

1 Department of Health

2

3 Adopted Amendments to Life Support Transportation Service Rules

4 (7 MCAR SS 1.601-1.611) and Repeal of Emergency Medical

5 Technician Registration Rules (7 MCAR SS 1.541-1.545)

6

7 Rules as Adopted

8 7 MCAR S 1.601 Definitions. For the purposes of 7 MCAR SS

9 1.601-1.630, the following terms have the meanings given them.

10 A. Air ambulance. "Air ambulance" means an ambulance that
11 is designed and manufactured to travel by air . It includes
12 fixed wing aircraft and helicopters.

13 B. Base of operation. "Base of operation" means the address
14 at which the physical plant housing ambulances, related
15 equipment and personnel is located.

16 C. Basic cardiac life support. "Basic cardiac life support"
17 means cardiopulmonary resuscitation by one and two persons,
18 infant resuscitation, and management of the obstructed airway in
19 conscious and unconscious persons.

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

25 E. Change in type of service. "Change in type of service"
26 means any change in the schedule of:

27 1. Level of service when the change is from basic life
28 support to advanced life support;

29 2. Hours during which service will be available; or

30 3. The group of individuals for whom services will be
31 exclusively provided such that a new type of license is required.

32 F. Change of base of operation. "Change of base of
33 operation" means the relocation of vehicles, related equipment,
34 and personnel housed at one location to another location such
35 that it is no longer possible for the service making the change
36 to meet the conditions of its license regarding its designated

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1 primary service area.

2 G. City of the first class and city of the second class.

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

5 H. Commissioner. "Commissioner" means Commissioner of
6 Health.

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

11 J. Disaster. "Disaster" means a sudden occurrence or other
12 temporary condition causing or likely to cause such widespread
13 damage and such mass casualties or threats to the health and
14 safety of members of the public that available life support
15 transportation services cannot reasonably be considered adequate
16 to respond to the emergency needs of the affected public.

17 K. Drug. "Drug" means all medicinal substances and
18 preparations recognized by the ' United States Pharmacopoeia
19 National Formulary, ' issued by the United States Pharmacopoeial
20 Convention (Rockville, Maryland) or by any revision of that
21 publication. It also means all substances and preparations
22 intended for external and internal use in the diagnosis, cure,
23 mitigation, treatment, or prevention of disease in man or other
24 animal, and all substances and preparations, other than food,
25 intended to affect the structure or any function of the body of
26 man or other animal.

27 L. Emergency medical technician. "Emergency medical
28 technician" means a person certified under 7 MCAR S 1.624 to
29 provide basic life support service.

30 M. Full operating condition and good repair. "Full
31 operating condition and good repair" means a condition in which
32 all systems, parts, elements, and components are completely
33 workable, operational, and reliable.

34 N. Intermediate emergency medical technician. "Intermediate
35 emergency medical technician" means a person who is certified
36 under 7 MCAR S 1.624 and 7 MCAR S 1.625 to provide basic life

1 support service and who may, under the medical direction of a
2 physician, perform advanced life support procedures using
3 intravenous infusions, medical antishock trousers, and
4 esophageal obturator airways.

5 O. Intravenous infusion. "Intravenous infusion" means the
6 introduction of a fluid other than blood into a vein for fluid
7 volume replacement only.

8 P. Intravenous therapy. "Intravenous therapy" means the
9 establishment of an intravenous line and the administration of
10 intravenous fluids and drugs.

11 Q. Land ambulance. "Land ambulance" means an ambulance that
12 is designed and manufactured to travel on land.

13 R. Medical adviser. "Medical adviser" means a physician who:

- 14 1. Provides advice on training and orientation of
15 personnel;
- 16 2. Provides advice on upgrading and purchasing equipment;
- 17 3. Provides triage, treatment, and transporting protocols
18 to assure that patients requiring care are transported to
19 appropriate medical facilities; and
- 20 4. Helps to develop and operate an internal quality
21 assurance mechanism that includes a review of services provided.

22 S. Medical control. "Medical control" means the direction
23 by a physician of out-of-hospital emergency medical care that is
24 provided, through direct oral communication by radio or
25 telephone.

26 T. Medical director. "Medical director" has the following
27 meanings:

- 28 1. "Medical director" means a physician who accepts
29 responsibility for the quality of care provided by drivers and
30 attendants of an advanced life support transportation service
31 and who:
 - 32 a. Provides standards for training and orientation of
33 personnel;
 - 34 b. Provides standards on upgrading and purchasing
35 equipment;
 - 36 c. Prescribes any standing orders for the provision of

1 life support care;

2 d. Provides triage, treatment, and transporting
3 protocols to assure that patients requiring care are transported
4 to appropriate medical facilities;

5 e. Assists with the development and operation of an
6 internal quality assurance mechanism that includes a review of
7 services provided;

8 f. Provides written procedures for the storage and
9 administration of drugs;

10 g. Provides written standards for medical equipment
11 and supplies used to provide advanced life support
12 transportation services.

13 2. With respect to a basic life support transportation
14 service that has been granted a variance to perform a restricted
15 treatment or procedure listed in 7 MCAR S 1.606 B., "medical
16 director" means a physician who accepts responsibility for the
17 quality of care given in the course of providing the restricted
18 treatment or procedure who provides:

19 a. Standards for training and continuing education
20 with respect to the restricted treatment or procedure for which
21 the variance was granted;

22 b. Standards for the purchase of medical equipment and
23 supplies necessary for the restricted treatment or procedure;

24 c. Standing orders for performing the restricted
25 treatment or procedure; and

26 d. Regular review of the quality of care provided
27 under the variance.

28 U. Nonbreakable. "Nonbreakable" means not easily broken and
29 not liable to be broken through normal use and minor abuse such
30 as dropping.

31 V. Osteopath. "Osteopath" means a person licensed to
32 practice osteopathy under Minnesota Statutes, sections 148.11 to
33 148.16 prior to 1963 or licensed to practice medicine under
34 Minnesota Statutes, chapter 147.

35 W. Paramedic. "Paramedic" means a paramedic emergency
36 medical technician certified under 7 MCAR S 1.626 to provide

1 advanced life support service under the medical control of a
2 physician and under protocols and standing orders of the
3 licensee's medical director.

4 X. Parenteral. "Parenteral" means not through the
5 alimentary canal, but rather by injection, through some other
6 route.

7 Y. Physician. "Physician" means a person licensed to
8 practice medicine under Minnesota Statutes, chapter 147.

9 Z. Program coordinator. "Program coordinator" means a
10 person who serves as the administrator of an emergency care
11 training program and who is responsible for the following:

- 12 1. Planning, conducting, and evaluating the program;
- 13 2. Selecting the students;
- 14 3. Selecting qualified instructors;
- 15 4. Documentation and maintaining of records;
- 16 5. Developing a curriculum; and
- 17 6. Helping to coordinate examination sessions and
18 clinical training.

19 AA. Program medical director. "Program medical director"
20 means a physician who accepts responsibility for the following
21 elements of an emergency medical care training program:

- 22 1. Insuring an accurate and thorough presentation of the
23 medical content of an emergency care training program;
- 24 2. Certifying that each student has successfully
25 completed the training course; and
- 26 3. In conjunction with the program coordinator, planning
27 the clinical training that takes place in the hospital and
28 ambulance.

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

32 CC. Scheduled life support transportation service.

33 "Scheduled life support transportation service" means basic or
34 advanced life support transportation service that restricts its
35 services to specified periods of time or to a specified group of
36 people, or restricts the type of services it provides to a

1 specified medical category.

2 DD. Single-service. "Single-service" means designed and
3 manufactured to be used once and then disposed of, not to be
4 reused.

5 EE. Sterile. "Sterile" means free from microorganisms.

6 FF. Substation. "Substation" means the location from which
7 ambulances and personnel operate to provide life support
8 transportation service which is supplementary to that provided
9 from the base of operation and which enables the licensee to
10 serve all points in its primary service area in accordance with
11 the requirements in 7 MCAR S 1.622.

12 GG. Telemetry. "Telemetry" means the direct transmission of
13 electronic signals indicating measurement of patient
14 physiological vital signs.

15 HH. Treatment. "Treatment" means the use of the skills or
16 equipment required by 7 MCAR SS 1.601-1.630 for the management
17 and care of an ill or injured person or of a pregnant woman for
18 the purpose of combating disease, minimizing disability,
19 preventing death, or preserving health.

20 II. Triage. "Triage" means the sorting out and
21 classification of ill or injured persons to determine priority
22 of need and place of treatment.

23 JJ. Variance. "Variance" means permission to comply in a
24 manner other than that specified by 7 MCAR SS 1.601-1.630.

25 KK. Waiver. "Waiver" means permission not to comply with 7
26 MCAR SS 1.601-1.630.

27 7 MCAR S 1.602 Applications for licensure.

28 A. Contents of all applications.

29 1. An application for license renewal, or for licensure
30 of a new service, ~~change in~~ expansion of primary service area,
31 ~~change of base of operation, or type of service provided~~ must be
32 made on a form provided by the commissioner and must include, at
33 a minimum, the following categories of information to allow a
34 determination of compliance with the requirements of Minnesota
35 Statutes, sections 144.801 to 144.807 and to provide sufficient
36 information for local and regional reviews prescribed in

- 1 Minnesota Statutes, section 144.802:
- 2 a. Identification, location, and pertinent telephone
3 numbers for the proposed service and the name of the individual
4 responsible for accuracy of the application;
- 5 b. The addresses of the base of operation and
6 substations;
- 7 c. The names, addresses, and telephone numbers of the
8 medical adviser or medical director of the service and the base
9 hospital or affiliated medical facility, if any, for the service;
- 10 d. The location of the communications base and a
11 description of the communications equipment on the licensee's
12 ambulances and at its communications base;
- 13 e. Whether the application is for a new license,
14 license renewal, ~~change in~~ expansion of primary service area,
15 change of base of operations, or change in type of service
16 provided;
- 17 f. The type and identification of ownership;
- 18 g. The type and identification of the entity
19 responsible for operation, if different from ownership;
- 20 h. Back-up coverage, including reserve ambulances
21 owned by applicant, back-up services, and copies of signed
22 mutual aid agreements with neighboring providers;
- 23 i. Other licensed providers in the primary service
24 area;
- 25 j. A description of the population to be served;
- 26 k. Type of service to be licensed;
- 27 l. Actual past and estimated future utilization of the
28 service;
- 29 m. Basic actual or estimated financial data, including
30 actual and in-kind revenue or income, actual or projected
31 patient charges, sources of revenue by type, and actual and
32 imputed expenses by category and projected capital costs and
33 operating costs;
- 34 n. Qualifications of personnel, including number of
35 and credentials of attendants and drivers and names and
36 addresses of key personnel; and

1 o. A listing and description of all ambulances to be
2 used by the service if licensed;

3 p. A description of any proposed new service, change
4 of base of operation, expansion of primary service area, or
5 change in type of service;

6 q. A justification of the need for any proposed new
7 service or modification in service;

8 r. A declaration of the proposed primary service area,
9 including a description of the geographic features of the
10 primary service area that have a direct bearing on the proposed
11 service or modified service.

