary service area; or, if the applicant's primary service area is to contain a base of operation and substations, the average and maximum probable response times in good and severe weather from the base of operation and substations to the most distant point covered by the base of operation;

B. the projected distances to be traveled to provide such service;

C. the specific type of service to be provided;

D. the applicant's current status as a licensed provider of ambulance services to the population of that area; and

E. the applicant's intention to be responsible to the population of the declared primary service area or to a specified group of persons as a source of ambulance service.

Subp. 3. **Maximum primary service area.** The maximum primary service areas designated, as measured from a base of operation or substation, may not exceed:

A. eight miles or ten minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the first class;

B. 15 miles or 20 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that include any portion of a city of the second class; or

C. 25 miles or 30 minutes travel time at maximum allowable speeds, whichever is greater, for proposed primary service areas that do not include any portion of a city of the first or second class.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.3500 OBSERVANCE OF PRIMARY SERVICE AREAS.

Subpart 1. **Service only in primary service area.** No ambulance service may regularly provide its services within an area other than its primary service area.

Subp. 2. **Exceptions to limitations of service.** Nothing in subpart 1 prohibits an ambulance service from responding to a request for service in any location in the state when it can reasonably be expected that:

A. such a response is required by the immediate medical need of an individual; and
 B. no other licensed ambulance service is capable of or available for immediate and appropriate response.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.3600 AMBULANCE SERVICES PROVIDED BY AIR.

Part 4690.3400, subpart 3 does not apply to ambulance services provided by air ambulances.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.3700 MUTUAL AID.

Ambulance service other than scheduled services must have written agreements with at least one neighboring ambulance service for coverage during times when the licensee's ambulances are not available for service in its primary service area. The agreements must specify the duties and responsibilities of the agreeing parties. A copy of each mutual aid agreement must be maintained in the files of the licensee.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.3800 COMPLIANCE WITH APPROVED LOCAL ORDINANCES.

Ambulance services that are subject to local ordinances, rules, or regulations that have been approved by the board under Minnesota Statutes, section 144E.16, subdivision 5, must comply with the provisions of such ordinances, rules, and regulations.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6; L 1997 c 199 s 14*

EMERGENCY CARE COURSE PROGRAM

4690.3900 APPLICATION FOR INITIAL PROGRAM APPROVAL.

Subpart 1. **Application form.** Application for initial approval of an emergency care course program for emergency medical technicians must be made on a form provided by the board, and must include information that permits a complete evaluation of whether the applicant meets the requirements for program approval specified in parts 4690.3900 and 4690.4100 to 4690.4400. The information provided on the application must include the following:

- A. content of courses;
- B. the length of courses and course schedules;
- C. the number of times per year the course will be given;
- D. the number of trainees anticipated per year;
- E. identification of source materials, textbooks, references, and equipment to be used;
- F. name, address, and qualifications of the program medical director;
- G. name, address, and qualifications of the program coordinator;
- H. names, addresses, and qualifications of instructors;
- I. name and addresses of affiliated hospitals;
- J. admission requirements of trainees; and
- K. other information that the board requires to clarify incomplete or ambiguous information presented in the application.

Subp. 2. **Documentation of statements made on application.** Applicants shall retain in a file documentation of all statements made in the application for program approval.

Subp. 3. **Notice to board of starting date.** Applicants who are approved to teach emergency care courses must notify the board of the starting date of each course before that starting date.

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Subp. 4. **Expiration of approval.** The approval of an emergency care course program expires two years from the date of approval unless renewed according to part 4690.4000.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.4000 APPLICATION FOR RENEWAL OF PROGRAM APPROVAL.

Applications for renewed approval of an emergency care course program must be made on a form provided by the board and must specify any changes from the information provided for initial approval and other information which the board requires to clarify incomplete or ambiguous information presented in the application. An applicant for program renewal must have given the emergency care course at least two times during the previous biennial approval period. The board, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements of parts 4690.3900 to 4690.4400.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.4100 PROGRAM PERSONNEL.

Subpart 1. **Medical director.** Each program must have a program medical director.

Subp. 2. **Program coordinator.** Each program must have a program coordinator.

Subp. 3. **Minimum teaching by physician.** A minimum of eight hours of the curriculum, including patient physical assessment, must be personally taught by a physician.

Subp. 4. **Instructors; qualifications.** Instructors must be physicians, registered nurses, emergency medical technicians, intermediate emergency medical technicians, paramedics, or others qualified by training and experience and approved by the board.

Subp. 5. **Instructors not physicians.** Instructors who are not physicians and who teach more than six hours of any course must possess the following qualifications:

- A. two years or 4,000 hours experience in emergency medical care;
- B. certification as a basic cardiac life support instructor; and
- C. current state certification or licensure in the instructor's field.

Subp. 6. **Number of instructors required.** At least one instructor is required for every ten students in the practical skill sessions.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.4200 PROGRAM CONTENT.

An emergency care course must provide at least 81 total hours of instruction with a minimum of 71 hours classroom didactic and practical skills instruction and a minimum of ten hours clinical experience five of which must be in a hospital. The following subjects must be included in the curriculum:

- A. introduction to emergency care training, anatomy and physiology, vital signs;
- B. airway obstruction and respiratory arrest;
- C. cardiac arrest;
- D. mechanical aids to breathing and resuscitation;
- E. bleeding, shock, pulmonary and cardiopulmonary resuscitation;
- F. dressing and bandaging of wounds;
- G. principles of musculoskeletal care and fractures of the upper extremity;
- H. fractures of the pelvis, hip, and lower extremity;
- I. injuries to the head, face, neck, and spine;
- J. injuries to the eye, chest, abdomen, and genitalia;
- K. medical emergencies, including poisoning, bites, stings, heart attack, stroke, dyspnea, and practice in patient assessment;
- L. medical emergencies including diabetes, acute abdominal problems, communicable diseases, abnormal behavior, alcohol and drug abuse, epilepsy, pediatric emergencies, and practice in patient assessment;

M. emergency childbirth including resuscitating the newborn and care of the premature infant;

N. environmental emergencies including burns, heat cramps, heat exhaustion, heat stroke, and frostbite, and care of the patient exposed to water hazards;

O. techniques of lifting and moving patients and care of suspected spine injuries;

P. extrication and rescue of patients; and

Q. ambulance operations, triage, review of vital signs and patient assessment, and communications.

Statutory Authority: *MS s 144.804; 144E.16*

4690.4300 CONTENT OF CLINICAL EXPERIENCE.

The clinical training in a hospital must include observation in the emergency room or any of the following hospital clinical areas: coronary care; intensive care; labor and delivery room; operating room and postanesthetic recovery room; and morgue.

Statutory Authority: *MS s 144.804; 144E.16*

4690.4400 EQUIPMENT AND SUPPLIES.

Programs must use student and instructor texts and current reference sources in emergency care and must use standard teaching aids consisting of projectors, screens, films, and slides.

Instructors shall use emergency care equipment of the following types:

- A. splinting equipment including backboards;
- B. ventilation assistance and airway maintenance equipment and suctioning devices;
- C. dressings, bandages, and bandaging supplies;
- D. emergency obstetrical kit;
- E. poison treatment kit described in part 4690.0900, subpart 5;
- F. burn treatment supplies;
- G. equipment for determination of vital signs; and
- H. extrication and rescue equipment.

Statutory Authority: *MS s 144.804; 144E.16*

4690.4500 TESTING.

Subpart 1. **Examinations.** In order to complete an approved emergency care course successfully, each student must pass written and practical examinations approved by the board.

Subp. 2. **Areas tested.** The examinations must test for competency in the subjects specified in part 4690.4200.

Subp. 3. **Practical examination.** The practical examination must test the following skills:

- A. patient assessment including primary and secondary assessments;
- B. care and immobilization of cervical and spinal injuries including use of the long and short backboards;
- C. care, immobilization, and traction splinting of long bone fractures;
- D. wound care, bandaging, and bleeding control;
- E. recognition and care of shock; and
- F. cardiopulmonary resuscitation by one and two persons, infant resuscitation, and management of the obstructed airway in conscious and unconscious persons.

Subp. 4. **Administration of examination by board.** The board or a designated representative shall administer the written and practical examinations.

Subp. 5. **Examiners' qualifications.** Examiners must possess current certificates issued under parts 4690.3900 to 4690.7600 and must comply with part 4690.4100, subpart 5.

Subp. 6. **Written examination.** The written portion of the National Registry of Emergency Medical Technicians Examination for Emergency Medical Technicians – Ambulance,

as of January 17, 1983, is deemed to comply with the written examination required in subpart 1.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.4600 ISSUANCE OF CERTIFICATES.

Subpart 1. **Issuance of certificate.** Persons who successfully complete an approved emergency care course will be issued a certificate by the board.

Subp. 2. **Evaluation of out-of-state courses and examinations.** Upon request of an applicant the board shall evaluate emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in parts 4690.3900 to 4690.4500.

Subp. 3. **Certification of out-of-state applicants.** Persons who have successfully completed courses, training, and examinations that the board has determined to be equivalent to those described in parts 4690.3900 to 4690.4500 shall be issued a certificate by the board. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

Subp. 4. **Expiration of certificates.** An applicant who successfully completes initial testing shall be assigned an expiration date according to the following schedule:

A. for initial testing completed between January 1 and June 30 of an even year, the expiration date is March 31 of the next even year;

B. for initial testing completed between July 1 and December 31 of an even year, the expiration date is March 31 of the second odd year;

C. for initial testing completed between January 1 and June 30 of an odd year, the expiration date is March 31 of the next odd year; and

D. for initial testing completed between July 1 and December 31 of an odd year, the expiration date is March 31 of the second even year.

E. [Repealed, 20 SR 1482]

Subp. 5. **Renewal of certificates.** A certificate must be renewed according to the requirements in subpart 6 or it will lapse.

Subp. 6. **Refresher course for renewal of certificate.** An applicant for renewal of the certificate must successfully complete an emergency care refresher course approved under part 4690.4700 and must pass approved written and practical examinations before the certificate expiration date. Evidence of completion of the requirements in part 4690.4800 must be submitted to the board before the certification expiration date. No person may function as an emergency medical technician on a Minnesota ambulance service without evidence of current certification by the board. An applicant may renew a lapsed registration certificate provided the applicant meets the following requirements:

A. within 12 months after the certificate expiration date, complete a refresher emergency care course and successfully complete written and practical skills examinations approved by the board; or

B. if more than 12 months have passed since the certificate expiration date, complete an emergency care course and successfully complete written and practical skills examinations approved by the board.