12 2. Applicants shall furnish other information that may be
13 needed by the commissioner to clarify incomplete or ambiguous
14 information presented in the application.

15 3. Applicants shall retain in their files documentation
16 of all statements made in applications for licensure.

17 B. Contents of applications by health care facilities.

18 1. Applicants for life support licensure that are health
19 care facilities as defined in Minnesota Statutes, section
20 145.833, subdivision 2, shall submit sufficient information on
21 the form described in A.1. to allow the commissioner to
22 determine the need for a certificate of need review as
23 prescribed in Minnesota Statutes, section 145.834.

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

31 7 MCAR S 1.603 Personnel standards; basic life support
32 transportation services.

33 A. Qualifications in general.

34 Except for persons functioning as pilots of air
35 ambulances, no person may function as an attendant or driver or
36 represent himself as an attendant or driver of a basic life

1 support transportation service ambulance unless that person:

2 1. Possesses a current American Red Cross advanced first
3 aid certificate; or

4 2. Until two years after the effective date of 7 MCAR SS
5 1.601-1.630, possesses a current emergency care certificate
6 issued by the commissioner under Minnesota Statutes, section
7 214.13; or

8 3. Possesses a current certificate issued under 7 MCAR S
9 1.624, 7 MCAR S 1.625, or 7 MCAR S 1.626.

10 B. Air ambulance attendants. No person may act as an
11 attendant of a basic life support air ambulance unless that
12 person:

13 1. Possess a current certificate issued under 7 MCAR S
14 1.624, 7 MCAR S 1.625, or 7 MCAR S 1.626; and

15 2. Has received training approved by the licensee's
16 medical adviser which includes instruction in the physiological
17 changes due to decreased atmospheric pressure, acceleration,
18 vibration, and changes in altitude; instructions in the medical
19 conditions requiring special precautions; and contra indications
20 to air transport. The medical adviser must sign and file with
21 the licensee, a statement that each attendant has successfully
22 completed such training.

23 7 MCAR S 1.604 Staffing standards; basic life support
24 transportation services.

25 A. Attendants; drivers. Each basic life support
26 transportation service licensee shall employ or have on its
27 staff a minimum of five persons qualified under 7 MCAR S 1.603
28 A. and shall maintain:

29 1. A current roster, including the name, address, and
30 qualification of those persons; and

31 2. Files documenting personnel qualifications.

32 B. Medical adviser. Each licensee that operates air
33 ambulances and by July 1, 1985, each licensee that operates land
34 ambulances shall have a physician medical adviser.

35 C. File documents. The licensee shall maintain in its files
36 the name and address of the medical adviser and a written

1 statement signed by the medical adviser indicating acceptance of
2 the responsibilities defined in 7 MCAR S 1.601 R.

3 D. Operational requirement. An attendant shall be in the
4 patient compartment while transporting a patient except as
5 allowed by Minnesota Statutes, section 144.804, subdivision 2.
6 If a life support transportation service finds it impossible to
7 arrange for an attendant to accompany a driver in responding to
8 a medical emergency, the driver may proceed to the site of the
9 emergency and transport the patient to a health care facility
10 without an accompanying attendant. Under these conditions the
11 service shall:

12 1. Make all reasonable efforts to arrange for an
13 attendant to be present at the site of the emergency and en
14 route to a health care facility;

15 2. Document each case in which it was impossible to
16 arrange for an attendant to be present at the site of the
17 emergency and to accompany the driver during transport of the
18 patient and explain what reasonable efforts were made to arrange
19 for an attendant to be present; and

20 3. Maintain this documentation in its files.

21 7 MCAR S 1.605 Quality of life support treatment.

22 A. Quality control. Each licensee shall:

23 1. Assure that attendants and drivers that it employs or
24 has on its staff have current certificates issued by the
25 commissioner or an American Red Cross advanced first aid
26 certificate;

27 2. Assure that its attendants and drivers use only
28 equipment that they are trained to use; and

29 3. Assure that its attendants and drivers provide care
30 that conforms to the general standard of care expected of
31 persons who are trained and certified as those attendants and
32 drivers are trained and certified.

33 B. Complaints. Each licensee shall establish and implement
34 a procedure for responding to complaints about its life support
35 transportation service.

1 7 MCAR S 1.606 Restricted treatments and procedures.

2 A. Restricted treatments and procedures. Basic life support
3 transportation services may use medical antishock trousers only
4 as allowed under 7 MCAR S 1.607 B.

5 B. Restrictions. Except as authorized under 7 MCAR S 1.630
6 D., basic life support transportation services may not offer or
7 provide the following:

8 1. Use of an esophageal obturator airway;

9 2. Use of a cardiac monitor or defibrillator; and

10 3. Establishment ~~or maintenance~~ of intravenous ~~lines~~
11 therapy or ~~administration~~ establishment or maintenance of
12 intravenous infusions; and.

13 4. ~~Transfer of patients for whom maintenance of~~
14 ~~intravenous therapy is required.~~

15 C. Restrictions on transfer of patients. Basic life support
16 transportation services may transport patients who are receiving
17 intravenous therapy only when the following conditions are met:

18 1. Transportation is provided only between health care
19 facilities; and

20 2. The intravenous therapy was established by the
21 facility from which the patient is transported; and either

22 3. A physician, registered nurse, or paramedic
23 accompanies the patient and rides in the patient compartment; or

24 4. The patient's physician provides written information
25 and precautions to the ambulance service attendants about the
26 intravenous therapy which the patient is receiving, the service
27 maintains a copy of the written information in its files, and
28 the attendant is certified under 7 MCAR S 1.624 and has
29 completed training approved by the medical advisor in the
30 maintenance of intravenous therapy equipment.

31 D. Prohibitions. Basic life support transportation services
32 may not administer drugs other than oxygen, syrup of ipecac, and
33 nonprescription drugs.

34 7 MCAR S 1.607 Equipment standards; basic life support
35 transportation services.

36 A. Minimum equipment standards.

1 All ambulances must carry equipment that complies with
2 the following standards:

3 1. They must carry splinting equipment that includes:

4 a. One lower-extremity traction splint fashioned so as
5 to permit determination of distal pulse, sensitivity, and range
6 of movement after the application of the splint;

7 b. Fixation splints for fractures of both legs and
8 both arms; and

9 c. One short and one long backboard with head
10 immobilization gear and patient fixation straps.

11 2. They must carry ventilation assistance and airway
12 maintenance equipment that includes:

13 a. One portable oxygen system complying with the
14 following specifications:

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

17 (2) Calibrated to deliver to the patient two to 15
18 liters of oxygen per minute;

19 (3) Minimum of 20 minutes supply at a rate of 15
20 liters per minute.

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

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

28 (6) Equipment for the administration of high
29 concentrations of oxygen that consists of one each of pediatric
30 and adult partial rebreather or non-rebreather face masks; and

31 (7) Capability for use as an oxygen source as
32 described in c.;

33 b. One oxygen system for use in the ambulance that
34 complies with a.(1), a.(2), and a.(4)-(7) and that is capable of
35 delivering a minimum of 60 minutes supply at a rate of 15 liters
36 per minute and a minimum of 30 minutes uninterrupted supply;

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

8 d. Portable suction apparatus with catheter or oral
9 suction equipment that:

10 (1) Uses a nonbreakable bottle for collection of the
11 aspirated material, and

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

18 e. One set of oropharyngeal airways suitable in use in
19 adult, child, and infant patients.

20 3. They must carry dressings, bandages, and bandaging
21 equipment that includes, at a minimum:

22 a. Two universal or multitrauma dressings
23 approximately ten inches by 30 inches;

24 b. Twelve sterile gauze pads or twelve sterile
25 abdominal pad dressings;

26 c. Two rolls of adhesive tape three-quarters of an
27 inch to three inches wide;

28 d. Six soft rolled bandages, approximately three to
29 six inches wide and five yards long; and

30 e. Blunt tip shears capable of cutting through heavy
31 clothing.

32 4. They must carry one poison-treatment kit that includes:
33 two ounces of syrup of ipecac and one quart drinking liquid in a
34 nonbreakable container.

35 5. They must carry one emergency obstetric kit that
36 includes:

- 1 a. Three sterile towels and two sterile drapes;
- 2 b. Bulb syringe;
- 3 c. Four sterile pads or sterile sanitary napkins;
- 4 d. Plastic bag or basin;
- 5 e. Two sterile cord clamps or ties;
- 6 f. One 18-inch by 25-foot roll of aluminum foil in an
- 7 unopened original package or one reflective blanket, either of
- 8 which must be clean and wrapped, or a clean blanket designed for
- 9 keeping premature infants warm;
- 10 g. Sterile shears or scalpel; and
- 11 h. Single service sterile gloves.
- 12 6. They must carry equipment for determination of vital
- 13 signs that includes:
 - 14 a. one stethoscope, and
 - 15 b. one sphygmomanometer with cuffs for use with child
 - 16 and adult patients.
- 17 7. They must carry a detailed current map for use in
- 18 locating all points in the primary service area.
- 19 8. They must carry extrication equipment that includes
- 20 either one 24-inch wrecking bar or a commercial extrication
- 21 device.
- 22 9. They must carry other equipment that includes:
 - 23 a. One stretcher 72 to 84 inches long and 18 to 24
 - 24 inches wide;
 - 25 b. Two sheets, two blankets, and one pillow;
 - 26 c. Emesis container;
 - 27 d. One flashlight;
 - 28 e. One fire extinguisher, five-pound dry-chemical type
 - 29 with A:B:C rating; and
 - 30 f. Three bidirectional reflective triangles or three
 - 31 flares.
- 32 B. Authorization for use of medical antishock
- 33 trousers. Medical antishock trousers may be carried and used by
- 34 basic life support transportation services only if:
 - 35 1. Attendants and drivers who will use the equipment have
 - 36 been trained in its use and are certified under 7 MCAR S 1.624;

1 2. Use of such equipment has been authorized by the
2 licensee's medical adviser; and

3 3. Documentation of 1. and 2. is retained in the
4 licensee's files.

5 C. Variance for certain personnel. Basic life support
6 transportation service licensees that use drivers and attendants
7 who possess only an American Red Cross advanced first aid
8 certificate must obtain a variance in the manner required in 7
9 MCAR S 1.630 D.1. to authorize those drivers and attendants to
10 use equipment listed in A. for which no training was provided in
11 the advanced first aid course.

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

16 All equipment required by A. must be permanently stored
17 and kept on or in the ambulance unless otherwise provided for in
18 E.

19 E. Air ambulance equipment.

20 1. Air ambulances licensed to provide basic life support
21 transportation service must carry all equipment listed in A.
22 with the exception of the equipment in A.8. and A.9.e. and A.9.f.

23 2. Life support transportation services provided by air
24 ambulances must comply with the regulations of the Federal
25 Aviation Administration and the rules of the Minnesota
26 Department of Transportation, Aeronautics Division.

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

32 F. Maintenance, sanitation, and testing.

33 1. All equipment must be maintained in full operating
34 condition and in good repair.

35 2. All equipment and containers used for storage of
36 equipment must be kept clean so as to be free from dirt, grease,

1 and other offensive matter.

2 3. Sheets and pillowcases must be changed after each use.

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

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

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

12 7. Procedures for the periodic performance testing of
13 mechanical equipment listed in A.2. and A.6.b. must be
14 developed, maintained, and followed; and records of performance
15 testing must be kept in the licensee's files. Testing must
16 occur at the intervals suggested by the manufacturer of the
17 equipment.

18 7 MCAR S 1.608 Ambulance standards.

19 A. Land ambulances.

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

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

27 b. The door ~~openings~~ opening to the patient
28 compartment must be a minimum of 30 inches wide and 42 inches
29 high and the ~~doors~~ door to the patient compartment must be
30 operable from inside the ambulance, and must be capable of being
31 fully opened and held open by a mechanical device.

32 c. The interior storage areas must provide a minimum
33 of 30 cubic feet of storage space to accommodate all required
34 equipment and other equipment carried and must be located to
35 provide easy access to all equipment.

36 d. The interior lighting in the patient compartment

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

5 e. Environmental equipment must include a heater for
6 the patient compartment that has a minimum output of 21,000 BTU.

7 f. The ambulance must:

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

10 (2) Have fuel capacity to provide no less than 175
11 mile range;

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

14 (4) Be capable of full performance at ambient
15 temperatures of minus 30 degrees Fahrenheit to 110 degrees
16 Fahrenheit.

17 g. The ambulance must be marked to show the name of
18 the service as shown in the current license issued by the
19 commissioner, in letters not less than three inches in height
20 and in a position and color to allow identification of the
21 service from the sides and rear of the vehicle.

22 2. Land ambulances that comply with the standards issued
23 by the General Services Administration in Federal Specification
24 KKK-A-1822 A for Emergency Medical Care Surface Vehicle dated
25 April 1, 1980 with the exception of sections 3.14, 3.15, and
26 3.16, are deemed to comply with the standards contained in 1.,
27 3., and 4.

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

33 a. Size of the patient compartment must allow adequate
34 space for administering life support services;

35 b. Dimensions of door openings to the patient
36 compartment and the operation of the doors to the patient

1 compartment must allow easy access;

2 c. Design and location of interior storage areas must
3 allow adequate storage and easy access;

4 d. Design and operation of interior lighting in the
5 patient compartment must provide adequate illumination for
6 administering life support services;

7 e. Design and operation of environmental equipment
8 must provide proper heating; and

9 f. Design, operation, and suspension must provide safe
10 and stable transport.

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

17 B. Air ambulances. Life support transportation services
18 provided by air ambulances must comply with the regulations of
19 the Federal Aviation Administration and the rules of the
20 Minnesota Department of Transportation, Aeronautics Division.

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

24 D. Maintenance and sanitation.

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

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

31 3. If an ambulance has been used to transport a patient
32 who is known or should be known by the attendant or driver to
33 have a transmissible infection or contagious disease, other than
34 a common cold, liable to be transmitted from person to person
35 through exposure or contact, surfaces in the interior of the
36 ambulance and surfaces of equipment and materials that come in

1 contact with such patient must, immediately after each use, be
2 cleaned so as to be free from dirt, grease, and other offensive
3 matter and be disinfected or disposed in a secure container so
4 as to prevent the presence of a level of microbiologic agents
5 injurious to health.

6 4. Smoking in any portion of the ambulance is prohibited.

7 7 MCAR S 1.609 Communications.

8 A. Standards and radio frequency assignments.

9 1. Ambulances must have a two-way Very High Frequency
10 (VHF) mobile radio, with Continuous Tone Coded Squelch System
11 (CTCSS), capable of operating on at least two VHF high-band
12 radio-frequency channels.

13 2. Each basic life support transportation service must
14 have the capability of using a communications base that has a
15 two-way VHF base radio, with CTCSS, capable of operating on at
16 least two VHF high-band radio-frequency channels.

17 3. Ambulances and communications bases must select and
18 operate one channel at the radio frequency assigned to the
19 district within which the communications base is located, as
20 follows:

21 a. Northwestern district (Kittson, Roseau, Lake of the
22 Woods, Marshall, Beltrami, Polk, Pennington, Red Lake,
23 Clearwater, Hubbard, Norman, and Mahnomen Counties) has one
24 channel radio frequency of 155.325 megahertz (MHz);

25 b. Northeastern district (Koochiching, St. Louis,
26 Lake, Cook, Itasca, Carlton, and Aitkin Counties) has one
27 channel radio frequency of 155.355 MHz;

28 c. West central district (Clay, Becker, Wilkin,
29 Ottertail, Grant, Douglas, Stevens, Traverse, and Pope Counties)
30 has one channel radio frequency of 155.355 MHz;

31 d. Central district (Cass, Wadena, Crow Wing, Todd,
32 Mille Lacs, Isanti, Pine, Chisago, Kanabec, Morrison, Stearns,
33 Benton, Sherburne, and Wright Counties) has one channel radio
34 frequency of 155.385 MHz;

35 e. Southwestern district (Swift, Kandiyohi, Meeker,
36 Lac qui Parle, Chippewa, Yellow Medicine, Renville, McLeod,

1 Lincoln, Lyon, Redwood, Pipestone, Murray, Cottonwood, Rock,
2 Nobles, Big Stone, and Jackson Counties) has one channel radio
3 frequency of 155.400 MHz;

4 f. South central district (Sibley, LeSueur, Nicollet,
5 Brown, Watonwan, Blue Earth, Waseca, Martin, and Fairbault
6 Counties) has one channel radio frequency of 155.355 MHz;

7 g. Southeastern district (Rice, Goodhue, Wabasha,
8 Steele, Dodge, Olmsted, Winona, Freeborn, Mower, Fillmore, and
9 Houston Counties) has one channel radio frequency of 155.385
10 MHz; and

11 h. Metropolitan district (Anoka, Hennepin, Ramsey,
12 Washington, Carver, Scott, and Dakota Counties) has one channel
13 radio frequency of 155.325 MHz.

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

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

22 6. Each channel must be labeled to show use.

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

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

32 9. Ambulances and communications bases may communicate by
33 telephone and means of communication other than radio when radio
34 communications are not necessary.

35 10. Mobile telephone services are not acceptable as an
36 alternative to the required two-way radio operation.

1 B. Equipment performance. All communications equipment must
2 be capable of transmitting and receiving clear and
3 understandable voice communications to and from the licensee's
4 communications base and all points within the licensee's primary
5 service area.

6 C. Equipment maintenance. All communication equipment must
7 be maintained in full operating condition and in good repair.

8 7 MCAR S 1.610 Personnel standards; advanced life support
9 transportation services.

10 A. Qualifications of attendants. Except for persons
11 functioning as pilots of air ambulances, no person may function
12 as an attendant or represent himself as an attendant of an
13 advanced life support transportation service ambulance unless
14 that person possesses a current certificate issued under 7 MCAR
15 S 1.626.

16 B. Qualifications of drivers. Except for persons
17 functioning as pilots of air ambulances, no person may function
18 as a driver or represent himself as a driver of an advanced life
19 support transportation service ambulance unless that person:
20 possesses a current certificate issued under 7 MCAR S 1.624, 7
21 MCAR S 1.625, or 7 MCAR S 1.626.

22 C. Qualifications; air ambulance personnel. The licensee
23 shall maintain in its files documentation that each person who
24 works as an attendant of an advanced life support air ambulance:

- 25 1. Complies with A.; and
- 26 2. Has received training approved by the licensee's
27 medical director which includes instruction in the physiological
28 changes due to decreased atmospheric pressure, acceleration,
29 vibration, and changes in altitude; instructions in the medical
30 conditions requiring special precautions; and contraindications
31 to air transport. The medical director must sign and file with
32 the licensee, a statement that each attendant has successfully
33 completed such training.

34 7 MCAR S 1.611 Staffing standards; advanced life support
35 transportation services.

1 A. Attendants; drivers. Each advanced life support
2 transportation service shall employ or have on its staff a
3 minimum of:

4 1. Five persons qualified under 7 MCAR S 1.610 A.; or

5 2. Three persons meeting the qualifications of attendants
6 set forth in 7 MCAR S 1.610 A. and three persons meeting the
7 qualifications of drivers set forth in 7 MCAR S 1.610 B.