Subp. 7. [Repealed, 16 SR 2207]

Subp. 8. [Repealed, 16 SR 2207]

Subp. 9. [Repealed, 16 SR 2207]

Statutory Authority: *MS s 144.804; 144E.16*

History: *16 SR 2207; 20 SR 1482; L 1996 c 324 s 6*

4690.4700 EMERGENCY CARE REFRESHER COURSE PROGRAM.

Subpart 1. **Program approval applications.** Applications for initial approval of emergency care refresher course programs must comply with the requirements in part 4690.3900, subparts 1 and 2.

Subp. 2. **Duration of approval.** The approval of an emergency care refresher course program expires two years from the date of approval unless renewed according to the requirements of part 4690.4000.

Subp. 3. **Directors of program.** Each program must have a program medical director and a program coordinator.

Subp. 4. **Requirements for staff.** Providers of emergency care refresher course programs shall comply with the requirements in parts 4690.4100, subparts 4 to 6, and 4690.4400.

Subp. 5. **Program requirements.** An emergency care refresher course must provide not fewer than 20 hours of instruction and four hours of testing in the subjects listed in part 4690.4200. Instruction must be provided in cardiopulmonary resuscitation by one and two persons, infant resuscitation, and management of the obstructed airway in conscious and unconscious persons.

Statutory Authority: *MS s 144.804; 144E.16*

4690.4800 REFRESHER COURSE EXAMINATION.

In order to successfully complete an approved emergency care refresher course, each student must pass written and practical examinations approved by the board. The written examination must test knowledge of subjects listed in part 4690.4200. The practical examination must test the skills listed in part 4690.4500, subpart 3. The board or designated representative must administer the examinations approved by the board.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.4900 ISSUANCE OF RENEWAL CERTIFICATES.

Subpart 1. **Requirements for issuance.** Persons who have successfully completed approved emergency care refresher courses will be issued a renewal certificate by the board.

Subp. 2. **Completion of courses in other states.** Upon request of an applicant the board shall evaluate emergency care refresher courses, training, and examinations offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in parts 4690.4700 and 4690.4800. Persons who have successfully completed courses, training, and examinations that the board has determined to be equivalent to those described in parts 4690.4700 and 4690.4800 shall be issued a renewal certificate by the board.

Subp. 3. **Completion of National Registry requirements.** Successful completion of the National Registry of Emergency Medical Technician continuing education requirements, in effect on January 17, 1983, is deemed to comply with the emergency care refresher course requirements set forth in part 4690.4600, subpart 6.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.5000 LAPSED CERTIFICATES.

An applicant may renew a lapsed certificate as follows:

A. within 12 months of the certificate expiration date, complete an approved emergency care refresher course and pass the written and practical examinations approved by the board;

B. if more than 12 months have passed since the certificate expiration date, complete an approved emergency care course and pass the written and practical examinations approved by the board; or

C. petition the commissioner for reinstatement as a state-certified emergency medical technician upon successful completion of an emergency care refresher course approved by the commissioner. The applicant must provide evidence of registration with the National Registry of Emergency Medical Technicians or certification as a Minnesota emergency medical services technician. The registration or certification must have an expiration date before January 1, 1989. Proper evidence may consist of the following:

(1) a copy of an emergency medical technician-ambulance or nonambulance registration issued by the National Registry of Emergency Medical Technicians;

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(2) a copy of a Minnesota emergency medical care certificate issued by the commissioner under part 4690.4600; or

(3) a statement from a training institution with an approved emergency care refresher course, that documents the applicant's past status as an emergency medical technician under subitems (1) and (2). This statement must be accompanied by written verification from the medical advisor or medical director and the chief administrative representative of an ambulance service licensed by the commissioner to operate within Minnesota.

This item expires August 1, 1994. Only applicants enrolled in an approved emergency care refresher course on or after April 27, 1989, may apply for reinstatement as a state certified emergency medical technician under this item.

Statutory Authority: *MS s 144.804; 144E.16*

History: *15 SR 117; L 1996 c 324 s 6*

4690.5100 PROGRAM AUDIT.

Persons approved to offer emergency care course and emergency care refresher course programs shall cooperate with the audit activities of the board. The audit may include course inspection, classroom observation, review of instructor qualifications and student interviews.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

INTERMEDIATE EMERGENCY CARE COURSE PROGRAM**4690.5200 APPLICATION FOR INITIAL COURSE PROGRAM APPROVAL.**

Subpart 1. Form and contents. Application for initial approval of an intermediate emergency care course program must be made on a form provided by the board, and must include information that permits a complete evaluation of whether the applicant meets the requirements for program approval specified in parts 4690.5200 and 4690.5400 to 4690.5700. The information provided on the application must include the following:

- A. content of course;
- B. the length of courses and course schedules;
- C. the number of times per year the course will be given;
- D. the number of trainees anticipated per year;
- E. identification of source materials, text books, references, and equipment to be used;
- F. name, address, and qualifications of the program physician medical director;
- G. name, address, and qualifications of the program coordinator;
- H. names, addresses, and qualifications of instructors;
- I. names and addresses of affiliated hospitals;
- J. admission requirements of trainees;
- K. names of persons who will supervise clinical training; and
- L. other information that the board requires to clarify incomplete or ambiguous information presented in the application.

Subp. 2. Record of contents. Applicants shall retain in a file documentation of all statements made in the application for program approval.

Subp. 3. Notice to board. Applicants who are approved to teach intermediate emergency care courses must notify the board of the starting date of each course before that starting date.

Subp. 4. Expiration of approval. The approval of an intermediate emergency care course program expires two years from the date of approval unless renewed according to the requirements of part 4690.5300.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.5300 APPLICATION FOR RENEWAL OF PROGRAM APPROVAL.

Application for renewal of intermediate emergency care course program approval must be made on a form provided by the board and must specify any changes from the information provided for initial approval and other information that the board requires to clarify incomplete or ambiguous information presented in the application. An applicant for program renewal must have given the intermediate emergency care course at least once during the previous biennial approval period. The board, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements in parts 4690.5200 to 4690.5700.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.5400 PROGRAM PERSONNEL.

Each program must have a program medical director.

Each program must have a program coordinator.

Instructors must be physicians, registered nurses, intermediate emergency medical technicians, paramedics, or others holding equivalent certificates approved by the board. Instructors who are not physicians and who teach more than six hours of any course must comply with the requirement in part 4690.4100, subpart 5.

At least one instructor is required for every ten students in the practical skill sessions.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.5500 PROGRAM CONTENT.

Subpart 1. **Hours and subjects.** An intermediate emergency care course must provide at least 52 total hours of classroom instruction and practical skills instruction. The following subjects must be included in the course:

A. instruction in the role and the legal and medical responsibilities of intermediate emergency medical technicians;

B. classroom and practical skills instruction in human physiological systems and patient assessment;

C. classroom and practical skills instruction in shock and fluid therapy, including the use of medical antishock trousers; and

D. classroom and practical skills instruction in the respiratory system and use of the esophageal obturator airway.

Subp. 2. **Components of clinical training.** Each program must provide supervised clinical training in the hospital. During clinical training each student must practice, under direct visual supervision, the following:

A. performance of a patient physical assessment including conducting a physical examination, taking and recording vital signs, and auscultation of heart, lung, and bowel sounds;

B. providing assistance and review of treatment of trauma cases and medical emergencies;

C. providing assistance in triage of patients;

D. assisting in trauma cases requiring hemorrhage control and splinting;

E. performance of peripheral intravenous insertions using both a straight needle and an over the needle catheter device;

F. drawing blood samples;

G. maintaining an airway in an unconscious patient using manipulations, position of head, oropharyngeal airways, esophageal obturator airway, and suctioning; and

H. administering oxygen.

Statutory Authority: *MS s 144.804; 144E.16*

4690.5600 STUDENT ADMISSION REQUIREMENT.

Students admitted to an intermediate emergency care course must meet the following requirements:

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- A. current certification as an emergency medical technician; and
- B. employment or service as a volunteer with a licensee that provides or intends to provide the type of emergency care and treatment that is taught in the intermediate emergency care course. Written verification of employment or volunteer service must be provided by the licensee's medical director.

Statutory Authority: *MS s 144.804; 144E.16*

4690.5700 EQUIPMENT AND SUPPLIES.

Programs must use student and instructor texts and current references in advanced emergency medical care.

Programs must use standard teaching aids consisting of projectors, screens, films, and slides.

Instructors shall use emergency care equipment of the following types:

- A. esophageal obturator airways and intubation mannequins;
- B. medical antishock trousers;
- C. intravenous infusion equipment and supplies;
- D. ventilation assistance and airway maintenance equipment; and
- E. equipment for the determination of vital signs.

Statutory Authority: *MS s 144.804; 144E.16*

4690.5800 TESTING.

Subpart 1. **Examination.** In order to complete an approved intermediate care course successfully, each student must pass written and practical examinations approved by the board.

Subp. 2. **Administration of examination.** The board or a designated representative shall administer the written and practical examinations that test for competency in the subjects listed in part 4690.5500, subpart 1.

Subp. 3. **Practical examination.** The practical examination must test the following skills:

- A. ability to perform a physical assessment for trauma which includes a first and second degree assessment, knowledge of treatment for trauma victims, and triage skills;
- B. esophageal obturator airway insertion and removal;
- C. administration of intravenous infusions; and
- D. application and removal of medical antishock trousers.

The skills in item A must be tested by a physician.

Subp. 4. **Compliance with subpart 1.** The written and practical portions of the National Registry of Emergency Medical Technicians – Intermediate examination as of January 17, 1983, are deemed to comply with the examinations required in subpart 1.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.5900 ISSUANCE OF CERTIFICATES.

Subpart 1. **Issuance.** Persons who successfully complete an approved intermediate emergency care course will be issued a certificate by the board.

Subp. 2. **Evaluation of out-of-state courses and examinations.** Upon request of the applicant, the board shall evaluate intermediate emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in parts 4690.5200 to 4690.5800.