8 B. Medical director. Each licensee shall have a physician
9 medical director. The medical director must have completed
10 training in advanced cardiac life support that includes training
11 in the following elements:

12 1. Basic cardiac life support;

13 2. Use of adjunctive equipment and special techniques for
14 establishing and maintaining effective ventilation and
15 circulation;

16 3. Cardiac monitoring and dysrhythmia recognition;

17 4. Establishing and maintaining an intravenous infusion
18 line;

19 5. Employment of therapy in the treatment of the patient
20 with suspected or overt acute myocardial infarction during
21 cardiac arrest, dysrhythmia and in the postarrest phase; and

22 6. Use of drugs and defibrillation.

23 The advanced cardiac life support training course must be
24 approved by the commissioner.

25 C. Roster; files. Each advanced life support transportation
26 service licensee shall maintain:

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

29 2. Files documenting personnel qualifications; and

30 3. A written statement signed by the medical director
31 stating acceptance of the responsibilities of medical director.

32 D. Operational requirement. The requirements set forth in 7
33 MCAR S 1.604 D. apply to advanced life support transportation
34 services.

35 E. Affiliation with medical facility. Each advanced life
36 support transportation service must have a formal affiliation

1 with a medical facility which agrees to provide medical control
2 for patient care by means of immediate two-way voice
3 communication 24 hours a day, seven days a week. The name and
4 address of the affiliated medical facility and a statement
5 signed by the administrator of the medical facility and the
6 medical director of the advanced life support transportation
7 service documenting the terms of the formal affiliation must be
8 maintained in the files of the licensee. The terms of the
9 formal affiliation must include a written policy on the
10 administration of medical control for the service. The policy
11 must address the following issues:

- 12 1. Use of telemetry and two-way radio for physician
13 direction of attendants;
- 14 2. Patient triage;
- 15 3. Use of standing orders; and
- 16 4. The means by which medical control will be provided 24
17 hours a day.

18 7 MCAR S 1.612 Quality of life support treatment. The quality
19 assurance requirements set forth in 7 MCAR S 1.605 apply to
20 advanced life support transportation services.

21 7 MCAR S 1.613 Equipment standards; advanced life support
22 transportation services.

23 A. Basic life support transportation standards transferred.
24 Equipment standards for ambulances set forth in 7 MCAR S 1.607
25 A. and D.-F. are applicable to advanced life support
26 transportation service ambulances.

27 B. Additional equipment. In addition to compliance with the
28 equipment standards in A., all advanced life support
29 transportation service ambulances must carry the following
30 equipment:

- 31 1. Advanced cardiac care equipment that includes one
32 portable cardiac monitor and defibrillator;
- 33 2. Airway maintenance equipment that includes one
34 esophageal obturator airway;
- 35 3. Equipment for intravenous therapy and the

1 administration of intravenous fluids;

2 4. Drugs and drug administration equipment and supplies;

3 and

4 5. One set of medical antishock trousers.

5 6. The portable oxygen system which is required under A-
6 must be equipped with an oxygen-powered, manually-eyeled valve
7 and must provide a minimum of 30 minutes continuous supply at a
8 rate of 15 liters per minute when used with an oxygen-powered,
9 manually-eyeled valve.

10 C. Documentation of use. All equipment or supplies required
11 under B.3. and B.4. and any additional equipment and supplies
12 used to provide advanced life support must be specified in
13 writing by the medical director and documented in the licensee's
14 files.

15 D. Maintenance, sanitation, and testing. The maintenance,
16 sanitation, and testing requirements set forth in 7 MCAR S 1.607
17 F. apply to advanced life support transportation services.

18 7 MCAR S 1.614 Compliance with ambulance standards. All
19 advanced life support transportation service ambulances must
20 comply with 7 MCAR S 1.608.

21 7 MCAR S 1.615 Communications.

22 A. Standards and radio frequency assignments.

23 1. Each advanced life support transportation service must
24 have the capability of using a communications base that complies
25 with the provisions of 2. or 3.

26 2. Ambulances and their communications bases that operate
27 telemetry must have:

28 a. One two-way Ultra High Frequency (UHF) radio, with
29 Continuous Tone Coded Squelch System (CTCSS), capable of
30 operating on ten UHF voice and telemetry radio-frequency
31 channels; or

32 b. One two-way UHF radio, with CTCSS, capable of
33 operating on eight UHF voice and telemetry channels and one UHF
34 or one VHF radio, with CTCSS, capable of operating on two
35 dispatching radio-frequency channels.

1 3. Ambulances and communications bases that do not
2 operate telemetry shall comply with 2. or 7 MCAR S 1.609 A.1.-2.

3 4. Ambulances and communications bases using VHF shall
4 comply with 7 MCAR S 1.609 A.3.-8.

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

8 a. 462.950 megahertz (MHz) or 467.950 MHz for the
9 mobile radio and 462.950 MHz for the base radio; and

10 b. 462.975 MHz or 467.975 MHz for the mobile radio and
11 462.975 MHz for the base radio.

12 6. Ambulances and communications bases while operating
13 telemetry in the UHF band must use only the following radio
14 frequencies for medical control:

15 a. 468.000 MHz or 463.000 MHz for mobile radio and
16 463.000 MHz for base radio;

17 b. 468.025 MHz or 463.025 MHz for mobile radio and
18 463.025 MHz for base radio;

19 c. 468.050 MHz or 463.050 MHz for mobile radio and
20 463.050 MHz for base radio;

21 d. 468.075 MHz or 463.075 MHz for mobile radio and
22 463.075 MHz for base radio;

23 e. 468.100 MHz or 463.100 MHz for mobile radio and
24 463.100 MHz for base radio;

25 f. 468.125 MHz or 463.125 MHz for mobile radio and
26 463.125 MHz for base radio;

27 g. 468.150 MHz or 463.150 MHz for mobile radio and
28 463.150 MHz for base radio; and

29 h. 468.175 MHz or 463.175 MHz for mobile radio and
30 463.175 MHz for base radio.

31 7. Ambulances and ~~communications~~ communications bases
32 while operating telemetry in the VHF band may use only those
33 radio frequencies that have been approved by the Federal
34 Communications Commission.

35 8. Ambulances and communications bases must have the
36 capability of communicating on the statewide VHF radio frequency

1 specified in 7 MCAR S 1.609 A.5.

2 9. Ambulances and communications bases must comply with
3 the provisions of 7 MCAR S 1.609 A.4.-9.

4 B. Equipment performance. Communications equipment must
5 comply with 7 MCAR S 1.609 B.

6 C. Equipment maintenance. Communications equipment must
7 comply with 7 MCAR S 1.609 C.

8 7 MCAR S 1.616 Standards for the operation of scheduled life
9 support transportation services.

10 A. General standards.

11 1. Scheduled life support transportation services must be
12 either basic or advanced life support transportation services.

13 2. Scheduled basic life support transportation services
14 must comply with the provisions of 7 MCAR SS 1.603-1.609, and
15 scheduled advanced life support transportation services must
16 comply with provisions of 7 MCAR SS 1.610-1.615, except that
17 such services may be exempt from compliance with those
18 provisions that are not required for their operation as
19 scheduled basic life support or advanced life support services
20 in accordance with this rule.

21 B. Declaration of and adherence to schedule.

22 1. An applicant for licensure as a scheduled life support
23 transportation service shall declare at the time of application
24 the specific schedule of its intended restrictions as to time,
25 group served, and type of service provided.

26 2. A licensed scheduled life support transportation
27 service may provide only the declared schedule of services
28 approved by the commissioner in the granting of the license
29 under Minnesota Statutes, section 144.802. Any change in this
30 schedule is subject to the provisions of Minnesota Statutes,
31 section 144.802.

32 C. Primary service area. An applicant for licensure as a
33 scheduled life support transportation service shall comply with
34 7 MCAR S 1.622, with the exception of 7 MCAR S 1.622 A.3.

35 7 MCAR S 1.617 Life support transportation services operated by

1 a nonprofit entity and limited exclusively to providing service
2 by contract for special events and meetings. Life support
3 transportation services operated by a nonprofit entity and
4 limited exclusively to providing service by contract for special
5 events and meetings are scheduled life support transportation
6 services and shall comply with the provisions of 7 MCAR S 1.616.

7 7 MCAR S 1.618 Life support transportation services provided by
8 an employer for the benefit of its employees. Life support
9 transportation services that are operated by or for an employer
10 for the benefit of its employees are scheduled life support
11 transportation services and shall comply with provisions of 7
12 MCAR S 1.616.

13 7 MCAR S 1.619 Disasters.

14 Rules 7 MCAR SS 1.601-1.630 do not apply to life support
15 transportation services provided during time of disaster, mass
16 casualty, or other public emergency. The commissioner reserves
17 the right to determine whether a disaster, mass casualty, or
18 other public emergency is occurring or has occurred so as to
19 cause 7 MCAR SS 1.601-1.630 to be nonapplicable.

20 7 MCAR S 1.620 Advertisement.

21 No life support transportation service may advertise
22 itself, allow itself to be advertised, or otherwise hold itself
23 out as providing services of a type different from those
24 services that it is licensed to provide under 7 MCAR SS
25 1.601-1.630.

26 7 MCAR S 1.621 Enforcement provisions.

27 A. Inspections. Life support transportation services may
28 not hinder the inspection activities of authorized agents of the
29 commissioner under Minnesota Statutes, section 144.808.

30 B. Correction order. Violation of 7 MCAR SS 1.601-1.630 or
31 of the provisions of Minnesota Statutes, sections 144.801 to
32 144.808 constitutes grounds for the issuance of a correction
33 order. Any life support transportation service licensee that is
34 issued a correction order shall correct the violation within the

1 time period specified in the correction order.

2 C. Time periods for correction of violations. Violations of
3 7 MCAR SS 1.601-1.630 or of Minnesota Statutes, sections 144.801
4 to 144.808 that create a risk of serious harm to patients of the
5 life support transportation service must be corrected within
6 time periods ranging from 0 to 14 days as specified by the
7 commissioner or authorized agent.

8 All other violations of 7 MCAR SS 1.601-1.630 or of
9 Minnesota Statutes, sections 144.801 to 144.808 must be
10 corrected within time periods ranging from 15 to 120 days as
11 specified by the commissioner or authorized agent.

12 D. Noncompliance. If, upon reinspection, it is determined
13 that a life support transportation service has not complied with
14 the provisions of a correction order, such noncompliance
15 constitutes grounds for the initiation of suspension,
16 revocation, or nonrenewal proceeding under Minnesota Statutes,
17 section 144.803.

18 7 MCAR S 1.622 Primary service area.

19 A. Designation.

20 1. An applicant for a new license, for a change in type
21 of service or base of operation, or for expansion of a primary
22 service area must declare the primary service area that it
23 intends to serve and seek designation of that area. A primary
24 service area must contain one base of operation and may contain
25 substations.

26 2. In applying for initial designation of a primary
27 service area or for expansion of a primary service area, an
28 applicant must show the reasonableness of the primary service
29 area for which designation is sought according to the following
30 considerations:

31 a. The average and maximum probable response times in
32 good and severe weather from its proposed base of operation to
33 the most distant boundary in its proposed primary service area;
34 or, if the applicant's primary service area is to contain a base
35 of operation and substations, the average and maximum probable
36 response times in good and severe weather from the base of

1 operation and substations to the most distant point covered by
2 the base of operation;

3 b. The projected distances to be traveled to provide
4 such service;

5 c. The specific type of service to be provided;

6 d. The applicant's current status as a licensed
7 provider of life support transportation services to the
8 population of that area; and

9 e. The applicant's intention to be responsible to the
10 population of the declared primary service area or to a
11 specified group of persons as a source of life support
12 transportation service.

13 3. The maximum primary service areas designated, as
14 measured from a base of operation or substation, may not exceed:

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

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

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

27 B. Observance of primary service areas.

28 1. No life support transportation service may regularly
29 provide its services within an area other than its primary
30 service area.

31 2. Nothing in 1. prohibits a life support transportation
32 service from responding to a request for service in any location
33 in the state when it can reasonably be expected that:

34 a. Such a response is required by the immediate
35 medical need of an individual; and

36 b. No other licensed life support transportation

1 service is capable of or available for immediate and appropriate
2 response.

3 C. Life support transportation services provided by air.

4 A.3. does not apply to life support transportation services
5 provided by air ambulances.

6 D. Mutual aid. Life support transportation service other
7 than scheduled services must have written agreements with at
8 least one neighboring life support transportation service for
9 coverage during times when the licensee's ambulances are not
10 available for service in its primary service area. The
11 agreements must specify the duties and responsibilities of the
12 agreeing parties. A copy of each mutual aid agreement must be
13 maintained in the files of the licensee.

14 7 MCAR S 1.623 Compliance with approved local ordinances. Life
15 support transportation services that are subject to local
16 ordinances, rules, or regulations that have been approved by the
17 commissioner under Minnesota Statutes, section 144.804,
18 subdivision 5, must comply with the provisions of such
19 ordinances, rules, and regulations.

20 7 MCAR S 1.624 Emergency care course program.

21 A. Application for initial program approval.

22 1. Application for initial approval of an emergency care
23 course program for emergency medical technicians must be made on
24 a form provided by the commissioner, and must include
25 information that permits a complete evaluation of whether the
26 applicant meets the requirements for program approval specified
27 in A. and C.-F. The information provided on the application
28 must include the following:

- 29 a. Content of courses;
- 30 b. The length of courses and course schedules;
- 31 c. The number of times per year the course will be
32 given;
- 33 d. The number of trainees anticipated per year;
- 34 e. Identification of source materials, text books,
35 references, and equipment to be used;

- 1 f. Name, address, and qualifications of the program
2 medical director;
- 3 g. Name, address, and qualifications of the program
4 coordinator;
- 5 h. Names, addresses, and qualifications of instructors;
- 6 i. Name and addresses of affiliated hospitals;
- 7 j. Admission requirements of trainees; and
- 8 k. Other information that the commissioner requires to
9 clarify incomplete or ambiguous information presented in the
10 application.
- 11 2. Applicants shall retain in a file documentation of all
12 statements made in the application for program approval.
- 13 3. Applicants who are approved to teach emergency care
14 courses must notify the commissioner of the starting date of
15 each course before that starting date.
- 16 4. The approval of an emergency care course program
17 expires two years from the date of approval unless renewed
18 according to B.
- 19 B. Application for renewal of program approval.
20 Applications for renewed approval of an emergency care course
21 program must be made on a form provided by the commissioner and
22 must specify any changes from the information provided for
23 initial approval and other information which the commissioner
24 requires to clarify incomplete or ambiguous information
25 presented in the application. An applicant for program renewal
26 must have given the emergency care course at least two times
27 during the previous biennial approval period. The commissioner,
28 in determining whether a renewal application will be approved,
29 shall consider whether the applicant has complied with the
30 requirements of A.-F.
- 31 C. Program personnel.
- 32 1. Each program must have a program medical director.
- 33 2. Each program must have a program coordinator.
- 34 3. A minimum of eight hours of the curriculum, including
35 patient physical assessment, must be personally taught by a
36 physician.

1 4. Instructors must be physicians, registered nurses,
2 emergency medical technicians, intermediate emergency medical
3 technicians, paramedics, or others qualified by training and
4 experience and approved by the commissioner.

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

8 a. Two years or 4,000 hours experience in emergency
9 medical care;

10 b. Certification as a basic cardiac life support
11 instructor; and

12 c. Current state certification or licensure in the
13 instructor's field.

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

16 D. Program content.

17 1. An emergency care course must provide at least 81
18 total hours of instruction with a minimum of 71 hours classroom
19 didactic and practical skills instruction and a minimum of ten
20 hours clinical experience five of which must be in a hospital.

21 2. The following subjects must be included in the
22 curriculum:

23 a. Introduction to emergency care training; anatomy
24 and physiology; vital signs;

25 b. Airway obstruction and respiratory arrest;

26 c. Cardiac arrest;

27 d. Mechanical aids to breathing and resuscitation;

28 e. Bleeding, shock, pulmonary and cardiopulmonary
29 resuscitation;

30 f. Dressing and bandaging of wounds;

31 g. Principles of musculoskeletal care and fractures of
32 the upper extremity;

33 h. Fractures of the pelvis, hip, and lower extremity;

34 i. Injuries to the head, face, neck, and spine;

35 j. Injuries to the eye, chest, abdomen, and genitalia;

36 k. Medical emergencies, including poisoning, bites,

1 stings, heart attack, stroke, dyspnea, and practice in patient
2 assessment.

3 1. Medical emergencies including diabetes, acute
4 abdominal problems, communicable diseases, abnormal behavior,
5 alcohol and drug abuse, epilepsy, pediatric emergencies and
6 practice in patient assessment;

7 m. Emergency childbirth including resuscitating the
8 newborn and care of the premature infant;

9 n. Environmental emergencies including burns, heat
10 cramps, heat exhaustion, heat stroke, and frostbite, and care of
11 the patient exposed to water hazards;

12 o. Techniques of lifting and moving patients and care
13 of suspected spine injuries;

14 p. Extrication and rescue of patients; and

15 q. Ambulance operations, triage, review of vital signs
16 and patient assessment, and communications.

17 E. Content of clinical experience. The clinical training in
18 a hospital must include observation in the emergency room or any
19 of the following hospital clinical areas: coronary care;
20 intensive care; labor and delivery room; operating room and
21 postanesthetic recovery room; and morgue.

22 F. Equipment and supplies.

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

27 2. Instructors shall use emergency care equipment of the
28 following types:

29 a. Splinting equipment including backboards;

30 b. Ventilation assistance and airway maintenance
31 equipment and suctioning devices;

32 c. Dressings, bandages, and bandaging supplies;

33 d. Emergency obstetrical kit;

34 e. Poison treatment kit described in 7 MCAR S 1.607

35 A.4.;

36 f. Burn treatment supplies;

- 1 g. Equipment for determination of vital signs; and
- 2 h. Extrication and rescue equipment.

3 G. Testing.

4 1. In order to complete an approved emergency care course
5 successfully, each student must pass written and practical
6 examinations approved by the commissioner.

7 2. The examinations must test for competency in the
8 subjects specified in D.2.

9 3. The practical examination must test the following
10 skills:

11 a. Patient assessment including primary and secondary
12 assessments;

13 b. Care and immobilization of cervical and spinal
14 injuries including use of the long and short backboards;

15 c. Care, immobilization, and traction splinting of
16 long bone fractures;

17 d. Wound care, bandaging, and bleeding control;

18 e. Recognition and care of shock; and

19 f. Cardiopulmonary resuscitation by one and two
20 persons, infant resuscitation, and management of the obstructed
21 airway in conscious and unconscious persons.

22 4. The commissioner or a designated representative shall
23 administer the written and practical examinations.

24 5. Examiners must possess current certificates issued
25 under 7 MCAR S 1.624, 7 MCAR S 1.625, or 7 MCAR S 1.626 and must
26 comply with 7 MCAR S 1.624 C.5.

27 6. The written portion of the National Registry of
28 Emergency Medical Technicians Examination for Emergency Medical
29 Technicians--Ambulance as of the effective date of 7 MCAR SS
30 1.601-1.630 is deemed to comply with the written examination
31 required in G.1.

32 H. Issuance of certificates.

33 1. Persons who successfully complete an approved
34 emergency care course will be issued a certificate by the
35 commissioner.

36 2. Upon request of an applicant the commissioner shall

1 evaluate emergency care courses, training, and examinations that
2 are offered in other states to determine whether they are
3 equivalent in content to courses, training, and examinations
4 described in A.-G.

5 3. Persons who have successfully completed courses,
6 training, and examinations that the commissioner has determined
7 to be equivalent to those described in A.-G. shall be issued a
8 certificate by the commissioner. The certificate shall be
9 issued for the duration of the applicant's certification period
10 in another state but not to exceed two years.

11 4. Certificates initially issued from January 1 to June
12 30, expire on December 31 of the following year. Certificates
13 issued from July 1 to December 31 expire on December 31 of the
14 second following year. All subsequent certificate renewal
15 periods are for the full two-year period running from January 1
16 to December 31.

17 5. A certificate must be renewed according to the
18 requirements in 6. or it will lapse.