Subp. 3. **Certification of out-of-state applicants.** Persons who have successfully completed courses, training, and examinations that the board has determined to be equivalent to those described in parts 4690.5200 to 4690.5800, shall be issued a certificate by the board. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

Subp. 4. **Expiration of certificates.** An applicant who successfully completes initial testing shall be assigned an expiration date according to the following schedule:

A. for initial testing completed between January 1 and June 30 of an even year, the expiration date is March 31 of the next even year;

B. for initial testing completed between July 1 and December 31 of an even year, the expiration date is March 31 of the second odd year;

C. for initial testing completed between January 1 and June 30 of an odd year, the expiration date is March 31 of the next odd year; and

D. for initial testing completed between July 1 and December 31 of an odd year, the expiration date is March 31 of the second even year.

E. [Repealed, 20 SR 1482]

Subp. 5. **Renewal of certificates.** The certificate may be renewed after submission of evidence of successful completion of the continuing education requirements set forth in part 4690.6000, and submission of a statement of satisfactory skill maintenance signed by the physician medical director of the licensee by whom the applicant is employed.

Subp. 6. **Evidence of compliance.** Evidence of compliance with the requirements in subpart 5 must be completed by the applicant before the expiration date of the certificate.

Statutory Authority: *MS s 144.804; 144E.16*

History: *20 SR 1482; L 1996 c 324 s 6*

4690.6000 CONTINUING EDUCATION REQUIREMENTS.

Each applicant for certificate renewal shall successfully complete within the certification period:

A. annual certification in basic cardiac life support;

B. an approved emergency care refresher course and examination approved by the board;

C. 12 hours of continuing education in the subjects listed in part 4690.5500, subpart 1; and

D. evidence of completion of continuing education requirements must be submitted to the board within 90 days after the certificate expiration date.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.6100 APPROVAL OF CONTINUING EDUCATION COURSES.

Continuing education courses taken to fulfill the requirement in part 4690.6000 must be approved in writing by the licensee's physician medical director. Documentation of approval must be kept in the licensee's file.

Statutory Authority: *MS s 144.804; 144E.16*

4690.6200 SKILL DOCUMENTATION.

The medical director of a licensee shall document that the applicant for certificate renewal has the skills described in part 4690.5800, subpart 3. This document must be submitted to the board within 90 days after the certificate expiration date.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.6300 CERTIFICATION RENEWAL.

Persons who successfully complete the continuing education requirements set forth in part 4690.6000 and meet the requirement in part 4690.6200 will be issued a certificate by the board.

Upon request by an applicant, the board shall evaluate continuing education requirements in other states to determine whether they are equivalent to requirements described in parts 4690.6000 and 4690.6200. Applicants who have completed continuing education and examinations that are equivalent in content to those required in part 4690.6000 and who have submitted evidence of skill retention as required in part 4690.6200 shall be issued a renewal certificate by the board.

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Successful completion of the National Registry of Emergency Medical Technicians – Intermediate requirements for reregistration as of January 17, 1983, is deemed to comply with the requirements in parts 4690.6000 and 4690.6200.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.6400 PROGRAM AUDIT.

The board may audit the courses approved under parts 4690.5200 to 4690.6400. The audit may include course inspection, classroom observation, review of instructor qualifications, and student interviews.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

ADVANCED EMERGENCY CARE COURSE PROGRAMS FOR PARAMEDICS**4690.6500 APPLICATION FOR INITIAL PROGRAM APPROVAL.**

Application for initial approval of an advanced emergency care course program must be made on a form provided by the board and must include information that permits a complete evaluation of whether the applicant meets the requirements for program approval specified in parts 4690.6500 and 4690.6700 to 4690.7000. The following information must be provided:

- A. content of course;
- B. the length of the courses and course schedules;
- C. the number of times per year the courses will be given;
- D. the number of trainees anticipated per year;
- E. identification of source materials, text books, references, and equipment to be used;
- F. name, address, and qualifications of the program medical director;
- G. name, address, and qualifications of the program coordinator;
- H. names, addresses, and qualifications of the instructors;
- I. names and addresses of affiliated hospitals;
- J. admission requirements of trainees;
- K. names of persons who will supervise clinical training in the hospital; and
- L. other information that the board requires to clarify incomplete or ambiguous information presented in the application.

Applicants shall retain in a file documentation of all statements made in the application for program approval.

The approval of an advanced emergency care course program expires two years from the date of approval unless renewed according to the requirements of part 4690.6600.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.6600 APPLICATIONS FOR RENEWAL OF PROGRAM APPROVAL.

Applications for renewal of an advanced emergency care course program must be made on a form provided by the board and must specify any changes from the information provided for initial approval and other information which the board requires to clarify incomplete or ambiguous information presented in the application. Applicants for program renewal must have given the advanced emergency care course program for paramedics at least once during the previous biennial approval period. The board, in determining whether a renewal application will be approved, shall consider whether the applicant has complied with the requirements of parts 4690.6500 to 4690.7000.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.6700 PROGRAM PERSONNEL.

Each program must have a program medical director. Each program must have a program coordinator. Instructors must be physicians, registered nurses, paramedics, or others approved by the board. Instructors who are not physicians and who teach more than six hours of any course must comply with the requirements in part 4690.4100, subpart 5.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.6800 PROGRAM CONTENT.

Subpart 1. **Subjects.** An advanced emergency care course must provide classroom instruction and practical skills instruction in the following subjects:

- A. the role and the legal and medical responsibilities of paramedics;
- B. human systems and patient assessment;
- C. shock and fluid therapy;
- D. general pharmacology;
- E. the respiratory system;
- F. the cardiovascular system;
- G. the central nervous system;
- H. care of soft tissue injuries;
- I. the musculoskeletal system;
- J. medical emergencies;
- K. obstetric and gynecological emergencies;
- L. pediatrics and neonatal medical care;
- M. emergency care of the emotionally disturbed patient;
- N. rescue techniques; and
- O. telemetry and communications.

Subp. 2. **Clinical training.** In addition to the instruction required in subpart 1, each student must receive clinical training in a hospital and ambulance. The clinical training must be conducted under the direct, visual supervision of a physician, registered nurse, or paramedic certified under parts 4690.6500 to 4690.7600. Clinical training must include demonstration of the skill by the supervisor and observation by the student; practice and successful performance of the skill by the student; and evaluation by the supervisor.

Statutory Authority: *MS s 144.804; 144E.16*

4690.6900 STUDENT PREREQUISITE.

Only persons who have successfully completed an emergency care course and who are currently certified as emergency medical technicians or intermediate emergency medical technicians may be admitted to an advanced emergency care course.

Statutory Authority: *MS s 144.804; 144E.16*

4690.7000 EQUIPMENT AND SUPPLIES.

Programs must use student and instructor texts and current references in advanced emergency medical care. Programs must use teaching aids consisting of projectors, screens, films, and slides. Programs must use emergency care equipment of the following types:

- A. splinting equipment;
- B. ventilation assistance and airway maintenance equipment including esophageal obturator airways, endotracheal intubation equipment, and suction equipment;
- C. dressings, bandages, and bandaging supplies;
- D. emergency obstetrical kit;
- E. poison treatment kit described in part 4690.0900, subpart 5;
- F. burn treatment supplies;
- G. equipment for the determination of vital signs;
- H. medical antishock trousers;

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- I. intravenous therapy equipment; and
- J. advanced cardiac care equipment including a portable cardiac monitor and defibrillator.

Statutory Authority: *MS s 144.804; 144E.16*

4690.7100 TESTING.

Subpart 1. **Examinations.** In order to complete an approved advanced emergency care course successfully, each student must pass written and practical examinations approved by the board.

Subp. 2. **Administration of examination.** The board or a designated representative shall administer written and practical examinations that test for competency in the subjects specified in part 4690.6800, subpart 1.

Subp. 3. **Examiners.** Examiners for practical examinations must be physicians, or registered nurses except that persons who are certified under parts 4690.6500 to 4690.7600 and who meet the requirements in part 4690.4100, subpart 5 may serve as examiners. A physician must be present at the practical examination and must monitor all stations of the examination and answer questions relating to the evaluation of skill performance.

Subp. 4. **Practical examination.** The practical examination must test knowledge and skill in the following:

- A. trauma management including primary and secondary assessment, treating of trauma victims, and setting priorities for basic life support and advanced life support management;

- B. cardiology including electrocardiogram interpretation and treatment and related questions;

- C. cardiac arrest, including intubation, intravenous therapy, administration of intravenous drugs, and defibrillation;

- D. cardiopulmonary resuscitation including one- and two-person resuscitation, obstructed airway care, and infant resuscitation; and

- E. fracture immobilization.

Subp. 5. **Compliance with subpart 1.** The written and practical portions of the National Registry of Emergency Medical Technicians – Paramedic examination as of January 17, 1983, are deemed to comply with the examinations required in subpart 1.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.7200 ISSUANCE OF CERTIFICATES.

Subpart 1. **Issuance of certificates.** Persons who successfully complete an advanced emergency care course approved by the board will be issued a certificate by the board.

Subp. 2. **Evaluation of out-of-state courses and examinations.** Upon request of the applicant, the board may evaluate advanced emergency care courses, training, and examinations that are offered in other states to determine whether they are equivalent in content to courses, training, and examinations described in parts 4690.6500 to 4690.7100.

Subp. 3. **Certification of out-of-state applicants.** Persons who have successfully completed courses, training, and examinations which the board determines to be equivalent to those described in parts 4690.6500 to 4690.7100 shall be issued a certificate by the board. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

Subp. 4. **Expiration of certificates.** An applicant who successfully completes initial testing shall be assigned an expiration date according to the following schedule:

- A. for initial testing completed between January 1 and June 30 of an even year, the expiration date is March 31 of the next even year;

- B. for initial testing completed between July 1 and December 31 of an even year, the expiration date is March 31 of the second odd year;

- C. for initial testing completed between January 1 and June 30 of an odd year, the expiration date is March 31 of the next odd year; and

D. for initial testing completed between July 1 and December 31 of an odd year, the expiration date is March 31 of the second even year.

E. [Repealed, 20 SR 1482]

Subp. 5. **Renewal of certificates.** All certificates may be renewed for a period of two years when the applicant provides evidence of successful completion of the continuing education requirements in part 4690.7300 and submits a statement of satisfactory skill maintenance signed by the licensee's medical director as required in part 4690.7400.

Subp. 6. **Evidence of compliance.** Evidence of compliance with the requirements in subpart 5 must be submitted by the applicant before the certificate expiration date.