19 6. An applicant for renewal of the certificate must
20 successfully complete an emergency care refresher course
21 approved under I. and must pass approved written and practical
22 examinations before the certificate expiration date. Evidence
23 of completion of the requirements in J. must be submitted to the
24 commissioner within 90 days after the certification expiration
25 date. The emergency care refresher course must be taken during
26 the second half of the certification period.

27 I. Emergency care refresher course program.

28 1. Applications for initial approval of emergency care
29 refresher course programs must comply with the requirements in
30 A.1. and A.2.

31 2. The approval of an emergency care refresher course
32 program expires two years from the date of approval unless
33 renewed according to the requirements of B.

34 3. Each program must have a program medical director and
35 a program coordinator.

36 4. Providers of emergency care refresher course programs

1 shall comply with the requirements in C.4.-6. and F.

2 5. An emergency care refresher course must provide not
3 fewer than 20 hours of instruction and four hours of testing in
4 the subjects listed in D.2. Instruction must be provided in
5 cardiopulmonary resuscitation by one and two persons, infant
6 resuscitation, and management of the obstructed airway in
7 conscious and unconscious persons.

8 J. Refresher course examination.

9 In order to successfully complete an approved emergency
10 care refresher course, each student must pass written and
11 practical examinations approved by the commissioner. The
12 written examination must test knowledge of subjects listed in
13 D.2. The practical examination must test the skills listed in
14 G.3. The commissioner or designated representative must
15 administer the examinations approved by the commissioner.

16 K. Issuance of renewal certificates.

17 1. Persons who have successfully completed approved
18 emergency care refresher courses will be issued a renewal
19 certificate by the commissioner.

20 2. Upon request of an applicant the commissioner shall
21 evaluate emergency care refresher courses, training, and
22 examinations offered in other states to determine whether they
23 are equivalent in content to courses, training, and examinations
24 described in I. and J. Persons who have successfully completed
25 courses, training, and examinations that the commissioner has
26 determined to be equivalent to those described in I. and J.
27 shall be issued a renewal certificate by the commissioner.

28 3. Successful completion of the National Registry of
29 Emergency Medical Technician continuing education requirements,
30 in effect on the effective date of 7 MCAR SS 1.601-1.630, is
31 deemed to comply with the emergency care refresher course
32 requirements set forth in H.6.

33 L. Lapsed certificates. An applicant may renew a lapsed
34 certificate as follows:

35 1. Within 12 months of the certificate expiration date,
36 complete an approved emergency care refresher course and pass

1 the written and practical examinations approved by the
2 commissioner; or

3 2. If more than 12 months have passed since the
4 certificate expiration date, complete an approved emergency care
5 course and pass the written and practical examinations approved
6 by the commissioner.

7 M. Program audit. Persons approved to offer emergency care
8 course and emergency care refresher course programs shall
9 cooperate with the audit activities of the commissioner. The
10 audit may include course inspection, classroom observation,
11 review of instructor qualifications and student interviews.

12 7 MCAR S 1.625 Intermediate emergency care course program.

13 A. Application for initial course program approval.

14 1. Application for initial approval of an intermediate
15 emergency care course program must be made on a form provided by
16 the commissioner, and must include information that permits a
17 complete evaluation of whether the applicant meets the
18 requirements for program approval specified in A. and C.-F. The
19 information provided on the application must include the
20 following:

- 21 a. Content of course;
- 22 b. The length of courses and course schedules;
- 23 c. The number of times per year the course will be
24 given;
- 25 d. The number of trainees anticipated per year;
- 26 e. Identification of source materials, text books,
27 references, and equipment to be used;
- 28 f. Name, address, and qualifications of the program
29 physician medical director;
- 30 g. Name, address, and qualifications of the program
31 coordinator;
- 32 h. Names, addresses, and qualifications of instructors;
- 33 i. Names and addresses of affiliated hospitals;
- 34 j. Admission requirements of trainees;
- 35 k. Names of persons who will supervise clinical
36 training; and

1 1. Other information that the commissioner requires to
2 clarify incomplete or ambiguous information presented in the
3 application.

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

6 3. Applicants who are approved to teach intermediate
7 -----
8 emergency care courses must notify the commissioner of the
9 -----
10 starting date of each course before that starting date.
11 -----

12 4. The approval of an intermediate emergency care course
13 --
14 program expires two years from the date of approval unless
15 renewed according to the requirements of B.

16 B. Application for renewal. Application for renewal of
17 intermediate emergency care course program approval must be made
18 on a form provided by the commissioner and must specify any
19 changes from the information provided for initial approval and
20 other information that the commissioner requires to clarify
21 incomplete or ambiguous information presented in the
22 application. An applicant for program renewal must have given
23 the intermediate emergency care course at least once during the
24 previous biennial approval period. The commissioner, in
25 determining whether a renewal application will be approved,
26 shall consider whether the applicant has complied with the
27 requirements in A.-F.

28 C. Program personnel.

29 1. Each program must have a program medical director.

30 2. Each program must have a program coordinator.

31 3. Instructors must be physicians, registered nurses,
32 intermediate emergency medical technicians, paramedics, or
33 others holding equivalent certificates approved by the
34 commissioner. Instructors who are not physicians and who teach
35 more than six hours of any course must comply with the
36 requirement in 7 MCAR S 1.624 C.5.

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

D. Program content.

1. An intermediate emergency care course must provide at

1 least 52 total hours of classroom instruction and practical
2 skills instruction.

3 2. The following subjects must be included in the course:

4 a. Instruction in the role and the legal and medical
5 responsibilities of intermediate emergency medical technicians;

6 b. Classroom and practical skills instruction in human
7 physiological systems and patient assessment;

8 c. Classroom and practical skills instruction in shock
9 and fluid therapy, including the use of medical antishock
10 trousers; and

11 d. Classroom and practical skills instruction in the
12 respiratory system and use of the esophageal obturator airway.

13 3. Each program must provide supervised clinical training
14 in the hospital. During clinical training each student must
15 practice under direct visual supervision, the following:

16 a. Performance of a patient physical assessment
17 including conducting a physical examination, taking and
18 recording vital signs, and auscultation of heart, lung and bowel
19 sounds;

20 b. Providing assistance and review of treatment of
21 trauma cases and medical emergencies;

22 c. Providing assistance in triage of patients;

23 d. Assisting in trauma cases requiring hemorrhage
24 control and splinting;

25 e. Performance of peripheral intravenous insertions
26 using both a straight needle and an over the needle catheter
27 device;

28 f. Drawing blood samples;

29 g. Maintaining an airway in an unconscious patient
30 using manipulations, position of head, oropharyngeal airways,
31 esophageal obturator airway, and suctioning; and

32 h. Administering oxygen.

33 E. Student admission requirement. Students admitted to an
34 intermediate emergency care course must meet the following
35 requirements:

36 1. Current certification as an emergency medical

1 technician; and

2 2. Employment or service as a volunteer with a licensee
3 that provides or intends to provide the type of emergency care
4 and treatment that is taught in the intermediate emergency care
5 course. Written verification of employment or volunteer service
6 must be provided by the licensee's medical director.

7 F. Equipment and supplies.

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

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

12 3. Instructors shall use emergency care equipment of the
13 following types:

14 a. Esophageal obturator airways and intubation
15 mannequins;

16 b. Medical antishock trousers;

17 c. Intravenous infusion equipment and supplies;

18 d. Ventilation assistance and airway maintenance
19 equipment; and

20 e. Equipment for the determination of vital signs.

21 G. Testing.

22 1. In order to complete an approved intermediate care
23 course successfully, each student must pass written and
24 practical examinations approved by the commissioner.

25 2. The commissioner or a designated representative shall
26 administer the written and practical examinations that test for
27 competency in the subjects listed in D.2.

28 3. The practical examination must test the following
29 skills:

30 a. Ability to perform a physical assessment for trauma
31 which includes a first and second degree assessment, knowledge
32 of treatment for trauma victims, and triage skills;

33 b. Esophageal obturator airway insertion and removal;

34 c. Administration of intravenous infusions; and

35 d. Application and removal of medical antishock
36 trousers.

1 The skills in a. must be tested by a physician.

2 4. The written and practical portions of the National
3 Registry of Emergency Medical Technicians--Intermediate
4 examination as of the effective date of 7 MCAR SS 1.601-1.630,
5 are deemed to comply with the examinations required in 1.

6 H. Issuance of certificates.

7 1. Persons who successfully complete an approved
8 intermediate emergency care course will be issued a certificate
9 by the commissioner.

10 2. Upon request of the applicant, the commissioner shall
11 evaluate intermediate emergency care courses, training, and
12 examinations that are offered in other states to determine
13 whether they are equivalent in content to courses, training, and
14 examinations described in A.-G.

15 3. Persons who have successfully completed courses,
16 training, and examinations that the commissioner has determined
17 to be equivalent to those described in A.-G., shall be issued a
18 certificate by the commissioner. The certificate shall be
19 issued for the duration of the applicant's certification period
20 in another state but not to exceed two years.

21 4. Certificates initially issued from January 1 to June
22 30 expire on December 31 of the following year. Certificates
23 initially issued from July 1 to December 31 will expire on
24 December 31 of the second following year. All subsequent
25 certificate renewal periods are for the full two-year period
26 running from January 1 to December 31.

27 5. The certificate may be renewed after submission of
28 evidence of successful completion of the continuing education
29 requirements set forth in I., and submission of a statement of
30 satisfactory skill maintenance signed by the physician medical
31 director of the licensee by whom the applicant is employed.

32 I. Continuing education requirements. Each applicant for
33 certificate renewal shall successfully complete within the
34 certification period:

- 35 1. Annual certification in basic cardiac life support;
36 2. An approved emergency care refresher course and

1 examination approved by the commissioner; and

2 3. Twelve hours of continuing education in the subjects
3 listed in D.2.;

4 4. Evidence of completion of continuing education
5 requirements must be submitted to the commissioner within 30 90
6 days after the certificate expiration date. --

7 J. Approval of continuing education courses. Continuing
8 education courses taken to fulfill the requirement in I. must be
9 approved in writing by the licensee's physician medical
10 director. Documentation of approval must be kept in the
11 licensee's file.