Statutory Authority: *MS s 144.804; 144E.16*

History: *20 SR 1482; L 1996 c 324 s 6*

4690.7300 CONTINUING EDUCATION REQUIREMENTS.

Each applicant for certificate renewal must successfully complete the following:

A. 48 hours of continuing education in the subject areas listed in part 4690.6800, subpart 1;

B. during one year of the certification period, a course in basic cardiac life support, up to four hours of which may be applied as partial fulfillment of the 48 hours of continuing education required in item A; and

C. during the alternate year of the certification period, instruction in advanced cardiac life support, up to 16 hours of which may be applied as partial fulfillment of the 48 hours of continuing education required in item A.

Continuing education must be approved in writing by the licensee's physician medical director. Documentation of such approval must be maintained in the licensee's file.

Statutory Authority: *MS s 144.804; 144E.16*

4690.7400 SKILL DOCUMENTATION.

The medical director of an advanced ambulance service must document that the applicant for certificate renewal retains proficiency in the following skills:

A. history taking;

B. physical examination;

C. cardiopulmonary resuscitation;

D. infant resuscitation;

E. esophageal obturator airway placement and endotracheal intubation;

F. bag valve mask and bag valve tube ventilation;

G. interpretation of oscilloscopic and hard copy electrocardiograms;

H. spinal immobilization;

I. fracture immobilization including use of traction splint;

J. voice and electrocardiogram telemetry communications procedures, including actions during communications failure;

K. intravenous therapy;

L. parenteral drug administration;

M. application and removal of medical antishock trousers; and

N. obstetrical procedures.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.7500 CERTIFICATION RENEWAL.

Persons who successfully complete the requirements set forth in parts 4690.7300 and 4690.7400 will be issued a certificate by the board.

Upon request of the applicant, the board shall evaluate skill proficiency requirements and continuing education courses offered in other states to determine whether they are equivalent to those described in parts 4690.7300 and 4690.7400. Persons who have successfully

completed courses that the board has determined to be equivalent to those described in part 4690.7300 and who have current evidence of skill proficiency retention for which documentation has been submitted as required in part 4690.7400, shall be issued a renewal certificate. The certificate shall be issued for the duration of the applicant's certification period in another state but not to exceed two years.

Successful completion of the National Registry of Emergency Medical Technician – Paramedics continuing education requirements for Emergency Medical Technician – Paramedic reregistration as of January 17, 1983, is deemed to comply with the continuing education requirements set forth in parts 4690.7300 and 4690.7400.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.7600 PROGRAM AUDIT.

Approved applicants shall cooperate with the audit activities of the board. The audit may include course inspection, classroom observation, review of instructor qualifications and student interviews.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

TRIP REPORTS

4690.7700 REQUIREMENTS OF REPORTS.

Each licensee shall maintain trip reports for every run in which patient care was offered or provided to meet the reporting requirements of Minnesota Statutes, section 144E.17. The report must contain at least the following information:

- A. history of patient's presenting illness, including the findings of the physical examination;
- B. patient's name and address;
- C. vital signs;
- D. treatments provided by the licensee's attendants;
- E. identification of ambulance service;
- F. date and time of request for service;
- G. identification of crew members;
- H. destination to which patient was transported; and
- I. whatever additional information the medical director requires.

Trip reports may be reviewed by the board.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6; L 1997 c 199 s 14*

LICENSE FEES AND EXPIRATION DATES

4690.7800 LICENSE FEES.

Each application for a license to operate an ambulance service, to change or add a new base of operation, to offer a new type of service, or to expand a primary service area must be accompanied by a basic fee of \$96 plus a \$48 fee for each ambulance to be operated by the applicant. The licensee shall pay an additional \$48 fee for the full licensure period or \$2 per month for any fraction of the period for each ambulance added to the ambulance service during the period for which the license is issued. License fees are not refundable.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39*

4690.7900 EXPIRATION DATES.

Subpart 1. **Licensed biennially.** Ambulance services are licensed biennially.

Subp. 2. **Applications.** Applicants for renewal shall submit complete applications for renewal as required by part 4690.0200 at least 90 days before the expiration date shown on the license.

Subp. 3. **Licensing periods.** There are eight licensing periods. Each period begins on the first day of a calendar month and ends on the last day of the 24th month from the beginning of the period.

Subp. 4. **Licensing renewal date.** For licensing periods beginning October 1, 1982, and all subsequent periods, license renewal dates will be assigned according to the district as described in part 4690.1900, subpart 3 in which the licensee's base of operation is located as follows:

- A. northwestern district: October 1, in years ending with an even number;
- B. northeastern district: January 1, in years ending with an odd number;
- C. west central district: April 1, in years ending with an odd number;
- D. central district: July 1, in years ending with an odd number;
- E. metropolitan district: October 1, in years ending with an odd number;
- F. southwestern district: January 1, in years ending with an even number;
- G. south central district: April 1, in years ending with an even number; or
- H. southeastern district: July 1, in years ending with an even number.

Subp. 5. **Apportioned license fees.** Applicants for new or renewal licenses after October 1, 1982, may be issued a license for a period remaining until the renewal date listed under subpart 4. If the board issues a license for less than 24 consecutive months, the license fee will be apportioned.