12 K. Skill documentation. The medical director of a licensee
13 shall document that the applicant for certificate renewal has
14 the skills described in G.3. This document must be submitted to
15 the commissioner within 30 90 days after the certificate
16 expiration date. --

17 L. Certification renewal.

18 1. Persons who successfully complete the continuing
19 education requirements set forth in I. and meet the requirement
20 in K. will be issued a certificate by the commissioner.

21 2. Upon request by an applicant, the commissioner shall
22 evaluate continuing education requirements in other states to
23 determine whether they are equivalent to requirements described
24 in I. and K. Applicants who have completed continuing education
25 and examinations that are equivalent in content to those
26 required in I. and who have submitted evidence of skill
27 retention as required in K. shall be issued a renewal
28 certificate by the commissioner.

29 3. Successful completion of the National Registry of
30 Emergency Medical Technicians-Intermediate requirements for
31 reregistration as of the effective date of 7 MCAR S 1.601-1.630
32 is deemed to comply with the requirements in I. and K.

33 M. Program audit. The commissioner may audit the courses
34 approved under 7 MCAR S 1.625. The audit may include course
35 inspection, classroom observation, review of instructor
36 qualifications, and student interviews.

1 7 MCAR S 1.626 Advanced emergency care course programs for
2 paramedics.

3 A. Application for initial approval.

4 1. Application for initial approval of an advanced
5 emergency care course program must be made on a form provided by
6 the commissioner and must include information that permits a
7 complete evaluation of whether the applicant meets the
8 requirements for program approval specified in A. and C.-F. The
9 following information must be provided:

- 10 a. Content of course;
- 11 b. The length of the courses and course schedules;
- 12 c. The number of times per year the courses will be
13 given;
- 14 d. The number of trainees anticipated per year;
- 15 e. Identification of source materials, text books,
16 references, and equipment to be used;
- 17 f. Name, address, and qualifications of the program
18 medical director;
- 19 g. Name, address, and qualifications of the program
20 coordinator;
- 21 h. Names, addresses, and qualifications of the
22 instructors;
- 23 i. Names and addresses of affiliated hospitals;
- 24 j. Admission requirements of trainees;
- 25 k. Names of persons who will supervise clinical
26 training in the hospital; and
- 27 l. Other information that the commissioner requires to
28 clarify incomplete or ambiguous information presented in the
29 application.

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

32 3. The approval of an advanced emergency care course
33 program expires two years from the date of approval unless
34 renewed according to the requirements of B.

35 B. Applications for renewal. Applications for renewal of an
36 advanced emergency care course program must be made on a form

1 provided by the commissioner and must specify any changes from
2 the information provided for initial approval and other
3 information which the commissioner requires to clarify
4 incomplete or ambiguous information presented in the
5 application. Applicants for program renewal must have given the
6 advanced emergency care course program for paramedics at least
7 once during the previous biennial approval period. The
8 commissioner, in determining whether a renewal application will
9 be approved, shall consider whether the applicant has complied
10 with the requirements of A.-F.

11 C. Program personnel.

- 12 1. Each program must have a program medical director.
- 13 2. Each program must have a program coordinator.
- 14 3. Instructors must be physicians, registered nurses,
15 paramedics, or others approved by the commissioner. Instructors
16 who are not physicians and who teach more than six hours of any
17 course must comply with the requirements in 7 MCAR S 1.624 C.5.

18 D. Program content.

- 19 1. An advanced emergency care course must provide
20 classroom instruction and practical skills instruction in the
21 following subjects:
 - 22 a. The role and the legal and medical responsibilities
23 of paramedics;
 - 24 b. Human systems and patient assessment;
 - 25 c. Shock and fluid therapy;
 - 26 d. General pharmacology;
 - 27 e. The respiratory sytem;
 - 28 f. The cardiovascular system;
 - 29 g. The central nervous system;
 - 30 h. Care of soft tissue injuries;
 - 31 i. The musculoskeletal system;
 - 32 j. Medical emergencies;
 - 33 k. Obstetric and gynecological emergencies;
 - 34 l. Pediatrics and neonatal medical care;
 - 35 m. Emergency care of the emotionally disturbed patient;
 - 36 n. Rescue techniques; and

1 o. Telemetry and communications.

2 2. In addition to the instruction required in 1., each
3 student must receive clinical training in a hospital and
4 ambulance. The clinical training must be conducted under the
5 direct, visual supervision of a physician, registered nurse, or
6 paramedic certified under 7 MCAR S 1.626. Clinical training
7 must include demonstration of the skill by the supervisor and
8 observation by the student; practice and successful performance
9 of the skill by the student; and evaluation by the supervisor.

10 E. Student prerequisite. Only persons who have successfully
11 completed an emergency care course and who are currently
12 certified as emergency medical technicians or intermediate
13 emergency medical technicians may be admitted to an advanced
14 emergency care course.

15 F. Equipment and supplies.

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

18 2. Programs must use teaching aids consisting of
19 projectors, screens, films, and slides.

20 3. Programs must use emergency care equipment of the
21 following types:

22 a. Splinting equipment;

23 b. Ventilation assistance and airway maintenance
24 equipment including esophageal obturator airways, endotracheal
25 intubation equipment, and suction equipment;

26 c. Dressings, bandages, and bandaging supplies;

27 d. Emergency obstetrical kit;

28 e. Poison-treatment kit described in 7 MCAR S 1.607

29 A.4.;

30 f. Burn treatment supplies;

31 g. Equipment for the determination of vital signs;

32 h. Medical antishock trousers;

33 i. Intravenous therapy equipment; and

34 j. Advanced cardiac care equipment including a

35 portable cardiac monitor and defibrillator.

36 G. Testing.

1 1. In order to complete an approved advanced emergency
2 care course successfully, each student must pass written and
3 practical examinations approved by the commissioner.

4 2. The commissioner or a designated representative shall
5 administer written and practical examinations that test for
6 competency in the subjects specified in D.1.

7 3. Examiners for practical examinations must be
8 physicians, or registered nurses except that persons who are
9 certified under 7 MCAR S 1.626 and who meet the requirements in
10 7 MCAR S 1.624 C.5. may serve as ~~sole~~ examiners ~~for the skills~~
11 ~~specified in 6-4-d-7, and e- and accessory examiners for the~~
12 ~~skill specified in 6-4-a--e.~~ A physician must be present at the
13 practical examination and must monitor all stations of the
14 examination and answer questions relating to the evaluation of
15 skill performance.

16 4. The practical examination must test knowledge and
17 skill in the following:

18 a. Trauma management including primary and secondary
19 assessment, treating of trauma victims, and setting priorities
20 for basic life support and advanced life support management;

21 b. Cardiology including electrocardiogram
22 interpretation and treatment and related questions;

23 c. Cardiac arrest, including intubation, intravenous
24 therapy, administration of intravenous drugs, and defibrillation;

25 d. Cardiopulmonary resuscitation including one- and
26 two-person resuscitation, obstructed airway care, and infant
27 resuscitation; and

28 e. Fracture immobilization.

29 5. The written and practical portions of the National
30 Registry of Emergency Medical Technicians--Paramedic examination
31 as of the effective date of 7 MCAR S 1.601-1.630 are deemed to
32 comply with the examinations required in 1.

33 H. Issuance of certificates.

34 1. Persons who successfully complete an advanced
35 emergency care course approved by the commissioner will be
36 issued a certificate by the commissioner.

1 2. Upon request of the applicant, the commissioner may
2 evaluate advanced emergency care courses, training, and
3 examinations that are offered in other states to determine
4 whether they are equivalent in content to courses, training, and
5 examinations described in A.-G.

6 3. Persons who have successfully completed courses,
7 training, and examinations which the commissioner determines to
8 be equivalent to those described in A.-G. shall be issued a
9 certificate by the commissioner. The certificate shall be
10 issued for the duration of the applicant's certification period
11 in another state but not to exceed two years.

12 4. Certificates initially issued from January 1 to June
13 30 expire on December 31 of the following year. Certificates
14 initially issued from July 1 to December 31, expire on December
15 31 of the second following year. All subsequent certification
16 renewal periods are for the full two-year period running from
17 January 1 to December 31.

18 5. All certificates may be renewed for a period of two
19 years when the applicant provides evidence of successful
20 completion of the continuing education requirements in I. and
21 submits a statement of satisfactory skill maintenance signed by
22 the licensee's medical director as required in J.

23 6. Evidence of compliance with the requirements in 5.
24 must be submitted by the applicant within 90 days after the
25 certificate expiration date.

26 I. Continuing education requirements.

27 1. Each applicant for certificate renewal must
28 successfully complete the following:

29 a. Forty-eight hours of continuing education in the
30 subject areas listed in D.1.;

31 b. During one year of the certification period, a
32 course in basic cardiac life support, up to four hours of which
33 may be applied as partial fulfillment of the 48 hours of
34 continuing education required in a.; and

35 c. During the alternate year of the certification
36 period, instruction in advanced cardiac life support, up to 16

1 hours of which may be applied as partial fulfillment of the 48
2 hours of continuing education required in a.

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

6 J. Skill documentation. The medical director of an advanced
7 life support transportation service must document that the
8 applicant for certificate renewal retains proficiency in the
9 following skills:

- 10 1. History taking;
- 11 2. Physical examination;
- 12 3. Cardiopulmonary resuscitation;
- 13 4. Infant resuscitation;
- 14 5. Esophageal obturator airway placement and endotracheal
15 intubation;
- 16 6. Bag valve mask and bag valve tube ventilation;
- 17 7. Interpretation of oscilloscopic and hard copy
18 electrocardiograms;
- 19 8. Spinal immobilization;
- 20 9. Fracture immobilization including use of traction
21 splint;
- 22 10. Voice and electrocardiogram telemetry communications
23 procedures, including actions during communications failure;
- 24 11. Intravenous therapy;
- 25 12. Parenteral drug administration;
- 26 13. Application and removal of medical antishock
27 trousers; and
- 28 14. Obstetrical procedures.

29 K. Certification renewal.

30 1. Persons who successfully complete the requirements set
31 forth in I. and J. will be issued a certificate by the
32 commissioner.

33 2. Upon request of the applicant, the commissioner shall
34 evaluate skill proficiency requirements and continuing education
35 courses offered in other states to determine whether they are
36 equivalent to those described in I. and J. Persons who have

1 successfully completed courses that the commissioner has
2 determined to be equivalent to those described in I. and who
3 have current evidence of skill proficiency retention for which
4 documentation has been submitted as required in J., shall be
5 issued a renewal certificate. The certificate shall be issued
6 for the duration of the applicant's certification period in
7 another state but not to exceed two years.

8 3. Successful completion of the National Registry of
9 Emergency Medical Technician--Paramedics continuing education
10 requirements for Emergency Medical Technician--Paramedic
11 reregistration as of the effective date of 7 MCAR SS 1.601-1.630
12 is deemed to comply with the continuing education requirements
13 set forth in I. and J.

14 L. Program audit. Approved applicants shall cooperate with
15 the audit activities of the commissioner. The audit may include
16 course inspection, classroom observation, review of instructor
17 qualifications and student interviews.

18 7 MCAR S 1.627 Trip reports.

19 Each licensee shall maintain trip reports for every run in
20 which patient care was offered or provided to meet the reporting
21 requirements of Minnesota Statutes, section 144.807. The report
22 must contain at least the following information:

23 A. History of patient's presenting illness, including the
24 findings of the physical examination;

25 B. Patient's name and address;

26 C. Vital signs;

27 D. Treatments provided by the licensee's attendants;

28 E. Identification of life support transportation service;

29 F. Date and time of request for service;

30 G. Identification of crew members;

31 H. Destination to which patient was transported; and

32 I. Whatever additional information the medical director
33 requires.

34 Trip reports may be reviewed by the commissioner.

35 7 MCAR S 1.628 License fees and expiration dates.

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

11 B. Expiration dates.

12 1. Life support transportation services are licensed
13 biennially.

14 2. Applicants for renewal shall submit complete
15 applications for renewal as required by 7 MCAR S 1.602 A. at
16 least 90 days before the expiration date shown on the license.

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

20 4. For licensing periods beginning October 1, 1982, and
21 all subsequent periods, license renewal dates will be assigned
22 according to the district as described in 7 MCAR S 1.609 A.3. in
23 which the licensee's base of operation is located as follows:

24 a. Northwestern district: October 1, in years ending
25 with an even number;

26 b. Northeastern district: January 1, in years ending
27 with an odd number;

28 c. West central district: April 1, in years ending
29 with an odd number;

30 d. Central district: July 1, in years ending with an
31 odd number;

32 e. Metropolitan district: October 1, in years ending
33 with an odd number;

34 f. Southwestern district: January 1, in years ending
35 with an even number;

36 g. South central district: April 1, in years ending

1 with an even number;

2 h. Southeastern district: July 1, in years ending
3 with an even number.

4 5. Applicants for new or renewal licenses after October
5 1, 1982, may be issued a license for a period remaining until
6 the renewal date listed under 4. If the commissioner issues a
7 license for less than 24 consecutive months, the license fee
8 will be apportioned.

9 6. Renewal dates for licenses issued between October 1,
10 1982 and the time shown for renewal in 4., will be extended
11 until the time for renewal shown in 4. After July 1, 1984, all
12 licenses will be renewed every two years.

13 C. Identification of ambulances. The commissioner will
14 issue a certificate for each licensed ambulance. The
15 certificate must be affixed to the vehicle.

16 7 MCAR S 1.629 Waivers.

17 A. Application. The commissioner ~~may~~ shall waive any of 7
18 MCAR SS 1.601-1.630 except 7 MCAR S 1.630 D.5. if the applicant
19 shows that:

20 1. Applying the rule would impose an undue burden on the
21 applicant; and

22 2. Granting the waiver will not adversely affect the
23 public health or welfare.

24 B. Renewal, revocation, and reporting.

25 1. The commissioner ~~may~~ shall renew the waiver upon
26 reapplication in conformance with A.

27 2. The commissioner ~~may~~ shall revoke a waiver if a
28 material change occurs in the circumstances that justified
29 granting the waiver.

30 3. An applicant that has been granted a waiver shall
31 notify the Department of Health in writing of any material
32 change in circumstances.

33 C. Limitation. No waiver may be granted for a period longer
34 than the current license period.

35 7 MCAR S 1.630 Variances.

1 A. Application. The commissioner ~~may~~ shall grant a variance
 2 from 7 MCAR SS 1.601-1.630 except 7 MCAR S 1.630 D.8- 7. if the
 3 applicant proposes alternative practices equivalent or superior
 4 to those prescribed in the rule in question and shows that:

5 1. Applying the rule would impose an undue burden on the
 6 applicant; and

7 2. Granting the variance will not adversely affect the
 8 public health or welfare.

9 B. Renewal, revocation, and reporting.

10 1. The commissioner ~~may~~ shall renew a variance upon
 11 reapplication in conformance with A.

12 2. The commissioner ~~may~~ shall revoke a variance if:

13 a. A material change occurs in the circumstances which
 14 justified granting the variance; or

15 b. The applicant fails to comply with the alternative
 16 practice specified in its successful application for a variance.

17 3. An applicant that has been granted a variance must
 18 notify the Department of Health of any material change in
 19 circumstances.

20 C. Limitation. No variance may be granted for a period
 21 longer than the current license period.

22 D. Specific variances.

23 1. A basic life support transportation service licensee
 24 will be granted a variance under 7 MCAR S 1.607 C. upon
 25 compliance with the following:

26 a. The licensee must submit to the commissioner a list
 27 of attendants who have received ~~additional~~ medically supervised
 28 training, specifying for each attendant, the subjects covered,
 29 the length of training, the nature of the medical supervision;
 30 and

31 b. A statement signed by the licensee's medical
 32 adviser stating approval of the training received by the
 33 attendants.

34 2. A basic life support transportation service licensee
 35 that seeks a variance to provide a treatment or procedure that
 36 is restricted under 7 MCAR S 1.606 shall have a physician

1 medical director who agrees to provide medical direction
2 regarding attendant training, equipment, standing orders,
3 continuing education, and assessment of the quality of care
4 provided with respect to the treatment or procedure offered or
5 provided pursuant to the variance.

6 3. The commissioner ~~may~~ shall grant a variance to allow
7 the establishment or maintenance of intravenous infusions by
8 basic life support transportation services only if the applicant
9 shows that:

10 a. It will be established or maintained by attendants
11 or drivers who have been trained in its establishment and or
12 maintenance;

13 b. The establishment or maintenance of intravenous
14 infusions has been approved by the licensee's medical director;

15 c. The medical director has developed or approved
16 written standing orders and protocols for the establishment or
17 maintenance of intravenous infusions;

18 d. Continuing education or clinical training is
19 provided annually to persons authorized to establish or maintain
20 intravenous infusions;

21 e. The administration of intravenous infusions is
22 restricted to solutions administered only for fluid volume
23 replacement; and

24 f. Documentation of a.-e. is retained in the
25 licensee's file.

26 4. Persons who possess intermediate emergency medical
27 technician and paramedic certificates are deemed to comply with
28 the requirement in 3.a.

29 5. The commissioner ~~may~~ shall grant a variance to allow
30 the use of a portable cardiac monitor or defibrillator by a
31 basic life support transportation service only if the applicant
32 shows that:

33 a. It will be used only by attendants and drivers who
34 have received training in its use and the training has been
35 approved by the licensee's medical director;

36 b. The use of the cardiac monitor or defibrillator has

1 been authorized by the licensee's medical director;

2 c. The medical director has developed or approved
3 standing orders for the use of the cardiac monitor or
4 defibrillator;

5 d. Continuing education or clinical training on the
6 use of the cardiac monitor or defibrillator is provided at least
7 annually to persons authorized to use the equipment; and

8 e. Documentation of a.-d. is retained in the
9 licensee's files.

10 6. The commissioner ~~may~~ shall grant a variance to allow
11 the use of an esophageal obturator airway by attendants of a
12 basic life support transportation service only if the applicant
13 shows that:

14 a. The attendants who will use the equipment have been
15 trained in its use or have successfully completed intermediate
16 emergency medical technician or paramedic training described in
17 7 MCAR S 1.625 and 7 MCAR S 1.626.

18 b. Use of the esophageal obturator airway has been
19 approved by the licensee's medical director;

20 c. The licensee's medical director annually assures
21 that each attendant authorized to use the airway retains skill
22 proficiency and signs a statement that the attendant has
23 satisfactorily demonstrated proficiency; and

24 d. Documentation of a.-c. is retained in the
25 licensee's files.

26 ~~7. The commissioner may grant a variance to allow basic~~
27 ~~life support transportation service licensee's to transport~~
28 ~~patients who are receiving intravenous therapy only when the~~
29 ~~following conditions are met:~~

30 a. ~~Transportation is provided only between health care~~
31 ~~facilities; and~~

32 b. ~~The intravenous therapy was established by the~~
33 ~~facility from which the patient is transported; and either~~

34 c. ~~A physician, registered nurse, or paramedic from~~
35 ~~the facility from which the patient is transported or a~~
36 ~~paramedic, accompanies the patient and rides in the patient~~

1 compartment in addition to the attendant required by 7 MCAR S

2 1-604 D.7 or

3 d. The patient's physician provides written
4 information and precautions to the ambulance service attendants
5 about the intravenous therapy which the patient is receiving,
6 the service maintains a copy of the written information in its
7 files and the attendant is certified under 7 MCAR S 1-624 and
8 has completed training approved by the medical director in the
9 maintenance of intravenous therapy equipment.

10 8- 7. Basic life support licensees may not be granted
11 variances for the following:

12 a. Parenteral administration of any drugs except
13 solutions for intravenous infusion;

14 b. Nonparenteral administration of any drugs except
15 sugar solutions for oral administration to conscious diabetic
16 patients, oxygen, and syrup of ipecac and drinking liquids
17 provided under 7 MCAR S 1.607 A.4.; and

18 c. Establishment of intravenous therapy involving the
19 use of drugs other than solutions for intravenous infusion.

20

21 Repealer. Rules 7 MCAR SS 1.541-1.543 are repealed.

22 Effective date. These rules are effective October 1, 1982, or
23 five working days after the notice of adoption is published in
24 the ' State Register, ' whichever is later.