Subp. 6. **Extension of renewal date.** Renewal dates for licenses issued between October 1, 1982, and the time shown for renewal in subpart 4, will be extended until the time for renewal shown in subpart 4. After July 1, 1984, all licenses will be renewed every two years.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; L 1996 c 324 s 6*

4690.8000 IDENTIFICATION OF AMBULANCES.

The board will issue a certificate for each licensed ambulance. The certificate must be affixed to the vehicle.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

WAIVERS AND VARIANCES

4690.8100 WAIVERS.

Subpart 1. **Application.** The board shall waive any of parts 4690.0100 to 4690.8300 except part 4690.8300, subpart 4 if the applicant shows that:

- A. applying the rule would impose an undue burden on the applicant; and
- B. granting the waiver will not adversely affect the public health or welfare.

Subp. 2. **Renewal, revocation, and reporting.** The board shall renew the waiver upon reapplication in conformance with subpart 1.

The board shall revoke a waiver if a material change occurs in the circumstances that justified granting the waiver.

An applicant that has been granted a waiver shall notify the board in writing of any material change in circumstances.

Subp. 3. **Limitation.** No waiver may be granted for a period longer than the current license period.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6; L 1996 c 324 s 6*

4690.8200 VARIANCES.

Subpart 1. **Application.** The board shall grant a variance from parts 4690.0100 to 4690.8300 except part 4690.8300, subpart 6 if the applicant proposes alternative practices equivalent or superior to those prescribed in the rule in question and shows that:

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- A. applying the rule would impose an undue burden on the applicant; and
- B. granting the variance will not adversely affect the public health or welfare.

Subp. 2. **Renewal, revocation, and reporting.** The board shall renew a variance upon reapplication in conformance with subpart 1. The board shall revoke a variance if:

- A. a material change occurs in the circumstances which justified granting the variance; or
- B. the applicant fails to comply with the alternative practice specified in its successful application for a variance.

An applicant that has been granted a variance must notify the board of any material change in circumstances.

Subp. 3. **Limitation.** No variance may be granted for a period longer than the current license period.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1996 c 324 s 6*

4690.8300 SPECIFIC VARIANCES.

Subpart 1. **Variance requirements.** A basic ambulance service licensee will be granted a variance under part 4690.1100 upon compliance with the following:

- A. the licensee must submit to the board a list of attendants who have received medically supervised training, specifying for each attendant the subjects covered, the length of training, the nature of the medical supervision; and

- B. a statement signed by the licensee's medical adviser stating approval of the training received by the attendants.

Subp. 2. **Variance of restricted treatment or procedures.** A basic ambulance service licensee that seeks a variance to provide a treatment or procedure that is restricted under part 4690.0800 shall have a physician medical director who agrees to provide medical direction regarding attendant training, equipment, standing orders, continuing education, and assessment of the quality of care provided with respect to the treatment or procedure offered or provided pursuant to the variance.

Subp. 3. **Variance to allow intravenous infusion.** The board shall grant a variance to allow the establishment or maintenance of intravenous infusions by basic ambulance services only if the applicant shows that:

- A. it will be established or maintained by attendants or drivers who have been trained in its establishment or maintenance;

- B. the establishment or maintenance of intravenous infusions has been approved by the licensee's medical director;

- C. the medical director has developed or approved written standing orders and protocols for the establishment or maintenance of intravenous infusions;

- D. continuing education or clinical training is provided annually to persons authorized to establish or maintain intravenous infusions; and

- E. documentation of items A to D is retained in the licensee's file.

Persons who possess intermediate emergency medical technician and paramedic certificates are deemed to comply with the requirement in item A.

Subp. 4. **Variance in use of portable cardiac monitor.** The board shall grant a variance to allow the use of a portable cardiac monitor or defibrillator by a basic ambulance service only if the applicant shows that:

- A. it will be used only by attendants and drivers who have received training in its use and the training has been approved by the licensee's medical director;

- B. the use of the cardiac monitor or defibrillator has been authorized by the licensee's medical director;

- C. the medical director has developed or approved standing orders for the use of the cardiac monitor or defibrillator;

- D. continuing education or clinical training on the use of the cardiac monitor or defibrillator is provided at least annually to persons authorized to use the equipment; and

E. documentation of items A to D is retained in the licensee's files.

Subp. 5. **Variance in use of esophageal obturator airway.** The board shall grant a variance to allow the use of an esophageal obturator airway by attendants of a basic ambulance service only if the applicant shows that:

A. the attendants who will use the equipment have been trained in its use or have successfully completed intermediate emergency medical technician or paramedic training described in parts 4690.5200 to 4690.7600;

B. use of the esophageal obturator airway has been approved by the licensee's medical director;

C. the licensee's medical director annually assures that each attendant authorized to use the airway retains skill proficiency and signs a statement that the attendant has satisfactorily demonstrated proficiency; and

D. documentation of items A to C is retained in the licensee's files.

Subp. 6. **No variances granted.** Basic life support licensees may not be granted variances for the following:

A. parenteral administration of any drugs except solutions for intravenous infusion;

B. nonparenteral administration of any drugs except sugar solutions for oral administration to conscious diabetic patients, oxygen, and syrup of ipecac and drinking liquids provided under part 4690.0900, subpart 5; and

C. establishment of intravenous therapy involving the use of drugs other than solutions for intravenous infusion.

Statutory Authority: *MS s 144.804; 144E.16*

History: *L 1987 c 209 s 39; 14 SR 519; L 1996 c 324 s 6*